

**WILLIAM PULTENEY ALISON: ACTIVIST, PHILANTHROPIST
AND PIONEER OF SOCIAL MEDICINE**

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William Pulteney Alison:

Activist Philanthropist and Pioneer of Social Medicine.

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Abstract

The thesis looks in detail at three inter-related aspects of Alison's life. It examines, firstly, his role in the development of Edinburgh's rudimentary 'health' network, achieved through the expansion of the existing medical charity structure and the introduction of a more interventionist and coordinated approach to the city's health problems. It traces, secondly, the development of Alison's social thought - in 1820 he believed that medical and practical relief for the poor could and should be supplied through the voluntary charities and only when that proved unsatisfactory through the poor law, whereas by 1840 he argued that public health should be the responsibility of government and that the excessive increase in poverty and disease in Scotland, which he believed had occurred, was proof that the charitable and legal relief provided was inadequate. Finally, Alison's influence on the passage of Scottish poor law and public health legislation in the 1840s and 1850s is examined - the latter involving an assessment of how far he was responsible for the legislative delay. The poor law debate, 1840-1845, which reveals the forces shaping the reform and the prevailing attitudes to poverty, highlights the challenge which Alison's opinions represented and the resulting turmoil in Scottish social thinking, while his reasons for opposing health legislation, which established London control are of great importance. They reveal differences in the rationale behind, and way in which, the concept of public health was developed in Scotland and England. Unlike Chadwick and his supporters, Alison emphasised poverty amelioration and sanitary reform. Part of the explanation for the differing opinions lay in their respective miasmatic and

contagionist theories for fever generation, but it also reflects, perhaps more significantly, the impact of European medical police ideas on Scottish medical opinion - Alison's view of public health closely resembled that of the French hygienists.

(i) I, Sheonagh Martin, hereby certify that this thesis, which is approximately 109,200 words in length, has been written by me, that it is the record of work carried out by me and that it has not been submitted in any previous application for a higher degree.

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(ii) I was admitted as a research student under Ordinance No. 12 in October 1987 and as a candidate for the degree of Doctor of Philosophy in October 1987; the higher study for which this is a record was carried out in the University of St. Andrews between 1987 and 1997.

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(iii) I hereby certify that the candidate has fulfilled the conditions of the Resolution and Regulations appropriate for the degree of Doctor of Philosophy in the University of St. Andrews and that the candidate is qualified to submit this thesis in application for that degree.

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Abbreviations

A.U.L.: Aberdeen University Library

E.U.: Edinburgh University Main Library

EU NCL: Edinburgh University, New College Library

NLS: National Library of Scotland

PRO: Public Record Office

SRO: Scottish Record Office

SRO WRH: Scottish Record Office, West Register House

DNB: Dictionary of National Biography

I.D.U.B.: Imperial Dictionary of Universal Biography

R.C.P.E.: Royal College of Physicians, Edinburgh

R.C.S.E.: Royal College of Surgeons, Edinburgh

Br. & For. Med. Rev.: British and Foreign Medical Review

Br. & For. Med.-Chir. Rev.: British and Foreign Medico-Chirurgical Review

Br. Med. J.: British Medical Journal

Ec. Hist. Rev.: Economic History Review

Ed. Med. J.: Edinburgh Medical Journal

Ed. Med. & Surg. J.: Edinburgh Medical and Surgical Journal

Lon. Med. Gaz.: London Medical Gazette

Med. Chir. Rev.: Medico-Chirurgical Review and Journal of Practical Medicine

Alison's Observations on the Management of the Poor, and its Effect on the Health of the Great Towns is referred to throughout the text simply as Observations. Page references relate to the Second Edition.

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The idea to study Alison came from my original supervisors, Professor T. C. Smout and the late Dr. Alan Robertson whose guidance and help were invaluable. My thanks go to them both, but especially to Dr. Robertson who encouraged me in my undergraduate years, first suggested the idea of a Ph.D, and took over sole

supervision following Professor Smout's retiral. He may have wondered if I would ever complete the writing up - that I have I owe partly to the sound advice and help from Dr. Barry Doyle and Dr. Bill Knox, who saw potential in the early drafts and encouraged me, through the subsequent re-drafts, to "keep at it" until it was finished. My thanks to them.

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"We trust ... that in due time the world may possess a life of this great and good man, which may serve to set forth an example to those who are to succeed him worthy of their imitation. The life and conversation of the virtuous should not be let die.

Edinburgh Evening Courant, 24 September 1859.

Introduction

Tributes following William Pulteney Alison's death, on 22 September 1859, described him variously as "one of the most distinguished ornaments of our [medical] Profession, ... one of the most excellent of men", as a man who "combined in his person the eminent physician, the earnest philosopher, the unwearied philanthropist, and the sincere Christian", and as "one of the noblest of [Edinburgh's] sons".⁽¹⁾ Closer associates, like W.T. Gairdner and Dean Ramsay, spoke of Alison as a man whose quiet and unassuming nature disguised a tremendous force of character - a force which they believed originated in his humane and disinterested devotion to the plight of the poor. His belief that considerations of ambition, wealth, time and self-interest should be secondary to his Christian duty and responsibility to aid the destitute and improve their condition, was to them the source of his greatness.⁽²⁾ Thus although Gairdner, Ramsay, and other friends and colleagues, notably Robert Christison and A. Halliday Douglas, expressed misgivings about Alison being subject to importunity because of the liberality with which he gave money, time and medicines to the poor, they admired rather than censured him for it.⁽³⁾

The obituary testimonies may be the glowing tributes of close friends but their essential truth is suggested by the unanimity which emerges from them and, more significantly, by a similar assessment of Alison which was made in 1828. Predating the most active period of his life's work for the poor - the campaigns for poor law and sanitary reform in the 1840s and 1850s - the sketch highlighted the same qualities later identified by Gairdner and

Ramsay. The writer warned readers not to be deceived by Alison's appearance into mistaking him "for an overgrown schoolboy". Time spent following his daily movements soon revealed "new charms in his person", with the observer being:

unable to determine whether his skill as a physician, his excellence as a teacher, or his humanity as a philanthropist [shone] the brightest in the splendid aggregation of his moral and intellectual attributes.⁽⁴⁾

Alison's continued work for the poor, which so impressed his contemporaries, has also ensured his lasting fame. His regard for the poor's health, and the poverty which often resulted from ill-health, was evident from the outset of his career in his work with Edinburgh's medical charities. Experience with these institutions, however, convinced him that poverty also caused disease, a perception which led him to found the House of Refuge for the Destitute, a voluntary charity which aimed to tackle destitution per se. Ultimately, he felt compelled by his concern over disease, and the factors causing its increase - although he placed most emphasis on poverty he also stressed insanitary conditions - to enter the public arena, where he headed the campaigns for Scottish poor law and public health reform. He was thus, according to Olive Checkland's definition, an "activist philanthropist", that is, a man who forced "people to consider the needs of society", a precipitator "who persisted until the necessary action was taken".⁽⁵⁾ Other observers, notably Una Maclean and Brotherston, have focussed on Alison's pioneering of Scottish public health reform and, more significantly, on the fact that he did so because of his concern to remove or ameliorate the social causes of

disease. Maclean wrote that Alison's work, notably with the New Town Dispensary, made him "acutely aware of his therapeutic impotence" so that "he soon became more concerned with the social environment in which diseases were arising than with the clinical details of their manifestation".⁽⁶⁾ Brotherston considered Alison to be "one of the great pioneers and reformers in the field of social medicine", and observed that the:

great period of activity [over Poor Law reform] in Alison's life ... [was] the great test of the quality of the man and his ideas, and a unique episode of a practitioner of social medicine using his philosophy as an instrument of social policy.⁽⁷⁾

Ackerknecht, while making a European comparison, also noted Alison's social approach to health improvement. He identified, in addition to the two common epidemiological theories of the nineteenth century - the physico-chemical or geographic (including "miasmaticists") and the biological (parasitists, bacteriologists) - a third division, the sociological, in which group he placed Alison. Although the lines between the different theories were not wholly distinct, the sociologists, Ackerknecht stated, were distinguished by the fact that, when considering the causes of disease, they placed most emphasis on social factors.⁽⁸⁾

Alison's work for the poor, through the voluntary charities and through the campaigns for poor law and health reform, gained him the respect of his contemporaries. It has also formed the focus of the few, more recent, sketches which have been written. Until now,

however, there has been no attempt to examine, in depth, Alison's life. The thesis itself does not profess to be a complete biography - although this was the original intention, in the process of writing, it became obvious that there would be insufficient space to fulfil this task properly. Believing that it was better to study one area fully, the decision was taken to limit the thesis' scope and to concentrate on and assess the most important aspect of his life - his work on behalf of the poor as an "activist philanthropist" and "pioneer of social medicine".

The thesis looks in detail at three inter-related aspects of Alison's life. Firstly, his leading role in the expansion and improvement of the health care provision for Edinburgh's poor. He was a co-founder of the New Town Dispensary in 1815 and in 1817 the Fever Board was established on his recommendation. These institutions, according to custom, were both charitable ventures and, like the existing Public Dispensary, worked closely with other charities, such as the Destitute Sick and Clothing Societies, to provide the poor with medical and practical aid. But, in contrast to the Public Dispensary, they appear to have introduced a more interventionist and aggressive approach to health care, and one, in the case of typhus fever, aimed not only at treating the disease but also at preventing its spread. This rudimentary health network also formed the basis of the plans drawn up in 1832 by the Medical Committee of the Edinburgh Board of Health - of which Alison was a member - to combat cholera. The fact that these plans served as a model for other Scottish boards suggests that Edinburgh's normal practice was in advance of that in other Scottish towns and cities - that in Edinburgh Alison and his colleagues were pioneering a

more coordinated response to the growing health problems. This important, but previously much neglected, aspect of his life is examined in chapter two. From this, there also emerges one of the main themes of the thesis - the role of voluntary charities, particularly medical charities, in the provision of relief in Scotland in the early nineteenth century. These charities had a semi-official status and through Alison we can examine the efforts which he and his colleagues made in Edinburgh to coordinate and regulate their activities and services. They did so to maximise the charities' effectiveness and to reduce the uncertainty arising from precarious, and often inadequate, incomes.

Secondly, chapters one, three, and four examine the development of Alison's social thinking. The former focuses on his early motivation and influences - his father's Christian teaching, the nature of the teaching he received at Edinburgh University, particularly Dugald Stewart's Political Economy Lectures, the practical medical training, and the teaching, from the 1790s, initially by Andrew Duncan, Senior, of Medical Police ideas which were a product of the European Enlightenment. The connection between Scottish University teaching and English social reform has been well documented - little attention has been paid, however, to the same process operating within Scotland. Alison's biography, therefore, allows a specific study of that relationship to be made. Chapter one also details, as a benchmark for the future development, the extent of Alison's social thinking in 1820. Chapters three and four trace the reasons why his thinking had changed by 1840. In 1820 Alison believed that medical and practical (with destitution as the only criterion) relief for the

poor could and should be supplied primarily through the voluntary charities and only when that proved unsatisfactory through the poor law. Twenty years later, he was arguing that public health should be the responsibility of government. Moreover, his experience working amongst the poor convinced him not only that poverty and disease were increasing in Scotland, but also that three causal links were operating; firstly, between disease and destitution; secondly, and more importantly, between destitution and disease; and, thirdly, between unemployment and disease. Alison argued further, that these increases were occurring because neither the voluntary charities nor the poor law was capable of adequately relieving the poor of the increasingly complex, industrial society. His indictment of the poor law, however, was the greater. He believed that its failures - outdated principles, administrative breakdown, financial constraints, and an ideological malaise which encouraged adherence to the existing, supposedly 'superior', Scottish system - were affecting not only the operation of the poor law but also, because of the increased pressure upon them and the direction given to public support, the ability of the voluntary charities to cope effectively with the poor.

Thirdly, chapters five, six, and seven, assess Alison's involvement in, and influence on, the passage of Scottish poor law and public health legislation in the 1840s and 1850s. Chapter five takes a detailed look at the lengthy and complex public debate on the Scottish poor law which began with the publication of Alison's Observations on the Management of the Poor in January 1840. Called on repeatedly to defend his opinions and to attack those propounded by opponents such as David Monypenny, Thomas Chalmers and the Local

Inquiry Association, Alison, supported and encouraged by large sections of the press and the Official Inquiry Association, remained at the centre of this debate for over two years. His aim, and that of his supporters, was to persuade government to appoint an official inquiry into the operation of the poor law, the inevitable consequence of which, they believed, would be reform. Chapter six compares Alison's poor law reform recommendations with those suggested by the Royal Commissioners in 1844 and with the changes made by the 1845 Poor Law Amendment (Scotland) Act. It then assesses Alison's influence on the reform, taking into consideration other contributory factors such as the opinions of the English Poor Law Commissioner, Edward Twisleton, the efforts of the Parliamentary pressure group and the press, and the effects of the Disruption. The most telling aspect in this was Alison's continuing fight for a right to relief for the able-bodied unemployed. The rejection of his plea reveals much, not only about the forces and attitudes which shaped the reform, but also about the prevailing middle-class attitudes to poverty. The challenge which Alison's opinions represented and the resulting turmoil in Scottish social thinking - which had long-term effects on social policy development - forms a second, extremely important, theme of the thesis.

Chapter seven examines Alison's influence - exerted largely through the R.C.P.E. - on the early public health movement in Scotland, and specifically his part in the campaigns for the introduction of the Registration of Births, Deaths, and Marriages, and the extension of Public Health legislation, to Scotland. Much has been written about the delay in the passage of this legislation, with Alison,

the leading figure in the campaigns, being 'blamed' to varying degrees for it.⁽⁹⁾ But few, if any, attempts have been made to examine exactly what Alison and the Scottish medical profession recommended should be incorporated into the Scottish legislation, and, therefore, their positive contribution to reform. Again, only a few writers, notably Brotherston and Hamilton,⁽¹⁰⁾ have considered other opposition forces and attempted to weigh the effect of Alison's/R.C.P.E. opposition - Alison did not want the English system of registering deaths or the Scottish local boards subject to the control of the General Board of Health in London - against that of, for example, the Church of Scotland and the Town Councils. Moreover, no attempt appears to have been made to explore the possible reasons, beyond professional jealousy, for the R.C.P.E.'s opposition. These reasons, which reveal differences in the rationale behind, and way in which, the concept of public health was developed in Scotland and England, are evident in the final three themes of the thesis.⁽¹¹⁾

The first was that Alison advocated a two-pronged approach to public health improvement - sanitary measures and poverty amelioration, both of which were evident in his work with the voluntary charities. Alison's concept of public health, therefore, included both poor law and sanitary reform: he placed greater emphasis initially on the former because he believed that, as a result of the shortcomings of the Scottish poor law and voluntary charity, the health problems arising from destitution were the greater.⁽¹²⁾ His approach differed materially, however, from that of English doctors and sanitary reformers, notably Edwin Chadwick, who argued that disease could be prevented by legislation aimed at

improving the sanitary state of towns. Part of the explanation for this difference - and the second theme - lies in the theories each held in regard to the generation and diffusion of disease, particularly fever. Alison, speaking for Scottish medical opinion, held that fever originated in a specific contagion but that its spread was determined by certain 'predisposing' (that is, social) causes - insanitary conditions, overcrowding, malnourishment, and, most importantly, because it also affected the other causes, the extent of the prevailing destitution. Chadwick, citing English medical opinion, believed that epidemic diseases originated in and were spread by the miasma arising from human effluvia and decaying animal and vegetable matter. While these theories help to explain the differing approaches, it is important to stress that the difference in medical opinion was more one of emphasis than of substance - a point which Alison's poor law opponents failed to appreciate. English doctors did recognise that poverty was a contributory cause of disease, but probably because of their disease theory, and because it was perceived that the 1834 Poor Law Amendment Act had 'solved' the destitution problem in England, its reduction did not become an essential part of their public health policy.⁽¹³⁾

In looking for reasons for these differing approaches, another consideration, and the third theme, is provided by a European comparison. The link between the Scottish and European Enlightenments and the development of Medical Police ideas in France, Germany, and Scotland in the late 18th and early 19th centuries has long been recognised. More recently M. A. Crowther and B. White have examined the political and cultural circumstances

which made these ideas "more attractive to Scotland than to England".⁽¹⁴⁾ Through Alison, however, we can extend the comparison, particularly with France, down to the mid-nineteenth century. In France, "between 1820 and 1840, fifty years of interest in public health coalesced into an active public health movement", which made "the French ... the leaders in public health until the late 1830s".⁽¹⁵⁾ In relation to Alison, however, it is the French conception of public health which is of most interest. Hygienists, such as Villerme and Parent-Duchatelet, argued that disease had both environmental (filth) and social causes (poverty and its consequences), and that it could, therefore, be prevented by sanitary reform and socio-economic, administrative and moral reform aimed at ameliorating poverty. Comparing this belief, with much of Alison's writing on health and the poor law, with the R.C.P.E.'s sanitary reform proposals, and with the extensive approach to public health, it becomes evident that *Scottish ideas* were more akin to those in France, than in England.⁽¹⁶⁾

William Pulteney Alison (1790-1859): a brief biography.

William Pulteney Alison was born on 12 November 1790 at Boroughmuirhead, near Edinburgh.⁽¹⁷⁾ His namesake was Sir William Pulteney (1729-1805), founder of the Chair of Agriculture at Edinburgh University in 1790⁽¹⁸⁾ and close friend and patron of his father, the Rev. Archibald Alison (1757-1839), an episcopal minister. William's mother, Dorothea Montague Gregory (1754-1830),⁽¹⁹⁾ was the eldest daughter of Dr. John Gregory (1724-1773), Professor of the Practice of Physic at Edinburgh University 1766-

1773.⁽²⁰⁾ His family connection to Edinburgh's medical elite⁽²¹⁾ was stronger still: his uncle was Dr. James Gregory (1753-1821) who, reflecting "the close control which professors retained over their successors' appointments" and the "flagrant" nepotism which it encouraged,⁽²²⁾ held successively the Theory and the Practice of Medicine Chairs at Edinburgh University between 1776 and 1821.⁽²³⁾

Alison further strengthened his ties to the Gregory family - and surprised his friends⁽²⁴⁾ - by his marriage, on 6 September 1832, to his 23 year old cousin Margaret Gregory, the third daughter of Dr. James Gregory.⁽²⁵⁾ Margaret, who affectionately referred to William as "Goody",⁽²⁶⁾ regarded it as her duty⁽²⁷⁾ to assist Alison in his work and thus attended to some of his routine administration, such as correspondence with his publishers Blackwood's,⁽²⁸⁾ and his private patients, copying out extracts from books,⁽²⁹⁾ and making fair copies of his lectures and medical papers.⁽³⁰⁾ Her death from tuberculosis, on 18 December 1849,⁽³¹⁾ affected Alison profoundly. He took solace in Religion - "I should be a degenerate son of my Father's, if my mind did not suggest to me at this time many grounds of Faith and Hope"⁽³²⁾ - and turned his attention, especially after his retiral in 1855, to studying and writing about the "scientific inquiries into the human constitution and that of animals, which establish, as I think quite unequivocally, not only a dependence upon, but a connection with the greater Mind which rules the Universe".⁽³³⁾

William, one of six children,⁽³⁴⁾ spent his earliest years in Shrophire, on Sir William Pulteney's estates, where his father had been appointed as the perpetual curate of Kenley (1792) and the

Prebendary of Salisbury (1791), and been given charge of the Vicarage of High Ercal and the Rectory in Rodington (1794).⁽³⁵⁾ The Rev. Alison retained these English livings, moreover, when in the spring of 1800, he accepted an offer from the Directors of the Episcopal Chapel in the Cowgate, Edinburgh, to be senior minister to that congregation.⁽³⁶⁾

For the first twelve years of his life, Alison was educated at home, being taught to read and write by his mother - the latter with the help of the local Sudbury schoolmaster, Mr Faed - and, from the age of six, Latin by his father.⁽³⁷⁾ Once in Edinburgh, he received private tuition in the classics from Mr George Dunbar (1774-1851), Professor of Greek at Edinburgh University, 1806-1851, and Mr Craig, afterwards minister of Jedburgh. The impression given by them and by his brother, Archibald, was that William was a highly intelligent child and an excellent mathematician.⁽³⁸⁾ His studies at Edinburgh University began in the winter of 1802, when he was barely twelve years old. In the succeeding five years he took courses in Latin, Greek, Mathematics, Physics (Natural Philosophy), Logic and Ethics (Moral Philosophy) - the mathematics was taught by John Playfair and the Ethics by Dugald Stewart.⁽³⁹⁾ In 1807, having attained the necessary preliminary liberal education, which at Edinburgh had a strong scientific emphasis,⁽⁴⁰⁾ he enrolled to study medicine, an intention signalled by his taking of T. C. Hope's Chemistry course in 1806. Over the next four years, he attended classes in Anatomy and Surgery, Chemistry, Medical Theory, Materia Medica, Practice of Medicine, Clinical Medicine and Botany, his teachers including Alexander Monro, secundus and tertius, Andrew Duncan, Senior, James Home, and James

Gregory. His course of study, moreover, parallels that of the "three year graduates" identified by Rosner, as it progressed from "the basic sciences of Anatomy and Surgery and Chemistry ... [to the] more strictly medical subjects and Clinical Lectures".⁽⁴¹⁾

Alison's decision to study medicine, which ran contrary to a childhood interest in military matters and his original intention of joining the army, was made in deference to the wishes of his parents, and probably also in imitation of, and in response to, encouragement from his uncle, whom he greatly admired. Graduating Doctor of Medicine in September 1811, and admitted as a Licentiate of the Royal College of Physicians of Edinburgh in November 1811, and elected a Fellow a year later, Alison continued the Gregory family tradition.⁽⁴²⁾ His inaugural thesis, "De Viribus Naturae Medicatricibus" (the healing power of nature), was dedicated to the three men who had most influenced him: his father who was his first friend and teacher, James Gregory, and Dugald Stewart.⁽⁴³⁾ Stewart had hoped that Alison would be his successor in the Chair of Moral Philosophy, but in spite of his admiration and almost filial regard for Stewart, personally and intellectually he was never inclined to make philosophy his career. However, Alison did retain an interest in abstract thought,⁽⁴⁴⁾ matriculating between 1811 and 1814 to study Natural Philosophy, Natural History, Chemistry, and Moral Philosophy, now taught by Stewart's successor, Thomas Brown.⁽⁴⁵⁾ Moreover, Alison's first published work, in Blackwood's Magazine in 1817, was a defence of Stewart's doctrines which had been criticised in the Quarterly Review.⁽⁴⁶⁾

Alison's father also placed considerable emphasis on teaching his son to be independent, how to act and think for himself, and the importance of doing one's best to fulfil one's potential, individual duties, and responsibilities. Thus in Kenley, the sought after reward for cultivating his own small piece of garden, was an extended nature lesson from his father during walks in the countryside.⁽⁴⁷⁾ Once in Edinburgh, these walks also afforded an additional opportunity for discussions on any subject - "the most effectual way that ever will be devised to enlarge and strengthen the mind".⁽⁴⁸⁾ Alison's interest in literature, politics, philosophy, and political economy, learned initially from his father, tutors and Professors, was further stimulated by the conversations which took place in his home. A popular clergyman, Rev. Alison's house "became the centre of a select social circle", including Dugald Stewart, James Gregory, Thomas Telford, John Playfair, Alexander Fraser Tytler (Lord Woodhouselee), Francis Jeffrey, and Francis Horner, whilst occasional visitors included literary celebrities such as Henry Mackenzie and Sir Walter Scott.⁽⁴⁹⁾

A further facet of Alison's less formal education were his walking tours of Scotland between 1809 and 1815, and his trips to Europe in 1814, 1819, 1820, 1822, and 1825. The latter were centred mainly on France, but during his lengthier 1819 and 1825 tours he journeyed to northern Italy (to Milan and Aosta respectively) and travelled extensively in Switzerland.⁽⁵⁰⁾ A major element of these various tours was the expansion of his cultural horizons. The Scottish walking tours were, in part, a pilgrimage to the settings of Scott's novels, while some of his time on the European tours was

spent sightseeing, visiting art galleries and historic remains, and attending the theatre.⁽⁵¹⁾ But the walking tours, which included ascents of Lochnagar and Ben Nevis,⁽⁵²⁾ and the mountain climbs during the 1819 trip, notably Alison's failed attempt on Mont Blanc,⁽⁵³⁾ were also aimed at preparing him for his chosen career, by strengthening his constitution and his mental capacity, and accustoming him to cope with the fatigue and pain caused by protracted effort.

Alison also used his European Tours as a means of furthering his knowledge of the condition of the peasantry, the provision made for the sick poor, and the recording of any signs of overpopulation. The early direction of his thinking was revealed in the observations he made on the state of the peasantry in 1814,⁽⁵⁴⁾ but it became an increasingly prominent feature in his 1822 and 1825 Journals. His observations then formed the basis of one strand of his argument for poor law reform in Scotland - the refutation of Malthus's thesis that all poor laws were likely to increase not lessen pauperism.⁽⁵⁵⁾

In the decade following his graduation Alison worked hard to establish his reputation as a doctor - and as a suitable potential holder of an Edinburgh Medical Chair. In doing so he was aided considerably by the patronage of his uncle and the political manoeuvrings within the Edinburgh Medical Faculty. However, he also made deliberate efforts, through his work with the New Town Dispensary and the Fever Board, to advance independently of that patronage.

Alison received assistance from Dr. Gregory in two main ways. The latter employed him, firstly, in his private practice so that he could attain greater practical medical experience - an arrangement which was also of benefit to Dr. Gregory who needed assistance in his growing practice. Alison, to his uncle's great satisfaction, did a lot of the laborious clerical work, writing to patients and doctors who sought Dr. Gregory's advice.⁽⁵⁶⁾ Secondly, and more importantly, Dr. Gregory used his influence to help secure an Edinburgh University Medical Chair for Alison. In 1818, he sought and was given permission by the Town Council to employ Alison as his assistant lecturer. He did so because he feared that if ill-health or his patients' demands prevented him from lecturing he would fail in his duty to his students. Hoping, however, that Alison would take the opportunity to distinguish himself as a lecturer, this request was also a clear attempt not only to promote the future development and direction of Alison's career but also to put him forward as a possible successor⁽⁵⁷⁾ - a common practice among the Edinburgh medical professors.⁽⁵⁸⁾

Many of Dr. Gregory's colleagues, who were keen to have Dr. James Home, Professor of Materia Medica, succeed him, attempted unsuccessfully to thwart his plan.⁽⁵⁹⁾ The Senatus Academicus were forced to walk a fine line. As a mark of their goodwill, they gave Dr. Gregory permission to employ Alison, but only for the 1818-19 session. Their ungracious acceptance, a protest against the power which the Town Council exercised over the University, stopped short of an outright refusal for fear that it would prompt the Magistrates to appoint Alison as Gregory's successor.⁽⁶⁰⁾ Despite the protestations, Alison assisted his uncle for three sessions in

1818-19, 1819-20, and in 1820-21 he took over the class after the Christmas break when his uncle's health declined,⁽⁶¹⁾ and completed it following Dr. Gregory's death in April 1821.⁽⁶²⁾

However, in the early development of his career Alison was more than just the beneficiary of his uncle's patronage. He gained further practical medical experience because of his work with the New Town Dispensary and the Fever Board, and through them independently and quickly established himself as one of the leading exponents of improved health care for Edinburgh's poor.⁽⁶³⁾ As a result, he had gained a considerable reputation, and his talents and professional character were well known, before Gregory sought the Town Council's permission to take him on as his assistant. His appointment by the Crown, on 7 February 1820, as Professor of Medical Jurisprudence and Medical Police - his lectures and their importance will be examined more fully in Chapters 1 and 2 ⁽⁶⁴⁾ - preceded much of his lecturing for Gregory and thus was due, in part, to his own reputation. The appointment though was also due to Gregory's considerable efforts to secure the position for Alison and to Medical Faculty politics. Early in 1820 Gregory commented that while Alison would never earn much from teaching medical jurisprudence, it was "a great point gained to have got for [him] a permanent footing in the University of Edinburgh".⁽⁶⁵⁾ The Chair was regarded as a stepping stone to the more influential Professorships.⁽⁶⁶⁾

The same blend of internal faculty politics and Alison's own efforts surrounded his eventual appointment to the Theory Chair. Aware of the Medical Faculty and Town Council plans for the

Practice of Physic Chair and aware also that Dr. Home's promotion would necessitate a wider reshuffle of the Faculty, possibly leaving a vacancy in the Theory Chair, Alison deliberately began to Lecture privately on the subject and had delivered one full course of lectures prior to Gregory's death.⁽⁶⁷⁾ Recognising his lack of experience, Alison hesitated before offering himself as a candidate for the Practice Chair, while at the same time he announced his candidacy for the Theory Chair, if it was to become vacant.⁽⁶⁸⁾ In June 1821, he lost the Physic Chair to Dr. Home (9 votes to 17) - the Medical Faculty and Town Council preferred the more experienced Professor and besides they had other plans for Alison, a fellow Tory. Two months later, in the pre-arranged reshuffle, he defeated the Whig Dr. John Thomson, by a majority of 19 to 9, to become with Dr. Andrew Duncan, Senior, Joint Professor of the Theory of Physic, and with the right of survivorship.⁽⁶⁹⁾ They divided the Theory lectures, somewhat unevenly: Duncan, Snr., until his death on 5 July 1828, continued to teach the Physiology and Pathology aspects, while Alison taught the third element, Therapeutics, which dealt with the principles of remedial action.⁽⁷⁰⁾ This arrangement did, however, allow Alison time for his laborious clerical duties as Dean of the Medical Faculty.⁽⁷¹⁾ In accordance with the original Commission, he assumed sole responsibility for the Chair in 1828.⁽⁷²⁾

Although Alison was a pawn in the political game, the fact that he was considered at all was due to his growing professional reputation, and to his known talents and abilities. Testimonials from, for example, Dugald Stewart and Alex. Maconochie, Lord Meadowbank, testified to the high regard which Gregory had for his

professional capabilities.⁽⁷³⁾ Given the family connection, however, Gregory's opinion of Alison cannot have been wholly impartial. The most significant testimonial probably came, therefore, from Andrew Duncan, Senior, who, believing Alison "to be well qualified for the office", recommended his appointment to the Theory Chair.⁽⁷⁴⁾ Duncan, as will be shown in chapter one, also influenced Alison's social thinking.⁽⁷⁵⁾ In view of this support, it is interesting to note the parallels between their two careers: Duncan and Alison both started as extra-academical lecturers, and there is a suspicion that just as Duncan intended the Public Dispensary, which he founded in 1776, to be both a public charity and a teaching clinic independent of the University, that Alison and his co-founders established the New Town Dispensary with the same intentions.⁽⁷⁶⁾

Perhaps the greatest testimony to Alison's talent and ability was his eventual appointment to the Practice of Physic Chair: following Dr. Home's resignation in August 1842, the Town Council "unanimously" offered the Chair to Alison without a contest.⁽⁷⁷⁾ The prominent position he had attained within the Edinburgh medical profession was also evident in his serving, from the mid-1820s to the mid-1840s, as the R.C.P.E.'s Censor, Secretary, Vice-President, and President.⁽⁷⁸⁾ His prominence in Scotland was honoured, moreover, on 3 March 1838, when he was admitted "into the Place and Quality of Physician in Scotland in ordinary to Her Majesty".⁽⁷⁹⁾ In 1850, finally, he received the degree of Doctor of Civil Law from Oxford University.⁽⁸⁰⁾

Alison resigned his University Chair on 13 August 1855, concerned that he would be unable, because of ill-health, to fulfil his duty to the University and the students. He had been suffering from epilepsy for nine years - the first attack took place while he was lecturing in the Royal Infirmary on 27 May 1846 - and he feared that the attacks, which had become increasingly frequent and severe⁽⁸¹⁾ and caused him to miss lectures during the 1854-55 session, would mean his absence for most of the 1855-56 one.⁽⁸²⁾ As a condition of his resignation, he was given the title of Emeritus Professor, but his second stipulation, that he receive a retiral allowance from the University,⁽⁸³⁾ was not forthcoming for legal reasons. But after considerable lobbying from the Town Council (which voted Alison a £250 grant from its Special Purposes Fund), the University, and the medical press, most notably the Edinburgh Medical Journal, he was awarded an annuity of £100 from the Government.⁽⁸⁴⁾

In July 1858, the British Medical Association meeting in Edinburgh, as a sign of the profession's respect and honour, made Alison their President.⁽⁸⁵⁾ His Presidential address reflected his life's work: it focussed on the influence which doctors could exert and the scientific advice which they could give the public on "various social arrangements and social questions" and referred specifically to measures aimed at improving health.

However, Alison also referred to another of his great interests when, based on Humboldt's observation, he called for doctors to consider the question of the connection between, and the means of reconciling, science and religion.⁽⁸⁶⁾ Although Alison devoted

more time to its study following his wife's death in 1849 and to writing papers on the subject after his retirement, this was not a mere passing interest, or one borne of old age. His Christian upbringing, his liking for philosophy, his scientific background, and the philosophical bent of some of his medical papers suggest that it was a lifelong interest. His collection of papers held by the R.C.P.E. and his articles reveal that he had read extensively on the subject (both British and European authors) and was well-versed in the natural theology arguments.⁽⁸⁷⁾ Alison contributed two papers to the debate: the first he read to the British Association for the Advancement of Science meeting in Dublin in August 1857, the second to the British Medical Association.⁽⁸⁸⁾ In them, Alison examined the evidence and theories, and sought to present a reasoned argument proving the existence and attributes of God from the scientific study of nature - an eighteenth century view.⁽⁸⁹⁾

Alison's Address to the British Medical Association was his last public appearance.⁽⁹⁰⁾ Since retiring, the nature of his seizures and fits had undergone an important change - although less frequent they were now more severe and caused much greater debility and delirium. On the afternoon of 22 September 1859, at his country home Woodville, in the Colinton area of Edinburgh, "his breathing became gentler and slower, and without the slightest struggle he passed away".⁽⁹¹⁾ The immense respect for Alison produced "a general desire" to honour him with a public funeral,⁽⁹²⁾ which was attended by the Lord Provost, Magistrates, and Town Council, the Senatus Academicus, the R.C.P.E., the R.C.S.E., the Royal Medical Society, the Royal Society of Edinburgh,⁽⁹³⁾ and the Pharmaceutical

Society. Moreover, the streets, from his home in Heriot Row to St. John's Episcopal Chapel,, were crowded with spectators.⁽⁹⁴⁾ The R.C.P.E., as a customary and lasting tribute, later commissioned a bust of Alison,⁽⁹⁵⁾ which is still on display in their Edinburgh premises.

Sources.

The main primary sources were Alison's own papers, held by the R.C.P.E., his correspondence, evidence to the Poor Law Commissioners, and his many books, pamphlets and articles. They provided the basis for determining what he thought, for showing both how his social thinking developed, and his key role in the campaigns for Scottish poor law and public health reform. To some extent they also reveal why he thought as he did, but for a fuller understanding of this, its importance, and the opposing opinions against which he fought a much broader primary and secondary source base was required. The former included his father's sermons, Stewart's Political Economy Lectures, Duncan, Senior's Memorial urging the foundation of a Chair of Medical Jurisprudence, his Medical Police lecture outline, and his medical periodicals, the New Town Dispensary and House of Refuge Reports, the R.C.P.E., Edinburgh University and Town Council Minutes, the poor law pamphlets by Chalmers, Monypenny, and the Official and Local Inquiry Associations, and the reports by Arnott, Kay, Smith and Chadwick on the sanitary causes of disease. Of the latter, the most important were the works of Weiner, Vess, and Woloch on French medicine; LaBerge on the French public health movement; Lesky's

introduction to Frank; White and Crowther on medical police teaching at Edinburgh University; Chitnis on the connection between the Scottish Enlightenment and English social reform; Brotherston and Hamilton on the early Scottish public health legislation; Brown's biography of Chalmers and Finer's of Chadwick; Hardy's analysis of the decline of typhus and typhoid in the late nineteenth-century; and the studies by Hamlin and Pickstone on the potential which existed for the development of a quite different public health policy in Britain to the ultra-sanitarian, Chadwickian one, which did emerge.

Chapter One: Influences upon the Development of Alison's
Social Thought to 1820.

In the decade following his graduation in 1811, Alison emerged as a prominent exponent of the need to expand the health care provision for Edinburgh's growing population. A man of perception, he also appreciated that the greatest requirement was to increase the provision for the sick poor who, unlike the wealthier inhabitants, could not afford to pay for the services of a doctor. This realisation led Alison to co-found the New Town Dispensary in 1815 and to draw up plans for the Fever Board which was established in 1817. Although these were new institutions, their formation continued the pattern of health care, based on voluntary hospitals and dispensaries, and local initiatives by doctors aimed at preventing disease, which had emerged in Britain in the late eighteenth century. This chapter, therefore, will examine the ideological and practical influences which shaped Alison's social thought, and motivated his concern for the health of the poor.

Alison's thinking was fashioned, fundamentally, by the Christian teaching he received from his father, and by the nature of the education he received at Edinburgh University. Two aspects of this education were of particular importance; firstly, the Political Economy lectures of Dugald Stewart, by which Alison was influenced not only by the social philosophy of the Scottish Enlightenment but also by the doctrines of Malthus and Bentham; and, secondly, the strong public health element in the medical teaching which had developed as a consequence of the Scottish Enlightenment.⁽¹⁾ The

Enlightenment, in Europe and Scotland, also contributed to the development of the idea that diseases had environmental causes - which had emerged from the late seventeenth century among British, European and American doctors - into more practical schemes for preventing disease by removing or lessening the force of these causes.⁽²⁾ This concern also points to a further influence upon Alison, that of Andrew Duncan, Senior. Through Duncan, Alison was probably introduced not only to these ideas but also to the broader concept of medical police, one element in which was environmental concern. Defined briefly "as the use of medicine in the service of the state, both to protect the health of its subjects, and to keep them under control",⁽³⁾ medical police developed in the German states and in France (where the terms public health or hygiene were more commonly used) in the second half of the eighteenth century. Duncan, however, in teaching medical police, adapted the concept "into a less coercive form, suited to the decentralised government",⁽⁴⁾ and the prevailing politico-economic thought, and philanthropic medical institutions of Britain.

A Father's Example

The key to Alison's motivation is to be found, perhaps, in what would have been the earliest influence upon him: the Christian teaching and example of his father. From this example and from his father's Edinburgh sermons, which were based on rural Anglican ideas, Alison learned not only that sickness and poverty existed but also that it was his Christian duty to assist in relieving it. Indeed, the growth of a principled and enlightened humanity during the eighteenth century meant that by the turn of the century Rev.

Alison was telling his predominantly rich congregation that they were expected to minister to the poor's needs, and to work to improve their condition.⁽⁵⁾ They were expected, moreover, to work towards preventing future poverty by educating the poor, encouraging in them habits of industry, improvement and independence, and promoting religion and piety among them.⁽⁶⁾ Taught the importance of relieving existing and preventing future poverty, Alison's later actions on behalf of the poor were motivated fundamentally by a strong sense of Christian duty.

A Distinctive University Education

In examining the distinctive nature and content of Scottish university education, particularly that in Edinburgh, from the mid-eighteenth century, Anand Chitnis has identified a connection between those who acquired 'Scotch knowledge' - political economy, moral philosophy, and a "professional approach to medical education"⁽⁷⁾ - and the "key promotional position" they occupied in the development of various scientific and health institutions in England.⁽⁸⁾ Chitnis included Alison, rightly, among the teachers. But, graduating in 1811, he was a second generation teacher, whose social thought and promotion of health schemes for Edinburgh's poor based upon it, were a product of the same 'Scotch knowledge' which inspired many of the Scottish-trained doctors in England. Judging from the influences upon Alison and from his teaching, however, it would appear that the definition of 'Scotch knowledge' must be broadened, to include not only the lessons of the Scottish Enlightenment but also the ideas of such classical economists as

Malthus and Bentham, and certain elements of the European Enlightenment.

The Political Economy of Dugald Stewart.

The respective social philosophies of Scottish Enlightenment writers like Smith and Millar, and of Bentham and Malthus had many common elements. The dissemination of their ideas, however, was carried much further in Scotland than in England, due largely to Dugald Stewart, Professor of Moral Philosophy at Edinburgh University 1785-1810. In 1800 he delivered the first of eight separate lecture courses on political economy, which were attended on average by forty-nine students, among them Alison and his brother Archibald. His main intention, although he referred to Malthus' and Bentham's ideas, was to popularise Smith's doctrines, and to promote "the spread of liberal views" on political economy in Britain.⁽⁹⁾ The only course of its kind in Britain at that time, it meant that it was Scottish students who were first taught that the holders of political power, that is the rich - whether the wealth was attained from property or from commerce and industry - were also responsible for ensuring that the interests of all in society were served. In the evolving industrial and urban society, this led to the inevitable conclusion that interests such as health, poverty amelioration, and education would have to be met increasingly by local or central government.⁽¹⁰⁾

Stewart's definition of political economy was more extensive than that hitherto used by English and European writers. The latter restricted their inquiries to matters relating to Wealth and

Population, that is to the resources of a state. Stewart, however, extended the inquiry:

to all those speculations which have for their object the happiness and improvement of Political Society, or, in other words, which have for their object the great and ultimate ends from which Political regulations derive all their value; and to which Wealth and Population themselves are to be regarded as only subordinate and instrumental.⁽¹¹⁾

This extensive view permitted discussions on what it would be wise for the State to direct and what it should leave "to individual discretion".⁽¹²⁾

From Alison's viewpoint the lectures on population - its study, Stewart stated, was "more or less connected with every other article of Political Economy - and those on the poor laws of England and Scotland were the most important. Stewart agreed with Malthus that where the population of a country was left to its own course it would increase to the limit of resources. The natural inducements to marriage were sufficiently strong as to require no encouragement from government, so long as men had "a reasonable prospect of their being able to rear and educate a family, according to the ideas of competency which they have formed to themselves. Stewart, however, modified this general proposition, with the introduction of two important caveats; firstly, the idea that marriages would be delayed, and the number of children reduced, by a concern to maintain an accustomed standard of life;⁽¹³⁾ and, secondly, that among the poorest sections of the population such a consideration would not operate.⁽¹⁴⁾ The growth

of manufacturing added to the first by producing artificial wants, by which men were encouraged to labour to attain these new necessities.⁽¹⁵⁾ The concern was thus not only maintenance but improvement of the standard of life.

On Poor Laws, Stewart was broadly sympathetic to Malthus's view that they tended to increase population,⁽¹⁶⁾ feeling that poor law legislation posed extremely difficult problems, not least, because "frequently the best intended and wisely-concerted schemes [had] been found to aggravate the evils which they were meant to remedy". But he offered no specific solution, stating instead that charity, whether of the State or of individuals should be guided not by "partial or temporary advantage" but by what was "of general and permanent interest".⁽¹⁷⁾ However, he cautioned against attributing all of the increase in the number of English poor to the "injudicious" poor law, and suggested that the influence of other causes could be examined if a comparison was made with other European countries "where no legal provisions [were] made for" the poor. If this was done, he concluded, "although it might shew that the mischiefs of the English poor-laws have been somewhat exaggerated, it would never tend to a vindication of the general principle on which they are founded".⁽¹⁸⁾

In comparison to the perceived evils of the old English Poor Law - wage inequalities because of the Law of Settlement, the detrimental effect on the habits and morals of the receivers, and the increasing cost of relief⁽¹⁹⁾ - Stewart shared the belief in the superiority of the Scottish system, arguing that its checks and modifications had restrained abuse, encouraged independence and

strengthened family ties.⁽²⁰⁾ However, despite this expressed preference for the old practice of supporting the poor by voluntary contributions - he had lived mainly in country parishes - Stewart realised that certain circumstances would make this impracticable. When this was the case "the question no longer admits of discussion, a compulsory law is the only expedient which can supply an effectual remedy". He held this opinion, moreover, despite the detrimental moral effects which he believed accompanied a compulsory provision - because it separated the provider from the recipient, the receiver's sense of indebtedness to the givers of charity was replaced with the expectation that they should be given relief as a right.⁽²¹⁾

Stewart's ideas on population and poor laws are significant because Alison used and developed them in his Medical Police Lectures to challenge the opinion that population growth would be encouraged by providing medical relief for the poor. However, despite his close relationship with Stewart, Alison did not share all his views, and refused to accept, as Stewart did, Malthus's position in regard to the effect of poor laws on morals and thus on population. Alison argued that since the poor made no distinction between the type of relief, that is charity or assessment, then the supposed effects of the latter on their character could not be maintained.⁽²²⁾ In Observations, moreover, he expanded his analysis, arguing that an improved Scottish poor law would not cause population growth, and that the Scottish system far from being superior to the English, was actually subject to more serious abuses because of the numbers left partially or wholly unrelieved.⁽²³⁾

A Practical Medical Education

The nature of Edinburgh University's medical education, with its emphasis on practice in various health institutions, was a further influence upon Alison. From its foundation in 1726, the Edinburgh Medical School provided a full medical training (nine chairs were founded in the century to 1807), the most significant element of which was clinical teaching in the Royal Infirmary, which was established in 1729. Modelled on the European, and especially Dutch, system "of associating medical education with universities", not the English one of "apprenticeship, walking the wards, and attendance at private medical schools", the Edinburgh school aimed to teach practical skills as well as theoretical medicine. This pattern was adopted from Herman Boerhaave (1668-1738), Professor of medicine, chemistry and botany at the University of Leiden, by the first generation of professors, most of whom had been taught by him. By the late eighteenth and early nineteenth centuries, a professional approach to medical education had developed from this "concern for the ancillary sciences, a systematic curriculum, and practical care".⁽²⁴⁾

The practical training had three aspects: teaching in the botanical gardens and the museums, the requirement that candidates for the medical degree attend clinical lectures, "and the experience given to students in a variety of institutions associated with public health" - in lying-in hospitals, dispensaries, and in fever and mental hospitals.⁽²⁵⁾ Thus Andrew Duncan, Senior established the Public Dispensary in 1776 not only to supply the lack of an outpatient service in the Royal Infirmary, but also "as a medical

teaching centre". This centre, used initially to illustrate his extra-academical theory and practice of medicine lectures, became an additional University facility for practical training after his appointment to the Theory of Medicine Chair in 1790.⁽²⁶⁾ The New Town Dispensary took on a similar teaching role, leading to the supposition that it was founded, on a purely practical level, as an additional teaching facility because of the increase in student numbers.⁽²⁷⁾ It may also be that, like Duncan's early efforts, the new dispensary was intended as an additional 'professional' outlet for a new generation of doctors.

For Alison, the most important practical element was experience in the health institutions. Through the clinical lectures in the Infirmary and possibly, though it cannot be substantiated, his attendance at the Public Dispensary, Alison attained, in his formative years, first-hand knowledge of the condition and illnesses of the poor. This knowledge, together with the sense of Christian duty and humanitarianism inculcated in him from childhood and the Benthamite principle of utility learned from Stewart, nurtured his interest in the poor's health and preventive medicine, and was partly responsible for his co-founding of the New Town Dispensary and the Fever Board.

Andrew Duncan, Senior, on Medical Police

The most pervasive influence upon Alison was, probably, that of Andrew Duncan, Senior. Interested in European thought, Duncan was familiar with German and French theories of medical police - he admitted the particular influence of Johann Peter Frank (1745-

1821), but also drew his readers and students attention to works by such men as Hebenstreit, Metzger, Fodere, and Mahon. Through his willingness to disseminate these ideas, moreover, Duncan became, as White has observed, "the conduit for Scottish acceptance of [these] European models of legal medicine".⁽²⁸⁾ His influence was exerted through two mediums: his medical lectures and his medical periodicals. Shortly after being appointed to the Theory chair in 1790, Duncan introduced medical jurisprudence teaching into his course, and by 1801, when he published his Heads of Lectures on Medical Police, he was giving extra-academical lecture courses on medical jurisprudence (winter) and medical police (summer).⁽²⁹⁾ Alison, however, who did not begin his medical studies until 1807, was probably too young to have attended them.⁽³⁰⁾ Duncan's initial influence on Alison, therefore, was likely to have been through his medical periodicals - Medical and Philosophical Commentaries (1773-1795), the only journal of its kind regularly published in Britain at this time, and its successors the Annals of Medicine (1796-1803), and the Edinburgh Medical and Surgical Journal, which began publication in 1805 with his son Andrew Duncan, Junior as editor. Through them, new ideas, developments, and discoveries in medicine and medical thought from Britain, Europe, and the United States reached Edinburgh's medical students and the wider community of doctors.⁽³¹⁾ Thus, presuming that Alison had access to, and read, earlier issues of these journals, he probably attained from them not only his introduction to medical police ideas, but also to the pattern of health care and preventive medicine which was emerging in Britain. It was a significant pattern, as it formed one element in Duncan's, and later Alison's, perception of medical police as it pertained to Britain.

Duncan's influence upon Alison, therefore, involves more than assessing the extent to which Alison's thinking agreed, or disagreed, with Duncan. We must also look beyond "the conduit", and trace the possible influence on Alison not only of German and French ideas of medical police, but also of British thought and practice. A number of common elements emerge from this comparison. Firstly, the value to the country of medical police measures. Secondly, the part played by the European Enlightenment not only in raising humanitarian concern for the health and welfare of the poor, but also in channelling that concern into practical proposals for providing health care and preventing disease. The emphasis on environmental control in the late eighteenth and early nineteenth centuries, moreover, was a continuation of the efforts made from the late seventeenth century to discern and quantify a wide range of environmental phenomena - for example, seasons, climate (heat, cold, moisture, dryness), emanations from the earth or from diseased people, corpses, or putrefying matter, diet, drink, water for drinking or cleansing, and topographical features such as stagnant waters, soil, and elevation - which it was thought might cause disease.⁽³²⁾ Thirdly, the belief that the poor had a right, and the rich a duty to supply, health care. Fourthly, the extent to which the state should be involved in providing that care. Dependent on the prevailing political situation, politico-economic thought, and health care practices, these elements were, of course, interpreted differently in Germany, France, and Britain.

The German and French Models.

As the influence on Duncan tends to illustrate, the German concept of medical police reached its height and a wider European audience with the work of Frank, Professor of Clinical Medicine at Pavia (1785-1795) and then at Vienna (1795-1804), where he also held the position of Director to the General Hospital. Of Frank's writing, the most important was his six-volume System einer vollstandigen medicinischen Polizey (A Complete System of Medical Police), which was published between 1779 and 1819, as a guide for enlightened absolute monarchs and their officials, not doctors. Frank, influenced by seventeenth-century mercantilist (cameralist) thought, taught them that a country's "greatest wealth" lay in its population, which should be as "numerous, healthy, and productive as possible". The equating of the welfare (wealth and power) of the state with the welfare of the people, led Frank to argue that it was also possible to maintain and increase that wealth if the state, backed by medical knowledge, promoted "rational hygienic measures".⁽³³⁾ These measures reflected Frank's conviction that the diseases which afflicted the people were "for the most part preventable, because the causes [were] rooted in the social conditions of society" - in "man's physical and social environment".⁽³⁴⁾

Frank, therefore, comprehended medical police in two ways: as a matter of internal security, and as a 'defensive art', protecting the people from their environment. The first can be traced not only to cameralist thought but also to the influence upon Frank of Joseph von Sonnenfels, who taught Polizeiwissenschaft, the science

of police, at the University of Vienna from 1765. Like Sonnenfels, Frank believed that this science could promote the internal security (welfare) of the country if it was used to safeguard the health of the people. In this view, based also on the philosophy of Christian Wolff (1679-1754), the people did not gain a right to good health, but became rather "the object of governmental care", in which the state, as patriarch, held the "right of guardianship" over their health. The second definition owes its origin to the philosopher Jean Jacques Rousseau (1712-1778), from whom "Frank learned that degeneration and disease are a necessary attribute of social inequality [and that] against these disadvantageous consequences stands the social challenge which the physician accepts from the philosopher - to protect human beings".⁽³⁵⁾ Frank's interventionist theories, therefore, most of which "were not really workable under eighteenth-century conditions",⁽³⁶⁾ involved state control over all aspects of public health, ranging from marriage, pregnancy, and childbearing, through prostitution and venereal diseases, nutrition, clothing, and housing, to all types of hospitals, poor houses, and pharmacies. In arguing, moreover, that the state should be responsible for preventing epidemics, miasmas, and contagions, Frank stressed the need for cleanliness, ventilation, and quarantine regulations, and in the case of smallpox, vaccination as discovered by Jenner.⁽³⁷⁾

The German concept of medical police also contributed to the French public health idea which emerged in the last third of the eighteenth-century. However, its influence was indirect - the many common elements between the two arising from the broader European Enlightenment concern over health, disease, and epidemics.⁽³⁸⁾

The Enlightenment played a dual role in the development of French ideas on health. It established, firstly, humanitarian concern for the sick poor and for the sanitary conditions in the hospitals.⁽³⁹⁾ This concern also resulted in an important legacy, one which "encompassed the philosophic convictions and the political theory that established man's right to health care".⁽⁴⁰⁾ Thus the Revolution transformed the philosophes' argument, that the poor had a rightful claim on the state, or on the rich, for the maintenance of their health, into the conviction that the sick poor were citizens with a right to health care. Reinforcing this right, moreover, was the belief that the political emphasis on equality, "obligated the government to provide all citizens with equal access to health care, free of charge if they were poor".⁽⁴¹⁾ The same rationale also led to charity, traditionally given as alms or through religious and municipal charities, being redefined as poor relief (bienfaisance), the implication being that it too was a right or a civic responsibility. This change also reflected growing dissatisfaction, in the later eighteenth-century, with the religious and repressive nature of institutional charities, and the concern that poverty and indigence should be viewed as socio-economic problems, not solely as religious and moral ones.⁽⁴²⁾

The Enlightenment led, secondly, to the formulation of numerous plans for hospital reform, and for safeguarding and guiding personal and public health practices. Important as indicators of the reformers' thinking, they carry added significance, because they formed the basis of the actual reforms, which were eventually implemented during the Revolution and Empire. In the 1770s and 1780s, proponents of hospital reform - whether motivated by

humanitarianism, a concern for efficiency, or the new liberal economic theory which viewed hospitals as 'unnatural' ⁽⁴³⁾ - investigated and reported on the conditions (overcrowding, filth, poor ventilation) which prevailed in the hospitals of the major towns and cities. These studies also inspired the Academy of Sciences to appoint its own commission to study the Parisian hospitals, while its findings finally prompted the Royal Society of Medicine to support hospital reform. The proposals for reform, which emerged from these institutions, included the introduction of improved management principles, such as the regulation of the numbers and type of person admitted, and the medical care provided, private beds for each patient, the separation of patients according to their ailments, and the establishment of specialist hospitals.) ⁽⁴⁴⁾

Enlightenment philosophers tended to approve of 'medical police' and "understood the complexities and dangers of ill-health". This approval, when combined with their argument, that preventive medicine and health would be encouraged as civilisation (reason and social order) advanced, and by altering or controlling the environment in accordance with natural laws uncovered by empirical inquiries, inspired many doctors, scientists, and reformers to conduct experiments and institute practical measures aimed at improving health. They tested, for example, water and air quality, and the nutritional value of different foods, and introduced practical schemes, such as drainage and irrigation, and educating the people on diet. These topics were also discussed frequently in Parisian academic and social circles, with the Royal Society of Medicine forming the focal point for reform-orientated doctors

concerned with nutrition, hygiene, epidemics and the environment. Hoping to reduce mortality and morbidity, and improve the quality of life, the Society's notion of prevention extended beyond the traditional one of controlling periodic epidemics and nuisances, to every potential cause of ill-health.⁽⁴⁵⁾

The National Assembly's Poverty Committee, and the relevant sections of its Health Committee report, in 1790-1791, reiterated the pre-revolutionary reform proposals. But while these reports formed the basis of the hospital, public health, and poor relief policies instituted in France over the next decade, the details were also fashioned by the exigencies of war - the need for a strong army demanded a healthy population - the experience of the military hospitals in the early war years, and by an increasing interest in hygiene. This interest was the result partly of military literature on communicable diseases and measures used to combat them, and partly of the institution in 1795 of Jean Noel Halle's lecture course on hygiene at the Paris Medical School. In relation to the interpretation placed on medical police by Duncan and Alison, the key element in the French policies was the degree of state involvement instituted or envisaged: hospital administration was controlled by the municipalites, and subject to state supervision; responsibility for public health was vested, primarily, in municipal and departmental authorities, with their mayors and prefects being advised and assisted by health councils (the model was provided by the Paris Health Council established in 1802); and bienfaisance was to be a national system, funded by the state through the allocation of annual grants, but managed locally.⁽⁴⁶⁾

State involvement to this extent, particularly in relation to bienfaisance, had to be curtailed, however, because economic deregulation, hyperinflation, and the consequent currency collapse, in the mid-1790s, depleted Treasury funds and the state's ability and will to finance public assistance. Funding became, or remained, a local concern, with municipal taxes, notably the octroi, being augmented by the revival of organised philanthropy (in the language of fraternity it was now viewed as a civic virtue) and religious charities.⁽⁴⁷⁾ Similarly, the cost involved in providing equal health care for all citizens, necessitated the growth of cheaper alternatives to the hospitals - outpatient services, district welfare offices, including dispensaries and various supportive agencies which were also supported by philanthropy, and home care.⁽⁴⁸⁾ Another consideration, however, also prompted this growth in outpatient and district agency treatment. It was argued that these institutions could treat illnesses before they became severe, thus saving the patient from unemployment and indigence. Although a direct influence cannot simply be assumed, it is interesting to note that the same argument was advanced by Alison and his colleagues in defence of their decision to establish the New Town Dispensary.⁽⁴⁹⁾ The conviction, that there was a direct causal relationship between ill-health because of inadequate health care, and the indigence and misery of the people, and also "that poverty was the principle public health problem", was central to the public health care policy which evolved in France in the last third of the eighteenth-century. It also gave the policy "its decidedly social tone".⁽⁵⁰⁾

Adapting the European Models.

Rosen has suggested that a social philosophy similar to those of Germany and France could not have developed in Britain because of the absence of a strong centralised government.⁽⁵¹⁾ He was not wholly correct. The basic idea of medical police, devoid of most of its association with government regulation, was introduced to Britain, via Scotland, because of Duncan, Senior's interest in the subject. Moreover, his adapted concept flourished in Scotland, in part, because it was one of many links established between Edinburgh and Europe during the Scottish Enlightenment. These links, which included the mutual flow of students between Scottish and Continental Universities, also meant that "Scottish intellectual life was responsive to European influences".⁽⁵²⁾

The emergence, in Edinburgh, in the late eighteenth century, "of an influential professional class" consisting of "lesser nobility, lawyers, clergymen and doctors [who were] bound closely together by intricate familial relationships and political loyalties", also contributed to the survival of medical police in Scotland.⁽⁵³⁾ These ties, especially the political ones, led directly to the establishment of the regius Chair of Medical Jurisprudence and Medical Police at Edinburgh University in 1807, the first such Chair in Britain. Duncan, Senior, who had first pressed for its foundation in a Memorial to the Town Council in 1798, took advantage of the brief Whig administration of 1806-7, and his friendship with Henry Erskine, the Lord Advocate, to have the Chair instituted by the Crown. He thus circumvented opposition from the Tory Town Council and the Medical Faculty, which rejected the Chair

as radical because of its association with revolutionary France. It remained in the Law Faculty until 1825, where, protected by the Erskine family, it "withstood Tory attempts to discontinue it".⁽⁵⁴⁾ The first incumbent of the Chair was Andrew Duncan, Junior - reflecting "the fashion of contemporary politics [of] mixing intellectual commitment with self interest".⁽⁵⁵⁾ Alison was appointed the second Professor on 7 February 1820.⁽⁵⁶⁾

A "peculiarly Scottish identity was given to medical police teaching by Duncan, Senior. In contrast to English teaching which focussed solely on "environmental sanitary improvements", Duncan's lectures included three additional elements, which, given their subject matter, appears to reflect the influence of German and French ideas on his thinking. He considered, firstly, the instruction given to doctors on "contagious and epidemic disease and the basic elementary principles of hygiene - air, water, food, drink, clothing, occupations and salubrious places for siting towns". This instruction was based not only on the continuing concern over the environment-disease association, it also drew on Frank's thinking, and, possibly more particularly, on Halle's hygiene lectures, which encompassed "nutrition, shelter, exercise, the environment, and protection against contagion".⁽⁵⁷⁾ Duncan looked, secondly, at the extent of State intervention required and the advice which doctors could give city magistrates on sanitary provision. Thirdly, and reflecting the provision of health care in Britain, he examined the role of doctors and laymen in the philanthropic provision of hospital and dispensary care.⁽⁵⁸⁾

Duncan, Senior's, broad interpretation of medical police was continued in his son's lectures, and, as will be shown below, by Alison. Judging from the matriculation index for Duncan, Junior's class, however, it would appear that Alison did not actually attend them.⁽⁵⁹⁾ Since the structure of Alison's lecture course, bore a marked resemblance to that contained in Duncan, Senior's Heads, and his interpretation continued that of both Duncans, it seems probable that the influence on Alison was more direct and personal, possibly as simple as Alison having access to their lecture notes. This leads to the obvious danger that Alison's lectures contained Duncan, Senior's, and not his own, opinions. However, Alison's work with the New Town Dispensary and the Fever Board, the extensive details on the latter which were included in his lectures, and his development of Stewart's ideas to defend medical police measures and poor relief, suggests that they did express his thinking.⁽⁶⁰⁾

Amalgamating the Influences: Alison's Interpretation of Medical Police

On the most basic level, Duncan, Senior's influence on Alison, is evident in the subjects discussed in his lectures, subjects which, it has been suggested, reflected the influence of German and French ideas on Duncan, and thus either directly or indirectly on Alison. The lectures focussed on two broad areas of discussion. Firstly, public medical institutions, such as hospitals, dispensaries, and humane societies - including how they were financed, and how they were managed to secure the greatest benefit to patients and the

advancement of medical knowledge and teaching. Alison, though, was forced by lack of time to omit these lectures. The second area covered the environmental causes which each identified as being determinants of health and disease, including those likely to cause epidemics. With one or two exceptions, these were identical: the effects of contaminated and impure air, and how to counteract them; the need for a plentiful and pure supply of water; diet, including nourishing and unadulterated food; drink; the influence of housing, clothing, and cleanliness; and exercise. To this list Duncan added fire and light, while Alison added the effect of climate and seasons. Both also considered the means of preventing or reducing the impact of epidemics, with Alison's focus on 'fever' and smallpox reflecting not only his but contemporary medical interest.

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This knowledge, and the use to which it could be put by doctors and government, was central to the main purpose of medical police, as defined, similarly, by both Duncan and Alison. For Duncan, medical police was "the application of the principles deduced from the different branches of medical knowledge, for the promotion, preservation and restoration of general health",⁽⁶²⁾ while Alison viewed it as "the consideration of the means of preserving and improving the public health, adopted by the legislature and Magistrates" and, by the application of medical knowledge, to "consider the principles of the enactments themselves". He thus also shared Duncan's opinion that doctors should advise city magistrates on the best means of preventing disease.⁽⁶³⁾

On the role of government, Alison was influenced by both Duncan and Stewart. Duncan suggested that health improvement should be promoted not "so much by rigid laws, as by recommendation and example", and also that any laws contemplated should be tailored to the character, circumstances, and customs of different countries.⁽⁶⁴⁾ Alison agreed. There was no conception in his lectures that overall responsibility for public health in Britain should be assumed by government, national or local. He recommended only that nuisance removal and the licensing of lodging houses should be undertaken by the municipal authorities. His reasons for doing so, reflected prevailing politico-economic thought, be it from Smith or Bentham:

There are two methods by which the preservation and improvement of the public health may be promoted - viz., either by framing positive laws for that purpose, or by inducing those who are interested in the matter to attend to certain regulations. ... The mode of persuasion, where it is applicable, is always to be preferred to positive enactment: it is an established maxim of political economy, that legislative interference, whenever it is unnecessary, is hurtful - and in so far as municipal enactments regard health, they would be so intimately connected with the private habits, and liberty, and comforts of individuals, that nothing but the inadequacy of other means of obtaining the same ends can justify them.⁽⁶⁵⁾

Thus Alison, like Stewart in discussing poor relief, favoured voluntary over compulsory regulations, but also appreciated that government intervention would be essential should other efforts

prove inadequate. His thinking in 1820 thus presaged his campaigns for poor law and public health reform in the 1840s and 1850s.⁽⁶⁶⁾

The role assigned to government was determined by the prevailing politico-economic thought. Similarly, Duncan's development of the medical police concept into a rationale for community health care and control, based on private philanthropy, was dependent on the pattern of health care - medical charities and local efforts at prevention - which emerged in Britain in the late eighteenth century. Indeed, Duncan contributed to the establishment of that pattern by founding the Edinburgh Public Dispensary. Through his medical periodicals, moreover, he encouraged doctors in Britain to establish similar institutions, and publicised, and often supported, new ideas on disease prevention, particularly those for smallpox and 'fever'. Duncan, Junior, continuing his father's policy, also promoted the value and utility of medical charities by reprinting dispensary and hospital reports in the Edinburgh Medical and Surgical Journal.⁽⁶⁷⁾

Alison also adopted this rationale. He chose to increase the health care provision for Edinburgh's poor by adding the New Town Dispensary and the Fever Board to the city's existing structure of medical charities, which also included the Royal Infirmary and the Society for the Relief of the Destitute Sick. Founded in 1785, this Society, provided assistance to individuals and families facing hardship because of illness.⁽⁶⁸⁾ Like Duncan, therefore, Alison believed that health care should be financed by philanthropy - voluntary contributions and annual subscriptions - although he also saw no objection to assessments, as occurred in some parts of

England.⁽⁶⁹⁾ Thus, in the "Journal" of his 1819 European tour, he noted approvingly the donations and legacies used to finance the Spedal Maggiore in Milan, but disapproved of the funding of French hospitals from "taxes on gambling houses, filles publiques etc", because it removed the duty of charity from the rich.⁽⁷⁰⁾ The evidence also suggests, however, that Alison, in expanding the health care provision, adopted a more extensive and aggressive approach to it - through the greater coordination and regulation of the doctors' efforts - than Duncan had advocated.⁽⁷¹⁾

The Edinburgh dispensaries, and the working practices of the Fever Board were part of the health care system which was still developing in Britain. Dispensaries had begun in London in 1769 with the short-lived Dispensary for the Infant Poor, which was followed a year later by the true "leader of the ... movement", John Coakley Lettsom's (1744-1815) General Dispensary. Their numbers then increased quickly: "by 1800 there were sixteen general dispensaries in London and twenty-two in the provinces", not including Scotland. Duncan's Dispensary was, however, one of the earliest. This growth, according to Loudon, was due to the "failure of the [voluntary] hospitals to evolve, adapt and enlarge to meet the crisis in health" at the end of the century. The dispensaries also had considerable advantages in terms of their cheaper running costs (free student labour was used) and the greater numbers which could be treated.⁽⁷²⁾ Similarly, the Fever Board had a clear antecedent in the "English fever-charity model" (dispensaries and fever hospitals) and adopted measures aimed at preventing fever, which had been used by doctors, in certain British towns, since the late eighteenth century. Designed to

cleanse and ventilate the environment of fever victims, and to isolate them from the healthy, the British measures were part of a broader movement, begun in Europe and the United States in the 1740s and 1750s, aimed at preventing disease by removing its environmental causes.⁽⁷³⁾

Alison's decision to work to improve the health of the poor by expanding the existing provision, was motivated by a combination of duty and humane concern. Thus, he believed that:

there is no way in which a medical man can be more useful than in affording judicious advice with respect to the management of [medical charities], and in assisting and relieving the sick persons admitted into them.⁽⁷⁴⁾

His motivation was not unique, but reflects the "high sense of charity and humanitarianism", which provided the inspiration, at least in part, for the dispensaries and voluntary hospitals. By institutionalising charity, these medical charities were also intended to organise and direct increasing charitable donations from the upper and middle classes towards the practical purpose of providing medical relief for the deserving and industrious poor.⁽⁷⁵⁾ In Scotland, where medical charities were particularly prominent, the purpose went beyond channelling philanthropy. Until the late 1860s, such charitable efforts were expected "to supplement the only official outlay, namely that made through the poor law".⁽⁷⁶⁾ This expectation also made them a matter of civic pride and ensured that, once established, they gained official approval and support. In the increasingly unhealthy industrial and urban environment, they also came to supply a need not supplied by the Scottish Poor

Law which granted relief only to the old, the young and the disabled.⁽⁷⁷⁾ Indeed, according to Alison, the treatment of sick paupers was most often carried on at the doctors' expense because the poor law authorities either did not pay them for attending sick paupers or gave them only limited or occasional remuneration.⁽⁷⁸⁾

Jordanova has suggested, however, that the philanthropic explanation for concern over public health is inadequate, and that more complex motives, which were discernible in the environmentalist literature of the late eighteenth century in Germany, France, Britain, and the United States, also existed. Comparing Alison's exhortation to his students with this argument raises the possibility of an additional interpretation. Underlying the three recurring themes in the literature - empiricism, utility, and the management of social problems - was a new and expanded role for doctors in treating the ills of both individuals and society. This role encompassed not only the possibility that the environment could be managed and manipulated for the good of society - an idea central to both Frank's concept of medical police and to the developing public health movement in late eighteenth-century France - but also the idea that environmental medicine, and especially hygiene, could be used to construct and maintain a social order based on bourgeois values.⁽⁷⁹⁾ A comparison of these themes with Alison's language - the stress on usefulness and management - and the work, both practical and empirical, carried on by the New Town Dispensary and the Fever Board,⁽⁸⁰⁾ suggests that Alison and his colleagues, influenced by contemporary British and European social and political thought, may also have had more complex motives.

The final element in Alison's lectures was political economy, as he believed that it was not possible to "properly understand the nature and objects of [medical police], without being acquainted with some of the principles of [political economy]". Health, he concluded, was determined more by "the political situation of the people" than by environmental factors.⁽⁸¹⁾ Moreover, he suggested that the remit of medical police should be expanded to include measures, whether poor relief or voluntary charity, "to relieve the necessities of the poor".⁽⁸²⁾

With inspiration from Stewart, Alison developed a considered argument to justify medical police measures and to answer the charge, made by Malthus's followers, that regulations to safeguard the people's health would inevitably result in an increase of population and, therefore greater vice and misery. Paraphrasing Bentham, Alison argued that:

... no regulations of medical police, can push the population beyond its usual limits, for the prevention of disease will keep the wages of labour down, and the prices of provisions up, and thus marriages will be prevented. The effect of increasing the average duration of the lives of the inhabitants will not be to increase the population, but to diminish the number of births. There is only one way of increasing the population of a state, and that is by increasing the means of subsistence in that state. [The object of Medical Police] is not that the number of persons in a state should be increased, but that their happiness should be increased...and this happiness it is presumed will be proportioned to the average duration of life. ... It is not therefore from increasing the number of persons,

but from increasing their happiness, that the utility and importance of the study of medical police and jurisprudence is to be deduced.⁽⁸³⁾

Alison, in accepting Bentham's thinking, appears also to have rejected Frank's philosophy that the wealth of a state was determined by the size of its population.

It was, however, the implications for the care of the poor contained in Malthus's original doctrine⁽⁸⁴⁾ which most concerned Alison. If population levels were determined by the means of subsistence, and increased and decreased depending on the prevailing tendency of subsistence, it followed that any measures which reduced disease and prolonged life would result inevitably in increased vice and misery and the population being brought back to the subsistence level.⁽⁸⁵⁾ Alison argued further that, taken to their logical conclusion (as some of Malthus's followers did, although Malthus himself did not) these doctrines could be directed against not only poor laws but all attempts at ameliorating the poor's condition. This would include medical relief and assistance from voluntary charities, for if as Malthus stated Poor Laws encouraged marriage and therefore population, he must also argue that private benevolence would have the same effect.⁽⁸⁶⁾

In Alison's view, Malthus's real failure arose from the fact that, in emphasising the part played by vice and misery in preventing population increase, he did not give due weight to moral restraint: it "vitiat[e] all his practical conclusions on the subject of the poor laws" and other forms of relief to the poor. Alison argued,

as Stewart had done, that moral restraint would check population growth amongst those sections of the community who were not totally destitute but that it would have no effect on the most distressed part, because:

it is the prospect of distress, and of the lowering of circumstances which chiefly operates [to check population]; a principle of pride and self-respect, and the hope of rising in the world, rather than the fear of actual want.⁽⁸⁷⁾

Moral restraint operated in response to natural and, in particular, artificial wants. Thus the higher ranks of society controlled the number of children they had by delaying marriage for fear that their standard of life would be adversely affected. However, amongst the lower orders where there was no conception of "habits of comfort, or prospect of bettering themselves" this fear could not operate:⁽⁸⁸⁾

If therefore it be established that in a well-regulated community, the ultimate cause which checks population is the want of food, and the misery thence arising, but that the immediate cause is to be found in prudential considerations preventing indiscreet marriages, then the arguments of Mr Malthus, in which he considers vice and misery to be the only checks to population, will not apply to the subject in question, that is, to the expediency of legislative provision for the poor.⁽⁸⁹⁾

Alison, as Stewart had suggested, then used the experience of different European countries to illustrate his point. The

conclusion he reached, however, disagreed with that suggested by Stewart. In Ireland, where no poor law operated, the people lived continually at the edge of subsistence, in abject poverty and misery, whereas in countries such as Switzerland, Norway, and England, where poor relief was granted, population increase was limited and the people lived in tolerable comfort.⁽⁹⁰⁾ "If then the operation of the poor laws will allow of the existence of artificial wants among the lower orders of society, are we sure that they do not contribute to introduce such wants".⁽⁹¹⁾

Medical Police measures and voluntary charities, he continued - so long as the relief granted was regulated, channelled and could be depended upon - worked in the same way to prevent the middling and lower ranks "from falling into a state of abject degradation and despair" where artificial wants could not operate. Thus it was:

... not by leaving the poor to shift for themselves that the preventive checks are to be increased - that nothing is more likely to plunge the lower ranks into a state of improvidence, and degradation, and misery than the knowledge that they are deserted or neglected by the legislature or the rich - that nothing has a better effect upon the general condition of the community than attempts made by Government or by the higher orders, to preserve the industrious and deserving poor against suffering from disease or misfortune - and that no such bad effects are to be apprehended from these attempts, as have been so much talked of and have made so strong an impression upon the public mind of late years.⁽⁹²⁾

In the course of his defence of medical police measures, voluntary charity, and poor relief, therefore, Alison also argued, as Stewart had done, that government, or the rich, had a duty to assist the poor.

Alison's conception and argument was in 1820 quite radical. Although the basis of his argument can be traced to Stewart, Alison went further than his teacher, developing and using his ideas to defend poor laws and medical police regulations. In doing so, he was probably aided by his brother Archibald who wrote the first draft of his book on population, which was not published until 1840, in 1809.⁽⁹³⁾ Thus the original idea may have been Archibald's. Alison's opinions were too carefully thought out, however, to have been simply copied from his brother. It seems probable that they discussed and developed the ideas together, or at least that Archibald asked for William's opinion. This reasoning is substantially confirmed by the comments made by Alison on the state of French agriculture in 1814⁽⁹⁴⁾ and those made, on the same trip, by Archibald on the general prosperity of the people in Flanders although the country was densely populated.⁽⁹⁵⁾ Archibald's thoughts in 1814, moreover, revealed only that he considered Malthus's principle of population to have been accepted without proper consideration and that it was his belief that man possessed the necessary principles for regulating his own numbers so long as government did not interfere with their operation.⁽⁹⁶⁾ Alison's 1820 argument was considerably more developed and ran contrary to Archibald's on the effect of government interference.

By 1820 Alison's social thought contained a number of important elements. Firstly, he believed it was his duty as a doctor to minister to the sick poor. His concern, because of the growth of Edinburgh's population, to expand the medical provision for the poor flowed naturally from his father's Christian example and teaching, and the practical medical training he received. Secondly, in undertaking the expansion, Alison was influenced by Andrew Duncan, Senior's interpretation of the medical police concept. Believing that philanthropic efforts should prevail where possible, Alison chose to augment the existing pattern of health care provision, based on medical charities and local preventive efforts. He did not advocate that health care should be the responsibility of government, although he did believe that municipal authorities should remove nuisances and regulate lodging houses.

Thirdly, Alison was convinced that the poor had to be provided with medical and practical relief. Although he favoured its provision through private and public charity, he also advocated poor law legislation if that proved inadequate. He reasoned that since the poor made no distinction between voluntary charity and legal relief, the only criterion in fixing the form of relief was whether or not it could be depended on. Fourthly, although he felt that the Scottish poor law was mismanaged,⁽⁹⁷⁾ there was no indication that he thought it unable to cope with the increased demands upon it or that the actual regulations were unsuited to the needs of an industrial and urban society. Fifthly, he forcibly disagreed with those who argued that all forms of relief to the poor were inexpedient because they would inevitably increase the numbers and

the misery of those requiring assistance. Alison developed an opposing line of reasoning, which owed its origin to Stewart, to argue, that it was only by relieving the poor, and keeping them out of abject destitution, that you could hope to control population. He believed, moreover, that the encouragement to moral restraint provided by artificial wants would not operate amongst those who faced a daily struggle for subsistence: without any comforts they could have no concept of increasing them.

Sixthly, the fact that he chose to work among the sick poor revealed his concern to ameliorate one effect of ill-health, namely, the poverty by which it was all too often accompanied. But this work was convincing him of another dynamic - that poverty was also a cause of disease:

[Sickness] has been increased among our class of patients, ... by deficient diet, scanty clothing, alternate hard labour and total idleness, with the depression of spirits arising from want of employment.⁽⁹⁸⁾

This perception, together with his extension of medical police to include legal or voluntary provision for the relief of the poor - with destitution as the only criterion for determining relief - suggests that Alison believed, in 1820, that the preservation or improvement of health was dependent not only on health care and preventive measures, but also on poverty amelioration. Alison's conception of medical police was akin, therefore, to that of the French hygienists at this time.⁽⁹⁹⁾

Chapter Two: Development of Social Thought, 1815 - 1840:

The Expansion of Health Care for the Poor.

This and the two succeeding chapters form an entity: together they trace the development of Alison's social thought in the two decades to 1840. They examine, in particular, the reasons why his conception of a link between disease and destitution (and vice versa), and his attempts to ameliorate poverty through health care provision, gave way to his demand for Scottish poor law reform. The rationale behind this demand was twofold: that such reform would lead to a reduction in poverty, and that this would result in a reduction in disease. For Alison, therefore, poor law reform was not simply a means of alleviating poverty, it was also a 'health measure', a way of improving health. Seen in this light, championing a new poor law was a logical extension not only of his efforts to ameliorate poverty through the House of Refuge for the Destitute, which he co-founded in 1832, but also of his involvement with the New Town Dispensary, the Fever Board and the Edinburgh Cholera Board.

Specifically, this chapter examines Alison's role in the expansion of Edinburgh's health care provision. His work with the various health institutions and the Edinburgh Cholera Board reveals that he was the originator or co-author of many of the 'health' measures. From this study two themes emerge; firstly, Alison's involvement in the further development of an interventionist medical policy in Edinburgh; and, secondly, the key role played by the medical charities in the expansion of the medical provision for the poor, and ultimately the role of charities in their general relief.

1. The New Town Dispensary.

In May or June 1815, having received promises of support from many quarters, Alison and four other doctors - John Thomson (the prominent Whig against whom Alison stood in 1821 for the Theory of Physic Chair), John Turner, J.A. Murdoch, and B.B. Buchanan - founded the New Town Dispensary. It had three objectives: "to afford relief to sick and disabled poor, to give attendance upon lying-in-women in their own homes, and to inoculate children for the cowpox".⁽¹⁾ In a statement (28 June 1815) defending their initial proposal the Managers also declared that they had two further aims; firstly, to expand the medical provision in line with population growth, particularly its growth in the New Town, and, secondly, to offer additional and improved (superior) services to those provided by the existing Public Dispensary. Their intention was not, they stressed, to diminish the usefulness or subscriptions of that dispensary, as its Managers had claimed (19 June 1815).⁽²⁾

The Public Dispensary's Managers also responded by announcing plans to open a branch of their own dispensary in the New Town - thus allowing them to argue that a second dispensary was unnecessary. Their grounds of opposition were reiterated by the Managers of the Royal Infirmary and the Lying-in Hospital in their statements (3 and 10 July respectively) against the new dispensary.⁽³⁾ The threat posed by an additional dispensary to the already precarious funds of the existing medical charities was a realistic fear. But underlying it there was a definite concern that the prestige of the institutions, the men who managed them, and the doctors who staffed them would also be adversely affected. The very fact that it was

called and would be situated in the New Town, which did not have a large poor population, raised the possibility that it would become, whatever the initial intention, a dispensary for the rich, who would pay for its services - an outcome which would threaten not only the funds and usefulness of the other medical charities but also the doctors' private practice incomes.

A more considered and extended justification for their proceeding was made by the New Town Dispensary's Managers on 1 January 1816. They detailed, firstly, the improvements which they had introduced; and, secondly, argued that the dispensary's objectives and working practices were modelled on the best regulated dispensaries in Britain, particularly those in London. Unlike the Public Dispensary which was only open twice a week and had no official system of home visiting, the New Town Dispensary was open every day, except Sunday, from one to two o'clock, to give advice and medicine to anyone who had been recommended by a subscriber or a local clergyman (although this condition was not always observed). Pregnant women were also seen at these times or at other times at the houses of the Physicians-Accoucheurs. Furthermore, for those unable to attend in person the Dispensary instigated a system of home visitation in the New Town district and its immediate vicinity. The limited service offered by the Public Dispensary was insufficient, they claimed, for the needs of a population of 80,000, which was expanding rapidly.⁽⁴⁾ Their contention was confirmed by the numbers treated by the dispensary: opened on 1 September 1815, in the first four months 766 people were helped by it including 221 children vaccinated against smallpox, a service also carried on at the Public Dispensary.⁽⁵⁾

They contended that since people in London supported at least 34 medical charities, an additional Edinburgh dispensary offering improved services could not conceivably be seen as an "unnecessary" addition to the city's medical charities.⁽⁶⁾ Moreover, they believed that the growing middle class population would be willing and able to support a second dispensary without causing pecuniary loss to the existing medical charities.⁽⁷⁾ The defence accorded, therefore, with Alison's thoughts on the adequacy of voluntary funding.⁽⁸⁾

Alison and his colleagues also argued that more dispensaries were required to relieve the pressure on hospitals by treating those with slight complaints which would become serious if not attended to, those who required treatment but were still able to work, those with incurable or recurring complaints, and young mothers, children, and the aged poor. A dispensary system was also the best and cheapest means of advising and treating the sick poor, few of whom were admitted to hospital because accommodation was limited and treatment too expensive. Their understanding of the link between disease and resultant destitution, also led them to a preventive social medicine argument, which echoed French thinking: by treating ailments before they became more serious, ill-health which caused greater misery and poverty was avoided and the poor did not become dependent on other forms of charity or the poor law which were "more burdensome to the rich, and less serviceable to themselves".⁽⁹⁾ The argument, however, carries another significance: Alison, as has been shown, expanded it to justify the teaching and practice of medical police and, later, used it in his campaign for poor law reform.⁽¹⁰⁾

The First Annual General Meeting (4 March 1817) of the New Town Dispensary confirmed publicly what its founders and Managers had always maintained, that there was a need for an additional dispensary. In the first eighteen months 8062 people were treated by the dispensary, 3754 of them in the preceding six months. This number, the medical officers reported, had "far exceeded what they had ever contemplated".⁽¹¹⁾ They attributed their success to six day opening, home visits (2401 such visits had been made), and to the increasing number of applications for assistance coming from pregnant women. They had treated 369 women, frequently in their own homes, contact which had also enabled the doctors to treat the diseases to which they and their new born children were liable.⁽¹²⁾

However, the medical officers realised that if the numbers requesting assistance continued to increase the dispensary's resources, financial and medical, would be insufficient to cope effectively with the demand. This led them to suggest the division of Edinburgh into two or three districts, with a dispensary in each providing the necessary care and a home visiting service. This would provide a wider more efficient service, which could be managed at a cost not much greater than the existing outlay of the medical charities.⁽¹³⁾ Ironically this suggestion formed the basis of the subsequent disagreement between the Directors of the two Dispensaries. A Conference⁽¹⁴⁾ between the two bodies revealed more than their respective proposals: their arguments revealed that they had different conceptions of the city's health requirements and of the reasons for supporting dispensaries. As a result each was deeply suspicious of the motives of the other.

The Managers of the Public Dispensary suggested "that the two dispensaries [should] be united and incorporated, and [should] take the name of the General Public Dispensary of Edinburgh".⁽¹⁵⁾ A union of the two bodies, however, was apparently never the intention of the New Town Dispensary's Directors. They considered two options: either to expand their own dispensary by opening a branch in the old town or to arrange the "division of the town ... for the purpose of visiting the sick poor" with the Public Dispensary.⁽¹⁶⁾ The former was rejected in order not to offend the Public Dispensary, and also because the alternative was deemed to be the less expensive means of ensuring collaboration between the two bodies.⁽¹⁷⁾ The latter option had in fact been recommended on 15 March 1817 by a New Town Dispensary Committee and had been sent to the Public Dispensary's Managers.⁽¹⁸⁾ On 10 July, therefore, the Committee formally rejected the unification plan, and repeated their proposal for dividing the city for visitation purposes. A line would be drawn from Holyrood Palace to the Castle and another from the Mound in a straight line to Canonmills; the area to the north and east of those lines would be the visiting limits of the New Town Dispensary, that to the south and west would be the compass of the Public Dispensary, with a separate dispensary to cover Leith. Three prerequisites for any such arrangement were also laid down, incorporating the working practices of their dispensary in regard to home visits, the daily opening of the dispensary, and the attendance upon pregnant women.⁽¹⁹⁾

This proposal was discussed and found to be "altogether inadmissible" at the Public Dispensary's quarterly meeting on 7 August.⁽²⁰⁾ Acceptance of it, the Directors believed, would

involve them in "a breach of faith" with their contributors and especially their legatees who had granted them money for treating the sick throughout the city. Further, the division proposed while being "highly beneficial to the New Dispensary" would "diminish both the usefulness and the funds of the Public Dispensary". It confirmed their long-held suspicion that the intention of the instigators of the New Town Dispensary was to convert the Public Dispensary into the Old Town Dispensary only⁽²¹⁾ - the intention being to lower its prestige and income. Against this background of suspicion, it is hardly surprising that they considered the conditions attached to the proposal insulting and unjust. Since the Public Dispensary had recently placed home visitation on a more regular and official footing,⁽²²⁾ they clearly considered that they were capable of improving their own services without the insult of having 'reforms' imposed upon them.

These arguments were, not surprisingly, rejected by the Managers of the New Town Dispensary. They believed that there could not be any serious objection from contributors to a plan which improved the services offered by both institutions to the city's sick poor.⁽²³⁾ Such improvements "would equally and materially promote the usefulness" and concomitantly augment the funds of both institutions, while dividing the city would reduce the cost incurred by each in serving the whole city.⁽²⁴⁾ They rejected the accusation that it was their intention to limit the Public Dispensary to the old town: apportioning to them the part of the New Town which lay to the west of Hanover Street had been intended to prevent any such charge being made, and moreover, the division

outlined had been intended as a suggestion only, as a precursor to further discussion and alteration. ⁽²⁵⁾

A union, in their view, was not the answer because it would "be destructive of that highly useful spirit of emulation" which had prompted the Public Dispensary to adopt home visitation, and to open more branches, all to the benefit of the sick poor. Union, and the loss of competition, would have placed a "serious obstacle ... in the way of their future improvement"⁽²⁶⁾ - the politico-economic argument of laissez-faire, with local voluntary reform in place of "a reforming state", transferred to health care.

Furthermore, as their doctors would be in the minority in a unified dispensary, the plan for union did not offer sufficient security for the adoption or continuance of what they regarded as their superior working practices.⁽²⁷⁾

An atmosphere of mutual recrimination and mistrust was not conducive to the adoption of either plan. Checkland has suggested that the political sympathies of the two dispensaries - "the new dispensary was Whiggish as opposed to its older rival's Toryism" - was one reason for this distrust.⁽²⁸⁾ However, the politics of the rivalry were more complex than a straight whig-tory divide - as is suggested by the fact that Andrew Duncan, Senior, founder of the Public Dispensary and "the most conspicuous opponent" of the new one⁽²⁹⁾ was a well-known Whig, whereas Alison belonged to a prominent Tory family.⁽³⁰⁾ Underlying the accusations and defences, the claims and counter-claims, was an unspoken (in public) debate on the nature of civic government - a "civic war" to use Cockburn's term. At stake was the question as to how, in

future, these institutions would be governed: whether, like the Public Dispensary, they would remain under strong medical control, or whether the practice adopted by the New Town Dispensary of having the managers elected by the subscribers would prevail - a practice which "though not absolutely new, was then rare in Edinburgh". The New Town Dispensary's attempt "to increase the scope of popular participation in civic matters" and to extend the opportunities for practice, thus threatened the existing medical oligarchy. Its doctors also adopted a much more aggressive and interventionist approach to health care which together with the greater range of services ensured its speedy success.⁽³¹⁾ In the five years from September 1815 to 31st December 1820 it treated 40,314 patients; of these 14,191 had been regularly visited at home, 4266 children had been vaccinated, and 1113 pregnant women attended.⁽³²⁾ Not surprisingly, the New Town Dispensary's intrusion into traditional Public Dispensary territory was "deeply resented" by the latter's doctors. They feared not only that their institution's reputation and income would suffer⁽³³⁾ but also that they would lose control of the dispensary and the provision of medical services for the poor in the city, and lose therefore, a centre for the practical teaching of students outwith the University.⁽³⁴⁾ The fear over income proved to be well-founded, at least for the New Town Dispensary which, in the succeeding decades, was beset with financial problems.⁽³⁵⁾

The actual number treated by the New Town Dispensary (Table 2:1) between 1815 and 1840 provided its doctors and managers with a broad measure of the continuing need for, and usefulness of, the institution to lay before the public. In twenty-six years and

three months the Dispensary gave medical assistance to 203,518 poor people in Edinburgh, an average of 7877 per year. A little over 40% of patients were visited in their own homes, thereby confirming the Medical Officers' initial opinion that it was a necessary provision. These figures, cited in the Annual Reports in the hope of obtaining increased voluntary contributions, carried with them the underlying assumption that the dispensary was beneficial to the poor simply because of the numbers treated, no mention being made of the effectiveness of the treatment being given. It was a necessary assumption and omission, since, aside from vaccination, the medicines prescribed at this time would have had little therapeutic value.⁽³⁶⁾

Table 2:1 Total New Town Dispensary Patients, September 1815 - 31 December 1841.

	Total	Av. Per Annum	Av. Per Month	Av. Per Week	Av. Per Day
Medical & Surgical	190,393	7253	604	139	19.9
Vaccin- ations	12,242	466	39	9	1.3
Midwifery (from May 1836)	883	158	13	3	0.4
Total	203,518	7877	656	151	21.6
Home Visits	83,934	3197	266	61	8.8

Source: Annual Report of the Edinburgh New Town Dispensary, for the year 1841, (1842), 12/13.

Such all-encompassing statistics, however, reveal little more than the perceived general need for, and provision of, health care for the poor. Variations in the incidence of disease, and particularly the periods of epidemic, are highlighted only by more minute investigation - the annual figures are detailed in Appendix 1.

Four periods when disease was particularly prominent in Edinburgh can be identified from them: 1817-1819, 1826-1828, 1831-1833, and 1836-1838. Fever epidemics accounted for all of these, with the exception of 1831-1833 when cholera prevailed. Moreover, the inability of patients suffering from fever or cholera to attend the dispensary was reflected in the marked rise in the number of home visits. Medical aid was given, thereby, to patients who might otherwise have gone untreated - the remedial effects are, of course, another matter. More importantly, in view of the emphasis Alison later placed on the necessity of increased incomes and better nutrition for improvements in public health, the dispensary provided, with the help of such institutions as the Destitute Sick and Clothing Societies, material assistance to the sick poor and their families. They did so, in the belief that it would prevent, in some measure, the latter's slide into the abject poverty, and concomitantly increased disease, caused by lost earnings or the death of the breadwinner.⁽³⁷⁾

Alison attended the dispensary three days a week and was responsible for home visits in the Middle District. It was one of three districts (the others were east and west) each of which had a physician and a surgeon responsible for visiting the sick poor in their area.⁽³⁸⁾ In light of the failure to reach agreement on dividing the city, it is interesting to note that Alison (and his dispensary colleagues Drs. Kenny and Moncrieff) was, in 1821, visiting the indigent sick of the New North Church area on behalf of the Royal Public Dispensary. By then he had become a Professor and secured a place inside the medical establishment.⁽³⁹⁾ Sometime between 1823 and 1826, the period for which the annual reports do

not appear to have survived, Alison became one of the dispensary's two Consulting Physicians. There was now also a Consulting Surgeon. These Extraordinary Medical Officers were not assigned specific districts but were on hand to give advice on "all difficult and important cases" to the Ordinary Medical Officers. In response to the increased demand for the dispensary's services, the number of the latter was increased in 1822 from seven to nine; the creation of the three consulting positions thus increased the medical staff to twelve.⁽⁴⁰⁾

The Medical Officers, in line with existing practice and the emphasis on public health teaching, employed, as clerks, advanced medical students who were required to pay one guinea per quarter to the funds of the dispensary.⁽⁴¹⁾ In 1826, for example, James Kay (later Kay-Shuttleworth) was employed as an assistant and often accompanied Alison on his visits to the poor of the Cowgate and Canongate. Recalling the experience a year before his death in 1877, it is clear that Alison's manner and example had made a lasting impression:

If there had been any tendency in the culture of the scientific spirit to extinguish compassionate sympathy, I had at my side constantly the example of Professor Alison, who combined both in equal proportion.⁽⁴²⁾

Alison's contribution to the New Town Dispensary's success extended beyond his duties as a physician. In the years immediately following its establishment he did much to publicise its existence and activities, and the constant need for voluntary contributions, by writing quarterly medical reports on the dispensary which were

published in the Edinburgh Medical and Surgical Journal. Greater publicity, moreover, was provided by The Scotsman which, on its foundation in January 1817, began to reprint sections of them. These reports are evidence of Alison's interest in public health. More than that, they also reveal that Andrew Duncan, Senior, did not allow the rivalry between the two dispensaries to override his long-standing commitment to public health - part of which, was the Journal's policy of printing hospital and dispensary reports sent to it for inclusion.⁽⁴³⁾ Alison's reports, probably inspired by those in the Journal, were no exception.

Consisting of data relating to the diseases treated, the numbers affected, and an assessment of the etiology and treatment of the diseases which occurred most frequently or which were unusual, Alison's reports were also intended to contribute to the sum of medical knowledge and add to the increasing clamour for more information on the treatment of certain medical conditions. The continuing success of the Edinburgh Medical and Surgical Journal was, perhaps, the best proof of this ferment, as was the founding of the Edinburgh Medico-Chirurgical Society in 1821.⁽⁴⁴⁾

Three significant disease studies were made in the quarterly reports. Firstly, on the measles epidemic which prevailed in the city from September 1816 to January 1817. Alison noted that the cases were generally severe, "and especially in young children, in many cases fatal".⁽⁴⁵⁾ Secondly, on the evidence for the efficacy of vaccination in reducing the incidence of smallpox in the 1 March to 1 June 1818 report. Finally, and most significantly, his study

of the 1817-1818 fever epidemic, in which he paid particular attention to what he saw as its causes.

Alison's smallpox study was an assessment of the existing knowledge about the disease's occurrence and the effectiveness of cowpox vaccination, as recommended by Edward Jenner in 1798, in combatting it.⁽⁴⁶⁾ From it he concluded that the majority of those vaccinated escaped both smallpox and the modified disease even though they had come into contact with it, and that the latter was milder than inoculated smallpox.⁽⁴⁷⁾ In his Medical Police Lectures he also supported the suggestion, made by his colleague Dr. Monro and others, that universal vaccination should be positively encouraged by prohibiting inoculation, and that those affected with smallpox, because of its contagious nature, should be isolated and treated in hospital. Moreover, he supported the idea of forming associations to promote vaccination, especially of young children, as put forward by a Mr Cross in the Edinburgh Medical and Surgical Journal. These associations were to communicate with each other through a Vaccine Board in London, from which they would obtain vaccine supplies. Alison believed, however, that this would be more easily facilitated if regional Boards were also established. Thus, while he favoured government regulation, he doubted that central control would be effective - a view echoed later in the discussions on public health legislation.⁽⁴⁸⁾

The proposed associations were not new. They would, however, have formalised and coordinated numerous informal Societies and vaccine institutions, many connected with dispensaries or hospitals, which had emerged in towns and cities across Britain from the 1780s.

Vaccination was funded, therefore, like the dispensaries, through voluntary subscriptions.⁽⁴⁹⁾ In contrast, in France after 1801 vaccination was promoted and funded by government.⁽⁵⁰⁾ The London Vaccine Institution, founded in December 1799, was the first in Britain and it acted as a central agency for the supply of vaccine and advice.⁽⁵¹⁾ Its foundation prompted a quick response from the Directors of Edinburgh's Public Dispensary, who adopted a similar plan for vaccinating Edinburgh's poor in 1800. More importantly, in view of Alison's opinion, the Public Dispensary and Vaccine Institution, as it was now called, took on an unofficial central role for Scotland. It supplied vaccine to practitioners outside Edinburgh and issued a Memorial (May 1803) to the Clergy of Scotland exhorting them to support, encourage, and carry out vaccination in their parishes.⁽⁵²⁾

Of the three disease studies, it was Alison's analysis of the 1817-1819 fever epidemic which was of most significance. In it he revealed his opinions on the causes of fever - these in turn determined the measures which he recommended to prevent its spread. Alison argued that fever was caused by a specific contagion - the "exciting" cause - but also that people were made more susceptible to it, and that it was liable to rapid diffusion, because of the operation of "predisposing" causes. The latter he defined most clearly in his New Town Dispensary Disease Report for March to June 1817:

that the habits of the lower orders are in general very uncleanly, that many parts of the town, inhabited by them, are very close and dirty, that whole families, or even more families than one (particularly in hard times) are often

crowded into single rooms, that a great number of the inhabitants of such places, notwithstanding the exertions so liberally made for their relief, have suffered severely during the winter, both from want of the necessaries of life, and likewise from the depression of spirits that attends the want of employment.⁽⁵³⁾

His reasons for believing that the specific contagion was the generating cause were given the following year:

It is quite impossible, ... to ascertain whether every case of the contagious fever now existing in this city, be the offspring of the specific contagion or not. But we have no doubt, that contagion is the exciting cause of by far the greater number of them. We conclude this, not merely from observing, that about five-sixths of our fever patients are certainly exposed to the contagion before they fall sick, but likewise from remarking the frequency of the disease in certain districts of the town, and the comparative exemption of other districts.

... Now if we suppose that the specific contagion is the principal, or even the sole exciting cause of continued fever, we can easily explain its breaking out occasionally where the application of this cause is not suspected; but if we are to suppose that it is frequently excited by dirt, bad food, foul air, and accumulated human effluvia, without the application of contagion, it is exceedingly difficult to understand its great prevalence in one place, or in one district of a town, and its extreme rarity in, or total absence from another, for a considerable length of time,

during which those causes are undeniably present in both. When ... we add ... the well known fact ... that, in the ill-aired and dirty districts where it does prevail among the poor, the disease extends itself from individual to individual, from family to family, and from house to house, precisely after the manner of smallpox or measles; and ... the almost total exemption from fever of any severity, which is occasionally enjoyed by very large towns, in which poverty, dirt, foul air, and accumulated human effluvia, must exist in great abundance, it seems impossible to resist the inference, that the number of cases in which fever proceeds from these causes alone, must be trifling in comparison with the number of those in which it is excited by contagion.⁽⁵⁴⁾

His reasoning had important implications for prevention:

The practical conclusion ... is, not that cleanliness, fresh air, and nourishing diet, are not of the utmost importance in checking the progress of continued fever, ... but that where it is unfortunately impossible, effectually to apply these modes of prevention, as it always must be in many districts of a great town, we may nevertheless hope to preserve the population, in a great measure or entirely, from continued fever, if we can preserve them from the application of the specific contagion.⁽⁵⁵⁾

Alison's opinions on fever causation were, to use Pickstone's terminology, broad, complex and, in their emphasis on poverty, "not greatly different from" the views of Cullen in the 1780s. Thus

they also highlight the continuities in medical theory and practice in regard to fever - reflected in the institutional continuities - which Pickstone identified.⁽⁵⁶⁾ Alison's assertion that fever was generated by a specific contagion and not by the predisposing (or social)⁽⁵⁷⁾ causes was important for a number of reasons. Firstly, it suggested two approaches to prevention: the removal or amelioration of the predisposing causes by sanitary measures and practical help; and the eradication of the specific contagion's influence by removing victims to hospital and fumigating their homes. Secondly, since existing urban circumstances made it impossible to ensure cleanliness (whether of person, house or street), and to provide adequate ventilation and nourishment, there was a danger that if these were believed to generate fever that all precautionary measures would be neglected. The belief that fever was generated by a specific contagion meant its spread could be prevented by applying the second set of measures. Thirdly, the predisposing causes recognised by Alison, as the work of Edinburgh's medical charities demonstrate, "foster[ed] something like a 'social medicine' outlook: a perspective, usually attributed to the twentieth century, that health problems were ultimately social, to be met [ultimately] by social change and political action". The response to Edinburgh's health problems, which Alison helped fashion, is proof, therefore, of Hamlin's assertion that public health in Britain need not have taken "the peculiar Chadwickian form it did".⁽⁵⁸⁾ Alison's opinions, moreover, brought him into conflict with those, particularly English doctors, who argued that fever was generated by miasma.⁽⁵⁹⁾

2. The Edinburgh Fever Board.

The Edinburgh Fever Board was established in 1817 to ensure the daily operation of measures which were introduced in the hope of preventing the spread of fever. Although these incorporated both approaches to prevention, the emphasis was necessarily on isolation and fumigation, with considerable efforts also being made to ameliorate poverty. Attempts to remove the other predisposing causes were beyond the jurisdiction of the Board - they required action by the Magistrates and Government legislation. In common with the other medical charities it was funded by voluntary contributions, although public bodies, including the Town Council and the R.C.P.E. granted it sums of money.⁽⁶⁰⁾ However, although there are many references to the Fever Board's existence, none of its records appear to have survived. Thus we have no knowledge of its constitution, the regulations governing it, the number of its medical officers, or the numbers treated.

We do know, because of an 1821 testimonial from George Ross, that the original proposals came from Alison:

I recollect perfectly well happening to be in the chair at two different meetings of the Destitute Sick Society, about three years ago, at which a proposal from you was submitted, and discussed, as to the adoption of certain regulations for the purpose of preventing the diffusion of contagious fever among the poor of this city. Your proposals were adopted, and were attended with most beneficial consequences in various respects. ... I may add, that I remember also that several of your own profession were at the time quite

opposed to your views on the subject, and were disposed to treat all apprehensions of danger from contagious fever as quite chimerical, and to consider any precautions of the kind as wholly uncalled for and unnecessary; which opinion they have since found it necessary to retract.⁽⁶¹⁾

Although Alison proposed the measures, some doubt is cast on his being their sole author by the New Town Dispensary's third report, in which its Medical Officers are credited jointly with the planned measures.⁽⁶²⁾ However, from the tenor and wording of his letter, it would appear that Ross was in no doubt that they originated with Alison. It may be that the Dispensary helped develop Alison's initial ideas into a workable plan or that he worked with the other Medical Officers to add greater weight and authority to his "unnecessary" suggestions.⁽⁶³⁾

The opposition to the proposed Fever Board was evident in the May 1817 Report of a Committee (which ironically had Alison as a member) of the R.C.P.E. which was appointed to consider the nature of the contagious fever existing in Edinburgh.⁽⁶⁴⁾ After ten days of inquiry the Committee reported that although fever was more prevalent than normal, "it was in general of a mild description and that it did not seem necessary or expedient for the Royal College to pursue any measures respecting it at present".⁽⁶⁵⁾ Alison though probably dissented from this conclusion - in an 1821 lecture he commented that:

...some persons are averse to taking any active measures of prevention, because the first cases of the fever which they see are mild and not alarming: they might as well refuse to

make use of vaccination in an unprotected place, because one case of smallpox first appearing there, happens to be mild and distinct.⁽⁶⁶⁾

His opinion accords with his being the author of the preventive measures. Both, in turn, accord with evidence which shows that the suggestion for the Fever Board was sent to the Destitute Sick Society soon after the Physician's Committee reported. Dr. James Hamilton, Jnr. on hearing of the arrangements, and concerned that they might alarm people, wrote on 16 October 1817 to the Lord Provost, asking that speedy enquiries be made to ascertain the prevalence of fever in the city. Moreover, the Lord Provost, in a letter of 19 October to Dr. Hope, President of the R.C.P.E., asking for their opinion on the fever outbreak, referred to "a printed paper ... announcing certain arrangements which that Society [Destitute Sick] had adopted for checking the progress of the fever".⁽⁶⁷⁾

In reply, the Physician's Committee repeated their opinion that although continued fever was more prevalent than normal it was "upon the whole of a mild description" and should not cause alarm. But their conclusion reflected Alison's influence and the success he had had in persuading his colleagues of the efficacy of measures designed to combat fever:

The Royal College beg leave at the same time to state, and through your Lordship to impress upon the public notice that during the prevalence of every feverish disorder much may be done to prevent the rise and dispersion of the disease by inculcating among the ranks of the lower classes due

attention to the various means such as ventilation, cleanliness, separation of the sick from the healthy, purification of apartments, bedding and clothing, etc., which have been so often recommended.⁽⁶⁸⁾

The measures outlined by the R.C.P.E. were exactly those described by Alison in the New Town Dispensary disease reports for June to December 1817.⁽⁶⁹⁾ However, as with his support for vaccine associations, the preventive plan proposed by Alison was based firmly on existing and long-established practice in other British towns. Thus in the late 1780s, Dr. Campbell from Lancaster and the Rev. Sir William Clerke, Rector of Bury, in Lancaster both suggested that the disease could be prevented if due attention was paid to ventilation and cleanliness, including purification with smoke and limewashing. Clerke, moreover, had the support of Percival, in nearby Manchester, who ensured that the recommendations reached a wider medical audience by sending them to Andrew Duncan for inclusion in the Medical Commentaries.⁽⁷⁰⁾ Again, the effectiveness of nitrous acid in destroying contagion was first publicised by Dr. James Carmichael Smyth in 1796, and confirmed by him in 1799 following numerous trials by doctors.⁽⁷¹⁾ Use of this vapour for fumigation was soon superceded by that of muriatic acid (oxygenated or not), which was first recommended in 1801 by the Frenchman L. B. Guyton-Morveau. Following his own tests, Andrew Duncan, Senior advocated use of the oxygenated variety.⁽⁷²⁾

In his Medical Police Lectures, Alison paid particular attention to the Manchester Board of Health, established by Thomas Percival

(1740-1804) and John Ferriar (1760-1815) in 1796. This Board had three objectives: "to obviate the generation of diseases", to prevent their spread by contagion, and to shorten their duration. The first two emphasised the importance of continual attention to cleanliness of homes and streets, whether fever was present or not, and where it was, the isolation of fever victims in their own homes or 'commodious houses' provided in different parts of the city, and the cleansing and ventilation of the victims' homes and the purification of their clothes. The final objective made provision for medical attendance, nursing care, and medicines, together with an appropriate diet, fuel, and clothing.⁽⁷³⁾ Alison, equally, could also have mentioned similar preventive schemes in other towns, for example, Chester, Liverpool, and London. In London the measures were carried into effect by the Institution for the cure and prevention of contagious fever in the metropolis and the London Fever Hospital, founded in 1801. Both institutions, like the vaccine ones, were dependent upon voluntary funding, although the Annals, reviewing the former, raised the idea of public funding in the form of a parochial tax. It also urged the formation of similar institutions by doctors throughout the country.⁽⁷⁴⁾ Alison's Fever Board plans, therefore, were part of a nation-wide, largely uncoordinated, preventive policy, which was promoted and sustained by doctors, and was funded by subscriptions and donations. The various institutions carrying out vaccination were part of the same preventive movement.

The first prerequisite in preventing the diffusion of fever, Alison stated in his Medical Police Lectures, was the provision of adequate hospital accommodation, preferably in a building not part

of another hospital or attached to another building. Only then, he continued, could unwilling patients be induced to go to hospital to allow the second phase, the cleansing and purification of the victims' houses, to be begun.⁽⁷⁵⁾ Intended to allow the removal of contagious patients, the first recommendation was reminiscent of ideas on isolation which had been in use since the times of the plague. It also rested on the assumption that the poor would regard these hospitals more favourably than others - an assumption which was by no means certain given the poor records of fever hospitals.⁽⁷⁶⁾ The removal to hospital, where possible, of those affected with fever necessitated a further measure: at the request of the Royal Infirmary's Managers, the Lord Provost obtained Government permission to use Queensberry House as an additional Fever Hospital. With its opening in February 1818 (and during subsequent epidemics, including the cholera one), Edinburgh gained sufficient hospital accommodation to cope with the number of fever patients. The New Town Dispensary alone sent more than 1000 patients to hospital in the two years to March 1819.⁽⁷⁷⁾

Alison also gave considerable information on the daily operation of the Fever Board in his Medical Police Lectures. In doing so he revealed the cooperation between the medical charities, including their division of the cost, and the attempts to ameliorate poverty:

[it] ha[d] an officer always at the Infirmary, who receive[d] the recommendations of the admissions of the fever Patients, the removal, and the burial if the case terminate[d] fatally, [took] place at the expense of the Committee [Fever Board]. The support of the family of the patient [was] undertaken by the Destitute Sick Society. In

consequence of these regulations 24 hours never elapse[d] between the time when intelligence [was] received of a person being ill of fever, and that of his removal to the Infirmary or fever Hospital.⁽⁷⁸⁾

On the recommendation of a doctor the Fever Board then employed people to fumigate, clean and ventilate the houses of fever victims.⁽⁷⁹⁾ The fumigation materials - oxymuriatic acid - were paid for by the Public Dispensary.⁽⁸⁰⁾ In addition, the Destitute Sick Society had divided the city into districts, each being visited weekly by two of their members, who reported any cases of suspected fever to the doctor assigned to the district. Alison, however, was of the opinion that in Edinburgh, because of the dispensaries, such a system was not so important as it would be in other towns and cities.⁽⁸¹⁾

The response to fever, especially during epidemics, thus highlighted the cooperation which existed between the hospitals, dispensaries, Fever Board, and Destitute Sick and Clothing Societies, in their daily response to all manner of diseases. Significantly, this cooperation included practical help for the patient's family, a provision of vast importance when the patient was the breadwinner. It also allowed Alison and his colleagues to stress that the dispensaries, far from interfering with, actually complemented the work of the hospitals in providing for the sick poor - as the original defensive statement had argued.⁽⁸²⁾

Forty years ago, Brotherston made the following observation in reference to the quoted passage: "It is an interesting commentary

on the ideas of the time to observe that he [Alison] outlined these as a model for his students to note".⁽⁸³⁾ His comment, however, is more significant: Alison had been describing his own "model" and current Edinburgh practice. Alison's actions, Brotherston continued, showed that he was "in advance of his time in social ideas" and that, even though he "did not visualize this organisation as a duty of the civic authorities", the plans for combatting fever were "a remarkable exposition of the needs of the time, and an interesting adaptation of the only sort of public health machinery then known".⁽⁸⁴⁾

Brotherston thus succinctly stated Alison's social vision, which was evident in the foundation of the New Town Dispensary and in its express aim to improve Edinburgh's medical provision by offering a city-wide service and by inducing the Public Dispensary to emulate its practices. The greater idea was Alison's use and expansion of the existing organisational framework to introduce specific - though previously adopted elsewhere - measures to counter fever. However, his influence on the medical provision in Edinburgh was greater still. Although in 1820 he saw no need to recommend the permanent establishment of fever hospitals, which he might have done had he lectured on this subject twenty years later,⁽⁸⁵⁾ he did recommend that the Fever Board should be permanent. Thus it was not wound up once the epidemic had abated: its organisation was retained so that a speedier response could be made to future epidemics than had been the case in 1817. In 1821, the Board had an expenditure of about £10 per month, and at that time helped around 30 patients.⁽⁸⁶⁾ Moreover, this preventive framework was largely adopted by the Medical Committee of the Edinburgh Board of

Health, formed in 1831, when they drew up measures to combat cholera. It was a logical step, at a time when little was known about the exact means by which diseases, like typhus and cholera, were communicated and prior to the emergence of the germ theory of disease in the 1880s, to use the same, all-encompassing, preventive measures against two distinct epidemics.

3. Cholera 1832: the Edinburgh Board of Health.

Consisting originally of 35 members, the Edinburgh Cholera Board was established on 28 October 1831, in accordance with Privy Council recommendations issued eight days earlier.⁽⁸⁷⁾ The membership was cut to 27 (the R.C.P.E. had recommended 24) by warrant of the Privy Council on 14 January 1832, on which day its existence - the first in Scotland - was registered by the Central Board in London.⁽⁸⁸⁾ Meetings of the Board took place twice weekly, from the first on 4 November until 31 January 1832 when, following the first cases of cholera in the city on 27 January, a standing committee of eight members which met daily was appointed. However, the sub-committees appointed by the Board - medical, cleansing, hospital, finance, and legal - continued their duties in accordance with the regulations drawn up by the Board.⁽⁸⁹⁾ The Medical Committee initially had 15 members, but lost one with the pruning of the Board: six from the R.C.P.E., including Alison and the President Dr. Davidson, six from the Royal College of Surgeons of Edinburgh, and three doctors who had worked with cholera victims in India.⁽⁹⁰⁾ Although part of the Edinburgh Board, its origin lay in the respective Cholera Committees of the Colleges of Physicians and Surgeons in the city. The former, whose members included

Alison and Christison, had appointed its Cholera Committee on 2 August 1831.⁽⁹¹⁾

The intention here is not to reiterate what has already been written about the Edinburgh Board of Health, notably Christison's contemporary account and H. P. Tait's precis article.⁽⁹²⁾ The aim is to examine Alison's specific involvement and work with the Edinburgh Board, particularly the Medical Committee. Such an assessment is problematical, however, because of the difficulty of isolating Alison's own opinions and recommendations from those of the entire Medical Committee. His involvement must, therefore, be assumed when referring to many of their activities. Thus while we can say that Alison helped to draft the regulations adopted by the Board for preventing cholera's spread, we cannot say definitively whether he was active in recommending their adoption or simply a passive supporter of them. We must work on inference and implication. For example, we can assume that he supported the cholera regulations because they were an extension of the existing practice of the medical charities in regard to fever prevention which he had been instrumental in developing. But from this we might also infer that he would have taken a more active role in drawing up the regulations. This is also implied by his original motion to the R.C.P.E. prior to its Committee's appointment, by his motions respecting the legality of certain proposed measures and for improving the initial plans, and by his documented involvement in the production of handbills which were intended to reassure and inform the poor. Much of the material relating to his specific involvement is contained in the Minutes of the Medical Committee of the Board for 7 November 1831 - 7 January 1832: that he recognised

the importance of the regulations and that he was probably instrumental in their adoption, is further suggested by the fact that these Minutes were found amongst his own papers.⁽⁹³⁾ They form a small part of the minute books of the Edinburgh Board which Tait remarked had "long since been lost".⁽⁹⁴⁾

The R.C.P.E. Committee was appointed, and regulations were drawn up by it, the R.C.S.E. and the Medical Committee of the Board because the Edinburgh doctors feared that action against cholera was not being taken quickly enough by the London Board. This concern was reflected in the motions prior to the former's appointment. Dr. E. D. Allison expressed surprise that the Government had not been in communication with the College, and suggested that the College "should offer its assistance and advice, as to the best measures to be adopted for preventing its [cholera] being introduced into this country". His suggestion, however, was rejected in favour of Alison's motion that the Committee should not offer "advice and assistance" but instead should "be prepared in the event of their being called upon for [it]".⁽⁹⁵⁾ This, in effect, meant that the Committee would draw up its own regulations for use in Edinburgh, irrespective of what was recommended by government - a notion which is confirmed by the fact that towards the end of August the Committee and the Town Council drew up plans to facilitate the constitution of the local board when it was required.⁽⁹⁶⁾ The former was also given the responsibility of reporting information and advice gathered on cholera to the Council.⁽⁹⁷⁾ Since this action predates the specific instructions issued by the London Board on 20 October, it is likely that, even without the official

dispensation (which would have been expected), a Cholera Board, akin to the Fever Board, would have been established in Edinburgh.

Although the Edinburgh measures closely resembled those recommended in the government circulars, the details were based firmly on existing practice and were worked out by the R.C.P.E and R.C.S.E. Committees and then by the Board's Medical Committee. A joint meeting of the Committees of the Physicians⁽⁹⁸⁾ and Surgeons met on 2 November "to consider ... the proper precautionary measures to be taken to guard against the spreading of Spasmodic Cholera, should it appear in Edinburgh".⁽⁹⁹⁾ Their draft was read to the Board on the 4th, and considered and amended by the Medical Committee at their first meeting on 7 November. Suggestions which were beyond their province were referred to the other Committees for their consideration.⁽¹⁰⁰⁾ From these meetings came the "directions for the guidance of the Inhabitants" issued by the Board of Health in their first Report on 16 November. A second Report reiterating and expanding these instructions was issued on 28 January 1832, the day after cholera first appeared in Edinburgh. Priced at 6d (free to the poor), these Reports were designed to show the wealthier inhabitants that sufficient action was being taken to prevent cholera in the hope not only of reassuring them but also of encouraging them to donate money and goods to the Board.⁽¹⁰¹⁾ Power to raise money by assessment was only granted a month after the second Report was issued.⁽¹⁰²⁾

The Medical Committee recommended, and the Edinburgh Board adopted, five sets of measures. First, the cleaning of streets and houses, which included, clearing rubbish and filth from streets and closes,

whitewashing houses, and their fumigation following the removal of cholera victims. This was carried out by the Police Commissioners in their respective wards. Second, the removal of nuisances, for example, keeping pigs in houses and accumulations of dung. Third, the feeding and clothing of the poor - nine soup kitchens and a clothing store were opened in the city. Fourth, Municipal measures to repress cholera such as restrictions on the movement of beggars and vagrants into and within the city. Fifth, medical treatment for victims with emphasis particularly on hospital treatment - four hospitals, including half of Queensberry House, provided accommodation for around 270 patients - and isolation of those who had been in contact with them. In order to identify cases, moreover, the city was divided into thirty districts (corresponding with the police wards) and their daily visitation undertaken by over 100 doctors who were assigned to specific districts and by another 40-50 who went where they were most needed. These doctors were also formed into an Association under the charge of Dr. Abercrombie.⁽¹⁰³⁾ Echoing the instructions from the London Board, they also recommended (but could not enforce) sobriety as "the most essential precaution".⁽¹⁰⁴⁾

The first three implied a miasmatic and the two latter a contagionist approach to the disease.⁽¹⁰⁵⁾ The former, however, were equally the 'predisposing' causes, the removal of which was favoured by both.⁽¹⁰⁶⁾ Indeed, from his explanation of the reasons for the activities of the Fever Board, it is clear that Alison viewed house cleansing as a contagionist measure.⁽¹⁰⁷⁾ Many of the measures against cholera - for example, the division of the city into districts, the daily visitation of patients, the granting of

free medical advice, the isolation of patients, where possible by their removal to hospital, the disinfection of the houses and belongings of victims, and the concern to provide food and clothing for the poor - clearly owed their origin to the existing practice of the medical charities. The continuity is important because it reveals that the established framework of disease prevention was adapted and extended to meet the demands of a different epidemic. There is another element of continuity: that provided by Alison. His involvement with both the medical charities and the Edinburgh Board places him in a unique position in regard to the development of the city's interventionist 'health service'. Moreover, although in practice the Fever Board found that it could not, as the Town Council did in 1832, use existing or assume powers to control street cleansing and nuisance removal, he had included them in his fever prevention plans. The use of municipal powers of cleansing and nuisance removal to combat a specific disease was thus an innovation of the cholera epidemic, and one which showed that central and local government intervention was necessary if disease was to be prevented.

The existing practice in Edinburgh, based on the medical police tradition and the University's public health teaching, was also reflected in two facts: firstly, that the preparations were made in advance; and secondly, that cleansing, nuisance removal, and practical help for the poor were being carried out by the Board prior to cholera's appearance. By then, adequate hospital provision and the organisation of the medical response was also completed. (108)

We know that Alison assisted in drawing up these regulations. However, there are also a few indications of specific suggestions and refinements, intended to facilitate the work of the Board, which were adopted on his recommendation. Thus he read to the Medical Committee meeting on 21 November "some further suggestions as [to] the division of the town into districts and Local Boards, and as to the means of giving assistance of various kinds to the poor in the case of the appearance of cholera".⁽¹⁰⁹⁾ His ideas, based on the system of district visiting which was central to the work of the dispensaries and Destitute Sick Society were approved and sent to the Board for consideration.⁽¹¹⁰⁾ The latter immediately requested:

that the General Commissioners & Resident Commissioners of each ward of Police, with one or two Medical Practitioners to be named by this Board should be formed without delay into a District Board of Health for that ward, and should hold meetings, visit their District & appoint Inspectors, ... and should Report to this Board as soon as possible as to the state of the district under their charge in regard to healthiness, cleanliness, and the wants of the lower people.⁽¹¹¹⁾

Since these districts also formed the visiting areas of the doctors, the essential cooperation between the two groups - the meeting of Police and Medical Police - was made easier. Most of the Commissioners, although some had to be persuaded, undertook the task enthusiastically, and furnished the Board with "very complete and circumstantial reports". The regular returns requested, as to the work done and its effect on the state of the houses and

families of the poor, were not so forthcoming. Christison was only able to report that by 11 February "3000 rooms, passages, and closes had been thoroughly cleansed and lime-washed", at a cost of £280, with part of the outlay saved by donations of lime and men's work.⁽¹¹²⁾

Alison also took a prominent role in the drafting of handbills, which were issued by the Board and distributed by the Police Commissioners in an effort to quell panic among the poor. At their meeting on 7 November the Medical Committee appointed a sub-committee, consisting of Alison, Hamilton Bell, MacWhirter, and Christison "to draw up short printed instructions for the guidance of the Public in the event of the Disease making its appearance here", the terms of which were left to their judgement.⁽¹¹³⁾ These were read and provisionally approved after some alteration at their meeting on 14 November, and then submitted to the whole Board for approval.⁽¹¹⁴⁾

A subsequent handbill issued on and detailed in the Scotsman on 15 February 1832, in response to the first cholera cases, is of particular interest. Although it is not known which members of the Medical Committee were responsible on this occasion for writing it, that Alison was closely involved is suggested by the fact that amongst his papers there is a draft (including deletions) in his handwriting, which is almost identical to the Scotsman notice. The handbill emphasised that the measures adopted by the Board had so far confined the outbreaks to the houses in which they had occurred, called upon the inhabitants to help limit the spread by giving "notice at the Stations appointed for the purpose ... when

any persons of their families or neighbours [were] attacked by vomiting, purging, or cramps", and urged the importance of consent being given by them to the removal of relatives and friends to hospital "where every preparation [had] been made for their comfort and relief, and where they [could] pass through the disease with less danger to themselves than at home, and without any danger to their friends and neighbours".⁽¹¹⁵⁾

Amongst the poor, however, this publicity may have had the opposite effect. The handbills, targeted at them specifically, were well-intentioned "attempts to change and direct the behaviour of the poor and back up the voluntary health policy", but illiteracy amongst the poor meant that those most at risk from cholera could not read the instructions or even worse gained a "partial, alarmist impression" of them from friends and family or from their own puzzling out of a few words.⁽¹¹⁶⁾ Anticipation of these difficulties may account for the Board's request that ministers and employers acquaint their parishioners and workmen of the cholera prevention measures.⁽¹¹⁷⁾

Another issue is also suggested by these handbills. Even supposing that the poor could and did read them, to what extent would the recommended preventive measures have protected them from cholera? Part of a worldwide pandemic, which had begun spreading from India in 1817, Asiatic Cholera was "a highly fatal bacterial disease".⁽¹¹⁸⁾ It was contracted by swallowing water or food contaminated by the cholera bacillus (*Vibrio cholerae*), which could survive for a fortnight in water, and up to five days in meat, milk, and cheese. "It was most often spread by water contaminated

by the excreta of cholera victims, or by flies which hatched in or fed upon the diseased excrement".⁽¹¹⁹⁾ The isolation of cholera victims, therefore, would not necessarily protect other family members who continued to live in the same house and in contact with the same sources of contamination. On the other hand, the removal of victims would prevent their recontamination of water and food in and around their homes, and so lessen the duration of the epidemic - provided, of course, that sufficient safeguards were taken to ensure that cholera patients could not contaminate other areas of the city. Isolating sufferers formed an important strand in the cholera prevention policy which emerged in Britain in the second half of the nineteenth century. Its effectiveness, though, was dependent also on the success of the other elements of that policy: eradicating insanitary conditions and controlling foreign shipping. The former necessitated the provision of adequate supplies of pure water, the construction of sewers and drains, and the education of the poor about the importance of personal cleanliness, food hygiene, and the boiling of water before use, while the latter involved the careful monitoring, inspection, and where necessary the disinfection, of vessels and people entering Britain from areas where cholera was known to exist.⁽¹²⁰⁾

The alarm raised by the handbills also increased the poor's distrust and suspicion of the intention behind some of the measures, especially daily inspection to ensure the speedy removal of victims to hospital, and the burial of those who had died within 24 hours. Explanations as to the need for hospital isolation to prevent cholera's spread were overshadowed by their fear that in hospital they would be murdered and dissected by doctors. This

fear was prominent in all parts of the country,⁽¹²¹⁾ but it was probably intensified in Edinburgh because of the greater distrust of the doctors' intentions following the murders to provide bodies for dissection by Burke and Hare. Moreover, although the burial practice, which was intended to stop crowds attending the funerals, made perfect sense from a public health viewpoint it was also a direct attack upon the burial and mourning customs of the poor.⁽¹²²⁾

Alison was involved finally in testing the legality of certain of the proposed municipal measures for removing nuisances and restricting the movement of goods and people during the epidemic. Thus although the Medical Committee identified four main nuisances - the keeping of pigs in houses, the accumulation of dung in stable and mews lanes, an extensive tan-yard in the West Port where there was a large accumulation of animal remains, and the formation of an open sewer to the east of the city at the point where the drains from the Old Town abruptly stopped - the magistrates found that, because of limitations on their existing powers, they could only take action against the first two. Indeed, it is doubtful, despite their assumption of it, that they had the power to eradicate pig-keeping, which was common among the Irish particularly. *They did* so on the advice of the Medical Committee and on that of the "law authorities", who told them "not to weigh too nicely the amount of their powers". On 9 November, therefore, they ordered that all pigs be removed from houses within twenty-four hours or they would be confiscated.⁽¹²³⁾ No doubt had it been any other group than the Irish - regarded by many at this time as the cause of various

social ills - these powers could not have been assumed so easily or with such little opposition.

The municipal measures to repress cholera were also determined by the Magistrate's existing powers. Thus at Alison's suggestion the Medical Committee sent a query to the Law Committee regarding the Magistrate's powers to enforce quarantine.⁽¹²⁴⁾ If the law authorised, the Medical Committee recommended that the Magistrates should be issued with more specific instructions than had appeared in the London Gazette.⁽¹²⁵⁾ But, although the first London Board and a Special Committee of the R.C.P.E. in June 1831 had supported quarantine - both internal and of foreign shipping⁽¹²⁶⁾ - by the end of that year this measure did not receive legal sanction. By then in both London and Edinburgh the contagionist approach had been relaxed - in response to social and commercial pressures. The Edinburgh Board also considered it impractical because there was an insufficient military and constabulary force to enforce it and because they feared it would provoke unrest.⁽¹²⁷⁾

The Board resolved instead on measures which restricted the movement of vagrants and beggars, a social group which like the Irish could be subjected to such control without it arousing public opposition. Initially this involved the police keeping a close watch on those arriving from the south, particularly from the Sunderland area. But when cholera reached Musselburgh, they took more vigorous steps: beggars and vagrants from the infected areas who wished to stay in the city were turned back by the police, and those who wished merely to pass through it were kept under observation until their departure. A restraint was also placed on

the movements of beggars within the city through the rigorous enforcement of existing police regulations⁽¹²⁸⁾ - a move which led directly to the establishment of the House of Refuge. In addition, the poor were repeatedly warned against (but not stopped from) visiting infected areas or of receiving visitors from them. The warnings were often given in vain: the first isolated cases in four areas of the city were traced to contact with the disease in Musselburgh.

4. Cholera: Lessons and Precedents.

The main lesson which Alison would have drawn from the cholera prevention measures was that the existing police regulations in regard to nuisances were insufficient to meet the demands of an epidemic. In the longer term, since their removal was essential to health improvement generally, the epidemic pointed to the future course of public health legislation. Alison was to campaign in the 1840s and 1850s, for example, for the proper construction of sewers and for local authorities to be granted stricter and more adequate powers to remove nuisances.⁽¹²⁹⁾

Three important precedents were also established by the cholera epidemic. Firstly, since the General and Local Boards were constituted and operated with government authority,⁽¹³⁰⁾ this meant that future government involvement in sanitary and health reform was made easier and more acceptable. Secondly, the antipathy and distance between the London and Edinburgh Boards resulted in the latter becoming, to all intents and purposes, a central Scottish board. It thus foreshadowed the demands - made by Alison through

the R.C.P.E. Sanitary Committees - that public health regulations for Scotland should be controlled by a central Scottish authority.⁽¹³¹⁾ Thirdly, a considerable amount of the money to pay for the Edinburgh Board's activities was raised by assessment - a significant departure from the voluntary funding of the medical charities.

On 31 October 1831 Dr. Gregory, Secretary of the Edinburgh Board, wrote to his London counterpart, Dr. Seymour, to ask for a clarification of their powers should cholera be considered contagious - in that event, he stated, the Scottish boards could take stronger measures to prevent the disease.⁽¹³²⁾ The Central Board, however, could not give a conclusive answer - cholera's precise etiology was unknown and it was under pressure from commercial and business interests to relax its contagionist approach.⁽¹³³⁾ Their reply, moreover, effectively gave the Edinburgh Board control over the precise measures it introduced. The London Board's regulations were designed to facilitate the establishment of local boards and be a guide to the most effective measures, but the details were left deliberately to the local boards since only they had knowledge of the localities and the resources available.⁽¹³⁴⁾

However, it was precisely this lack of detailed direction which most members of the Edinburgh Board criticised.⁽¹³⁵⁾ For the members from the R.C.P.E., moreover, it marked the culmination of a growing sense of frustration and annoyance with the London Board. The R.C.P.E. complained firstly of what they understood to be the latter's intention not to issue regulations to local authorities

until cholera had appeared in their area - the distance between London and Scotland and the consequent delay in receiving them, they claimed, "would render their adoption in a great measure nugatory, if not altogether impossible".⁽¹³⁶⁾ They were further aggrieved because Rules and Regulations had been published in the London Gazette (21 October), while their request for them had apparently been ignored.⁽¹³⁷⁾ Although no slight had been intended,⁽¹³⁸⁾ the disagreement was symptomatic of the antipathy between administrators and medical men,⁽¹³⁹⁾ and between the central and local boards. It was possibly further increased in Edinburgh because the resentment heightened existing professional jealousy, in particular, that caused by the 1815 Apothecaries Act.

The difference in response in London and Edinburgh reflected not only the judgement that local decisions would be more practical, but also the greater importance attached to the teaching and enforcing of medical police measures in Scotland than in England. This meant not only that Edinburgh fared well without detailed direction from the Central Board but also that other Scottish boards who required, but did not receive, greater central direction,⁽¹⁴⁰⁾ or who felt that the London Board was simply too far away, turned instead to the Edinburgh Board for assistance and advice.⁽¹⁴¹⁾ This experience was remembered, however, and in the 1840s and 1850s, when public health legislation for Scotland was being discussed, Alison and the R.C.P.E. recommended that central control should be vested in the Board of Supervision in Edinburgh.⁽¹⁴²⁾

Alison's thinking was also affected by the means adopted to finance the local boards' fight against cholera. Continuing widespread efforts at containing the disease required assured funds. Thus in response to repeated demands, on 20 February 1832 (confirmed by Privy Council Orders of 10 March and 27 April), the government passed a Cholera Act for Scotland which allowed the Edinburgh Board to raise assessments through the local police rates for financing their activities. Other Scottish boards were obliged to use the road-making rate. The English solution of raising finance through the poor law could not be adopted because in Scotland there was no regular poor rate system.⁽¹⁴³⁾ For Alison it was not the assessment as such, but what it paid for, which was of importance.

In allocating money from the assessment a distinction was made between the various measures, one which reflected the prevailing attitude to poverty and its causes. Thus the £12,000 raised by assessment was used to pay for the municipal measures, for publicity, and for medical treatment, although this was also funded by donations to the medical charities. In contrast, the feeding and clothing programmes were dependent solely on voluntary contributions - their early closure revealing to Alison the precariousness of voluntary charity.⁽¹⁴⁴⁾

The cholera assessment also established another principle - that medical care for the poor, normally the province of the medical charities, was a legitimate charge on the rates. The principle was not lost on the Fever Board. In November 1831 it appointed a Committee to confer with the framers of the new Edinburgh Police Bill in the hope that the Board would become part of the general

police provision. In this they had the support of the Scotsman which commented that:

if the public are assessed for lighting and cleaning the streets, why should they not be assessed for the expense of checking contagious fever, and thereby protecting themselves and families from this malady. It is a matter of self-interest, and the duty is equally binding on all. This ought not to be left as a matter of charity. It is a matter of police. ... We would press upon the authorities to give every countenance and support to this valuable BOARD OF HEALTH. (145)

The appeal failed, for in February 1837, occasioned by the fever epidemic, the Town Council approved of the recommendation from the Lord Provost's Committee that a clause should be inserted in the new Police Bill authorising that the expenses incurred by the Fever Board in the removal of patients to hospital and in the fumigation of houses be paid, to the value of £100, out of the general assessment. (146) Cholera had set the precedent, but in both cases it was only to cover the extra expense of an epidemic. Both, however, presaged Alison's argument, and the provision made in the 1845 Poor Law Amendment (Scotland) Act, for defraying the cost of medical treatment from the poor rate. (147)

Chapter Three: Development of Social Thought, 1815-1840:

Constructing a Destitution - Disease Axis.

By 1820 Alison was convinced of the close association between disease and destitution. Ill-health led to an inability to work, which, in a pre-welfare world, caused poverty. This initial perception led Alison to a second link: that between destitution and disease. Poverty, he observed, weakened the constitution and consequently made an individual more susceptible to contracting disease. By rendering the person incapable of working, disease, in turn, made the initial poverty more severe. Alison's original perception accounted for his continued work with the medical charities: his belief that early intervention against disease would prevent deaths, or shorten the duration of illness, among the poor remained strong. Prompt treatment was doubly important, moreover, if a family's survival was threatened by the illness of the breadwinner. Alison's recognition of the social consequences of disease, moreover, made him a champion of public health reform for Scotland in the 1840s and 1850s.⁽¹⁾

Alison's experience with the medical charities, however, prompted him to examine more closely and develop more precisely his thoughts on the relationship between destitution and disease, particularly that between poverty and 'fever'. His extensive practical experience of disease amongst the poor convinced him; firstly, that between 1815 and 1840 there had been an increase in the endemic and epidemic levels of 'fever'; secondly, in a logical extension of the perceived link between poverty and disease, that these increases were an indication of greater poverty - if poverty was a

predisposing cause of disease, then an increase in disease was an indication that there had been a prior increase in poverty; and, thirdly, and perhaps the most significant change in perception, that one of the major causes of the increased destitution was unemployment.

It should be noted that Alison, in common with the medical profession at this time, used 'typhus' or 'fever' as a generic term to describe, without distinction, typhoid, typhus, and relapsing fevers. Typhus, less endemic and more epidemic in character than typhoid, was the predominant fever until the late 1820s when typhoid also began to emerge. Doctors at Guy's and St. George's hospitals in London did identify typhoid as a distinct disease between 1826 and 1830, but their findings were "submerged by the resurgence of epidemic typhus" in the 1830s and 1840s. A clear distinction of their clinical characteristics was finally made in 1849 by William Jenner, a physician at the London Fever Hospital, although it was not until 1869, the year after Wunderlich published his discovery of a characteristic temperature pattern among typhoid sufferers, that the two diseases were distinguished in the registration of deaths.⁽²⁾ With distinct characteristics, means of contamination, and factors affecting their spread, it is evident that any analysis of these diseases under the single term 'typhus' was going to be incomplete and not wholly accurate. Alison's destitution-disease argument in Observations was no exception.⁽³⁾

The basic premise of Observations, published in January 1840, was that the increased incidence of disease, particularly fever, in

Edinburgh and Glasgow in the twenty-five years after 1815 was an indication that poverty had increased. Alison gave the first clear exposition of this association, however, in an 1838 letter to the Lord Advocate, who had requested his opinions on the causes of the extension of fever:

I have never been able to satisfy myself that the degree of diffusion in one place more than another, depends on any other than two conditions, viz. the Crowding and the Destitution of the people.⁽⁴⁾

In Observations, moreover, he argued that the recurring epidemics were:

not merely the occasion of much and widely spread suffering and destitution, but they 'argue a foregone conclusion;' they are...in a great measure the result, and the indication and test, of much previous misery and destitution. ... It is not asserted that destitution is a cause adequate to the production of fever ... nor that it is the sole cause of its extension. What we are sure of is, that it is a cause of the rapid diffusion of contagious fever, and one of such peculiar power and efficacy, that its existence may always be presumed, when we see fever prevailing in a large community to an unusual extent.⁽⁵⁾

He was not alone in making this assessment. Support for his position came, for example, from Dr. Andrew Buchanan, Professor of Materia Medica at the Andersonian University and from Robert Cowan, Professor of Medical Jurisprudence and Police at Glasgow University. Buchanan in an 1830 article argued that the fever

epidemics had "two great exciting causes, ... viz. the density of population and contagion" and a third "great disponent cause, deficiency of the means of subsistence".⁽⁶⁾ He thus agreed with Alison on the causes, but disagreed over their designation as exciting or predisposing - Alison, in contrast to Buchanan, placed overcrowding among the latter. Cowan sought to explain not only the recurring fever epidemics but also the reasons for the high and increasing mortality rate in Glasgow. The latter was due, he argued, to increased and increasing overcrowding and a decline in the living conditions in the poorer districts, to mass destitution caused by trade depressions, workmen's strikes, and addiction to alcohol ("at once the cause and the effect of destitution"), and finally to the prevalence of epidemics.⁽⁷⁾ Fever epidemics, he continued, were the product of various causes but "their rapid and general diffusion" was attributable, among other things, to atmospheric pollution, contagion, and "most influential of all ... poverty and destitution".⁽⁸⁾ Thus Cowan, like Alison, emphasised that fever spread rapidly because of contagion (underlying Alison's second approach to prevention),⁽⁹⁾ overcrowding and its attendant sanitary and ventilation problems, but most especially because of destitution. Cowan did not enter the debate on the exciting and predisposing causes of fever.

Buchanan's position on the exciting causes is interesting: his support for contagion and insanitary conditions meant that he crossed the supposed divide between the contagionist and miasmatic (anticontagionist) approaches to fever generation. Adherents of the miasmatic theory believed that diseases, including fever, were generated by air contaminated either by the putrefaction of animal

and vegetable matter or by the accumulation of human effluvia.⁽¹⁰⁾ The value of this division is brought into further question because while miasmatists viewed bad air as the exciting cause, Alison and Cowan believed that overcrowding and bad air contributed to the extension of fever as predisposing causes.⁽¹¹⁾ Thus all shades of medical opinion agreed that insanitary conditions promoted fever and that their removal would prevent its spread. However, the increasing polarisation of opinion between Chadwick (and his associates) and Alison on the exciting cause - Chadwick effectively dismissed predisposition - meant that their ideas on prevention were different.⁽¹²⁾ But it was a difference of emphasis rather than substance.

The miasmatists attacked quarantine regulations and the Sanitary Code by which the diseased were isolated from the healthy during an epidemic - they ran contrary to commercial interests and the belief in individual freedom⁽¹³⁾ - and advocated instead sanitary measures such as the construction of sewers and drains, a plentiful supply of pure water, free ventilation secured by widening streets and better house construction, the removal of nuisances, and the regulation of crowding in lodging houses.⁽¹⁴⁾ Alison did not deny the importance of sanitary measures - he campaigned for them in the 1840s and 1850s,⁽¹⁵⁾ and in his Medical Police Lectures he stressed the need to remove nuisances and regulate lodging houses. Thus he advocated the removal of dunghills, not because they generated fever but because they weakened the constitution, and favoured the diffusion of, and increased the mortality from, fever.⁽¹⁶⁾ Had the etiology of typhoid been known at this time, Alison might also have argued that the dunghills, by encouraging the fly population,

indirectly increased the incidence of this disease.⁽¹⁷⁾ He also supported Ferriar's idea that lodging houses should be licensed and brought under the control of the Magistrates, and that owners should be obliged to report cases of disease to them within twenty-four hours. However, he disagreed with the main reform idea, limiting the number of beds, because he believed that reducing their number would raise the price beyond what the poor could afford, which would inevitably lead to the growth of "a lower order of lodging houses".⁽¹⁸⁾

The difference of opinion arose over the comparative importance which each attached to the preventive power of sanitary measures. Thus while Chadwick, Arnott, and Smith stressed that fever would be prevented by sanitary improvement,⁽¹⁹⁾ Alison argued that such action would be insufficient unless measures were also taken to reduce destitution. Indeed, it was the miasmatists failure in the 1840s to emphasise poverty as a predisposing cause which most concerned him - if sanitary measures were seen as the only means of preventing disease then the theoretical basis of his campaign for Scottish Poor Law Reform was threatened.⁽²⁰⁾

English doctors and the promoters of public health legislation in England did appreciate that there was a link between poverty and disease.⁽²¹⁾ It was evident, for example, in the support given to Alison, particularly by Arnott, during the public debate on the Scottish poor law.⁽²²⁾ But because they believed that the reform of the English poor laws in 1834 had effectively 'solved' the poverty problem, their attention was focussed on removing the sanitary causes of disease. Indeed, the rationale behind

Chadwick's Sanitary Inquiry, 1839-1842, was that sanitary legislation was needed not only to reduce disease but also the poor rates which had been increased, and especially so during epidemics, by the need to maintain the sick.⁽²³⁾ Alison, in contrast, argued that poverty and disease were more prevalent in Scotland than in England because the Scottish poor law provided less effective relief for the poor than the English law.⁽²⁴⁾ This situation, he concluded, meant that attempts to prevent disease in Scotland had to address the problem of destitution before, or alongside, that of insanitary conditions. Thus his poor law reform campaign was motivated partly by a concern for health, and should be viewed, as he saw it, as a public health reform.⁽²⁵⁾

Alison's destitution-disease premise contains three propositions: that disease had increased; that poverty had increased; and that the latter was, with due allowance for sanitary conditions, responsible for the former. But how sound was this premise? To answer this question, we must first examine the evidence which convinced Alison that the increases in disease and poverty had occurred, and then assess the extent to which his analysis of the influence of poverty on disease corresponded with the (then unknown) etiology and means of prevention of diseases like typhus and typhoid. Only then can we determine whether or not his destitution-disease axis provided a sound basis for his demand that the Scottish poor law be reformed. From this, a related, but separate, issue also emerges. Alison used statistics to further his argument - but how reliable were they as proof of his disease

and destitution claims? In comparison to his contemporaries, how sophisticated was his analysis and methodology?⁽²⁶⁾

Alison's experience with the New Town Dispensary, the Fever Board, and the Royal Infirmary convinced him that disease and poverty had been increasing. More importantly, he believed, once allowance was made for population growth, that these increases were real. In Observations, he offered as proof a comparison of Edinburgh's population growth with two of her medical charities: firstly, the numbers helped and expenditure of the Destitute Sick Society; and, secondly, the number of admissions to the Royal Infirmary. The expenditure of the Destitute Sick Society, he stated, had more than doubled, from £736 to £1816 between 1814-16 and 1836-38, whilst the numbers helped had increased threefold in the same period from 3223 to 10,570.⁽²⁷⁾ The records of the Royal Infirmary, he continued, showed "a similar increase both in the number of its inmates, and also in the severity of the diseases..., as indicated by a progressively increasing mortality". Thus the 1838 Managers' Report stated that while thirty years earlier "the mortality in the Infirmary seldom exceeded 1 in 20 of the whole patients admitted, it [had] gradually risen until, in the last year, it amounted to nearly 1 in 8". Numerically, 4903 patients (including 850 from outside Edinburgh) were admitted in 1838, 2200 of them being fever cases, whose treatment precluded admittance of "many ordinary cases", whereas "before 1818 ... the number had never reached 2200". The average number treated annually in the thirteen years to 1837 was 2252.⁽²⁸⁾

Alison concluded that:

the experience of these two institutions may be held to be sufficient proof, that the amount of suffering from the combination of poverty and disease, has been nearly tripled in the city of Edinburgh within the last twenty-five years, while the population has not increased more than 50 per cent.⁽²⁹⁾

But did Alison offer 'sufficient proof'? His comparison depends fundamentally on the population increase, and would have been strengthened, for the modern reader certainly, if, in addition to the percentage increase, the actual figures had also been given. Again, his statistics for the number treated and the mortality in the Royal Infirmary, although apparently compelling, are too simplistic. He does not mention how many were treated in the Infirmary during the 1817-1819 fever epidemic or how many of these were fever patients. The numbers stated as being helped annually would be affected by the predominant diseases being treated and the length of the hospital stay required, while mortality levels would be affected by the period in a disease that patients were admitted. Information as to whether or not there had been any changes in admission policy, or in the recording of deaths which occurred soon after admission, or of stillbirths, since these would also affect the figures, should also have been given. His combining of statistics and semi-quantitative statements, moreover, although they served his purpose of showing an apparent increase in combined disease and poverty, do not allow an exact measure of these increases to be made. Alison, though, should not be judged too harshly: the interpretation of statistical material and techniques

to correct for errors were still in their infancy, while the combining of description and statistics was common at this time. The latter reflects the gradual change which was taking place in the perception of statistics through the 1820s and 1830s, as the two threads in the early statistical movement - the one, largely descriptive, had antecedents in the German 'statistik' of the seventeenth and eighteenth centuries, the other, with its concern for 'Vital Statistics', drew on the Political Arithmetic tradition established by John Graunt and William Petty in the late seventeenth century - shifted increasingly towards the latter and a renewed emphasis on quantification.⁽³⁰⁾ Thus while Alison was probably correct in identifying the tendency for admissions and mortality to increase, the accuracy of his straight comparisons must be doubted.

Alison also exaggerated the increase in destitution and disease suggested by the Destitute Sick Society Reports by not comparing like with like. The period 1814-1816, unlike 1836-1838, was not scarred by epidemic fever. A less skewed and more accurate figure can be obtained using the 1817-1819 figures, which reveal that a yearly average of £1105 was spent on the relief of 6306 people. Using 1814-1816 as the base year, gives an expenditure increase in 1836-38 of 247% and a numerical one of 328%. However, shifting the base year to 1817-19, means that the 1814-16 expenditure and numerical figures become 66.6% and 51% respectively, and that the 1836-38 increases are 164% for expenditure and 167.6% for the numbers assisted.⁽³¹⁾ However, even after adjustment, and assuming that the Society did not alter its criterion for giving aid, Alison's proposition that there had been a real increase in

combined disease and poverty remains intact. Whether Alison made the error knowingly, or in ignorance, is open to question. But either way it served his purpose well, for the exaggeration was not noticed by his opponents in the poor law debate.

Interestingly, in light of this exaggeration, it was the recorded figures for these public institutions, and not those for the dispensaries, which Alison used. The former, he stated, were a more reliable record of the numbers receiving relief because, unlike the dispensaries, they enforced a rigorous 'destitution test', and could not, therefore, be regarded as fallacious.⁽³²⁾ Alison was being extremely cautious, concerned that his argument would not be trusted if his claims were perceived to be exaggerated. In reality, the dispensaries did impose a 'destitution test' so that they could impress upon their supporters that it was the truly necessitous who received medical relief, even though, by their nature, they could not differentiate between 'cause' of destitution in the provision of medical relief, or make extensive inquiries into their applicants' circumstances, before granting aid. But his claims for the Destitute Sick Society's tests were also exaggerated - their Reports clearly stated that destitution was relieved without preliminary inquiries. Alison proceeded, however, not according to what he knew was the reality of these institutions but according to the public perception of them.

Although Alison did not cite disease and fever statistics from the New Town Dispensary and the Fever Board, it was his experience with these institutions, as well as the Royal Infirmary and temporary

Fever Hospitals, which convinced him that, between 1815 and 1840, there had been a real increase in the incidence of fever. To what extent, therefore, does the statistical evidence from them confirm Alison's contention that the endemic and epidemic fever levels had increased? Ideally we would want to construct tables of the number of fever patients treated annually by these institutions because these figures would verify the general trends of the disease which Alison perceived. Unfortunately the statistical evidence - the Fever Board Reports do not appear to have survived and those for the Dispensary and the Infirmary are incomplete - does not permit such a detailed comparison. Tables 3:1 and 3:2, however, contain the available figures for the number of fever patients, and their number as a percentage of all medical and surgical patients, treated by the New Town Dispensary between 1815 and 1840. How representative these figures were of the total number affected by fever in Edinburgh in these years cannot be determined as annual morbidity statistics for the city were not kept,⁽³³⁾ and the notification of infectious diseases was not made compulsory until 1889.⁽³⁴⁾ It would seem likely that the dispensary's early emphasis on collating its fever figures arose out of the need to advertise its existence. More importantly, given Alison's involvement with both the dispensary and the Fever Board, they were vital in demonstrating the need for the latter not only during the 1817-19 epidemic but also to control fever outbreaks in non-epidemic years. By the 1830s the Reports gave few fever statistics, although they did continue to remark on the prevalence or otherwise of the disease.

Table 3:1 Quarterly Totals of Fever Patients as a percentage of all patients, New Town Dispensary, 1.9.1815 - 31.5.1819.

	Fever Patients	All Patients	Percentage
1.9.1815- 1.3.1816	32 (6 months)	1020	3.1%
29.2.-31.5.1816	19	1042	1.8%
1.6.-1.9.1816	19	1314	1.4%
1.9.-1.12.1816	28	1730	1.6%
1.12.16-1.3.1817	49	1595	3.1%
1.3.-1.6.1817	74	1530	4.8%
1.6.-1.9.1817	77	1890	4.1%
1.9.-1.12.1817	173	2091	8.3%
1.12.17-1.3.1818	446 (451)	2572	17.3% (17.5%)
1.3.-1.6.1818	255	2371	10.9%
1.6.-1.9.1818	127	2095	6.2%
1.9.-1.12.1818	203	1826	11.1%
1.12.18-1.3.1819	202	2200	9.2%
1.3.-31.5.1819	203	1475	13.8%

Source: "Report of the Diseases Treated at the New Town Dispensary 1.9.1815 - 31.5.1819", Edinburgh Medical and Surgical Journal, vol.12, 245-246, 375-376; vol.13, 117-118, 245-246, 398-399, 521-522; vol.14, 120-121, 123, 256-257, 653-654; vol.15, 309-310, 474-475. Lines 8 - 13 also in Report of the Third Annual General Meeting of the New Town Dispensary, March 30, 1819, 9-10.

Table 3:2 Fever patients as a percentage of total patients, annual figures for New Town Dispensary.

	Total Med. & Surgical Patients	Fever Patients	Percentage	Total minus Fever
29.2.1816-1.3.1817	5715	115	2.0%	5600
1.3.1817-1.3.1818	8070	775	9.6%	7295
1.3.1818-1.3.1819	8471	787	9.3%	7684
1.12.1820-1.12.1821	5613	133	2.4%	5480
1.12.1821-1.12.1822	6571	177	2.7%	6394
1.1.1827-1.1.1828	8383	308	3.7%	8075

Source: "Report of the Diseases Treated at the New Town Dispensary

29.2.1816 - 1.3.1819", Edinburgh Medical and Surgical Journal,

vol.12, 375-376, vol.13, 117-118, 245-246, 398-399, 521-522, vol.14,

120-121, 256-257, 653-654, vol.15, 309-310; Report of the Third

Annual General Meeting of the New Town Dispensary, March 30 1819,
7-

8; Annual Report of the New Town Dispensary ...for 1821, 9-10;

Annual Report ...for 1822, 9-10; Annual Report ...for 1827, 6-7.

Tables 3:1 and 3:2, together with the comments in the 1830s dispensary Reports, highlight a number of features which Alison clearly recognised because he verified them in his later writing. They reveal, firstly, that there was a marked difference in the incidence of fever in non-epidemic and epidemic years; secondly, that the epidemic, and less certainly the endemic, fever levels were increasing; and, thirdly, that there was a general increase in disease in epidemic years.

In 1817-1818 there was, compared to the pre-epidemic figure for 1816, a six to sevenfold increase in the number of fever cases treated by the dispensary. There was also a four to fivefold increase in the percentage of fever to total patients. Moreover, a comparison of the quarterly figures reveals that when the epidemic was at its height these increases were much more pronounced: for the first quarter of 1818 the cases were sixteen times and the percentage nearly eleven times greater than the figures for the last quarter of 1816.

Alison observed the same tendency in the number of fever cases admitted to the Royal Infirmary and Queensberry House Fever Hospital prior to and during the 1826-28 epidemic. Between 1822 and 1826 he treated only 42 cases in the Royal Infirmary's fever wards (32 beds), whereas in the 18 months from 1 February 1826 to 31 July 1827, he cared for 342 fever patients in the Infirmary and the Queensberry House Fever Hospital. The latter had been reopened in mid-December 1826, when the Infirmary, already using half the beds in each of its two forty-bed clinical wards, found itself under pressure and unable to cope with further cases.⁽³⁵⁾ Thus,

although the numbers Alison cited were small compared to the total fever admissions,⁽³⁶⁾ the difference was sufficiently marked for it to be a valid indicator of the trend in fever incidence between non-epidemic and epidemic years. This trend, moreover, was also evident in the number of fever cases treated by the dispensary, which in 1821 and 1822 fell back to their pre-epidemic levels. The comparatively small increase in 1827, however, appears to bely the trend.⁽³⁷⁾

The second trend - a higher endemic fever level between the epidemics - is considerably more difficult to establish from the available dispensary figures. The 1821 and 1822 figures were only slightly higher than the pre-1817 one: compared with the year to 1.3.1817, there was in 1821 a percentage increase in fever cases of 0.4% and a numerical one of 18, while in 1822 these increases were 0.7% and 62 respectively. In the absence of more pre-1817 data (and the dispensary statistics only began in September 1815) and the 1823-26 Reports, however, we have no way of ascertaining; firstly, whether these small rises were representative of all the non-epidemic years; and, secondly, whether the endemic fever level had actually increased. Moreover, if all the dispensary statistics did exist, we would have to establish whether or not they were a true representation of the actual fever trends - a comparison which cannot be made without complete and accurate annual figures for all Edinburgh's fever cases. A cross-check with the Public Dispensary's fever cases and the admission of fever patients to the Infirmary might be made, but the same question over how representative and accurate they were, arises.

Evidence for a rise in the endemic fever level between the second and third epidemics is easier to find. Alison commented that "the abatement of the disease between the two last [1826-28 and 1836-39] epidemics was less complete than between the two first" [1817-19 and 1826-28].⁽³⁸⁾ Its prevalence between these epidemics was also noticed by the Scotsman, which in January 1833 commented that: "typhus fever and other diseases [had] been extensively prevalent among the lower orders and [had] added to distress the pinchings of poverty".⁽³⁹⁾ Similarly the 1835 dispensary report stated that: "Continued or Typhus Fever has been of pretty frequent occurrence, though not so much so as in some of the preceding years".⁽⁴⁰⁾ The number of fever cases treated by the dispensary was given only in their 1831 report, which noted that in November and December fever was especially predominant, with 93 and 97 cases respectively. Moreover, as indicated by the numbers visited at home, many of the cases were severe, a point also made in the 1835 report.⁽⁴¹⁾ Unfortunately, since the evidence is largely qualitative - without comparable statistics for other years the partial 1831 figures are of little use - we have no means of confirming that the trend existed or how great the increases were. Given what is known about the existence of typhus and the emergence of typhoid at this time,⁽⁴²⁾ it is probably safe to assume that the increase was occurring. The paucity of the available statistical material, however, prevents any full analysis being made, although the Public Dispensary and Royal Infirmary figures again may help to illustrate the trend.

Accompanying this uncertain rise in the endemic incidence of fever in Edinburgh was, Alison believed, an increase in the epidemic

levels. In 1817-1819, he stated, 3000 people, or 3.3% of the population, had fever in Edinburgh, while in 1826-1829 and 1836-1839 around 10,000 people were affected, representing c.8% and 7.2% of the population respectively.⁽⁴³⁾ But how reliable are Alison's figures? He gives no indication of the source of his figures - thus we do not know whether they were his own calculations or estimates based on the cases treated by all the medical charities and private practitioners in Edinburgh, made perhaps by the R.C.P.E, or the doctors of one or more of the medical charities, or the Town Council. It is probably safe to assume, since the epidemics were being studied throughout Britain,⁽⁴⁴⁾ that Alison was identifying a general pattern - although Edinburgh may not have been typical in 1836-39⁽⁴⁵⁾ - which was already known and accepted by many in the medical profession. But the accuracy of the epidemic statistics, as with the other fever statistics in this period, are much less certain. Indeed, it seems likely that Alison, who gave rounded totals only, was well aware that his figures were estimates. Can we assume, as he did, however, that the estimates were broadly correct?

In this instance, unfortunately, the dispensary fever statistics (column 2 of Table 3.2) offer no help - rather the reverse. They show that fewer fever patients were treated by the dispensary in 1827 than in 1817 and 1818, thereby suggesting, somewhat anomalously, that the second fever epidemic was less severe than the first. Doubt is cast on this conclusion, however, by the fact that the number of non-fever patients (column 4 of Table 3.2) in 1827 was higher compared not only to 1817 and 1818 but also to the non-epidemic years of 1821 and 1822. This implies that the fever

totals in 1827 should have been greater than those in 1817-18. How then is the anomaly to be explained? The answer may lie with the Fever Board - if the Board assumed direct responsibility for the treatment of fever cases then the numbers treated by the dispensary would inevitably be reduced. Similarly, the numbers treated by the dispensary in the 1830s was highest in 1831 - when outbreaks of influenza, diarrhoea, dysentery, and fever at different periods in the year combined to raise the number of medical and surgical patients to 8248⁽⁴⁶⁾ - even though it might have been expected that the peak in 1832 because of cholera and that in 1836-39 due to fever would have been greater. As in 1827, it may be that the dispensary statistics underestimated the cholera and fever levels because many of those affected would have been treated under the auspices of the Cholera and Fever Boards.

Another feature of the epidemic years is also evident in the dispensary's figures - that the increase in fever was accompanied by an an increase in the general incidence of disease. This is illustrated by the disparity between the increase in the number of fever cases and that increase as a percentage of total cases, and, as column 4 of Table 3:2 shows, by the greater rise in patient numbers than could be accounted for by the increase in fever cases. Moreover, the 1831 figures suggest that this general increase in disease was also occurring independently of the epidemics. A conclusion which was also reached by the dispensary's Managers, who in their 1835 Report, commented on the fairly constant number of patients being treated by the dispensary, even though there had been a "multiplication of local Dispensaries, which ... necessarily tend[ed] to lessen the number of patients applying at any one of

these establishments".⁽⁴⁷⁾ They were assuming, of course, that the disease increase was real, that it outstripped the growth in population.

Despite the imperfections in the statistics, the available evidence suggests that Alison was correct in identifying an increase in disease and rising levels of endemic and epidemic fever in the period between 1815 and 1840. How great these increases actually were, of course, remains an open question. His evidence, however, for the existence of, and the increase in, destitution is less convincing: few statistics are provided, and the argument rests almost entirely on qualitative statements. The latter included evocative descriptions of the filthy and wretched conditions in which the poorest in Edinburgh and Glasgow lived.⁽⁴⁸⁾ These descriptions were designed to appeal to the consciences of his readers and were, therefore, a powerful moral force for change. Moreover, he likened these conditions to those that existed in Irish towns, especially Dublin, and compared them unfavourably with the state of other British and Continental cities.⁽⁴⁹⁾ Whether or not these comparisons would stand close and impartial scrutiny was not really the point, they were designed to invoke national pride in the cause of reform. This strategy was shared with others in the early statistical movement, and was continued, with a much stronger statistical base, by the General Register Office in its promotion of public health.⁽⁵⁰⁾

The figures Alison gave for the Destitute Sick Society and the Royal Infirmary appear to imply that he considered the increase in disease to have been matched by a rise in poverty.⁽⁵¹⁾ The

assumption, however, is unsound. It would be true to say that there had been an increase in the number of sick poor who could not afford to pay for medical advice or medicines. But unless it could be proved that the poor of ten, fifteen or twenty years earlier could have afforded them, if they had been sick, it cannot be assumed that poverty had actually increased. In Observations Alison also cited, as proof of the existence of increased destitution, the numbers helped by the House of Refuge - upwards of 1600 annually with "many other applications from equally indigent persons" rejected because of inadequate funds.⁽⁵²⁾ However, while valuable as an indicator of destitution, these figures reveal nothing about the actual number of destitute in Edinburgh or if, and to what extent, their numbers had increased since 1815. To obtain these figures an extensive social survey of poverty, akin to those carried out by Charles Booth and Seebohm Rowntree in the 1880s and 1890s,⁽⁵³⁾ would need to have been undertaken in Edinburgh.

It is improbable, however, given the nature of the statistics available through the 1820s and 1830s, and before the development of more sophisticated statistical methods and analytical techniques, that such a survey could have been accomplished at this time.⁽⁵⁴⁾ From Alison's point of view, moreover, if indeed he recognised their necessity, the repeated surveys which would have been required over the twenty-five year period would have been too time consuming and too expensive. Time and expense would probably also have precluded their being carried out by a group, whether or not they were formalised as a statistical society - studies by the London and Manchester Statistical Societies in the 1830s were

hampered by cost while other societies, for example, the two in Glasgow disappeared before they could conduct any surveys, one possible reason being inadequate funds.⁽⁵⁵⁾

Such a far-ranging study of poverty, aside from requiring a change in the attitude to poverty, would also have been outside the focus of the various Statistical Societies at this time. They concentrated primarily on investigating the condition of the working classes and gathering education statistics, with the aim of proving the veracity of their preconceived reform ideas. They were propaganda exercises aimed at influencing government, in which the need to chart changes over time - as the poverty survey would have demanded - was not recognised.⁽⁵⁶⁾ Similarly, Chadwick's Sanitary Report, and the increasingly sophisticated statistical analyses pursued by William Farr, were used to encourage central government involvement in specific public health reforms.⁽⁵⁷⁾ The General Register Office, through which Farr and his successors worked, moreover, became the institutional basis for a pressure group of doctors and associated professionals in their efforts to promote health reform, both nationally and locally.⁽⁵⁸⁾

Alison's Observations, designed to provoke shock, debate, inquiry, and Scottish poor law reform, belonged to this climate of reform propaganda. It was skilfully written propaganda which, unlike its 1830s counterparts, did at least attempt to make comparisons over time. The pamphlet gained credence because of his reputation for being intimately acquainted with the condition of the poor - experience and knowledge which imbued his arguments with a moral force which could not easily be denied, however inaccurate or

unscientific his statistical base. Alison recognised the value of statistics to the reform process.⁽⁵⁹⁾ But, like many of his contemporaries, his arguments were hampered not only because of his own limited knowledge about the use and interpretation of statistics, but also because the statistics which he most needed did not exist.⁽⁶⁰⁾

Although he could not prove it statistically, Alison proceeded from the conviction, based on experience of the poor accumulated over twenty-five years, not only that destitution had increased but also that, periodically, it peaked. This assumption made, his aim became to explain what had caused these increases. His answer was that it was due largely to economic circumstances, and in particular to rising unemployment, and to partial or irregular employment. Thus he believed that the trend rise in Edinburgh's destitution was caused by the reduction in the higher rank's expenditure as the city lost many of its Court of Law functions and the numbers attending the University declined, and by a slump in the building industry.⁽⁶¹⁾ The peaks, in 1817, 1826, and 1836, he continued, were the result of increased cyclical unemployment caused respectively by two bad harvests, the commercial failures of 1825 and the cessation of building speculations, and trade depression.⁽⁶²⁾ He shared this relatively 'modern' outlook with Farr, who also attributed importance to economic circumstances,⁽⁶³⁾ although their opinion was in sharp contrast to the prevailing middle class attitude that poverty arose from a moral defect in the character of the sufferer, be it idleness, improvidence, or drunkenness. Again, because of the constraints of time, expense, and statistical expertise, he made no attempt to quantify the

amount of unemployment or underemployment, or their cyclical peaks. He was, however, aware that there was a need to determine the extent of destitution: he welcomed the Presbytery of Edinburgh's decision in 1836 to redraw the parish boundaries with a view to making the visitation of the poor more effective and during the debate on the poor law he did attempt to quantify poverty in Edinburgh.⁽⁶⁴⁾

Alison could not undertake a city-wide survey of destitution and its link with unemployment. However, his conviction, by the late 1820s, that there was a connection,⁽⁶⁵⁾ prompted his decision to help in the founding of the House of Refuge for the Destitute in 1832. In contrast to the medical charities which concentrated on the relief of combined disease and penury, the Refuge was concerned solely with relieving destitution, whatever its cause. Drunkenness and improvidence were not used as grounds for refusing relief, a practice which accorded with Alison's opinion that drunkenness was more an effect than the cause of destitution, and therefore, that its reduction was dependent on the relief of poverty.⁽⁶⁶⁾ The Refuge's foundation presupposed the existence of destitution. As there were few institutions in Edinburgh concerned solely with ameliorating destitution,⁽⁶⁷⁾ it may also be, although the supposition is more tentative, that the Refuge was perceived by its founders as a necessary provision because increasing destitution had left the existing institutions unable to cope. The continuance of the Refuge, moreover, pointed to the concern with unemployment, as the Directors' focussed their efforts increasingly on helping the able-bodied unemployed who were not entitled to relief under the Scottish Poor Law.

The Refuge, in Morison's Close, High Street, was established originally to provide temporary accommodation for vagrants entering the city in the hope of preventing the introduction of cholera to Edinburgh. Opened to replace the existing, but now insufficient, accommodation in the Police Office,⁽⁶⁸⁾ it thus had semi-official recognition, which was continued in later years by the permanent attachment to it of police commissioners (ensuring that the strong social control element was maintained), and by an "annual subscription of £10 from ... the Queen".⁽⁶⁹⁾ The temporary asylum was soon extended to include the many "common beggars ... who had no visible means of support". Thus between 22 February and 10 December 1832, the Refuge provided shelter, clothes, and food for 1003 individuals. The Directors stressed that the majority of adults taken into the Refuge were "of the worst description, often such as [had] been reduced to poverty and misery by drunkenness and improvidence". This allowed them to emphasise, in the early days, when the goodwill and monetary support of the rich had to be encouraged, if the Refuge was to be continued, the good effects of the strict regime of work and religious and moral instruction on the inmates' character.⁽⁷⁰⁾

The numerical proof of the institution's value prompted the Directors - including Alison, who was also one of the Management Committee responsible for the daily running of the institution - to appeal to the public for funds to make the Refuge permanent, or at least to allow it to continue for another year.⁽⁷¹⁾ They also emphasised that destitution would be the only entry criterion - necessarily, since their aim of suppressing begging would not be attained if inquiries were made into the character of beggars.⁽⁷²⁾

This grand intention was illustrated further by the incorporation of the Society for the Suppression of Begging into the Refuge in 1835.⁽⁷³⁾

Seeking funds, the Directors were forced to answer the charge, made against the Refuge, that the permanent relief provision would encourage idleness and improvidence, and that if charitable assistance was withheld such persons would "gradually find employment". Thus they assured the public that an investigation would be made into a person's circumstances after his admission and that assistance would be denied if the applicant was unwilling to work, but preferred "street-begging to useful labour". This course of obtaining a living would, they continued, soon be abandoned "if the public withheld promiscuous alms-giving", but supported instead the regulated system carried on by the Refuge.⁽⁷⁴⁾ Misuse of the Refuge would also be discouraged by its strict management - "run on the lines of a philanthropic workhouse", the Refuge made provision for the confinement of inmates, the separation of the sexes, and the prohibition of alcohol - and by the efforts made either to find work for the inhabitants (boys were apprenticed and girls sent to service where possible), or to return them to their own parishes.⁽⁷⁵⁾

In words clearly influenced by Alison, and reflecting the contemporary concern over unemployment, the charge was also answered on politico-economic grounds:⁽⁷⁶⁾

They cannot surely suppose that all the persons who wander about this and other great towns in this country, in a state of destitution, subsisting on alms and very precarious

occasional employment, can find regular work if they choose. In every long established and rich community, there is a surplus population beyond what is required for any kind of employment, of which the community stands in need; and in this country, in consequence of the very peculiar and unfortunate condition of Ireland, and the great influx of needy labourers from thence, this surplus population is at present excessive; and it is to that description of persons who, in the struggle for employment, even the lowest and most precarious, have been the most completely excluded, that the House of Refuge proposes to give occasional relief. (77)

The charge, the defence continued, was also made from a mistaken belief:

A more careful observation of the habits of the lower orders, will convince them that there are none so improvident, none whose passions are so little under restraint, and, in consequence, none among whom population makes so rapid progress, as those whose subsistence is the most precarious. ... A certain duration of hopeless and extreme poverty will make any man, whatever his former character may have been, utterly reckless of the future; and whatever preserves any of the lowest classes from such hopeless degradation, tends to increase the influence of prudential, moral, and religious considerations on their conduct. (78)

The dilemma was thus not whether or not the poor should be maintained, but by what means the public would maintain them - by the indiscriminate giving of alms to beggars or by their stealing, or in the more regulated and less indiscriminate surroundings of the Refuge?⁽⁷⁹⁾ In the belief that destitution was rising and in imitation of the cooperation between the medical charities, the Directors were attempting to channel and coordinate irregular and diffuse individual charity to make it more effective. The intention, as the strict management regulations show, was not to pander to the poor. Alison, probably not coincidentally, appears to be the link between these two forms of charity in the city, both of which aimed to relieve destitution through the effective use of voluntary charity. This concern to make relief more effective and assured, moreover, lay behind his later condemnation of existing voluntary charity and poor relief, and his plans for reforming the latter.⁽⁸⁰⁾

Table 3:3 House of Refuge, 1 October 1834 - 30 September 1841.

Period from 1st October	Number Relieved	Average No. in House	No. Who Left Within Month
1834 - 1835	717	233	---
1835 - 1836	1255	307	862
1836 - 1837	1536	326	1104
1837 - 1838	1321	270	951
1838 - 1839	1435	---	---
1839 - 1840	1570	---	---
1840 - 1841	1151	---	841

Source: Fifth Report of the House of Refuge for the Destitute in Edinburgh, from 1st October 1836, to 30th September 1837, (1837), 12; Sixth Report ..., 1st October 1837, to 30th September 1838, (1838), 15; Eighth Report ..., 1st October 1839, to 30th September 1840, (1841), 10 & 26; Ninth Report .., 1st October 1840, to 30th September 1841, (1841), 15. Figures in the first three lines for the numbers relieved were adjusted to prevent double counting by deducting from the total the number who remained in the house at the end of each year. This adjustment had already been made in the Reports from which lines 4 to 7 were taken.

The figures for the number of people aided by the Refuge (Table 3:3) confirm the existence of unrelieved destitution in Edinburgh. Indeed, the numbers seeking help prompted the Managers, in the autumn of 1834, to lease the more spacious Queensberry House from the Board of Ordinance.⁽⁸¹⁾ They also reveal much about the intentions of the Managers: the proportion of those relieved who stayed no longer than a month, bears witness to the fact that the Refuge was to be a temporary asylum for the destitute, and particularly the unemployed - although it could also signify that the relief was rejected because of the harsh conditions attached to it. Alison's conviction that much of the destitution was due to unemployment was confirmed by the fact that the main reason given for leaving the Refuge was finding employment.⁽⁸²⁾ Further evidence of this link is provided by the figures for 1836-1838: the increase in destitution and unemployment in these years of economic depression was reflected in the increase in the numbers admitted to the Refuge and in the number who left it within a month.⁽⁸³⁾

Two further schemes - a Night Refuge Department and a Soup Kitchen - were instituted by the Directors of the Refuge in 1840. As with the initial establishment of the Refuge, they were responding to what they perceived was a gap in the relief provision. The Night Refuge, opened on 10 July 1840, gave shelter to those who sought the Refuge's help for only a night or two. Although the Directors had gained permission to open it in April 1840, this Refuge in effect took over the role of housing the homeless (from 60 to 100 per night) when the Police Board withdrew its permission for the Police Office to be used for that purpose.⁽⁸⁴⁾ The numbers given temporary shelter - 4334 people, an average of 52 per night,

between 10 July and 30 September, and 13,352, an average of 36 per night, in the year to 30 September 1841⁽⁸⁵⁾ - probably accounts for the decline, in these years, in the numbers who sought the General Refuge's help. The soup kitchen, which supplied meals three times a day to anyone who presented a meal ticket, was begun in response to the depressed conditions of December 1840. Its distribution of "20,000 rations" in nine months offers further proof of the existence of destitution. Its opening also permitted the Directors to re-emphasise the wisdom of more regulated charity: the public in giving 1d. meal tickets, rather than money, to street beggars, ensured (echoing the English less eligibility principle) that it was "the really necessitous poor" who received help because only they would "gladly avail themselves of them".⁽⁸⁶⁾

The intentions of the Directors of the House of Refuge and the statistics collated on the numbers relieved, although of no help in establishing the true extent of destitution and unemployment in Edinburgh, and whether or not they had increased since 1815, do reveal that Alison was correct in identifying the existence of extensive destitution and the link with unemployment. They also confirm the increase in destitution caused by greater unemployment during the cyclical trade depressions. Less convincingly perhaps, it might also be possible to argue, that the Refuge was founded in response to a prior increase in destitution. His experience with the Refuge also convinced Alison that the inadequacy of the existing Scottish poor law was exacerbating the destitution problem.⁽⁸⁷⁾

The foregoing analysis leads to two conclusions; firstly, that, as Alison argued, there had been an increase in disease, especially fever, even though the rise cannot be determined with any accuracy; and, secondly, that although destitution was undoubtedly a problem, and more so in years of economic depression, insufficient statistical information was given by Alison (perhaps we should say was available to him) to measure its extent and to confirm his contention that destitution, especially that caused by unemployment, had increased between 1815 and 1840. We are left with a question: was Alison's proposition that destitution was one of the main causes of the increase in fever, and disease generally, a sound one? The answer goes beyond the stated inadequacies in the statistics, and involves a detailed study of the etiology of the diseases most concerned, namely typhus and typhoid, their means of communication, the factors affecting their spread, and how they could best be prevented.

In answering this question it should be remembered that Alison did not argue that destitution was the only cause of the fever increase nor that the disease would be prevented solely by removing destitution.⁽⁸⁸⁾ We must, therefore, alter the question and ask whether or not the emphasis which Alison placed on destitution was justified. How effective, moreover, would the Fever Board's preventive measures have been in reducing the incidence of fever? In this analysis the confounding of typhus and typhoid as 'fever' becomes important, as does the differentiation of epidemic and non-epidemic years.

Typhoid, as Anne Hardy has detailed, is a bacterial disease, the only source of the causative bacilli (*Salmonella typhi*) being an infected person. The disease, endemic in British towns and cities in the nineteenth-century, is transmitted in three main ways: "infected water or food, or by carrier". Of these, the most important, as in the case of cholera, is contaminated water. Explosive outbreaks occur "where a normally safe water supply is contaminated", but where the contamination "is slight or intermittent" the disease is confined, over a long period of time, to single or small groups of cases. Contaminated water is also often responsible for conveying food-borne typhoid, although many of these cases are caused by poor domestic and personal hygiene practices and flies. Transmission by carriers to other family members is rare and "is usually associated with lapses in food-handling practice".⁽⁸⁹⁾

Typhus, in contrast, is a louse-borne disease, caused by the organism *Rickettsia prowazeki*. As Hardy writes, it "is spread by the body-louse ingesting the infected blood of the typhus patient. After about a week the *rickettsiae* have multiplied in the louse gut and are excreted in the faeces. Infection of normal persons generally takes place through the skin by scratching, and sometimes by the inhalation of dust containing dried but still viable *rickettsiae*", which can survive in the faeces for months, even years. Transmission is also encouraged by the louse's sensitivity to temperature: a preference for 29°C means the louse likes a healthy human body as opposed to a febrile one, and that it cannot survive at room temperature. Since typhus is fatal principally to

adults and "one attack confers immunity on survivors for many years", the disease will persist endemically in a given dirty locality either because of the children,⁽⁹⁰⁾ or because of the continual migration of previously unaffected people into them.

In examining the reasons for the emergence of typhoid and the increase in endemic typhus in British cities after 1815, it becomes evident that Alison was quite wrong to emphasise poverty per se. Its influence, if any, was indirect. While it is true that these diseases occurred most often amongst the poor (although typhoid especially was no respecter of class), it was not poverty which caused the increases but rather the effect of poverty on the choices which the poor could make as to where and in what conditions they lived. Reducing poverty would not have prevented these diseases because their endemic spread was determined by complex environmental factors which would still have persisted. Typhoid increased as population and population densities increased in the cities. As new houses were not built for the poor, the rate of this growth caused overcrowding in the existing housing stock and put the rudimentary sanitary arrangements under great strain. The conditions for typhoid contamination of the water supply followed quickly: unfiltered water was supplied from rivers polluted with sewage or from shallow wells affected by leakages from cesspools.⁽⁹¹⁾ Moreover, as this supply was intermittent uncleanliness of house and person, and the transmission of typhoid, was further encouraged. Endemic typhus, similarly, persisted in specific 'unclean' localities because defective water supplies and sanitary arrangements, and more especially overcrowding, encouraged

the dirt, both personal and domestic, in which the disease vector thrived.⁽⁹²⁾

Although destitution was not responsible for the increase in the endemic levels of typhoid and typhus, Alison was more justified in his insistence that the 'fever' epidemics were the result of destitution and overcrowding - a link which was generally agreed upon by the 1860s.⁽⁹³⁾ In his analysis of these epidemics, Alison made no distinction between typhoid and typhus, but with the proviso that his findings should have related to typhus only, his observations were valid, and have been confirmed by modern authors like Flinn,⁽⁹⁴⁾ and more recently by Hardy.⁽⁹⁵⁾

Alison argued, in Observations, that the timing of the fever epidemics - they coincided with the periods of economic depression in 1817-1818, 1826-1828, and 1836-1839 - was proof of their association with increased destitution.⁽⁹⁶⁾ He argued, moreover, that the increased destitution was due to an increase in unemployment during these depressions; an association which was the product of a gradual alteration in his perception of the nature of destitution. In 1817 Alison listed fever's predisposing causes as uncleanliness of people, houses and streets, bad ventilation, overcrowding, and destitution and depression because of unemployment.⁽⁹⁷⁾ A decade later, he concentrated specifically on the distress occasioned by unemployment:

Of the extent of this distress some idea may be formed from the fact, that when in January last a subscription was raised to give work at low wages to men who had thus been thrown out

of employment, ... in a very short time the number of persons employed by the committee for managing the subscription amounted to 1700, many of whom had families, and who were thankful to get work at 5s. a week. A very great number of the patients received into the hospitals in fever belonged to families of which the working members had been out of employment for periods varying from six weeks to six months.⁽⁹⁸⁾

In studying the 1836-39 fever epidemic, moreover, Alison compared Edinburgh's experience with that of Glasgow and Dundee. In these cities fever had increased and diminished "nearly as it [had] in Edinburgh" until 1836 when "it became much more formidable". The 1836-39 epidemic affected nearly 40,000 in Glasgow and 10,000 in Dundee, representing 19.7% and 16.7% of their populations respectively.⁽⁹⁹⁾ The comparable Edinburgh figure was around 10,000 or 7.2%.⁽¹⁰⁰⁾ Although the figures are approximations and not strictly accurate, they do indicate a divergent trend. A trend which Alison believed was due, in part to the superior preventive measures followed in Edinburgh, but more particularly to the greater severity of the trade depression in Glasgow and Dundee, which caused a greater increase in unemployment and destitution in these cities than in Edinburgh.⁽¹⁰¹⁾ Alison clearly appreciated that there was a link between fever-unemployment levels and the condition and structure of the cities' economies. Glasgow, with its manufacturing and heavy industrial base, was likely to be more severely affected by trade depression than Dundee, which had a more diversified industrial base, or Edinburgh, whose economy was

dependent on lighter industry and the growing financial and service sector.⁽¹⁰²⁾

Alison identified a link between the typhus epidemics and cyclical increases in unemployment. Hardy, in confirming this association, has gone further and analysed exactly how the process worked. Typhus epidemics, she notes, were dependent on economic conditions - in stable conditions the disease remained confined to specific dirty localities. However, "when [a] city's economic life was disrupted the resulting social changes permitted the epidemic extension of typhus from its habitual haunts".⁽¹⁰³⁾ The loss of income forced families to economise by sharing accommodation - "temporary 'stress' overcrowding" - with the result that there was a decline in domestic cleanliness. In houses already infested with typhus such sharing also served to expose more people to the infection. Moreover, if severe weather conditions coincided with seasonal or cyclical depression these effects could be further aggravated by attempts made to keep warm, such as "sleeping fully dressed, and not washing".⁽¹⁰⁴⁾ Hardy's analysis suggests, therefore, that it was the social dislocation consequent on unemployment rather than the unemployment itself, as Alison argued, that caused the typhus epidemics.

We must assess, finally, how effective the preventive measures would have been in reducing the incidence of 'fever', that is both typhus and typhoid. The preventive approach adopted by the Edinburgh Fever Board was essentially the correct one for combatting typhus. By removing typhus patients to hospital where

they would be deloused and bathed the cycle of transmission was broken: these patients would no longer be able to pass on the disease to others through contact. This cycle was also broken by the efforts made to disinfect the houses, furniture, and clothes of the places and people affected, as this action reduced the louse infestation. In contrast, the attempt to lessen the poor's predisposition to typhus by feeding them would have been singularly ineffective as "the nutritional status of the victim is immaterial in increasing resistance" to the disease. Isolation and disinfection measures were the correct ones, but their effectiveness depended on how thoroughly they were carried out. Disinfection had to extend beyond the individual person and house to all contacts, a purpose which required houses of refuge where personal purification could take place. Before they could be wholly effective, moreover, all fever cases would have to have been identified as they occurred - a task which demanded that the district visiting by the Fever Board be thorough and complete at all times, a difficult task in endemic years and no doubt impossible during an epidemic.⁽¹⁰⁵⁾

How effective, moreover, would these measures have been against typhoid? Feeding programmes could potentially have prevented typhoid (and cholera), in some measure - if the food served and the water used in preparation was free from contamination. But they were likely to have had only a limited effect as such programmes tended to be temporary expedients and did not provide all meals. Disinfection of people and homes, because of the improved cleanliness, would also have helped to prevent typhoid that was

food-borne or passed on by carrier. It would not have had an effect on water-borne typhoid.

The preventive measures would have been successful in preventing the spread of 'fever' to some, unquantifiable, extent - although success would probably have been greater in non-epidemic years. It became increasingly clear to doctors, like Alison, however, that it was not sufficient to try to prevent the spread of outbreaks that had already occurred, it was necessary to take action to prevent the outbreaks themselves, whether endemic or epidemic. This realisation led Alison; firstly, to poor law reform to reduce the poverty he believed had contributed to the increase in 'fever'; and, secondly, to public health reform in order to control the environment in which typhus and typhoid thrived. These diseases were slowly curtailed through the nineteenth century with the provision of pure and constant piped water supplies, an improved system of sewers and drains, regulations to control nuisances, and in the case of typhus the removal of the 'fever-nests' by slum clearance. The decline in typhus from the late 1870s was also due, however, to rising real wages which changed the nature of social dislocation in the cities, although poverty, as the social surveys of the 1880s and 1890s revealed, was still very prevalent. The public measures, to be wholly successful, had also to be backed up by private efforts to improve cleanliness and hygiene. These efforts, in turn, required that the poor be educated about the importance of cleanliness (of self, clothes, and home) and observing the basic laws of hygiene.⁽¹⁰⁶⁾

What conclusions, then, can be drawn about Alison's destitution-disease axis? We can say, although the available statistics cannot confirm it definitively, that Alison was correct in identifying an increase in the endemic and epidemic levels of 'fever'. His assertion that destitution was increasing, however, is less certain, largely because the statistical evidence necessary to prove it did not exist. However, the foundation of the House of Refuge, the numbers relieved by it, and the increase in those numbers during the economic depression suggests he was right to say that destitution existed and that it peaked during the depressions. His conclusion from this that the increasing destitution caused the increase in 'fever' was not wholly justified. Aside from the statistical difficulties, the etiology of typhus and typhoid, the means of their transmission, and the factors affecting their spread reveal that poverty would have had little, if any, effect on the endemic spread of these diseases. The typhus epidemics were a different matter. The association he saw between them and the economic depressions, when destitution, especially that caused by unemployment, increased was not only accepted by many of his contemporaries but has also been confirmed by modern authors. Most recently, Anne Hardy has shown that it was not unemployment per se but its dislocating effects which caused the epidemics.

Alison's stress on the role of unemployment in causing destitution reveals an advanced social thinker. He argued further that industrialisation had created a complex, labour-dependent society, and that consequently poverty was primarily an economic disease, the determinant being the degree of seasonal or cyclical

unemployment. This view, as the next chapter reveals, was to bring him into conflict with prevailing Scottish opinion, represented most notably by Thomas Chalmers and David Monypenny. They believed that poverty was a moral disease and that its increase was the result of declining moral standards in consequence of a failure of religious and spiritual teaching. The three men held differing opinions on the causes of the increased destitution - not unexpectedly, therefore, their proposed solutions also differed.⁽¹⁰⁷⁾

Chapter Four: Development of Social Thought, 1815-1840:

The Failure of Voluntary Charity and the Poor Law.

The analysis of Alison's destitution-disease premise in the preceding chapter, while it casts doubt on his supposition that there was a simple causal relationship between increasing destitution and increasing 'fever', does confirm that diseases such as typhus and typhoid were increasing and that destitution did exist. Unfortunately, because of the paucity of the statistics, the actual level of, and any increase in, destitution cannot be determined. In spite of this, Alison's convictions moved him to seek the reasons why poverty was not being effectively ameliorated. This concern led him to question the effectiveness of the existing system of poor relief afforded by voluntary charity and the limited poor law, and brought him into conflict with those who favoured the status quo. A wholly voluntary system was defended most articulately by the Rev. Thomas Chalmers, the poor law by David Monypenny (Lord Pitmilley).⁽¹⁾ Chalmers believed that relief could best be administered by voluntary charity and that all poor laws, including the restrictive Scottish one, were inherently evil. Monypenny, occupying the middle ground between Alison and Chalmers, believed that the principles by which the Scottish poor law was administered were superior to those of the English system, and that the former could adapt to and cope with the social and economic dislocation caused by industrialisation and urbanisation.

As the discussion of their respective views in this chapter reveals, Alison disagreed with both Chalmers and Monypenny. He argued that the rise in destitution was the product of two causes,

namely precarious and unreliable voluntary charity and an inadequate and inefficient poor law, and that the inadequacy of both meant that neither was able to cover the other's shortcomings, with the effect that neither system provided a safety net for the poor. However, his indictment of the poor law was the greater. Its failure to cope effectively with those entitled to relief, he argued, actually contributed to the inability of the voluntary charities to provide sufficient help to those not so entitled, notably the able-bodied unemployed. Like Monypenny, he believed that the inadequacy of charity and the poor law was due partly to the development of capitalist society. But he also argued that it was more fundamentally the product of the prevailing attitude to, and assumptions about, poverty. These reinforced, and became the justification for, the amount and direction of voluntary charity and for the defence of the so-called 'superior' principles by which the Scottish poor law was administered. Such attitudes, he argued, blinded administrators and people not only to the true nature of the increase in destitution but also to the fact that it was not being relieved.

1. Two Opposing Views: the Opinions of Chalmers and Monypenny.

Alison, Chalmers, and Monypenny agreed that poverty was an increasing problem, which it was their religious duty to ameliorate.⁽²⁾ Chalmers and Alison both appreciated that some form of action was required to meet the needs of the urban poor; however, to Alison's "sincere regret" they disagreed over the remedy:

I can truly say that it [Observations] is the result of long

and careful observation and reflexion and I beg to add that no one respects more highly than I do, the true and ___?___ intention of your labours on this subject, or is more willing to [concur?] in the ultimate conclusion, that Religious and moral instruction is the grand instrument of human improvement.

The difference of opinion lies strictly in the question, how the lower classes of a complex society may be best maintained in a condition which may enable them to receive and profit by, such instruction.⁽³⁾

Chalmers' remedy, his social vision, was to alleviate poverty by elevating the moral character of the poor and encouraging increased benevolence from their richer neighbours. His Christian communal ideal was parish-based and church-directed.⁽⁴⁾ He rejected the artificial poor law system, believing that it encouraged the poor "to think more of their rights than of their responsibilities" so that they "became morally degraded to a 'condition' of pauperism, ...which compromised their real freedom, as well as making them less industrious".⁽⁵⁾ He also rejected "the emerging doctrine of utilitarianism" (which Alison favoured) and the belief that social happiness could be "attained through increased material consumption".⁽⁶⁾

In support of his call for poor law abolition, Chalmers cited Malthus' opinions as to the means of breaking the cycle of population growth and the consequent impoverishment of the labouring classes. One solution was to encourage 'moral restraint' - effectively by delaying marriage - through the extension of

popular education and by teaching labourers particularly "the benefits of supporting smaller families on their incomes and of increasing their wages by decreasing the labour supply".⁽⁷⁾ Alternatively, and more radically, the poor could be forced to assume personal responsibility for their families and to practice 'moral restraint' by the abolition of the poor law. Faced with the growth of assessments in Glasgow, from £1,420 in 1790 to £10,709 in 1814, without any accompanying alleviation in the condition of the poor, Chalmers became convinced that the assessment in fact created pauperism, by discouraging industry, personal responsibility, and 'moral restraint'. It was a simple and logical explanation for increasing urban poverty; however, it was one which failed to recognise the dislocating effects of migration from rural to urban areas, the unemployment caused by periodic commercial depression and the instability of industry in the early stages of industrial capitalism.⁽⁸⁾

Chalmers sought to demonstrate that a legal system of poor relief could be replaced by Christian communal charity through three, increasingly complex, 'social experiments'. The first (1813-14) in rural Kilmany, Fife, which would have introduced regular visitation of the poor and their relief from church door collections without reference to the poor law or eligibility, failed because the Kirk Session and Heritors refused to sanction this use for the collections.⁽⁹⁾ He used the principles of it, however, as the basis for two urban experiments which he instituted in Glasgow - in the Tron parish early in 1816, and in the newly-established St. John's parish in September 1819. In the Tron, he added the provision of parish schools, and in St. John's Evangelical

ministry, believing that this threefold programme would restore the rural communal ideal to urban parishes.⁽¹⁰⁾

The St. John's experiment was still more complicated. A distinction was made between 'old' and 'new' paupers by the establishment of two relief funds. 'Old' paupers, who had been in receipt of General Session relief, were to be relieved from collections made at Sunday morning services (attended primarily by Glasgow's rich), while a second, much more limited fund, for 'new' paupers, was provided by church-door collections made at the newly instituted Sunday evening services for the working classes. Chalmers hoped that, once the 'old' paupers had died or regained independence, that all relief in the parish would be provided from the latter fund, and ultimately by "a spontaneous communal benevolence".⁽¹¹⁾

Regular visitation of the poor in these large city parishes could not, as in rural parishes, be carried out by one man. Thus Chalmers revived the lay offices of elder and deacon (the latter were responsible for St. John's 'new' paupers) and then assigned them to specific visiting districts within the parish. Although they were to seek out those requiring aid, they were also to discourage applications for sessional relief and to encourage the poor's own benevolence. Thus they were to make applicants aware of their own responsibilities, encourage them to greater industry or sacrifice, and urge their family and neighbours to help. Only when these failed were they to provide assistance, either from their own private resources or by using their influence to find the applicant

employment. Relief from the church-door collections was only to be considered as a last resort.⁽¹²⁾

By 1823, when Chalmers took up the St. Andrews Moral Philosophy Chair, his St. John's experiment had achieved considerable success - assessment-based poor relief had been abolished, and four parish schools and a second church had been built.⁽¹³⁾ But, ultimately, his communal ideal failed - mounting debts and declining church-door collections prompted the end of the experiment in 1837.

Chalmers blamed its failure on the refusal of the Town Council to return the portion of assessment paid by the parish, and their failure to stop the flow of 'old' sessional paupers from other Glasgow parishes into St. John's. However, the weaknesses of the system were more fundamental than Chalmers would admit: "the programmes never succeeded in achieving his main object - the formation of a closely-knit working-class community, united by Evangelical ideals, and centred upon the parish church". He hoped to establish a self-sufficient working class community, but such independence from the benevolence of the wealthy was neither achieved nor even sought by them.⁽¹⁴⁾ It was also probably beyond their existing resources.

It was, however, the early success of Chalmers's communal ideal, which assured him of middle and upper class support and ensured his lasting fame. His reputation also ensured that he was able to have the remit of the 1832 Royal Commission on the English Poor Laws extended to include Scotland. As Stewart Brown has shown, Chalmers exerted considerable influence over the inquiry into the workings of the Scottish poor law. He furnished E. C. Tufnell and P. F.

Johnston, the assistant commissioners who conducted it, with introductions to ministers who supported his views and, in particular, directed them to his two successful experiments in non-assessment at St. John's and Dirleton. Chalmers's influence on the Report was still greater: Tufnell sent it to him before he presented it to the Commission with the request that he "'correct, expunge, or express disapprobation of any part'" of it.⁽¹⁵⁾ Not unexpectedly, perhaps, the Reports from Tufnell and Johnston extensively and favourably reviewed St. John's and Dirleton and defended the principles of the Scottish law.⁽¹⁶⁾ Having compared pauperism levels in assessed and unassessed Scottish parishes, for example, both reported that assessments inevitably resulted in an increase in the number of paupers, and a decrease in voluntary charity.⁽¹⁷⁾ In their joint conclusions, they also stated that an increase in poverty was not the sole, or even the most fateful result of assessments. Rather their "most mournful result" was the greater immorality they engendered.⁽¹⁸⁾ The proximity to Chalmers's argument is quite clear. It is evident also in Tufnell's conclusion that the Scottish poor law, with its principle that the poor by their charity should help support the poor, was preferable to the English system because it encouraged greater morality, independence, foresight, and family ties and responsibilities among the poor.⁽¹⁹⁾

Although Tufnell and Johnston's suggestions were not incorporated into the recommendations for reforming the English Poor Law, they do indicate both Chalmers's influence and prevailing attitudes to poverty among those who administered the Scottish poor law - views emphasised in Monypenny's Remarks on the Poor Law, published in

1834 to coincide with the English Report. Thus while Chalmers had argued that social injustice and misery could be remedied and that the poor law could be abolished by the encouragement of community benevolence, the moral elevation of the poor and self-help, Monypenny, occupying a middle ground, argued that the existing poor law, if rightly administered, would be sufficient to meet the needs of the urban poor. His Remarks on the Poor Laws was intended to highlight the superiority of the Scottish poor law system as compared to that in England, and to ward off the introduction of the latter system in Scotland, as many feared would inevitably happen. The second edition in 1836 was still more blatant, stating that the 1834 English Poor Law Report contained "many statements and much valuable evidence with regard to the poor, which strongly prove[d] the wisdom and expediency of the Scottish system".⁽²⁰⁾ In order to prove this proposition Monypenny examined and defended the principles - no legal right to relief for the able-bodied unemployed, the dislike of assessments, and the granting of partial allowances - on which the Scottish system was founded and administered, and compared the consequences in Scotland with those he perceived existed in England.

The Scottish Poor Law of 1579, in accordance with earlier acts of 1424, 1503 and 1535, had two intentions: to suppress vagrancy and to assist the impotent poor, that is, those unable to procure their own livelihood because of permanent disability, old age, or mental incapacity. However, unlike other poor relief systems, for example, the English Act of 1547, the Scottish Act denied the able-bodied unemployed a legal right to relief. It was accepted that these 'occasional' poor should be afforded temporary relief, but

this was always viewed as an act of charity to be paid from church collections and other voluntary funds, not from the assessment.⁽²¹⁾ The legal right was unwarranted, Monypenny asserted, because unlike the impotent poor who had no other choice, the able-bodied had the choice of employment, to exchange their labour for wages. It was also inexpedient for three reasons. Firstly, it absorbed the wealth of the nation, impoverishing frugal and industrious ratepayers and actually prevented the cultivation of land; secondly, it affected the rate of wages throughout the country and subverted the voluntary contract between employer and employee, whereby the latter was paid for the amount or value of the work he performed;⁽²²⁾ and, thirdly, it caused "the utter and hopeless demoralisation" of the working classes, reduced "formerly diligent and frugal labourer[s] ... to idleness, deceit, and vice," encouraged them to marry early, causing a disproportionate increase in population, and increasing further the number of paupers.⁽²³⁾

While Malthus and Chalmers questioned the wisdom of any poor law, arguing that by giving the impotent poor a legal right to relief you discouraged all persons from saving for infirmity or old age, Monypenny disagreed. He maintained that the statutes only confirmed a right to relief which had existed in natural law, and which the Legislature had a duty to uphold when private charity failed. Moreover, it only existed once money was placed in the poor's box, by which action the giver acknowledged the right. Without it, since all poor would be dependent upon charity, there would be no restraint upon vagrancy, and because charity was irregular it could not be relied upon to provide a minimum standard of comfort in all parishes.⁽²⁴⁾

The 1579 Act, following the English example, made provision for the raising of a compulsory assessment if voluntary funds proved inadequate.⁽²⁵⁾ In unassessed parishes, Monypenny observed, the voluntary funds were generally sufficient to support the impotent poor, except in emergencies when a temporary assessment was raised to meet it.⁽²⁶⁾ Compulsory assessments though had long been "shun[ned], as a great and regularly increasing evil" in favour of poor relief from "church collections, and other funds spontaneously raised".⁽²⁷⁾ Thus while Monypenny did not believe that assessments were responsible for the entire increase in pauper numbers, he did argue that they had caused the greater comparative increase in their numbers in assessed than in unassessed parishes. This situation was made more serious by two factors. Firstly, the extreme difficulty experienced when trying to revert to voluntary assessment; and, secondly, because allowances in assessed parishes were higher, they threatened to oppress the ratepayers, demoralise the recipients, and alter the character of the poor law.⁽²⁸⁾ Thus Monypenny urged that the increasing tendency towards compulsory assessment should be halted and the superior voluntary system allowed to prevail.⁽²⁹⁾ He made no mention of the fact that most assessed parishes were in urban areas to which people were drawn in search of employment and that, therefore, they would inevitably have a higher degree of unemployment and poverty.

Higher allowances due to assessments, Monypenny argued, threatened the "great superiority" of the Scottish system which resulted from the smallness of the allowances granted to paupers. Partial relief was preferred because of its beneficial effect on the morality and virtue of the Scottish poor: it prevented improvidence, encouraged

industry in the young and able, and encouraged them to save for sickness and old age; it also promoted the charity of relatives and neighbours. In addition, it allowed public charity to be tailored to the pauper's character and permitted, through careful inquiry into each case, the number of paupers in a parish to be kept low. In England, there was no such governing principle, and as a result the allowances were high and increasing, and the poorer classes idle and improvident.⁽³⁰⁾ The recognised abuses of the allowance system were stressed in Monypenny's argument, but it failed to mention that the system of relief was also abused by employers to keep wages low.

The opinions of Chalmers and Monypenny were representative of entrenched Scottish attitudes to poverty, although their views on the best means of providing relief differed. By publicising their opinions they gave Alison a definitive measure of the arguments he had to counter, and the extent of the opposition he was likely to face. His failure to publish a reply in 1834 could be viewed as an opportunity missed by him to state his own opposing views.⁽³¹⁾ But the Scottish inquiry and English reform do appear to have given him the impetus not only to develop his own opposing arguments more fully but also to begin making his opinions known. Thus George Forbes, Treasurer of the House of Refuge, commented in March 1840 that:

He was no new convert to the opinions maintained in Dr.

Alison's book [Observations]. For the last ten or twelve years he had had the advantage of being much in contact with him, and

had witnessed and shared the growing conviction of their soundness which had taken possession of his mind.⁽³²⁾

In 1836 an article attacking the principles and arguments on which the relief provision in Ireland and Scotland was based appeared in Blackwood's Magazine. In the same year, in the Representation of the House of Refuge to the Presbytery of Edinburgh, he emphasised the inadequacy of both voluntary and legal relief, and in his 1838 letter to the Lord Advocate he stated unequivocally his belief that the poor law had saved England from fever levels similar to those which pertained in Scotland.⁽³³⁾

2. The Failure of Voluntary Charity.

Alison's experience with the New Town Dispensary and the House of Refuge convinced him that neither voluntary charity nor the existing poor law was capable of supporting the poor of a complex urban society. The voluntary institutions, he argued, found their efforts hampered by inadequate finances, while the poor law faced financial constraints and administrative and ideological problems. The belief of those who administered the poor law, and shared by many in Scotland, that the relief of poverty would inevitably lead to its increase⁽³⁴⁾ caused not only an adherence to the poor law principles but also affected the attitude to voluntary charities. There was a general acceptance of the need to relieve the sick poor through the medical charities but "a very general discouragement of institutions for the relief of mere poverty". Alison though also questioned the public's willingness to contribute to the medical

charities, contending that the majority of their funds came from the compulsory contributions of medical students.⁽³⁵⁾

Drawing on his knowledge of the finances of the New Town Dispensary and House of Refuge, voluntary charities for the sick poor and the destitute respectively, he concluded that such charity was precarious, unreliable and inadequate because the help they could offer was limited by their incomes.⁽³⁶⁾ To what extent, therefore, do the available financial records of these institutions, support Alison's contention?

Table 4:1 gives a summary of the income and expenditure, and the credit and debt, of the New Town Dispensary between 1815 and 1841. From it four trends can be identified. First, that, as would be expected, expenditure increased in the epidemic years, with the increase during the 1817-1819 fever epidemic being particularly marked. Second, that this increased expenditure was responsible for many of the dispensary's financial difficulties - there was a debt of nearly £740 in March 1819 and one of "nearly fifty pounds" in 1827.⁽³⁷⁾ The substantial overdraft of 1819 can be attributed to the absence of reserves, the inexperience of the Managers and contributors, who had little idea of the extra cost involved in fighting an epidemic, and the novelty of the institution which meant that the loyalty of the contributors was not yet assured. Furthermore, as the Fever Board was not established until midway through the first epidemic, the dispensary had to bear a larger portion of the expense of treatment than it did in subsequent epidemics.

Table 4:1 Income and Expenditure of the New Town Dispensary,
1815-1841.

Year	Income			Expenditure			Balance			Debt		
	L.	s.	d.	L.	s.	d.	L.	s.	d.	L.	s.	d.
1.9.15-	1134.	18.	1.	1874.	1.	6.				739.	3.	5.
1.3.19	(324.	5.	0.	535.	9.	0.	approx. annually)					
1821	397.	9.	10.	341.	11.	11.	116.	1.	6.			
1822	988.	11.	4.	427.	1.	9.	261.	9.	7.			
1826							32.	15.	1.			
1827	369.	4.	6.	419.	4.	6.				50.	0.	0.
1829	355.	8.	7.	223.	18.	8.	131.	10.	11.			
1830	425.	4.	3.	227.	9.	8.	197.	15.	7.			
1831	517.	17.	9.	345.	13.	7.	172.	4.	2.			
1832							267.	14.	3.			
1833	611.	9.	5.	283.	11.	11.				600.	0.	0.
1834	802.	12.	3.	258.	19.	10.	3.	1.	6.	240.	0.	0.
1835	352.	9.	1.	224.	8.	4.	6.	8.	9.	130.	0.	0.
1837	411.	11.	8.	301.	1.	0.	73.	18.	0.			
1838	455.	0.	4.	273.	7.	6.	181.	15.	10.			
1840							294.	13.	9.			
1841	667.	6.	11.	257.	3.	11.	410.	3.	0.			

Source: Annual Reports of the New Town Dispensary for: 1818-19, 15; 1821, 11-12; 1822, 11; 1827, 9, 12; 1829, 9; 1830, 10; 1831, 12; 1833, 15; 1834, 11; 1835, 13; 1837, 11; 1838, 13; 1841, 12. The large debt in 1833, 1834, and 1835 was due to capital borrowed (£870) to buy larger premises - the final instalment was paid in 1837. The Treasurer added the repayment to the expenditure, but ignored the remainder when calculating the balance - hence figures in both balance and debt columns. Expenditure figures have been altered in two ways to give a more accurate figure for the annual running costs. Firstly, by deducting the balance, except 1815-1822 and 1833 when it had already been done, and 1827 when the debt was added. Secondly by deducting from the 1822, 1833, 1834, 1835 & 1837 figures the amount spent on loan and interest repayment and on refit expenses. These amounts to the nearest £ were £300, £328, £540, £121 and £38 respectively. The 1836 repayment was around £100.

Third, that the debt from 1833 to 1836 was of a different nature. Although exacerbated by the provision of free medicines to cholera victims, it was caused by the need to borrow £870 to purchase larger and more central premises.⁽³⁸⁾ Fourth, that the debts were reduced by a combined effort at increasing the income and reducing the expenditure. Thus in the years immediately following the epidemics, repeated appeals, stressing the "usefulness" of the institution, were made for public support with those of the 1830s carrying a greater sense of urgency.⁽³⁹⁾ Expenditure was reduced either by restricting the dispensary's services or by enforcing greater economy. Restrictions were a feature of the years after 1818 when, for example, free medicines were not supplied to those deemed able to pay for them,⁽⁴⁰⁾ the midwifery department was limited to emergencies only (a restriction not lifted until 1836), and the number of medical patients treated daily was cut from 22 to 15. This limitation was lifted in 1822, once the debt had been reduced.⁽⁴¹⁾ "Rigid economy" was enforced through the 1830s, initially to allow a larger proportion of the borrowed capital to be repaid immediately⁽⁴²⁾ and then to reduce the outstanding debt.⁽⁴³⁾

These trends demonstrate that the dispensary's funds were generally sufficient to provide treatment in non-epidemic years, but that they were insufficient to cover the additional costs of the epidemics and the necessary expansion and improvement of the dispensary. They also show that the dispensary was threatened not only by the immediate danger of insolvency but also by the loss of services - and potentially credibility - which the debt and strict economy demanded. The dispensary's reports and financial

statements, therefore, support Alison's contention that the income was inadequate and precarious.

Further proof of this contention is provided by the Fever Board, which experienced similar difficulties financing its operations. In April 1823 its Managers asked the Town Council for a £40 donation to pay off their outstanding debt. This request was denied, although permission was given for a charity sermon to augment its funds. In July 1838, the Town Council recommended a general collection in the city's churches to defray the expenses incurred in the establishment of a Fever Hospital in Surgeons' Square in November 1837. This task had been undertaken following assurances received at two meetings - which Alison attended as President of the R.C.P.E. - that any deficiency of funds would be met, "without resorting to assessment, which was only to be proposed in the event of the cholera". Again, in March 1840, the Council authorised another church collection at the Board's behest to enable them to repair, enlarge and fit up the hospital in Surgeon's Square.⁽⁴⁴⁾

The experience of the Dispensary and Fever Board also highlights another problem: that the costs involved in the establishment and expansion of dispensaries and specialist hospitals - the way in which medicine was developing - together with the increased demands on their services from a growing and increasingly unhealthy population were quite simply beyond the means of voluntary charity. It was a problem addressed by Alison, in his recommendation that the cost of building fever hospitals and treating fever patients

Table 4:2 Income and Expenditure of the House of Refuge for the Destitute, 1833-1843.

Year	Income			Expenditure			Balance		
	L.	s.	d.	L.	s.	d.	L.	s.	d.
13.10.1832- 13.10.1833							7.	5.	7½.
13.10.1833- 13.10.1834	2139.	3.	1.	1503.	9.	7.	485.	12.	6½.
13.10.1834- 30.9.1835	1843.	8.	2¾.	1499.	19.	2¼.	343.	9.	0½.
1.10.1835- 30.9.1836	2544.	17.	1.	2030.	14.	5.	514.	2.	8.
1.10.1836- 30.9.1837	3085.	15.	2.	2293.	6.	2¾.	792.	8.	11¼.
1.10.1837- 30.9.1838	2628.	12.	2½.	2138.	12.	8½.	489.	19.	6.
1.10.1838- 30.9.1839							307.	19.	0.
1.10.1839- 30.9.1840	2620.	16.	1.	2599.	17.	11.	20.	18.	2.
1.10.1840- 30.9.1841	2970.	0.	10.	2455.	3.	3.	514.	17.	7.
1.10.1841- 30.9.1842	3138.	7.	2¾.	2954.	3.	9¼.	184.	4.	5½.
1.10.1842- 30.9.1843	2762.	12.	0½.	2654.	19.	0½.	107.	13.	0.

Source: Annual Reports of the House of Refuge for the Destitute:

Second, 10; Third, 9-10; Fourth, 17; Fifth, 13-14; Sixth, 16-17;

Eighth, 30-31; Ninth, 19-22; Tenth, 14-17.

Table 4:3 Sources of Income and their Percentage of the Total Income of the House of Refuge for the Destitute, 1833-1843.

Year	Subscriptions and Donations		Misc. Receipts		Inmates Board		Inmates Goods/Work	
	£	%	£	%	£	%	£	%
13.10.33- 13.10.34	805	38	929	44	222	10	176	8
13.10.34- 30.9.35	604	33	309	17	283	15	162	9
1.10.35- 30.9.36	860	34	336	13	764	30	230	9
1.10.36- 30.9.37	868	28	510	17	1008	33	174	6
1.10.37- 30.9.38	641	24	48	2	986	38	150	6
1.10.39- 30.9.40	777	30	179	7	1052	40	295	11
1.10.40- 30.9.41	892	30	837	28	980	33	185	6
1.10.41- 30.9.42	929	30	361	12	1106	35	205	7
1.10.42- 30.9.43	763	28	124	5	1464	53	188	7

Source: Annual Reports of the House of Refuge for the Destitute:

Second, 10; Third, 9; Fourth, 17; Fifth, 13; Sixth, 16; Eighth, 30; Ninth, 19-20; Tenth, 14 & 16. Miscellaneous receipts include Legacies, the sale of Ladies work, special fundraising events like promenades, and interest on the bank balance. Figures are rounded off to the nearest pound, as was the income before calculating the percentage. Percentages are to the nearest whole number.

should be transferred from the medical charities to the poor rate.⁽⁴⁵⁾

In examining the financial records of the House of Refuge, we find further proof of the precariousness and unreliability of voluntary charity. Tables 4:2 and 4:3 contain details of the income and expenditure, and the sources of that income for the House of Refuge from 1833 to 1843. The former table reveals that, unlike the New Town Dispensary, the Refuge always had sufficient income to cover its expenditure. But it also underlines the uncertainty of financing such an institution: from September 1837 to September 1840 expenditure would have exceeded income had it not been for the existing bank surplus. As indicated by its steady decline, from £792 to £20, the Refuge was using up its reserves. The financial difficulties, the Directors stated in 1838, were due to the combined pressures of increased disease amongst the lower classes, and a sharp fall in subscriptions and donations.⁽⁴⁶⁾ Subscriptions (Table 4:3) fell by nearly £230, while the miscellaneous income fell even more sharply by £460, to the almost negligible sum of £48.⁽⁴⁷⁾ Moreover, these sources of income continued at a relatively low level until 1840-41. Unwilling to contemplate "at present" a third Sale of Ladies' Work, the Directors concluded with a warning, which echoed those from the Dispensary, that:

unless the contributions for the year 1839 exceed very considerably those for 1838, they must adopt extraordinary means of obtaining funds, or be under the necessity of considerably limiting the usefulness of the Institution.⁽⁴⁸⁾

A similar decline is also evident from the 1841-43 figures, coinciding again with a period of depression and increased disease. It may be, therefore, that greater uncertainty over their own incomes caused the rich to cut their charitable donations or that they diverted them into the various public work schemes and emergency funds.⁽⁴⁹⁾ Voluntary charity for relieving destitution was thus demonstrably unreliable. Table 4:3 illustrates, moreover, that income from public donations was insufficient to cover the Refuge's expenditure, and that, on average, 30-40% of its income came from the proceeds of inmates' Board and work, and from the sale of goods made by them. In the years when charity declined, moreover, these provided between 40% and 60% of the income, as charity's contribution fell from 35-45% to 25-35%.

The Refuge was a deliberate and considered attempt by its founders to make the relief of poverty, particularly that caused by unemployment, more effective. They hoped to achieve this by using the Refuge to coordinate the diffuse and irregular private charity, by which the able-bodied unemployed were largely relieved.⁽⁵⁰⁾ Thus they also aimed to supply a deficiency in the existing poor law: the Refuge's existence and its professed aim to relieve all destitution was, in effect, a condemnation of the 'superior' principle of denying a legal right to relief to the able-bodied unemployed. The financial pressures experienced by the Refuge, particularly during the years of economic depression, confirm what Alison learned from his association with the institution, that voluntary charity, even when regulated, was wholly insufficient to cope with the number of destitute. Effectual relief for the able-

bodied unemployed, Alison concluded, would only be achieved by granting them a legal right to it in a reformed poor law.

3. The Failure of the Poor Law.

Alison's association with the House of Refuge confirmed his suspicions and led him to argue that the poor law was inadequate because it faced problems of out-dated principles, administrative breakdown and financial constraints. Serious accusations, which carried an authority which could not be dismissed lightly, because Alison was recognised as having considerable knowledge of the poor. However, his contention that the principles were outdated and caused much destitution to go unrelieved was based almost exclusively upon his Edinburgh experience. Further extensive investigations to test the validity of his contention for the rest of Scotland would obviously be required, a fact which Alison undoubtedly realised.⁽⁵¹⁾ This points to the supposition that Alison hoped to present, in Observations, an argument that was powerful enough to provoke these inquiries. His claim as to administrative and financial problems gained credence, however, because they were also recognised by the Church of Scotland, which sought to redress them through its Church Extension Programme.

Alison contended that many of those who sought the Refuge's help did in fact possess a legal claim elsewhere; that the place of origin of inmates suggested that the prospect of poor relief offered little inducement to stay in a given, particularly rural, parish; and, that this movement was further exacerbated by the Law

of Settlement. In addition, the fact that parishes boarded those in receipt of poor relief in the Refuge demonstrated the inadequacy of partial allowances. This was further highlighted by the Directors' reply to the accusations that the Refuge had not suppressed begging: many of the beggars, they stated, were actually in receipt of parish aid, but aid which was insufficient to maintain them. By implication, therefore, far from encouraging independence and moral rectitude, as Monypenny argued, partial allowances served only to further degrade the pauper.

The three main reasons (Table 4:4) given for leaving the Refuge reflected the intention and conviction of the founders that much destitution was caused by the failure to relieve the unemployed.⁽⁵²⁾ 45 to 56 per cent of those who left were sent to service, apprenticed, or did so having found employment, while many of the 25 to 32 per cent cared for by friends must also have been unemployed or partially employed. The third group, consisting of those who on discovery of a legal claim were returned to their parish for support, accounted, on average, for between 7% and 8% of those who left. Their experience was symptomatic of the large number who went unrelieved in the city although they had a legal claim on a parish. Relieving them increased and made inequitable the financial burden on the Refuge and the city's other voluntary institutions, further exacerbating the inequity of the burden placed on the charitable inhabitants of the community.

Table 4:4 Main Reasons for Leaving the House, 1.10.1834 - 30.9.1841.

	1834-35	35-36	36-37	37-38	39-40	40-41
Sent to own Parish	70	244	113	87	116	82
Sent to Service	106	120	99	96	67	88
Apprenticed	30	35	26	32	57	31
Found Employment	271	293	567	472	759	477
Taken out by Friends	167	311	496	412	435	312
Total Relieved	717	1255	1536	1321	1570	1151

Source: Annual Reports of the House of Refuge for the Destitute: Third, 8; Fourth, 18; Fifth, 10; Sixth, 14; Eighth, 26; Ninth, 15.

Alison also argued that the poor law was failing to provide adequate relief for the poor, particularly in the unassessed country parishes, and that the inadequacy encouraged their migration to the, predominantly urban, assessed parishes with their network of voluntary charities. For example, of those relieved in both the General Refuge and the newly-established Night Refuge, in 1839-40 and 1840-41 respectively, 35% and 42% were born in Edinburgh parishes, 43% and 41% were born in Scotland, and 13% and 8% came from Ireland. Moreover, the Refuge's Treasurer, Captain Thomson, stated that one-third of those who applied to the Refuge came from country districts, and that "a great part of the funds" were spent in maintaining them although they were "from age, disability, or youth, bona fide objects requiring parochial aid".⁽⁵³⁾ This was evidence, Alison argued that Edinburgh, in common with all the assessed districts in Scotland, was:

a point of attraction to the poor of the numerous districts

in Scotland (517 parishes) where there [was] no assessment for the poor, and often no hospital or other medical charity.⁽⁵⁴⁾

The problem was exacerbated still further, he continued, by the Law of Settlement by which relief could be claimed in a parish after three years residence:

as long as the relief given in those parts of the country is so small, while the law apportions some allowance (scanty although it be) to all infirm and destitute persons who have lived three years in Edinburgh, I apprehend it will act as a continued bounty on the importation of distressed and half employed families from those districts.⁽⁵⁵⁾

It was this law, moreover, which had "long acted as a bounty on the importation of such families from Ireland" and made that country one of the major sources of mendicity.⁽⁵⁶⁾ Although Alison did not fall into the trap of blaming the Irish for all of the rise in destitution, his contention, for Edinburgh at least, is not altogether accurate: the Refuge figures show clearly that the Irish formed a minority of those relieved. A larger influx was experienced in Glasgow: Cowan stated that in 1819 the Irish made up just under 10% of the population, that in 1831 this had increased to over 17%, and estimated that by 1841 the figure would be 25%.⁽⁵⁷⁾ Alison also argued that the condition of those with irregular and precarious employment in Edinburgh was nearly comparable to that of the poor in Dublin, while Cowan stated that they did not contribute more than their portion of fever patients,

and indeed, may have contributed comparatively less than their Scottish counterparts.⁽⁵⁸⁾

In sum, Alison argued that the failure of the poor law administrators in the unassessed parishes to provide sufficient relief for the poor, coupled with the short-term of industrial residence to establish a different settlement, acted as an inducement to migrate to the assessed parishes where relief was more assured and voluntary charity more extensive. An excessive and unequal burden was placed, therefore, on both the poor law and charitable funds of the assessed and mainly urban parishes. Although he only implied it in Observations, Alison did recognise that better urban employment prospects prompted a large proportion of this migration: he referred to it specifically in his evidence to the Poor Law Commissioners and during the public debate he clarified his argument, emphasising that the migration was greater than could be accounted for by the search for employment.⁽⁵⁹⁾

The Refuge also highlighted the problem of partial allowances: parish authorities, recognising that the sums paid to paupers were inadequate to maintain them in any other circumstances, paid for them to be housed in the Refuge.⁽⁶⁰⁾ As shown by the revenue from boarders (Table 4:3), the number involved, after the initial expected increase, was fairly static. While their income was required to fund the Refuge's work, their numbers could not be increased too far without undermining the intention of relieving destitution.

Alison attacked both the principle of granting partial allowances and the administrators who knew that they were insufficient but nevertheless continued the practice. These condemnations were also put forcefully in the Refuge's 1840 Report, and were clearly intended to substantiate Alison's Observations:

The number of beggars in Edinburgh is frequently brought forward as a proof of inefficiency on the part of the House of Refuge. It is expected to suppress this nuisance; and it does so to a certain extent. But by its rules, it cannot afford an asylum to persons whose parochial claims are acknowledged: very many of these are beggars driven by absolute necessity to break the law. They may be taken up by the Police, and if the Police acted up to the letter of their duty, they would be taken up. But what would be gained by it? The parochial aid which these destitute creatures receive, is so inadequate to sustain existence, that in the too frequent absence of employment, they must beg. How can a poor widow, with three or four small children, provide food, fuel, clothing, and lodging on eighteen pence, or possibly twenty-one pence per week? It is really a matter of necessity; they must either beg or starve. With such cases (and they form a large class) the House of Refuge cannot, alas! interfere, farther than by sometimes giving unfortunate applicants a ration of food, or an asylum for a few days, and recommending the case to the consideration of the Parochial authorities, which is always done. (61)

More is implied here than the indictment of the 'superior' poor law principle of granting partial allowances to those with recognised claims. As with the numbers returned to their parishes, and the numbers relieved from non-Edinburgh parishes, the implication was also that the poor law's failings were actually undermining the ability of the Refuge and other voluntary institutions to cope effectively with the increasing number of poor who had no legal claim.

Alison argued, moreover, that the poor law's failure was not simply one of out-dated principles, but was also one of effective administration - the rate of population growth had outstripped that of church provision. This meant that there were too few elders to regularly visit and investigate the claims from the poor in a parish - and without such information an accurate picture of the number and condition of the poor could not be attained. This situation inevitably meant that many of those who were eligible for parish relief did not receive it. The problem was further exacerbated by the failure of the Church through the 1820s and early 1830s to appeal to the mass of working people by addressing their problems, culture, and inability to pay for church-seats.

These problems were recognised by the Church of Scotland. In 1834 the General Assembly launched the Church Extension Movement in an attempt to redress them. As part of that programme, the Presbytery of Edinburgh discussed plans to redraw the parish boundaries in the city and its neighbourhood, and to introduce a more rigorous system of visitation and more effective poor relief management in the revised city parishes. Given their vested interest, the plans

prompted the Directors of the House of Refuge to issue, in February 1836, a strong Representation in their favour. Almost certainly written by Alison, (62) the Representation was an unequivocal statement of his opinion that much destitution, and consequent moral degradation, was caused by the failure to give adequate poor relief:

The Directors are much gratified by the information, that the important objects of a more convenient division of parishes, and of a more regular system of parochial visitation of the poor, are taken up by the proper authorities in Edinburgh. In the course of their investigations of very numerous cases of distress and destitution, they have become fully convinced that the parochial assistance now given to many of the poor in Edinburgh and its neighbourhood, who are unable to maintain themselves by labour, is quite inadequate to their wants. Many persons, fully entitled to, or even receiving parochial assistance, have appeared, on the strictest inquiry, to be in such a state of destitution, as to be fit objects for assistance, either from this institution, or from the Society for the Suppression of Begging, which has now discontinued its operations. It never was the object of either of these charities to supply deficiencies in the legal parochial relief of the poor; but the Directors are convinced that it is practically impossible to attain the main object of the institution of both, viz. the suppression of all forms of public begging, without either inflicting actual starvation on some of the poor of Edinburgh and its neighbourhood, or procuring for them increased parochial assistance.

The Directors would particularly wish to direct the attention of the Reverend members of the Presbytery to the numerous cases of widows, or parents permanently disabled, with families of children, who are now brought up in such a state of destitution, as entails on them inevitable, and it is to be found irremediable, moral degradation.⁽⁶³⁾

Resting firmly on the experience of the Refuge, this was a strongly worded and forceful indictment of the poor relief administrators in Edinburgh. It revealed a man angered and frustrated by the lack of assistance, but also one confident of the veracity of his case - the accusations could only offend the Presbytery, even though that was not their intention.⁽⁶⁴⁾

The intention was, perhaps, to shock the Town Council and shame the Presbytery into quick and decisive action, without which the problems could not be redressed. The Representation welcomed the plan to create new parishes and to provide more extensive visitation in them by respectable church members who would be responsible for "reporting on the situation of applicants for parochial relief".⁽⁶⁵⁾ Given that the various reformers were drawing on a common stock of ideas, it is not surprising to find that these recommendations corresponded to some extent to what Chalmers advocated, and to the system of district visiting used by Edinburgh's voluntary charities. There was, however, a great difference of intent. Alison hoped that stricter visitation would uncover the mass of destitution not being relieved and thus lead to increased expenditure on relief, whereas Chalmers argued that reduced spending would follow from such visitation because it would

reveal fraudulent claimants and those who could be maintained by family and friends.⁽⁶⁶⁾

Alison also had a grander intention: the Representation recommended that the parish authorities should draw upon the knowledge of the visitors of the Destitute Sick Society and the Strangers' Friend Society when investigating the character and needs of those requiring assistance. He thus hoped to put the city charities on a more permanent and official footing. Moreover, he envisaged that the two systems of relief, poor law and voluntary charity, would form one complementary system by catering for different classes of poor. But, he warned, unless those with a legal right to relief were more effectively assisted, then:

they [were] sorry to be obliged to repeat their conviction, that no charitable institutions will ever be successful in putting an end to the degrading and demoralising practice of public begging, in the only manner which Christian principle or humane feeling will permit; viz. by providing, independently of that practice, suitable relief for all cases of real and ascertained destitution.⁽⁶⁷⁾

The creation of a more effective system of home visitation and poor relief in Edinburgh relied initially upon the successful redrawing of the parish boundaries. But it also depended on the ability of the Presbytery to raise the necessary finance to build new churches and to build them in the poorer areas;⁽⁶⁸⁾ on each parish having a Kirk Session which had the necessary capabilities and desire to undertake visitation; and on encouraging the poor to come to church, a need which meant that they had also to dispel the image

that the Church served only the middle class.⁽⁶⁹⁾ Success in this respect was essential to their gaining the poor's trust and confidence, without which they could not attain access to their homes or an accurate assessment of their condition: and without these relief could not be effectively and judiciously administered.

The Church of Scotland was trying to redress the imbalance, but its valiant efforts, which "attracted an enormous amount of philanthropic money", but no government aid, were only partially successful. The Church failed in the succeeding decades to attract the majority of the working classes - many skilled workers did join the congregations, "but by and large ... the unskilled and the very poor" did not.⁽⁷⁰⁾ Lack of accommodation, moreover, continued to be a problem: in 1837 Chalmers, Convener of the General Assembly Church Extension Committee, estimated that in Edinburgh, although 9 churches had been built, a further 30 (for 40,000 people) were still required, and that in Glasgow provision for 60,000 was needed.⁽⁷¹⁾ This shortcoming meant that the aim of providing more churches in destitute areas with low seat rents was not being achieved, and without them the more rigorous system of visitation, planned by the Edinburgh Presbytery, could not be implemented immediately, as Alison had urged was necessary if destitution was to be effectively ameliorated.

The problems facing the poor law, however, were still more extensive. There was also a problem with finance in Edinburgh - and probably in other towns and cities across Scotland - where despite the introduction of compulsory assessments the revenue obtained continued to fall short of requirements. Between 1834 and

1840, Edinburgh Town Council made repeated attempts to increase the assessment revenue, which was levied at six per cent on the rental value of property. It did so in response to a plea for more money from the Managers of the Charity Workhouse: the cost of relieving the poor, they stated, had forced the institution into debt, thereby threatening its ability to meet the needs of the poor. The parallel with the charitable institutions is striking.

The Town Council intended to increase the revenue not by augmenting further the rate of assessment, but by adding to the numbers liable for that assessment by abolishing the privileges of the College of Justice, which allowed members to claim exemption from poor rates, and other local taxes. Ratified by Acts of Parliament in 1661 and 1687, these privileges had to be repealed in like manner. But despite repeated Bills sent to the Lord Advocate and the two city MPs (James Abercromby and John Campbell) between 1834 and 1840, the exemption remained intact.⁽⁷²⁾ The attempts, however, revealed official recognition - and support for Alison's contention - that poverty in Edinburgh was increasing, and that if it was to be relieved by the existing poor law, then more revenue had to be raised.

4. An Ideological Malaise.

Outdated principles, administrative breakdown, and insufficient finance were the practical problems which, in Alison's opinion, restricted the ability and limited the effectiveness of both the poor law, and voluntary charity, to relieve destitution. However, he also believed that there was a more serious difficulty - an

ideological malaise. Based on four main arguments - the effect of a legal provision on the principle of population; on voluntary charity; on the independence and character of the poor; and on the profitable application of capital - many in Scotland asserted that poor laws far from relieving destitution actually caused its growth, and that, therefore, the restrictive Scottish principles were preferable to those of the English law. Chalmers, as we have seen, went further and advocated the total abolition of the poor law and its replacement by the religious and moral education of the poor.

Alison refuted them all. In doing so, he instituted an ideological debate on the poor law, which covered much the same ground and left its contributors holding their respective entrenched opinions.⁽⁷³⁾ While Alison did not necessarily advocate the introduction of the English principles to Scotland, he did argue that provision for the poor could be made adequate if the Scottish law was "administered in the same spirit" as the English - that is, if poor laws ceased to be regarded as an evil and the relief of destitution as morally suspect.⁽⁷⁴⁾ The prevailing ideology must have convinced him, moreover, that the Presbytery's plans even if successful would have been insufficient to relieve destitution, as it would have been difficult to do so without also altering the attitude to, and the principles governing, the management of the poor.

Although Alison's opinions became widely known after the publication of Observations, it is important to mention that he had more or less fully developed them by mid-1836. They were published by Blackwood's Magazine, in October and December 1836, in two

articles - "Evils of the State of Ireland" and "Justice to Ireland - a Poor Law" - which were written as a review of John Revans's Evils of the State of Ireland; their causes and their remedy - a Poor Law. All were timed to coincide with the Irish Poor Law Inquiry.⁽⁷⁵⁾ The article reiterated Revans's call for the introduction of a poor law in Ireland, and highlighted the comparison he made between the condition of the poor in England and other countries with a poor law with that of the Irish poor. For Alison this evidence supported his demand for reform of the Scottish poor law, for it was a short and logical step from the evils of Ireland which had no poor law to the evils of Scotland with an inadequate one. However, he did not simply review Revans's book he also answered the objections that were frequently made to a legal provision - arguments which were subsequently included almost verbatim in Observations. Moreover, his discussion on the operation of the principle of population was an extension of the ideas contained in his "Medical Police Lectures", and reflected his experience not only in Edinburgh but also on the Continent.⁽⁷⁶⁾

Alison concurred with Malthus that the natural tendency of the human species was to increase at a faster rate than the means of subsistence,⁽⁷⁷⁾ and that this led to a surplus population, consisting of people who were not required by industry, those who were occasionally needed, and those who from age or infirmity were unable to work, and whose families could not support them. He also agreed that a civilised country had to encourage moral restraint as the means to control this redundant population. However, his opinions diverged from those of Malthus (and followers like Chalmers and Monypenny) over the circumstances and institutions

which best promoted that restraint.⁽⁷⁸⁾ In essence it was a question of whether a poor law encouraged or discouraged the operation of this preventive check. Neither side considered at this stage whether factors other than the existence or absence of a poor law could have caused a redundant population - though Alison was aware that they should have been.⁽⁷⁹⁾

Malthus argued that poor laws, by assuring people of support when required, whatever their conduct, weakened their moral restraint, so that they acted "as a bounty on population" and ultimately generated more indigence than they relieved.⁽⁸⁰⁾ This opinion, Alison believed, was "absolutely and entirely erroneous", and could not be held until it had been proven statistically. It was the failure to relieve destitution rather than a well-regulated poor law which lessened the power of moral restraint and encouraged population growth.⁽⁸¹⁾ Alison defended his position using evidence from countries with and without poor laws, and in particular, the differing experiences of England and Ireland. In light of his criticism, it is pertinent to note that Alison's 'evidence' was itself unstatistical, being almost wholly descriptive. It revealed, Alison argued, that contrary to Malthus' theory, it was Ireland, and not England, which had a greater proportion of its population redundant and living at the verge of subsistence, and Ireland which had the more destitute and miserable population.⁽⁸²⁾ The same extreme destitution and improvidence was visible among the poor of all countries, and was not peculiar to the "imperfectly civilised" and uneducated Irish as some had argued. Alison argued further, reiterating ideas learned from Dugald Stewart,⁽⁸³⁾ that:

The truth is, that below a certain grade of poverty, the

preventive check of moral restraint has no power. Twenty-five years of observation of the habits of the poor have shewn me, that there are none among whom population makes so rapid progress as those who see continually around them examples of utter destitution and misery. In such circumstances, men hardly look forward to the future more than animals. It is easy for us to say, that by cutting off from a poor family any prospect of relief, in case of destitution, we can make them careful and prudent. The practical result is widely different. ... Under the pressure of misfortune, they lower their habits, [and] you look in vain for the principle of moral restraint, or for indications of prudential motives, counteracting the natural tendency of human passions; ... and the progress of population is thus rendered most rapid in that portion of society which lies nearest the verge of absolute starvation.⁽⁸⁴⁾

Alison continued that a legal provision by preventing "abject destitution",⁽⁸⁵⁾ actually strengthened the preventive check because it fostered the growth of artificial wants among the poor.⁽⁸⁶⁾ Young people brought up in tolerable comfort developed expectations of a certain standard of life; their desire to protect these "artificial wants" provided them with a more potent "check on early marriages and excessive population" than that given to the utterly destitute. Limiting family size to protect an accustomed standard of life meant nothing to those whose main concern was finding food.⁽⁸⁷⁾

The argument was identical to that found in his "Medical Police Lectures". By 1836, however, his observations of the habits of the poor in Edinburgh and of their condition on the Continent, had confirmed his reasoning and given him the confidence to publish his thoughts. During his foreign tours in 1822 and 1825 he became increasingly interested in the evidence for the correlation between the existence of artificial wants and the absence of a redundant population. In Switzerland, which had a more or less assured compulsory poor relief provision, he remarked, for example, on the "artificial wants" - silk scarfs and ornamental beads - of the peasant women in Lucerne;⁽⁸⁸⁾ while in France he gained a somewhat contradictory picture. Travelling from Tours to Paris in October 1822 he noticed that in the countryside around La Fleche and Le Mans, there was "no appearance of over population, excepting in the larger of the towns",⁽⁸⁹⁾ yet three years later he noted that in the areas around Chambery and the Lac de Bourget there were "over many" people, "pressing on the means of subsistence".⁽⁹⁰⁾ According to Alison's reasoning, this pattern should have been caused by the poor relief provision. Yet, by his own admission, poor relief in rural France was "very partial and irregular", but better organised and more substantial in most urban areas. The overpopulation found by Alison did not 'fit' this pattern. Convinced by evidence from other countries that the correlation did exist, Alison ignored these difficulties in his European comparison in Observations. However, they may have prompted his suspicions, and his later admission, that the redundancy and condition of the people was not determined solely by the presence or absence of a poor law.⁽⁹¹⁾

Alison concluded that a poor law such as existed in England, because it held out the assurance of legal, permanent, and uniform relief to those in need, including the able-bodied unemployed, not only lessened the fear of destitution but also offered the poor the hope of being able to maintain their acquired standard of comfort. It was in this way, the reverse of what Malthus argued, that population growth, and the accompanying increase in poverty, were discouraged.⁽⁹²⁾ "Well-timed and well-directed public charity" had the same tendency to relieve destitution and so to encourage moral restraint, but because it was more partial and more uncertain, it was less reliable and less effective.⁽⁹³⁾ Alison's faith in the English law was, perhaps, a bit too sanguine: it is doubtful whether the levels of relief granted in England would have permitted a standard of living to be maintained, especially as the conditions attached to it led many to reject it. The important point may simply be that an assured legal provision provided more security against excessive population growth than an uncertain, partial, or non-existent one.

The second argument against a poor law was that it destroyed the benefits from, and amount of, voluntary charity. The giving of charity meant that the rich took an interest in the needs of the poor but taxing them for the poor law meant that they became insensible to those wants with the result that their charity was reduced. On the other hand, the poor accepted that charity "as a boon", but expected poor relief as a right and received it with ingratitude. The question, Alison responded, was not which of the two was preferable, but which could best supply the wants of the poor in the industrial urban society. His own experience in

Edinburgh and his knowledge of other countries convinced him that voluntary charity would never be able to effectually relieve the poor, and that a poor law which was well-administered and adequately financed was, therefore, "necessary as a substitute".⁽⁹⁴⁾

The idea, he continued, that the sensibilities of the rich, and hence voluntary charity, were weakened by a system of poor laws was "a mere speculative delusion". It was a belief based on the assumption that since relief was granted largely through voluntary charity in rural areas, where assessments were largely unknown, then the existence of assessments in urban areas was responsible for the apparent decline in, and inability of, voluntary charity there to meet the poor's needs.⁽⁹⁵⁾ But this theory failed to take account of social factors. The rate of population increase in the cities and the spatial segregation of the classes within them, inevitably meant that the rich not only lacked knowledge of the poor's condition but also that they became habituated to the sight of extensive poverty and wretchedness. Faced with more misery than they could relieve, they "comfort[ed] themselves with the reflection that many beggars [were] imposters" and not worthy of relief. It was in this way, and not because of a legal provision, that their sensibilities were deadened.⁽⁹⁶⁾ Moreover, since many of the poor sank "into abject destitution" because voluntary charity was neglected, this meant that it was charity and not legal relief which was more degrading and demoralising. Interestingly Alison included in the article but not in Observations an assessment of the St. John's experiment - his demand for poor law reform required middle class support which he may not have attained

had he so publicly attacked Chalmers's celebrated scheme.⁽⁹⁷⁾ He asserted that St. John's could not be an adequate substitute for legal relief because, as with all voluntary charity, it placed an unequal burden on the charitable inhabitants and was an irregular and, therefore, an inefficient means of maintaining the poor. He concluded that these were "the original and inherent evils of the voluntary system".⁽⁹⁸⁾

The third argument against a poor law - that, in contrast to voluntary charity, they destroyed the independence and character of the poor - followed naturally from the second.⁽⁹⁹⁾ Alison rejected it, arguing that the numbers of the unemployed and helpless poor could not be repressed by leaving them to their own fate; the experience of Ireland and the Highlands of Scotland demonstrated that the opposite was the general result. Moreover, in debarring those considered unworthy of relief, a judgement which no man had the right to make, a punishment far in excess of any offence was inflicted. It also meant that the innocent were punished with the guilty - the children with the parents.⁽¹⁰⁰⁾ Similarly, Chalmers' idea that, through Savings Banks and Benefit Societies, the poor could be encouraged to build up a "surplus fund" on which they could draw in times of need was condemned by him as "a Utopian scheme".⁽¹⁰¹⁾ Believing that the poor could not be left to their own devices and that it was the duty of the rich to maintain them, Alison argued that the question became whether the poor's independence and self-respect was injured more by their "claiming that bounty as a right ... or by [their] supplicating it as a boon?". He insisted that begging was the more damaging.⁽¹⁰²⁾ Moreover, since charity in the cities was increasingly channelled

through public institutions, and thus took:

the form of a public and regulated provision for the poor before it reache[d] them; and in very many cases ... the poor confound what they receive in this way with that to which they are entitled by law, under the general name of 'town's money', and do not know which is which. ... I should like to understand distinctly, how the money given in one of these modes should be fatal to the spirit of independence in the poor, and in the other not, - the poor themselves having no perception of any difference between the two.⁽¹⁰³⁾

A further aspect of this argument was the supposed effect of poor laws on the character of the poor. Monypenny argued, for example, that the English poor rates were high and increasing because of the encouragement given to idleness and improvidence by the poor law, and that the superiority of the Scottish system lay in the absence of such an evil because of the smallness of the allowances paid. But Alison contended that his assumptions and argument were erroneous, exaggerated, and based on a false perception, which equated pauperism with destitution. A comparison of the rising levels of pauperism in England prior to the 1834 reform with the static pauperism level in Scotland, led to the inevitable conclusion that it was the English, not the Scottish, poor law principles which most encouraged the growth of destitution. Confounding pauperism with destitution, Alison argued, belied the true condition of the poor in the two countries: relief in England was usually granted before destitution was suffered, whereas the static pauperism level in Scotland masked an unquantified amount of abject destitution arising from the payment of partial allowances

and from the denial of legal relief to the able-bodied unemployed. Moreover, as his thoughts on voluntary charity reveal, Alison believed that the failure to relieve destitution did more injury than a legal provision, to the character of the poor.⁽¹⁰⁴⁾ Again, Alison was arguing from an idealised view of the English law - and his opponents the Scottish one - and did not consider whether the relief levels there were an adequate provision against destitution, or whether all those entitled to claim did so.

Poor law opponents argued further that they weakened domestic ties, and made the poor less willing to support their relations in times of need. But Alison argued that such ties were not limited to any rank or condition of society, and that it was the brutalising effect of extreme destitution, not a poor law, which deadened the sensibilities of the poor to the needs of their relatives. The whole argument as to the effect of poor laws on independence and character, Alison concluded, "if it proves anything, proves a great deal too much, inasmuch as it is fairly applicable against all descriptions of charity".⁽¹⁰⁵⁾

Some economists placed their chief reliance on the fourth argument against a poor law, namely the effect on the application of capital. Thus Malthus argued that they increased prices, lowered wages, and decreased a country's wealth by diverting part of its resources to an "unprofitable manufacture".⁽¹⁰⁶⁾ Alison put forward a different model, one which was dependent on his principle of population. A country which did not divert any of its wealth to the legal relief of the poor would perhaps make great progress initially, but as a result of the unrelieved misery would soon find

its energies crippled by the parallel growth of the indigent and redundant population. By providing a uniform, and permanent, provision for the poor, progress began more slowly, but was not retarded later by a population far in excess of the demand for labour. It also meant that in the long run the income of the rich would benefit: the amount spent on poor relief would fall as the redundant population was reduced.⁽¹⁰⁷⁾ Similarly, the argument that poor laws lowered wages also turned on the principle of population. Alison did not deny that a poor law depressed wages, but he argued that the amount thus kept in reserve worked to the advantage of the labourer when trade and industry depression led to unemployment. By sustaining him during such periods the poor law prevented his falling into the destitution which promoted population growth, the end result of which would have been a labour supply far in excess of demand, and a concomitant permanent depression of wages.⁽¹⁰⁸⁾ Given the infancy and type of statistics being collected and used in the 1830s,⁽¹⁰⁹⁾ it is perhaps not surprising that both these 'models' were based on inductive reasoning not statistical proof.

Alison replied, finally, to those who believed that poverty could be effectively remedied by the "'Religious and moral Education'" of the poor.⁽¹¹⁰⁾ While he had no desire to offend the advocates (notably Chalmers), Alison was firm in his belief that such teaching would be fruitless unless, as a preliminary, the poor were relieved of their wants. Charity had been assigned "a high place among the Christian virtues" precisely because poverty could never be wholly prevented. Thus it was the duty of the rich to relieve it - and the supposition that that duty could be fulfilled solely

by religious instruction was a "sin against reason as well as Religion".⁽¹¹¹⁾

5. Destitution and Disease: the comparative proof?

The final strand in Alison's argument against the existing Scottish relief provisions involved an extension of his original destitution-disease analysis. He compared the level of disease in Scotland with that pertaining in England which had a well-regulated poor law, and that in Ireland which had no poor law until 1838.⁽¹¹²⁾ This comparison revealed, he argued, that the incidence of disease was greater in Scotland than in England, but not so great as in Ireland. It thus confirmed not only the connection between destitution and disease but also that an efficient poor law, by keeping poverty in check, lessened the predisposition to disease. Widening his comparison, Alison also reviewed the European situation, and argued that the extent of the prevailing destitution in these countries was determined by the efficiency of their various poor relief provisions.

Although Alison publicised these arguments in Observations, he had reached his conclusions at least a year earlier. In his 1838 letter to the Lord Advocate he suggested that:

...the extent to which fever has prevailed of late years in the great towns of Scotland and Ireland, and the comparatively trifling extension of it in London, Manchester, or other great towns in England (as well as in many of the great towns on the Continent) is a subject that deserves thorough investigation. And I hope your Lordship will

excuse my expressing my conviction on this subject founded on many years of habitual observation (as well as information from) the description of persons of the lower ranks, among whom the disease chiefly prevails,... that it is the regular and ___?___protection given to the more destitute of the lower orders - to widows and orphans, to the families of infirm or sick persons, to the families of men out of work or wandering in search of employment, etc - by the English Poor Rates, which preserves so many of the great towns in England, not indeed from invasions of the disease, but from any such extensive diffusion of it as we so frequently witness here.

It is my firm belief, that if the good people of Edinburgh wish to enjoy such immunity from fever as the great towns on the other side of the Tweed profess they must pay for it, in the shape of greatly increased and better regulated assessment for the poor; and I am convinced it will be found, that there is no great town in Europe, which enjoys permanent immunity from Epidemic Fever, in which there is not a permanent provision, of one kind or another, on which they can rely when disabled by sickness or unable to find(?) employment, much superior to what exists in this, or in any other great town of Scotland. ⁽¹¹³⁾

As with his original destitution-disease analysis, Alison made three distinct propositions, each of which required independent proof. The propositions were: firstly, that disease, and particularly fever levels, were progressively worse in England, Scotland, and Ireland; secondly, that the level of destitution was

progressively greater in these countries because of their differing poor relief provisions; and, thirdly, that fever would be reduced by an efficient poor law. As has been shown in the preceding chapter's analysis of the factors affecting the incidence of fever,⁽¹¹⁴⁾ it is by no means certain that the truth of the first two propositions, would lead necessarily to the operation of the third.

To substantiate his contention that disease levels increased progressively from England to Scotland to Ireland, Alison used two indicators of disease: the severity of the 1836-39 fever epidemic and the difference in the usual health of the major cities. His statistical basis was, however, highly suspect. As a first proof of the fever epidemic's severity he gave the following comparison: that in 1836-37 the Glasgow hospitals treated 8512 fever patients, the Manchester ones 1391, whilst in 1837 the Dublin hospitals treated 12,634 fever patients.⁽¹¹⁵⁾ His second proof was a comparison of the fever mortality rates which, he argued, showed that this rate was much higher in the Scottish than in the English cities (Table 4:5).

Table 4:5 Mortality from fever as a percentage of the whole mortality, 1837.

Glasgow	20.0%
Dundee	16.0% (1836)
Liverpool	10.0%
London	8.0%
Manchester	7.5%
Leeds	4.0%

Source: Observations, 13-14. Glasgow's figure from Cowan's "Vital Statistics of Glasgow" and Henry Paul's Glasgow Mortality Bill; Dundee's from that city's Bills of Mortality; English city figures from the First Report of the Registrar-General, 122-123.

Again using hospital admission figures, Alison argued, that the same trend in fever incidence was visible in non-epidemic years. Thus in the seven years ending 1836, the number of fever patients treated in hospital annually in Glasgow was 1842, while in Manchester (with a comparable population both in size and proportion of Irish) the Fever Hospital treated an annual average of 497. These figures compared unfavourably with the Leeds average total of 274 (population 123,000), that in Newcastle and Gateshead (population 58,000) of 39, and that for Birmingham - estimated population in 1836 being 150,000 - of 69 (seven years to end of 1839).⁽¹¹⁶⁾ He also gave figures, all of which were under the Birmingham figure, for a number of smaller non-manufacturing towns, for example, Carlisle, Oxford, and Bath. The highest endemic levels, Alison continued, were found in Ireland: the House of Recovery and Fever Hospital in Dublin, in the five years to the end of 1836, received applications, on average annually, from 5297 people.⁽¹¹⁷⁾ A second indicator of healthfulness, that of average mortality, was given almost incidentally, with Glasgow being compared unfavourably with London: average mortality in the former from 1830 was 33.3 per 1000 and in the latter 28.6 per 1000.⁽¹¹⁸⁾

These comparisons, however, present a number of statistical difficulties some of which, given the statistical analyses being carried out by others at this time, Alison could have addressed. At the most basic level, the populations of Glasgow and Manchester could have been included, as they were for the other towns and cities, to confirm his statement of nearly equal populations. Robert Cowan in his "Vital Statistics of Glasgow", from which Alison took many of the figures, gave Glasgow's population as

244,000 in 1836, Manchester's as 227,808 in 1831.⁽¹¹⁹⁾ More specifically, it is doubtful whether the hospital figures were a reliable indicator of the actual incidence of fever in these cities. Fever hospital admissions would have been affected, for example, by the number of beds available to fever patients, which in turn would have been affected by the length of stay of these patients. Moreover, hospital figures were not directly comparable, because the various city hospitals were not subject to a uniform admission policy with respect to fever patients. Perhaps, Alison should have heeded the 1838 warning of Dr. Arthur Saunders Thomson, who after detailing Cowan's statistics, stated, without given any reasons, that "no satisfactory conclusion [could] be drawn from such data regarding the prevalence of fever in these towns".⁽¹²⁰⁾

Alison's fever and average mortality figures are also suspect because he made no allowance for city boundaries - and the inclusion or exclusion of middle class suburbs from the cities would have affected the mortality rates. Crude mortality rates, though, were a widely used and, as Farr's deputy, Noel A. Humphreys, demonstrated in 1874, not a "fundamentally misleading" measure of the relative health of cities in the middle decades of the century.⁽¹²¹⁾ Alison, however, could have taken a more sophisticated approach. Had the figures (and time) been available to him he could, as contemporaries like A. S. Thomson and Cowan suggested or tried to do, have detailed and contrasted the cities' fever mortality rates according to age and sex (as these would have influenced fever mortality), and for a true comparison adjusted

these figures in line with the age and sex composition of the city populations.⁽¹²²⁾

From this analysis, it must be concluded that the statistical evidence which Alison presented was insufficient to prove his contention that the epidemic and endemic fever levels were higher in Scotland than in England, and greater than both in Ireland. Whether or not he could have undertaken a more sophisticated analysis is open to question - he would undoubtedly have been aware of the techniques simply from reading Cowan or the Edinburgh Medical and Surgical Journal, and he certainly recognised the importance of collecting basic statistical material such as age, sex, and residence when registering deaths.⁽¹²³⁾ Alison was hampered, however, not only by his own lack of knowledge, but even more so by the fact that the statistics which he most needed to make his comparison work - the total number of fever cases, and their age and sex, over a ten or twenty year period for both Scottish and English cities - simply did not exist and could not do so until all cases of fever could be recorded. The necessary population figures and the age and sex composition of the cities could have been obtained from the national censuses. In the succeeding decades it fell to men like Farr, working through the General Register Office, to find other ways of comparing the relative health of cities: mortality rates calculated according to age, sex, and cause of death, which built on existing knowledge using the information available from the English death registers after 1837; the calculation of the standardised "healthy district" mortality rate; and the construction of life tables to take account of differences in age composition and their use to measure average

length of life in different areas.⁽¹²⁴⁾ There is also another consideration. It should be remembered that Alison was not writing an in-depth statistical analysis of fever for publication in a medical journal, but a pamphlet aimed at the educated middle class, whose attention he might well have lost had statistics predominated. In this analysis it was the suggestion, rather than the proof, that fever incidence was more pronounced in Scottish than English cities which was important, as it carried with it a moral force enhanced by a sense of national shame.⁽¹⁵⁶⁾

Alison was on firmer ground with his second assertion, or at least with the part which related to the amount spent officially on poor relief in Ireland, Scotland, and England. Ireland, without a legal provision until 1838, effectively spent nothing on relieving the poor in the period considered by Alison. For his English and Scottish totals he used the official figures given in the Fourth and Fifth Reports of the English Poor Law Commissioners and the 1839 Report by a Committee of the General Assembly on the Management of the Poor in Scotland.⁽¹²⁶⁾ England with a population of around 11.16 million, spent £4,254,000 on poor relief in 1838. This was, as a proportion of population, nearly six times greater than the amount spent in Scotland, where with a population a little over 2.3 million, only £140,496 was spent on such relief. Expenditure per head in England was 5s.10d., as compared to the Scottish average of less than 1s.4d.⁽¹²⁷⁾ Thus, Alison estimated, to raise Scotland to the English standard, £800,000 would need to be spent annually on legal relief.⁽¹²⁸⁾

However, for Alison's purpose the more accurate comparison was that of expenditure in the towns, where the differences were not so pronounced. In Edinburgh, including the parish of St. Cuthbert's and the Canongate, expenditure per head on the poor at 2s.6d was "not half" that spent on average in the English towns. The situation was even worse in Glasgow, Dundee, and Paisley, where expenditure was less than 2s. a-head, or about a third of the expenditure in England. In terms of the allowances granted, this meant that the highest provision in Edinburgh or Glasgow was under 2s. a-week, with a usual pension to single disabled people of about 1s. a-week. This contrasted unfavourably with the sums given in English cities, of from 4s. to 7s. a-week for a widow with four children, and from 2s. to 4s. for an aged or disabled person.⁽¹²⁹⁾

Establishing that the amount spent on legal relief was greater in England, led Alison to assume that destitution was, therefore, less in England than in Scotland. But was he right to make this assumption? An accurate assessment of the relief provisions in these countries should have included the amount of voluntary and private charity - sums which it would have been impossible to calculate. Moreover, a higher legal provision would not necessarily mean less destitution, as this would depend on whether or not the help given was on or above the minimum necessary to preserve a person from poverty - in effect the establishment of a standard of living index. This being the case in England, where the principle of 'less eligibility' governed the relief provision, is extremely doubtful. It would depend also on whether or not all those entitled to claim relief did so - and the harshness of the English law, in particular the workhouse, could conceivably have

stopped many from applying. It may be, however, that the higher English relief provision had an effect, not so much on the number of destitute, but rather, on the degree or severity of the destitution suffered.

The foregoing analysis casts considerable doubt, therefore, on Alison's final proposition that an efficient poor law had preserved England from the fever and destitution levels which prevailed in Scotland and Ireland. Alison, quite simply, was unable to offer sufficient statistical proof that fever did prevail less extensively or that destitution was less prevalent in England because of the poor law. Moreover, had he been able to prove these contentions, it would not necessarily follow that there was a direct causal relationship between the extent of destitution and the level of fever - as the analysis in chapter three, of the factors causing typhus and typhoid to increase, reveals.⁽¹³⁰⁾ The possibility remains, though it cannot be proven, that the greater amount of help given to the English pauper, and especially to the able-bodied unemployed during periods of economic depression, would have meant that the degree of social dislocation experienced - and hence the amount of typhus suffered - would have been less in England than in Scotland, and lesser in both in comparison to Ireland.

Alison's European comparison was designed to reinforce his demand for a reformed Scottish poor law. He made no attempt, however, to extend his destitution-disease hypothesis and thus did not refer to his claim to the Lord Advocate that the incidence of fever in

European cities, which had an efficient poor law, was less than in Scottish ones. The roots of his comparison lay in his European tours between 1819 and 1825, during which he increasingly and more carefully noted the people's condition, and the signs of "artificial wants" or a redundant population.⁽¹³¹⁾ These contrasting conditions formed the basis of his later inquiry into the prevailing poor relief provisions in Europe, which he divided into three categories. The first group, including Denmark, Sweden, Prussia, and Bavaria, operated and uniformly enforced a compulsory poor law similar in character to the English system, and which embraced its three main principles of relief to the infirm, the employment of the able-bodied, and the suppression of begging.⁽¹³²⁾ A second group, comprising Holland, the German Cantons of Switzerland, and Austria employed a variety of systems, in which the poor's claim to relief was not so directly recognised, but in which they were relieved in cases of necessity from funds levied to all intents and purposes by compulsory assessment.⁽¹³³⁾ Lastly, there was a group of countries in which relief was administered in an unsystematic fashion and where the relief of the poor and the prevention of mendicity was not so effectual. This group stretched from Belgium, through rural France (French towns tended to be well administered), to Portugal, Spain and Italy.⁽¹³⁴⁾

This review, Alison concluded, confirmed the findings from his England-Scotland-Ireland comparison, that the least destitution was to be found in those countries which had a well-regulated poor law and in which poverty, independently of disease, had a recognised claim to relief.⁽¹³⁵⁾ His conclusion, though, was based on supposition and description, not statistical proof of destitution

levels pertaining in these countries. As with his destitution-disease argument, however, the statistics were secondary to the suggestion that Scotland was falling behind much of Europe and to his main purpose of persuading and shaming the educated Scottish public into action.

Alison's recommendations for reforming the Scottish Poor Law followed naturally from his conviction that neither voluntary charity nor the existing legal system could adequately relieve the poor, and from the advantages which he perceived in a well-regulated system. Of primary importance, he argued, was the removal of the deep-rooted apprehension in the minds of those who administered the Scottish law that a poor law resulted in continually recurring and increasing poverty. Without this change any alteration in the law would be ineffectual and the "religious duty" of the rich to the poor would continue to be "imperfectly performed".⁽¹³⁶⁾ With this in mind, Alison made five recommendations.

One, that the power of enforcing the law, to ensure adequate provision, should lie somewhere - probably with the Sheriffs and Magistrates but not in a body appointed by the ratepayers - where it could be exercised without expense to the parties concerned.⁽¹³⁷⁾ Two, that assessments should be levied uniformly throughout the country, without exemption for such bodies as the College of Justice or for rural parishes.⁽¹³⁸⁾ In addition, the assessments should be considerably increased so that allowances to

widows and orphans, to aged, disabled, and impotent persons, could also be raised.⁽¹³⁹⁾

Three, in line with English practice, he recommended the introduction of workhouses in all major towns, and in rural areas by the union of parishes:

for the permanent reception at least of aged, disabled, or incurable persons, and of orphans, who have no relations with whom they can be comfortably settled; for the reception of women and children left or deserted by their husbands and fathers; and also for the reception and confinement of all destitute persons, entitled to legal relief, who are judged to be improper objects for out-door relief on account of intemperance or immorality.⁽¹⁴⁰⁾

Four, he advocated that relief should be granted to the able-bodied unemployed, in order to maintain them at "a desirable standard of comfort" and to safeguard the health of the community. This relief, as in England, was to be given in the workhouse, except in "very peculiar circumstances" and, to ensure against the abuse of the system, the relief afforded was to be "less desirable" than that obtained from independent labour, the governing principle of the English system.⁽¹⁴¹⁾ But he also believed that retrenchment and limitation in England had been carried far enough. In manufacturing towns, he suggested, a reserve fund should always be at the disposal of a central (local) authority for outdoor assistance to labourers in times of industry and trade depression, to prevent the periodic overburdening of the poor rates.⁽¹⁴²⁾ This latter suggestion rested on the experience in English industrial

centres where it was found more practicable to give the able-bodied unemployed outdoor rather than workhouse relief.⁽¹⁴³⁾ Despite his assurances to the contrary, therefore, Alison did suggest adopting the English poor law principles.

Five, and lastly, to ensure that the increased assessments pressed reasonably equally on urban and rural Scotland, he proposed that the existing law of settlement should be extended from three to seven or even ten years residence. This would limit Scotland's attraction to the poor of other countries, specifically the poor Irish, whose right to relief in Liverpool and Manchester had been curtailed in practice, although not by law. And by permitting allowances from one parish to be paid in another, where the prospects of employment were more favourable, it would equalise the burden between Scottish parishes without interfering with the free circulation of labour.⁽¹⁴⁴⁾

Alison's letter to the Lord Advocate reveals that he had reached his conclusions on voluntary charity and the Scottish poor law at least a year before Observations was published. Why, therefore, did he delay? It is possible that he had hoped to persuade the Lord Advocate to instigate proceedings for poor law reform or for an inquiry into their management in Scotland. But persuasion having failed, Alison found his options limited still further. His direct involvement was becoming inevitable - providing of course he wished to assume the role of reformer. He was prompted to do so probably because of indignation, frustration, and outrage at the May 1839 Report by a Committee of the General Assembly, on the

Management of the Poor in Scotland (Monypenny prepared the first part) which insisted that the Scottish principles were the right ones and asserted that "people in general" regarded the system as expedient and worthy of preservation. Monypenny admitted that since 1820 population increase had exceeded the expansion of church accommodation and that this had made it difficult to maintain the poor by church door collections. But he also argued that the resulting lack of religious and moral instruction and the loss of this influence over the poor had "greatly tended to increase pauperism".⁽¹⁴⁵⁾

In self-congratulatory tone, the Report then noted that pauperism - equated with destitution - had barely increased in the preceding twenty years. Thus, although the actual number of paupers had increased since 1817, it was emphasised that as a proportion of population there had been little change. In the ten years to 1817, the total number of poor of all classes was 44,199 in a population of 1,764,987, or 2.51%. When account was made of paupers' families, the figure was closer to 3% of the population. For the period 1835, 1836, and 1837, the poor numbered annually, on an average of the three years, 79,429. Based on the 1831 census which reckoned the population to be 2,315,926 this amounted to 3.42%, which when allowance was made for population increase was reduced to 3.22%.⁽¹⁴⁶⁾

The Report also published figures (Tables 4:6 and 4:7) which, it was believed, highlighted the supremacy of the old system of non-assessed over the comparatively new and increasing one of assessed parishes.

Table 4:6 Average Annual Rate of Allowances and of the Burden per Person in Non-assessed and Assessed Parishes, 1835-36-37.

	Allowances			Personal burden		
	£	s	d	£	s	d
Non-assessed	1	0	7½	0	0	9
Voluntary Assessed	1	16	9	0	1	1
Legally Assessed	2	6	8¾	0	1	7

Source: Report by a Committee of the General Assembly, on the Management of the Poor in Scotland, 19. Personal burden figures are to nearest penny.

Table 4:7 Expense of Maintenance and of Management in Non-assessed and Assessed Parishes, 1835-36-37.

	Population	Number of Poor	Expense of Maintenance £	Expense of Management £
643 non-assessed parishes	1,178,280	40,073	48,769	667
236 assessed parishes	1,137,646	39,356	91,727	7342

Source: Report by a Committee of the General Assembly, on the Management of the Poor in Scotland, 19 & 21. Figures are to nearest £.

These figures - a sample of many in the Report - provided overwhelming evidence for the greater economy, and therefore supremacy, of non-assessed parishes. Together with the pauperism figures they formed an apparently strong case in support of the existing system. But the Report's authors were only able to argue that the existing system was meeting the needs of the poor by maintaining that pauperism, as a percentage of population, had increased only slightly since their 1817 Report. In doing so they failed to take account of the number of destitute, particularly in the cities, who were not covered by the term pauper, but who nevertheless were in need of assistance. From this their greater failure emerges: they did not consider whether or not this system

could function effectively in urban areas. Most assessed parishes were to be found there, and were virtually universal where the population exceeded 10,000. Yet they focussed upon the greater expense of managing these parishes, with the implication that this had occurred because pauper numbers had increased due to the failure of religious teaching and the decline in the moral standards of the poor. There was no reference to the possibility of administrative breakdown, as was highlighted by the church-building programme, or any concession to the fact that the cities, by attracting great numbers to them in search of work, would inevitably have a greater number of poor, whatever terminology was used.

Barely seven months after this Report was published, Blackwood's received Alison's response - the manuscript of Observations and a list of names to whom he wished that a copy be sent.⁽¹⁴⁷⁾ His pamphlet, for all its statistical flaws, was not only to shake the complacency of the church, it was also to awaken the educated public, and more importantly, the government, to the extent of destitution in Scotland, and to the total inability of the existing poor law to relieve it.

Chapter Five: Poor Law Reform: the Public Debate.

Observations on the Management of the Poor in Scotland, and its effects on the Health of the Great Towns, was one of the most influential pamphlets published in early Victorian Scotland. Marking the culmination of Alison's social thought, Observations was a direct challenge to the politico-economic theories which formed the basis of prevailing opinions on poverty and poor relief. This challenge, from a respected and recognised authority on the poor, immediately sparked off a debate on the adequacy of the poor law. Alison, the instigator, remained its central figure through both the public phase from 1840-1842 and the parliamentary one from 1843-1845. From the pamphlet, the public debate, and the Royal Commission there stemmed the 1845 Poor Law Amendment (Scotland) Act which, although a compromise between the opposing sides, established the Board of Supervision in Edinburgh to control a system of poor relief, based on assessment. The intention of this chapter is to examine the public debate. It looks, on the most fundamental level, at the issues involved by studying in detail the respective arguments of Alison, his supporters and his opponents. From this analysis, the more complicated question emerges: why did Alison win enough of the debate to ensure the appointment of the Royal Commission? To answer it we must consider not only the relative strengths and weaknesses of the arguments themselves but also how these were affected by the response of the Press, Press influence on public opinion, the findings of various local inquiries, the Church of Scotland's stance, and the economic depression of 1840-1843.

Observations was carefully constructed, persuasively and skilfully argued - its statistical shortcomings notwithstanding. Emanating from so respected a figure as Alison, the pamphlet was noticed and reviewed in the newspaper and periodical press, and particularly in the Scotsman and the medical journals. Moreover, with the exception of the Scottish Guardian and the North British Review, the press reviewed the pamphlet favourably and openly espoused its tenets, with Chambers Edinburgh Journal, Tait's Edinburgh Magazine, and the Scotsman all giving active support to Alison and his ideas. This publicity and support was invaluable. It ensured that Alison's arguments reached a much wider audience,⁽¹⁾ and more importantly, because it helped shape public opinion, it ensured that the issues raised did not simply disappear but continued to command support - support which strengthened Alison's position in the ensuing debate.

The Scotsman editorial of 15 January 1840, which detailed its support for Alison's main arguments, must have been instrumental in ensuring Observations's initial success. The editorial praised the "bold and honest spirit" of the pamphlet and the "unquestionable force" of the arguments against the existing provision - arguments which they were inclined to believe because Alison, having "studied poverty as it really exist[ed]" over many years, displayed "a thorough knowledge of his subject".⁽²⁾ In two subsequent editorials, moreover, the Scotsman reiterated its support, commenting that "it is obvious that the allowances made to the impotent poor in this country are in most cases shamefully inadequate",⁽³⁾ and, more significantly, that "no sane person, we hope, will be found to deliberately deny the right of every human

creature, when disabled by infirmity or want of employment, to obtain the means of subsistence from the community in which he lives".⁽⁴⁾

A more forthright review, which unequivocally supported Alison, appeared later in the Edinburgh Medical and Surgical Journal:

the author has shown, that it is high time that some decided measures should be adopted to put an effectual check to this progressively increasing evil [mendicity]. The method hitherto pursued is not adequate to the end in view; and it is neither creditable nor expedient to allow the present state of matters, as to the poor and indigent in large towns, to continue. ... and we would confidently hope, that an improved and adequate system of legislation will be soon adopted, for the purpose of removing the serious evils which Dr. Alison has, in his little work, so impressively and appropriately made known to the public.⁽⁵⁾

The article also admonished "those in authority" and the Church for inconsistency in the giving of relief because when given it "stop[ped] short of the fair and absolute necessity". The responsibility for this, it continued, would rest with them if they had allowed "mistaken philosophy" and "sympathy for the public purse" to interfere with their duty.⁽⁶⁾

Similarly, the London Medical Gazette and the British and Foreign Medical Review pronounced in Alison's favour. The former stated that he had confirmed their own convictions, based on evidence from Glasgow, "that the trifling exertions made for the relief of

sickness ... were totally inadequate to their object; and that since voluntary subscriptions had failed so completely, it would be necessary to have recourse to a compulsory assessment". It also attacked more forcibly Malthus's principle of population, stating that Alison had dealt "too gently with this flagitious nonsense".⁽⁷⁾ The latter described Observations as a "small but most valuable work", one of "vast importance", which could not "fail, sooner or later, to lead to a legislative enactment to cure the evils depicted in it".⁽⁸⁾

This largely favourable Press response helped raise public awareness and support - support which was quickly channelled to strengthen Alison's personal lobbying for a government inquiry, the inevitable consequence of which, he believed, would be reform. Alison had requested that Blackwoods send a copy of Observations to James Graham, Home Secretary 1841-46, the Duke of Wellington, also a member of Peel's government, and the Whig Fox Maule.⁽⁹⁾ He had also written to Lord Jeffrey - as the editor of the Edinburgh Review he had supported Chalmers⁽¹⁰⁾ - who replied "that he [was] almost persuaded by [Alison's] book, and that he [was] willing to do any thing in his power to further its objects". Alison prevailed upon him to lay the matter before Lord Brougham, the Lord Chancellor.⁽¹¹⁾ His private efforts were considerably aided, however, by the formation, at a meeting in Edinburgh's Council Chambers on 23 March 1840, of the Association for Obtaining an Official Inquiry into the Pauperism of Scotland.⁽¹²⁾ The meeting was proposed by Mr. Hill, Inspector of Prisons, who had tried to establish a similar Association in Glasgow,⁽¹³⁾ while its promoters included the Lord Provost, Sir John McNeill, George Forbes and

Captain Thomson from the House of Refuge, and a number of local ministers and University Professors. Their resolutions reiterated Alison's opinions on the existence and causes of excessive destitution and disease in Scotland and on the inadequacy of the poor law. By publicising information on that inadequacy, they aimed, like Alison, to secure Government reform of the poor law so as "to raise the condition of the Poor in Scotland to the same standard as that already existing in the best regulated countries in Europe".⁽¹⁴⁾

Their plans involved a two-stage process: the circulation of an abstract of Alison's pamphlet (price 3d) in the hope of encouraging inquiries in different localities, and then to use the information gathered to petition Government for an official inquiry.⁽¹⁵⁾ To this end they also circulated an abstract of Alison's Reply to Monypenny's Proposed Alteration of the Scottish Poor Laws.⁽¹⁶⁾ Their proposals, moreover, were supported by the Scotsman which described them as "the most judicious and impartial that could be followed" because "a public and responsible authority, accessible to all parties, can alone obtain what is wanted, and secure public confidence".⁽¹⁷⁾

There was, however, a hostile response from a rival association, consisting largely of landowners, formed on 20 April 1840. These men entertained "doubts of the prudence of hastily interfering with, or altering the present system of Poor-laws, or superseding the means which the existing institutions afford of ascertaining the extent of destitution".⁽¹⁸⁾ They also opposed a Government inquiry fearing that it would lead to the institution of

the English poor law in Scotland. Convinced that the resources existed within Scotland to conduct local inquiries and effect the required remedies they asked the burgh and county Magistrates, at their meetings on 30 April, to undertake these inquiries and send the results to them.⁽¹⁹⁾

Thus by the end of April 1840 there were two Associations in Edinburgh - the pro-Alison Official Inquiry Association and the anti-Alison Local Inquiry Association - each coordinating inquiries into the condition of the poor in Scotland, with the intention of corroborating or refuting the claims made in Observations. It was hardly surprising then that the Official Inquiry Association's suggestion - made before it understood the differing intention - for a conference aimed at producing a "unity of purpose and cordial cooperation" should have been rejected by its rival.⁽²⁰⁾

Public interest peaked in September 1840, when Alison and Chalmers presented papers and openly debated the issue at the British Association for the Advancement of Science meeting in Glasgow.⁽²¹⁾ The papers and the discussion lasted for four days - the interest was so great that the meetings, originally scheduled for the Logic Classroom, had to be accommodated in the larger College Church.⁽²²⁾ Alison, however, could not match Chalmers's eloquence, the latter thus "dominated the debate and carried the crowd".⁽²³⁾ Realising he could not compete with his opponent's rhetoric, Alison declined to formally cross-examine Chalmers about his St. John's experiment (detailed in Chalmers's second paper), preferring instead to put questions through the chair. He did so because he believed that the issue would be resolved not by "flashes of oratory" but by

careful reflection on the statistical evidence being gathered.⁽²⁴⁾ The weight of that evidence and the arguments developed from it were, in print, more than equal to those of Chalmers and his other opponents.

The Public Debate.

The debate was conducted largely through a series of pamphlets but there were also important contributions in the Reports from the Official and the Local Inquiry Associations, in the proceedings of the General Assembly, and in a number of periodicals, (Appendix 2) whilst the substance of the debate was reported in the newspapers. Though none was mutually exclusive, five broad issues were discussed. Firstly, the amount of destitution which Alison claimed existed was questioned. An attack on the foundation of his argument, this proved to be the most significant and extensively debated issue. Secondly, the effects of the proposed changes on the character and numbers of the poor, and on population. These arguments, however, remained essentially the same as those previously published by Alison, Chalmers, and Monypenny, and will be referred to only incidentally. Thirdly, the best means - local or Government Commission - of conducting the inquiry. Fourthly, and related to the third, objections to the introduction of the English system of poor relief to Scotland. Finally, the adequacy or otherwise of Chalmers's parochial system and the existing law, if administered correctly, to meet the needs of the city poor.

The arguments of Alison's opponents went through a discernible shift in emphasis. Under pressure from public opinion, their

initial response was a hasty restatement of their established positions. Chalmers's first paper, the Scotsman commented, "contained little of novelty",⁽²⁵⁾ while Monypenny's Proposed Alteration merely reiterated the substance of his Remarks on the Poor Laws. The response appeared half-hearted and complacent: repeating previously published opinions did not answer the charges made by Alison against the Scottish system. Monypenny, in particular, appears to have underestimated the impact of Alison's arguments upon the public's faith in the established poor relief principles. He failed to appreciate, therefore, that they required specific, not general, answers.

More considered and less easily refuted arguments emerged later, when attention was focussed, particularly, on two issues. One was the objections to the introduction of the English poor law, especially the much-discussed and much-hated workhouse. The other was potentially the more damaging. Alison's opponents questioned whether his destitution claim, based on his argument that disease had been increasing, was valid: the miasmatic theory of disease generation, they argued, pointed to a different conclusion. Asserting, moreover, that his statistical evidence was unsound, they attempted to show that the statistics actually proved that disease was worse in England. They had hit, therefore, perhaps unwittingly, on one of the weak points in Alison's argument - that the level of typhus and typhoid, except in the case of the typhus epidemics, was not directly determined by the level of destitution'⁽²⁶⁾ - but their knowledge of statistics, inferior to Alison's, was too limited to mount an effective counter-argument. Like Alison, moreover, they were hampered because of the unknown

etiology of typhus and typhoid and ignorance over the means of their transmission. When they highlighted the condition of the poor in the English cities, they were also very close to a second weak point: that the levels of relief granted in England, even if adopted in Scotland, would probably have been too low to have made a perceptible difference in the number of destitute⁽²⁷⁾ - and, following Alison's reasoning, the incidence of fever. They do not appear, however, to have appreciated the full implications of their argument. The background to the debate remained centred on the assumption that an efficient poor law would lead to a decrease in destitution - and whether the Scottish or English system would best achieve this. What could have been a much more powerful counter-argument to Alison was thus reduced to an attempt to prove that Scottish destitution was not so great a problem as Alison contended - and by implication that the Scottish poor law was sufficient.

The extent of unrelieved destitution.

Alison's opponents refuted his claims as to the amount of unrelieved destitution, initially, by asserting that the difficulties were temporary and localised and that in normal circumstances, particularly in rural areas, the provision was adequate. Thus while Monypenny admitted that destitution existed in Edinburgh and Glasgow, he also highlighted the "local and temporary" nature of the "particular circumstances" in Edinburgh which had reduced the funds available there for the relief of the impotent poor. The destitution, he claimed, arose "not so much [from] a want of charity among the wealthy" as a rectifiable lack of direction for it.⁽²⁸⁾ He also argued that the system was

adequate for the rest of Scotland, a view supported by the Local Inquiry Association, which on the basis of the few Reports they had received from county and Presbytery Committees by the end of 1840, concluded that "in the rural parishes at least, the poor are not in the miserable and neglected state which has been represented".⁽²⁹⁾ Thus Monypenny and the Local Inquiry Association rejected completely three of Alison's contentions: that voluntary charity could not adequately meet the needs of the poor; that many of the destitute in the towns were migrants from rural areas; and that much of the destitution resulted from the failure to relieve the able-bodied unemployed. There was also a fourth, most important, rebuttal: that since destitution was not a problem there were no grounds for arguing that the Scottish poor law was ineffective .

In response, Alison argued that although destitution was "liable to aggravation by local and temporary causes", it was "neither local nor temporary".⁽³⁰⁾ Monypenny's claim was unsustainable because the combined population of Edinburgh and Glasgow constituted almost 20% of the Scottish population. Since the evidence collected suggested that the condition of the poor was no better in the larger and smaller towns across Scotland, then the inquiry and his conclusions were applicable to at least half the population. Moreover, destitution did exist in rural areas: it was particularly acute in the Highlands and Islands, while many other areas remained free from extensive destitution simply because of "the continual absorption of their poorest members into the larger towns".⁽³¹⁾

In support of his contentions Alison cited evidence which showed the inadequacy of relief in Ayr, Dumfries,⁽³²⁾ and Peebles. The

latter study - "a specimen for many" - appeared in Chambers Edinburgh Journal in June 1840, and uncovered an amount of indigence "far beyond" what the investigators had expected:

out of 89 cases of extreme necessity, in a population of 2100, an outdoor pension, at an average less than half of what is needed to support a bare existence, is extended only to 38. There are [an]other 58 cases of almost constant, and 37 more of occasional necessity, to which no parochial relief is extended. ... Thus, while the paupers are only 38, less than 2 per cent of the population, the destitute poor are 194 [184?], or above 9 per cent.⁽³³⁾

The Scottish system, it concluded, was one "of protracted starvation", in which the indigent were supported by neighbours "little better off than themselves".⁽³⁴⁾ The same indictment was made in a Report by a Committee of the St. Andrews Town Council. Despite expectations, they found that less than 20% of paupers were helped by relatives, that there were many in need who relied "entirely on voluntary charity", and that the situation for the unemployed was such that, "but for the assistance of their neighbours who are a little better off than themselves, they would starve outright".⁽³⁵⁾

Alison argued further that poverty and wretchedness prevailed in the six northern Synods of Scotland, where heritors would not spend money for fear of encouraging pauperism. Disputing the claim of the General Assembly, that the average annual allowance to paupers was 9s.4d. per year,⁽³⁶⁾ he cited the case of Kilmuir, on the Isle of Skye, where the 60 paupers received only 1s. each annually.⁽³⁷⁾

The situation in the northern parishes was exacerbated, he continued, by the fact that few were assessed whilst 75% of landlords were absent. As a result few proprietors supplemented the meagre church door collections, and the poor received "a miserable and uncertain pittance, [which was] in some cases scarcely appreciable as a means of pauper maintenance".⁽³⁸⁾

Alison saw three consequences of the prevailing situation.

Firstly, that the number of dependent poor was greater than the number of paupers. Secondly, that "the condition and habits of the whole body of the lower ranks" was depressed because the support of the poor fell "more heavily" on them than on the higher ranks.

Thirdly, that emigration to the larger towns was fostered because of the lack of provision for the unemployed poor and the inadequate one for the impotent poor in rural areas and because in towns:

there [was] a greater variety, and therefore a greater chance of employment, ... the charity of individuals, or of institutions, afford[ed] a prospect of resource in sickness, and ... a settlement once obtained, secure[d] some provision, however scanty, for old age.⁽³⁹⁾

Alison also expanded the last point to refute Monypenny's assertion that the voluntary system could be made adequate in urban areas if church extension provided the necessary administrative structure.

A better provision in Edinburgh, he argued, without a change in the principles governing poor relief and thus in the condition of the poor in rural areas and small towns, would cause a greater migration of those poor to the city with the result that any additional provision made would be "completely absorb[ed]".⁽⁴⁰⁾

Moreover, the burden of voluntary charity would continue to fall on the charitable inhabitants, whose contributions in the face of incessant demands would inevitably decline because of their sense of injustice and the limitations on their resources. In both cases destitution would go unrelieved.⁽⁴¹⁾

Not surprisingly, Alison's opponents attempted to dismiss his claims. The St. Andrews Report was rejected by Principal Haldane, who like Monypenny was a member of the town's Kirk Session, as containing gross inaccuracies and misrepresentations.⁽⁴²⁾ The discrepancy between Chambers's original manuscript and the article was highlighted by Rev. Elliott of Peebles in his attempt to discredit both Chambers and Alison. He too asserted that the claims of "extreme necessity" were "full of exaggerations and errors", and based on the evidence of "some gossiping women" rather than reliable accounts attained in the company of respectable burgh inhabitants or Kirk Session members. The latter, he concluded, "ha[d] never hesitated to admit persons to the poor-roll" in an attempt to "keep down pauperism" for their own ends, as the article (and the St. Andrews Report) insinuated.⁽⁴³⁾

Although Alison conceded that there had been inaccuracy in the figures of both sides, he argued that this did not invalidate the conclusion "that the condition of the paupers in both places has been, and probably still is, very frequently one of ... privation and suffering".⁽⁴⁴⁾ The Scotsman also entered the fray, commenting that Haldane had "carefully avoided arguing the main point in dispute - the adequacy or inadequacy of the funds for the support of the poor in St. Andrews" and censured both him and the Remarks's

author for issuing inaccurate statements. "Drowning men", the paper concluded, "catch at straws; and that cause must be weak indeed, which requires to be supported by such miserable expedients".⁽⁴⁵⁾ The Scotsman's stance ensured that public opinion continued to be swayed in Alison's favour, thereby strengthening his position in the debate.

Alison's opponents also argued that Kilmuir was unrepresentative of rural parishes, because its destitution resulted from the extinction of kelp manufacture, the decline of fishing, the encouragement given to emigration which left the elderly uncared for, and the removal of small tenants to make way for extensive cattle and sheep farms. These were conditions, they claimed, "which neither exist nor are likely to exist in any other part of the country", although they did admit their prevalence in the Western Highlands and Islands. Was it fair, they asked, to hold up this destitution "as an instance of the condition of the poor in Scotland, and a proof of the inadequacy of the Scotch laws for their relief"?⁽⁴⁶⁾ Monypenny made a similar contention, when he asked, if the pressure of urban poverty was likely to be removed or alleviated by the introduction of the English poor law, since it was caused by factors not related to "the state of the poor laws", such as the number of Irish poor, "the consequences of the factory system, crowded dwellings, ill-drained and ill-ventilated lanes, and still more [by] intemperance and gross dissipation".⁽⁴⁷⁾ His conception of pauperism made for the inevitable conclusion that the poor law could not be expected to remedy these causes of urban poverty because, being unconnected with the state of pauperism, the managers of the poor had no power over them; and further that, if

the proper remedies were applied, the weight of pauperism would be so reduced that the existing poor law, properly administered, would be sufficient.⁽⁴⁸⁾

But these arguments failed to address Alison's basic premise which was not concerned with the specific causes of destitution in a given area, or the responsibility of the poor law in causing it, but the ability of the existing poor law and voluntary charities to cope with it. Alison, by focussing upon the destitution, saw beyond the locality to the larger dynamic at work. By encouraging migration to the towns, industrialisation placed pressure on the provision for the poor in them, whether by poor law or voluntary institution. This trend and the burden, he believed, were amplified by the inadequate poor law provision in the country, and the right to a settlement after three years residence.⁽⁴⁹⁾

Convinced of this relationship between migration and destitution by his association with the House of Refuge,⁽⁵⁰⁾ Alison attempted to confirm it now, with two studies, one based on the legal provision, the other on the medical charities (Tables 5:1 and 5:2).

Table 5:1 Number and Percentage of Native and Not Native Paupers

	Native		Not Native		Total
	No.	%	No.	%	
Edinburgh					
(Charity Workhouse)	402	30.9	901	69.1	1303
Indoor	143	33.1	289	66.9	432
Outdoor	259	29.7	612	70.3	871
Dundee	344	34.4	655	65.6	999
Aberdeen	420	27.7	1097	72.3	1517
Dumfries	108	39.7	164	60.3	272

Source: Alison, "Illustrations", 214; Cf. Reply to Monypenny, 28-30 for Edinburgh and Aberdeen.

The statistics compiled by Dr. Wallace an Edinburgh Charity Workhouse Manager revealed, moreover, a predominance of Highland counties - Ross & Cromarty, Inverness, Caithness and Sutherland - amongst those supplying most paupers. In Aberdeen, moreover, 40% of those termed 'not native' had not lived and worked in the city during the prime of their life.⁽⁵¹⁾ The Scotsman, continuing their support for Alison, also published these figures.⁽⁵²⁾

Table 5:2 Patients on Medical and Surgical Wards of Royal Infirmaries of Edinburgh and Glasgow, April 1840.

	Native	Prime of life	Not prime of life	Total
Edinburgh				
Number	91	67	124	282
Per cent	32.3	23.8	44.0	
Glasgow				
Number	38	42	98	178
Per cent	21.3	23.6	55.1	

Source: Alison, Reply to Monypenny, 26-27; Cf. "Illustrations", 214. Edinburgh figures from Dr. Reid; Glasgow's from Dr. Cowan.

These figures led Alison to a number of conclusions: firstly, that the excessive burden on poor relief in the cities could only be equalised if the aged, disabled, and able-bodied poor were encouraged to stay in their own parishes by the provision of ample relief; secondly, that the rules for acquiring a settlement had to be altered so that the burden of relief fell upon the parish where the pauper had spent his most productive years; and, thirdly, that certain aspects of the English law of settlement should be adopted, particularly the requirement to give relief even where a settlement had not been acquired and the power to return such cases to their parishes or to obtain reimbursement for continued relief from that parish.⁽⁵³⁾

But was Alison justified in drawing these conclusions? The figures for the Royal Infirmaries, which suggest that around half of those aided by them had lived in Edinburgh and Glasgow during their most productive years, belies his second contention. But there is a greater problem. No mention is made of the fact that these Infirmaries, on the recommendation of subscribers and doctors, traditionally admitted patients from outside the cities⁽⁵⁴⁾ - a fact alluded to by Alison in Observations, when he stated that 850 of the 4903 patients admitted to the Edinburgh Infirmary in 1838 came from a distance, and further admitted in his statement that a quarter of the patients not native to Edinburgh had come there in the hope of treatment in the Infirmary.⁽⁵⁵⁾ The 'not native' figure is, therefore, largely irrelevant and misleading. Both tables are misleading, moreover, because no attempt was made to ascertain how closely the 'not native' figures resembled the proportion of migrants in the population - a problem exacerbated in the former because of the failure (except in Aberdeen's case) to differentiate between recent migrants and those who had been long resident.

The pattern of migration from the Highlands, as identified by T. M. Devine, highlights a still more fundamental problem with Alison's contention that the poor law was an inducement to migration. Devine's analysis suggests that most of the migrants came from the relatively more prosperous (though destitution was still a problem) 'farming' parishes in the southern and eastern Highlands, including "central and eastern Inverness-shire, Easter Ross and the greater part of mainland Argyllshire", rather than the 'crofting' parishes in the Western Highlands and Islands. Out-migration from the

former was promoted by "the combined result of proximity to alternative sources of employment in the Lowlands and the expulsive effects of a social system based on consolidation of smaller tenancies and effective controls over subdivision of holdings". In contrast to this money economy, a peasant society continued to prevail in the latter area with large-scale migration discouraged by the development of crofting on marginal land and the growth of quasi-industrial townships in which employment was provided by kelp manufacture, illicit whisky distilling, the army, and fishing. The decline of these sources of employment after 1815 encouraged seasonal migration, in the summer and autumn, to the Lowlands in search of casual agricultural or industrial employment - a source of income which was insecure, especially during periods of economic depression, and which thus contributed to the instability of the Western Highland economy. Permanent migration was discouraged, however, by the willingness to subdivide properties among family members and the ability to maintain a family on small plots of land because of the cultivation of the easily-grown, high-yielding potato.⁽⁵⁶⁾ There is no sense here that migration was being fostered by destitution unrelieved by the poor law, although Alison was right to assert that its inadequacies meant that the destitution was not being relieved.

By early 1841, this strand in the debate had reached a clear impasse. Alison, though, had effectively won the battle, largely because his claim that extensive destitution existed could not be disproved. Indeed, his opponents, and most significantly, the General Assembly of the Church of Scotland in May 1841, had conceded that destitution existed in the towns and cities, and even

in certain country districts. The General Assembly also admitted that the legal relief provided would have been inadequate, "illusory", and "a mockery", if it was "the sole or chief means of support". The rider was significant: Alison maintained that in many cases it was. Thus, from its tenor it would appear that the Church was beginning to see beyond the ideal to the practical operation of the poor law.⁽⁵⁷⁾ Moreover, various Town Councils, whose surveys had reached the same conclusions as Alison, had petitioned Government for an official inquiry. The Report on the best mode of conducting an enquiry into the condition of the poor in Scotland by the Lord Provost's Committee of Edinburgh Town Council, for example, fully supported Alison, citing inadequate parochial and voluntary assistance in the towns, the lack of provision in rural areas, and the law of settlement as the causes of "extreme and extensive destitution in the large towns of Scotland, particularly Edinburgh and Glasgow", which rendered them "peculiarly liable" to attacks of contagious fever.⁽⁵⁸⁾ Although this reasoning, like Alison's, was flawed⁽⁵⁹⁾ - it does reveal the extent to which Alison had influenced not only public opinion but also local government thinking.

Alison's opponents now changed their approach: they attacked his main premise that the increased incidence of fever was indicative of increased destitution. Citing the miasmatic theory, they questioned the validity of his contagionist reasoning,⁽⁶⁰⁾ pointing out that if the former was accepted, it meant not only that the existence and diffusion of fever could not be used as a test of destitution but also that fever would be reduced not by improving poor relief but by sanitary measures.⁽⁶¹⁾ It was a much stronger

and more reasoned attack, but one which suffered because of the lack of precise knowledge as to how 'fever' was spread.

Thus in Remarks to the Edinburgh Committee on Pauperism, the Edinburgh elder Mr. Milne⁽⁶²⁾ argued that the authoritative opinions contained in the Reports of Arnott, Kay, and Southwood Smith, and in that of the Health of Towns Inquiry as to the efficacy of remedial sanitary measures in reducing fever were "sufficient, if not entirely to overthrow, at all events to cast great doubts on the correctness" of Alison's test of destitution, on which he relied "to a great extent ... to shew the utter inefficiency of the Scotch poor laws". Furthermore, he contended that the proposed Public Health bill had not been extended to Scotland because of "the opinions which have been so strongly expressed by Dr. Alison, and adopted by some public bodies in Scotland, that epidemic fevers are to be ascribed to a totally different cause".⁽⁶³⁾ This accusation, however, was not wholly justified as Alison did appreciate the link between insanitary conditions and fever.⁽⁶⁴⁾ He argued, moreover, that Milne's correlation was too simplistic because the districts without sewers were naturally "not only the dirtiest, but the cheapest" and "inhabited by the poorest and most destitute people".⁽⁶⁵⁾ Milne's idea was correct - insanitary conditions did play a major part in the spread of typhus and typhoid. With hindsight, however, it becomes apparent that he was wrong to try to subvert Alison's destitution-disease axis totally - as Alison countered, the insanitary areas tended to be the poor ones, but more significantly, the typhus epidemics were associated with the years of economic depression.

Chalmers argued, similarly, that it savoured "more of impulse than of sober judgement" to base the recommendation for a "universal poor-rate on premises which [were] still disputed and therefore still doubtful". He went on to construct the following, he believed faulty, syllogism from Alison's reasoning: "All fever originates in and is multiplied by destitution, but destitution is lessened by a poor-rate, therefore, fever would be lessened by a poor rate". The argument was unsound, Chalmers argued, because it rested upon two distinct propositions, which required independent proof. Thus, even if the major proposition, based on medical science, that fever could be prevented by the removal of destitution was conceded, it did not follow that a poor law would prevent destitution, since that proposition rested upon politico-economic reasoning. Therefore, those deciding the question had to be "sound economists" as well as "able physicians", the implication being that Alison's economic theory was unsound.⁽⁶⁶⁾

Alison, however, restated the syllogism, believing that Chalmers's was erroneous because it related to a synthetical not the required analytical investigation:

Destitution appears, from previous inquiries, to favour the extension of contagious fever more remarkably than any other cause which we know: Therefore, when we see fever spreading much more in one community than another, we may suspect that there is more destitution, and inquire whether this is the cause. Now, in the British Islands, fever spreads remarkably more where there is no effectual poor-rate than when there is. We may suspect, therefore, that, in the former

case, there is a greater degree of destitution, causing the difference.⁽⁶⁷⁾

In this reasoning there was a three stage inductive process. First, to ascertain whether the destitution was really greater. If satisfied that it was, secondly, to inquire whether there was another permanent cause adequate to explain the difference in fever incidence. Thirdly, if no such cause was found, to inquire "whether the greater extension of the disease [was] at the times, or among the persons, where there [was] the most destitution". Only then could it be inferred that destitution was one cause of fever's diffusion in these districts, and "the practical inference" drawn of the need to improve the relief provision. Those who wished to dispute his conclusions had to apply themselves to the reasoning not to "the profession of the reasoner".⁽⁶⁸⁾ Alison's reasoning as it applies to one city's experience of endemic and epidemic 'fever' over time may be partially correct;⁽⁶⁹⁾ but it would have been difficult to sustain through his English-Scottish comparison because he could not prove statistically that fever and destitution were greater in Scottish than English cities, or that the English poor law had actually reduced destitution.⁽⁷⁰⁾

The major proposition, Alison continued, had been "inaccurately stated" by Chalmers, because he had asserted distinctly that destitution was not "a cause adequate to the production" but that it was "a cause of the rapid diffusion of contagious fever".⁽⁷¹⁾ The medical dispute was over the origin of fever, not the factors affecting its spread on which there was "no difference" of opinion - Chalmers and the Local Inquiry Association had misunderstood the

medical argument.⁽⁷²⁾ Thus, Alison contended, even if it was conceded that Arnott, Kay, and Smith were right in thinking that fever originated in the malaria of putrescent matter and that sanitary regulations would reduce its incidence, this did not affect his argument that the extension of fever was "dependent on poverty and misery [as predisposing causes]; and if found to take place especially in years of scarcity and want of employment, [could] be justly held as a test of destitution". He corroborated this opinion using two Reports, one on the Sanitary State of Manchester by Dr. Howard, the other on the Sanitary condition of Liverpool by Dr. Duncan, both of which remarked on the link between destitution and disease.⁽⁷³⁾

His best defence, however, was supplied by Arnott. In response to queries from the Poor Law Commissioners undertaking the Sanitary Inquiry, he and Alison clarified their positions relative to the generation and spread of fever. Arnott, proceeding from the premise that destitution was being effectively relieved in England but not in Scotland, stated that the difference was "not between two opinions on the same subject..., but between two opinions on different subjects, first, as to what [was] most wanted in England in regard to typhus fever, and second, what [was] wanted in Scotland" in relation to fever and the poor law. He continued, "no one can doubt that the epidemic fevers, which in Ireland, particularly in the years of scarcity or famine, and a less degree in Scotland, sweep off multitudes of the people, spring from or are connected with the existing destitution". Moreover, although he considered that, in eradicating fever, due attention had also to be paid to cleanliness and ventilation, he agreed with Alison "as to

the importance of an improved poor law for Scotland, in relation to the health of the people".⁽⁷⁴⁾ Alison, similarly, had long recognised the importance of sanitary measures and he had always maintained that destitution was only one cause of fever's spread, albeit "in Scotch towns the most powerful and most fundamental".⁽⁷⁵⁾ There was thus little "material difference between [them], as to the practical measures to be recommended" - any difference was really one of emphasis, borne of the perceived difference in the standard of comfort of the poor in Scotland and England.⁽⁷⁶⁾

With the help of contemporary medical opinion, therefore, Alison effectively quashed the attack, made by Milne and Chalmers, against the theoretical basis of his fever-destitution axis. At the same time, however, Milne made a second, and potentially stronger, attempt to undermine this axis by using Alison's comparative statistics against him to show that fever and destitution were in fact greater in England than in Scotland. Thus, he argued, the figures for fever mortality as a percentage of total mortality were higher in England than in Scotland: the first two Reports of the Registrar General stated that fever accounted for 16.7% of English mortality whereas, according to Alison's own evidence, the comparable figure for Dundee between 1836 and 1839 was 12.5%⁽⁷⁷⁾ Similarly, the figures (Table 5:3) revealed that England had a higher general mortality level than Scotland. Thus, although he doubted the validity of Alison's fever-destitution premise, Milne used it against him to try to prove that destitution was greater in England, the implication being that this was the inevitable result of the English poor law.

Table 5:3 Deaths per thousand, 1839.

Liverpool	32.2
Manchester	35.7
London	38.5
Glasgow	27.0
Dundee	27.4

Source: Remarks to the Edinburgh Committee on Pauperism, 14; Lines 1-3 Report of Registrar General, 1839; line 4 Cowan's, Vital Statistics, 9, 1833 & 1839 average; line 5 Lewis, Filth and Fever Bill of Dundee, 10.

Greater English destitution, Milne continued, was also suggested by the evidence from the Health of Towns Inquiry, which revealed that in English cities there was a lack of sewers, covered drains, and general cleanliness, and also that large numbers lived in cellars or in courts of back-to-back houses with little through ventilation.⁽⁷⁸⁾ It was unfair, he concluded:

to exhibit exaggerated pictures of suffering, wretchedness, and mortality, among the Scottish poor, and at the same time draw a veil of silence over the like condition of things prevalent in England. If the state of the labouring and working classes, especially in large towns, [was] a test of the efficiency of the system of the Poor Laws in either country, the English system [had] ... quite as much to answer for as the Scotch.

Alison's proofs for unrelieved destitution in Scotland and the superior condition of the English poor, he concluded, were "unfounded" and "inconclusive", in both respects probably exaggerated, and an unsound foundation on which to base an argument for Scottish poor law reform.⁽⁷⁹⁾ Milne had in fact highlighted a major problem with Alison's English-Scottish comparison: that extensive destitution still prevailed in England despite its

apparently more generous poor law. Had he not been so intent on discrediting Alison by proving the reverse, he might have broached the still more important questions to which he was very close. Ignoring the politico-economic arguments, he might have asked whether adopting the English standard of poor relief would have lessened the number of destitute in Scotland and whether this action would have reduced the fever levels? Asking these questions could have altered the course and balance of the debate on destitution, as Milne could have gone on the offensive instead of the defensive. Arguing the points, however, would probably have demanded greater statistical expertise than Milne and Alison (and probably most of their contemporaries) possessed and definitive medical knowledge about the spread of typhus and typhoid.

Alison responded to Milne by admitting that in English manufacturing districts there was much destitution only partially relieved by the poor-rates. But he also forcefully denied, using the "comparative judgement of experienced observers" of both countries, such as Rev. Lewis of Dundee, and of Drs. Kay, De Vitre, and Duncan in Manchester, Lancaster, and Liverpool respectively, that the homes and habits of the poor were comparatively worse in English than Scottish cities. Destitution was demonstrably greater in the latter because of the greater extent of crowding and "the disappearance of clothes and furniture, sold or pawned for subsistence". Milne's failure to adduce this evidence and his reliance on inferences drawn from the description of houses and drains, indicated that he had "little practical knowledge of the subject on which he [wrote]".⁽⁸⁰⁾ Alison had the intimate knowledge, but, like Milne, could not provide the statistical proof

for his assertion that the two countries differed in the degree of their destitution. Firm in this conviction, moreover, he did not see another possibility - that the English levels of relief may not have had much effect on the numbers who were destitute in Scotland.

Alison, in effect, gave Milne his line of statistical attack by citing the 16.7% figure for English fever mortality in "Illustrations", where he sought to explain it as unusual because of the prevailing English epidemic and by suggesting that many of the cases recorded, especially those of children under ten, were not cases of the "idiopathic typhoid fever" which prevailed in Scottish cities.⁽⁸¹⁾ Although suspicious, whether from lack of time or from seeing no apparent need to verify the figure, Alison failed to double-check it in 1840. It proved an expensive oversight: fever mortality in England in 1837-38 was not 16.7% of general mortality but 6.7%, the former being merely "a gross typographical error".⁽⁸²⁾ This could be verified from the fact that the 1837 figure was 6.4%,⁽⁸³⁾ and from the city fever mortality figures (Table 5:4). These figures contrasted favourably with those for Glasgow where the average for the seven years ending 1840 was 12%, and with the seven year average, ending 1839, of 10.9% in Dundee.⁽⁸⁴⁾ The typing error was easily corrected, but Milne's calculated attack forced Alison to defend his Scottish-English fever comparison in order to limit the potentially serious damage to his campaign. Had Milne been a more able statistician, he could probably have undermined the statistical basis for this comparison without relying on Alison's error.

Table 5:4 Fever mortality as a percentage of total mortality, 1838.

London	7.7%
Liverpool	6.9%
Manchester	7.7%
Birmingham	5.0%

Source: Second Report of the Official Inquiry Association, 25.

Concerned now to pay closer attention to detail, Alison re-examined the statistics cited by Milne in proof of greater English destitution. The mortality figures given for the English and Scottish cities he argued were not truly comparable because the former applied only "to the central and most unhealthy parts" whereas those for the Scottish cities applied to the whole city - indicating that he was aware, despite his Observations argument, that city boundaries made mortality comparisons problematic.⁽⁸⁵⁾ Moreover, in 1838 small-pox and typhus were epidemic in English cities, while in 1838 and 1839, the typhus epidemic was declining in Glasgow and Dundee, and in consequence the mortality was "very small". The average annual mortality of the previous six years in Glasgow was 1 in 31 (32.3 per 1000) and in Dundee 1 in 32 (31.3 per 1000), whereas there was "no evidence in any of the tables published by the Registrar-General of the mortality in the whole of any English towns, as compared with the estimated population, even during the recent epidemics, having been as high as 1 in 30 [33.3 per 1000]".⁽⁸⁶⁾

With these exchanges the debate on destitution reached a stalemate. Although neither side could present a strong statistical argument, Alison's position was the stronger because his opponents no longer denied the existence of destitution, and because the theoretical

basis for his destitution-fever axis was supported, by and large, by medical opinion in both Scotland and England.

Alison's destitution claim was challenged and defended in five other areas. It was argued; firstly, that allowances to the impotent poor were not as far below those in England as was alleged, much of the difference being accounted for by the inclusion, in the poor law expenditure totals, of the amount spent on relieving the able-bodied unemployed, with the remaining disparity "almost disappear[ing]" when consideration was made for wage rates and the fact that allowances were not, as in England, the sole source of income for Scottish paupers; and, secondly, that half of the amount raised from Church collections was used by the Kirk Sessions to provide relief to the able-bodied unemployed.⁽⁸⁷⁾ Alison, pointing to the apparent contradiction in these arguments, emphasised that his evidence for higher allowances in England rested on specific information obtained "from friends in many different parts of England"; and that the Poor Law Commissioners' Reports and the Sanitary Inquiry revealed that wage rates "did not differ materially" in the two countries. Alison concluded that "any difference in favour of the English depends chiefly on their having more constant work; which implies that their numbers are not so redundant", and that by arguing that wage rates were lower in Scotland, they were contradicting one of the most confidently asserted arguments against a legal provision, namely that it lowered wages.⁽⁸⁸⁾ Furthermore, according to Kay, other resources were taken into account when setting allowances in England,⁽⁸⁹⁾ while relief to the able-bodied unemployed in Scotland was almost

non-existent. Less than £20,000 per year was spent on the occasional poor, from which they received a "mere trifle", the majority of the fund being used to keep the temporarily disabled and sick, and deserted women and children off the poor roll.⁽⁹⁰⁾

Alison also rejected, as illusory, the third claim that parochial relief could not be improperly refused because the poor could obtain instant redress without expense in court.⁽⁹¹⁾ Sheriffs and Justices of the Peace, following the Court of Session decision in 1821, had power not to judge the validity of claims, but only of granting that power to the Heritors and Kirk Sessions. The Court of Session proceedings, moreover, precluded instant redress being available there, and since it had not overturned any Kirk Session decisions, the prospect of an agent acting gratuitously on a pauper's behalf was remote, making the entire procedure virtually moribund.⁽⁹²⁾

He was unable "to perceive" the grounds upon which his opponents based their fourth contention that the voluntary system was adequate because paupers received higher allowances in unassessed than in assessed parishes due to the power of "unrestrained charity" which was "speedily dried up under a compulsory assessment".⁽⁹³⁾ The figures in the 1839 General Assembly Report,⁽⁹⁴⁾ he noted, pointed to the opposite conclusion.⁽⁹⁵⁾

Finally, Alison considered the suggestion that it was not necessary to alter the law of settlement, because the evil to be remedied did not exist - immigration from the country was required not because of destitution there but to maintain the town populations, where

mortality exceeded births.⁽⁹⁶⁾ He reduced this argument to a single question: was the migration to the towns excessive? Answering that it was, he argued, that excessive migration, whether to obtain work or greater certainty of relief, indicated the existence of destitution and a redundant population.⁽⁹⁷⁾

A Poor Law Inquiry: Official or Local?

The inquiry issue was in essence a question of the respective impartialities and capabilities of its proposed conductors. Thus the Local Inquiry Association argued that English Commissioners, with a natural bias in favour of their own system, could not be impartial judges of what was best for Scotland. They also rejected their opponents' contention that local magistrates were not reliable as impartial observers because of their vested pecuniary interest in the status quo: they would be unable to falsify the evidence because they would be reporting verifiable facts, as to the number, allowances, and circumstances of the poor, the wages and condition of the labouring population, and the poor law administration in their parishes. Moreover, because heritors and kirk sessions had personal knowledge of the poor's habits and occupations, and their means of subsistence, they would be less likely than strangers to make inaccurate statements.⁽⁹⁸⁾

The problem, however, was one of interpretation. Pauperism figures and allowance levels could be used by the supporters of the Scottish system to prove the adequacy of the existing provision. But in conjunction with separate investigations into unrelieved destitution, which did not figure in pauperism statistics, they

could also be used, as Alison and his supporters did, to highlight inadequate provision.

The Official Inquiry Association argued that since the question was "one of the comparative efficacy of different systems of management of the poor", the investigators should be independent experts with no connection to Scotland and ample experience of alternative systems, namely the English Poor Law Commissioners. They could devote their entire time to the inquiry, investigate all cases of destitution irrespective of whether or not they were recognised as having a right to relief under the existing legislation, and address the issue of the law of settlement impartially. Similarly, since there was no practical legal redress from Heritor and Kirk Session decisions, a satisfactory investigation of the irregularity and inefficiency arising from this, could not be entrusted to those whose arbitrary power was being questioned.⁽⁹⁹⁾

These divergent opinions were clearly illustrated by the fact that the Associations attempted to use their own inquiries to prove their respective assertions. Thus the Official Inquiry Association argued that the spirit in which their rival's inquiries were instituted - they proceeded from resolutions praising the existing provisions and principles of the Scottish system - meant that an impartial and extensive inquiry by disinterested people would not be forthcoming. The Local Inquiry Association stated that neither the proposed reforms nor a Government Commission were approved of by the Kirk Sessions, Heritors and Presbyteries - in itself proof that they could not fairly conduct an inquiry - and that such action was not required because the neglect and destitution said by

their opponents to exist in rural areas was not substantiated by their inquiries. Again, the fact that a year later 18 of the 32 counties had still not introduced inquiries, was cited by the Official Inquiry Association as proof of the ineffectiveness of local inquiries, while their rival focussed upon the 14 counties who had appointed inquiry committees, and to investigations begun by the Magistrates and Town Councils of, for example, Glasgow, Edinburgh, and Aberdeen as evidence for their sufficiency.⁽¹⁰⁰⁾

The Local Inquiry Association also challenged the urban bias of most of the evidence presented, and thus the false impressions created, by Alison and his supporters.⁽¹⁰¹⁾ They targeted, in particular, Alison's "Illustrations" - despite efforts to obtain information from rural areas,⁽¹⁰²⁾ it focussed only on his Edinburgh investigation which was based entirely on the limited response of the city's clergymen and charity workers⁽¹⁰³⁾ - claiming that it showed nothing more "than the deficiency of precise and accurate knowledge".⁽¹⁰⁴⁾ While there was an obvious need for a more thorough investigation, the idea that this invalidated the destitution findings was not wholly justified. Alison argued that because his sample was drawn from different parts of the city, it illustrated not only the existence but also the extent of the evil.⁽¹⁰⁵⁾ Moreover, Edinburgh Town Council's independent inquiry, which gathered information from virtually the same sources, confirmed Alison's findings.⁽¹⁰⁶⁾

The Local Inquiry Association was also being somewhat disingenuous in dismissing Alison's findings, as their own contention that the level of destitution had been exaggerated rested solely on the

evidence of the county poor law administrators and on the favourable opinion of the existing system from certain Presbyteries. Thus the respective testimonies, not unexpectedly, reflected the sympathies of those who conducted the inquiries. However, as the debate continued, the position of the Official Inquiry Association became demonstrably stronger. Their Second Report contained more substantial information on the condition of the urban poor, including evidence on those who had come from country districts,⁽¹⁰⁷⁾ while Alison's "Further Illustrations" repeated the evidence of extensive destitution which the Highland Emigration Committee had presented to the House of Commons in 1841.⁽¹⁰⁸⁾

Furthermore, Alison's and the Official Inquiry Association's call for an official inquiry was supported and thus strengthened by Petitions for such an inquiry from the Town Councils of, for example, Glasgow, Edinburgh, Aberdeen, Paisley, and Montrose. Those from Edinburgh and Glasgow, although recommending an inquiry by the English Poor Law Commissioners, also suggested that the Commission should include one or more Scottish members.⁽¹⁰⁹⁾ Ironically, therefore, the Council inquiries, hailed as proof that the Scottish authorities could conduct their own investigations, concluded that there should be an official inquiry conducted largely by English Commissioners. However, the recommendation that there should also be Scottish Commissioners was an important one: knowledge of the Scottish provision was required if there was to be a balanced inquiry.

Alison emerged from the inquiry debate the stronger. The continually mounting evidence of widespread destitution coupled with the inconclusive results of the preliminary local inquiries made an official inquiry inevitable. This evidence meant, moreover, that, irrespective of any connection with disease, destitution had become an issue in its own right, one which had sufficient momentum to carry the campaign for an official inquiry forward. The Local Inquiry Association's credibility, already shaken by the General Assembly's admission on destitution, was further undermined by the findings of the Highland Emigration Committee and the increasing awareness of destitution and unemployment due to the economic depression of 1840-1843; by the Town Council Petitions for an official inquiry; by another Scotsman attack; and by a contentious Assembly decision in 1841 in favour of a government inquiry. The Scotsman declared that they had been "distinctly mistaken" in their initial welcome of the Association because they now found it coordinating the opposition to, rather than supporting, reform.⁽¹¹⁰⁾ The Assembly's decision caused greater damage, the more so because Milne attempted to convince the Assembly to institute further Presbytery inquiries. His motion was rejected in favour of that from Dunlop, which in line with the Pauperism Committee Report, recommended that the inquiry, in order to command confidence, should have Government authority.⁽¹¹¹⁾

On the adoption of the English Poor Law.

The opposition to the English Poor Law Commissioners, and the expectation that their inquiry would result in the English laws being introduced into Scotland, arose from the conviction that the

Scottish system was founded on superior principles, and that any shortcomings could be rectified without resorting to official inquiries and legislation. Thus Monypenny sought to undermine Alison's reform proposals by arguing that the superiority of the Scottish poor law had long been recognised in England, in both the 1817 Report of the Select Committee on the English Poor Laws, and in the "minute and searching investigation" of the Scottish system in 1832. He also argued that the Scottish principles formed the basis of the amendments to the English act in 1834. This opinion was based on Lord Brougham's speech to the House of Lords before the second reading of the Poor Law Amendment Bill (21 July 1834), in which he referred to the English system as one of "the evil of bad laws, worse administered" and of the need for a return to the "'due administration'" of them in line with experiments tried and improvements effected in certain parishes, and in line with "'their state generally in Scotland'".⁽¹¹²⁾ Monypenny concluded that the government acknowledged that the English law was founded and administered on false principles, and that on both counts the Scottish law was believed by them to be preferable and should be gradually adopted in England.⁽¹¹³⁾ In consequence he questioned Alison's assertion that "the prejudice of Scotchmen" for their own institutions accounted for the preference in Scotland for the Scottish system, and also questioned, not to say ridiculed, the proposed adoption of the English principles - it was nonsensical since the English law was in a state of transition to that which prevailed in Scotland.⁽¹¹⁴⁾

Alison conceded that Monypenny's argument (and those of like-minded opponents) was "at first sight ... a strong one", but emphasised

that it was absurd to argue against an adequate Scottish provision "from the abuses of the old English Poor Law".⁽¹¹⁵⁾ The opinions expressed in the 1817 Report and by Lord Brougham, moreover, had to be viewed in context: they were based on the assumption "that all Poor-Laws, by reason of their supposed effect on population, [were] impolitic and injurious". This inevitably meant that the Scottish system, because it more closely approached no provision, would be preferred to the English. The argument was thus only as strong as the principle on which it was founded - a principle which Alison believed to be fallacious and one which Monypenny had defended by reiterating previously expressed opinion.⁽¹¹⁶⁾

Monypenny was also "very much mistaken" as to the basis of the 1834 Amendment Act. It rested not on the 1817 Report or on Brougham's speeches, but on the 1834 Poor Law Commissioners' Report which recommended "'a compulsory provision for the relief of the indigent ... administered on a sound and well-defined principle" to ensure that the relief of want and the suppression of mendicancy and vagrancy would be made more effective.⁽¹¹⁷⁾ Thus although one object of the 1834 Act was to institute an adequate destitution test for giving relief to the able-bodied poor, in an effort to reduce the burden on the ratepayers, this was to be done "without injury to the indigent poor". Kay, one of the assistant Commissioners, assured his former Professor that, "'no intention whatever existed to assimilate the English administration of the law for the relief of the poor, to that prevalent in Scotland'". He also suggested that Brougham in saying "to their state generally in Scotland" was alluding only to the general resemblance of smaller expenditure.⁽¹¹⁸⁾

Alison further argued, using evidence provided in the 1836 Commissioners' Report, that the amended English system did not correspond in practice to the Scottish system.⁽¹¹⁹⁾ Indeed, Lord Brougham had spoken favourably of workhouse relief for the able-bodied unemployed, and of the relaxation of the rules governing outdoor relief to encompass such men by considering the infirmities of their families.⁽¹²⁰⁾ Although it was the express intention to gradually replace all outdoor with workhouse relief - a plan which Alison regarded "as much too sanguine, if not altogether Utopian" - the practice showed a different trend. In 1839 80% of the relief granted in England was outdoor relief which, judging from the tenor of the Report, the Commissioners had no intention of curtailing if it threatened the comforts or habits of the poor.⁽¹²¹⁾

Thus the English system was in a state of transition; but not one, Alison argued, which justified the contention that the English system was inferior and not worthy of imitation. Given also that the English legislators were not convinced of the superiority of the Scottish system, Monypenny was wrong to infer that they would not be interested now in reforming the Scottish poor law. The recent introduction of the Irish poor law confirmed not only that Government was interested in such matters but also that it recognised that a compulsory legal provision, not the Scottish principles, would be necessary to remedy destitution - another sanguine hope given the low level of allowances granted in England. He confidently asserted, moreover, that whatever Parliament's opinion may have been, there was no conviction as to the superiority of the Scottish system among well-informed members of English society. In fact it was unlikely that they would have had

any opinion at all. Since the practical operation of the poor law was little known in Scotland it could not have been sufficiently understood in England for the holding of any "firm convictions".⁽¹²²⁾

In support of his argument Alison cited the opinions of Revans, Secretary to both the English and Irish Commissions, and Mott, an Assistant Commissioner, but he emphasised particularly the information received from doctors, who he believed to be "the most intelligent and impartial witnesses".⁽¹²³⁾ Dr. De Vitre, formerly an Edinburgh student (M.D. 1828) who had practised for five years in the south of Scotland before moving to Lancaster as a physician and guardian of the poor stated that those who believed that the Scottish system was preferred by many in England were "only grossly deceiving themselves" and that he doubted whether anyone in England would recommend "the Utopian plan" of leaving the relief of the poor to voluntary charity.⁽¹²⁴⁾ In conclusion Alison asked: why, if the English system was gradually to be assimilated to the Scottish, were his opponents so vehemently against an inquiry by the English Commissioners? Did this refusal not imply "some lurking distrust" of the Scottish system's superiority?⁽¹²⁵⁾

A stronger and more considered argument against the introduction of the English Poor Law was contained in Monypenny's Additional Remarks, which concentrated less on easily countered supposition and prejudices and more upon the difficulties being experienced in administering and operating the law in England. He now argued that it was nonsensical to adopt an alien system which was "very generally and loudly complained of as unsatisfactory". He

referred, in particular, to the threat hanging over the entire poor law structure because of the mounting resentment to and weakness of the central board, its administrative centre. Was it reasonable, Monypenny asked, to introduce a law which "rested on an unsound foundation" and one whose remedies could not be strictly enforced because they were "unpalatable to the people"?⁽¹²⁶⁾

He also tried to convince the middle classes, whose opinions Alison had most swayed, to renew their support for the Scottish principles by raising the question of cost. Replacing voluntary charity by compulsory assessments would necessitate the adoption of the English system of management to the ruin or severe detriment of the middle classes. It was not the saving in England following the 1834 Act which was important but the comparative cost of management of the two systems. In Scotland this involved "a very trifling expense" since Kirk Sessions acted gratuitously, while in England the cost, after its initial fall, was reportedly increasing again. This though was to be expected from a system "formed on mistaken and erroneous principles".⁽¹²⁷⁾ Since the evils were inherent in the faulty laws, it was not sufficient to argue, as Alison had done, that the abuses of the old system were now corrected and, therefore, not valid in arguments against the amended act.⁽¹²⁸⁾

The workhouse was singled out for particular attack by both Monypenny and Milne. The latter objected because they could not be managed by the ordinary parochial authorities and because the duty would devolve upon "paid Inspectors and subordinate officers" who were actuated not by "benevolence, or a sense of religious duty" but by money "and the fear of superiors". Were the people of

Scotland ready, Milne asked, for the "general system of Boards of Guardians, Overseers, Relieving Officers, and Poor Law Commissioners" which the workhouse entailed?⁽¹²⁹⁾ He had failed to realise that Alison's recommendations gave a superintending power to a Central Scottish Board, so that the parish authorities, even without the workhouse, would not have retained control of poor relief. Monypenny accepted that workhouses appeared to be "indispensable ... as the cure of the disease of pauperism" and "a strong and almost desperate remedy" for the "malignity" of the disease in assessed parishes. But, he argued, since the causes of this disease - assessment and a legal right to relief for the occasional poor - did not exist in Scotland, was "it prudent to create the disease, in order that the remedy may be administered?" The remedy, the workhouse system, would cause increased pauperism and offend the people's "feelings and dispositions", thereby introducing evils "which [did] not and [could] not occur without it".⁽¹³⁰⁾

Alison responded that Monypenny "in his zeal to extirpate the alleged disease, Pauperism [had] apparently lost sight of the real, increasing and truly lamentable disease, ... Destitution and suffering". A great part of the destitution arose from unemployment, the only remedy for which, as the experience of other nations had shown, was "an adequate legal provision" which inevitably involved the poor becoming paupers. The objection that this damaged character and increased population was untenable, provided the remedy was administered prudently - and the workhouse had been found by experience to be the safest and most beneficial means of relieving the able-bodied poor.⁽¹³¹⁾

The following year, Monypenny highlighted the difficulties being experienced in England in administering workhouses according to the less eligibility principle. In a subtle alteration of his previous argument, he now contended that the workhouse was not a cure for destitution, but rather directly caused its increase. The intention of the workhouse was to deter imposters; but it was the idle and profligate, and not the deserving poor who preferred to struggle on in penury, who were prepared to enter the workhouse, the regulations for which could not be relaxed without destroying its efficiency. It was a dilemma from which there was no escape.⁽¹³²⁾

The question thus became under which system - Scottish or English - was destitution most effectively relieved. In turn this rested on the ability of each to prevent imposition, and specifically on the comparative success in detecting it of the workhouse test and Kirk Session investigations. Monypenny argued that the former could not "furnish a perfect and unerring test of destitution because that could only be supplied by careful inquiry; the inevitable result was imposition and an increase in deserving cases of destitution. Only in Scotland where Kirk Sessions were able to fully investigate circumstances did you have the means to relieve real distress and to prevent imposition.⁽¹³³⁾

The problem with his argument, as Monypenny recognised, was that urban growth had not been matched by an increase in the number of churches: and without the necessary Kirk Sessions to inquire into cases of destitution the entire administrative structure of the Scottish poor law became unworkable. Monypenny argued from the

ideal of the Scottish poor law; Alison from the outset focussed upon its daily practicalities which left much urban destitution undetected. The former's attitude to the workhouse was determined by his perception of pauperism as a moral disease and his belief that the Scottish principles, from their supposed effect on the character of the poor, would best curtail its growth. For Alison the primary concern was to relieve destitution, its causes were of secondary importance, although his advocacy of the workhouse, because of its unpopularity in England and the difficulties of administration experienced there, did reflect unfavourably on his argument. The real issue remained, however, the adequacy or otherwise of voluntary charity and the Scottish poor law to detect and relieve destitution. This issue formed the last major area of contention in the debate.

The Adequacy of the Existing Provision.

The arguments involved here were essentially the same as those addressed by Alison in Observations. First, the adequacy of the existing system of poor relief, and more particularly whether or not it would be adequate if the necessary parochial structure was established. Alison was really addressing two separate issues: the adequacy of the existing legal provision which allowed a compulsory assessment to be raised if church collections or voluntary assessment proved insufficient, and the adequacy of a wholly voluntary system, in which there would be no need for a poor law or compulsory assessments. Second, the viability of the existing poor law principles, and of the belief that destitution would be alleviated by the moral reformation of the poor. Third, the

success or otherwise of the St. John's experiment, regarded as the model for the voluntary system.

Monypenny argued, in April 1840, that it would be unjust to impose a uniform compulsory assessment over the whole country because it was indispensable in certain parishes, when the poor in many others could be maintained without it. Moreover, he disputed the contention that the Scottish poor law was "ill adapted for a complex and advanced state of society": its utility was determined not by this but by parish size, which could be regulated, and administrators appointed, as required. Church collections for poor relief, which in the preceding decades had declined because of the growth of Dissent, the increased reliance upon assessment, and inadequate church provision would, by continued church extension, be rendered sufficient. The resulting increase in the number of ministers, Kirk Sessions and elders, who acted gratuitously in the management of the poor, would then render unnecessary the employment of paid inspectors. The existing problems, he concluded, arose not from defects in the system but from administrative difficulties - the solution, therefore, was to expand the administrative structure not revoke the existing principles.⁽¹³⁴⁾

A year later this argument was repeated in the Report of the General Assembly's Pauperism Committee and by Milne. But they also expanded it, emphasising, as Chalmers had previously and continued to argue,⁽¹³⁵⁾ that church extension would permit moral reform. Their reasoning was indicative of the change which Alison had forced upon his opponents' thinking: aware that their arguments

against the existence of widespread destitution were untenable, they now emphasised what they perceived were the causes - vice, intemperance, lack of religious instruction - and remedies for that destitution. Thus they argued that since poverty was a moral disease, then much (Milne stated 75%) of the existing poverty could be prevented, if due attention was given to moral instruction, to the inculcation of habits of industry and sobriety, and to urging the importance of familial obligations.⁽¹³⁶⁾ Chalmers argued, similarly, that his parochial system, with its emphasis on locality, on increasing private charity, on encouraging "the dormant capabilities of the people themselves", and on moral reformation, was the best remedy for the existing destitution.⁽¹³⁷⁾ The implication of this argument was clear: since the fault did not lie with the inadequacies of the existing poor law, then Alison's contention that the principles had to be reformed if destitution was to be reduced, was not justified.

Monypenny also argued that one of the causes of the increase in urban destitution was the fact that the parish authorities no longer administered the poor law there, with the result that "the parochial system ... [was] subjected to many checks and interferences which tend[ed] to diminish its efficiency".⁽¹³⁸⁾ Milne, taking this argument a stage further, argued that the parish authorities had been unable to cope because of the increase in immorality and pauperism.⁽¹³⁹⁾ Moreover, both he and Monypenny believed that poor law management in the cities would be improved if it was restored to the Kirk Sessions. Poor relief suffered at present, Milne stated, because the numerous Boards of Management comprised individuals who had "no religious intercourse with the

poor and therefore [had] no sympathy for distress and grudge[d] giving money". The number of managers undermined individual responsibility, so that the duty of visiting the poor was "devolved on mercenaries of inferior station and character" and was consequently much neglected. As a result claims for assistance were not properly investigated and allowances often misapplied.⁽¹⁴⁰⁾

The necessary administrative structure, Milne continued, already existed in Scotland. But although the previous decade had seen around 200 new churches built, the Church Extension was seriously flawed because the churches had not received endowments and the accompanying legal privileges from the Teind Court or the Government. The Church Extension Committee had expected the Government to grant the endowments, but in the end even their 1838 offer to endow those built in rural areas was withdrawn. Milne claimed that responsibility for this lay with the General Assembly because it had rejected the offer in the hope that the towns would be included.⁽¹⁴¹⁾ But his claim was disputed by the Assembly's Pauperism Committee and in the discussions which followed the reading of its 1841 Report. In them the blame was laid not on Church but on heritors' opposition.⁽¹⁴²⁾ This internal dispute was an indication, therefore, that Alison's campaigning was causing mounting pressure and turmoil within the Church. Whoever was ultimately responsible, the denial of Teinds was of great importance, especially in the urban parishes, because without them the Kirk Sessions had no power to erect parish schools or to administer poor relief - and without these they could not re-

establish parochial administration or begin the moral reformation of the poor.⁽¹⁴³⁾

Alison had no objection, in principle, to the Kirk Sessions retaining responsibility for poor relief management. He thus favoured church extension and the plan to increase religious instruction. However, he continued to argue that if cases were to be investigated properly and speedily then paid agents, subordinate to the parish authorities, were indispensable, and that religious teaching would only be effective if it was accompanied by the relief of destitution. Adequate relief, he again asserted, would only be achieved if the principles governing poor relief were changed - a change which could only be effected if the "theoretical notion" that this would lead inevitably to increased pauperism was also rejected.⁽¹⁴⁴⁾

Alison also concurred in "the abstract excellence" of the parochial system, but stated that its' practicability had to be judged from two questions: whether the voluntary principle, carried uniformly into effect, could equitably relieve destitution; and whether its success depended upon it acting independently of a law which would control funding and enforce duties.⁽¹⁴⁵⁾ Alison doubted the adequacy of the voluntary principle for two reasons. Firstly, he thought it unlikely that Chalmers's scheme would be universally adopted - his example had been followed in few parishes and the heritors in rural parishes and magistrates in towns who were partly responsible for poor relief would, as Chalmers had experienced, continue to obstruct them.⁽¹⁴⁶⁾ In the Official Inquiry Association's Second Report he argued more forthrightly that there

was no security in leaving poor relief to "the will of the rich" because "the power of avarice, selfishness, indolence and all bad passions" would mean that relief of destitution would be irregular and inadequate.⁽¹⁴⁷⁾ Relief could only be made effectual if a legal provision was introduced which provided "sufficient funds to take away all excuse for mendicity, a system of inspection, on the principle of locality, which may secure a thorough knowledge of the conduct of those relieved, and a workhouse, in which all abuse or misapplication of relief may be prevented".⁽¹⁴⁸⁾ Furthermore, to ensure that the administrators did not neglect their duty, "an accessible authority, enforcing an effective and uniform law" would be required.⁽¹⁴⁹⁾

Secondly, much destitution would continue to go unrelieved because the system contemplated by Chalmers, and the poor law envisaged by Monypenny, Milne, and the General Assembly, retained the distinction between 'deserving' and 'undeserving' poor, with the latter being "shamed out of their importunities", their exclusion by implication being a punishment for idleness, improvidence and vice. Under the voluntary system in which there would be no other public charity this exclusion was still more inhumane because innocent children would "be left to beggary or starvation". But the most serious exclusion, and the one which revealed the true depth of his opponents' misconceptions of the increasingly industrialised society, was that of the able-bodied unemployed. Chalmers continually spoke of "stimulating the industry" of the poor, and of encouraging them to save in case of unemployment. He thus showed "that he [had] had little practical experience" of the fluctuating demand for labour or of the impossibility of saving

from wages which were barely sufficient to obtain "the necessaries of life". The practical result of the exclusions, Alison concluded, would be a lowering not an improvement of habits and an increase in vice and improvidence. Thus while character ought to be considered when deciding on the mode of relief (to prevent abuse), no distinction should be made as to those entitled to relief.⁽¹⁵⁰⁾

Alison also condemned as unjust Chalmers's support for an assessment for the relief only of the sick poor because it excluded legal relief to dependants of those who had died, to those unable to work because of age or unemployment while extending it, because of the practical impossibility of distinguishing causes, to those who from their own improvidence or intemperance were ill or disabled. The exclusion, moreover, was inexpedient because Chalmers had admitted (and Monypenny merely reiterated previous opinion), not only that destitution, by degrading the poor's habits, fostered population growth but also that destitution destroyed the preventive check of moral restraint. Thus the question became how destitution could best be alleviated. Their respective answers - Alison advocated poor law reform, Monypenny and Milne a return to its founding principles, and Chalmers its abolition - reflected their conceptions of poverty and their thoughts on the effect of poor laws on population and character. These also accounted for the prominence which the three latter placed on religious and moral instruction.⁽¹⁵¹⁾

One further aspect of the parochial system, the emphasis on encouraging the poor's own charity⁽¹⁵²⁾ - what was termed the fund

ab intra - was attacked by Alison as a recommendation that the poor should support the poor. At the British Association meeting in September 1840, Chalmers argued that this fund already existed in the large profits made in pawnbroking and in the amount spent on whisky - Alison and his brother admitted that most of Glasgow's £1,200,000 whisky bill came from the working classes, although Chalmers thought the sum was exaggerated. This surplus fund was then compared with the £800,000 Alison had calculated was necessary to raise the Scottish poor to the standard of comfort enjoyed by their English neighbours, and the obvious conclusions drawn.⁽¹⁵³⁾

Thus Chalmers reasoned that, with temperance and prudence the poor would be relieved at the expense, not of each other, but of whisky sellers and pawnbrokers. In strictness of language, Alison admitted that he should have said "that the support of the poor was to fall on the working classes", this being the only place from which the fund ab intra could be obtained. His contention remained logical, however, because if poverty was to be relieved by reducing this extraneous expenditure, without there being any fund ab extra, the money had to come from the working classes. This Alison argued was unjust and an abdication of the religious duty of the rich. Chalmers may have meant that the working classes would be taught "habits of prudence and economy" which would preserve them from destitution and so preclude any direct expenditure on the poor. But this supposed that man would no longer be sinful and that the poor would "cease out of the land", both of which were inconsistent with Scripture. Thus if the poor remained and if the main provision was the ab intra fund, then the conclusion that the poor were supporting the poor was inescapable.⁽¹⁵⁴⁾

It was, however, the debate over the success or otherwise of Chalmers's St. John's experiment, the 'model', which aroused the most acrimonious exchanges. The scheme was famous, Chalmers its celebrated instigator, while its reception at the British Association was evidence that it continued to command considerable support. Monypenny repeatedly described it "as clear proof of the superiority of the voluntary over the legal system of provision".⁽¹⁵⁵⁾ From the end of 1840, this experiment in parochial management was used increasingly to demonstrate the adequacy of the voluntary system by the defenders of the existing poor law. Alison was left with no choice but to try to discredit it.

He questioned first the reliance on Chalmers's authority to prove "the excellence of the system". Chalmers, by his own admission, had never been involved with the daily operation of his scheme, and therefore, had never been in a position to judge whether poverty was efficiently relieved and the poor's habits improved. He also questioned the system's central supposition - that pauperism was "'a moral pestilence'" which had to be reduced. Pauperism was thus confounded with poverty, with the system's administrators failing to appreciate that their actions in reducing the former may have caused an increase in the latter. "The result of the experiment", Alison concluded, was "that the portion of destitution, which took the form of pauperism ... was reduced much smaller here than in other parts of Glasgow".⁽¹⁵⁶⁾ Moreover, the claim that the poor preferred the treatment they received in St. John's was easily explained: the poor, recognising that only a portion of destitution had a legal claim, naturally went where they had a greater

opportunity of help from the rich.⁽¹⁵⁷⁾ The greatest indictment, however, was provided by two facts: that the system was not imitated in any other town in Scotland and that after eighteen years the management of St. John's was returned to Glasgow's General Session.⁽¹⁵⁸⁾

Chalmers's riposte was scathing. His supposedly recent admission that assessments for medical charities were justified was, he stated, not new - it had been published twenty years previously. He continued:

But I cannot wonder at his [Alison's] ignorance of these, as it is obvious from what he has written formerly, that, like his brother who with him utterly misconceives the working of the parochial system in St. John's - that neither of these strenuous advocates for a poor-rate has ever read them. Nor is this to be marvelled at either, seeing that both of these truly excellent men have settled it between them, that, on the question of pauperism, the light neither of reason nor experience have ever been consulted by me; and accordingly the one [Archibald] tells his readers that all I have done on this question has been under the impulse of an enthusiastic imagination, while the other tells them that in all I have said or written thereupon I have emitted nothing but flashes of oratory.⁽¹⁵⁹⁾

Chalmers's angry outburst against the Alisons was to be expected - the past and future success of his life's work and the strong beliefs on which it was based were threatened by the debate on the adequacy of the voluntary system. His response, borne of anger not

quiet consideration, was not wholly fair. He attacked them for misconceiving and misrepresenting the system but gave no real evidence in support of the contention. Indeed, Alison (W. P.), as his numerous pamphlets reveal, clearly had a deep understanding of both the working of, and the ethos behind, St. John's and the Scottish poor law.

The debate on the adequacy of the poor law left the opposing players holding unresolvable differences of opinion, although Alison's position was undoubtedly the stronger, again largely because his opponents could not disprove his claims of extensive unrelieved destitution. It was very difficult for them to argue that the existing poor law principles were the correct ones and that the administrative provision could be made adequate, when the evidence - and that from the Town Councils and the Highland Emigration Committee was independent of the protagonists in the debate - of unrelieved destitution was a constant reminder that their system had largely failed in both rural and urban parishes.

By the end of 1841 Alison's "well-orchestrated campaign"⁽¹⁶⁰⁾ for reform had succeeded in mobilising public opinion behind an official inquiry, an indication that the need for reform had also been accepted. The speed with which this was achieved was due, in part, to the greater strength of Alison's arguments, particularly his evidence for extensive destitution. It was also due, however, to the press, particularly the medical journals and the Scotsman, and to the economic depression of 1840-1843. The Press' continuing support ensured that Alison's opinions reached a wider public and

that his position during the debate was strengthened, while the depression increased the level and awareness of destitution, and by highlighting unemployment, strengthened Alison's argument that relief should be given as a right to the able-bodied unemployed. It was, moreover, the depression, and particularly the distress in Paisley in late 1841, which convinced Sir James Graham that Scottish poor law reform was necessary and led to his raising the subject with Robert Peel (PM 1841-45).⁽¹⁶¹⁾ The depression was important for another reason. Although Alison had effectively won the argument over destitution and the need to provide the impotent poor with adequate allowances, he had not been able to wholly disabuse prevailing attitudes that the able-bodied were unemployed due to their own improvidence. This explains why, from 1842, he directed his campaign increasingly towards obtaining a legal right to relief for the occasional poor, primarily the able-bodied unemployed.

Chapter Six: Alison's "Special Hobby", the Official
Inquiry, and his Influence upon Scottish Poor Law Reform.

The Royal Commission for Inquiring into the Administration and Practical Operation of the Poor Laws in Scotland was appointed on 26 January 1843, three years after Alison had set in motion the public campaign for an official inquiry and poor law reform. With the debate effectively won by the end of 1841, Alison and the Official Inquiry Association directed their efforts to persuading government to institute an official inquiry. As many Town Councils had already done, the Association sent two memorials to Peel explaining the need for an inquiry, and following intervention from Mr. Ellice, MP for St. Andrews, the second, more insistent one, received the promise of an inquiry from Peel.⁽¹⁾ The promise having been gained, the Scotsman, in July 1842, again lent its support, urging the public, who had remained silent on the matter, to avoid party political controversy, and to make energetic efforts to inform the Government and Parliament that the prevalent opinion in Scotland was one strongly in favour of a poor law inquiry and reform.⁽²⁾ However, although public pressure was vitally important, it is also possible that the Royal Commission was appointed sooner than it might otherwise have been because of the impact on government of the economic depression.

This version⁽³⁾ of events which attributes the inquiry to the successful campaigning of pressure groups, MPs and the press, and to the strengthening of that campaign by the economic depression, has been challenged by contemporaries and historians. An article in the Free Church Magazine in 1845 stated that the Inquiry's

origin lay in the May 1842 Court of Session decision in the Ceres Case in which an allowance to a widow with six children was declared illegally small. It did so, the article claimed, because it finally prompted the landlords out of "their torpid insensibility", and persuaded them to concede to the inquiry.⁽⁴⁾ Similarly, Audrey Paterson has remarked that "the effect of the Disruption [of May 1843] was to emphasise how inadequate the existing arrangements had become and a Royal Commission was appointed to inquire into the relief system and to suggest improvements".⁽⁵⁾ However, neither idea is strictly accurate. The Ceres decision was taken against the background of discontent over the adequacy of relief which the public debate had fostered and, according to Alison, it "remained a dead letter"⁽⁶⁾ and thus could not have influenced the landowners. The Disruption took place four months after the Commission's appointment,⁽⁷⁾ although the General Assembly's 1841 resolutions had made it "evident that the Church wished to divest itself of its administrative duties".⁽⁸⁾

The Royal Commission had seven members, only one of whom was English. The composition accorded more, therefore, with the wishes of the Local Inquiry Association than with those of Alison and the Official Inquiry Association.⁽⁹⁾ The English representative was Edward Twisleton, an Assistant Poor Law Commissioner, who had gained personal experience of Scottish conditions the previous year when he was sent by government (unofficially) to oversee the administration of relief in Paisley.⁽¹⁰⁾ The other six members were Scottish, comprising four who were connected with the landed interest and two ministers - Viscount Melville, Robert Montgomerie (8th Lord Belhaven), Henry Home Drummond,⁽¹¹⁾ James Campbell of

Craigie (Ayr, Ayrshire), Rev. Patrick Macfarlane (West Kirk, Greenock but formerly of St. John's, Glasgow, 1824-1825),⁽¹²⁾ and Rev. James Robertson (of Ellon, Aberdeenshire).⁽¹³⁾ Clearly a compromise aimed at appeasing both sides, the Commission, with an apparent bias to the groups in Scotland who opposed reform, may have raised some doubts about the Government's intent. Thus, Lord Cockburn commented that "the Commissioners have perhaps not been selected so wisely as they might; but Lord Melville's being at the head of them is a sufficient guarantee for the whole".⁽¹⁴⁾ The Commissioners' Report later revealed his faith to have been misplaced.

Alison's evidence to the Commission (9 March 1843) embodied the main points of his previous arguments and recommendations, with a significant alteration in regard to the workhouse.⁽¹⁵⁾ Their introduction for relieving certain classes of impotent and unemployed poor was still recommended but increased knowledge of the practice which had developed in England occasioned a change in Alison's thinking. The workhouse test would be most valuable in rural areas where the demand for labour was fairly steady (he did not consider the vicissitudes of temporary migration from the Western Highlands for employment in the Lowlands) and where the unemployed poor were likely to be of "irregular character"; whereas in areas where the demand for labour was "very fluctuating" relief would be better administered using a labour test.⁽¹⁶⁾ In addition to his evidence, in October 1843, Alison sent the Commission an unpublished copy of the first part of his Observations on the Epidemic Fever of 1843 in Scotland, which was published, with a postscript, immediately after the Commission reported. The delay

in publication was caused by Alison's adherence to a promise - although the Commissioners had released him from it - made by the Official Inquiry Association not to agitate publicly on any question connected with the poor law for the duration of the inquiry.⁽¹⁷⁾ His decision to remain silent proved invaluable: probably influenced by the composition of the Commission and the expectation of a negative Report, he was able to follow the inquiry, frame a considered response, and marshal his evidence in regard to relief for the able-bodied unemployed without the continued pressure of campaigning.

Alison's expectations and fears were proved correct. The Commissioners' Report, presented in May 1844, included an Extract from the 1839 Report on the Management of the Poor and, like Monypenny, the Local Inquiry Association, and the General Assembly, made its recommendations from the premise that the Scottish principles were the right ones, and that the fault lay with ineffective administration.⁽¹⁸⁾ Twisleton, as might be expected, disagreed and had his "Reasons of Dissent" published with the Report.⁽¹⁹⁾ Alison commented that the Commissioners' recommendations had "gone just about half the length which [he] had formerly represented as necessary", while Twisleton had "gone the whole length", and in regard to compulsory assessments and workhouses had gone even further.⁽²⁰⁾

The Commissioners agreed with Alison on four points. Firstly, that the poor relief funds were insufficient and that the poor law had to be adapted to take account of the altered economic circumstances.⁽²¹⁾ Secondly, that the constitution of the

Parochial Boards in unassessed rural parishes should remain unchanged - although Alison later altered his opinion, arguing, because the Commissioners and the Heritors had refused to admit that there were any defects in the system, that the existing managers would have to be changed if the law was to be effectively administered; that ratepayers, who were not heritors, in assessed rural parishes should be permitted to elect representatives; and that in town parishes and in those partly burghal and partly landward, where the parochial system was no longer effective, the parishes should be united as one purely burghal parish for poor relief administration. This would ensure uniform treatment of the poor and eradicate the anomaly of a settlement being refused because the person had not been resident in one city parish for three years (due to the high residential mobility of the urban poor), although resident in the city for longer. The Managers of the Poor in these united parishes would consist of the provost or chief magistrate, ex officio, with the remainder being elected by the ratepayers.⁽²²⁾

Thirdly, that the powers and duties of the Parochial Boards should extend (though it was not to be made compulsory) to the establishment of Poorhouses for the impotent poor,⁽²³⁾ and to the provision (again discretionary) of medical relief from the poor funds and the establishment of dispensaries in any Poorhouses built.⁽²⁴⁾ Both of these, as Twisleton suggested, were made compulsory by the Act.⁽²⁵⁾ The Report also recommended that the Boards provide adequate accommodation for housing all pauper lunatics;⁽²⁶⁾ that unsettled paupers should be relieved by the parish in which they were found destitute until their settlement in

another parish was established - the present Pass System was now more akin to vagrancy than relief;⁽²⁷⁾ that the expense of educating pauper children should be met from the poor fund;⁽²⁸⁾ and that, in addition to the existing civil action to recoup money, fathers who deserted their children or refused to maintain their illegitimate ones could now be criminally prosecuted.⁽²⁹⁾ Alison agreed that these recommendations would be beneficial - but only if "adequate means" were provided "for carrying them into effect".⁽³⁰⁾

Fourthly, that the period of residence for obtaining a settlement should be extended. The Commissioners recommended an increase from three to seven years, the consolidation of large towns into one parish for determining residence, and that a right to settlement could only be obtained by natives of Scotland. Alison suggested ten years, and what was an inferior solution, although he later acknowledged that the Commissioners' plan was better, that a person who had not obtained a settlement in one city parish because of frequent moves, should be maintained there by their native parish. He also stated that the inequality arising from the denial of a settlement to Scots in Ireland and England while the poor of those countries could obtain one in Scotland should be rectified. Since it was the Scottish law under discussion he presumably meant, although he did not state it specifically, that the Scottish rules should be altered.⁽³¹⁾ The framers of the amendment Act listened to neither: a settlement was to be obtained following five years of industrial residence - a regulation which conformed with that introduced for England by the 1846 Poor Removal Act.⁽³²⁾

Alison and the Commissioners may have reached the same conclusions on these points, but Alison's reasoning was rejected by the latter. Their extensive inquiries, they stated, had convinced them that the allegations made against the law - that the constant influx into towns from rural parishes placed an undue burden on the towns⁽³³⁾ - had "been much exaggerated" because the condition of the poor in rural Lowland and Highland parishes was better than that of urban paupers. Thus the claim that inadequate allowances in country parishes and assessments in towns caused the poor to move to the towns was untenable and not confirmed by the evidence. Most migrated in search of work - which Alison had distinctly stated was the case⁽³⁴⁾ - and few became a burden on the poor roll after a short residence.⁽³⁵⁾ Their argument and the assumptions on which it was based bore a close resemblance to those of Monypenny and the Local Inquiry Association - it thus also betrayed their sympathies. Alison, in reply, reiterated his previous argument that the reasoning was erroneous and nonsensical because it inferred from evidence relating to paupers, "that the destitute poor from country parishes [did] not unreasonably burden the towns". This ignored the fact that the number of destitute greatly exceeded the number of paupers, and the fact that destitution also arose, as the Commissioners admitted, from the inadequate allowances given to paupers. Thus it was the destitute poor and not the paupers who placed an excessive burden on the legal and voluntary funds in the towns.⁽³⁶⁾

The background and sympathies of the Scottish Commissioners were also evident in two recommendations made, and two not made, by them, with which Alison disagreed. They recommended, firstly, that

there should be no power of appeal in the courts against the decisions of the parochial boards. Rejecting the suggestion, made by Alison and other witnesses, that such appeals could be heard by "the Judge Ordinary or other local magistrate[s]" or by the Sheriff Courts, and rejecting also the existing appeal to the Court of Session, they recommended that mal-administration by the parochial managers should be checked by subjecting their proceedings to "the influence of reason and good feeling, aided by public opinion".⁽³⁷⁾ Adequate allowances would be secured, they continued, if these proceedings were also subject "to a strict review" by the Secretary of State, by which the "moral force arising from public opinion" would be brought to bear on them. For this purpose they recommended, secondly, the establishment of a Board of Supervision, the unpaid members of which would "have the fullest power of inquiry and remonstrance". The parish boards would send detailed reports (paid clerks would be employed if necessary) at least twice yearly to this Board from which an annual report for the Secretary of State would be compiled. In the towns, moreover, the clerk could double as an inspector of the poor - Alison advocated paid inspectors in place of visiting elders⁽³⁸⁾ - "the want of sufficient supervision" being, as Monypenny and Milne had argued, "one of the great defects" of the existing poor law administration.⁽³⁹⁾

The Commissioners considered but rejected two recommendations which would have meant altering the principles of the Scottish poor law. They opposed replacing the voluntary system with compulsory assessments because they were not certain of their supposed benefits or that they were required in all parishes.⁽⁴⁰⁾ Moreover,

believing that parishes could raise the necessary relief funds under the existing system, they did not recommend any alteration in the mode of imposing assessments.⁽⁴¹⁾ Finally, and most significantly, they proposed that there should be no alteration in the law relating to the relief of the able-bodied unemployed, their justification for this decision echoing the arguments, in particular, of Monypenny and Milne. Thus, the Commissioners argued that the right to relief was not warranted because the able-bodied unemployed in Scotland, unlike their English counterparts, had "not been injuriously affected by any previously existing system, either of law or administration, founded on erroneous principles", and that any imperfections could be met by a consideration of the first principles by which relief was granted in Scotland. These principles being, as Monypenny had detailed, that the impotent poor had "an absolute and unconditional right to relief" while the able-bodied should be helped to develop their own resources, and through intellectual, moral, and religious education taught to value their self-respect and independence.⁽⁴²⁾ Similarly, the proposed safeguard against imposition, the workhouse test, was rejected because the Commissioners felt the discipline imposed offered an inducement not for obtaining relief but to crime. The workhouse would also destroy independence, self-respect, and family affection. Moreover, regardless of whether relief of idleness was offered indoor or outdoor, it levied an unjustifiable tax on the industry and resources of the country.⁽⁴³⁾

The actual need to relieve the able-bodied was considered by them under three headings: lowland rural, Highland, and urban parishes. In the first of these, they found, the existing law to be perfectly

adequate.⁽⁴⁴⁾ Poverty in Highland parishes posed a greater problem but they questioned whether this was attributable to defects in the poor law or whether, as their inquiries had shown, it was the result of the Highlanders being less civilised and less well-educated, and hence at a disadvantage when trying to secure employment. They could not, therefore, learn the benefits of industry. An assessment in such circumstances would arrest progress towards independent industry, which could be effectively secured only by expanding educational provisions.⁽⁴⁵⁾ Furthermore, assessments in certain Highland parishes where the rental was insufficient to meet its demands would not only be of no benefit to the poor, but would do positive harm by ruining the property owners and checking their improvements.⁽⁴⁶⁾

In towns, the question was more complicated. Although they admitted the privations of unemployed labourers, especially during trade depressions, the Commissioners argued that it was not the principle but the administration of the law which was at fault. They recommended, therefore, that in towns, where assessments were universal for relieving the impotent poor, the able-bodied poor could be adequately relieved from church collections, all of which, rather than half, would be at the disposal of the Heritors and Kirk Sessions.⁽⁴⁷⁾ Although they also admitted that the voluntary funds had been insufficient during the recent recession to adequately relieve the destitute, they argued that granting a discretionary power to assess for relief in these times was an unwise relaxation of the existing principle and, because of the time taken to raise it, of doubtful benefit to the poor.⁽⁴⁸⁾ They did not consider that the certainty of assessment funds meant that relief could

begin immediately. No reference, moreover, was made to the inadequacy of voluntary funds in normal times to maintain the poor, able-bodied and impotent, a problem which Alison had highlighted when he stated that Edinburgh's charitable institutions were dependent on the continued subscriptions of under 1000 people, an inequitable burden which assessments would redress.⁽⁴⁹⁾

The Commissioners suggested instead that the unemployed poor should be encouraged to seek "employment of a different nature or in a different locality", in connection with which they urged government to provide facilities for diversifying industrial education, which would, in turn, encourage independence and temperance. Thus, having cited the common argument that excessive drinking and unlicensed pawnbroking caused pauperism, they recommended, as Chalmers had done, that savings banks and friendly societies should also be established. The accomplishment of these measures would ensure that voluntary funds both in normal and distressed times would be adequate for protecting the labouring population against destitution.⁽⁵⁰⁾

The Impotent Poor - the need for an effective Act.

With the publication of the Commissioners Report, and the prospect that it would form the basis of a government reform measure, Alison's campaign for wide-ranging poor law reform faced defeat. In response, therefore, he targeted his writing specifically to influence the contents of the future bill. Through his Remarks on the Poor Law Commission Report he hoped to ensure that the

Commissioners' recommendations, which related only to the impotent poor, were made operable, whilst through the Remarks and his Observations on the Epidemic Fever he hoped to press the government into granting the able-bodied unemployed a legal right to relief. The former were adjusted largely as he suggested, but the latter remained unchanged. Although he was not the only influence, his arguments are important because they were used by the press and certain MPs to put pressure on government.⁽⁵¹⁾ In this respect, the influence upon the press and upon government of a large section of Scottish public opinion which was sympathetic to Alison's views should not be underestimated.

Alison argued that the regulations aimed at improving the relief granted to the impotent poor would be ineffective unless two further provisions were made. The first requirement was that the poor should be given the power to appeal in the courts against the allowances paid by the parochial authorities because without it the authorities would continue to abuse their power "in favour of their own pecuniary interests".⁽⁵²⁾ The grounds, he continued, on which this appeal had been denied by the Commissioners were insufficient. Thus, Alison argued that little reliance could be placed on the Commissioners first reason - that local authorities could best judge, according to local circumstances, the amount of aliment - because of the variety of practice by administrators. Their second argument - that in England prior to 1834 the existence of an appeal resulted in serious abuses - was incorrect because the abuses resulted not from the right of appeal but from its being "allowed to an ill-constituted court", the unpaid magistracy being inferior to the Sheriff Courts. Alison refuted, finally, the Commissioners

third claim - that a power of appeal against the amount of allowances did not exist in any other country, except in the Canton of Berne where it was abused - because he was certain that all countries which granted a right to relief also allowed appeals against the local authorities' decisions, although he could not "assert positively" that this included appeals as to the amount of allowances. In Berne, moreover, the evils arose from different circumstances, for example, the principle of the law being faulty and uneconomical management.⁽⁵³⁾

The second requirement which Alison believed was essential concerned the Board of Supervision. Although its recommended establishment accorded with his suggestion that there should be a central authority to ensure that the planned improvements were "fixed and uniform", he maintained that if the Board was to administer the law effectively, then it had to be composed, at least in part, of paid officers (the implication being that unpaid officers would neglect their duty or act independently) and it had to have adequate powers of enforcement⁽⁵⁴⁾ Unlike Twisleton, Alison did not press, what he might have regarded as a third requirement, the need for compulsory assessments. He believed that they would follow inevitably if the necessary powers existed to ensure that the relief granted was adequate - because funds raised voluntarily would be insufficient.⁽⁵⁵⁾ His opinion was soon borne out - the number of assessed parishes increased dramatically from 230 in 1845 to 420 in 1846.⁽⁵⁶⁾ After much consideration of an idea first put to him by friends, he made, in 1853, a much more radical suggestion in regard to assessments and the Law of Settlement. Concerned at the practical and unjust consequences (he

was thinking particularly of compulsory removals) of the operation of the three distinct Laws of Settlement in Scotland, England and Ireland, he thought that:

a simpler, cheaper, and more satisfactory solution ... [would be] to do away with legal rights of settlement altogether, and let relief be administered to destitution wherever it shows itself ... and let the funds requisite for this purpose, and administered, as now, by the local boards, be raised, at least for the most part, by a general system of taxation over the whole of the three kingdoms.⁽⁵⁷⁾

Alison concluded by questioning the wisdom of trusting to the regulating power of public opinion. Such opinion, easily swayed, was unreliable because it depended on the less than indulgent (on the whole) attitude of the higher to the lower ranks, and because Scottish opinion on the poor laws, and especially the provision of adequate allowances, was still "much divided". It was also "exceedingly doubtful" that the publication of the Board's Reports would secure public support for adequate allowances. Any dispute would probably invoke most interest from those concerned about unnecessary expense, and would thus degenerate into "a mere succession of verbal controversies", which would "smother inquiry" and retard the satisfactory administration of the law.⁽⁵⁸⁾ There was another, still more powerful reason. "No reliance" could be placed on public opinion for enforcing "full administration" because such opinion had clearly had little effect on the existing authorities since 1840. They were unlikely, therefore, to be influenced in the future by continued pressure.⁽⁵⁹⁾

The Able-bodied Unemployed: the argument for legal relief.

In Observations on the Epidemic Fever, Alison presented statistical evidence which he believed proved a connection between unemployment and 'fever'. Submitted to the Commissioners before they reported, he obviously hoped to convince them that a legal provision for the able-bodied unemployed was necessary, and that the change of principle involved was not inexpedient.

Observers, noting that fever had not spread to the extent expected in the winter of 1842, had taken this as an indication that the epidemic (which had never really subsided since 1837) was declining. But, Alison argued, two other facts needed to be considered; firstly, the extraordinary amount of voluntary charity, "particularly ... work for the unemployed", which had "for a time" made "the provision against destitution" in towns such as Edinburgh, Glasgow, and Paisley "better than usual"; and, secondly, the restriction of charity labour to those who had a settlement in these towns reduced immigration, and as migrants had a greater susceptibility to fever, this limited the extension of the disease.⁽⁶⁰⁾

Alison then presented, in tabulated form, evidence which he was convinced revealed a close correlation between the decline in charity work in Edinburgh and an increase in the number of fever patients in the Infirmary. He also compared the figures with the monthly averages for the nine years prior to 1840, which, thus, included the figures for the 1837-39 epidemic (Table 6:1).⁽⁶¹⁾

Table 6:1: Correlation between unemployment and fever, 1843-44.

	No. employed by charity fund	Fever patients in Infirmary	9 year monthly average
February	933	74	90
March	556	83	93
April	320	96	77
May	119	133	87
June	35	161	79
July	25	251	70
August	0	392	75
September	0	531	87
October	0	638	98
November	0	586	121
December	0	544	130
January	0	465	129
February	0	300	90
March	0	256	93
April	0	93	77

Source: Alison, Observations on the Epidemic Fever of 1843, lines 1-7, 6; lines 8-15, 56. The figures relate to the end of each month.

In the hope of confirming this correlation Alison then instituted inquiries to establish the employment status of patients in the Infirmary (Table 6:2).

Table 6:2 Correlation of Fever with Partial Employment and Unemployment, 1843.

	Patients questioned	In regular work	Unemployed, or occasional work
22 July	177	50	127 (71.8%)
11 August	150	60	90 (60.0%)
15 Sept.	56	17	39 (69.6%)
30 Sept.	330	146	184 (55.8%)
10 July- 16 August	319	127	192 (60.2%)
December	300	129	171 (57.0%)

Source: Alison, Observations on the Epidemic Fever of 1843, lines 1-5, 7; line 6, 63. Lines 1 & 2 from Infirmary inquiries by Alison, Dr. Murray and Mr. Wardell; line 3 Alison's patients; line 4 Mr Wardell; line 5 Dr. Peacock, former Superintendent of the Infirmary; line 6 Dr. Davies, Alison's assistant.

These figures would have corresponded more closely, Alison commented (as might be expected), if account had been taken of the fact that many ranked as employed had only recently found work and could equally have been classed as unemployed. For this reason the 22 July figures were "the most accurate expression of the connection of this epidemic with destitution". Moreover, data for 30 September and December indicated the increasing incidence of fever among the fully employed and the higher orders showing the dangers to the whole of society of unrelieved destitution;⁽⁶²⁾ a statement which might have alerted him to the possibility that destitution was not the most important factor behind the fever outbreaks.

Alison, seeking to corroborate his Edinburgh findings, then looked to Glasgow (he made no comparison with English cities), where, he argued, the experience was identical. The Glasgow Relief Fund, in the year from May 1842, spent £11,644 on supplying work and food to the unemployed and destitute. A sum additional to the normal relief provision in the city, it meant that more destitution than usual was relieved.⁽⁶³⁾ Similarly, "the increase of fever and mortality" in Glasgow coincided with the revival of trade and the consequent discontinuance of the relief in May 1843. In the last eight months of 1843 there were 32,000 cases of fever in Glasgow, affecting 11.6% of the whole population, and reaching 23% or 26% in some districts.⁽⁶⁴⁾ This compared to the 1837 figure of just under 22,000, 8.6% of the population.

At Alison's request, and by permission of Dr. Couper, an inquiry was also made into the circumstances of those affected with fever

in Glasgow and Greenock (Table 6:3). Although he gave no dates, it undoubtedly coincided with those conducted in Edinburgh.

Table 6:3 Correlation of Fever with Partial Employment and Unemployment in Glasgow and Greenock.

	No.	Employed	Partial work inadequate for support	Unemployed	Total Desti- tute
Glasgow Infirmary	197	69	85	43	128 65.0%
Havannah District	163	53	83	27	110 67.5%
Greenock Hospital	76	13	52	11	63 82.9%

Source: Alison, Observations on the Epidemic Fever of 1843, 10.

Thus, Alison concluded, from the random examination of 1768 fever patients in 1843 - 1332 in Edinburgh, 436 in Glasgow and Greenock - "only 589, not quite one-third" were fully employed, the remaining 1179 were either unemployed or partially employed. The link to destitution was shown to be unequivocal, he continued, by the fact that although they furnished two-thirds of the fever cases, the unemployed and destitute poor, in Edinburgh and Glasgow, constituted in the summer months about 5%, and in the winter about 20%, of the population. (65)

Alison's statistics look compelling - as they were intended to be - but are they and the argument developed from them convincing? In the course of his discussion, Alison admitted that the 'fever' now being seen was not all the continued fever (typhus) previously witnessed in Edinburgh, but a 'nova pestis', with an earlier

crisis, a tendency to relapse, severe muscular pain, no eruption on the skin, and affecting the stomach more than the brain.⁽⁶⁶⁾ His identification of this second disease, which was presumably typhoid, places his argument that the 'fever' was associated with destitution caused by unemployment in great doubt. It seems likely that a portion of the 'fever' epidemic was actually endemic typhoid, the remainder being either endemic, or perhaps a lesser outbreak of epidemic, typhus. However, the unknown etiology of these diseases, together with the fact that it was only during the course of the 'epidemic' that notice began to be taken of two diseases, makes it impossible to determine the extent to which each prevailed. Although this means that no firm conclusions can be drawn, the available evidence does suggest that Alison's argument was suspect. As was highlighted in chapter three, typhoid and endemic typhus were associated with inadequate sanitary provision, poor domestic and personal hygiene, and in the case of typhoid with contaminated water supplies, and not directly with destitution. Alison, as Hardy's analysis of a connection between social dislocation and typhus epidemics reveals, would have been on slightly firmer ground if it could be shown that the typhoid coincided with a typhus epidemic.⁽⁶⁷⁾ There is, however, another consideration: his statistical evidence, covering a single year only, fails to highlight that in normal years charity for the unemployed increased in the winter and 'fever' prevailed more extensively in the summer. It is possible, therefore, that Alison has simply identified the normal trajectory of 'fever', one which was quite independent of charitable funds.⁽⁶⁸⁾

Alison's stress on the relationship between unemployment and fever was intended to be compelling evidence for the necessity, on health grounds, to grant the able-bodied unemployed a right to relief - the assumption again being that such relief would reduce the destitution levels. But more than that, he also hoped that it would be strong enough to counter the prevalent view that unemployment was a moral disease. To this end, having acknowledged that some cases of unemployment and consequent destitution were due to improvidence, vice, and intemperance, he posed a question which expressed his economic view: "supposing", he asked, "their characters to be thoroughly purified, where are they to find employment - the essential condition of the problem to be solved being, that there is no demand for their labour?"⁽⁶⁹⁾ This economic view formed the background to the second strand in his plea - that much destitution was the result of unemployment and that the voluntary funds, including those raised to combat the effects of the existing economic recession, could not relieve it adequately. Focussing attention solely on unemployment may make, for the modern reader, a stronger argument, but against contemporary opinion on unemployment and the opposition which this would occasion, it was likely to have been much less effective.

In an 1842 study, based partly on the distribution of the Prince of Wales' fund, Alison made an estimate of the number of destitute in Edinburgh which, although rough, gave a clear indication of the amount of poverty arising from unemployment. The Fund's distribution Committee found 21,620 out of a population of 137,200 in a state of utter destitution and needing immediate relief, and recommended that nearly 5,000 more, less destitute, should be given

relief "in the way of provisions and fuel at a reduced price". To the former figure Alison added the inhabitants of the three workhouses and the House of Refuge to give a total of 23,000 - 16.8% of the population - who were dependent on alms for subsistence. Of this number no more than 7,000 were entitled to legal relief, leaving 16,000 or 11.6% of the population who were destitute from disability or unemployment with no lawful means of subsistence. This contrasted with the English figure of pauperism (which included the unemployed) of 9% of the population.⁽⁷⁰⁾

The destitution caused by unemployment, Alison continued, placed a constant burden on the charitable inhabitants of Edinburgh - although, as the charitable were likely to be from the wealthier sections of the population, it could be argued that this was only fair. Alison's comment, however, was meant as a reproof of the large proportion of Edinburgh's richer inhabitants, whom, he believed, did not fulfil their Christian duty to be charitable.⁽⁷¹⁾ In normal times, he stated, much of the charities' expenditure was on the unemployed poor. In addition, since the spring of 1840 there had been "four general subscriptions for the relief of extensive suffering, resulting chiefly from want of employment, and for which no provision existed in the ordinary charities". The first in 1840 raised about £800 and was distributed chiefly in the form of clothing. The next, the Prince of Wales' fund, saw over £2700 distributed at the end of 1841. The third fund of £1800 was spent from April to October 1842 in providing work for unemployed labourers, while the final and largest sum of over £5000, again for relieving the unemployed, was raised from October 1842, the expenditure from which ceased in October 1843. Furthermore, the

distress occasioned the establishment of the Night Refuge department of the House of Refuge in July 1840, the building of an additional Fever Hospital at a cost of £1600, and the raising of extraordinary subscriptions for the Infirmary, one early in 1842 and another which, at the beginning of September 1843, amounted to £2000.⁽⁷²⁾ The latter two highlighted, therefore, irrespective of what was causing the 'fever', the pressure being placed upon voluntary funding by increasing disease.

In three years, therefore, some of Edinburgh's more generous citizens had contributed about £20,000 to the relief of the poor, largely the unemployed and their families. Yet it had "been ineffectual in preventing an immense accumulation of destitution and misery, and disease consequent thereon", which made it inevitable that another subscription would be required before the end of 1843. It also emphasised the irregularity and inadequacy of voluntary relief.⁽⁷³⁾ In the six months from November 1843, indeed, a further £3300 was raised for maintaining the Fever Hospitals connected with the Infirmary, part of which was also given to the Destitute Sick Society and the House of Refuge in aid of their funds.⁽⁷⁴⁾ How much more, he asked, would have been required in the commercial and manufacturing towns where the fluctuation in the demand for labour was greater than in Edinburgh? He concluded:

It is surely time to ask, whether we can reasonably look forward to a continuance of those efforts and sacrifices, inadequate as they have proved, by which these evils have hitherto been met; and whether objects of such importance to

the body politic can wisely or safely be longer intrusted to the voluntary efforts of individuals?⁽⁷⁵⁾

Alison's evidence, however, was rejected by the Commissioners, who questioned the efficacy of altering the poor law principles "in accordance with theoretical speculations": firstly, the politico-economic arguments as to the effect of a reformed poor law on destitution; and, secondly, the lack of medical consensus on the best means of improving health. Thus Chadwick's Sanitary Report, they noted, as Milne and Chalmers had previously, stressed uncleanliness, inadequate sanitary provision, and intemperance, not poverty, as the means by which disease was diffused.⁽⁷⁶⁾ But the Commissioners, Alison argued, had contradicted themselves⁽⁷⁷⁾ - although as Alison's opponents had suggested, the English emphasis on sanitary reform did weaken his argument that poor law reform would also improve health.⁽⁷⁸⁾ Earlier in their Report the Commissioners had admitted that although there were "three distinct opinions" on what caused the extension of fever - bad sanitation, overcrowding, and destitution - there was in reality no sharp division among doctors on the subject, and that it was a question only of the priority assigned to them. Thus their Report confirmed the medical consensus which had emerged during the debate.⁽⁷⁹⁾ The Commissioners had concluded:

We believe that it will be generally admitted, that wherever the constitution is weakened by destitution, dissipation, or unhealthy atmosphere, or any other cause, the susceptibility of contagion is greatly increased, and we most cordially concur in recommending that Legislative measures should be

adopted to remove the causes which tend to predispose the poorer classes to the attacks of epidemic disorders. (80)

In this statement they made a significant admission. Although, like Alison, they cited other causes, they also accepted that there was a link between destitution and disease, the basic premise of Alison's argument. Since their grounds for dismissing his statistical analysis contradicted their stated opinion, it seems probable that they not only realised its potential but also cursorily rejected it because it undermined their arguments against a legal provision for the unemployed. In his Remarks, moreover, Alison contended that many of these arguments were also inconsistent with the evidence collected, and cited by, the Commissioners, and therefore, an insufficient basis for denying the legal provision.

The Commissioners had used well-known reasoning to support their recommendation. Alison, similarly, attempted to undermine their position, and thus to persuade government to grant the legal right, with four equally familiar arguments. He considered; firstly, the justification of the principle of not relieving the able-bodied unemployed; secondly, the evidence belying the supposed superior condition of the labouring population in Scotland than in England; thirdly, and related to the second, the effect of the respective poor relief systems on the character of the unemployed; and, fourthly, the effect of those systems on population.

Alison attacked the Commissioners justification - that "if a man will not work, neither shall he eat" - because it referred not to

all the able-bodied poor, but only to those who would not work. It said nothing against relieving those who were truly unemployed and could not get work - to argue otherwise was "tantamount to making the Scriptures affirm, that the supply of labour can never exceed demand", and that Christian philanthropy demanded that nothing be done for this class of poor, which was distinctly untrue. He concluded that "in giving relief to the able-bodied poor, we ought to satisfy ourselves that they cannot find work; we ought to establish a test of destitution, and, wherever it is possible, couple that relief with labour".⁽⁸¹⁾

He disputed the claims as to the superior condition and character of the Scottish as compared to the English labouring poor not simply by repeating his previous arguments, but also by quoting the evidence collected and commented on by the Commissioners, which proved that their ultimate conclusions were inconsistent. Thus, Alison asserted that they should have looked at the evidence for the condition, privations and character of the working people in Scotland and then compared these with the English situation. Only if the latter was found to be worse could they maintain that the Scottish principles were the right ones.⁽⁸²⁾

The evidence highlighted the sufferings of the unemployed poor and the inability of the existing voluntary provisions to relieve them, especially during economic recessions, and thus contradicted the Commissioners' claim that the results of the recent voluntary efforts had been 'not unsatisfactory'.⁽⁸³⁾ It also demonstrated that the effect of such unrelieved destitution was to foster extensive vagrancy⁽⁸⁴⁾ - showing that unemployed men were already

wandering the country in search of work;⁽⁸⁵⁾ that such vagrancy encouraged the diffusion of fever; that destitution, as he had repeatedly argued, was one of the predisposing causes of fever,⁽⁸⁶⁾ and that it encouraged prostitution and crime.⁽⁸⁷⁾ The question, Alison continued, was not whether these evils were caused by the existing poor law, as the Commissioners supposed, but whether they were met by that law, and whether as a result of it "the poor suffer[ed] more, physically, morally, and politically, in Scotland than in England". The onus probandi was thus thrown on those who maintained the superiority of the Scottish principles.⁽⁸⁸⁾

The real weakness of the Commissioners' reasoning, Alison continued, was their reliance on what they had been told were the injurious effects arising from the relief of general indigence, while they ignored what had been "clearly and repeatedly shewn, that this opinion [was] fundamentally erroneous".⁽⁸⁹⁾ The facts, all available in the evidence, proved that the character, condition and conduct of the English labouring poor, particularly in regard to their "independent industry and sobriety" was "on the whole, greatly superior to that of the corresponding classes in Scotland".⁽⁹⁰⁾ The Commissioners, moreover, although they did not give a definite opinion, distinctly acknowledged the English superiority when they cited the evidence in their Report.⁽⁹¹⁾ How then could they argue against a similar legal provision for the able-bodied unemployed in Scotland on the grounds that it would cause their degradation and destroy their character? The argument, then, was inconsistent in denying that legal provision was "positively beneficial".⁽⁹²⁾

Alison also highlighted other "incidental observations" in the Report which were inconsistent with the Commissioners' ultimate conclusion, and which led him to question whether any confidence could be placed in their judgement or practical conclusions.⁽⁹³⁾ For example, the argument that a legal provision would be injurious because it would "be known and reckoned upon" was inconsistent with their admission that such a provision was advisable for aged poor. What was the difference in principle in giving such relief to a man who knew that from age he would eventually be unable to work, and therefore, ought to make provision for his old age, and granting it to a man who, at times he could not control, was thrown periodically out of employment, and was unable to obtain work? The relief was depended on whatever the circumstance.⁽⁹⁴⁾ Even Chalmers who had argued consistently on this matter conceded that Alison's reasoning, "against the Commissioners", on this point was "wholly incontrovertible".⁽⁹⁵⁾ Again although the Commissioners referred to the need to avoid "'the degradation of being made paupers'", they failed to appreciate that a man who received occasional relief was as much a pauper as a man in receipt of outdoor relief in England, and failed, moreover, to perceive that there was also degradation in begging.⁽⁹⁶⁾

The arguments that a legal provision would be an injurious tax on industry and that the better solution was to give the unemployed diversified educational and industrial training were, Alison argued, both resolved into the question of the effect of a poor law on population. The former, as he had consistently maintained, because a poor law placed a tax not so much on industry as on capital, which if it became excessive could affect industrial

investment; the true tax on industry came from mendicity, one indication of a redundant population. In the latter case, diversified training was a long term solution which did not help the present generation, and one which depended for its efficacy on a number of other factors, including technical advances, capital investment, and because of the effect on the supply in relation to the demand for labour, on the progress of population.⁽⁹⁷⁾ The fundamental question was, therefore, under which system of relief did population, in proportion to the demand for labour, make most rapid progress? This question was avoided by the Commissioners, an omission which Alison believed made "their practical suggestions unsatisfactory". In line with other opponents of legal relief they chose to ignore the subject because further examination had revealed that population was less redundant in countries where a legal provision existed.⁽⁹⁸⁾

Proof of this contention, moreover, was evident within Scotland in the contrasting condition of the poor in the Highlands, where the poor law was "a dead letter", and in Berwickshire, where it most closely resembled that in England.⁽⁹⁹⁾ Alison argued further that in districts, like the Highlands, where the poor had been neglected, it was possible that population would outgrow not only the existing, but also the possible, demand for labour and means of subsistence. In these circumstances, he agreed with the Commissioners, that without any other changes, legal relief for the able-bodied unemployed would ruin the property-owners in the Highlands. Alison though argued not that such relief was the only means of improving the Highlands, but that it was a necessary auxiliary to that improvement. Thus, he recommended that not only

should the redundant portion of the population be removed by emigration, but also that relief in return for labour should be given to the able-bodied poor to prevent the problem recurring. To this same end, he further suggested, as the Commissioners had also recognised,⁽¹⁰⁰⁾ that independent labour could be encouraged and employment opportunities increased, if the Highland's resources were developed by capital investment in, for example, the expansion of the fishing industry and in draining and improving cultivatable land.⁽¹⁰¹⁾

Alison repeated this argument on two subsequent occasions, hoping presumably that the 1845 Act would be amended. In the first, Observations on the Famine of 1846-7, his argument proceeded from the premise that the Highland famine (a positive check) was evidence of a redundant population. The second was in response to Sir John McNeill's 1851 Report to the Board of Supervision and the recommendation contained in it that Highland destitution could be remedied by emigration. Alison in a Letter to Sir John argued that emigration was only part of the answer, the other ingredients being legal relief for the able-bodied poor, capital investment, particularly in the improvement of land, and the encouragement of the crofting system. McNeill recognised the importance of the poor law in restraining population but believed that the changes already made would be sufficient to prevent the evil recurring. He also believed that the attempts already made at the petite culture, for example by Sir John Mackenzie on his Gairloch estate, was proof that the system could not provide adequate subsistence without the removal of a portion of the population and the consolidation of the small farms. To this end McNeill also suggested that the remaining

crofters should be instructed in agricultural improvement and stock breeding, and given greater security of land tenure. Employment unconnected with the land, and the education of the Highlanders for it, was also to be encouraged. Thus, emigration was not his sole solution, as Alison tried to argue. The real disagreement between the two, however, was whether, after emigration, the land should be consolidated into large farms or into smaller croft units. Alison's argument in favour of the latter was dismissed by the Quarterly Review as a "delusion" and "inconclusive".⁽¹⁰²⁾

An Assessment of Alison's Influence upon the Poor Law Amendment Act.

The "Act for the Amendment and Better Administration of the Laws relating to the Relief of the Poor in Scotland" was introduced to the Commons by the Lord Advocate, Duncan McNeill, on 2 April, and received Royal Assent on 4 August, 1845.⁽¹⁰³⁾ Although incorporating the Commissioners' recommendations, the Act's framers, clearly concerned to make it enforceable and hence effective, also went beyond them. A Board of Supervision was established consisting of the Lord Provosts of Edinburgh and Glasgow, the Sheriff Deputes of the Counties of Perth, Renfrew, and Ross and Cromarty, (representing the two largest urban areas, and the agricultural, industrial, and Highland regions respectively). The latter along with the Solicitor General acted largely as legal advisers.⁽¹⁰⁴⁾ A further three members, one of whom acted as Chairman (Sir John McNeill, 1845-1868), were appointed by the Crown. The Chairman, a Secretary, and any clerks, messengers, or other officers who were appointed, when required, by the Board were

paid. Moreover, the three Sheriff Deputes had their salaries increased by £100.

An annual report, which gave an account of the Board's proceedings and detailed the condition and management of the poor, and the funds raised for their relief, was to be presented to Parliament. In addition, the Board was empowered to inquire into the management of the poor in any parish or burgh in Scotland, to authorise special inquiries by one of its members, or to obtain Government permission to appoint Commissioners to conduct them. Board members, finally, were permitted to attend Parochial Board meetings and contribute to their discussions, but they were not entitled to vote. Although the parochial boards appointed paid inspectors, the Board had the power to remove any inspector it felt was not performing his duties adequately.

The effectiveness of these provisions were limited, initially, because many of the local inspectors were poorly paid and worked part-time although their official duties warranted a full-time position. Inevitably some aspects of their duties were neglected and because of difficulties in determining neglect of duty, the Board of Supervision only dismissed five inspectors between 1845 and 1851. The following year, with permission from the Secretary of State, one of the Board's clerks was promoted to the post of Visiting Inspector, thus rectifying an omission in the original act. The immediate result was the dismissal of six inspectors. A subsequent Act in 1856 gave the Board power to appoint two paid General Superintendents to assist in the execution of the Act, followed soon after by the appointment of a Visiting Officer for

Poorhouses. These three men formed a permanent central inspectorate, responsible for visiting and reporting on all the parishes. With their appointment the likelihood of "any mismanagement ... remain[ing] undetected for long" was greatly reduced.⁽¹⁰⁵⁾

In effect a two-tier system of management was established with the parochial boards responsible for the day-to-day administration of poor relief and the Board of Supervision for ensuring that a certain condition and standard of comfort for the poor was maintained throughout Scotland. Reliance was not placed solely on their powers of inspection: this was backed up by the threat of further government action should the present measures prove insufficient. The act also included certain rights of appeal from parochial board decisions which, together with the central supervision, was aimed at ensuring compliance with the regulations.

A poor person, whose application for relief was refused, was given the right to appeal to his local County Sheriff. If the Sheriff deemed that the claimant had a legal right he could order the payment of interim relief, while he inquired into the circumstances of the refusal and made his final decision. In cases where the claimant considered that the relief granted was inadequate he could lay his complaint before the Board of Supervision, who were required to investigate it "without delay". If they found it to be well founded, they had power to order that the inadequacy be removed, and if this was not done, to lay the matter before the Court of Session and award interim relief for the poor person at the expense of his parish while the action was decided.

On the issue of legal relief for the able-bodied unemployed, it appeared at first sight that Alison had won a compromise, for the 1845 Act included the clause:

That from and after the passing of this Act all Assessments imposed and levied for the Relief of the Poor shall extend and be applicable to the Relief of occasional as well as permanent Poor: Provided always, that nothing herein contained shall be held to confer a Right to demand Relief on able-bodied Persons out of Employment.

During the Commons' discussion of the Bill, moreover, two amendments were proposed - one deleting the latter part of this clause, the other aimed at making it lawful for parochial boards to relieve the able-bodied unemployed from the assessments during periods of temporary distress - which would to all intents and purposes have established legal relief for them. Both were defeated by substantial majorities.⁽¹⁰⁶⁾ A first reading of the clause as adopted though lends itself to the interpretation that while the able-bodied unemployed were not given a right to relief, they, as 'occasional' poor, could be relieved at the discretion of the parochial boards from the assessed funds. This then begs the question as to how, in practical terms, the latter could be granted and the former withheld? Indeed this was the interpretation made by many parochial boards who continued to give interim help to the able-bodied unemployed (as they had prior to 1845), until a Court decision in 1859 declared the practice to be illegal.⁽¹⁰⁷⁾ A statutory provision for the able-bodied was not gained until the 1920s.⁽¹⁰⁸⁾

The problem arose when the legality of the initial interpretation and its implementation was questioned. Alison's letters on the subject focus on two areas of dispute. The first concerned the original intention of the 1579 Act in regard to the able-bodied poor, which was begun by the Interlocutor of Archibald Alison, and was decided in 1849 against the claim to legal relief, although a previous decision (*Pollock v. Darling* 1804) had pronounced in favour. The second, based on the interpretation of and practice under the original act, focussed on whether or not the local boards possessed discretionary power to relieve the able-bodied poor, which was settled against in 1859. In the course of this, moreover, the ambiguous wording of the clause which was interpreted by opponents to mean that the unemployed were not to be classed as occasional poor, resulted in an additional argument over the traditional classification of 'occasional' poor. As the improvement in the condition of the impotent poor held out the promise of a similar result for the able-bodied poor, Alison continued to press both for the discretionary power and the legal right. (109)

Alison's recommendations for poor law reform first detailed in Observations, and reiterated before the Commissioners and in his Remarks on their Report, were, with the exception of legal relief for the able-bodied unemployed, largely embodied in the Amendment Act. His opinions undoubtedly influenced government. The question is to what extent. It is true that his suggestions for making the Act operable were introduced. But his proposals in regard to the Board of Supervision's powers and the distrust of public opinion were also made by Twisleton, who in his "Reasons of Dissent" stated

that the provisions for the impotent poor would be ineffective unless the Board was given, in addition to their inspection powers, "administrative control or direct authority" - without this the Board would be unable to prevent neglect and inadequate relief.⁽¹¹⁰⁾ Twisleton's influence on Government, in virtue of his being an Assistant Poor Law Commissioner, was conceivably greater than that of Alison. The fact that Alison's opinion accorded with Twisleton's may have meant that the suggestion as to the right of appeal made by Alison, but not by Twisleton, was considered more seriously than it might otherwise have been. It is also possible, however, that the experience of administering the English law may have convinced government, independently of what Alison argued, that measures were necessary to ensure that the Act was operable.

Alison's direct influence upon the Act must be assessed alongside not only that of Twisleton and prevailing government opinion, but also that of the Press, the Disruption, and the continuing opposition to reform. As with the campaign for the inquiry, *press* support was crucial both to public acceptance of Alison's views and, through the pressure thus exerted, to the measure introduced by government. In this regard the support of the periodicals was probably most important since, at this time, they exerted most influence on government.⁽¹¹¹⁾ It is probably no coincidence, therefore, that Alison sought to increase the pressure upon government by actively seeking the support of certain periodicals. His indirect lobbying - he also sent a letter to Edinburgh Town Council outlining what he considered were the defects in the Bill⁽¹¹²⁾ - should not be forgotten amidst the many factors operating to produce poor law reform. Some indication of its

extent can be obtained from two letters sent by him, the first to J. G. Lockhart, editor of the Quarterly Review, and the second to J. H. Burton, who had earlier written in support of Alison in the Westminster Review.⁽¹¹³⁾

In the former, in which he described the Poor Law Inquiry as his "special hobby", he asked the Review to support his call for an operable Act, but also emphasised the need to press for legal relief for the able-bodied unemployed:

The question regarding the Scotch Poor Law is now [reduced?] to this, whether the slight, and as I believe, illusory improvements which the Report lately published by the Commissioners recommends, shall be the limit of the interference of Government, or whether the more potent (although gradual and cautious) means should be adopted, which Mr. Twisleton (the English Commissioner) recommends in 'his' dissent and which are substantially the same as I and others had formerly proposed; ...

I have reason to know, that both Sir Robert Peel and Sir James Graham have expressed themselves as decidedly of the opinion that my principle is the right one, on that point in which there is the chief difference between the Commissioners and me, the right of relief to the able-bodied unemployed. ...

In Scotland there is still much difference of opinion, arising almost entirely, as far as I can judge, from prejudice and misapprehension; but there is this comfort that we have been able to keep the subject quite free from party politics, both in Church and State. ...

The opposition is partly from the prejudices of many of the clergy in Scotland, but chiefly from the interested views of many of the Heritors: and I do not expect that this last can ever be effectually overcome, otherwise than by interesting in the subject the great English majorities in the Houses of Parliament, for which purpose probably the Quarterly Review would be the most effective auxiliary.⁽¹¹⁴⁾

The second also revealed a knowledge of the moves within Parliament to secure an effective Act, for which the support of Scottish periodicals, representing public opinion there, was considered essential:

A party is now forming, among the independent English members of the House of Commons, to endeavour to extort from Government a more effective means of Poor Law Amendment Act for Scotland, than the Commissioners returned; and they are very anxious to be properly backed by expressions of public opinion in Scotland itself. Do you think you can get me an article into Tait's Magazine? The object is to show that persons on the spot and who know the subject practically, regard the Report as negatory and evasive. I expect that there will be an article in the next Quarterly by Mr Poulett Scrope who writes to me as strongly as can be wished in condemnation of the Commissioners.⁽¹¹⁵⁾

These letters appear to indicate either that the government, despite Twisleton's recommendations, had no intention of introducing an improved reform measure or, what is more likely, that they were assessing the Scottish response before framing the

Act. When asked by Lord Dalmeny on 11 February 1845 if they intended introducing an Act, Sir James Graham "answered that the government needed time to consider the matter, as any Act changing a system which had been in operation for nearly two hundred years [had to] be undertaken with caution".⁽¹¹⁶⁾ In this light Alison's Observations on the Epidemic Fever and Remarks on the Poor Law Commission Report were doubly important. Firstly, his views represented the section of Scottish public opinion which had campaigned tirelessly for an inquiry as a precursor to reform. Secondly, and perhaps more significantly, they provided the basis and opportunity for the press and certain MPs to campaign for more effective reform. Indeed the Scotsman, which had intended to sift "the monstrous volumes of evidence" and expose the inconsistencies between it and the Commissioners' Report, praised the Remarks and acknowledged their debt to Alison for his "disinterested act of labour" in completing that task.⁽¹¹⁷⁾

All sections of the Press condemned the Commissioners' Report, particularly the fact that it appeared merely to reflect the composition of the Commission. Thus the Scotsman described the Report as "in substance, a defence of the present law, and a dissuasive from any material alteration in it".⁽¹¹⁸⁾ Tait's Edinburgh Magazine scathingly attacked the landowners for their opposition to reform but noted that through Twisleton "the public got at the facts ... and treated [the Commissioners'] short essay ... with the scorn it deserved". Through "the power of the press", moreover, the government had been forced to considerably expand the suggested amendments.⁽¹¹⁹⁾ The Quarterly Review commented (echoing Alison) that the Commissioners were "not so

neutral and devoid of local interest" as was "absolutely essential to give authority to their Report". The results of the inquiry confirmed their suspicions that:

The Scotch majority, while they admit the total inadequacy of the present system for the effectual relief of destitution, recommend a patching and mending of it, without, in the opinion of the English Commissioner, and certainly likewise in ours, any such change as can give a reasonable security for its being more efficient in future than it has heretofore been.

They really recommend that the law under which the heritors are bound to relieve their poor should be REPEALED! They would take away from the destitute poor the nominal right they by statute now possess, and substitute nothing in its place; but trust to the 'gradual influence of reason and good feeling, aided by public opinion,' and an annual investigation into the state of the poor (!) to bring about gradually some vague change for the better!⁽¹²⁰⁾

Public opinion, the article and the Scotsman agreed, would not be sufficient, for it would not induce the heritors as a class to provide sufficient relief.⁽¹²¹⁾ In reforming the law, the Review concluded, three points were essential: assessments had to "be made universal and compulsory"; the relief given to the impotent poor had to be adequate to remove all pretext for begging; and a system of inspection by paid parochial board officers and a central commission had to be introduced to guarantee that the first two objects, which Tait's also recommended, were fulfilled.⁽¹²²⁾

The medical press, as might have been expected, also pressed for effective reform, although the reviews of Alison's Observations on the Epidemic Fever, also concentrated on the etiology of fever, and particularly the discussion as to whether or not it was a "novo febris".⁽¹²³⁾ The London Medical Gazette declared that it was recognised:

in all the most highly civilised societies in Europe [that] all who are ascertained to be truly destitute have a right to relief [and that although] truly civilised society can stop at nothing short of this ... yet it is obstinately refused ... in Scotland; so obstinately, that there is probably nothing for it but the interference of the English portion of the legislature, which must kindly step in, and save Scotland from the sin and crime she is apparently bent on persevering in.⁽¹²⁴⁾

Public pressure exerted by Alison and the Press also encouraged the formation, and supported the efforts, of the Parliamentary pressure group. It is possible that Alison learned of it from Poulett Scrope, M.P. for Stroud, 1833-1867, although how frequent the contact was thereafter is not known. Alison though did ask Burton not to mention it publicly lest a counter-combination was formed to defeat it.⁽¹²⁵⁾ The existence of this group indicated that there was support in Parliament for the principle of a legal right to relief for the able-bodied poor, although given the English poor law provisions this is not surprising. The difficulty lay in providing sufficient evidence and engendering sufficient support in Scotland to convince the government that they had a mandate to overturn the Commissioners' recommendation.

The English and Scottish Press agreed that the Commissioners' recommendations in regard to the impotent poor had to be made effective. There was, however, a distinct difference in their attitude to and demands on behalf of the able-bodied unemployed. The Quarterly Review strongly urged the extension of legal relief to them because without it they would have to "beg, steal or starve" - three equally untenable choices, the first two because of the detrimental effect on society, the last because they would eventually become eligible for poor relief due to sickness.⁽¹²⁶⁾ Significantly, however, Tait's did not mention legal relief for the able-bodied unemployed, and when the Scotsman eventually did, in response to the Parliamentary discussions, it opposed the idea, contrary to its 1840 pronouncements. *The paper preferred the optional clause which was passed because they feared the introduction of an unknown system to Scotland, especially one that was abused under the old English poor law. They advocated instead that isolated cases should continue to be dealt with by the parochial boards, "and greater emergencies" by local and voluntary efforts.*⁽¹²⁷⁾ It seems probable, therefore, that Alison's plea for the able-bodied unemployed foundered largely because the Scottish press declined to support him on the issue. The continued opposition of the Church, Heritors, and many landowners - Petitions against the Bill came mainly from Presbyteries, Kirk Sessions and Heritors - should also not be underestimated. "At that time", as Crowther has commented, "the Church of Scotland was too powerful a force to be undermined by an English government".⁽¹²⁸⁾

One further factor, the Disruption, was a powerful force in the reform process already begun. It made reform imperative for a

number of reasons: the dislocation of the parish system it entailed; the further reduction in the church collections on which the voluntary system depended; and the increased sense of injustice that responsibility for the poor of all denominations still rested with the Established Church.⁽¹²⁹⁾ Thus the Disruption also influenced the Commissioners' recommendations - for example, it reduced the opposition to levying rates⁽¹³⁰⁾ and helped determine the changes to the constitution of the parochial boards. Moreover, although the campaign, led by Alison, would have resulted in reform, the Disruption because of its impact upon the old system increased the pace of that reform.⁽¹³¹⁾

Modern writers,⁽¹³²⁾ in rightly pointing out that the Act was only a partial realisation of Alison's and his supporters' recommendations, and in stating that by modern standards its passage took a long time, tend to underestimate the achievement. Cockburn, a better judge of the contemporary standard and perception, recorded that there had been "a Poor-Law revolution" and that he had scarcely known "a more striking instance of the velocity of modern change".⁽¹³³⁾ But Alison's revolutionary leadership was not a simple matter of progression from Observations to official inquiry to act of amendment. The official inquiry had to be fought for, firstly, by obtaining public support - for which the support of the press, the Official Inquiry Association, and the lessons of the economic depression were invaluable - and then by the continued petitioning of government. Following the Poor Law Commissioners Report, moreover, Alison was compelled to resume his campaigning. Although his efforts were important in gaining public

support for an Act which would be effective and would give legal relief to the able-bodied poor, he himself recognised that the government would not be persuaded, particularly on the latter issue, by his arguments alone. Thus the opinions of Twisleton, of the press - whose help Alison had actively sought - of the Parliamentary pressure group, and the effects of the Disruption were probably more important in determining government action than Alison's efforts. Indeed, it seems likely that it was the opposition to legal relief for the able-bodied unemployed from the Scottish Press and from Church and landed interests which caused its exclusion from the Act.

Therefore, although the Act did not contain all that Alison recommended, developments over the next fifty years followed his original thinking as the poor law "gradually [became] more supportive. Poor houses were built and medical relief was given on a wider scale. The gap in the amount of relief paid in England and Scotland diminished". In 1878 the Board of Supervision decided that immediate relief should not be withheld from the able-bodied unemployed if they were really destitute because in that case "no long period would elapse before [they] also became disabled from want of food".⁽¹³⁴⁾ Alison's attack on the poor law - and indirectly on the Church - also carried a greater significance. Together with Chadwick's Sanitary Report and the Health of Towns inquiries, it highlighted the deteriorating urban conditions and the extent of poverty. This knowledge, in turn, helped alter the perception of poverty, led to the questioning of political theories of non-government involvement, and thus "forced Scotsmen to reappraise their social policy".⁽¹³⁵⁾ While the immediate effect

was limited, poor law reform was also to permit subsequent government reform of other social problems, for example, public health and housing.

Chapter Seven: Public Health Reform, 1835-1856.

The reform of public health in Scotland, in comparison with that in England, started slowly: the 1854 Act for the better Registration of Births, Deaths, and Marriages in Scotland, and the 1867 Public Health (Scotland) Act were both almost twenty years behind the comparable English legislation. Brotherston, in assigning reasons for the delay, commented that "the Poor Law reform movement had perhaps one unfortunate result: by concentrating attention on one aspect of reform it may have served to slow down other necessary improvements".⁽¹⁾ Hamilton later argued that one reason for the delay was the difference of opinion in English and Scottish medical circles over the miasmatic and contagionist theories for the diffusion of fever - represented most visibly by Chadwick and Alison respectively. He concluded that "while Alison had been held back by Chalmers in the Scottish campaign for Poor Law reform, his difference of opinion with Chadwick probably held back Scottish public health reform".⁽²⁾ A still more critical assessment of Alison's role was made by White, who asserted that because of the differences over miasma and contagion:

Alison, not surprisingly, organised Scottish medical opposition against Chadwick and successfully thwarted Chadwick's efforts to have similar public health legislation passed to cover Scotland. ... The term 'public health' never received even tentative approval in Edinburgh medical circles until after Alison's death in 1855 [sic. 1859].⁽³⁾

Brotherston expressed regret that one reform movement probably impeded another. Both he and Hamilton also felt that Alison was

partly but not wholly responsible for the further delay in obtaining public health legislation for Scotland. White, most critically, laid the blame for the failed attempts squarely on Alison.

These, increasingly critical, assessments of Alison's conduct beg the question, which, if any, is the 'correct' one? What does a detailed review of the evidence suggest not only about Alison's conduct (and through him that of the Scottish medical profession) but also about that of other interest groups, not considered by White, such as Town Councils and the Church of Scotland? To find answers to these questions we must consider a number of factors. We must establish, first, Alison's actual involvement in the reform process. As he served, often as Convener, on the various Registration and Sanitary Committees appointed by the Royal College of Physicians in Edinburgh between 1835 and 1856, he must have possessed considerable powers to influence the decisions and opinions of the College. Second, we must examine the actual recommendations contained in the Committees' Reports and the R.C.P.E.'s Petitions to Parliament - did they support or oppose the various registration and health reform measures, or did they attach conditions to their support which could not be met? From his involvement with the Physicians and from his personal correspondence can we determine whether Alison supported, opposed, or supported with conditions the planned reforms - and if the latter, was it sufficient to delay reform? Third, we must determine whether any of the recommendations contained in the reports were incorporated into the legislation which was passed. If they were, then Alison and the R.C.P.E. could be said to have

had a positive influence on health reform. Fourth, having established their opinions, we must assess the extent to which they could have impeded the legislation. To do so we must widen the analysis and examine alternative forces, attitudes, and vested interests which could not only have hindered the passage of health measures, but could also have determined the nature of the legislation which was passed.

Alison, as is shown in Tables 8:1 and 8:2, was a constant figure in the campaigns for an improved system of Registration of Births, Deaths and Marriages in Scotland and for the extension of public health reform to Scotland. Table 8:1 reveals that he was a member of the Edinburgh sub-committee appointed by the British Association for the Advancement of Science in 1834 (Registration Bills for England and Scotland were being contemplated) to report on the registration of deaths and of the various Committees appointed by the R.C.P.E. on the subject between 1835 and 1855. He was also appointed President of the short-lived Edinburgh Medico-Statistical Association in 1852, which aimed, through the compilation of death registers, to analyse statistically "the patterns of disease and mortality in Edinburgh".⁽⁴⁾ The latter shows that he was not only a member but also the Convener of the various Sanitary Committees. In virtue of this position, he effectively became the R.C.P.E.'s and thus the Scottish medical profession's spokesman on public health reform. However, his involvement with both sets of Committees and his influence on reform must always take account of two factors. Firstly, that a Report contained the collective opinion of the whole Committee, and, secondly, that the R.C.P.E.

Table 8:1 Registration of Births, Deaths, and Marriages:
Composition of Edinburgh Sub-committee and R.C.P.E. Committees.

1834 Sub-Committee Alison, Christison, Traill, W. Thomson, Abercrombie.
November 1835: Alison (Convener), Traill, W. Thomson, Poole, Combe.
November 1840: Alison (Convener), Traill, Christison (President), Craigie, Smith, John Reid.
February 1841: W. Thomson, Spittal, Robert Graham (President), and Christison (Vice-President) were added to the Committee.
February 1846: Alison, Christison, Craigie (Convener), Spittal.
March 1847: Alison, Christison, Simpson.
April 1849: Alison, Christison, Seller (President, also Convener).
May 1854: Alison (Convener), Wood, Coldstream, Gairdner, Weir, and J. W. Begbie.

Source: Fourth Report of the British Association for the Advancement of Science, 39; R.C.P.E. Minutes 3 November 1835, 3 November 1840, 15 February 1841, 3 February 1846, 23 March 1847, 5 April 1849, and 2 May 1854.

Table 8:2 Public Health Legislation: Composition of the R.C.P.E. Improvement, Health of Towns, and Sanitary Committees.

February 1827: Alison, Alex. Monro (President), Hope, Buchan, Spens.
February 1847: Alison (Convener), Christison (President), Traill, Gregory, and Stark.
December 1847: Alison (Convener), Christison (President), Gregory, Stark, Spittal.
February 1849: Alison (Convener), Seller (President), Gregory, Spittal, Stark, Alexander Wood.
April 1850: Alison (Convener), Seller (President), Gregory, Spittal, Wood.
December 1851: Alison (Convener), J. Y. Simpson (President), Gregory, Spittal, Seller, Stark, Wood.
February 1855: Alison (Convener), Begbie (President), Christison, Stark, Malcolm, Douglas, Wood.
March 1856: Alison (Convener), Begbie (President), Christison, Stark, Malcolm, Douglas, Wood.

Source: R.C.P.E. Minutes 28 February 1827, 2 February 1847, 2 December 1847, 6 February 1849, 16 April 1850, 4 December 1851, 6 February 1855, 11 March 1856; W. P. Alison to the Lord Advocate 14 April 1856. (SRO West Register House AD56/276/1); W. S. Craig, History of the Royal College of Physicians of Edinburgh, (1976), 1076.

membership could have voted to reject the recommendations or to make amendments, if the majority disagreed with all or part of a Report. We must, therefore, try to establish, if possible, the extent to which Alison imposed his opinions upon the Committees and the College. Or alternatively, the extent to which the College agreed with the Reports and their willingness and ability to amend them before approval.

The R.C.P.E. Committees were appointed, in the main, to formulate the College's response to various Registration and Public Health Bills for Scotland. Thus they also reveal the timetable of reform (Appendix 3). Three important pieces of legislation were passed: the 1854 Registration Act, the 1850 Police and Improvement (Scotland) Act, and the 1856 Nuisance Removal Act. The latter two reflected the shift from local Acts, attained when it was necessary to extend local powers, to national health legislation. Significantly, this timetable shows that there was a distinct gap, between 1841 and 1846, in proposed health measures, with momentum being lost particularly in the bid for a Registration Act. This corresponded directly to the period of poor law reform and confirms, therefore, Brotherston's tentative assessment that poor law reform delayed public health reform. The lack of registration in turn formed one reason why the Public Health Act of 1848 could not simply be extended to Scotland - this Act became compulsory if death rates in a town or city reached 23 per 1000, a rate which could not then be calculated in Scotland. Poor law reform also diverted Scottish attention towards poverty as a cause of disease and away from its sanitary causes. The emphasis on the latter in Chadwick's Sanitary Report of 1842 and in the Reports of the Health

of Towns Commission in 1844 and 1845, led directly to the English public health legislation. In Scotland, although the sanitary condition of towns was also investigated - and thus the necessary preliminaries for health legislation established - the information was used initially to support the call for poor law and, only later, for sanitary reform. From this perspective public health reform was delayed by the battle over the poor law.

A closer investigation reveals this conclusion to be less certain. The Sanitary Commission when first appointed was to report only on England and Wales - thus the planned legislation arising from it would not have included Scotland. The timing of the decision to extend the inquiry to Scotland appears to indicate that it was a direct consequence of Alison's Observations. It was taken in February 1840, a month after the pamphlet's publication, and in response to Petitions from the Town Councils of Edinburgh, Glasgow and Aberdeen, and from the R.C.P.E. The latter was a calculated move on Alison's part: the original motion for a petition came from him.⁽⁵⁾ We are left, therefore, with the somewhat anomalous conclusion that Alison's pamphlet prompted the demands for Scotland to be included in the sanitary inquiry, but that the information obtained was used initially to promote his poor law reform campaign and not public health reform as was the case in England.

Even admitting the delay, the fact remains that the essential groundwork for public health legislation was laid in these years. Through the sanitary inquiry and the five years of debate and inquiry on the poor law, considerable knowledge about the condition of the poor was attained. The attitudes to poverty were challenged

- although not wholly changed - it suggested to the rich that their social responsibilities should now be extended to include the provision of sewers, drains, and water supplies, and an important point of principle was established with the transfer of poor law control from the Church to the Board of Supervision. This Board was to become Scotland's central sanitary reform authority. Without it, given the opposition to control being vested in the General Board of Health in London,⁽⁶⁾ public health legislation in Scotland could well have faced a lengthier delay.

Another, still more important, factor also needs to be considered. Alison, the R.C.P.E., and Edinburgh Town Council, which was clearly influenced by them, did not view public health reform simply in terms of sanitary improvement. They also regarded poor law reform, because it would ameliorate the poverty which helped foster disease, as a public health measure. Thus although the movement for sanitary legislation in Scotland was delayed by poor law reform, the latter was given priority because destitution - due to the perceived shortcomings in the Scottish relief system - was believed to be the greater problem.

Alison returned to the perceived correlation between disease and poverty levels in two articles in the 1850s. In the first - "Notes on the Application of Statistics, to Questions in Medical Science" (1855) - he considered poverty alongside other external causes of disease, while the title of the second - "On the Effect of Poverty and Privation on the Public Health" (1858) - speaks for itself. The latter also reveals, contrary to White's assertion, that Alison did recognise the concept of public health. More significantly,

its appearance in the Journal of the National Association for the Promotion of Social Science links Alison to the developing idea that medicine was a social science, that is, that disease trends were influenced by economic and social conditions and that responsibility for improving the public health should increasingly be assumed by government. This movement led ultimately to the twentieth century concept of social medicine.⁽⁷⁾

Registration of Births, Deaths, and Marriages.

Table 8:1 shows the continued interest of the R.C.P.E. - the members of the Edinburgh Sub-committee all came from the R.C.P.E. - in the Registration of Births, Deaths, and Marriages. Their Reports and Petitions all professed their support for legislation to regulate and improve the registration system in Scotland. Moreover, in 1841 and 1846 when no Bills were being contemplated, they actively sought legislation. In the latter year they wrote directly to the Lord Advocate and sent a Memorial to the Home Secretary, Sir James Graham. In their letter of 13 February 1846 they also mentioned that they had attempted to procure the legislation in 1841.⁽⁸⁾ The R.C.P.E. did not campaign alone. In 1841 Petitions were also sent from the Town Councils of Glasgow, Edinburgh, Greenock, St. Andrews, and Perth, from the Faculty of Physicians and Surgeons in Glasgow, and from the R.C.S.E., who were also consulted before the 1846 Memorial was prepared. Moreover, in March 1847, the London Statistical Society appointed a Scottish Registration Committee, a deputation from which later met with the Lord Advocate to discuss their recommendations for the 1847 Registration Bill.⁽⁹⁾

The R.C.P.E. supported the proposed legislation because, in the tradition of medical police, they saw in it an opportunity to expand the preventive measures and improve public health by studying the etiology of diseases, that is their external (predisposing) causes. This intention, repeated in most of the Reports and Petitions,⁽¹⁰⁾ was stated most clearly in the Edinburgh Sub-committee Report, and in the 1846 Memorial to Graham. In the former Report, read by Alison to the British Association meeting in Dublin in 1835, it was stated that the registration of deaths was not simply the recording of a person's death and its cause. It was the means by which the general trends in the external causes of diseases could be determined, and preventive measures adopted for the benefit of the public. An individual death was determined by several external causes, which viewed in isolation were of little worth. But a register of deaths would permit the analysis of a great number of deaths and allow observations to be made on the comparative influence of the various external circumstances - seasons, localities, occupations, and mode of life - capable of causing a particular disease. This analysis would then enable observers to ascertain, amidst expected irregularities, "the influence of permanent and general laws".⁽¹¹⁾ The 1846 Memorial also stressed that registration would allow doctors to study the causes of epidemic, endemic, and sporadic diseases, and would "illustrat[e] the nature and effects of epidemics [and] the comparative salubrity of Town and Country districts".⁽¹²⁾

These intentions were reflected in the recommendations from the Edinburgh Sub-committee. In "the interests of humanity, as well as of medical science", and based on the fact that previous attempts

at such analysis had been largely frustrated "by the imperfect and irregular manner" in which the registers had been kept,⁽¹³⁾ they recommended that any legislation should introduce a uniform plan throughout Britain. They approved of the provisions in the 1834 Bills relating to the registers being kept by persons of intelligence, and of not permitting burials until a death certificate was produced - involving the payment of doctors' fees, this was an indication of increasing medical professionalism. But they believed that the schedules for recording deaths, in the English and Scottish Bills, were "essentially defective" and would not supply all the information required. Based on their experience of cholera in 1832, when the Medical Committee's schedules had included columns for the exact residence of the patient (not only the street and house but the floor), for the employment of the patient (or parent or head of household), and for the previous health and habits, they now recommended that the same schedule, with the addition of an age column, should be introduced into the Scottish Bill. These delineations were vital, they concluded, if the registers, on subsequent examination, were to give accurate information on etiology, general trends and the best means of prevention. The same reasoning had lain behind the planned statistical analysis of the cholera epidemic, which due "to accidental circumstances" never materialised. These recommendations were eventually incorporated into the 1854 Act.⁽¹⁴⁾ The similarity in thinking behind the cholera schedules and the projected registration of deaths needs little emphasis. A comparison of the personnel involved reveals that the continuity was, perhaps, only to be expected: three of the five members of the Edinburgh sub-committee (Alison, Christison, and Abercrombie) were

also members of the Medical Committee of the Edinburgh Board of Health.⁽¹⁵⁾

The Edinburgh Sub-committee's final recommendation related to the means to be adopted in recording the medical cause of death. It was, they stated, "of the utmost importance," that this should be done as accurately as possible, even though the lack of precision in such statements would continue "for a long time". They suggested, therefore, that the cause of death column in the Scottish Bill should be divided to record whether the disease was acute or chronic, the division being made at six weeks (40 days), and that the name of the disease should only be entered in the appropriate acute or chronic column if it was specified by a doctor. If there was no such authority, to prevent inaccurate recording, and if it was determined that a prevalent epidemic was not the cause, then the cause of death was to be entered in the appropriate column as a disease of the head, chest, lower bowels, limbs, or surface of the body.⁽¹⁶⁾

This proposal for how deaths should be recorded caused disagreement between the two Sub-committees. The London Committee though did not press the issue, presumably because the English Bill would be framed according to their Report, and agreed that the Edinburgh Report should be sent to the MP in charge of the Scottish Bill. Their doubts, however, formed the basis of the future disagreement over the best means of registering deaths between the R.C.P.E., which adopted similar resolutions in February 1841, and William Farr, the Compiler of Abstracts for the Registrar General. Farr, in his reply in the Appendix of the Fourth Annual Report of the

Registrar-General, associated the resolutions and criticisms not only with the R.C.P.E. but more specifically with Alison, who as Convener of the Committee had signed the Report. Since Farr's attack was directed against him, Alison, in June 1843, was prompted into giving a personal response. His reasons for believing that the R.C.P.E. plan was "decidedly preferable"⁽¹⁷⁾ reveal, significantly, that his opinions concurred entirely with the original resolutions of both the Edinburgh sub-committee and the R.C.P.E. Committee. It is an important point because, however likely, there is some danger in simply assuming that Alison wholly agreed with the Committee's and the College's resolutions.

The disagreement between Farr and the R.C.P.E./Alison - between English and Scottish medical opinion - was centred on two aspects of the registration of deaths. Firstly, the precise form of the schedules which each recommended be adopted; and, secondly, the list of diseases (the nosology) to be used in classifying the cause of death. The Scottish doctors favoured a schedule with a plurality of columns, one which included the acute-chronic division and allowed them to record both the precise cause and the seat of disease. Farr rejected these two divisions as "vague and objectionable". Moreover, because the English Act required the cause of death to be stated by the doctor attending the deceased person, he saw no need to change the existing single column English system.⁽¹⁸⁾

Alison defended the Scottish plan by focussing on the need for authentic and accurate information, which he believed could only be achieved if information which was general was clearly distinguished

from that which was minute and precise. This was not always assured where a doctor was not present to record the cause of death, as Farr admitted when he stated that in England it was often "assigned by non-medical informants in a very unsatisfactory manner". Farr's remedy to have all such cases inquired into after death was not a procedure which Alison felt could be adopted in Scotland. In an apparent concession to Farr and greater accuracy, Alison also stated that, where it was known, the precise duration of a disease could be given in the Scottish schedule. Without assured accuracy and the ease of compiling information from multiple columns, he concluded, the usefulness of the registers in identifying common trends and causes would be severely limited.⁽¹⁹⁾

The second area of disagreement, over the statistical nosology to be used, was centred, particularly, on the simplified nomenclature recommended by the R.C.P.E. Committee, and on the differing rules adopted in London and Edinburgh for the classification of diseases as either "plagues" or "sporadic". Thus Farr criticised the Edinburgh Committee for falling "into an error of principle" when they drew up their list of diseases. Their recommendation (because a portion of doctors could not state the cause of death precisely) that "distinct diseases" should be grouped together in general terms according to the part of the body affected would mean, Farr argued, that they could not be analysed separately later.⁽²⁰⁾

Alison denied both the charge and its supposed practical result. Claiming that Farr had misapprehended their plan, he stated that, where possible, doctors would name specific diseases, albeit according to their "shorter and simpler nosology". In addition, though, to make them comparable to the instances in which precision

was impossible, they would also be asked to complete the seat and duration of disease columns. The practicality of this scheme was confirmed by the English registers in which a number of cases were returned in this manner - a fact which cast doubt on the reliability of the English records for the incidence of named diseases.⁽²¹⁾

The dispute over terming diseases as "plagues" or as "sporadic" - the former was used for epidemic, endemic, or contagious diseases, the latter for diseases which were isolated and occurred more uniformly - was one over the principles used to assign diseases to the two groups. Farr maintained that diseases were placed in the first group because they had a specific nature, symptoms and causes. Although Alison recognised the existence of these characteristics, he also believed that a different form of classification should be adopted, one which distinguished between isolated and epidemic cases of the same disease. This would allow separate studies to be made of their histories and causes, and allow the preventive measures adopted to be tailored to the demands of an epidemic or to the treatment of individual cases. Under Farr's system this distinction and benefit would be lost. The potential for future prevention, Alison pointed out, was also recognised by Chadwick, who suggested in the Sanitary Report that the registers should record not only the disease causing death but also "the circumstances attending and causing diseases". Their examination thereafter would then reveal whether the diseases were traceable "to removable causes". The Edinburgh plan, Alison stated, would facilitate such inquiries, with one simple change - the addition of cause of disease in the last column alongside the

statement of previously existing disease.⁽²²⁾ The main point of Alison's defence accorded, therefore, with the professed intention behind the Schedules of the Sub- and R.C.P.E. Committees. Moreover, in two papers in 1854 and 1855, he reiterated that amassing statistics on the external causes of diseases would give information on the "practical rules for [their] prevention or treatment".⁽²³⁾

The R.C.P.E. pressed for their system of death registration whenever a Bill was contemplated or introduced into Parliament. We must ask, therefore, whether or not their opposition on this matter was wholly or partly responsible for the loss of the Bills and the delay to legislation. How fair an assessment would it be to say that, although they supported, even campaigned, for an improved and regulated system of registration, they actually hindered its introduction because of their demands on how deaths should be recorded - that their support, therefore, was conditional?

In March 1847 they resolved that a Committee of Alison, Christison, and Simpson should meet with the Lord Advocate to explain their objections to the Registration Bill which he had introduced to the Commons on 22 February.⁽²⁴⁾ Alison, "who had paid great attention to the subject", was requested to explain the objections of the College. His motion, which was unanimously agreed to, reiterated the substance of the 1841 Report and his 1843 Paper, as to the greater "precision and scientific value" of the R.C.P.E. system for registering deaths.⁽²⁵⁾ The Committee reported back that they had

had a very satisfactory interview with the Lord Advocate, who on hearing their opinions had modified the objectionable clauses. Most importantly, the clause which would have transferred the English system of Registration to Scotland was omitted from the Bill. Their objections attended to, and with the Commons still at the Committee stage, the President (Christison) commented that the Bill "would now be brought forward in a shape that would meet the views of the College".⁽²⁶⁾

Their response to a second Lords Bill (another Bill had been introduced and withdrawn in the summer of 1848), introduced on 7 March 1849 was, typically, a favourable one provided it was modified in accordance with their opinions.⁽²⁷⁾ The conclusion of their Petition is a clear illustration of their conditional support. The Commons was asked to consider their amendments favourably "and, with these modifications in regard to the particulars to be registered ... to give [their] Legislative sanction to the measure".⁽²⁸⁾ From reading the Minute, however, there are grounds for arguing that, although their support for the Bill was dependent on it being amended according to their recommendations, their Petition was only sent after assurances from the Lord Advocate that the alterations would be made, presumably by the Select Committee, to whom it was referred. The President (Seller), Alison, and Christison were appointed as a Committee on 5 April to explain to the Lord Advocate "the nature of the alterations required". On 24 April Seller signed the Petition which the College had empowered him to do only if the communication with the Lord Advocate had proved "satisfactory".⁽²⁹⁾

However, evidence that the R.C.P.E.'s stance obstructed the passage of the various Registration Bills can be inferred from their Committee's, unanimously approved, first Report on Lord Elcho's 1854 Bill. It stated that:

It is important for the College to observe that although one of the points on which the Registrar may require information is the cause of death - the Bill does not prescribe any particular form in which this information is either to be given or registered. ... The exclusion from the Draft Bill of all details as to the mode in which the cause of death is to be registered, leaves the Committee, on the present occasion nothing to remark on this part of the subject, except to remind the College of the opinion unanimously expressed by it on a former occasion that the forms now in use in England ... are "necessarily fallacious" - and ought not to be transferred to Scotland.⁽³⁰⁾

The omission, like the deletion of the offending clause in the 1847 Bill, removed their previous grounds for opposition. However, the College, through its Committee, continued to press their views upon Lord Elcho because they feared that since the method of registering deaths was left "an open question", the English system of registration would be adopted "without due consideration by the Registrar General".⁽³¹⁾ They, therefore, suggested in their Petition in favour of the measure: "that under any Registration Bill the system of Registering Deaths ought to be submitted to the Medical Incorporations of Scotland [and particularly the R.C.P.E.] before being brought into operation".⁽³²⁾ Lord Elcho assured them that, in an effort to make the Bill "as complete and as perfect as

possible", he was "most ready to adopt whatever mode may appear the most desirable for registering deaths".⁽³³⁾ With the subject seemingly still open, the College sent a Circular to all the Scottish MPs, summarising their reasons for opposing the English and favouring their own system of registration, and enclosing a copy of the 1841 Report.⁽³⁴⁾

The deletion of the offending clause in 1847, its omission from the 1854 Bill, the campaigning by the R.C.P.E. in 1854, and the comments of Lord Elcho which intimated a degree of exasperation and frustration at the prospect of another failed Bill all point to the conclusion that the R.C.P.E.'s views did hinder the passage of the legislation. How far Alison was responsible for formulating and coordinating the R.C.P.E. response - and, therefore, how far he was responsible for their conditional support which probably hampered the Bills - is more difficult to determine. He emerges as the main force in their campaign because he was appointed to that position by his colleagues and because he was the one constant presence on all the Committees between 1835 and 1854.⁽³⁵⁾ Consequently, his name has become synonymous not only with the support given to the measures, but also with their grounds for opposing the Bills. However, while acknowledging the powerful position which Alison occupied and thus his degree of responsibility for that opposition, it must also be acknowledged that he was not solely responsible for formulating policy. The Reports and Petitions were drafted by the Committees and were then subject to the approval of the College. Moreover, any suspicion that Alison's views may simply have been accepted by or imposed upon them is not borne out by the evidence. The 1841 Report, which was a definitive statement of R.C.P.E.

opinion and the foundation of its future campaigning, was not simply read and approved. It was only adopted after "much discussion and some alteration"⁽³⁶⁾ in line with suggestions from Drs. Wm. Thomson, Spittal, and Craigie and from the Committee itself. The College, approving of the amended Report, then added these three men to the Committee and gave it the power to alter and publish the Report as the Resolutions of the College.⁽³⁷⁾ The Report was thus demonstrably the collective opinion of the College. We can say that Alison agreed with this opinion and that he was jointly responsible for drafting this and future Reports. But based on the democratic decision-making detailed in the R.C.P.E. Minutes we cannot say that he imposed his will on the Committee or the College, and cannot argue, therefore, that Alison was solely to blame for any delay in legislation which the R.C.P.E.'s opposition may have caused.

The R.C.P.E. was, however, not the only or even the most persistent objector to the Registration Bills: greater opposition came from the Church and Town Councils in Scotland. In assigning reasons for the postponement of the Bill in the late 1830s and the unsuccessful attempt to attain one in 1841, the Physicians were in no doubt that the blame lay with the Church and, particularly, with the Session Clerks. The 1830s Bill failed, they stated, because of "the opposition made to it by the parish clerks throughout the country",⁽³⁸⁾ while the 1841 one "was unsuccessful, chiefly in consequence of opposition originating with, and maintained by the Session Clerks throughout the Country who believed, or were made to believe, if carried into effect [it] would be detrimental to their

interests". In applying to the Lord Advocate for a Bill in 1846, moreover, Dr. Craigie stated that he was "assured that the Session Clerks [were] now less likely to oppose the measure than formerly".⁽³⁹⁾

The Parliamentary evidence suggests that the R.C.P.E.'s assessment of the Church's role was correct. The majority of Petitions, despite Dr. Craigie's prediction, sent in opposition to the 1847, 1848, and 1849 Bills came from the Synods, Presbyteries, General Sessions, Kirk Sessions, and Parochial Boards of the Church of Scotland, who objected to the responsibility for registration being transferred from them to paid officials. Those from the Parish Schoolmasters and the Session Clerks in 1847 objected to the infringement of their rights and demanded that they be compensated for lost income.⁽⁴⁰⁾

There was also a second group of Petitions against the Bills, particularly in 1849, from certain, mostly industrial, Town Councils and from Counties throughout Scotland.⁽⁴¹⁾ Presumably, they also opposed the 1847 and 1848 Bills but lack of time prevented their sending Petitions. This would certainly be true of 1848. In 1847 Edinburgh Town Council was preparing a response when the Bill was withdrawn, Falkirk's petitioned against it, Perth and the County of Linlithgow for its postponement. Only Aberdeen Town Council supported it.⁽⁴²⁾ A closer examination of the 1849 Petition from Edinburgh Town Council reveals that their opposition was based on a whole panoply of "personal interests, popular prejudices, and pecuniary difficulties".⁽⁴³⁾ They argued that the improvement effected would "bear no proportion whatever to the

enormous price" which would be exacted not only in money but also "in the serious abridgement of civil liberty". Thus they objected to the Registration Bill:

as an unwarrantable encroachment on the liberties of the people, as creating crime in order to punish it, as absurd in many of [its] enactments, as unnecessarily complicated in [its] machinery, as entailing an expense on the Country of a nature to encrease every year, as creating a vast number of place-holders, entirely dependent for the continuance of their Offices on the will of the Registrar-General, ... as thus encreasing to a dangerous extent the patronage and power of the Government, as superseding by a system of centralization all control over local expenditure on the part of those, who in each locality are taken bound to contribute the means, as thus enabling an organized Staff of Officials to spend what they please, but entirely irresponsible to those who have to pay.⁽⁴⁴⁾

This mass of petitions suggests that it was the combined opposition of the Church and local government in Scotland which was largely responsible for the withdrawal of the various Registration Bills. Those from the R.C.P.E., offering conditional support, only added to the list of objections. It would, therefore, be unrealistic and unjustified to argue that Alison or the R.C.P.E., wholly or even largely, caused the delay in legislation.

The Act which emerged in 1854 was framed, moreover, with the hope that it would meet the objections not only of the R.C.P.E. - although the details to be supplied were not specified, the

schedule passed, despite their continued lobbying, was the single column English system - but also of the Church and Town Councils. The Church's objections were recognised in the provision that the Parochial Board of each Parish should be responsible for electing a local Registrar (clauses VIII & XII). Those of the Session Clerks and Schoolmasters were heeded in two stipulations: that any Session Clerk who was also Registrar for a Parish should continue in Office, unless the Sheriff proved he was unfit for the post, or that the two Offices were incompatible, and that on the death of a Registrar, who was a Schoolmaster, the election of a successor should be delayed until after the appointment of a new Schoolmaster (Clause VIII & IX).

To appease the anti-centralisation lobby and its attendant arguments over the loss of control over local expenditure and the lack of accountability of officials to ratepayers, the Act made the following provisions. Firstly, that a General Register House would be established in Edinburgh and a separate Registrar-General for Scotland would be appointed (clause II); secondly, that all the expenses of the General Registry Office and the Salaries of the Registrar-General and Secretary would be paid for by the Treasury (clause V); thirdly, that where there was no Parochial Board, the Heritors should be responsible for the election of a Registrar (clause XIII); fourthly, that in cities and towns, the powers of the Parochial Boards would be vested in the Town Councils (clause LXVI); and fifthly, that the fees and expenses, or alternatively the salary, of the Registrars should be paid for by an Assessment levied either along with but separate from the poor rate, or where there was no such assessment, it should be levied by the Heritors

at the same time as the Prison Rate (clause L & LI), while in Burghs it would be raised by an "assessment on the Real Rent of Lands and Heritages" (clause LXVI). Thus, the local officials would be responsible not to a distant London authority but to the Registrar-General for Scotland and to the ratepayers who paid him.

Public Health Reform.

The conclusions respecting the extent to which Alison influenced the R.C.P.E.'s death registration policy are confirmed by the decisions taken by the College over public health legislation. Alison, as Convener of the various Sanitary Committees of the R.C.P.E., was largely responsible for formulating and directing the College's policy on health reform. He emerged, therefore, as the most prominent exponent of health legislation for Scotland. The Physicians, recognising the extent of his endeavours, thanked him for them in both 1849 and 1850.⁽⁴⁵⁾ But, as with the proceedings on registration, Alison's efforts in regard to health reform were at all times subject to scrutiny and approval by the College. Thus, the Sanitary Committee's Reports of 1848 and 1849, which formed the basis of the R.C.P.E.'s public health policy, and a third Report of 1850, were read and fully discussed before any decision was taken.⁽⁴⁶⁾ Indeed, discussion of the first was delayed for two weeks to allow time for the Report to be printed and circulated among the Fellows,⁽⁴⁷⁾ and it was unanimously approved only after various observations had been made upon it and Alison had been heard in reply. The Committee were thanked by the College "for the great pains they had bestowed in making a report so completely in union with the views of the College",⁽⁴⁸⁾ the

implication being that if the College had disagreed the Report would have been rejected. Furthermore, evidence that Alison and the Committee were required to proceed as determined by the College is found in the instruction which accompanied approval of the Second Report. The Committee were to "watch over the further progress" of the Public Health Bill and endeavour to have its provisions brought "more into accordance with the views already expressed by the College".⁽⁴⁹⁾

The College's power is further illustrated by its response to a letter of 4 November 1851 which Alison sent to the Secretary, Dr. Wood, in connection with the 1850 Police and Improvement Act. It was concerned particularly with the need to inform the Sheriffs and Town Councils of the powers which they now possessed to adopt and enforce this Act, and, therefore, to improve the sanitary condition and health of their communities.⁽⁵⁰⁾ In line with a recommendation made to and approved by the Physicians on 21 June 1850, and probably because the provisions were not being widely adopted, Alison informed Wood that he proposed:

to address a circular letter, as from the College, to the Sheriffs in Scotland calling their attention to those parts of the Bill which we consider most important, and pointing out to them the very useful powers (as I believe them) with which they are invested by the Bill, and the importance of which, in a Sanitary view, they can hardly be expected to fully appreciate.⁽⁵¹⁾

Alison's letter closely resembled the circular which he read to the College in February 1852.⁽⁵²⁾ But from its tone and content it

would appear that Alison had not expected that there would be a three month delay while the Council considered the idea of the circular, and then recommended to the College that the former Sanitary Committee be re-appointed to consider and report upon it "but without powers to act unless with consent of the College". The circular was finally approved on 3 February 1852.⁽⁵³⁾ Alison left Wood to judge whether anything ought to be done at the 4 November meeting to get the sanction of the College for sending such a letter, while at the same time wondering, presumably in reference to the earlier resolution, "whether it may be safely taken for granted that the College has delegated to us the power of doing the needful in regard to any Sanitary Bill, and inter alia of judging of the propriety of any such step".⁽⁵⁴⁾ He clearly hoped that permission would be granted immediately for the Committee - or himself - to draft the circular. His actions and the College response indicate two facts. Firstly, the very real power which Alison exerted over the Sanitary Committees; and, secondly, the power which the College as a whole could wield when it came to the approval or rejection of all or part of suggestions and reports. There is also a suspicion that Alison's presumption about his and the Sanitary Committee's powers was resented by the College. In this light, the unanimous approval of the three previous Reports of the Sanitary Committee was an indication that the members did agree with their contents, and did not simply and disinterestedly accept them.

The circular is important for another reason: it indicates that Alison and his R.C.P.E. colleagues recognised the need not only for

public health legislation but also for its adoption and enforcement. It is an indication, therefore, that Alison far from attempting to thwart such legislation was active in trying to obtain it. This contention is borne out by a review of Alison's opinions and actions, which reveal that, whether he acted independently or under the auspices of the R.C.P.E., he campaigned tirelessly for the extension of public health legislation to Scotland. Thus in the 1840 Petition asking for the Sanitary Inquiry to be extended to Scotland, the R.C.P.E. stated that the investigation was necessary because the sanitary state of Scottish towns, and especially of Edinburgh and Glasgow, was "worse in several respects and particularly as regards the liability to contagious Fever than that of the labouring Classes in most if not all of the great Towns in England".⁽⁵⁵⁾ It is clear that Alison, from the outset of his poor law reform campaign, believed that the reduction of disease required not only the relief of poverty but also sanitary improvement.⁽⁵⁶⁾

Again, while the exact form of the English legislation was being considered by the Royal Commission on the Sanitary State of Large Towns (1843-45) - a period, Bynum has suggested, of lost momentum in the English health campaign⁽⁵⁷⁾ - Alison was prominent in the efforts aimed at publicising the need for and securing similar legislation for Scotland. In the October 1844 letter which he sent seeking Lockhart's assistance in the poor law campaign, Alison concluded with the suggestion that he should write an article for the Quarterly Review on the "distinct" but "connected" subject of "the Sanatory state of great towns [and] the means, in the purses of government, for the health and comfort of the Working

Classes".⁽⁵⁸⁾ Although the article was not commissioned, the letter shows not only Alison's interest in sanitary reform but also that he had come to realise that the scale of the problems and the cost involved in rectifying them necessitated government intervention. In line with this thinking, on 20 March 1845 he became one of the Ordinary Directors of the newly formed Edinburgh Sanitary Association. This Association was the only Scottish branch of the London-based Health of Towns Association, a private pressure group, which was formed in 1844 - its leaders included Lord Ashley, Southwood Smith, and Lord Normanby - to coordinate and encourage sanitary reform agitation. The Edinburgh group had similar objectives: to encourage and promote the sanitary improvement of the City and, by spreading information aimed at removing prejudice, to press for Scottish health legislation.⁽⁵⁹⁾

On 2 February 1847 Alison informed the R.C.P.E. of a proposed Bill for the Sanitary Regulation of Towns. He also suggested that a Committee should "be appointed ... to prepare a representation [to Government] as to the application of a similar Bill to Scotland". His motion was unanimously approved.⁽⁶⁰⁾ The R.C.P.E., therefore, became involved with the movement for public health reform in Scotland when such legislation was being discussed for England in 1847-48 - that is, when they could realistically expect and apply for the introduction of similar measures for Scotland. The R.C.P.E. Committee's interim Report of 1847 on the Public Health and Towns Improvement Clauses Bills, echoing Chadwick's arguments for pursuing the Sanitary Inquiry, stated that the regulations contained in them were:

such and so important, that the faithful and judicious

execution of those duties may be reasonably expected to have a very considerable effect in improving the health of the inhabitants of all the Towns in which such regulations are enforced, and increasing their probability of life as well as saving a very considerable part of the expense which is necessarily occasioned by extension of disease among the poor classes of the inhabitants.⁽⁶¹⁾

It also stated that they had made annotations beside certain parts of the Bills where "material improvements" could be made in their application to Scotland. But understanding that there was little likelihood that the measures would be passed, they recommended that the College confine itself to an expression of the benefits to be attained from such measures. The Resolution, almost identical to that in the Committee Report and to the 1840 Petition, read that the College:

desire to express their conviction that these measures are of great and general importance, and of a highly beneficial tendency; and further that such measures are even more demanded by the present Sanitary condition of the Towns of Scotland than of those of England, particularly as the extension of contagious fevers have been of late years much greater in some of our Scottish towns than in any of the English Towns.⁽⁶²⁾

There is no sense here that Alison and the R.C.P.E. underestimated the importance of sanitary improvement or that between 1844 and 1848 their response was dilatory or calculated to subvert sanitary reform in Scotland. Indeed, like Chadwick they argued that the

economic and social costs of disease would be lessened by such reform. Moreover, the conviction that fever prevailed more extensively in Scotland than in England, formerly the basis of the poor law campaign, now became the main reason they sought public health legislation - because it indicated that sanitary conditions were worse in Scottish than in English towns. This admission may appear at first to undermine Alison's poor law arguments. In reality, as the 1840 Petition, his work with the medical charities, and his letter to Lockhart reveal, Alison understood that poverty and insanitary conditions had to be viewed, not as separate issues, but as two linked parts in the same equation of declining health standards, with the one exacerbating the problems of the other.

The R.C.P.E.'s strong support for public health legislation was reiterated in their 1848, 1849, 1850 and 1856 Reports.⁽⁶³⁾ From these it is also evident that they were keen to recommend improvements and to advise on how the government could best ensure that the regulations could and would be adopted if applied to Scotland. The first Report reviewed the most important provisions of and the alterations they believed were necessary to ensure greater effectiveness of the 1847 Towns Improvement Clauses Act, the 1848 English Public Health Bill, and the "generally analogous" sanitary clauses of the two Edinburgh Police Bills of 1848. The second was concerned with the 1849 Public Health and Police of Towns Bills for Scotland and emphasised, not so much their sanitary regulations, which again were almost identical to those of the English Public Health Act, but the means by which they would be brought into operation and the authority by which they would best be enforced. Thus the reasons why the Committee approved of and

objected to the "partial inefficiency" of the English Act also applied to the proposed Scottish Bills.⁽⁶⁴⁾ Since the sanitary clauses in them, whether they were termed public health or police of towns, were almost identical, further doubt is cast on White's claim that the term 'public health' met with disapproval in Alison's lifetime - the difference was not one of policy but of semantics.⁽⁶⁵⁾

In their third Report the College went a stage further. The Committee were originally empowered to petition in favour of both the 1850 Public Health and Police and Improvement Bills.⁽⁶⁶⁾ But having conferred with several MPs - they sent printed copies of their suggestions to those MPs they thought they could influence - and, more especially, after Alison received a letter from Mr Charles Cowan, MP for Edinburgh, and Wood had met with Mr. Home Drummond (MP for Perthshire and member of the Board of Supervision), they resolved to petition in favour of the Police Bill.⁽⁶⁷⁾ Along with the petition they sent their main recommendations, which had been converted into six amended clauses by Messrs. Lopp (?Jopp) and Johnstone, in the hope that they would be inserted easily into the Bill. These recommendations were based on the Committee's two previous Reports and on the more extensive sanitary provisions of the Public Health Bill, which the R.C.P.E. Petition suggested should be transferred with additions and amendments to the Police Bill. The Committee's dedication was further revealed by its members deciding that if the Lord Advocate received the clauses unfavourably, they would "get them moved as amendments on the Bill when it [went] into Committee", and officially seek the help in doing so of the members thought likely

to support their views. Their approach was largely successful. With the exception of the final clause - which proposed that Burghs already in possession of local Police Acts should be able to adopt the sanitary, without the other, clauses of the Bill - the substance of their clauses were introduced into the 1850 Police and Improvement Act.⁽⁶⁸⁾

The R.C.P.E.'s Sanitary Committee was re-appointed in February 1855 to consider and report on two Scottish health bills.⁽⁶⁹⁾ It does not appear to have reported back, probably because the Bills were withdrawn, although Alison's ill-health affected the Committee's work.⁽⁷⁰⁾ At Alison's suggestion it was appointed again in March 1856 to report on the Nuisance Removal Bill. Consideration of this Bill was delayed, however, because medical reform discussions had taken the President and Secretary to London. Fearing that the Lord Advocate would no longer have sufficient time to consider their suggestions, the Committee - or rather Alison on its behalf - sent their detailed observations and objections to Mr. Black, MP for Edinburgh. Black, from previous discussions with certain members of the Committee, was already familiar with the College's opinions, and was a member of the Commons Committee considering the Bill. Since "in several respects the new bill ... [was] likely to be practically and extensively useful", they hoped that their actions would persuade the Lord Advocate to reconsider the objectionable sections.⁽⁷¹⁾

The R.C.P.E.'s objections and proposed alterations to the sanitary clauses of the various Bills centred on seven areas of reform. They made recommendations, firstly, as to the duties of the Officer

of Health; secondly, on the regulations respecting the removal of nuisances; thirdly, on the paving of courts and closes as well as streets; fourthly, on securing better ventilation by laying down specifications for street widths according to house height; fifthly, on the regulations for the construction of sewers and drains; sixthly, on the provision of an adequate water supply; and, finally, on the stricter regulation of lodging houses. Their suggestions, with the exception of the first, were intended to make more effective the duties and the powers which these Bills would grant to the Town Councils or Town Commissioners. From the evidence which Alison gave in favour of the Edinburgh Police and Sanitary Improvement Bill, on 19 February 1848, we find that, with the exception of the first of these on which he expressed no opinion, his personal views accorded with the recommendations in the Committees' Reports.⁽⁷²⁾ Alison and the R.C.P.E. thus supported and did not aim to halt the Scottish legislation - their intention was to improve the regulations and to ensure that they would be effective, applicable, and therefore, enforceable under Scottish law.⁽⁷³⁾

The English Public Health Act made provision for the establishment of a General Board of Health in London. This Board had overall control over any local boards formed, and could appoint paid Inspectors to report on the condition of any town and also suitably skilled and experienced physicians or surgeons to be Officers of Health. The R.C.P.E. approved of the appointment of these Officers - they believed that the Edinburgh Police Bill was especially deficient because it made no such provision. However, they made their first suggestions in relation to the duties of these

Officers, which they believed were too restrictive. Thus in addition to the requirement that they ascertain "'the existence of diseases within the prescribed limits, particularly epidemic and contagious diseases'", the Physicians recommended that they should also be required:

to observe their prevalence and degree of mortality, in each portion of the district as compared with others, or with other places; and in each year, and in each season of the year, as compared with others; and endeavour to ascertain the cause of any local or temporary increase of mortality.⁽⁷⁴⁾

Moreover, they should be required not only to point "'out nuisances or local causes of disease and the means of ventilation of public buildings'", but also be permitted to suggest measures which would improve the sanitary condition of their districts. On the other hand, the Physicians thought that the suggestion that these Officers should verify in every case the fact and cause of death, "would be an unwarrantable application of public money". This, they argued, would be attained more satisfactorily and "without such expense, by a well devised Registration Act".⁽⁷⁵⁾

The latter suggestion was obviously intended as an attack upon the English system of death registration which the Physicians resolutely opposed⁽⁷⁶⁾ - if the Officers were required to make these verifications it proved that the existing English returns were regarded as inaccurate and unreliable. It was a rejection also of a suggestion which Chadwick had made to Alison in at least 1843, and repeated in 1845 and 1847, in the hope of securing Alison's support for this additional function. Although Alison

appeared to concur, in 1845, that the accuracy of the cause of death returns would be improved by such a system, its rejection now seems to indicate either that he disagreed with the Sanitary Committee or that his and/or the R.C.P.E.'s response was altered to support their continuing struggle over death registration.⁽⁷⁷⁾

Their other recommendations were in accordance with the existing practice of Edinburgh's medical charities, whose doctors, especially during the fever epidemics, had assumed responsibility not only for the care of the sick but also, in the case of the sick poor, for the protection of their families and the cleansing of their environment. It was evident also in the powers assumed by the Edinburgh Board of Health, which worked with the medical charities, during the 1832 cholera epidemic.⁽⁷⁸⁾ Thus, although the Committee's recommendations were more radical and gave the Officers considerably more power than the provisions of the English Act, they were quite in accordance with established Scottish practice. It is possible, therefore, that they were a product not only of that practice but of the doctors' interest in protecting their existing authority.

The R.C.P.E.'s recommendations in relation to the proposals for the prevention of nuisances were aimed at closing a possible loophole in legal terminology and at placing greater restrictions on where refuse could be stored. Since any filth collected during street cleansing by the Town Councils or Commissioners became their property, the R.C.P.E. thought it "necessary to prohibit [them] from forming depots of this filth in 'any inhabited courts or closes, or within a certain distance of any habitation'". Failure

to specify courts and closes could have left the provision open to abuse. Moreover, in what was a clear challenge to the established rights of private property, they suggested that the same prohibition should apply to private accumulations of dung.⁽⁷⁹⁾ In 1850 their attempt to have a clause to this effect inserted in the Police and Improvement Bill was only partially successful. The Sanitary Committee's clause would have prohibited the accumulation of dung and other refuse "in any street, or within 20 yards of any inhabited premises within the burgh". Offenders would have been fined forty shillings for the initial offence and five shillings for every day after until the nuisance was removed by them, or until it was removed, without notice, by the Commissioners whose property it then became. But the amended clause (CLVI) permitted such accumulations for up to twenty days, reduced to seven where the amount reached a ton (but how to measure it?), and once notice was given by the Commissioners, it only became their property if not removed after forty-eight hours. This was clearly a compromise between the strongly interventionist Physician's proposal and the need to appease and safeguard individual and property rights. In contrast, because they posed a lesser threat to these principles, two other clauses (CLV and CLVII) aimed at preventing sewerage from accumulating and obstructing the free flow of rivers and streams and at prohibiting the siting of byres near houses were included virtually verbatim.⁽⁸⁰⁾

The R.C.P.E.'s concern over the nuisance provisions of the 1856 Nuisance Removal Bill was more fundamental. In his letter to Black, Alison stated that although the R.C.P.E. approved of the Bill's description of nuisances and the proceedings for their

removal, they strongly objected to the concluding 'Saving Clause'. By it nuisances created by businesses would not be defined as such, even when they occurred close to houses, if it could be proved that the owners had tried to remove them. This, in effect, meant that the nuisance clauses could, if required, be rendered inoperable.⁽⁸¹⁾ The plea was successful - the Saving Clause was omitted from the Act. It seems that the government was learning by experience what the R.C.P.E. had insisted upon from the outset, that if the legislation was to be effective it also had to be enforceable - that health improvement had to be given precedence over property and individual interests.

The R.C.P.E.'s concern over legal terminology and their more radical and interventionist approach was evident also in the recommendations in their first Report in relation to the powers granted to the Town Councils or Commissioners over paving, the laying out of new streets, sewers and drains, and water supply. Thus, the Physicians argued that the Councils' power over the paving of streets and footways should be extended to include the paving not causewaying of courts and closes, except where closes had a steep incline, as without this provision, any efforts made at cleansing and sanitary improvement would be hampered.⁽⁸²⁾ In their second Report, they commented that the paving provisions of the Edinburgh Police Act were "more in accordance with the recommendations of the Royal College, and, ... placed on a better footing ... than in any of the other Bills on this subject".⁽⁸³⁾ Thus they cannot have been completely satisfied with the health of towns clauses of the 1856 Nuisance Removal Act, which included a provision for the paving of streets by the owners of the property

abutting them, but made no specific reference to courts and closes. The first was important because it meant that the cost in the poorer districts would be borne not by the inhabitants but by those renting out property in them. The failure to specify courts and closes was, however, a potentially serious omission.

Another peculiarly Scottish problem arose over the specifications contained in the 1848-49 Bills - 30 feet for carriage-roads and 20 feet for others - which were to be followed in the laying out of new streets. The height of many Scottish tenements, the R.C.P.E. stated, meant that these specifications aimed at securing better ventilation and cleanliness would be frustrated unless limits, corresponding to the width of the streets, were also placed on the height of both new buildings and on the rebuilding of streets and closes. Their strongest condemnation on this point was reserved for the 1848 Edinburgh Police Bill: its initial draft contained no regulations governing the width of streets. The proposed Bills also made provision for securing the better ventilation of public buildings, but partly because of the tenement tradition, the Physicians also suggested that government should consider regulations "prohibiting the construction of private houses in a manner precluding the possibility of thorough ventilation" and to ensure that adequate light reached the poors' homes.⁽⁸⁴⁾ In 1850 they submitted a clause which would have restricted the height of houses built in any new streets to twice the width of the street. In the Police and Improvement Act it became the compromise provision that the width of new streets had to be approved by the Sheriff with reference to the height of houses and other circumstances. The health problems caused by the high tenements

and narrow closes of Scottish towns and cities would not, of course, have been alleviated by such a regulation.⁽⁸⁵⁾

The R.C.P.E.'s First Report also stated that giving Town Councils control over the construction and maintenance of private and public sewers and drains was not sufficient. They argued that any legislation should also direct and permit Councils to specify the form, if not the size of sewers, and the materials to be used in their construction. Such direction would allow "the advantages which seem to be well ascertained to belong to the tubular sewers [to] be secured". Similarly, the Councils would be responsible for the construction work involved in supplying water to towns, to individual houses, and to public baths and wash-houses. Since they were already under contract to water-work owners, the Physicians made the further suggestion that when there was a sufficient supply of water the Councils should direct that the drains and sewers be flushed so that they were, as far as possible, kept clear.⁽⁸⁶⁾

In the days when private companies carried out the necessary construction of streets, houses, sewers, drains, and water-pipes, and when private companies supplied water, the R.C.P.E. proposals would have meant that these companies, without regard to profit, would have been expected to act in accordance with local government directives. They were, therefore, quite radical suggestions - and, because of the likely clash of interests, anticipated future government legislation and municipal control. Alison himself was convinced, and stated unequivocally, that government intervention would be necessary if the poors' health was to be improved:

we can have no security for the interests of the people in

regard to health - especially the interests of the poorest of the people, whom we know to be the most liable to disease ... - being adequately provided for, otherwise than by making them, under certain regulations, the care of the State, and extending to them the protection of the law.⁽⁸⁷⁾

The course of Alison's and the R.C.P.E.'s thinking was further revealed in his letter to Black, in which he complained about the omission from the 1856 Nuisance Removal Bill of any provisions granting powers to local authorities for paving courts and closes, for repairing, rebuilding and widening streets, and for constructing sewers, drains, and water courses. Edinburgh's Police Commissioners, he continued, had gained these powers in 1848, the city's improvement being a testimony to their good effects. But since circumstances varied within and between towns, it was essential for their future sanitary and health improvement that the diverse powers obtained by local Acts were properly regulated and consolidated.⁽⁸⁸⁾ The 1856 Act allowed local authorities to construct sewers and drains only when they were required for the removal of nuisances, although a further step towards municipal control was taken in the provision permitting the levying of a special sewer rate from the owners or renters of property in any drainage district where such construction was required. This meant, unless a considerable proportion of the rate was charged to the owners, that the poor would be liable to pay for improvements in their own districts. The provision was, therefore, of doubtful efficacy, as the inhabitants of the poorest districts would probably have been unable to pay the sewer rate.

By the terms of the 1848 English Public Health Act, the local boards were made responsible, finally, for the registration and regulation of lodging houses. The latter included setting standards for cleanliness and ventilation, and for preventing overcrowding. They were to enforce these regulations "by inspection and by suitable penalties". The R.C.P.E. approved, stating that such regulation was essential to prevent the spread of disease in and from them. Alison indeed had recommended their registration in his Medical Police Lectures in 1820-21 leading to the supposition that he influenced the Committee particularly on this point. This is more evident from the fact that two of the three suggestions made accorded with those contained in his 1820 Lectures, and the third with an opinion given in his evidence to the Town Council in 1848. The Committee expressed doubt, firstly, about the propriety of setting precise limits on the numbers to be admitted because in the circumstances of some towns this could not be strictly enforced. In his Police Lectures, Alison had opposed it because it would have caused the growth of a lower kind of lodging house. Two provisions not contained in the Act were also recommended:

1. That the keepers of such lodging houses should be required, under a penalty ..., to give information, either to the police, the parochial authorities, or to some public medical institution, of every case of a person confined to bed by illness for 24 hours in any such house; and, 2. That the Commissioners should have power, on the representation of the Officer of Health, or of two medical practitioners, of the existence of contagion in any such house, to shut it

up entirely, and not allow it to be re-occupied until it
ha[d] been fumigated and its furniture cleansed.⁽⁸⁹⁾

These provisions were included in the 1848 Edinburgh Police Act, and through it became the model for the R.C.P.E.'s future efforts at national legislation. In 1850 they were drafted as clauses and submitted for insertion into the Police and Improvement Bill. The first, with the addition that lodging-house owners who failed to report cases should be liable to a penalty of up to forty shillings, was included in the Act (clause CLXX). The second was not so successful. In place of the much stronger recommendation, the Act (clause CLXXI) did not specify precisely the extent of the action which could be taken. It allowed the Officer of Health or, where there was none, two doctors to certify that an infectious or contagious disease existed in the house and to advise the Commissioners on what action to take to ensure the health of the patient and the other inmates. If the keeper failed to comply, he could be fined up to ten shillings for every day of neglect, and the Commissioners could order, at his expense, the house to be cleansed and purified. The Act did not state that a house could be closed for fumigation - although there was nothing to stop doctors from advising that this should be done.

Similarly, the Physicians expressed great dissatisfaction with the 1856 Nuisance Removal Bill because the requirement on lodging-house owners to report cases of disease if a person was confined to bed for forty-eight hours had been omitted. It had been replaced by a clause which they believed was "unnecessarily complex" and likely to cause "unnecessary delay" in its enactment. It was, moreover,

open to abuse because it:

presuppose[d] that the keeper of every lodging house [could] distinguish a case of Fever or infectious disease. [But] this knowledge if he possesse[d] it, he [would] most assuredly disclaim, and then the Law [would] become inoperative in a case where its operation might be most truly important.⁽⁹⁰⁾

They also doubted whether this Bill would permit a house to be closed for fumigation - and without it they doubted whether the thorough cleansing necessary for the suppression of epidemics could be effected.⁽⁹¹⁾ Despite their objections, the government, clearly pursuing a less interventionist line, left the clauses unchanged.

The R.C.P.E. had more success with their final objection. Local authorities were initially expected, when an epidemic threatened, to obtain an order from the Privy Council before carrying this part of the Bill into effect. The R.C.P.E. objected for two reasons. They argued; firstly, that such regulation, as Edinburgh demonstrated, could be satisfactorily carried on by local authorities without a special order from the Privy Council; and, secondly, reflecting their experience during the 1832 Cholera Epidemic, that since the effective prevention of epidemic disease necessitated measures being taken early, that the preliminary application to London would cause unnecessary delay.⁽⁹²⁾ The requirement was dropped from the Act. Rules and regulations now had to be approved by one of the Secretaries of State but could be adopted at any time and not simply when an epidemic threatened (clause XXXIV). However, their unnecessary and damaging delay

argument was equally applicable to the clauses for the prevention and mitigation of diseases. Whenever an epidemic threatened - in any part of Britain not just the immediate area - local authorities had to obtain an order from the Privy Council before they could institute any of the drafted measures (Part II). This was no doubt intended to fill the administrative vacuum caused by the creation of the General Board of Health in London which had to issue orders for the establishment of local boards. Since this Board had no jurisdiction in Scotland, there was no mechanism for the formation of Scottish local boards. The 1848 Cholera Epidemic had highlighted the problem - the local Edinburgh Board discovered that because of the 1848 Public Health Act, that the only measures which could be adopted without permission being required from the General Board were those for cleaning and the removal of nuisances. But having sought this sanction and been informed by the General Board that it "had no power to delegate its functions", the Edinburgh board, with no legal function, was forced to disband.⁽⁹³⁾

Alison felt that his letter to Black had had little effect - the provisions of a second Nuisance Removal Bill re-introduced following the withdrawal of the first being little different.⁽⁹⁴⁾ He remarked resignedly that "you [Wood] will see how much, or rather how little, it [his 12 April letter] has been consulted in drawing up the" new Bill.⁽⁹⁵⁾ He also suggested that Wood should consult with the other members of the Committee to ascertain:

whether it [was] advisable to call a meeting of the Committee ... in order to remonstrate against the Bill passing without these provisions, or whether it [was] better on the whole, to have a general Act for the Regulation of Lodging

Houses, and a general admission that the Health of Towns is an object of Legislation, although all that we may think desirable is not included in it.⁽⁹⁶⁾

Four days later, having considered the matter, Alison came to the conclusion that the R.C.P.E. should again petition either Mr Black or Mr Cowan in the hope that their objections would be heeded but that it should be done without risking the Bill:

As it is plain to me that an advantage is gained, over the state of these matters some years ago, by the distinct recognition of the Prevention of Nuisances, the correcting of the Extension of Epidemics, the regulation of Lodging Houses, and the paving and draining of streets, closes and courts, as proper objects of Legislation, and proper authorities being fixed on, in all parts of Scotland, that it would be wrong to make such opposition to the Government Bill, as would incur a risk of stopping its progress, even for one Session.⁽⁹⁷⁾

Alison's recognition that at the outset the principle rather than the substance of the legislation was more important is a significant one. Together with the evidence of his campaigning for both national and local Bills it proves that he was at the centre of repeated efforts to have effectual public health legislation passed for Scotland.

Alison and the R.C.P.E. recognised the need for and were wholly in favour of health legislation for Scotland. But they also

recognised that if the legislation was to be of benefit it had to work effectively. This meant that the machinery by which any acts would be operated had to be acceptable to those who would adopt, execute, and enforce them. In essence it was a question of who and from where the Scottish local boards would be controlled. Thus, the R.C.P.E. decision in 1849 and 1850 to support the two Police Bills, in preference to the two Public Health Bills,⁽⁹⁸⁾ was founded not on their similar sanitary clauses but on the mode by which each would be operated and controlled. They rejected the Public Health Bills because they would have made the local Scottish Boards responsible to the General Board of Health in London, whereas the Police Bills allowed the existing local authorities to continue to act independently. The R.C.P.E. though had no objection - indeed they made the suggestion - to a General Board based in Edinburgh.⁽⁹⁹⁾ As with the Registration Act, therefore, their support for public health legislation was conditional.

One of the reasons the R.C.P.E. gave for these conditions was the difference of opinion between the English and Scottish medical profession over miasma and contagion. It must, therefore, have been partly responsible for the delay in the passage of Scottish public health legislation.⁽¹⁰⁰⁾ This admission though is not the same as stating that Alison caused the delay by using his influence and position as Convener of the Sanitary Committees to force the Physicians to proceed as he wished. This assessment is not borne out by the proceedings of, or the consensus opinion expressed by, the R.C.P.E. The supposition, moreover, fails to take account of three factors. Firstly, that the R.C.P.E. were not a lone, or even the most vehement, voice of opposition; secondly, the reasons why

they considered the miasma-contagion issue to be so important; and, thirdly, a consideration of the more politically motivated arguments against London control reveals that, at least initially, the R.C.P.E.'s objections and suggestions were identical to those of Edinburgh Town Council. The latter, however, quickly resolved to oppose all public health legislation if it established central control, irrespective of whether it was based in London or Edinburgh.

Brotherston highlighted a number of small but vociferous interest groups such as slaughter-house owners and pawnbrokers who opposed even the local Police Acts. Edinburgh's 1848 Police Bills were opposed not only by them, but also by millowners and railway company proprietors. He also pointed to the apathy or active opposition of property-owners and rate-payers who feared the prospect of increased rates.⁽¹⁰¹⁾ This, in turn, must have influenced the opposition of the Town Councils whom they elected. Petitions against the 1849 Public Health Bill were sent to Parliament from the Councils of small and large towns throughout Scotland, with those of Haddington, Forres, Dunbar, and Irvine also opposing the 1849 Police Bill. In 1850 Ayr Town Council opposed the Public Health Bill.⁽¹⁰²⁾

This opposition, as Hamilton noted, was also due to more fundamental ideological and political problems. The antipathy to a National government which was viewed as "remote and unrepresentative", and the almost sacred adherence to the principle of "unfettered private enterprise", which had developed during the intellectual revival of the latter half of the eighteenth century,

and continued to shape attitudes. Together with the distinct Scottish legal system which created difficulties in framing legislation for Scotland, these attitudes appear to have led to a neglect of Scottish affairs, including health matters, by both the government in London and the local leaders in Scotland.⁽¹⁰³⁾ The void was filled by local efforts at social reform - through Police Acts, with their provisions for paving, lighting, and cleansing, which were first obtained by Aberdeen in 1795, Glasgow in 1800, Edinburgh in 1805, and Dundee in 1824,⁽¹⁰⁴⁾ and through the health care and preventive work carried on by the medical charities. Not surprisingly, the prospect of losing this local control was resented. A closer look at the proceedings of Edinburgh Town Council, whose views can perhaps be taken as wholly or partly representative of those of other Councils, confirms this argument. The Council petitioned for exemption from the 1849 Police of Towns Bill on the grounds that the police of the city was regulated sufficiently by its own local Acts, that the Bill had "not met with the approval of any public body in the City of Edinburgh and no desire [had] been expressed for it by any portion of the citizens". Moreover, they considered it to be "unnecessary legislation" which would serve "only to fetter and annoy peaceful citizens" by increasing the "already too heavy burdens" upon them. The only legislation they supported was the 1850 Police and Improvement Bill as it posed no threat to traditional powers or municipal freedom.⁽¹⁰⁵⁾

The 1849 Bills - and presumably the 1850 ones - required for their adoption a resolution or petition to that effect from the

inhabitants of the town. But in the Public Health Bill this petition had to be sent from at least one-tenth of the ratepayers and not fewer than thirty individuals, a stipulation which, the R.C.P.E. Sanitary Committee believed, would limit more than was desirable the number of places which could adopt the measure. Edinburgh Town Council argued, similarly, that the preliminary inquiry before the adoption of the Act should be the wishes of a tenth of the rate-payers of the entire town and not simply a part of it. The point was not conceded by the Lord Advocate, although he did agree to the Council's alternative proposal that the enquiry could be sought by the Town Councils and Police Commissioners. Once adopted, the operation of both the Public Health and Police of Towns Bills was to be the responsibility of elected Local Boards. In the latter case, the members would be taken from and appointed by all the householders. The R.C.P.E. and Town Council both suggested, however, that in towns such as Edinburgh where local Police Acts had given the Police Commissioners jurisdiction over an entire town that these Commissioners should automatically be declared the local board of health, even although not all householders were eligible to stand for election or to vote. If such a clause was inserted, the Second Report stated, the Bill "could be brought into operation in Edinburgh without difficulty, and almost without expense". This compromise suggestion was accepted by the Lord Advocate.⁽¹⁰⁶⁾ The Physician's Report might also have added that without this clause Edinburgh would have had two elected bodies with almost identical functions. This may have been what was meant by their comment that the election of local boards "would be attended with great inconvenience". It may also indicate, however, that the R.C.P.E. feared that if the local

boards were responsible to the General Board in London they would lose control over sanitary improvement. It was a fear they shared with English doctors, but one which may have been heightened in Scotland because doctors had been permitted to play by Town Councils and public alike, a central role in the development and implementation of the various preventive measures.⁽¹⁰⁷⁾

It was, consequently, the provision in the Public Health Bills which placed these local Boards "under the superintendence and control of the General Board of Health ... in London", which raised the Physicians' and the Town Council's indignation and caused them to oppose the Bills. An important factor in the former's opposition was the miasma-contagion controversy. In their Second Report, the Sanitary Committee stated that although they had:

a high respect for the individual members of the General Board of Health in London, yet the confident expression of opinion which these gentlemen have officially made on several important questions touching the diffusion of epidemic diseases, which the Committee regard as very difficult and doubtful - and on which they know that some of the most experienced practitioners in Scotland hold very different opinions - have by no means tended to increase their expectation of the efficacy of measures, applicable to Scotland, for restraining the diffusion of epidemics, which may proceed from that source.⁽¹⁰⁸⁾

This passage gives an indication as to why the R.C.P.E. considered the miasma-contagion issue to be so important, and why they believed their opposition to be justified. For them it was the

implications which the respective theories had for disease prevention, especially for limiting an epidemic's spread which was significant - the opinion held determined to a considerable degree the preventive measures which each advocated. Thus Chadwick and the General Board emphasised that the causes - defective drains and sewers, defective ventilation of streets and houses, atmospheric pollution because of imperfect cleansing of streets and accumulation of nuisances, and the faulty construction of streets and houses which caused overcrowding and cleanliness and ventilation problems - were all remediable.⁽¹⁰⁹⁾ Alison and the Physicians agreed that these measures were essential, but they also believed that, on their own, they would be insufficient to prevent disease. They, therefore, advocated a more extensive response - the need to improve ventilation and cleanliness (including the interior of houses) by regulating the height of houses according to the width of the street and by reducing overcrowding in them, to regulate lodging houses more stringently, for the early isolation of the sick from the healthy, and to separate those who had come into contact with them.⁽¹¹⁰⁾ This approach was determined partly by the need to account for peculiarly Scottish problems and different legal terminology, but also by the existing practice of Edinburgh's medical charities.⁽¹¹¹⁾ Experience gained through them had convinced Alison and the R.C.P.E. of the expediency of their more extensive approach. Thus, they could not have acquiesced in the measures contained in the proposed health legislation without first denying the value of their own practice and the lessons of experience. Had they done so they would have risked damaging their professional integrity and undermining public confidence in the

work of the medical charities and in the provisions of the 1848 Edinburgh Police Act.

Moreover, as highlighted previously, the public health theory developed by Alison and the R.C.P.E. also stressed that an effective response to disease, and especially 'fever', would require not only sanitary reform but also the amelioration of poverty. In contrast, the official English policy pursued by Chadwick, emphasised only the necessity of removing the environmental causes. Alison's theory was closer, therefore, to the thinking "of the French hygienists who defended a social theory of epidemiology, which considered poverty to be the main cause of disease". This had been a recurring idea in French and British medical writing since the late eighteenth-century and, as represented by the less dogmatic stance of Farr, the majority of English doctors still allowed some degree of influence to poverty.⁽¹¹²⁾ Chadwick's thinking, however, which closely resembled that of the French hygienists and, thus, Alison, in the late 1820s, had altered so materially by 1842 that he not only challenged the social theory in the Sanitary Report, but also reversed it. He argued that insanitary conditions caused disease, and further that disease caused poverty - an argument designed to secure sanitary reform and to justify his advocacy of financing it using Poor Law funds.⁽¹¹³⁾

Among the French hygienists, the statistical science work carried out in the 1820s and 1830s by Louis-Rene Villerme and Alexander Parent-Duchatelet was best known abroad. Alison, indeed, would probably have read the results of their studies in the Edinburgh

Medical and Surgical Journal. In two statistical studies, completed in the 1820s, Villerme revealed a correlation between the degree of affluence and poverty in France and in the twelve Parisian arrondissements, and the life expectancy of the inhabitants. Occupational studies by Villerme, Parent-Duchatelet and a number of other hygienists, moreover, led them to conclude that the primary factor in determining the health of workers in a given trade or industry was not their occupation but rather their standard of living - they reasoned that poverty arising from low wages was accompanied by unhealthy living conditions.⁽¹¹⁴⁾ It appears, therefore, that Alison's theory combined different characteristics of the French and Chadwickian public health movements: his argument draws on the French emphasis on socio-economic causes and Chadwick's focus on 'fevers', namely typhus and typhoid.⁽¹¹⁵⁾

The Edinburgh doctors' experience also taught them to be cautious and to stress that the sanitary improvement of towns would only take place gradually. This was an overt attack upon Chadwick and the Health of Towns Commission, who they believed were putting support for future legislation at risk by raising false expectations of the benefits to be attained from it and by exaggerating the speed at which improvements would be made.⁽¹¹⁶⁾ In his evidence to the Town Council in 1848, Alison was similarly cautious about the expected improvements, because of the "very bad condition" of much of Edinburgh's housing, the inability of most of their inhabitants to pay for even part of the improvements, and the resultant cost to ratepayers.⁽¹¹⁷⁾

The R.C.P.E. though had another reason for disliking the idea of London control. They believed that such direction, by men who had little knowledge of the construction of Scottish towns, the habits of the lower classes in them, or the Laws of Scotland, would be more likely to lead to "jealousy and misapprehension than [the] cordial cooperation" necessary for the legislation to be effective. Although their Committee realised that the government was seeking greater uniformity of practice, they were in no doubt:

that, on the whole, this arrangement would not work satisfactorily, either to the medical profession or to the public; nay, they [were] strongly inclined to think, that rather than subject themselves to this kind of jurisdiction, the majority of the inhabitants of Edinburgh [would] prefer to decline applying for the adoption of the Public Health Bill in this city.⁽¹¹⁸⁾

This conviction was confirmed by Edinburgh Town Council's response to the 1849 and 1850 Public Health Bills. Their petition against the 1849 Bill registered their disapproval of the means of obtaining a preliminary inquiry and the difficulty in simply transferring the provisions of the 1848 English Public Health Act to Scotland. But this petition and that of 1850 were more particularly pleas for the retention of the existing local authority structure of Town Councils and Police Commissioners - they like the doctors faced a loss of power - and for any central authority to be based in Scotland. The election of new local boards they argued in 1848, was "uncalled for and unnecessary" because these boards would have similar functions to the existing Town Councils and Police Commissioners. Moreover, making them

responsible to the General Board of Health in London would be:
altogether destructive of the principle of Municipal
Government for, if it be necessary to establish such a
controlling power in the matters which are legislated for in
this Bill, it seems equally necessary to extend the
principle to the Town Council and the Police Commissioners,
thus subverting the principle of self-government which the
Burghs of Scotland have enjoyed in all times past.⁽¹¹⁹⁾

Edinburgh was not unique in its opposition to the prospect of
increased central government control - the same objection was made
by local authorities throughout Britain in the first half of the
19th century as the mounting urban social problems made government
intervention imperative. The Scottish objections though appear to
have had an added intensity. The R.C.P.E. and, based on Edinburgh
Town Council's reaction, the local authorities seemed to fear that
they would lose not only their local control and influence but also
the semblance of Scottish control, exercised through the R.C.P.E.,
which had developed because of the remoteness from London and
government neglect.

The R.C.P.E. and Edinburgh Town Council, in the Reports of the
Sanitary and Lord Provost Committees respectively, put forward
identical solutions to the problem. Both suggested that if there
was to be a General Board of Health it should be located in
Edinburgh not London, and that this could "be achieved more simply,
cheaply, and effectually" by expanding the remit of the recently-
established Board of Supervision. For this purpose, they proposed
that the Board's membership should be increased by the addition of

the Presidents of the Royal Colleges of Physicians and Surgeons in Edinburgh, or members chosen from these two bodies, and of a Secretary responsible for the sanitary measures. A Town Council deputation was assured by the Lord Advocate, despite his misgivings on cost and on making the Board's duties too onerous, that if a Central Board in Edinburgh was desired by the people of Scotland, and if that desire was "clearly and unequivocally expressed a clause to that effect [would] be introduced into the [Public Health] Bill".⁽¹²⁰⁾ The R.C.P.E. thereby ensured that it would retain a measure of control over health and sanitary improvement. In justifying their proposal, moreover, the R.C.P.E. revealed not only Alison's influence but also the Scottish profession's extensive view of health improvement. The Board's two functions, the Report stated, would be complementary - already responsible for regulating the relief of destitution which was essential for improving health, it would now also assume control over the sanitary means of maintaining public health. The latter, moreover, because of disease prevention would involve them indirectly in checking destitution.⁽¹²¹⁾

Despite the assurance given by the Lord Advocate in 1849, both the 1850 Public Health Bill and the 1856 Nuisance Removal Bill vested superintending control in the General Board of Health in London. The latter though, by way of a compromise, also gave that power to the Prison Board in Edinburgh. In his 1856 letter to Black, Alison, in line with the R.C.P.E.'s previously expressed opinion, objected to these provisions and reiterated that the Board of Supervision should be the central Scottish authority. It would be nonsensical, he argued, to have the Parochial Boards in those areas

where there was no Town Council reporting to and taking orders from the Board of Supervision on poor law matters and the Prison Board on sanitary ones.⁽¹²²⁾ The objections were heeded. The second Nuisance Removal Bill altered this provision "nearly as [the] College had wished",⁽¹²³⁾ placing overall control with the Board of Supervision and the responsibility for executing the Act with Local Authorities composed of Town Councils, Police Commissioners, or Parochial Boards.

It seems probable that it was the establishment of the principle of control in Scotland which prompted Alison and the College to support the Bill although they still considered parts of the sanitary clauses unsatisfactory. The change in 1854 from the "dictator" Chadwick to the "persuader" John Snow, who was more open-minded about the causes of epidemic disease and a compromiser,⁽¹²⁴⁾ may also have caused the R.C.P.E. to relax its entrenched position. In doing so they showed themselves to be men of perception. The Act established for the first time not only that public health was "a special function of local government"⁽¹²⁵⁾ but also that local boards in Scotland should be responsible to a Scottish central board. Without this provision, as the government must have realised, public health legislation in Scotland would have faced a longer delay. Indeed, if Edinburgh Town Council's objections had been heeded the legislation would have been indefinitely delayed. The Council, while its 1849 deputation was still in London and probably taking advantage of that fact, resolved 13 votes to 12 to reject their previous decision to oppose the Public Health Bill unless their objections were met, and replaced it with a determination to oppose the Bill unless

Edinburgh was exempted from its operation. An attempt to reverse this decision was defeated 15 votes to 12.⁽¹²⁶⁾ By a narrow margin, therefore, those opposed to any form of national (Scottish) legislation controlled Council policy. In 1856, their opinion unchanged, they argued that the promotion of public health could safely be entrusted to Municipal and Local Authorities acting under local Acts, and that vesting the controlling power with the Prison Board would not only add to its "sufficiently expensive machinery", but would also be "degrading to the Local Authorities as if they were incapable or unwilling to manage measures essential to the welfare" of their communities.⁽¹²⁷⁾

Alison's and the R.C.P.E.'s opposition undoubtedly contributed to the delay in the passage of Scottish public health legislation. But given the opposition from small interest groups and from Town Councils across Scotland, it cannot be argued that they were solely, or perhaps even largely, responsible for it. Indeed, unlike Edinburgh Town Council, they recognised the need for government legislation and a central controlling authority, albeit one based in Edinburgh not London. Their extensive view of public health, their campaigning and recommendations, moreover, confirms Hamlin's and Pickstone's assertion that a different public health policy to the Chadwickian one could have emerged in early Victorian Britain.⁽¹²⁸⁾

Conclusion

Alison was a man with great strength of character - a strength rooted in his belief that, as a doctor, he had a Christian and moral duty to minister to all his patients, rich or poor. This sense of selflessness and duty, combined with the importance he attached to independent thought and his genuine concern for the condition of the poor, produced in him a determination to act, on their behalf, as his conscience prompted. It also gave him the necessary inner strength and belief in his own arguments to sustain him through the years of campaigning for both poor law and public health reform. Thus when tested by the powerful opposition within Scotland from the Church of Scotland, the Town Councils and the many small interest groups, and by the threat posed to his poor law campaign and his extensive view of public health by the emerging ultra-sanitarian view of health in England, he refused to bow to the pressure and continued to fight for what he was convinced was right.

The direction of Alison's "activist philanthropy", and the manner in which his social thought developed, were determined partly by the University teaching he received - that is the influence upon him of 'Scotch knowledge', the practical medical training, and the teaching of political economy and European medical police ideas - and partly by his own experience. Thus his early medical experience, his Benthamite-influenced opinion that the utility of medical police measures lay in their potential for preserving the health and thus increasing the happiness of the people, and his belief that much poverty resulted from disease, led him to expand

and improve the medical services and practical aid for Edinburgh's poor through the New Town Dispensary, the Fever Board and later, using his 'Fever Board model', through the Edinburgh Cholera Board. His approach to health care was not new, but continued the existing practices of the medical charities begun in the late eighteenth century. Alison though helped to institute a more interventionist, aggressive, and coordinated approach to health care in Edinburgh, one which was rooted in medical police ideas and emphasised prevention through the removal of the environmental and social causes of disease. The evidence that the Edinburgh Cholera Board acted as a central Scottish Board in 1832 also suggests, and further local studies would be required to confirm it, that Edinburgh's health provisions were in advance of those in other Scottish towns and cities, and possibly also of those in English cities.

Alison's social thought continued to be influenced by received 'Scotch knowledge'. He used politico-economic reasoning to defend the foundation of the House of Refuge and to attack the ideological basis for favouring the existing Scottish poor law principles. But his reasoning by the 1830s, like his social thinking and health care ideas, had matured and developed under the influence of his own experience with, and knowledge of, Edinburgh's voluntary charities and the condition of the poor, and the poor law systems, in Scotland, England, Ireland and across Europe. Thus Alison's work with the medical charities confirmed the suspicions raised in his medical police lectures, that much disease was caused by poverty. Alison became convinced that disease, particularly 'fever', and the predisposing poverty were increasing, and that

much of the poverty was a consequence of unemployment - although he could not prove it statistically and the then unknown disease etiology of typhus and typhoid does not wholly support his proposition. His convictions, however, led him to establish the House of Refuge and prompted his support for the Edinburgh Presbytery's plan to improve the relief provision by redrawing the parish boundaries and instigating more rigorous visitation in them. His intention, as with the medical charities, was to make the relief provision more effective by regulating and coordinating diffuse private charity - in the hope also of indirectly reducing disease. But the evidence which he gathered through the voluntary institutions, as to their precarious and inadequate incomes, the numbers relieved by the Refuge who had legal claims or who were unemployed, and the comparative proof from other countries convinced him that the declining standard of the people's health in Edinburgh was not caused solely by the deteriorating sanitary conditions but resulted, more particularly, from increasing poverty due to the failure of both the voluntary charities and the Scottish poor law to provide adequate relief. His experience led him to conclude that the poor's practical and medical needs would only be met by poor law and public health reform.

The reform campaigns represent, because of their impact on the future direction of Scottish social reform, the most important aspect of Alison's life. The debate on the poor law, the inquiries it prompted into destitution and the parallel inquiries into the sanitary state of Scottish towns and cities, helped to raise consciousness of poverty and the conditions in which the poor lived. The resulting poor law and public health legislation,

limited as they were in Alison's lifetime, established the principles of state responsibility for poor relief and public health, and perhaps most significantly, that central control of both should be vested in the Board of Supervision in Edinburgh and not in London. Without this latter provision, it is probable that public health legislation would have faced a lengthier delay - Alison and the R.C.P.E., despite their strong support and continual campaigning for such legislation, would have continued to oppose, in common with the Scottish local authorities, any legislation which established London control. They would have done so partly because they believed that the 'peculiar' construction of Scottish cities and different legal terminology necessitated specific Scottish-based instructions, but more particularly because they disagreed with, and had little confidence in, the ultra-sanitarian health policy being pursued in England. Part of the explanation for this lay in the contagion-miasma dispute, but the research on Alison suggests that it was also due to the more extensive view - sanitary measures, as in England, and poverty amelioration - of public health in Scotland.

Alison's concept of public health can be traced back to the eighteenth century 'dearth' model, but it was also a product of his own experience of poverty in Scotland and the incorporation of European medical police ideas into Edinburgh University's medical teaching and the working practices of Edinburgh's voluntary charities. His view confirms that a different public health policy could have emerged in Britain. It also has another significance. Alison emphasised that disease could be prevented if attention was paid to the alleviation of their social causes - a sociological

approach which links him directly to the development in Europe, at this time, of the idea of medicine as a social science, and to the twentieth century concept of social medicine.

Appendix 1

New Town Dispensary Patients per year 1815-1841.

	Med. & Surg. Patients	No. Vacc- inated	Midwifery Patients	Total	Home Visits
1.9.15 - 28.2.17 (18 months)	6,735	958	369	8,062	2401
1.3.17 - 28.2.18	8,070	908	393	9,371	
1.3.18 - 28.2.19	8,471	1041	351	9,863	7233 (2 yrs)
1.3.19 - 31.12.20 (22 months)	11,659	1359	N/A	13,018	4557
1.1.21 - 31.12.21	5,613	506	N/A	6,119	2115
1822	6,571	823	N/A	7,394	2377
1826	-----	---	N/A	8,816	----
1827	8,383	600	N/A	8,983	2797
1828	-----	---	N/A	7,331	----
1829	5,842	368	N/A	6,210	2243
1830	6,492	408	N/A	6,900	2607
1831	8,248	300	N/A	8,548	3838
1832	7,940	257	N/A	8,197	3569
1833	7,129	331	N/A	7,460	3371
1834	5,778	240	N/A	6,018	2553
1835	5,320	246	N/A	5,566	2454
1836	5,573	211	70	5,854	3306
1837	7,090	383	118	7,591	4472
1838	7,202	326	113	7,641	4416
1841	6,286	232	179	6,697	3635

Source: Annual Reports of the New Town Dispensary, 1817, 1819, 1821, 1822, 1827, 1829, 1830, 1831, 1833, 1834, 1835, 1837, 1838, 1841.

Appendix 2

Public debate on Poor Law: Chronological List of Pamphlets, Periodicals and Reports.

May 1839: General Assembly Report on the Management of the Poor in Scotland.

January 1840: Alison, Observations on the Management of the Poor

April 1840: Monypenny, Proposed Alteration of the Scottish Poor Laws, and of the Administration thereof, as stated by Dr. Alison, in his "Observations on the Management of the Poor in Scotland", Considered and Commented On.

April? 1840: Association for Obtaining an Official Inquiry into the Pauperism of Scotland. Abstract of Dr. Alison's Pamphlet.

May/June 1840: Alison, Reply to the Pamphlet entitled "Proposed Alteration of the Scottish Poor Law Considered and Commented On".

20 June 1840: "Picture of the Indigent Class of a Little Town", Chambers Edinburgh Journal.

June 1840: A. Alison, The Principles of Population, and their Connection with Human Happiness.

September 1840: Alison, "Illustrations of the Practical Operation of the Scottish System of Management of the Poor in Scotland".

Chalmers, On the Application of Statistics to Moral and Economical Questions and Results of his Experience with Regard to the Pauperism of Glasgow.

November & December 1840: "Condition of the Labouring Poor, and the Management of Paupers in Scotland", Tait's Edinburgh Magazine.

January 1841: Report of the Committee of the Association for Obtaining an Official Inquiry into the Pauperism of Scotland.

March 1841: Report of the Committee appointed on 20th April 1840, at a General Meeting in Edinburgh of Landed Proprietors.

1841: Remarks Addressed to the Edinburgh Committee on Pauperism in Scotland, with the view of enforcing the propriety of investigations by local magistrates.

April 1841: Second Report of the Committee of the Association for Obtaining an Official Inquiry into the Pauperism of Scotland.

May 1841: "Reports of the Committee on Pauperism", Report of the Proceedings of the General Assembly of the Church of Scotland.

1841: Monypenny, Additional Remarks on the Proposed Alteration of the Scottish Poor Law, and of the Administration thereof.

September 1841: Chalmers, On the Sufficiency of the Parochial System, Without a Poor Rate, for the Right Management of the Poor.

c. October 1841: Alison, Reply to Dr. Chalmers' Objections to an Improvement of the Legal Provision for the Poor in Scotland.

November 1841: Alison, "Further Illustrations of the Practical Operation of the Scotch System of Management of the Poor".

June 1842: Alison, "On the Destitution and Mortality in some of the Large Towns in Scotland".

Appendix 3

Reform Timetable: Registration of Births, Deaths, and Marriages.

1835 - 1839: Bills contemplated but postponed.

1841 & 1846: Petitions to Parliament asking for a Registration Bill.

1847, 1848, & 1849: Registration Bills introduced and withdrawn.

7 August 1854: An Act to provide for the better Registration of Births, Deaths, and Marriages in Scotland passed.

Source: "Report on the Registration of Deaths. By the Edinburgh Sub-committee", Report of the British Association for the Advancement of Science, (1836), 251; "Note in Reply to some Observations in a 'Report of a Sub-Committee of the R.C.P.E.'", Appendix to Fourth Annual Report of the Registrar-General, 123; (Commons Journal, 96, (1841), 117, 124, 132, 271, 391, 399; 102, (1847), 139; 103, (1848), 103; 104, (1849), 118; 109, (1854), 182.

Reform Timetable: Public Health Legislation - Edinburgh.

14 June 1827: Royal Assent to Edinburgh Improvement Act. One of many local Acts for either improving or policing the city.

23 August 1831 & 28 June 1833: Two Acts altering and amending 1827 Act. The latter gave watching, cleansing, and lighting powers to the Police Commissioners.

1812, 1816, 1817, 1822, 1826, 1832 & 1834: Edinburgh Police Acts. These early health measures, typical of the period to 1840, were local Acts to extend local powers. The result was a multiplicity of police legislation which required consolidation.

February 1848: two Edinburgh Police Bills aimed at this and at sanitary improvement.

Town Council: Police Consolidation and Sanitary Improvement Bill - withdrawn.

Police Commissioners: Police (Amendment and Consolidation of Acts, and Police and Sanitary Improvement) Act, Royal Assent 14 August.

Source: Commons Journal, 82, (1827), 558; 86 (pt. 2), (1831), 777; 88, (1833), 531; 67, (1812), 446; 71, (1816), 501; 77, (1822), 367; 81, (1826), 377; 83, (1828), 66; 87, (1832), 430; 89, (1834), 525; 103 (pt.1), (1847-48), 142, 143, 166, 167, 527; 103 (pt.2), (1848), 920; 109, (1854), 64, 357; E.T.C. Minutes, 21 February, 21 March, & 25 April 1837.

Reform Timetable: Public Health Legislation - Scottish.

April 1849: Public Health Bill introduced - delayed for three months in July.

April 1849: a Bill "to make more effectual Provision for regulating the Police of Towns and Populous Places in Scotland, and for paving, draining, cleansing, lighting, and improving the same" introduced - withdrawn due to lack of time.

March 1850: Public Health Bill introduced - withdrawn at Committee stage.

March 1850: Police Bill re-introduced - passed as the Police and Improvement (Scotland) Act; Royal Assent 15 July.

July 1855: "a Bill to consolidate and amend the Laws relating to the Removal of Nuisances and Prevention of Disease, and to make further provision in respect of the Police of Towns in Scotland" introduced - withdrawn following week.

February 1856: above Bill re-introduced - passed on 29 July as "An Act to make better Provision for the Removal of Nuisances, Regulation of Lodging Houses, and the Health of Towns in Scotland".

Source: Commons Journal, 104, (1849), 196, 202, 284, 466, 472; 105, (1850), 120, 127, 388, 524; 110, (1854-55), 431, 449; 111, (1856), 18, 71, 394.

Footnotes.

Intoduction.

1. Quotations from "Brief Sketch of W.P. Alison", Medical Times and Gazette, (II, 1859), 339; Edinburgh Evening Courant, 24 September 1859, edited version in Lancet, (II, 1859), 351-352; Scotsman, 24 September 1859.
2. W.T. Gairdner, "The Late Dr. Alison", Ed. Med. J., V, (1859), 485-486. Reprinted in Gairdner's The Physician as Naturalist, (1889), 388-430. Cf. Lord Neaves: "Obituary of W.P. Alison", Edinburgh New Philosophical Journal, NS XI, (1860), 316-320. Read to R.S.E., 5 December 1859. E.B. Ramsay, "The Late Professor Alison", Edinburgh Evening Courant, 4 October 1859. Ramsay was minister of St. John's Episcopal Chapel, Edinburgh, which Alison attended.
3. Gairdner, "Dr. Alison", 483; Ramsay, "Professor Alison"; R. Christison, Life of Sir Robert Christison, I, (1885), 134; A. Halliday Douglas, "On the Life and Character of Dr. Alison", Ed. Med. J., XI, (1866), 1069.
4. Scotus, "Sketches of the Medical Schools of Scotland. Dr. Alison", Lancet, (II, 1827-28), 283.
5. O. Checkland, Philanthropy in Victorian Scotland, (1980), 5.
6. Una Maclean, The Usher Institute and the Evolution of Community Medicine in Edinburgh, (1975), 1-2.
7. J.H.F. Brotherston, "William Pulteney Alison Scottish Pioneer of Social Medicine", Medical Officer, (1958), 331 & 335.
8. E.H. Ackerknecht, "Anticontagionism between 1821 and 1867", Bulletin of the History of Medicine, 22, (1948), 592.
9. J.H.F. Brotherston, Observations on the Early Public Health

- Movement in Scotland, (1952), 75; D. Hamilton, The Healers, (1981), 201; B. White, "Scottish Doctors and the English Public Health", D.A. Dow (ed), The Influence of Scottish Medicine, (1988), 84.
10. Brotherston, Early Public Health, 86-87; Hamilton, Healers, 184, 196-197.
11. Cf. C. Hamlin, "Predisposing Causes and Public Health in Early Nineteenth-Century Medical Thought", The Society for the History of Medicine, 511, (1992), 43-70.
12. Cf. Brotherston, "Pioneer of Social Medicine", 331-332, 334; Maclean, Community Medicine, 2; M.A. Crowther, "Poverty, Health and Welfare" in W.H. Fraser & R.J. Morris (eds.), People and Society in Scotland, 1830-1914, II, (1990), 281.
13. Hamlin, "Predisposing Causes", 44, 52-70; J.V. Pickstone, "Dearth, dirt and fever epidemics: rewriting the history of British 'public health', 1780-1850" in T. Ranger & P. Slack (eds.), Epidemics and Ideas, (1992), 125-148.
14. Brenda White, "Training medical policemen: forensic medicine and public health in nineteenth-century Scotland" in M. Clark & C. Crawford (eds.), Legal Medicine in History, (1994), pp145-150; M. Anne Crowther & Brenda White, On Soul and Conscience the Medical Expert and Crime, (1988), pp7-10; See Ch. 2, pp??
15. Ann F. LaBerge, Mission and Method The early nineteenth century French public health movement, (1992), 315.
16. *ibid*, 21. Ackerknecht, "Anticontagionism", 592 ranks Alison and Villerme together as sociologists.
17. P.D. Lawrence, "The Gregory Family", (Ph.D Aberdeen, 1971), I, 194; Gairdner, "Dr. Alison", 469.
18. J.B. Morrell, "The University of Edinburgh in the Late Eighteenth Century: Its Scientific Eminence and Academic

Structure", Isis, 62, (1971), 162, 167. William Johnstone Pulteney (1729-1805), of Westerhall, Dumfries. Adopted name Pulteney following his marriage in 1760 to the niece of Sir William Pulteney, Earl of Bath (1684-1764). A. Grant, Story of the University of Edinburgh, I, (1884), 344-345; DNB, XIX, 489.

19. Lawrence, "Gregory Family", I, 192; cf. Archibald Alison, Some Account of My Life and Writings: an Autobiography, (1883), I, 7. Alison's parents married at Thrapstone on 19 June 1784.

20. I.D.U.B., I, 113; Lawrence, "Gregory Family", I, 159, 161. 1769-1773 held the Practice and Theory Chairs jointly with William Cullen.

21. C. Lawrence, Medicine in the Making of Modern Britain, 1700 - 1920, 27.

22. C. Lawrence, "The Edinburgh Medical School and the End of the 'Old Thing', 1790-1830", History of Universities, 7, (1988), 263. Cf. J.B. Morrell, "The University of Edinburgh", 164; Roger L. Emerson, "Medical men, politicians and the medical schools at Glasgow and Edinburgh 1685-1803" in A. Doig, J.P. Ferguson, I.A. Milne (eds), William Hunter and the Eighteenth Century Medical World, (1993), 203-204; Lisa Rosner, Medical Education in the Age of Improvement Edinburgh Students and Apprentices 1760-1826, (1991), 52-53. Emerson comments that James Gregory, a Tory, was the choice of the Town Council, the University Patrons, and the Medical Professors much to the anger of Andrew Duncan, Senior, who later sided with the Foxite Whigs. Both men had deputed for Alexander Drummond, who never took up his 1773 appointment to the Theory Chair.

23. Lawrence, "Gregory Family", I, 174 & 176.

24. Thomas Telford commented that he had received two letters, one

from Alison's sister Margaret, the other from William Playfair, announcing "the important intelligence that the grand Doctor ha[d] astonished the World by taking to himself a wife, to the great joy and satisfaction of all his friends". Thomas Telford to W.P.

Alison 18 September 1832. NLS MS 5509; Alison, Autobiography, I, 9.

25. Lawrence, "Gregory Family", I, 187; Scotsman 8 September 1832.

26. Margaret Alison to Henry Acland December 1845, 3 December 1847, 3 January 1849, 28 October-10 November 1849, Bodleian Library, Oxford, MS Acland, d.76. Acland stayed with the Alisons, who had no children, in 1845 and 1846. Their innate shyness and reserve was replaced quickly by increasing affection for Acland who they came to regard as a cross between a son and a younger brother.

27. Margaret Alison to Acland, 25 November nd, MS Acland d.76.

28. Margaret Alison to Mr. Blackwood, dated only 1844 & M. Alison to Blackwoods, 10 June 1846 in NLS Blackwood Papers 1844 MS 4068 f. 90-91 & 1846 MS 4077 f.156.

29. W.P. Alison Collection, R.C.P.E.

30. Acland to Sarah Cotton 18/20 April 1846, MS Acland d.5;

Margaret Alison to Acland 12 January 1846, MS Acland d.76.

31. Lawrence, "Gregory Family", I, 187.

32. Alison to unnamed recipient 2 January 1850, EU, NCL, CM/A24.

33. Alison to Acland 19 December 1849, MS Acland d.62; see pp20-21 below.

34. In addition to William, there were four daughters, Henrietta Laura, Montague, Elizabeth, and Margaret, and another son, Archibald, born on 29 December 1792. Elizabeth and Margaret both caught fever in 1812 from Alison, who contracted it in the course of his medical duties - Elizabeth died on 15 July, Margaret recovered slowly. Montague also died from typhus at Lausanne,

Switzerland, 28 November 1819. It may be that his family's experience sparked Alison's interest in fever prevention.

Archibald, admitted as an advocate in 1814, was appointed as one of three Advocate-Deputes in 1823 and Sheriff of Lanarkshire in 1834. He was created a Baronet in 1852. He gained great popularity for his writing, notably his History of Europe and The Principles of Population, which, begun in 1809, was eventually published in 1840 to support William's campaign for Scottish Poor Law reform.

Alison, Autobiography, I, 63-64, 176; I.D.U.B., 113; Lawrence, "Gregory Family", I, 195; A. Alison, The Principles of Population, and their Connection with Human Happiness, (1840), Preface vi-vii.

35. Lawrence, "Gregory Family", I, 192-193; Alison, Autobiography, I, 8-9, 21; I.D.U.B., I, 113.

36. Alison, Autobiography, I, 21-24.

37. *ibid*, I, 20. Rev. Alison held a position in Sudbury, Northamptonshire, 1784-1792.

38. *ibid*, 23 & 35; Gairdner, "Dr. Alison", 469; Edinburgh University, Alumni and Staff, D; J.W. Burgon, Portrait of a Christian Gentleman. A Memoir of Patrick Fraser Tytler, (1859), 38.

39. Edinburgh University Matriculation Roll: Arts, Law, Divinity, 2, 1775-1810, 621, 629, 638, 648, 657; Class Lists General 1801-1805.

John Playfair (1748-1819), 1785-1805 Professor of Mathematics; 1805-1819 Professor of Natural Philosophy. DNB, XV, 1299-1300.

Dugald Stewart (1753-1828), Joint Professor of Mathematics 1772-1785, Professor of Moral Philosophy 1785-1810. Lifelong friend of Rev. A. Alison. J. Veitch, "Memoir of Dugald Stewart" in W. Hamilton, Collected Works of Dugald Stewart, X, (1858), vii, xxvii-xxix, xxxiii, lxxxviii.

40. Lisa Rosner, Medical Education, 35-37; J.B. Morrell, "The University of Edinburgh", 169. Rosner comments that although there was no set definition of a 'liberal' education that it was usually taken to mean mastery not only of classical studies but also Greek, Mathematics, Experimental Philosophy, penmanship and bookkeeping.

41. Edinburgh University Matriculation Index, Medicine, 5, 1806-1810; General & Medicine, 6, 1810-1811; Lisa Rosner, Medical Education, 69.

Alexander Monro, tertius (1773-1859), anatomist, son of secundus. 1800 appointed joint Professor of medicine, surgery, and anatomy with his father. 1817-1846 the sole Professor. DNB, XIII, 628.

Andrew Duncan, Senior (1744-1828), 1790-1828 Professor of the Theory of Physic at Edinburgh. 1776 founder of the Public Dispensary. DNB, VI, 161-162.

James Home (1760-1844), Professor of Materia Medica at Edinburgh 1798-1821. DNB, IX, 1129; Grant, University of Edinburgh, I, 424.

42. Douglas, "Life and Character", 1065-1067; Gairdner, "Dr. Alison", 470-471; R.C.P.E. Minutes, 5 November 1811 & 3 November 1812.

43. W.P. Alison, "De Viribus Naturae Medicatricibus", dedicatory pages. Translation from Lisa Rosner, Medical Education, 82.

44. Douglas, "Life and Character", 1066; Gairdner, "Dr. Alison", 470.

45. Matriculation Index, General & Medicine, 7, 8, & 9, 1811-12, 1812-13, 1813-14.

46. Gairdner, "Dr. Alison", 470; "Dissertation prefixed to the Supplemental Volumes of the Encyclopedia Britannica, exhibiting a General View of the Progress of Metaphysical, Moral and Political Philosophy in Europe, from the Revival of Letters", Quarterly

- Review, (1817), 39-72; W.P. Alison, "Remarks on the Review of Mr Stewart's Dissertation in the Quarterly Review", Blackwood's Magazine, (1817), 57-65, 159-165.
47. Alison, Autobiography, I, 11.
48. *ibid*, 25.
49. Gairdner, "Dr. Alison", 470. Alison, Autobiography, I, 8-9; Lawrence, "Edinburgh Medical School", 261; DNB, IX, 1262-1265 & X, 706.
50. W.P. Alison, "Journal, Europe", (1819), 115 and "Miscellaneous Notes Autumn 1825". Both in Alison Collection, R.C.P.E. The former journal contains details of two trips, and though no years are given (only days and months) it is apparent from other evidence that they cover separate journeys in 1819 and 1820.
51. Alison, Autobiography, I, 84-90 & pp refs for Scott; "Journal, Europe" (1819); "Miscellaneous Notes Autumn 1825".
52. Alison, Autobiography, I, 61-62.
53. W.P. Alison, "Journal, Europe", (1819), 70-71. Cf. Douglas, "Life and Character", 1065 & Gairdner, "Dr. Alison", 471.
54. See Ch.1, p54.
55. See Ch.4, pp173-177.
56. Alison to Lord Provost, 9 April 1821 and George Bell to Alison, 8 April 1821, in Testimonials, etc. in favour of Dr. W.P. Alison, (1821), 7 & 14; Rosner, Medical Education, 20.
57. Dr. Gregory to Lord Provost, 2 November 1818, Testimonials, 4-5; Edinburgh Town Council (hereafter E.T.C.) Minutes, 4 November 1818.
58. Lawrence, "Edinburgh Medical School", 263. Cf. Lisa Rosner, Medical Education, 162.
59. Dr. J. Gregory to unnamed recipient 1 January 1820, A.U.L., MS

2206.46 D13.

60. Gregory to unnamed recipient 1 January 1820.
61. Alison to Lord Provost, 9 April 1821, Testimonials, 8.
62. Edinburgh University, College Minutes 9 April 1821 (hereafter E.U. Minutes); Lawrence, "Gregory Family", I, 185.
63. See Ch.2, pp58-83.
64. E.U. Minutes 7 February 1820; E.T.C. Minutes 9 February 1820.
65. Gregory to unnamed recipient, 1 January 1820.
66. J.D.Comrie, History of Scottish Medicine to 1860, (1927), 256-257.
67. Alison to Lord Provost, 9 April 1821, Testimonials, 10. Rosner comments that "extra-academical lectureships could be quite lucrative, and were a common employment for young men who had just completed their studies. Rosner, Medical Education, 59.
68. Gregory to unnamed recipient, 1 January 1820; Cf Alison to Lord Provost, 9 April 1821 and George Bell to Alison, 8 April 1821, Testimonials, 6-7, 9-10, 14-15.
69. E.T.C. Minutes, 6 June, 8 & 29 August 1821; E.U. Minutes, 20 September 1821; Lawrence, "Edinburgh Medical School", 273 and Medicine, 47; Jacyna, Philosophic Whigs, 80-81, 101; Pickstone, "Dearth, dirt", 133; DNB, IX, 1129; Alison was formally introduced to the Senatus on 20 September 1821.
70. "Professor Alison's evidence", Scottish Universities Commission 1826 & 1830, Evidence I Edinburgh, (1826), 216.
71. *ibid*, 192.
72. E.U. Minutes, 7 July 1828.
73. Dugald Stewart to Rev. Archibald Alison, 14 April 1821 and Alex. Maconochie to Lord Provost, 13 April 1821, Testimonials, 12-13, 18.
74. Andrew Duncan, Snr. to Lord Provost, 4 May 1821, E.T.C. Minutes

4 July 1821.

75. See Ch.1, pp32-48.

76. Lisa M. Rosner, Andrew Duncan, M.D. F.R.S.E. (1744-1828).
Scottish Men of Medicine, 3 & 8. See p18 above. Cf. Ch. 2, p68.

77. E.T.C. Minutes, 9 August 1842.

78. Censor: Dec.1830-Dec.1833, Dec.1835-Dec.1836, Dec.1842-
Dec.1844. Secretary: Dec.1825-Dec.1830. President: Dec.1836-
Dec.1838. Vice-President: Dec.1838-Dec.1840. R.C.P.E Minutes, 30
November 1826 to 30 November 1843.

79. Appointments, July 1837 - August 1851, 78. PRO [Chancery Lane]
LC3/71.

80. DNB, I, 291.

81. Patrick Newbigging, "Account of the Illness and Death of Dr.
Alison", Ed. Med. J., 5, (1960), 597-599.

82. W.P. Alison to A. Morrison, College Bailie, 13 August 1855 in
"E.T.C. Proceedings 14 August 1855", Ed. Med. J., 1, (1856), 275-
276; Alison to Morrison, 6 July 1855, NLS Lee Papers MS 3448;
Alison to Principal Lee, 9 July 1855, NLS, Lee Papers MS 3448.

83. Alison to Morrison 13 August 1855, Ed. Med. J., I, 276.

84. E.T.C. Minutes 17 June, 28 October, 3 November, & 2 December
1856 (Alison to Lord Provost, 17 November 1856); E.U. Minutes, 28
November 1855, 8 March & 5 April 1856; "Medical News March 1856",
"Medical News July 1857", & "Medical News December 1856", Ed. Med.
J., 1, (1856), 850 & 2 (1857), 81-2, 473, & 565; "Professor
Alison", "Pension to Professor Alison" & "Pensions Granted",
Medical Times & Gazette, N.S. 12, (1855?) 241, N.S. 13, (1856), 532
& N.S. 15 (1857), 76; Lancet, (I, 1857), 44.

85. Gairdner, "Dr. Alison", 485; "British Medical Association in
Edinburgh", Br. Med. J., (1858), 649, 652; Scotsman, 24 September

- 1859.
86. "Twenty-sixth Annual Meeting of the BMA - President's Address", Br. Med. J., (1858), 652-653.
87. Alison Collection, Boxes 27, 28 & 29.
88. W.P. Alison, "On Ultimate Facts in Physiology, their Importance and Proper Position", Dublin Hospital Gazette, (1858), 3-4, 19-21; cf. Alison Collection, Box 3 and Box 27; W.P. Alison, "The Science of Life: its Study and Connections" and "The Study of Life: its Study and Relations, particularly with Theology", Br. Med. J., (1858), 699-703, 819-821, 837-842. Box 26, folder 114 contains what appears to be the draft of another article "Connection of Physiology with Natural Theology".
89. Lawrence, Medicine, 34-36.
90. Gairdner, "Dr. Alison", 485.
91. "Death of Dr. Alison" and Gairdner, "Account of the Illness and Death of Dr. William Pulteney Alison", Ed. Med. J., 5, (1860), 395 & 599-601.
92. Scotsman, 27 September 1859.
93. Alison was elected to the R.S.E in January 1817 and served as a Vice-President from 1848 to 1859.
94. Scotsman, 27 & 29 September 1859; Edinburgh Evening Courant, 29 September 1859.
95. R.C.P.E. Minutes 7 February 1860.

Chapter 1.

1. A.C. Chitnis, The Scottish Enlightenment and Early Victorian English Society, (1986), 11.
2. James C. Riley, The Eighteenth-Century Campaign to Avoid Disease, (1987); L.J. Jordanova, "Earth science and environmental medicine: the synthesis of the late Enlightenment" in L.J. Jordanova & Roy Porter, Images of the Earth: Essays in the History of the Environmental Sciences, (1979).
3. Crowther & White, Soul and Conscience, 7-8.
4. *ibid*, 9.
5. Rev. Alison, Sermons, Chiefly on Particular Occasions, (1814), 12-13.
6. *ibid*, 191-215; cf. 110-111
7. Chitnis, Scottish Enlightenment, 1.
8. *ibid*, 1-31, 146-163. White identified the same causal link in "Scottish Doctors", 79-85.
9. Veitch, "Memoir of Dugald Stewart", xviii-li & liv. M.W. Flinn refers to these lectures in his Introduction to the Report on the Sanitary Condition of the Labouring Population of GB, (1842, reprinted 1865), 22-23.
10. Scottish Enlightenment social philosophy in Chitnis, Scottish Enlightenment, 2-7; Paternalism in D. Roberts, Paternalism in Early Victorian England, (1979), 2-6, & 37; Utilitarianism in D. Roberts, "The Utilitarian Conscience" in P. Marsh (ed.), The Conscience of the Victorian State, (1979), 40-45, 62-65.
11. Hamilton, Collected Works of Stewart, VIII, (1855), 10.
12. *ibid*, 16.
13. *ibid*, 98.
14. *ibid*, 102-103.

15. *ibid*, 155.
16. *ibid*, 201-202.
17. *ibid*, 254-255.
18. *ibid*, 282-283.
19. *ibid*, 265-269, 273-276.
20. *ibid*, 297; cf David Monypenny's views, Ch.4, pp149-150.
21. *ibid*, 298-299.
22. Alison, "Lectures on Medical Jurisprudence and Medical Police", (1821), I, 104-105 in Sir Thomas Watson Collection, Royal Society Medical Library, MSS 2-5.
23. Cf. Ch.4, pp162-164, 173-177.
24. Chitnis, Scottish Enlightenment, 7-9; A. Doig, I.A. Milne, R. Passmore, William Cullen and the Eighteenth-century Medical World, (1993), 25, 27, & 30; Guenter Risse, Hospital Life in Enlightenment Scotland. Care and Teaching at the Royal Infirmary of Edinburgh, (1986), 1-2, 26.
25. Chitnis, Scottish Enlightenment, 11-12.
26. *ibid*, 12; Lisa Rosner, Andrew Duncan, M.D., F.R.S.E. (1744-1828) Scottish Men of Medicine, (1981), 8-9; Medical and Philosophical Commentaries, 4, (1777), 355-357, 460-461.
27. Rosner, Medical Education, 24, notes that the number of students attending medical classes increased from 300 in 1763 to between 900 and 1,000 from 1815-1825, while the number graduating in these years increased from 10 to over 100.
28. White, "Training medical policemen", 145-146 & "Scottish Doctors", 81; Crowther & White, Soul and Conscience, 9; Andrew Duncan, A Short View of the Extent and Importance of Medical Jurisprudence, Considered as a Branch of Education, 1798 Memorial to the University Patrons, 3-4, 6; Duncan, Heads of Lectures on

Medical Police, (1801), 9, 15-18; Medical Commentaries for ... 1795, 2nd decade X, (1795), 408; Annals of Medicine, for ... 1796, I, (2nd ed., 1799), 445; Ed. Med. & Surg. J., I, (1805).

Hebenstreit was Professor of Physic at Leipzig; Metzger a Professor at Koenigsberg; Mahon Professor of Legal Medicine at the Paris Medical School.

29. White, "Training medical policemen", 146; B.M. White, "Medical Police. Politics and Police: The Fate of John Roberton", Medical History, 27, (1983), 418-419; cf. White, "Scottish Doctors", 81.

30. But see p42 below.

31. Rosner, Andrew Duncan, 4.

32. Riley, Campaign to Avoid Disease, x, xii, xvi, & Chs. 1 & 2 where the development of the British and European environmental theories is examined.

33. Erna Lesky, A System of Complete Medical Police Selections from Johann Peter Frank, (1976), ix-xv; cf. Rosen, Public Health, 135, 161-164.

34. Lesky, Medical Police, x.

35. *ibid*, xv-xvii, 12-23.

36. Crowther & White, Soul and Conscience, 8.

37. Lesky, Medical Police, x-xii, xiv, 434-452; cf. Duncan, Medical Police Heads, 15-18.

38. LaBerge, Mission and Method, 13.

39. *ibid*, 13.

40. Dora B. Weiner, The Citizen Patient in Revolutionary and Imperial Paris, (1993), 21.

41. *ibid*, 21-22, 45-48, 304; cf. David M. Vess, Medical Revolution in France 1789-1796, (1975), 4-6, 54, 186; LaBerge, Mission and Method, 16.

42. Isser Woloch, The New Regime. Transformations of the French Civic Order, 1789-1820s, (1994), 238-243.
43. Martin S. Staum, Cabanis: Enlightenment and Medical Philosophy in the French Revolution, (1980), 109-114.
44. Weiner, Citizen Patient, 31-40; Vess, Medical Revolution, 31-33. The Royal Society of Medicine was established in 1776.
45. LaBerge, Mission and Method, 11-12; Weiner, Citizen Patient, 21-26.
46. The hospital reforms are examined in detail by Weiner, Citizen Patient, Chs. 2-9; Vess, Medical Revolution, Chs. 4-6 & 8. Public health in Weiner, Citizen Patient, 5-6, 99, 281-301; Ann F. LaBerge, "The Paris Health Council, 1802-1848", Bulletin of the History of Medicine, 49, (1975), 339-340; Vess, Medical Revolution, 5. Bienfaisance in Woloch, New Regime, 247; cf. Matthew Ramsey, Professional and Popular Medicine in France, 1770-1830, (1988), 72-74, 105-106, 119-120 & E. H. Ackerknecht, Medicine at the Paris Hospital 1794-1848, (1967), pp??.
47. Woloch, New Regime, 258-262, 276-285, 295.
48. Weiner, Citizen Patient, 146-165; Woloch, New Regime, 276-285.
49. Weiner, Citizen Patient, 154.
50. Vess, Medical Revolution, 4-5, 23; LaBerge, Mission and Method, 15.
51. George Rosen, "The fate of the concept of medical police 1780-1890", in his From Medical Police to Social Medicine, (New York: Science History Publications, 1974), 142-156; White, "Training medical policemen", 146.
52. Crowther & White, Soul and Conscience, 8; White, "Training medical policemen", 146-147.
53. White, "Training medical policemen", 147.

54. *ibid*, 147-148; Crowther & White, Soul and Conscience, 8-10; White, "Scottish Doctors", 81 & "Medical Police", 419.
55. Crowther & White, Soul and Conscience, 10.
56. E.U. Minutes, 7 February 1820; see Introduction, p17.
57. Riley, Campaign to Avoid Disease, xvi; Weiner, Citizen Patient, 289; White, "Scottish Doctors", 81-82 & "Medical Police", 409; see p34 above.
58. White, "Scottish Doctors", 81-82 & "Medical Police", 409.
59. Rosner, Medical Education, 163 notes that only a small percentage of students attended the medical police lectures.
60. W.P. Alison, "Medical Police Lectures"; Andrew Duncan, Heads of Lectures on Medical Police, (Edinburgh, 1801), 23-31; see pp50-55 above & Ch.2, pp58-83.
61. Duncan, 1798 Memorial, 5-6 & Medical Police Heads, 23-31; Alison, "Medical Police Lectures", I, 8-17, II, 13-60, 68-72; Riley, Campaign to Avoid Disease, Chs. 1, 2, & 5. See Lawrence, Medicine, 43-47; Pickstone, "Dearth, dirt", 125-148; Hamlin, "Predisposing Causes", 43-70; see also Ch.2, p?
62. Duncan, 1798 Memorial, 4.
63. Alison, "Medical Police Lectures", I, 2; Duncan, 1798 Memorial, 14 & 22.
64. Duncan, 1798 Memorial, 4.
65. Alison, "Medical Police Lectures", I, 2-3.
66. See Chs. 5-7.
67. Full details in Medical Commentaries, Annals of Medicine, and Ed. Med. & Surg. J.. See also Ch.2, p69.
68. Report of the Society for the Relief of the Destitute Sick, (1817), 2.
69. Alison, "Medical Police Lectures", 16-17.

70. Alison, "Journal, Europe", (1819), 28-29, 88-89.
71. White, "Medical Police", 408-409; see Ch.2, pp??.
72. I.S.L. Loudon, "The Origins and Growth of the Dispensary Movement in England", Bulletin of the History of Medicine, 55, (1981), 323-324, 330, 334, 338-339; Checkland, Philanthropy, 200 & 202; George Rosen, A History of Public Health, (1958), 148-149.
73. Pickstone, "Dearth, dirt", 131-132; Lawrence, Medicine, 40; Riley, Campaign to Avoid Disease, 89-112; Jordanova, "Earth science and medicine", 119-121. The Fever Board is examined in detail in Ch.2, pp75-83. Alison refers to Percival's and Ferriar's work in "Lectures on Medical Police", I, 265 & II, 149.
74. Alison, "Medical Police Lectures", I, 15.
75. Checkland, Philanthropy, 2 & 152; Loudon, ""Dispensary Movement", 330.
76. Checkland, Philanthropy, 7.
77. *ibid*, 7.
78. W.P. Alison, "Report on the Medical Relief to the Parochial Poor of Scotland, under the former Poor Law", Journal of the Statistical Society, 9, (1846), 340-345. The exception was Glasgow where there was a system of district relief by paid medical attendants.
79. Jordanova, "Earth science and medicine", 121, 123-124, 134, 137-138; Ann F. LaBerge, Mission and Method The early nineteenth century French public health movement, (1992), 12-13. Jordanova defined hygiene as "the concern for the well-being of animals and human beings expressed through the search for principles to ensure health which derived from an understanding of the impact of the environment".
80. See Ch.2, pp58-83.

81. Alison, "Medical Police Lectures", I, 75.
82. *ibid*, 104.
83. Alison, "Medical Police Lectures", I, 5-6. Cf. *ibid*, 84-85.
84. The 1798 first edition of Malthus's Essay on the Principle of Population stressed that population levels would be brought back to the existing subsistence level by positive (war, famine, disease) and preventive (vice and misery) checks. In the 1803 second edition he replaced these checks with moral restraint, by which people would control their own increase, implying that the population need not exceed subsistence and thus removing the barrier to increased prosperity. The revision was not taken seriously; thus Alison had to refute the argument of the first edition. *ibid*, 78-82; G. Himmelfarb, Victorian Minds, (1968), 83-110.
85. Alison, "Medical Police Lectures", I, 86.
86. *ibid*, 87-89.
87. *ibid*, 91. See above pp28-29.
88. *ibid*, 92.
89. *ibid*, 93.
90. Cf. Observations, 85-102 where the European poor law systems are reviewed. See Ch.4, pp191-193.
91. Alison, "Medical Police Lectures", I, 95-102.
92. *ibid*, 104-108.
93. A. Alison, The Principles of Population, and their Connection with Human Happiness, (1840), I, Preface vi-viii.
94. A. & W. P. Alison, & A. F. Tytler, Travels in France, during the years 1814-15, (1816) 8-18.
95. *ibid*, 362.
96. *ibid*, 362-363.

97. Alison "Medical Police Lectures", II, 61.
98. "Report of the Diseases Treated at the Edinburgh New Town Dispensary, 1.12.1816 - 1.3.1817", Ed. Med. & Surg. J., 13, (1817), 246.
99. LaBerge, Mission and Method, 15. Further work would need to be done, however, to discern a direct or indirect influence.

Chapter 2.

1. Statement Regarding the New Town Dispensary, (1816), 1; Jacyna, Philosophic Whigs, 3 & 25; Lawrence, "Edinburgh Medical School", 273.
2. NTD Statement, 4-5, & 35.
3. *ibid*, 38-39.
4. *ibid*, 6-7.
5. *ibid*, 10-11, 17.
6. *ibid*, 28-29.
7. *ibid*, 32; Lawrence, Medicine, 27-33.
8. See Ch.1, pp46-47 & Ch.4, pp151-160.
9. NTD Statement, 12-17; cf. Ch.1, p40.
10. See Ch.1, pp50-54 & Ch.4, pp173-177.
11. Report of the First Annual General Meeting of the Governors of the New Town Dispensary, (1817), 5-6. Hereafter NTD Annual Report and year.
12. *ibid*, 6-8.
13. *ibid*, 10.
14. It took place sometime between May and July 1817, between the Public Dispensary's Quarterly Meetings.
15. Report to the Quarterly Meeting of Managers of the Public Dispensary, 7 August 1817, 2.

16. Observations by the Managers of the New Town Dispensary, on the Report of the Public Dispensary, 7th August 1817, 7.
17. *ibid*, 7.
18. NTD Annual Report, 1815-1816, (1817), 16.
19. Report to Managers of Public Dispensary, (1817), 5-6.
20. *ibid*, 7.
21. *ibid*, 7-9.
22. *ibid*, 8.
23. Observations by NTD Managers on Public Dispensary Report, (1817), 15.
24. *ibid*, 17.
25. *ibid*, 21.
26. *ibid*, 10-12.
27. *ibid*, 12-13.
28. Checkland, Philanthropy, 202-203.
29. Henry Cockburn, Memorials of His Time, (1974), 273.
30. Pickstone, "Dearth, dirt", 133.
31. Jacyna, Philosophic Whigs, 25; Lawrence, "Edinburgh Medical School, 273; Checkland, Philanthropy, 202-203; Cockburn, Memorials, 272.
32. NTD Annual Report, 1820, (1821), 1.
33. Checkland, Philanthropy, 203. Soon after the dispute the Public Dispensary obtained a Royal Charter - a move designed to enhance their prestige by showing that they had official recognition. Report to Managers of Public Dispensary, (1817), 12. The NTD also achieved these when in 1822 George IV donated 50 guineas to the institution. NTD Annual Report, 1822, (1823), 6.
34. See reports of original foundation of the dispensary in Medical and Philosophical Commentaries, 4, (1777), 355-357, 460-461; 5,

(1778), 221-223, 453-454.

35. See Ch.4, pp151-155.

36. Alison was aware of his therapeutic influence - see Introduction, p3.

37. The Dispensary Reports always thanked these societies for their assistance.

38. NTD Annual Report, 1820, (1821), 3.

39. Report of the Royal Public Dispensary, January 1822, 10; Lawrence, Medicine, 27-35; see Intro¶, pp14, 30-32 & 34-35.

40. NTD Annual Report, 1827, (1828); NTD Annual Report, 1835, (1836), 9; NTD Annual Report, 1821 (1822), 14.

41. NTD Annual Report, 1815-1816, (1817), 19.

42. Frank Smith, Life of Sir James Kay-Shuttleworth, (1923), 12 & 14. Kay was Alison's clinical clerk at the Royal Infirmary in 1826 and 1827 and in autumn 1826 he was appointed as a clerk at the Queensberry House Fever Hospital.

43. See Ch.1, p46.

44. Jenkinson, Medical Societies, 142.

45. "Report of the Diseases Treated at the NTD, 1.6. - 1.12.1816", Ed. Med. & Surg. J., 13, (1817), 121-124.

46. Jenner published news of his discovery in An Inquiry into the Causes and Effects of the Variolae Vaccinae, a Disease discovered in some of the Western Counties of England, particularly Gloucestershire, and known by the name of the Cowpox, (1798). The book was reviewed, and cowpox vaccination supported, in Annals of Medicine, for the Year 1798, III, (1799), 77-90. The Annals and the Ed. Med. & Surg. J. continued to promote vaccination by publishing articles and reviewing many books on the subject, and by reporting on the activities of various vaccine institutions.

47. "Report of the Diseases Treated at the NTD, 1.3. - 1.6.1818", Ed. Med. & Surg. J., 14, (1818), 399.
48. Alison, "Medical Police Lectures", II, 71-72. See Ch.7, pp345-352.
49. Details in Medical Commentaries, Annals of Medicine and Ed. Med. & Surg. J., 1800-1820.
50. Ed. Med. & Surg. J., 7, (1811), 117-118.
51. Annals of Medicine, for the Year 1800, (1801), 415-425.
52. Annals of Medicine, for the Year 1800, Lustrum I, V, (1800), 450-451; 1802, Lustrum II, II, (1803), 465-473; and 1803-4, Lustrum II, III, (1804), 464-469.
53. "Report of the Diseases Treated at the NTD, 1.3. - 1.6.1817", Ed. Med. & Surg. J., 13, (1817), 400.
54. "Report of the Diseases Treated at the NTD, 1.9. - 1.12.1817", Ed. Med. & Surg. J., 14, (1818), 123-124. Cf. Report for 1.12.1818 - 1.3.1819, Ed. Med. & Surg. J., 15, (1819), 311.
55. *ibid*, 124-125; cf. Alison, "Medical Police Lectures", I, 286-287.
56. Pickstone, "Dearth, dirt", 133-134. Cf. Hamlin, "Predisposing Causes", 48 & 65; M. Pelling, Cholera, Fever, and English Medicine 1825-1865, (1978), 34-46.
57. See Ch.7, pp347-348. Alison also referred to them as 'external' causes.
58. Hamlin, "Predisposing Causes", 52-53.
59. See Ch.3, pp104-106.
60. E.T.C. Minutes 4 November 1818 & 13 June 1821 reported grants of 25 guineas; R.C.P.E. Minutes 2 February 1819 stated a sum of 10 guineas.
61. George Ross, advocate, to Alison, 12 April 1821, Testimonials,

20-21.

62. NTD Annual Report, 1818, (1819), 10.

63. *ibid*, 10.

64. R.C.P.E. Minutes 6 May 1817.

65. R.C.P.E. Minutes 16 May 1817.

66. Alison, "Medical Police Lectures", II, 40.

67. Kincaid Mackenzie, Lord Provost, to Dr. Hope 19 October 1817,
R.C.P.E. Minutes 28 October 1817.

68. Hope to Lord Provost 28 October 1817, R.C.P.E. Minutes 28
October 1817.

69. "Report of the Diseases Treated at the NTD, 1.6. - 1.9.1817 &
1.9. - 1.12.1817", Ed. Med. & Surg. J., 13, (1817), 523 & 14,
(1818), 125.

70. Medical Commentaries for the Year 1786, 2nd Decade, I, (1787),
195-199; for the Year 1791, 2nd Decade, VI, (1792), 355-359.

71. Annals of Medicine, for the Year 1796, I, (2nd ed., 1799), 105-
115; 1800, V, (1801), 1-32.

72. Annals of Medicine, for the Year 1802, Lustrum II, II, (1803),
1-49.

73. B. Keith-Lucas, "Some Influences Affecting the Development of
Sanitary Legislation in England", Ec. Hist. Rev., 2nd series 6,
(1953-54), 292; Alison, "Medical Police Lectures", I, 265 & II,
149; cf. Pickstone, "Dearth, dirt", 131-134; Lawrence, Medicine, 40;
Greenwood, Some British Pioneers of Social Medicine, (1948), 39-40.

74. Anne Hardy, The Epidemic Streets Infectious Disease and the
Rise of Preventive Medicine, 1856-1900, (1993), 194-5; W. F. Bynum,
"Hospital, Disease and Community: the London Fever Hospital, 1801-
1850", in Charles E. Rosenberg (ed), Healing and History Essays for
George Rosen, (1979), 101-103; Annals of Medicine, for the Year

- 1802, Lustrum II, II, (1803), 84-97.
75. Alison, "Medical Police Lectures", II, 45-47.
76. W. F. Bynum, "Hospital, Disease and Community", 107.
77. NTD Annual Report, 1818, (1819), 12.
78. Alison, "Medical Police Lectures, II, 47. The emphasis on speedy notification and isolation formed an essential element in Alison's demands for greater legislative regulation of lodging houses in the 1840s and 1850s. See Ch.7, pp336-338.
79. *ibid*, 49.
80. "Report of the Diseases treated at the NTD, 1.9. - 1.12.1817", Ed. Med. & Surg. J., 14, (1818), 125.
81. Alison, "Medical Police Lectures", II, 51-52.
82. NTD Annual Report, 1818, (1819), 13.
83. Brotherston, Early Public Health, 65.
84. *ibid*, 65-66.
85. *ibid*, 66.
86. Alison, "Medical Police Lectures", II, 56. References were also made to the continuing work of the Fever Board in the NTD Annual Reports for 1827 (p7), 1831 (pp8-9), and 1836 (p7).
87. H.P. Tait, "The Cholera Board of Health, 1831-34", Medical Officer, 98, (1957), 235; R. Christison, "Account of the Arrangements made by the Edinburgh Board of Health", Ed. Med. & Surg. J., 37, (1832), cclv-cclvi; C.F. Brockington, "The Cholera 1831", Medical Officer, 96, (1956), 75.
88. Tait, "Cholera Board", 235; Christison, "Account of Arrangements", cclvi; "List of Boards of Health - Scotland", PRO Kew PC1/102. The Central Board was established at the Royal College of Physicians in London in January 1831. Its successor the General Board of Health was formed in November 1831. Brockington,

"Cholera 1831", 75.

89. Christison, "Account of Arrangements", cclvi; Tait, "Cholera Board", 235; Dr. J.C. Gregory to Dr. E.J. Seymour, 26 September, 1831 in Cholera Subject File, Alison Collection, R.C.P.E.

90. Medical Committee members: R.C.P.E. - Drs. Davidson, Abercrombie, Alison, MacWhirter (late Apothecary-General, Calcutta), Christison and Gregory; R.C.S.E. - Drs. J. Gairdner, Maclagan, Adam Hunter, and James Combe, Sir George Ballingall, and George Hamilton Bell (late Residency Surgeon, Tanjore, Madras); and Drs Dickson, Ainslie, and Meikle who had worked in India. It was W.P. Alison, not E.D. Allison, who was a member of the Board - he was listed as Professor of the Institutes of Medicine. "Minutes of the Medical Committee of Edinburgh Board of Health", 7 November 1831; Scotsman, 25 January 1832; First Report of the Edinburgh Board of Health, 16 November 1831, 2, in PRO Kew PC1/107.

91. R.C.P.E. Minutes, 2 August 1831. The Physicians Committee consisted of, with the exception of Abercrombie, the R.C.P.E Medical Committee members plus Drs Spens, Shortt, and E. D. Allison.

92. See FN 87 above.

93. Cholera Subject File, Alison Collection. Alison's cousin James Gregory, third son of Dr. James Gregory, was Secretary to the R.C.P.E. Cholera Committee and to the Board's Medical Committee. Following his death from typhus on 28 December 1832, Alison seems to have inherited copies of the official minutes and some early correspondence with the Central Board of Health in London. "Minutes of the Medical Committee of Edinburgh Board of Health", 7 November 1831; Lawrence, "Gregory Family", 199-202.

94. Tait, "Cholera Board", 235.

95. R.C.P.E. Minutes, 2 August 1831.
96. Christison, "Account of Arrangements", cclv; Tait, "Cholera Board", 235.
97. J.C. Gregory to E.J. Seymour, 26 September 1831 in Alison Cholera File and PRO Kew PC1/4395 part 1.
98. The members of this sub-committee were, with the addition of Dr. Gregory, the R.C.P.E. members of the Board's Medical Committee. R.C.P.E. Minutes 27 October 1831 & First Report of Edinburgh Board of Health.
99. R.C.P.E. Minutes, 27 October & 1 November 1831.
100. "Medical Committee Minutes", 7 November 1831.
101. "Medical Committee Minutes", 7 November 1831; First and Second Reports of the Edinburgh Board of Health; Christison, "Account of Arrangements", cclxxix. He reported that 21,500 of the first Report and 7500 of the second were circulated.
102. See pp98-99 below.
103. Christison, "Account of Arrangements", cclvi-cclxxvii; Tait, "Cholera Board", 235-236.
104. First Report of Edinburgh Board of Health, 3; reiterated in Second Report in Scotsman, 28 January, 1832; cf. London Gazette, 21 October 1831; R.J. Evans, Death in Hamburg. Society and Politics in the Cholera Years 1830-1940, (1987), 228 & 248. One social concern was being mixed skilfully with another - the temperance movement was just getting underway and may have been aided by the instructions from the Central and local boards. However, whether or not to drink was a double-edged sword - on the one hand it made you more susceptible to the disease but on the other it meant that you weren't drinking the water.
105. R.J. Morris, Cholera 1832. The Social Response to an Epidemic,

(1976), 35.

106. *ibid*, 174. Cf. Hamlin, "Predisposing Causes", 47-49 where this overlap in predisposing causes forms one of the reasons he doubts the value of the contagionism-anticontagionism axis for understanding the origins of the public health movement.

107. Alison, "Medical Police Lectures", II, 21-24.

108. Christison in "Account of Arrangements" details these preparations re: cleansing, cclvi-cclviii; nuisance removal, cclx-cclxiii; clothing and feeding of the poor, cclxiii-cclxv; municipal preventive measures, cclxv-cclxx; and medical treatment, cclxx-cclxxvii; cf. Tait, "Cholera Board", 235-236.

109. "Medical Committee Minutes", 21 November 1831.

110. "Medical Committee Minutes", 21 November 1831.

111. E.T.C. General Commissioners Minutes, 25th November 1831; cf. Christison, "Account of Arrangements", cclvii.

112. Christison, "Account of Arrangements", cclvii-cclviii; cf. Tait, "Cholera Board", 235; E.T.C. General Commissioners Minutes, 22 December 1831.

113. "Medical Committee Minutes", 7 November 1831.

114. "Medical Committee Minutes", 14 November 1831.

115. Scotsman, 15 February, 1832; "Draft from Medical Committee of Edinburgh Board of Health of Instructions for Citizens of Edinburgh", Alison Cholera File.

116. Morris, Cholera 1832, 115-116.

117. First and Second Reports of the Edinburgh Board of Health.

118. M. J. Pelling, Cholera, Fever, and English Medicine, 1.

119. A. S. Wohl, Endangered Lives Public Health in Victorian Britain, (1984), 120; M. Pelling, Cholera, Fever, 1 & 3; F. B. Smith, The People's Health 1830-1910, (1979), 232.

120. Anne Hardy, "Cholera, Quarantine and the English Preventive System, 1850-1895", Medical History, 37, (1993), 254-258, 268; F. B. Smith, People's Health, 233.
121. Morris, Cholera 1832, 103.
122. *ibid*, 104-105. Scotsman 3 & 28 March & 28 April 1832 carried details of the Edinburgh poor's opposition.
123. "Medical Committee Minutes", 7 November 1831; J.C. Gregory to 'My Lord' [Lord Provost], 7 November 1831 in Alison Cholera File; Christison, "Account of Arrangements", cclx; Scotsman, 12 November 1831.
124. "Medical Committee Minutes", 7 November 1831.
125. "Query to the Law Committee of the Board of Health" in Alison Cholera File.
126. Christison, "Account of Arrangements", cclx; Morris, Cholera 1832, 25.
127. Christison, "Account of Arrangements", cclxv-cclxvi; Morris, Cholera 1832, 172-184 examines the social groupings who supported the contagionist and miasmatic views and hence the reasons why the strongly contagionist measures in the summer of 1831 were progressively relaxed.
128. Christison, "Account of Arrangements", cclxvi.
129. See Ch.7, pp330-338.
130. Morris, Cholera 1832, 31.
131. See Ch.7, pp344-345 & 350-351.
132. J.C. Gregory to E.J. Seymour 31 October 1831 in Alison Cholera file.
133. Morris, Cholera 1832, 33-35, 71.
134. Seymour to Gregory 4 November 1831 in Alison Cholera File.
135. Christison, "Account of Arrangements", cclv.

136. Gregory to Seymour 26 September 1831.
137. Gregory to Seymour, 31 October 1831.
138. Seymour to Gregory 4 November 1831.
139. Morris, Cholera 1832, 34.
140. Morris, 68-69 gives evidence that elsewhere in Scotland the plans were not so well prepared.
141. Christison, "Account of Arrangements", cclxxxi & ccliv. His article was written as a practical guide for other Scottish towns.
142. See Ch.7, p350.
143. Morris, Cholera 1832, 72-73. Dates from Act and Orders.
144. Tait, "Cholera Board", 237; NTD Annual Report 1833, (1834), 13. Tait reported that £19,300 was spent by the Board. See Ch.3, p136 & Ch.4, pp151-160.
145. Scotsman, 9 November 1831.
146. E.T.C. Minutes, 21 February 1837.
147. See Ch.4, p155 & 158 & Ch.6, p257.

Chapter 3.

1. See Chs. 5 - 7.
2. Anne Hardy, The Epidemic Streets Infectious Disease and the Rise of Preventive Medicine, (1993) 152-153 & 191.
3. See pp135-138 below.
4. W.P. Alison to Lord Advocate, 10 December 1838 in NLS S.N.P.G. Watson Autographs MS 583 no. 851.
5. W.P. Alison, Observations on the Management of the Poor, (2nd ed., 1840), 10. Hereafter referred to as Observations.
6. Andrew Buchanan, "Report of the Diseases which prevailed among the Poor of Glasgow, during the summer of 1830", Gl. Med. J., 3, (1830), 443-444. See Ch.2, pp71-74.

7. R. Cowan, "Vital Statistics of Glasgow", Journal of the Statistical Society, 3, (1840-41), 269.
8. *ibid*, 288-289.
9. See Ch.2, pp73-74.
10. See Southwood Smith, "Contagion and Sanitary Laws", Westminster Review, 3, (1825), 150-151, 514-522 and Treatise on Fever, (1830), 349.
11. Alison, "Medical Police Lectures", I, 275; Hamlin, "Predisposing Causes", 46-50 & 64.
12. Hamlin, "Predisposing Causes", 62-66 and Pickstone, "Dearth, dirt", 138-146 examine the increasing emphasis of filth.
13. Southwood Smith, "Sanitary Laws", 525-530; Ackerknecht, "Anticontagionism", 565.
14. Neil Arnott & James Kay, "Report on the Prevalence of certain Physical Causes of Fever in the Metropolis, which might be removed by proper Sanatory Measures" (May 1838), Southwood Smith, "Report on some of the Physical Causes of Sickness and Mortality to which the poor are particularly exposed; and which are capable of removal by Sanatory Regulations" & "Account of a Personal Inspection of Bethnal Green and Whitechapel" (May 1838), Fourth Annual Report of the Poor Law Commissioners for England and Wales, 67-88; Southwood Smith, "Report on the Prevalence of Fever in Twenty Metropolitan Unions or Parishes, during the year ended 20th March 1838", Fifth Annual Report of the Poor Law Commissioners; S.E. Finer, The Life and Times of Sir Edwin Chadwick, (1952), 160
15. See Ch.7, pp321-340.
16. Alison, "Medical Police Lectures", I, 277.
17. Hardy, Epidemic Streets, 184-186
18. Alison, "Medical Police Lectures", I, 277, II, 53.

19. Arnott's, Kay's and Smith's Reports referred only incidentally to the poor and poorer districts. Alison argued that poverty exacerbated the sanitary problems.
20. Pelling, English Medicine, 41-42; see also Ch.5, pp217-223 & Ch.7, pp345-348, and Hamlin and Pickstone who do not seem to appreciate this element in Alison's emphasis on predisposing causes.
21. Flinn, Sanitary Report, 23-26, 31-35; 21. Cullen notes that "Farr never succumbed to the monodeism of a Chadwick" believing that the high rates of disease would be fully reduced only if sanitary reform was accompanied by rising living standards and a reduction in poverty. M.J. Cullen, The Statistical Movement in Early Victorian Britain, (1975), 36.
22. See Ch.5, pp221-222.
23. Flinn, Sanitary Report, 37 & 43; 23. Finer, Chadwick, 155-157; Hamlin, "Predisposing Causes", 66; Pickstone, "Dearth, dirt", 137; Pelling, English Medicine, 41; Lawrence, Medicine, 43, 46-47.
24. See Ch.4, pp183-191.
25. This link was also noted by: Brotherston, Early Public Health, 42, 58 & 67; Hamilton, Healers, 195; Flinn, Sanitary Report, 64. With the exception of Crowther, "Poverty, Health and Welfare", 281, the link does not appear to have been appreciated by more recent researchers.
26. See Cullen, Statistical Movement; Social History of Medicine, 4, (December, 1991). See also Ch.4, pp187-188, 191, Ch.5, p225 & Ch.6, pp267-271.
27. Observations, 1.
28. *ibid*, 1-2.
29. *ibid*, 2.

30. Lawrence Goldman, "Statistics and the Science of Society in Early Victorian Britain; An Intellectual Context for the General Register Office", Social History of Medicine, 4, (December 1991), 420; Cullen, Statistical Movement, 1-11.
31. Reports of the Destitute Sick Society for 1817, 1818, & 1819, 7, 6, & 5.
32. Observations, 1-2.
33. Cf. John M. Eyler, Victorian Social Medicine. The Ideas and Methods of William Farr, (1979), 9.
34. Wohl, Endangered Lives, 140.
35. W.P. Alison, "Observations on the Epidemic Fever now prevalent among the lower orders in Edinburgh", Ed. Med. & Surg. J., 28, (1827), 233-235.
36. Alison recorded that 4318 fever patients were admitted to the Royal Infirmary and Queensberry House, between November 1826 and November 1829. Observations, 8.
37. See below pp117-118.
38. Observations, 8.
39. Scotsman, 30 January 1833.
40. NTD Annual Report, 1835, (1836), 6-7.
41. NTD Annual Report, 1831, (1832), 6-7; 1835, (1836), 6-7.
42. Hardy, Epidemic Streets, 152 & 191.
43. Alison, "Medical Police Lectures", II, 56 & Observations, 8.
44. See Ed. Med. & Surg. J. years etc.
45. See below pp134-135.
46. See Appendix 2 and NTD Annual Report, 1831, 1832, 6-7.
47. NTD Annual Report, 1835, (1836), 8.
48. Observations, 5-8.
49. *ibid*, 4-5 & 8 based on J. C. Symons, Arts and Artisans at Home

and Abroad, 116ff.

50. Goldman, "Statistics and the Science of Society in Early Victorian Britain" and Simon Szreter, "The GRO and the Public Health Movement in Britain, 1837-1914" both in Social History of Medicine, (December 1991), 418 & 440.]

51. See pp107-108 above.

52. Observations, 2-3. Alison's figures are higher than those in the Refuge's Annual Reports - see p127 below.

53. C. Booth, Life and Labour of the People of London 1889-1903, (1904); B. Seebohm Rowntree, Poverty, a Study of Town Life, (1902).

54. Eyler, Victorian Social Medicine, 9; Cullen, Statistical Movement, 11 & 15.

55. Cullen, Statistical Movement, 95, 115-116, 121 & 133.

56. *ibid*, Chs. 7, 8 & 9, but especially pp132-133; Goldman, "Statistics and the Science of Society", 421; Eyler, Victorian Social Medicine, 14, 16, & 22.

57. Goldman, "Statistics and the Science of Society", 416 & 419; Cullen, Statistical Movement, 43 & 59.

58. Simon Szreter, "Introduction: The GRO and the Historians" and "The GRO and the Public Health Movement in Britain, 1837-1914", Social History of Medicine, 4, (December 1991), 403, 406, 436-437 & 440.

59. See Ch.7, pp305, 310-311.

60. Cullen, Statistical Movement, 11 & 26; Szreter, "GRO and the Public Health Movement", 436.

61. Observations, 3.

62. Brotherston, Early Public Health, 46; Observations, 12. Cowan also highlighted this link, "Vital Statistics", 289.

63. Eyler, Victorian Social Medicine, 26.

64. See Ch.4, pp166-168 & Ch.6, pp272-273.
65. See below, p124, 127.
66. Observations, (2nd ed.), Preface to 1st Edition, xii; Cf. Cowan, p103 above.
67. *ibid*, 20.
68. House of Refuge for the Destitute, and Asylum for their Children: Origin, Progress and Nature of the Institution, (1832), 1.
69. The Aged Poor: Centenary of the House of Refuge (Queensberry House) 1832-1932, (1932), 7; Third Report of the Committee of Management of the House of Refuge ... 1834-35, (1836), 6; House of Refuge Second Report, (July 1835), 7.
70. Origin, Progress and Nature, 1-4.
71. *ibid*, 7.
72. *ibid*, 8.
73. House of Refuge Third Report, 1834-1835, (1836), 5.
74. House of Refuge Fifth Report, 1836-1837, (1837), 7. Repeated in most of the Reports.
75. Centenary of House of Refuge, 7; Origin, Progress and Nature, 5 & 7.
76. Cf. Alison's "Medical Police Lectures", Ch.1, pp50-54 and his 1836 article "Evils of the State of Ireland", Ch.4, pp173-177.
77. Origin, Progress and Nature, 5-6, italics in original.
Cf. House of Refuge Second Report, (1835), 3.
78. Origin, Progress and Nature, 6, italics in original.
Cf. House of Refuge Second Report, (1835), 3-4.
79. Origin, Progress and Nature, 4 & 6.
80. See Ch.4, pp159-160.
81. Centenary of House of Refuge, 7. Cf. House of Refuge Second

- Report, (1835), 6.
82. See Ch.4, p162.
83. Brotherston, Early Public Health, 54 & 59.
84. House of Refuge Eighth Report, 1839-1840, (1840), 12-15.
85. ibid, 15; House of Refuge Ninth Report, 1840-1841, (1841), 23-24.
86. ibid, 8.
87. See Ch.4, pp161-162.
88. See Ch.2, p57 & Ch.7, pp347-348.
89. Hardy, Epidemic Streets, 155-157. Cf F. B. Smith, People's Health, 244.
90. Hardy, Epidemic Streets, 191-193.
91. ibid, 182.
92. ibid, 198.
93. ibid, 194.
94. Flinn, Sanitary Report, 9.
95. See below, p135.
96. Observations, 12.
97. "Report of the Diseases treated at the NTD, 1.3. - 1.6.1817", Ed. Med.& Surg. J., 13, (1817), 400. See Ch.2, pp71-73.
98. Alison, "Observations on the Epidemic Fever", 236. Cf. his similar statistical analysis in 1843-44, Ch.6, pp267-270. See also the 1817 emphasis on unemployment by the Destitute Sick Society. Report of the Society for the Relief of the Destitute Sick, (1817), 6.
99. ibid, 13-14. Glasgow figures from Cowan, "Vital Statistics", 265, 273. Dundee's population in 1837 was given in Observations as 60,000.
100. Observations, 8. Based on 1841 population figure of 138,000

- in T.C. Smout, A Century of the Scottish People, 1830 - 1950, (1986), 8.
101. Observations, 12-14.
102. B. Lenman, An Economic History of Modern Scotland, (1977), 107.
103. Hardy, Epidemic Streets, 198.
104. *ibid*, 191-192, 198-199.
105. *ibid*, , 192-195; quotation at 193.
106. *ibid*, 151-152, 157-158, 160, 206-209 Cf. Smith, People's Health, 241 & 245.
107. See Ch.4, pp141-150.

Chapter 4.

1. Formerly a College of Justice Senator.
2. Chalmers's faith focussed his rage at social injustice and human suffering. S.J. Brown, Thomas Chalmers and the Godly Commonwealth in Scotland, (1982), xv. Alison believed that the duty was explicit in Deuteronomy where it was stated:

that 'the poor shall never cease out of this land'. It is not said, as an inference from this assertion, 'Therefore thou shalt teach the poor, or force the poor, to provide for themselves, but it is said expressly, therefore thou shalt provide for them'. Observations, Preface to 2nd ed., iv.

Alison thus attacked the religious basis for Chalmers's opinion.
3. W.P. Alison to Rev. T. Chalmers, 23 December 1839, EU, NCL, Chalmers Papers CHA4.280.11.
4. Brown, Chalmers, 66-67.
5. *ibid*, 67-68.
6. *ibid*, 37.

7. *ibid*, 117. Alison emphasised both of these, the first being akin to his "artificial wants" argument.
8. *ibid*, 117-118.
9. *ibid*, 74-81.
10. *ibid*, 99-104, & 128-144.
11. *ibid*, 131.
12. *ibid*, 101-102, 132.
13. *ibid*, 142, 130.
14. *ibid*, 143.
15. *ibid*, 162, 204.
16. E.C. Tufnell & P.F. Johnston, Reports from the Assistant Commissioners on the Poor Laws, Appendix A, (1834), 193-228; Brown, Chalmers, 204.
17. Reports from the Commissioners, 199-200.
18. *ibid*, 227-228.
19. *ibid*, 217.
20. D. Monypenny, Remarks on the Poor Laws, and on the method of Providing for the Poor in Scotland, Preface to 2nd ed., (1836),
iii.
21. *ibid*, 1-8, 23-35.
22. *ibid*, 213-221.
23. *ibid*, 192-264. See pp171-183 below where Alison's response to these arguments is examined.
24. *ibid*, 121-192.
25. *ibid*, 9-20.
26. *ibid*, 56.
27. *ibid*, 9 & 20.
28. *ibid*, 60-61.
29. *ibid*, 265-267.

30. *ibid*, 43-46.
31. McCulloch, "an anti-Malthusian and an ardent disciple of Adam Smith", writing in the Whig Edinburgh Review in October 1832, did challenge and oppose the opinions and arguments in Chalmers's On Political Economy. This review disappointed Chalmers because the Review, under the editorship of Francis Jeffrey to 1829 and presently Macvey-Napier, had previously defended and advocated his social views. Brown, Chalmers, 200-203. Jeffrey, moreover, gave his support to Alison in 1840 - see Ch.5, p~~2~~ 202
32. Scotsman, 25 March 1840.
33. See pp183-184 below.
34. Observations, vi, 22-26, 104.
35. *ibid*, 20 & 22.
36. *ibid*, vi, xi, 2-3, 20-21. The only comparable Edinburgh institution for relieving destitution was the Benevolent and Strangers' Friend Society.
37. NTD Annual Report, 1818, (1819), 4; NTD Annual Report, 1827, (1828), 9.
38. NTD Annual Report, 1833, (1834), 12-13, 15. In 1838 they also had to appeal for funds to expand the Apothecary accommodation, NTD Annual Report, 1838, (1839), 12.
39. NTD Annual Report, 1834, (1835), 9.
40. NTD Annual Report, 1818, (1819), 5.
41. NTD Annual Report, 1820, (1821), 1-2; Scotsman, January 22, 1823.
42. NTD Annual Report, 1833, (1834), 12-13.
43. NTD Annual Reports, 1834, (1835), 11 & 1835, (1836), 10-11.
44. E.T.C. Minutes, 23 April 1823, 17 July 1838 and 31 March 1840; see Introduction, p19 & FN 78.

45. Observations, 109.
46. House of Refuge Sixth Report, 1837-1838, (1838), 12.
47. *ibid*, 16. Cf. Observations, 20.
48. House of Refuge Sixth Report, 1837-1838, (1838), 12. The Sale of Ladies' Work was listed in the Ninth Report, 1840-1841, (1841), 19 - it raised over £400.
49. See Ch.6, pp272-274.
50. Observations, 20-21.
51. See Ch.5, pp229-232.
52. See Ch.3, pp127-128.
53. Observations, 4.
54. *ibid*, 3. Cf. Monypenny, Remarks on the Poor Laws, 323-327 where he stated that allowances and rules of admittance should be made uniform to redress the unequal burden placed on those parishes with higher allowances or less rigid rules.
55. *ibid*, 3-4.
56. *ibid*, 4.
57. Cowan, "Vital Statistics", 261.
58. Observations, 4-7; Cowan, "Vital Statistics", 275.
59. Observations, 120; see Ch.5, pp210, 228-229 FNs 39 & 97 and Ch.6, p259 & FN33.
60. House of Refuge Fourth Report, 1835-1836, (1836), 10-11; Fifth Report, 1836-1837, (1837), 8.
61. House of Refuge Eighth Report, 1839-1840, (1840), 18-19.
62. See W.P. Alison to Dr. Poole, 16 February 1836 containing the "Representation of the House of Refuge" and Dr. Poole's "Notes on the Representation" in R.C.P.E. Robert Poole Collection, Correspondence with W.P. Alison. The Representation was in Alison's handwriting, and Dr. Poole, Convener of the Committee of

Managers of the Charity Workhouse appointed to consider the Presbytery's plans, was in no doubt that Alison was the author.

63. "Representation of the Directors of the House of Refuge for the Destitute".

64. Nor was it intended to impute blame upon the Managers of the Charity Workhouse and their agents who investigated the claims of paupers, although Dr. Poole felt that "it virtually condemned them ... and most unjustly". Poole, "Notes on the Representation".

65. "Representation".

66. Visitation, like sanitary reform, was something that all could agree on. But whereas Chalmers and Chadwick saw each as an end, Alison simply saw them as a means.

67. "Representation".

68. For contemporary ideas on churches in working class areas see William Collins, Secretary of Glasgow's Church Building Society, Statistics of the Church Accommodation, (1836), and Checkland, Philanthropy, 34.

69. Checkland, Philanthropy, 39.

70. *ibid*, 38-39.

71. *ibid*, 34-36. See also C.G. Brown, "Religion, Class, and Church Growth" in W.H. Fraser & R.J. Morris, People and Society in Scotland, II, 1830-1914, (1990), 313-315, 321.

72. E.T.C. Minutes: 11 February, 4 & 11 March, 1, 8, 15 & 22 April, 12 & 18 November 1834; 17 February, 31 March, 5 & 26 May, 9 & 16 June, 15 September 1835; 15, 22, 29 March 1836; 21 January, 18 February, 19 March, 28 April, 12 May, 9, 16, 19 & 30 June 1840. Observations, 106; M. Stenton, Who's Who of British MPs, I, 1832-1885, (1976), 1 & 64.

73. See Ch.5. ✎

74. Observations, 22, 26-27.
75. W.P. Alison, "Evils of the State of Ireland" & "Justice to Ireland - a Poor Law", Blackwood's Magazine, 40, (1836), 495-514, 812-831.
76. Alison, "Medical Police Lectures", I, 76-108; II, 59-62.
77. Observations, 37; "Evils...", 497.
78. Observations, 39-40.
79. Observations, 48; cf. Alison, Ch.6, pp281-282.
80. Observations, 40; "Evils...", 497-498.
81. Observations, 41-2; "Evils...", 500.
82. Observations, 42-48; "Evils...", 498-499, 501.
83. See Ch.1 ,pp27-30.
84. Observations, 49-50; "Evils...", 502 & 503.
85. Observations, 50.
86. Observations, 54; "Evils...", 504.
87. Observations, 54; "Evils...", 504.
88. Alison, "Miscellaneous Notes Autumn 1825", 127-129.
89. Alison, "Notebook of Journey in France", October 1822, 38.
90. Alison, "Miscellaneous Notes Autumn 1825", 74 & 80.
91. Observations, 98-99; Woloch, New Regime, 295-296; see pp191-193 below & Ch.6, pp281-282. Woloch stressed that resources for public home relief in the towns were insufficient, but that private philanthropy and religious charities compensated in large cities. Alison also noted this dual provision, but made no allowance for differing relief levels in French urban areas.
92. Observations, 55; "Evils...", 504-5.
93. Observations, 56-58; "Evils...", 506-507.
94. Observations, 58 & 79; "Evils...", 507.
95. Observations, 58-59; "Evils...", 507.

96. Observations, 59 & 79; "Evils...", 508.
97. Cf. the debate, Ch.5, pp249-251.
98. "Evils...", 507-508. Cf. Observations, 75 & 78 where Alison stated that a legal provision was more advantageous because it equalised the burden on the rich and made relief more assured and efficient.
99. Observations, 62; "Evils...", 510.
100. Observations, 62, 64, 80-83; "Evils...", 511.
101. *ibid*, 62; "Evils ...", 510. Chalmers was not mentioned specifically but most of Alison's readers would have recognised the idea as his - see Brown, Chalmers, 147.
102. Observations, 63; "Evils...", 511. Emphasis in original.
103. Observations, 64; "Evils...", 511.
104. Observations, 27-31, 65-67.
105. *ibid*, 68-69.
106. *ibid*, 69; "Evils...", 511-512.
107. Observations, 70-71, 84-85; "Evils...", 512-513.
108. Observations, 72-73.
109. See Ch.3, p?
110. Observations, 73; "Evils...", 513.
111. Observations, 74-75; "Evils...", 513-514. Cf. Observations, 26 where the support of medical charities combined with religious and moral education was also attacked as insufficient to relieve destitution and the rich condemned for imperfectly fulfilling their duty to the poor.
112. Cf. Hamlin, "Predisposing Causes" and Pickstone, "Dearth, dirt".
113. W.P. Alison to Lord Advocate, 10 December 1838, NLS S.N.P.G. Watson Autographs, MS 583 no. 851. The same assessment is made in

Observations, 26 & 102.

114. See Ch.3, pp108-109, 120-121.

115. Observations, 16-17.

116. *ibid*, 15-16.

117. *ibid*, 16-17. Medical Report of the House of Recovery, 3 & 5. In the ten years preceding 1817, 24,000 cases had been admitted into this hospital. Alison was quoting Barker and Cheyne, Account of the Rise, Progress, and Decline of the Fever lately Epidemical in Ireland, vol. ii, (1821), 16.

118. *ibid*, 8. Changed to per 1000 using Alison's figures.

119. Robert Cowan, "Vital Statistics of Glasgow", Ed. Med. & Surg. J., 51, (1839), 529, 532-533.

120. A.S. Thomson, "A Statistical Inquiry on Fever", Ed. Med. & Surg. J., 50, (1838), 90.

121. Eyler, Victorian Social Medicine, 71, 197; Szreter, "GRO and Public Health Movement", 451.

122. Thomson, "Statistical Inquiry on Fever", 91-94; Cowan, "Vital Statistics of Glasgow", 536-537, 543-544. Cf. earlier examples in Ed. Med. & Surg. J., 32, (1829), 1-20; 35, (1831), 458-460; 39, (1833), 501. Cf. also work of Thomas Rowe Edmonds in the 1830s which had a particular influence on Farr - Eyler, Victorian Social Medicine, 73-76.

123. See Ch.7, p306.

124. Eyler, Victorian Social Medicine, 71-81, 140.

125. Szreter, "GRO and Public Health Movement", 440; cf. Ch.3, p119.

126. Observations, 31.

127. *ibid*, 31.

128. *ibid*, 108.

129. *ibid*, 21, 33-34. The amount raised by assessment in Edinburgh in 1825 was about £9000, the average for the three years 1835-36-37 showed little change at £9010. Alison's figures came from answers to queries he sent to London, Manchester, Leeds, Birmingham, and Newcastle, amongst others.
130. See Ch.3, pp131-137.
131. See p176 above.
132. Observations, 85-91.
133. *ibid*, 91-97.
134. *ibid*, 97-100.
135. *ibid*, 102.
136. *ibid*, 104 & Preface to 2nd ed., iv.
137. *ibid*, 105.
138. *ibid*, 106.
139. *ibid*, 108.
140. *ibid*, 109. He also suggested that fever hospitals could be built alongside the workhouses and that those with the disease could be maintained in them or in the general hospitals at the expense of the poor's fund. See above, pp155 & 158.
141. *ibid*, 110.
142. *ibid*, 119.
143. N. McCord, British History 1815-1906, (1991), 192.
144. Observations, 121.
145. Report by a Committee of the General Assembly, on the Management of the Poor in Scotland, (1839), 5.
146. *ibid*, 11-12.
147. W.P. Alison to A. Blackwood, undated but in 1839 letterbook and is similar to the 23 December 1839 letter which Alison requested be sent with Chalmer's copy.

Chapter 5.

1. Observations cost 3s.6d for 1st edition, 2s. for the 2nd.
2. Scotsman, 15 January 1840.
3. Scotsman, 25 March 1840.
4. Scotsman, 22 April 1840. My underlining of "want of employment".
5. "Observations on the Management of the Poor Reviewed", Ed. Med. & Surg. J., 53, (1840), 505, 509.
6. *ibid*, 501.
7. "Management of the Poor in Scotland", Lon. Med. Gaz., XXVI, (1840), 759 & 856.
8. "Observations on the Management of the Poor in Scotland Reviewed", Br. & For. Med. Rev., 9, (1840), 544.
9. W.P. Alison to A. Blackwood, 30 January 1840. NLS Blackwood Papers MS 4050; Stenton, Who's Who of MPs, I, 163, 264; B. Jones & M.V. Dixon (eds.), Macmillan Dictionary of Biography, (1981), 819.
10. See Ch.4, FN 31.
11. W.P. Alison to A. Blackwood, 30 January 1840. Jeffrey and Brougham had, like Alison, attended Stewart's Political Economy Lectures. Flinn, Sanitary Report, 22.
12. Scotsman, 22 April 1840.
13. W.P. Alison to Dr. Traill 20 March 1840, NLS MS 19346, f.3.
14. Association for Obtaining an Official Inquiry into the Pauperism of Scotland, including an Abstract of Dr. Alison's Pamphlet, 1.
15. *ibid*, 3. Meeting of 8 April, 1840. Cf. Scotsman, 11 April 1840.
16. Report of the Committee of the Association for Obtaining an Official Inquiry into the Pauperism of Scotland, 2 (hereafter Report of O.I.A.).

17. Scotsman, 22 April 1840.
18. Scotsman, 22 April 1840.
19. Report of the Committee ... of Landed Proprietors Connected with Different Parts of Scotland, called in consequence of the Establishment of an Association for Obtaining an Official Inquiry into Pauperism in Scotland, (1841), 3-4 (hereafter Report of Landed Proprietors). Cf. Scotsman, 22 April 1840.
20. ibid, 8.
21. W.P. Alison, "Illustrations of the Practical Operation of the Scottish System of Management of the Poor", Journal of the Statistical Society, 3, (1840); Chalmers, "On the Application of Statistics to Moral and Economical Questions" and "Results of his Experience with Regard to the Pauperism of Glasgow". The latter paper was published in On the Sufficiency of the Parochial System, (1841).
22. Scotsman, 23 September 1840.
23. Brown, Chalmers, 293.
24. Scotsman, 26 September 1840.
25. Scotsman, 23 September 1840; cf. Glasgow Herald, 21 September 1840.
26. See Ch.3, pp131-137.
27. See Ch.4, pp190-191.
28. Monypenny, Proposed Alteration of the Scottish Poor Laws, and of the Administration thereof, (1840), 6-8 & 76; Observations, 3.
29. Report of Landed Proprietors, 16.
30. Alison, Reply to the Pamphlet Entitled "Proposed Alteration of the Scottish Poor Law", (1840), 18; hereafter Reply to Monypenny.
31. ibid, 19. Corroborative information, which strengthened Alison's argument, later appeared in "Illustrations", "Further

- Illustrations", and in the Second Report of Official Inquiry Association, but his conclusions were stated most fully in his Reply to Monypenny.
32. Alison, Reply to Monypenny, 22 citing Dumfries and Galloway Courier, April 1840 and Ayr Observer, 5 May 1840. Cf. comments by Mr. Gemmell in "Illustrations", 227-8.
33. Alison, Reply to Monypenny, 22. Alison probably got his information from the publisher, Chambers, as the article "Picture of the Indigent Class of a Little Town" in Chambers Edinburgh Journal, 20 June 1840, 170 used slightly different figures.
34. "Picture of the Indigent Class", 170; Cf. Alison, Reply to Monypenny, 22.
35. Alison, "Illustrations", 228-230.
36. Alison, Reply to Monypenny, 23; 1839 General Assembly Report on Management of the Poor, 16.
37. Alison, Reply to Monypenny, 23.
38. *ibid*, 23-24.
39. *ibid*, 24. Cf. Ch.4, pp162-164.
40. *ibid*, 20-21; Monypenny, Proposed Alteration, 75-79.
41. *ibid*, 19-20.
42. Remarks addressed to the Edinburgh Committee on Pauperism, (1841), 54-56, (hereafter Remarks to Edinburgh Committee).
43. Report of Landed Proprietors, Letter of Rev. Mr. Elliott of Peebles, 47-51.
44. Alison, Reply to Dr. Chalmers' Objections, (1841), 50-51fn; hereafter Reply to Chalmers
45. Scotsman, 14 April 1841.
46. Remarks to Edinburgh Committee, 9.
47. Monypenny, Additional Remarks on the Proposed Alteration of the

Scottish Poor Laws, (1841), 67.

48. *ibid*, 86-87. Alison regarded crowded and unclean houses and to some extent intemperance as being symptoms as well as causes of poverty. The latter argument resembled the thinking behind the Sanitary Inquiry - see Ch.3. pp104-106.

49. Alison, Reply to Monypenny, 25.

50. See Ch.4, pp162-164; Reply to Monypenny, 25;

Cf. Alison, "Illustrations", 215.

51. Alison, Reply to Monypenny, 28-30.

52. Scotsman, 16 January 1841.

53. Alison, Reply to Monypenny, 30-31.

54. For the Edinburgh Royal Infirmary, see Guenter Risse, Hospital Life in Enlightenment Scotland. Care and Teaching at the Royal Infirmary of Edinburgh, (1986), 11 & 45.

55. Alison, Reply to Monypenny, 26-27; Observations, 2; see Ch. 3, pp107-108.

56. T.M. Devine, The Great Highland Famine, (1988), ch. 1, and pp 1, 3.

57. Report of the Proceedings of the General Assembly of the Church of Scotland, (1841), 36-40, 59. Although the Assembly rejected other parts of their Pauperism Committee's Report they did approve the section relating to destitution.

58. E.T.C. Minutes, 13 October 1840; printed Report, 3-6.

59. See Ch.3, pp131-137 & preceding analysis.

60. See Ch.2, pp71-73.

61. Alison, "Illustrations", 233.

62. Alison, Reply to Chalmers, 7.

63. Remarks to Edinburgh Committee, 14-15.

64. See Ch.2, p57 & Ch.3, pp102-106.

65. Alison, "Illustrations", 233.
66. Chalmers, Parochial System, 181-184. Chalmers believed that poor laws would increase destitution; see Ch.4, p143.
67. Alison, Reply to Chalmers, 52.
68. *ibid*, 52-53.
69. See Ch.3, pp132-135.
70. See Ch. 4, pp183-189.
71. Observations, 10.
72. *ibid*, 50; Second Report of O.I.A., 25; see also Ch.3, pp??, Hamlin, "Predisposing Causes", 46-59, and Pickstone, "Dearth, dirt", 125-134.
73. Second Report of O.I.A., 25-28; cf. Hamlin, "Predisposing Causes", 67-69.
74. *ibid*, 26; Arnott, Remarks on Alison's 'Observations on the Generation of Fever', 34, 36 & 39 in Sanitary Inquiry - Local Reports, Scotland. Although Arnott supported Alison's position on destitution and fever, and the need for Scottish poor law reform, his argument that removing filth would eradicate fever "regardless of predisposition [meant that] predisposition became an empty concept". Hamlin, "Predisposing Causes", 62-67. Cf. Pickstone on Smith in "Dearth, dirt", 137-138, 143-146.
75. Second Report of O.I.A., 26; See Ch.1, pp44, 47-48, Ch.2, p57 & Ch.3, pp102-106.
76. Alison to Poor Law Commissioners, 14 September 1840, PRO Kew MH19/196, 123S.
77. Remarks to Edinburgh Committee, 14; however, see below p225 and Table 5:4, p226.
78. *ibid*, 13.
79. *ibid*, 14-15.

80. Second Report of O.I.A., 24.
81. Alison, "Illustrations", 241-242.
82. Second Report of O.I.A., 25.
83. Observations, 14.
84. *ibid*, 25.
85. See Ch. 4, p187.
86. Second Report of O.I.A., 23.
87. Remarks to Edinburgh Committee, 10, 31-33; Monypenny, Proposed Alteration, 46, 57-61 & Additional Remarks, 49-55.
88. Second Report of O.I.A., 29-30.
89. *ibid*, 30. Cf. Alison, Reply to Monypenny, 68-71.
90. Second Report of O.I.A., 32.
91. Remarks to Edinburgh Committee, 38; Monypenny, Additional Remarks, 123-125.
92. Second Report of O.I.A., 32.
93. Remarks to Edinburgh Committee, 56.
94. See Ch.4, p197.
95. Second Report of O.I.A., 33.
96. Remarks to Edinburgh Committee, 61.
97. Second Report of O.I.A., 34.
98. Remarks to Edinburgh Committee, 64-65. Monypenny, Additional Remarks, 145.
99. Report of O.I.A., 6.
100. Second Report of O.I.A., 20-21; Report of Landed Proprietors, 10-16.
101. Remarks to Edinburgh Committee, 8-10.
102. W.P. Alison to R. Stermson?, 8 August 1840, NLS, MS 19988, f.109.
103. Alison, "Illustrations", 217-218; Report of O.I.A., 10-15.

104. Remarks to Edinburgh Committee, 9.
105. Alison, "Illustrations", 218.
106. E.T.C. Minutes 13 October 1840; see above p217.
107. Second Report of O.I.A., 5-18.
108. W.P. Alison, "Further Illustrations of the Practical Operation of the Scotch System of Management of the Poor", Journal of the Statistical Society, 4, (1842), 293-294, 312-316.
109. Report of O.I.A., 16; Second Report of O.I.A., 5-18; Edinburgh petition also in E.T.C. Minutes, 20th October 1840.
110. Scotsman, 28 April 1841; Cf. J.H. Burton, "Poor Laws and Pauperism in Scotland", Westminster Review, 36, (1841), 381.
111. General Assembly Proceedings, (1841), 45 & 59; Alison, "Further Illustrations", 294; Scotsman, 26 May, 2 & 5 June 1841.
112. Monypenny, Proposed Alteration, 12-16.
113. *ibid*, 16.
114. *ibid*, 18-21.
115. Alison, Reply to Monypenny, 3. There was a definite hostile under-current in the debate between Monypenny and Alison: both referred to their right, as lawyer and doctor respectively, to dispute the proposed remedies of the other: Alison, Observations, Preface to 1st Edition, ix-x and Reply to Monypenny, 32; Monypenny, Proposed Alteration, 8.
116. Alison, Reply to Monypenny, 33.
117. *ibid*, 34. 1834 Report, 227.
118. *ibid*, 34-35.
119. *ibid*, 36-37.
120. *ibid*, 35-36. Speech of 20 March 1838, in Lord Brougham's Speeches, vol.iii, 548.
121. *ibid*, 38; quoting 1839 Poor Law Commissioners Report, 13.

122. *ibid*, 38-39.
123. *ibid*, 39-41.
124. *ibid*, 16; Cf. evidence from Dr. Robertson of Manchester, who reported that Chalmers's opinions against poor laws were met with "surprise and disapprobation" in England. *ibid*, 42-43.
125. *ibid*, 47.
126. Monypenny, Additional Remarks, 37-38.
127. *ibid*, 43-45.
128. *ibid*, 46.
129. Remarks to Edinburgh Committee, 29-30.
130. Monypenny, Proposed Alteration, 54-55. Cf. Remarks to Edinburgh Committee, 30-31 where the effect of the workhouse on the character of the poor was similarly outlined.
131. Alison, Reply to Monypenny, 67. Cf. Remarks to Edinburgh Committee, 41-47 for effect of legal provision on character.
132. Monypenny, Additional Remarks, 10-12, 39-40.
133. *ibid*, 40-42.
134. Monypenny, Proposed Alteration, 75-79.
135. Chalmers, Parochial System, 70-71; Brown, Chalmers, 232-279; see Ch.4, p170.
136. Remarks to Edinburgh Committee, 22; General Assembly Proceedings, (1841), 37-39; Cf. 1839 General Assembly Report on Management of the Poor, Ch.4, pp196-197.
137. Chalmers, Parochial System, 83-92; Remarks to Edinburgh Committee, 26.
138. Monypenny, Proposed Alteration, 83.
139. Remarks to Edinburgh Committee, 26.
140. *ibid*, 40-41; Monypenny, Proposed Alteration, 83
141. Remarks to Edinburgh Committee, 41-44.

142. General Assembly Proceedings, (1841), 41-44, 50-56.
143. Remarks to Edinburgh Committee, 41-45.
144. Alison, Reply to Monypenny, 74; Second Report of O.I.A., 50; cf. Ch.4, p172.
145. Alison, Reply to Chalmers, 1-2.
146. *ibid*, 3-4.
147. Second Report of O.I.A., 35.
148. Second Report of O.I.A., 50-51.
149. Alison, Reply to Chalmers, 4, 18-19.
150. *ibid*, 5-8; Cf. Second Report of O.I.A., 41-47.
151. Alison, Reply to Chalmers, 19-30, 47-49. Chalmers, Parochial System, 240-244; Alison, "Illustrations", 253-255; Second Report of O.I.A., 36-41.
152. See Chalmers's opinion, Ch.4, pp~~2~~.144
153. Scotsman, 26 September 1840; Scottish Guardian, 2 October 1840; Chalmers, Parochial System, 68, 188; Monypenny, Additional Remarks, 67.
154. Alison, Reply to Chalmers, 45-46; Chalmers, Parochial System, 188.
155. Alison, Reply to Monypenny, 61-62.
156. *ibid*, 62.
157. *ibid*, 62-63.
158. *ibid*, 63. Cf. the stronger condemnation in Second Report of O.I.A., 36.
159. Chalmers, Parochial System, 186-187.
160. T.C. Smout, "The Strange Intervention of Edward Twisleton: Paisley in Depression, 1841-3" in T.C. Smout (ed), The Search for Wealth and Stability, (1979), 225.
161. *ibid*, 225; cf. O. Checkland: "Chalmers and William Pulteney

Alison: a Conflict of Views on Scottish Social Policy" in A.C. Cheyne (ed.), The Practical and the Pious Essays on Thomas Chalmers, (1985), 135.

Chapter 6.

1. Scotsman, 6 July 1842; Stenton, Who's Who of MPs, I, 126.
2. Scotsman, 6 July 1842.
3. Checkland, "Chalmers and Alison", 135; Smout, "Strange Intervention", 225-226.
4. "The Scottish Poor Laws", Free Church Magazine, 2, (1846), 20.
5. A. Paterson, "The Poor Law in Nineteenth-Century Scotland", in D. Fraser (ed.), The New Poor in the Nineteenth Century, (1976), 174; cf. R.A. Cage, The Scottish Poor Law 1745-1845, (1981), 140.
6. W.P. Alison, Remarks on the Report of the Poor Law Commission, (1844), 161.
7. Cf. Smout, "Strange Intervention", 225-226.
8. Cage, Scottish Poor Law, 134.
9. See Ch.5, pp229-230.
10. Smout, "Strange Intervention", 231-232.
11. M.P. for Stirlingshire 1821-1831; 1841 elected M.P. for Perthshire. Cage, Scottish Poor Law, 150.
12. Cage, Scottish Poor Law, 151.
13. Report from Her Majesty's Commissioners for Inquiring into the Administration and Practical Operation of the Poor Laws in Scotland, (1844), 1.
14. H. Cockburn, Journal of Henry Cockburn, II, (1874), 1.
15. Alison, Evidence to Poor Law Commissioners, Appendix I, (1844), 73-84.
16. *ibid*, 75, 81-82; Devine, Highland Famine, 7 & 24; see Ch.4,

- 194.
17. Alison, Observations on the Epidemic Fever of 1843 in Scotland, (1844), 55.
 18. Poor Law Commissioners Report, xiv.
 19. *ibid*, lxvi-lxvii.
 20. Alison, Remarks on ... Report, vi.
 21. Commissioners Report, xiv-xvi; Alison, Appendix I, 73.
 22. Commissioners Report, xx-xxiii; Alison, Appendix I, 79 & Remarks on ... Report, 134-136, 165.
 23. Commissioners Report, xxiii-xxvi; Alison, Appendix I, 75.
 24. Commissioners Report, xxvi; Observations, 109.
 25. Commissioners Report, Twisleton, "Reasons of Dissent", lxvi-lxvii.
 26. Commissioners Report, xxix-xxxi.
 27. *ibid*, xxxi-xxxv.
 28. *ibid*, xxxv-xxxvi.
 29. *ibid*, xxxvi-xxxvii.
 30. Alison, Remarks on ... Report, 164-167.
 31. Commissioners Report, xlii-xliv; Alison, Appendix I, 75; Remarks on the ... Report, 165; Observations, 120.
 32. Alison, Remarks on ... Report, 168; S.G. Checkland, Rise of Industrial Society in England, 1815-1885, (1964), 275.
 33. Alison, Appendix I, 77.
 34. *ibid*, 74. Cf. Devine, Highland Famine, Ch.1; thesis Ch.5, p213.
 35. Commissioners Report, xxxix-xli.
 36. Alison, Remarks on ... Report, 27-47. Cf. Ch.5, pp213-214, 239.
 37. Alison, Appendix I, 80 & Remarks on Report, 146;

- Commissioners Report, xvii-xix.
38. Alison, Appendix I, 84.
39. Commissioners Report, xix-xx. Cf. Monypenny & Milne Ch.5, pp243-244.
40. Commissioners Report, xix.
41. *ibid*, lxii.
42. *ibid*, xlv-xlvi. Cf. Ch.4, pp147-149, 182-183.
43. *ibid*, xlvi-xlvii. Cf. Ch.4, pp?? & Ch.5, pp148, 181-182, 238-239.
44. *ibid*, xlviii.
45. *ibid*, xlix-1.
46. *ibid*, lii.
47. *ibid*, liii-liv; cf. xxxvii.
48. *ibid*, lvi-lvii.
49. Alison, Appendix I, 82-83.
50. Commissioners Report, lv-lxiv.
51. See pp287, 290 below.
52. Alison, Remarks on ... Report, 152, 154-155.
53. *ibid*, 145-152.
54. *ibid*, 153-155.
55. *ibid*, 169; Twisleton, "Reasons of Dissent", lxvi.
56. Figures from Brotherston, Early Public Health, 73 & 68.
57. W.P. Alison, On the Present State of the Law of Settlement and Removal of Paupers in Scotland, (1852), 13. The paper was read to the Statistical Section of the British Association for the Advancement of Science on 6 September 1852 and was timed to precede Parliamentary discussions on the subject. Cf. W.P. Alison to J. Hope Scott 2 & 25 April 1853 in NL Hope-Scott Letters MS 3671. One of the friends was probably James Thomson, Treasurer of House of

Refuge, who made the same proposal to Edinburgh Town Council in 1845 - Report on the Poor Law Amendment Bill by the Lord Provost's Committee, 3 in E.T.C. Minutes 8 May 1845.

58. Alison, Remarks on ... Report, 155-157, 163.

59. *ibid*, 160-161.

60. Alison, Observations on Epidemic Fever, 3-4.

61. *ibid*, 5-6.

62. *ibid*, 7-8, 61, 63.

63. *ibid*, 70-71.

64. *ibid*, 67-68 quoting Dr. Perry's Facts and Observations; Cf. Remarks on ... Report, 197.

65. Alison, Observations on Epidemic Fever, 8-9, 63-64.

66. *ibid*, 59-62; cf. "Dr Alison on the Present Epidemic Fever, 23 September 1843", Scottish and North of England Medical Gazette, 7 October 1843, (1844), 1-4.

67. Hardy, Epidemic Streets, ch.6 & ch.7; cf. thesis Ch.3, pp131-137.

68. Personal communication from M.A. Crowther.

69. Alison, Observations on Epidemic Fever, 17.

70. Alison, "On the Destitution and Mortality of Large Towns", Journal of the Statistical Society, 5, (1842), 289-291.

71. Cf. Observations, Preface to 1st edition, xi; Preface to 2nd edition, vi-v.

72. Alison, Observations on Epidemic Fever, 19-21.

73. *ibid*, 21.

74. *ibid*, 57.

75. *ibid*, 21-22, 23; Cf. Remarks on ... Report, 256.

76. Commissioners Report, lv-lvi.

77. Alison, Remarks on ... Report, 200 & 245.

78. Cf. Milne and Chalmers, Ch.5, pp217-222.
79. Commissioners Report, xxvii-xxviii; Alison, Appendix I, 82 favoured destitution although he recognised it was not the sole cause.
80. Commissioners Report, xxviii.
81. Alison, Remarks on ... Report, 213-214.
82. *ibid*, 171-172; Commissioners Report, lii-liii.
83. Alison, Remarks on ... Report, 175-185, 211.
84. *ibid*, 185-190.
85. *ibid*, 185-186.
86. *ibid*, 190-196.
87. *ibid*, 203-211.
88. *ibid*, 211-212. Cf. Monypenny & Milne Ch.5, pp207-208 & 212-213.
89. *ibid*, 215-216.
90. *ibid*, 219-227.
91. Commissioners Report, xlix, liv-lv.
92. Alison, Remarks on ... Report, 228-229; cf. 250-252 where the inconsistency was compounded by the Commissioners admission of the good done in certain areas in Scotland by assisting the unemployed poor; evidence 230-243. Cf. Alison, Reply to Chalmers, 8-17 and these arguments in Ch.4, pp179-182 & Ch.5, pp246-247.
93. *ibid*, 245.
94. *ibid*, 246.
95. Chalmers, "Report on the Poor Laws of Scotland", North British Review, 2, (1845), 506.
96. Alison, Remarks on ... Report, 255; Cf. Observations on Epidemic Fever, 26-28.
97. Alison, Remarks on ... Report, 261, 268.

98. *ibid*, 268-269; evidence 274-282; Cf. Observations on Epidemic Fever, 28-30; Ch.4, pp173-177 & Ch.5, p246.
99. Alison, Remarks on ... Report, 278-279, 282-283.
100. Commissioners Report, 1.
101. Alison, Remarks on ... Report, 283-291; evidence, 292-298.
102. Alison, Observations on the Famine of 1846-7, in the Highlands of Scotland and in Ireland, (1847); Observations on the Reclamation of Waste Lands and their Cultivation by Croft Husbandry ..., (1850); Letter to Sir John M'Neill on Highland Destitution, (1851); W.P. Alison to John McNeill 31 March & 23 April 1851, McNeill Papers SRO GD 371/286/2-3; John McNeill, Report to the Board of Supervision ... on the Western Highlands and Islands, (1851); "Highland Destitution and Irish Emigration", Quarterly Review, 90, (1852), 180 & 184.
103. Commons Journal, 100, (1845), 189, 852; G.W.T. Omond, Lord Advocates of Scotland, 1834-1880, (1914), 133.
104. Paterson, "The Poor Law", 175.
105. *ibid*, 183.
106. Commons Journal, vol. 100, 735. The vote against deletion was 73 to 21, that against the addition to the clause 67 to 31.
107. Paterson, "The Poor Law", 178.
108. Smout, Century of Scottish People, 118.
109. W.P. Alison to James R. Hope, 12 February 1850 and 6 April 1850, NLS, MS 3671; Observations, 111.
110. Twisleton, "Reasons of Dissent", lxvi.
111. Flinn, Sanitary Report, 57.
112. The letter is mentioned in Report on the Poor Law Amendment Bill, 3 & 15, E.T.C. Minutes 8 May 1845. A copy of the letter could not be found.

113. Ch.5, p233 & FN No 110
114. W.P. Alison to J.G. Lockhart via P.F. Tytler, 21 October 1844 in Letters to J.G. Lockhart, vol. III, NLS, MS 930 no. 71 & 74.
115. W.P. Alison to J.H. Burton, 11 December 1844. Original is undated but from its context can only be 1844, Burton Letters, NLS MS 9401 f.293; Stenton, Who's Who of MPs, I, 322.
116. Cage, Scottish Poor Law, 147.
117. Scotsman, 13 & 24 July, 23 October 1844.
118. Scotsman, 1 June 1844.
119. "Prospect of a Poor Law for Scotland", Tait's Edinburgh Magazine, XII, (1845), 323-325.
120. "Poor Laws for Scotland", Quarterly Review, LXXV, (1845), 130 & 147.
121. *ibid*, 136; Scotsman, 1 June 1844.
122. "Poor Laws for Scotland", 146; "Prospect of a Poor Law", 325.
123. "On the Endemic Fever of Scotland", Br. & For. Med. Rev., XVIII, (1844), 179-197. The article included references to Alison's Remarks on the Present Epidemic Fever, which he submitted in a letter dated 23 September 1843 to the Scottish and North of England Medical Gazette, I, 1-4. This was quite distinct from his pamphlet: true to his word to the Commissioners it was purely a study of the symptoms of the disease; there was no attempt to link it to destitution.
124. S.S. Alison, "On the Causes of Epidemic Fever (After Dr. Alison)", London Medical Gazette, 34, (1844), 453; said to be by an editor but credited to Dr. Scott Somerville Alison, no relation, of Tranent.
125. Alison to J.H. Burton, 11 December 1844.
126. "Poor Laws for Scotland", 146-147.

127. "Prospect of a Poor Law", 323-325; Scotsman, 19 July 1845.
128. Commons Journal, 100, (1845), 463, 573, 576, 620, 659, 668, 679, 695; Crowther, "Poverty, Health and Welfare", 270.
129. Cage, Scottish Poor Law, 134, 140. The last point also in Brotherston, Early Public Health, 68.
130. Paterson, "The Poor Law", 174.
131. Cage, Scottish Poor Law, 136.
132. Checkland: "Chalmers and Alison", 136; Brotherston, "Pioneer of Social Medicine", 33.
133. Cockburn, Journal of Henry Cockburn, II, 120-121; Brotherston, "Pioneer of Social Medicine", 33.
134. Checkland: "Chalmers and Alison", 136 & 139.
135. *ibid*, 137.

Chapter 7.

1. Brotherston, Early Public Health, 75.
2. Hamilton, Healers, 201.
3. White, "Scottish Doctors", 84; Cf Crowther, "Poverty, Health, and Welfare", 281.
4. Jenkinson, Medical Societies, 142; "Edinburgh Medico-Chirurgical Society" and "Medico-Statistical Association", Monthly Journal of Medical Science, 14, (January to June 1852), 276-277, 382, 469 & 580; W.T. Gairdner & J.W. Begbie, "First Report of the Medico-Statistical Association", Monthly Journal of Medical Science, 15, (July to December 1852), 288-299. The Association was intended originally as a sub-section of the Medico-Chirurgical Society but because "a dissentient minority" objected to money being granted to an untested scheme, it became a distinct organisation. Its fate is unknown - it was probably incorporated into the Medico-Chirurgical

Society. Many of the Association's leaders - Alison, Christison, Begbie, Gairdner, Seller and W. Robertson - were members of the 1849 and 1854 R.C.P.E. Committees. See also FN 32 below.

5. E.T.C. Minutes 7 July 1840; R.C.P.E. Minutes 4 February & 5 May 1840. Lord Normanby's reply of 19 February informed them "that the Poor Law Commissioners ha[d] undertaken to extend their labours to Scotland".

6. See pp344-345 below.

7. E.T.C. Minutes 4 August 1840; W.P. Alison, "Notes on the Application of Statistics, to Questions in Medical Science, particularly as to the External Causes of Disease", Ed. Med. J., 1, (1855), 385-399 & "On the Effect of Poverty and Privation on the Public Health", Journal of the National Association for the Promotion of Social Science, (1858), 434-443; G. Rosen, "What is Social Medicine? A Genetic Analysis of the Concept", Bulletin of the History of Medicine, 21, (1947).

8. R.C.P.E. Minutes, 3 November 1835, 3 November 1840, 15 February 1841, 26 February 1846, 5 April 1849, 9 and 26 May 1854.

9. Commons Journal, 96, (1841), 117, 124, 132, 271, 391, 399; R.C.P.E. Minutes, 26 February 1846; Journal of the Statistical Society of London, XI, (1848), 98 & 282.

10. "Report of a Committee of the Royal College of Physicians of Edinburgh, appointed to consider the best mode of framing Public Registers of Death", Ed. Med. & Surg. J., 56, (1841), 140-152 (hereafter 1841 R.C.P.E. Report); R.C.P.E. Minutes, 26 February 1846 (Memorial, 2 March 1846), 5 April 1849 (Petition, 24 April 1849); "Note in Reply to some Observations in a 'Report of a Sub-Committee of the R.C.P.E.'", Appendix to the Fourth Annual Report of the Registrar-General, (1841).

11. "Report on the Registration of Deaths. By the Edinburgh Subcommittee", Fifth Report of the British Association, (1836), 251-252; cf. Farr's thinking in Eyler, Victorian Social Medicine, 124 & Szreter, "GRO and Public Health Movement", 443; and Chadwick's in Finer, Chadwick, 158.
12. R.C.P.E. Minutes 26 February 1846.
13. Cf. 1841 R.C.P.E. Report, 140.
14. "Report on Registration of Deaths", 252-253; Christison, "Account of Arrangements", cclxxvii-cclxxviii; Circular letter from John Learmonth, Lord Provost and Chairman of Edinburgh Board of Health to District Officers and Medical Practitioners, 1832; R.C.P.E. Minutes, 12 October 1848. Cf. Alison's isolation of employment variable, Ch.3, pp122-123 & Ch.6, pp267-270.
15. Fourth Report of the British Association, 39; First Report of Edinburgh Board of Health, 2.
16. "Report on Registration of Deaths", 254; cf. 1841 R.C.P.E. Report, 141.
17. Alison, "Observations on the Best Mode of Registering Deaths", Northern Journal of Medicine, (1844), 1. Alison read it to an R.C.P.E. evening meeting in June 1843.
18. 1841 R.C.P.E. Report, 141-143, 150; Alison, "Registering Deaths", 1-2; "Note in Reply", 123-4; Eyler, Victorian Social Medicine, 55-56.
19. Alison, "Registering Deaths", 3-4; "Note in Reply", 124.
20. 1841 R.C.P.E. Report, 141-149; "Note in Reply", 127; Eyler, Victorian Social Medicine, 55-56.
21. 21. 1841 R.C.P.E. Report, 142; Alison, "Registering Deaths", 5.
22. Alison, "Registering Deaths", 5-7; "Note in Reply", 125-127; Eyler, Victorian Social Medicine, 55.

23. W.P. Alison, "The Exciting Causes of Epidemics", Br. & For. Med.-Chir. Rev., 13, (1854), 2 & 5; Alison, "Notes on the Application of Statistics", 385-386.
24. R.C.P.E. Minutes, 23 March 1847; Commons Journal, 102, (1847), 139.
25. R.C.P.E. Minutes, 23 March 1847.
26. R.C.P.E. Minutes, 4 May 1847 and 26 May 1854; Commons Journal, 102: 273, 331, 409, 415, 501, 535, 592, 631.
27. R.C.P.E. Minutes 5 April 1849; Commons Journal, 103 (pt.2), (1847-48), 788, 910.
28. R.C.P.E. Minutes, 5 April 1849; Cf. Commons Journal, 104, (1849-1850), 261.
29. R.C.P.E. Minutes, 5 April 1849; Commons Journal, vol. 104: 261.
30. R.C.P.E. Minutes, 9 May 1854.
31. A. Wood (Secretary) to Lord Elcho, 15 May 1854 in R.C.P.E. Minutes, 26 May 1854.
32. R.C.P.E. Petition to the House of Commons in R.C.P.E. Minutes, 26 May 1854; also R.C.P.E. Minutes 9 May 1854. This and the leadership seems to suggest that the Medico-Statistical Association was also formed to make a political point: that the Scottish schedule, worked out by the R.C.P.E., was operable.
33. Lord Elcho to A. Wood, May 1854 in R.C.P.E. Minutes 26 May 1854.
34. Circular to Scottish MPs 26 May 1854 in R.C.P.E. Minutes 26 May 1854.
35. Christison was a second constant force until 1849.
36. E.T.C. Minutes, 17 February 1846.
37. R.C.P.E. Minutes, 15 February 1841.
38. 1841 R.C.P.E. Report, 140.

39. Dr. Craigie to Lord Advocate, Duncan McNeill, 13 February 1846 in R.C.P.E. Minutes 26 February 1846.
40. Commons Journal, 102: 245, 260, 265, 271, 275, 280, 287, 297, 319; 103 (pt. 2): 910; 104: 155, 164, 169, 173-174, 184, 189, 194, 198, 204-205, 208-209, 213, 216, 219-220, 229, 234-235, 238, 243, 249, 253, 256, 260-261, 265-266, 269-270, 277, 279, 282, 286-287; cf. "Report from the Select Committee on the Registering Births, etc. Scotland Bill", 17 July 1848 in House of Lords Sessional Papers. Reports. Committees, 26, (1848), 469.
41. Commons Journal, 104: 164, 198, 205, 216, 220, 229, 238, 256, 260, 266, 279, 282, 287.
42. Commons Journal, 102: 297, 488, 623, 630; E.T.C. Minutes, 27 April, 11 & 18 May 1847.
43. Lord Advocate to Dr. Craigie, 16 February 1846 in R.C.P.E. Minutes 26 February 1846.
44. E.T.C. Minutes, 24 April 1849.
45. R.C.P.E. Minutes 1 May 1849 & 21 June 1850.
46. R.C.P.E. Minutes 19 February 1848, 1 May 1849, 7 May & 21 June 1850.
47. R.C.P.E. Minutes 1 February 1848.
48. R.C.P.E. Minutes 19 February 1848. My emphasis.
49. R.C.P.E. Minutes 1 May 1849.
50. R.C.P.E. Minutes 4 November 1851.
51. Alison to A. Wood, 4 November 1851 in R.C.P.E. Minutes 4 November 1851.
52. R.C.P.E. Minutes 3 February 1852.
53. R.C.P.E. Minutes 4 November & 4 December 1851, 3 February 1852.
54. Alison to Wood 4 November 1851.
55. R.C.P.E. Minutes 5 May 1840.

56. Cf. Crowther, "Poverty, Health and Welfare", 281. Hamlin, "Predisposing Causes", 59, 65-66, Pickstone, "Dearth, dirt", 133, 144 & Pelling, English Medicine, 41-46: they highlight Alison's predispositionist (Hamlin) or "broad theory" (Pickstone) of fever causation, but when assessing the proposed remedies, they concentrate only on Alison's advocacy of poverty amelioration. See Ch.3, pp101-106.
57. Wohl, Endangered Lives, 143; Flinn, Sanitary Report, 66-67; W.F. Bynum, Science and the Practice of Medicine in the nineteenth-century, (1994), 77.
58. W.P. Alison to J.G. Lockhart, 21 October 1844.
59. Scotsman, 12 April 1845; Flinn, Sanitary Report, 68-69; Wohl, Endangered Lives, 144-145; Bynum, Practice of Medicine, 77. Edinburgh's branch is the only Scottish one listed by Wohl.
60. R.C.P.E. Minutes 2 February 1847.
61. R.C.P.E. Minutes 14 May 1847.
62. R.C.P.E. Minutes 14 May 1847.
63. R.C.P.E. Minutes 19 February 1848, 1 May 1849, 7 May 1850, 6 May 1856.
64. R.C.P.E. Minutes 1 May 1849.
65. See Medical Police ideas, Ch.1.
66. R.C.P.E. Minutes 16 April 1850.
67. Stenton, Who's Who of MPs, I, 114.
68. R.C.P.E. Minutes 7 May & 21 June 1850.
69. R.C.P.E. Minutes 6 February 1855.
70. R.C.P.E. Minutes 13 February 1855. Alison in a letter to Wood on 12 February stated that he "felt unequal to undertake the work of reporting upon" the two Bills, but that "if there is no reason for immediate action - as I suppose there can hardly be - I may be

able and willing to look over a report as soon as you get it ready".

71. Alison to Lord Advocate 14 April 1856, SRO WRH Lord Advocate's Files AD56/276/1(46-48); Alison to A. Black 12 April 1856, R.C.P.E. Muniments Box 2, Miscellaneous Papers, No. 244 (1807, 1839-82.

72. Scotsman, 23 February 1848.

73. See for example Second Report of the Committee on the Health of Towns in R.C.P.E. Minutes 1 May 1849, 1843-1851 Minute Book, 3789-3800 (hereafter Second Health Report and page number).

74. Report by the Committee of the Royal College of Physicians Appointed to Consider any Bills that may be brought into Parliament for the Improvement of the Health of Towns, and the Applicability of Such Measures to Scotland (hereafter First Health Report), 19 February 1848, (1848) 3-4, 6-7, 10. Also in R.C.P.E. Minutes 1 May 1849.

75. First Health Report, 6-7.

76. See pp307-311 above.

77. Edwin Chadwick to W.P. Alison, 7 December 1843, 16 April 1845, 6 May 1847, Chadwick Manuscripts, University College, London, 2181/2 (1 & 2), 2181/9 (1 & 2), and 2181/20 (1 to 4). Alison to Chadwick, 30 April 1845 enclosing a letter to Alison from T. S. Traill, 25 April 1845, Chadwick Manuscripts, Chadwick (7) WPA to EC 25/4/45 (1 & 2) and 30/4/45 (1 & 2).

78. See Ch.2.

79. First Health Report, 8.

80. R.C.P.E. Minutes 7 May 1850; Police and Improvement (Scotland) Act 1850.

81. Alison to Black, 12 April 1856; R.C.P.E. Minutes 6 May 1856.

82. First Health Report, 7; Alison evidence, Scotsman, 23 February

1848.

83. Second Health Report, 3791-3792.

84. First Health Report, 5, 7-8 & 10; Alison evidence, Scotsman, 23 February 1848.

85. R.C.P.E. Minutes 7 May 1850; Police and Improvement (Scotland) Act, 1850, clause CCLXV; Alison, "Poverty and Privation", 441; Best, "Scottish Victorian City", 347-354.

86. First Health Report, 4-6, 7-9; Alison evidence, Scotsman, 23 February 1848.

87. Alison, "Exciting Causes of Epidemics", 4-5.

88. Alison to Black 12 April 1856.

89. First Health Report, 6 & 9. Cf. Alison, "Medical Police Lectures", II, 52-53 and Alison's evidence, Scotsman, 23 February 1848; see Ch.1, p55 & Ch.3, pp104-105.

90. Alison to Black 12 April 1856.

91. Alison to Black 12 April 1856.

92. Alison to Black 12 April 1856. See Ch.2, pp96-97.

93. R.C.P.E. Minutes 12 October & 7 November 1848.

94. Alison to Alexander Wood 10 June 1856, R.C.P.E. Muniments, Box 2.

95. Alison to Wood 14 June 1856, R.C.P.E. Muniments, Box 2. In his 10 June letter Alison had reiterated the objections.

96. Alison to Wood 10 June 1856.

97. Alison to Wood 14 June 1856.

98. They petitioned against the 1849 Public Health Bill and in favour of the 1850 Police and Improvement Bill. R.C.P.E. Minutes 1 May 1849 & 7 May 1850. The R.C.S.E. also opposed the 1849 Public Health Bill. Commons Journal, 104: 367.

99. Second Health Report, 3795, 3799-3800.

100. Cf. Hamilton, Healers, 201.
101. Brotherston, Early Public Health, 86-87; Commons Journal, 103 (pt. 1): 231, 240, 250, 271, 276; cf. reference to "conservative forces" and "special interests" in Hamilton, Healers, 184.
102. Commons Journal, 104: 350, 367, 375, 393, 399, 422, 431, 434; 105: 323.
103. Hamilton, Healers, 184, 196-7.
104. Kit Carson & Hilary Idzikowska, "The Social Production of Scottish Policing" in Douglas Hay & Francis Snyder, Policing and Prosecution in Britain, 1750-1850, (1989), 271.
105. E.T.C. Minutes, 17 May & 5 June 1849, 16 April 1850.
106. Second Health Report, 3794-3795; E.T.C. Minutes 17 & 29 May 1849; Cf E.T.C. Petition against 1849 Public Health Bill, E.T.C. Minutes, 5 June 1849.
107. See Ch.2.
108. Second Health Report, 3798.
109. Sanitary Committee Report including the Circular, R.C.P.E. Minutes 3 February 1852; Pelling, English Medicine, 32-46; Finer, Chadwick, 211, 216-217, 233-234.
110. R.C.P.E. Petition to the House of Commons 30 May 1849, R.C.P.E. Minutes 1 May 1849; Alison, "Exciting Causes of Epidemics", 7-8, 17, 22-25, 322-327; see pp330-339 above.
111. See Ch.2.
112. Ann F. LaBerge, "Edwin Chadwick and the French Connection", Bulletin of the History of Medicine, 62, (1988), 24, 36, & 40; Bynum, Practice of Medicine, 71-72; Hamlin, "Predisposing Causes", 59, 62-67; Pickstone, "Dearth, dirt", 133, 135-148; Pelling, English Medicine, 6, 32-46; Eyler, Victorian Social Medicine, 98-104, 125-128; Finer, Chadwick, 209-242, 293-305; see Ch. 3, pp101-

- 106, Ch.5, pp221-222 & pp302-303 above.
113. LaBerge, "Chadwick French Connection", 24, 37-40; Bynum, Practice of Medicine, 72-73; see Ch.5, pp105-106; cf. LaBerge, Mission and Method, 291-298.
114. LaBerge, Mission and Method, (1992), 3-4, 20-21, 59-67, 74, 154-168, 284-285, 287, 306-307; Ed. Med. & Surg. J., 29, (1828), 454; 33 (1830), 222-224; 34 (1830), 218; 36 (1831), 448-451; 47 (1837), 199-233; 54 (1840), 263-264; Eyler, Victorian Social Medicine, 125-128; cf. Alison's unemployment-poverty link in Ch.4, p161 & Ch.6, pp267-270.
115. LaBerge, "Chadwick French Connection", 24.
116. First Health Report, 10-12.
117. Scotsman, 23 February 1848.
118. Second Health Report, 3796 & 3798.
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