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From Political Economy to Social Science

Just as there are iatrogenic disorders caused by the work that physicians do (which then gives them more work to do), so there are categories of persons who are created by students of society, and then studied by them.

Erving Goffman, *Stigma*

During the nineteenth century, concerned observers developed new approaches to studying the problems of Britain’s rapidly industrializing and increasingly urban society. They moved beyond a narrow focus on strictly economic questions, tackling both problems regarded as new and problems regarded as perennial. Reformers hoped to find solutions through individual, collective, and (sometimes) governmental effort. Each new approach left its mark on those following it. Each concerned itself, to a large degree, with the study of poverty. And each involved people who served as experts on the two Royal Commissions marking the span of the Victorian poor law. The development of social science in Britain and the study of poverty between the Royal Commissions are one and the same; neither can be properly understood without the other. Many of the experts chosen to review the status of the Victorian poor law in 1905 were selected on the basis of their contributions to Victorian social science.

The Public Health Movement and the disease of pauperism
the Working Classes (1832), receives honorable mention.\(^1\) While the rapid growth of cities in the early industrial era had steadily worsened sanitary conditions in the most heavily populated English cities, it was the cholera epidemic of 1831–1832 which shocked government authorities into action.\(^2\)

Chadwick appointed Dr James Kay, along with Dr James Arnott and Dr Southwood Smith, to survey the health and sanitary conditions of the poor in order to establish the relationship between these conditions and pauperism.\(^3\) Chadwick’s famous Sanitary Report, a best seller in its time, reported the results of their investigations. It recommended improvements in drainage, better handling of sewage, and other measures to reduce the incidence of epidemic disease and improve the health – and thus the employability – of the laboring poor.\(^4\) Although the Sanitary Report is sometimes presumed to reflect concern for the welfare of the poor, Chadwick’s motive was not humanitarian. Since the sick could not work and the dead could not support their wives and children, he openly conceded “his narrow interests in keeping the poor rates down.”\(^5\)

Chadwick’s recommendations on drainage and handling waste do not reflect a modern understanding of epidemiology. In an era before the widespread acceptance of the germ theory of disease, Chadwick and his colleagues envisioned cholera and typhoid not as water-borne bacterial pathogens but as products of the foul odors arising from accumulated waste. He was, in other words, a miasma theorist. He therefore proposed to flush this waste directly into the Thames, a procedure which made sense in the context of the miasma theory, however horrifying it may seem to modern experts on public health. Dr Southwood Smith, who served after 1848 at the General Board of Health and wrote many influential studies on sanitation and infectious disease, also subscribed to the miasma theory. They agreed with the best medical authorities of the day, who rejected quarantine and advocated sanitation to prevent epidemics.\(^6\)

The equation of smell with disease clearly ascribes great importance to the value of cleanliness. Some policies derived from miasma theory, therefore, would clearly benefit public health, whatever the shortcomings of pouring raw sewage into the Thames, the main source of London’s drinking water.

Chadwick was not alone in linking disease and pauperism, two of the great concerns of early nineteenth-century Britain. The metaphor of disease was often used in discussing vagrancy, pauperism, and other problems of poverty. Many a Victorian social theorist assumed