

Public baths and wash houses in Cardiff: A case study of public health in 1900

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I Introduction

Public Baths and Wash Houses fulfilled a number of important social functions in Victorian towns and cities. They provided the opportunity to have a hot wash, a Turkish bath, swim, or wash and iron laundry. These buildings are disappearing fast; indeed a survey carried out by Bird (1995) suggested that only thirty per cent of these facilities are still in existence. Yet little specific research has been carried out into the relationship between Victorian public health, hygiene, leisure policy and reform. In this paper we explore the provision of these amenities in

Cardiff at the turn of the twentieth century. The analysis is contextualised through a brief description of Cardiff and the attempts that had been made earlier in the Victorian era to address sanitation in the town and the connections with public health. Substantively, the discussion then deals with the place of public baths and wash houses in working class cultures.

By drawing upon textual sources (council and government reports, print media archives and documented eye-witness accounts), we show that in spite of the benefits that would have accrued from enhanced sanitation, the success of public baths and wash houses was limited. There were cultural barriers that prevented engagement by some members of Cardiff's working class, especially those that were poverty-stricken. The indifference (and self-interest) of local politicians also hindered a programme of effective provision, not just of public baths and wash houses, but of drainage and sanitation more generally.

II Public health and hygiene in Victorian Britain

Throughout the nineteenth century the health of the nation became increasingly important. If Britain was to benefit from the urban and industrial progress being made, there was a pressing need to address the health and hygiene of its working class citizens. The problem of the health of the urban poor was highlighted by the fact that forty two per cent of all volunteer recruits from towns were rejected as being physically unfit by the army during the Crimean War

(Wohl 1984). As Charles Kingsley noted prosaically in 1852, “Unless the physical deterioration of the lower classes is stopped by bold sanitary reform...we shall soon have rifles but no men to shoulder them” (Wohl 1984, p.330).

During the early part of the century diseases such as cholera, typhus, typhoid and influenza had reached epidemic proportions. Edwin Chadwick’s (1842) report on the Sanitary Condition of the Labouring Population of Great Britain revealed that in 1839 for each person who died of old age or violence, eight died of one of the specific diseases. Though the problems of public health and hygiene, especially amongst the working classes, were associated with the spread of disease, the exact method of transmission was not understood. It was widely believed that disease was generated spontaneously from filth (*pythogenesis*) and was transmitted by noxious invisible gas or miasma – with acute overcrowding contributing to contamination and virulent spread. Ignorance of medical matters was widespread, and during 1858 and 1859 the smell of pollution from the River Thames was so intense that Parliament could only carry on with its business by hanging disinfectant soaked cloths over the windows (Wohl 1984). The general populace turned to exotically titled potions in an attempt to prevent contracting disease – *Daffey’s Elixir*, *Moxan’s Effervescent Magnesium Aperient*, and *Morrison the Hygienist’s Genuine Vegetable Universal Mixture* (Wohl 1984).

A different cure was also being offered by religion. The clergy preached that cholera was:

God's punishment for moral and spiritual laxity, drunkenness, failure to observe the Sabbath, and other sins, including advocacy of enfranchisement for the Jews and marriage with the deceased wife's sister. (Wohl 1984, p.122)

In the dominant climate of temperance, congregationalists also believed that the virtuous would find a cure for cholera in 'moral preservatives' – that is to say, cleanliness, industry, fortitude, and gospel reading. It was also thought that it was the low moral standards of the working classes that made them particularly vulnerable to disease; though as Wohl (1984, p.61) remarked pithily: "Well-meaning Victorians might associate cleanliness with godliness, but Church and Chapel were far more accessible than bathing or washing facilities".

Chadwick's report in 1842 was a ground-breaking contribution to sanitary reform, and was very direct about the aetiology of disease throughout Britain:

That the various forms of epidemic, endemic, and other disease caused, or aggravated, or propagated chiefly amongst the labouring classes by atmospheric impurities produced by decomposing animal and vegetable substances, by damp and filth, and close and overcrowded dwellings prevail amongst the population in every part of the kingdom. (p. 369)

It also spawned a string of reports and legislative initiatives:

- 1844 – Royal Commission on the Sanitary State of Large Towns
- 1846 – Public Baths and Wash-Houses Act
- 1847 – Public Baths and Wash-Houses Act (Amendment)
- 1848 – Public Health Act
- 1849 – Rammell Enquiry
- 1850 – Committee for Promoting the Establishment of Baths and Wash Houses for the Labouring Classes.

In view of the concerns about public health generally during the mid-Victorian period, it is no surprise that mortality rates in Britain's major trading ports were higher than in the rest of England and Wales, and got worse before they got better (see figure 1)¹.



Figure 1 – Annual Death Rates per 1,000 persons 1850 to 1890

(source: Best 1971, p.74)

Chadwick's contribution to the policy context extended further still. His fundamental approach was underpinned by a commitment to the importance of social control and its connection to individual happiness. He was also an

¹ The data concerning death rates per thousand for Cardiff are more patchy and incomplete than for London and Liverpool, but it is known that in 1855 Cardiff (31.5) was similar to Liverpool (30.0), and later in 1865 Cardiff (25.7) was comparable with London (24.5). In both cases the incidence was greater than the baseline data for the rest of England and Wales.

influential political power-broker directing reform from within government agencies in his roles as secretary to both the Poor Law Board and the General Board of Health. In particular, he was pivotal to the introduction of the Public Baths and Wash Houses Act of 1846. Importantly too, in the Public Health Act of 1848 local authorities were empowered to levy local rates to help finance the management of sewerage systems, supply water and gas, collect refuse, regulate slaughter houses and offensive trades. Specific mention was also made in the Act to the removal of any 'nuisances', control houses unfit for habitation and cellar dwellings, and provide burial grounds, recreation areas and parks, and public baths.

III The context – Victorian Cardiff

In the mid-to-late Victorian period Cardiff was a parliamentary and municipal borough and the county town of Glamorgan. As a result of being a busy seaport and outlet for the primary and manufacturing industries of the South Wales Valleys, Cardiff grew in an unprecedented fashion. The *Chambers's Encyclopædia* noted in 1888, "Its progress in recent years has been the most remarkable of any town in the kingdom ... and experienced an almost unparalleled prosperity" (p. 760). At its zenith Cardiff's exported a greater volume of cargo than London and Liverpool, and was second globally only to New York. This progress continued beyond 1905, when Cardiff was made a city (see figure 2).

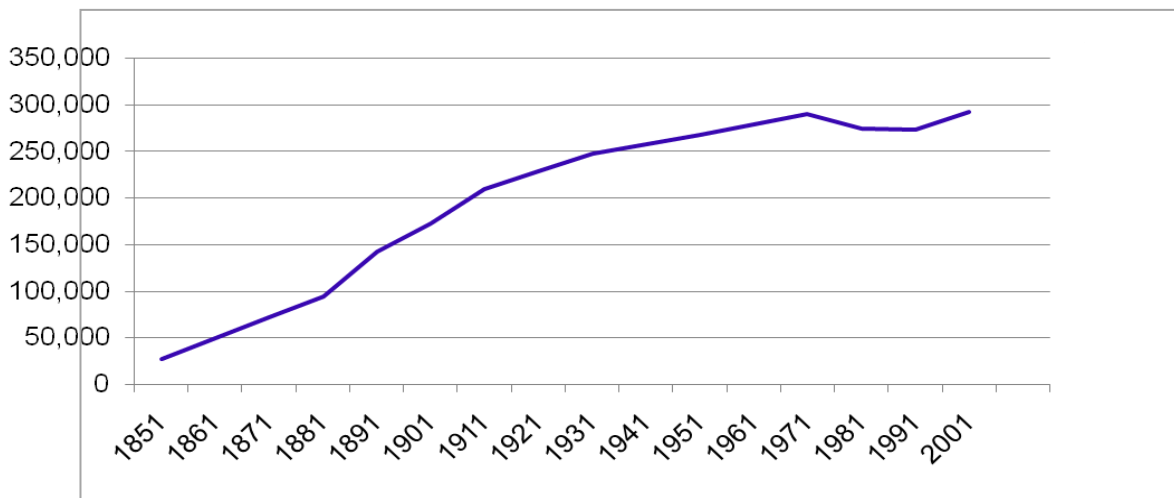


Figure 2 – Population of Cardiff 1851 to 2001

With Cardiff's rapid population expansion during the second half of the nineteenth century, its urban problems were a lot more intense. The building of the docks and other public works, as well as immigration precipitated the steady population increase in the 1840s. What followed in the second half of the century was a population explosion, and an almost three-fold increase from 57,363 in 1862 to 164,333 in 1901. Inevitably, in spite of the enterprise of its citizens, civic and municipal infrastructure failed to keep pace with the Cardiff's growth, and there were consequences for public health.

The situation in Cardiff was thrown into sharp relief by a report undertaken in 1849 (and published the following year) by Thomas Rammell, a Superintendent Inspector of the General Board of Health. In a far-reaching critique, he drew attention, amongst other things, to the urban environment which did little to promote health and hygiene amongst its inhabitants. The streets and roads were

often rough and uneven; and thought the Town Surveyor guaranteed the inquiry that: “All streets dedicated to the public are regularly watered and scavenged”, he also added that there were, “a great many streets in the town neither pitched nor paved; and these are neither repaired, watered, nor scavenged” (Rammell 1850, p.18). Amongst the most significant difficulties facing Cardiff, however, was the major natural problem of its drainage. The highest point of the town at the Town hall was only 10 feet above the ordinary high-water level, with some parts of the town below the level of the spring tides. In summary, Rammell (1850, p. 20) concluded:

Cardiff, for all that relates to refuse drainage, has been left completely to its fate, unassisted by the commonest aids of science or prudence. The consequence is what only could be looked for under such circumstances, floods, swamps, filth, miasma, ague, and other disorders, in fearful abundance.

The timing of the report also coincided with an outbreak of cholera in Cardiff which claimed 383 lives out of a population of approximately 12,000. As Whol (1984, p. 173) has since noted, “Cholera has been called the reformer’s best friend” – it required the local authority to take action.

The general malaise was compounded by open gutters, insufficient and uncertain public water supply, and inadequate housing provision. Rents were high and overcrowding was common – indeed Rammell noted that the latter was “probably unequalled in any other town in the Kingdom” (p. 50). Whenever an outbreak of disease occurred it would always be the streets with the worst housing conditions that suffered quickest and most. To make matters worse, immigrants from the

west of Ireland were attracted to Cardiff by the prospect of work (albeit menial and poorly paid) and access to a means of transport. For those living in the very worst conditions, and for others too, the only opportunity to wash and clean themselves was through the provision of Public Baths and Wash Houses.

Finally, Rammell (1850) recommended that the Public Health Act of 1848 should be applied to the Borough of Cardiff, and that the health of the inhabitants of Cardiff could be improved by implementing the following measures.

A thorough system of surface and refuse drainage.

An abundant supply of pure water.

Increased and improved dwelling accommodation for the poor, and the adoption of regulations for the prevention of overcrowding.

The improved paving of the streets, as well those now under the control of the street commissioners as others, which they have not yet adopted.

Increased lighting.

More efficient scavenging of the streets.

The discontinuance of interments in the burial grounds within the town.

(p.50)

These recommendations were to have a major financial implication on the ratepayers of Cardiff, but it was not until the last two decades of the nineteenth century that a significant number of new houses were built (Morgan 1991). In a booklet entitled *Some Observations on the Public and Private Sanitation of Cardiff* published in 1892 under the name of 'A Quiet Citizen', it was claimed that while these newer buildings were given good sanitary arrangements by the authorities, in the older parts of the town, only when faced by an outbreak of disease did the authorities take any remedial action. In short, the middle classes could ignore the

conditions in which the working classes lived, but it was difficult for them to ignore the epidemics of disease which spread through the town regardless of class.

As Cardiff approached the turn of the twentieth century, there were still hundreds of houses with defective drainage, and in a poor state of repair and cleanliness. As *The Quiet Citizen* (1892) noted, the corporation was still not imposing all the powers it had obtained under the adoption of the Public Health Act. There was still no sustained and systematic programme of house-to-house inspections, which in combination with the issuing of improvement notices to the owners of unsatisfactory dwellings would have produced major improvements in housing conditions – and hence in public health. The financial burden would have been forced onto the ratepayers, and the local authority still had a sense of false economy over the long-term benefits that could be accrued from a relatively small financial outlay.

It was in this social, environmental and political context that Public Baths and Wash Houses were built to try to help alleviate some of the health and hygiene problems faced by the inhabitants of the town.

IV Cardiff's public baths and wash-houses

The Victorian Public Baths fulfilled a number of important health and social functions within the urban environment. They provided the opportunity for citizens

to participate in healthy rational recreational pursuits through the provision of swimming pools and Turkish baths. They also allowed personal hygiene to be improved through the provision of washing or slipper baths, as well as access to facilities for the washing and ironing of laundry. Some of the larger baths were even able, during winter months, to have boards placed over them and then be used as a municipal hall for such activities as concerts and dances.

It was the Public Baths and Wash-Houses Act of 1846 that began municipal provision, but much of the social legislation of this period was permissive, and the local authority was free to decide how, or even if, it dealt with the problems of public health. The Act enabled local authorities to raise money through rates to build public baths if they wished to do so – and so began municipal enterprise and a debate on the values and dangers of municipal socialism (Morris and Rodger, 1993). But even critics of municipal socialism, such as Sydney Morse of the London Chamber of Commerce, accepted that in areas such as public health and the supply of water, municipal ownership was needed. Bluntly, it was important to all inhabitants that a certain level of personal hygiene was obtained.

Cleanliness for the masses became an obsession for many local authorities as they competed with each other to provide what Wohl (1983, p.75) has called 'municipal monuments to the sanitary idea'. Many of the buildings were ornate and lavish, constructed out of the finest porcelain, slate, teak and marble. Yet Cardiff was not innovative and proactive, or even interested in keeping up with

other local authorities. The plan for the setting up municipal public baths and wash houses was first put forward in 1861, but it was felt at this time to be a novel idea and was rejected. Instead it was left to a private company to begin provision in Cardiff. The Cardiff Baths Company Ltd. opened a facility at Guildford Street in May 1862. Designed by T. Waring, it contained two large swimming baths, each with a capacity of a million gallons of water, hot water baths, and a Turkish bath. The cost of £3,700 was described by the Cardiff Directory of 1863 as being admirably adapted to promote the health and well-being of the town.

The Guildford Street facility struggled to be secure sufficient attendance to sustain necessary profit margins. Between 1863 and 1868 the baths had to compete with the opening of other facilities in nearby towns, and more importantly the lack of public awareness of the benefits of their use meant that the facility was under-used. The proprietor of the baths attempted a number of strategies to boost attendances. The charge for a Turkish bath was halved to one shilling on Saturdays, and free passes were issued to all 'gentlemen of the medical profession' for them to experience first hand the health benefits of the Turkish bath. Yet in spite of these concessions, it is likely that the biggest barrier to most people who may have wished to use such a facility was cost. And that the charges for use of these baths would have been therefore well out of the range of many of the labouring classes.

Commercial imperatives compromised the aspiration of providing public baths and wash-houses as a “means of cleanliness within the reach of all classes at a moderate cost”. (Evans 1868, p.3), and the initial success of the Cardiff Baths Company was short lived. The Guildford Street Baths were closed. By 1871 the company had offered the Cardiff Corporation the option to purchase the baths from them. The Corporation came to the decision that the baths were not of a sufficient capacity for their requirements, and also did not have enough space to allow for the provision of a wash house. Later, in 1873, the Corporation reversed that decision and purchased the Cardiff Baths Companies site for £2,000. What then followed was an examination of the options available to the Corporation in order to reopen the facility. Opening hours were extended and charges reduced. Later, the charges were reduced further still. Additionally, a wider scheme for the provision of Public Baths in Cardiff was proposed. Its aim was to provide a central facility with a number of smaller baths, one in each of the outlying districts of the town. The establishment of the central facility was deferred until the difficulties of obtaining a suitable site were overcome. The facility at Guildford Crescent was to be utilised for one of the subsidiary baths. Yet in spite of this, progress remained (predictably) rather unhurried. In fact no central facility or other smaller baths were ever built.

The popularity of the swimming baths increased during the 1890's. In 1892 Cardiff produced the first major report on public baths and wash houses. Presented to the corporation by the Borough Engineer, W. Harpur, it was based

on statistical information gained from fifteen other towns and cities throughout Britain (for the data from towns and cities of comparable population size to Cardiff, see Appendix 1). The survey found that all the towns except Brighton had public swimming baths and they were appreciated by their inhabitants. However wash houses were in decline only existing in Bradford, Hull, Liverpool, Newcastle – Upon – Tyne and Sunderland. Birmingham and Manchester had already discontinued their provision Harpur (1892) confirmed that not only was the provision of public baths an important matter of public health,

but is also one of considerable difficulty and complexity owing to the varied tastes and habits of the community, and it is a fact that the most praiseworthy efforts to provide baths for the people both on the part of public bodies and private individuals have met with most discouraging results. (p. 1)

It was unclear whether these findings were a consequence of baths themselves being of unsuitable design and / or whether public habits and prejudices were to blame. There were, however, some broad distinctions that Harpur identified: (i) baths for cleansing, (ii) those used for recreational purposes, and (iii) medicinal baths. The last of these, Harpur (1892) argued, were best left to private provision – the Corporation’s responsibility extending to the first two only. In particular, he noted that:

However desirable the acquirement of the art of swimming may be and its exercise enjoyable and invigorating, the thorough washing of the person is of the first importance as absolutely necessary for the maintenance of health, and should therefore have the first consideration. (p. 2)

The reality was that the majority of houses in Cardiff did not have the facility to allow for ‘head-to-foot ablution’, and these bathing facilities were therefore

essential. The financial burden was shouldered by rate-payers, but Harpur's persuasive rhetoric was utterly unambiguous: "I know of no expenditure of the public money that produces more satisfactory results" (p. 3).

The ordinary slipper bath, used extensively up until this point, was considered to be less effective due to the size, shape and amount of water wasted during its operation. Harpur (1982) indicated that the ideal bath should be just large enough to sit in and not more than nine or ten inches deep, and that above it would be fitted a hot and cold shower. There was also a lengthy and exacting account of how a bather could (when issued with a flesh-brush, towel and piece of soap) obtain a most refreshing and invigorating wash:

First let him turn on sufficient hot and cold water to his own liking, to half fill the bath, and then, sitting in the water and not being elbowed in by the sides of the bath as he would be in the ordinary 'slipper', let him proceed to well scrub his whole body, excepting his head and face, using plenty of soap, then lifting up the waste plug, and standing up, let him turn on the warm shower, and agitating the water in the bath with his feet as it runs away, so as to prevent the lodgement of scum on the sides of the bath, let him wash his head and face with the warm water falling from the shower, and finish up by gradually turning off the warm water and turning on the cold. (p. 5)

This method of washing was estimated to use around twenty gallons and also had the advantage of cleaning the bath ready for the next user.

Moreover, the provision of a Turkish bath was dismissed as being too costly compared with the more natural forms of bathing, classifying it to the third category of provision for the invalid. Harpur argued that the Turkish bath was not needed by the labouring classes whose daily physical work resulted in free

perspiration. All they required to keep their skins in good working order was a good wash with soap and water. To those people whose work did not involve physical labour, such as clerks and shop assistants, he concluded: "A good walk into the country, a spin on a cycle, or any other outdoor exercise would be far more beneficial than half an hour spent in the hot room of a Turkish bath" (p. 4).

Merely providing facilities for washing and bathing did not, of course, mean that they would be used. Members did not use them through embarrassment, and Wohl (1983, p. 76) illuminated the point by quoting from the Superintendent of the Liverpool Central Baths who remarked that "to many of the uneducated the word 'bath' seems to strike them with terror, and taking a bath is looked upon by them as a punishment". Harpur's solution was to provide affordable but comfortable and efficient public 'soap and spray' baths. The swimming bath required larger dimensions, improved methods of heating the water, and improved water quality through artificial circulation and aeration. This, he argued, would therefore cater for a larger number of bathers, and would be a great attraction to the youth of the town. He also speculated that there would be no difficulty in attracting bathers willing to walk long distances to use the facility.

A second constituency of user was the worker who, Harpur believed, would be unwilling to travel a great distance to obtain a wash. The facilities needed to cater for this group were of a different kind and consisted of a number of small bathing establishments in each of the districts close to the centres of population they

were intended to serve. Few accounts exist of a visit to the public baths, which to thousands of people were a weekly event. But Dorothy Scannell describes her visit to the local baths in the following way:

When we were too old for mother to bathe in the little tin bath, we would join the older ones every Friday and go to the public baths. We would have to go early for a large crowd collected in the waiting-room when the young people came home from work. It was impossible for a girl to pop into the baths before a dance, etc. for sometimes it was necessary to wait over two hour's for one's bath. We always took a book to read and always saw the local brides there the night before their wedding. (Cited Wohl 1983, p. 76)

The outcome was a recommendation by Harpur (1892) that a facility needed to be built centrally in which the swimming bath was the chief feature. Additionally, subsidiary baths were required in which the washing baths would be the important feature, with a small swimming bath or plunge pool to be sited in the centre of them.

The recommendations were eventually accepted and the existing baths were finally closed on the 20th of May 1895 in order for the planned alterations and improvements to be made. Part of the original structure of the Guildford Crescent baths was demolished to allow the new facility to be built. Only the Turkish bath and manager's house remained. The new facility consisted of a men's first and second class swimming baths, ladies' swimming bath together with the necessary ancillary facilities of a ticket office, attendant's room, towel laundry, and engine and boiler houses. The warm lavatories provided were of a new patented design with them having dual dressing rooms in lieu of the ordinary

slipper baths. This feature was unique, no other baths had previously been constructed along these lines. The lavatories were combined with the swimming bath so that the bather, after vacating the washing bath, could still retain the use of their dressing room. This allowed them the option of being able to enjoy a swim if they so wished. The washing baths provided consisted of small enamelled iron baths, four feet long and twelve inches deep, fitted with a hot and cold water supply. Steam coils allowed the bathroom to be maintained at a temperature of 110 degrees. Over the centre of the bath a shower was fitted, the temperature of which could be controlled by the bather. The first class swimming bath though larger than the other planned subsidiary baths, was not of a size sufficient enough to meet the requirements of water polo and other aquatic sports. It was however, fitted out with appropriate diving stages and gymnastics equipment. Internal walls of the building were faced throughout by glazed bricks, and the floors paved with marble concrete mosaic, while the introduction of electric light was also included for the first time.

The baths were reopened in April 1896 (see plates 1 and 2) with the following opening times and charges:

The baths are to open as follows:

SWIMMING BATHS – From April 1st to October 31st on week days only, from 7am until 8pm, and from November 1st to March 31st on weekdays only, from 8am until 7pm. On Sundays, from May 1st until August 31st from 7am until 10am.

SCALE OF CHARGES – First class 6d., Second class 3d. Monthly tickets, First class 7s. 6d., Second class 4s. 6d. Annual season tickets from April 1st to September 30th, 10s. 6d. Teaching swimming 5s each person extra.

WARM OR COLD WASHING BATHS – On week days from 9am until 7.30pm. On Saturdays from 9am until 8pm.

SCALE OF CHARGES – First class 6d, Second class 4d. Washing and swimming baths combined, First Class 1s, Second class 6d.

LADIES' BATHS SCALE OF CHARGES. – Swimming baths 4d.

Monthly tickets 4s. Season tickets, April 1st to September 30th, 10s.

Hot or cold washing baths 4d. Jewish slipper and tepid plunge baths

1s. 6d. Use of bathing dress, 1d. extra.

Each washing bath is fitted with a hot and cold shower, and is in a separate apartment with dual dressing rooms, and on every occasion of use will be filled with fresh water.

Two towels and drawers will be supplied to each bather in First class baths. One towel only will be supplied to each bather in Second class baths. Any Second class bather requiring extra towels or bathing drawers will be charged 1d. for use of same.

No person will be allowed to remain in the premises for a period of more than one hour each time of bathing.

The baths will be closed each Christmas Day and Good Friday.

There were also contributions to the regional daily newspaper, *The South Wales*

Echo. The first was from Geo Pragnell, Honorary Secretary of the Amateur

Swimming Association of England. He wrote:

From a natatorial point of view the City of Cardiff and the City of London have long been quoted as the most glaring anomalies in the kingdom owing to neither of them boasting a swimming bath... Your city has been the first to remove the stigma, and great possibilities lie in front of your swimming baths if managed on broad and popular lines, and if the sportsmen in Cardiff rise to the occasion which presents itself Cardiff ought to become the life and soul of this movement and every citizen should be shown the healthy and humane side of such a programme.



Plate 1 – Guilford Crescent Men's First Class Baths

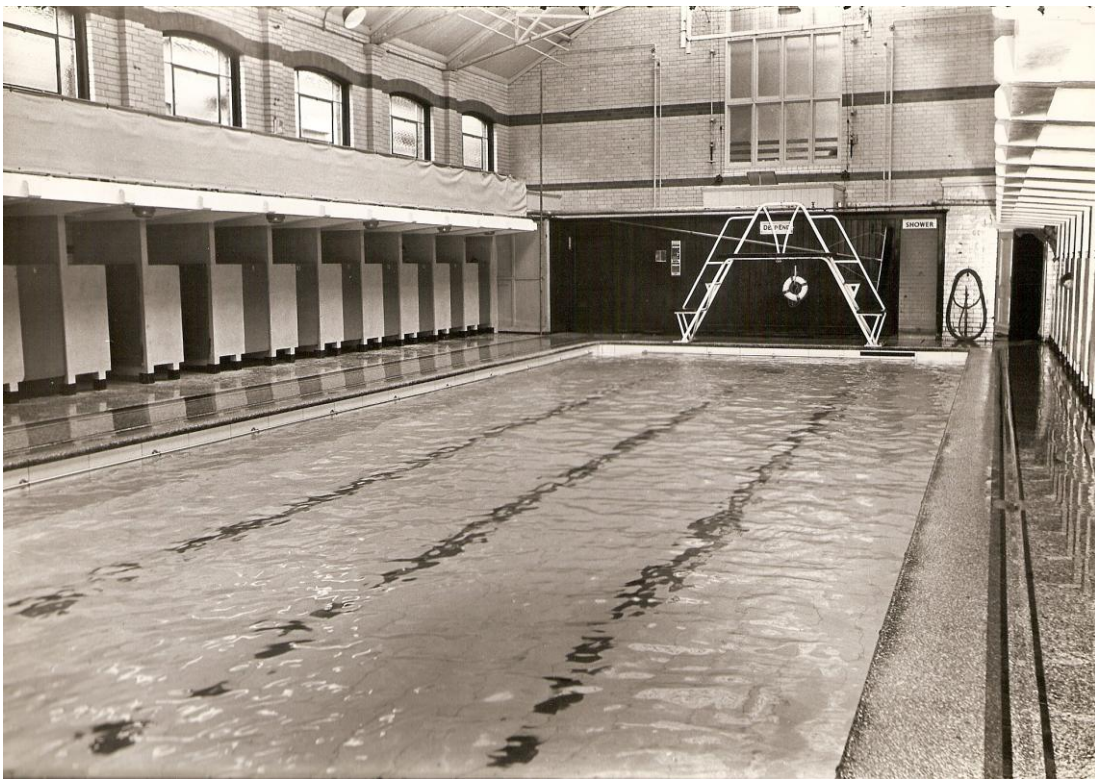


Plate 2 – Guilford Crescent Men’s Second Class Baths

The second, in the same edition, was the ‘ Man About Town’ column:

If cleanliness be next to Godliness we shall be more righteous as a community tomorrow than we are today, unless indeed the whole of the members of the Corporation show their approval of the doctrine by plunging in today immediately after the opening ceremony.

However during the 1900’s attendances at the Baths were not as high as anticipated and the facility was becoming a burden on the Council’s financial resources. The 1st class baths were attracting an annual attendance of around 14,100 with an additional 14,500 using the 2nd class baths (the 2nd class baths were closed from November – March). With attendances at the ladies baths of 1,500 a total of 30,100 swimmers were using the baths per year. Attendance fluctuated during the year with the summer months of June, July and August attracting on average 3,200 swimmers per month the figure fell drastically to 240 during the winter months. With a population of around 164,000 this equates to a figure of 0.18 visits per person per year.

V Concluding reflections

Public Baths and Wash Houses were a physical shrine to Victorian social reform and part of a system of health measures required by every town. Yet interlocking factors prevented the advances in public health reform that might have been possible had there been greater political acknowledgment of the scale of the social health problems in Britain’s towns and cities, and a greater willingness from the labouring classes to engage in the opportunities that were made

available to them. It was not the absence of advocates for public health that stifled progress – on the contrary, as Wohl (1984, p.6) explains, “the most widely held of Victorian social doctrines was that physical well-being and a pure environment were the essential foundations for all other areas of social progress”.

Indicators of public health also make plain that there were societal improvements throughout the second half of the nineteenth century – opportunities for better personal hygiene were more widely available to members of the working classes, death rates fell, and life expectancy increased. Yet the extent to which these trends were attributable to the provision of Public Baths and Wash-Houses is (at best) questionable. It is likely that the members of the poorest classes were either too embarrassed to use the facilities or as Wohl (1984) has argued:

Wash Houses would remain empty since the poor were too debased to use them – and besides they *liked* dirt; their cloths would wear out if washed; subsidised baths would rob the poor of their ‘independence; public baths were likely to become scenes of debauchery and ‘sinks of corruption’; where virtuous housewives would be forced to mingle with the less virtuous; and, above all, bathing was not essential to good health. (p. 73)

Structurally, the working classes lacked the political power to obtain large-scale reforms that would have been of benefit to them. It has been seen that public health reformers for the working classes were battling against an ineffective political system. Cardiff’s Commissioners was comprised mainly of people who had entered politics and served on the Local Board of Health, not out of a sense of duty, but to obtain their own monetary reward. During this period they made

every effort to avoid any extra expense in areas such as refuse collection, paving, drainage, street lighting, and the building of Public Baths and Wash Houses.

In Cardiff especially, there was unprecedented urban expansion and a major overcrowding problem, yet little was done to relieve the social health problems associated with either. The Commissioners were inexperienced and ignorant of the benefits to be obtained from sanitary reform, and Cardiff's progress towards enhanced hygiene was both slow and erratic – a product of a commitment to retain local autonomy and maintain low rates. Indeed such was the indifference of Cardiff's Commissioners to meet their obligations under the Public Health Act (1848) that drainage systems, refuse removal, water supplies, street cleaning and the sanitary arrangements for new buildings were inadequate and not fit-for-purpose.

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APPENDIX 1 Selected Findings from the Harpur Report (1892)

NAME OF BOROUGH	POPULATION	RATEABLE VALUE	HAVE YOU IN YOUR DISTRICT?				COST OF:		AREA OF SITE, OR SITES, IN SQUARE YDS.	ANNUAL COST OF MAINTENANCE	ANNUAL RECEIPTS
			PUBLIC SWIMMING BATHS	TURKISH BATHS	VAPOUR BATHS OR WARM LAVATORIES	WASH HOUSES	BUILDINGS	SITE, OR SITES			
BRIGHTON	115,402	£700,093	NO	NO	NO	NO	£12,295	....	1,572	£1,761	£1,761
LEICESTER	180,000	£549,583	YES	NO	NO	NO	£2,601	....	2,890	£1,377	£1,652
NEWCASTLE-UPON-TYNE	192,200	£915,841	5	YES	....	5	£8,430	£1,226	1,150	....	£4,400
PORTSMOUTH	162,000	£621,000	YES	....	....	....	£4,000	....	2,000	£750	£700
SALFORD	198,136	£798,714	4	NO	6	NO	£5,680	£962	1,330	£1,790	£1,564
SUNDERLAND	130,921	£910,805	YES 1	NO	YES 3	YES 3	£17,800	£300 + £27 RENTAL	1,360	£2,886	£2,183

NAME OF BOROUGH	TOTAL PROFIT OR LOSS ON BATHS GENERALLY	NUMBER OF SWIMMING BATHS	SIZE OF BATHS IN FEET	NO. OF SLIPPER BATHS					HOW OFTEN IS WATER CHANGED?
				1 ST CLASS		2 ND CLASS		3 RD CLASS	
				MALE	FEMALE	MALE	FEMALE		
BRIGHTON	£370 EXCLUSIVE OF ANNUAL CHARGES FOR RE-PAYMENT.	NONE	....	34		70		..	NONE
LEICESTER	.....	5	1 ST CLASS, 40 DIA. 90 X 33 2 ND CLASS, 51 X 26, 135 X 23 LADIES, 27 X 28	28	12	11	8	8	1 ST CLASS - TWICE A WEEK IN SUMMER. ONCE A WEEK IN WINTER. 2 ND CLASS - ONCE A WEEK.
NEWCASTLE-UPON-TYNE	.....	8	90 X 45 56 X 26 35 X 17	8		8			TWICE A WEEK IN SUMMER.
PORTSMOUTH	.....	1	81 X 25	7		16			ONCE A WEEK WITH CONTINOUS FLOW.
SALFORD	LOSS ABOUT £500, EXCLUSIVE OF PRINCIPAL & INTEREST.	8	LARGEST 75 X 28	27		55			TWICE A WEEK.
SUNDERLAND	£703 INCLUDING INTEREST.	1	94 X 29	28		23			THREE TIMES WEEKLY

NAME OF BOROUGH	MODE OF HEATING SWIMMING BATHS	ARE THE BATHS GENERALLY APPRECIATED?				ARE THE MAJORITY OF THE HOUSES IN THE DISTRICT SUPPLIED WITH BATHS?	GENERAL REMARKS
		PUBLIC BATHS.	TURKISH BATHS	VAPOUR BATHS	WASH HOUSES		
BRIGHTON	NONE	PUBLIC SLIPPER BATHS APPEAR TO BE APPRECIATED				NEARLY ALL THE BETTER CLASS HOUSES HAVE BATH ROOMS.	TWO ORDINARY SLIPPER BATH ESTABLISHMENTS. ONE COTTAGE BATH (SLIPPER)
LEICESTER	KEITH'S PATENT BOILERS, METCALF AND DILWORTH'S PATENT BOILER FOR HEATING. ORDINARY CORNISH BOILER FOR LAUNDRY	YES	...	...	...	NO, ABOUT 1 IN 16 HAVE BATHS.	THESE AMOUNTS INCLUDE SIX MONTHS RECEIPTS AND EXPENDITURE ONLY. BATHS RECENTLY OPENED. THERE IS A VERY LARGE POPULATION OF THE ARTIZAN CLASS.
NEWCASTLE-UPON-TYNE.	STEAM INJECTED THROUGH PERFORATED PIPE AT DEEP END	YES	YES	..	YES	IN MOST OF THE RECENTLY BUILT HOUSES.	ATTACHED TO LARGE, PLUNGE AND WARM BATHS. COST OF WESTGATE STREET BATHS AND WASH HOUSES ONLY (1886) (PROBABLY ONE ESTABLISHMENT ONLY. W.H.)
PORTSMOUTH	CIRCULATING SYSTEM.	YES	..	..	..	ABOVE RENT AVERAGE £30.	WE HAVE SEA WATER LAID ON TO THE SWIMMING AND PRIVATE BATHS. THE PRIVATE BATHS ARE SUPPLIED WITH HOT AND COLD SEA WATER AS WITH FRESH.
SALFORD	STEAM INJECTED THROUGH COPPER PIPES.	YES	..	YES	..	ONLY THOSE OF A RENTAL EXCEEDING £18 EXCLUSIVE OF OLD HOUSES.	THERE ARE FOUR ESTABLISHMENTS.
SUNDERLAND	INJECTED STEAM	YES	..	YES	YES	NO COMPARTIVELY FEW HAVE BATHS.	

About the contributors

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