

RURAL HOUSING.

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THE subject of rural housing afforded a remarkably interesting discussion in the housing section of the recent National Conference on Prevention of Destitution at Caxton Hall, on June 12th last. As with many other subjects, so in housing, the conditions are seen more clearly and the issues are more defined in small towns and villages than in the great centres of population. Even in villages, it is true, the causal relation of housing to health, which was discussed at a joint meeting with the public health section, is interwoven with the relation of the persons housed—with all their differences of care, intelligence, and means—to the houses which they inhabit. But, putting statistics aside as inadequate in this comparison, no one disputes the general influence both direct and indirect of dampness, darkness, and structural decay on health. In the country, where change is slow, houses, like men, live to a great age, far beyond their working days, and after a certain stage the question becomes urgent whether they are capable of improvement so as to be habitable, or whether they should be condemned as no longer capable of being made fit for habitation. In the latter case a family, presumably one of the poorest in the village, is thereby rendered homeless; and, in the probable deficit of any vacant house into which they can move, the family is lodged, at first as a makeshift, then as a permanent arrangement, to their mutual pecuniary advantage, by some friendly neighbour. In another case the family migrates to the town, again overcrowding for a time some room or tenement, and swelling the influx from rural to urban life. It is, then, a question between two evils—the closure and demolition of defective houses, leading to a raising of the general standard of housing at the expense of overcrowding or migration, or else the continuance of existing conditions, slightly improved by patchwork.

The latter alternative has something to recommend it. For besides retaining those who would otherwise be displaced, and who, although belonging to the least satisfactory class of the population, are better where they are, it gives a chance for that development of public opinion and effective action which in rural areas is always slow, and yet under steady pressure may still be sure. Private enterprise is often ready to build houses for the better class artisans at a rental of 4s. or 5s. a week, and these houses, when once built, will usually sooner or later attract occupants who, by vacating inferior houses, make room for those lower down in the scale, and so give opportunity for the demolition of a few of

the worst cottages. The worst and oldest houses, it is agreed, will always find occupants so long as they are allowed to be occupied; and the natural process of rehousing is by the natural supply of new houses at an adequate rental and by the simultaneous lowering of rental of older houses in process of decay to meet the needs of those on whom the special qualities of a new house are to a large extent wasted. This natural process, like all natural processes in the country, takes time; but the sudden demand of the last twenty-five years for sanitary conditions cannot be suddenly met in natural ways. We must be content either with slow and gradual improvement; or else must give up natural methods, and have recourse to an unnatural and more violent procedure, to which there are other objections.

If, then, we set out on the crusade of speeding up the rehousing of our rural population someone must pay for it. The first and most natural suggestion is that the wages of the labourer should be raised. Failing the modern method of a strike, which, in the apparent impossibility of forming any effective Labourers' Union, is improbable in the early future, it is suggested that landlords should be induced to charge an adequate rental for their cottages, and in return to raise the labourers' wages, or, in the case of farms leased to tenants, should lower the rental of their farms, and stipulate for the tenant farmers to raise the labourers' wages. Something might be done in this direction; and it would then pay landlords and builders to build new houses. Co-partnership is also being introduced with success in favoured conditions. But these solutions would be of limited and gradual application. Nor can much be expected by preaching the duty of building cottages at a loss to landlords, who are already only too prone to realise the financial advantage of Stocks and Shares over agricultural property, which seldom brings in a return of over 2 per cent.

The alternative is to build new cottages at the public expense. The Housing Bill now before Parliament has been amended so as to allow a single occupant displaced by the closure of his cottage to appeal to his local authority for the provision of housing accommodation. But if the district council refuse to build at the cost of the rates, and will only build under proper by-laws, and let at remunerative rental, the immediate needs of the unhoused poor will not be met for some years, until the upward shifting of tenants from the poorest remaining houses up to the level of the new houses has made room at the bottom for those displaced by closure and demolition. And few rural councils, with their low assessable values, will build and let at a permanent cost to the rates.

The first alternative, therefore, is the State grant, originally proposed in the present Housing

Bill, but opposed by the Government. To this the objection is raised that such private building as may now go on would thereby be thwarted, and that the expense to the State would be unending. It would be preferable, it is said, for the State to lower the cost of building by granting loans for rehousing, to be repayable in 100 or 120 years, instead of 60 or 41, as at present. But this would equally put the private builder, who has to repay his capital outlay in 10 or 20 years, at a disadvantage. Logically and practically a direct State grant, under proper safeguards, would seem to be no more objectionable, and certainly far more effective, in securing extensive rural rehousing than any other proposal for an early solution of the problem.

Meanwhile we must obviously, when we can, exert pressure on landlords to build and raise wages, on district councils to build, and on county councils to urge action; and must be careful not to close without due regard for the needs of those who will be displaced. Much can be done for the time being by extensive and adequate repair.

SANATORIUM BENEFITS FOR CORNWALL.—Counting three cases for each death, Dr. Burnett, the county medical officer of health has to provide for between 1,200 and 1,400 sufferers from tuberculosis. Cornwall is to be divided into seven districts for dispensary purposes; and communication is to be opened up with the authorities of Plymouth, Devonport, and the county of Devon, with a view to co-operation in the provision of a West-country Sanatorium, with, say, sixty beds for Cornwall.

THE DORSET COUNTY SCHEME FOR SANATORIUM BENEFIT.—Other than treatment at the hospitals and workhouse infirmaries, and by private practitioners, there are practically no means available to deal with tuberculosis as required under the Insurance Act. There is no tuberculosis dispensary, no sanatorium, and no consumption hospital within the county; yet last year 175 persons died from consumption. A scheme presented by the county medical officer will involve the appointment of a whole-time tuberculosis officer, the provision of central and branch dispensaries, arrangements at approved places for the provision of beds for urgent cases, and the establishment of a county laboratory. In commending the scheme to the Council, the Chairman of the Finance Committee pointed out that they could not foresee where their financial liability was going to end, but in a great crusade of this kind there were higher considerations than pounds, shillings, and pence. A general approval of the scheme was given by the Council.

PROCEEDINGS OF THE SOCIETY OF MEDICAL OFFICERS OF HEALTH.

FOUNDED 1856.

RECONSTRUCTED 1888.

INCORPORATED 1892.

THE ANNUAL DINNER OF THE SOCIETY OF MEDICAL OFFICERS OF HEALTH.

MEMBERS are reminded that the Annual Dinner of the Society of Medical Officers of Health will take place at the Waldorf Hotel, Aldwych, London, W.C., on Friday, October 11th, 1912. The chair will be taken by the incoming President, E. W. Hope, M.D., D.Sc., L.R.C.P. There will be a reception at 7 p.m., and dinner will be served at 7.30 p.m. Tickets may be obtained of Dr. Joseph Priestley, Lambeth Town Hall, Brixton Hill, London, S.W. Ladies may be invited as guests. Single tickets 7s. 6d., double 15s., without wine.

Eastern Branch.—A meeting of the Branch was held at the Guildhall, Norwich, on July 4th, 1912. Present: Drs. Long, Cooper-Pattin, Pringle, Nash, Allen, Goldie, and Stevens. (Dr. Long, President of the Branch, in the chair.)

The minutes of the last meeting were read and confirmed.

The report of the hon. treasurer was read and adopted.

The following officers were elected for Session 1912-1913:—*President*: Dr. J. T. C. Nash; *Representative*: Dr. A. M. N. Pringle; *Hon. Sec. and Treasurer*: Dr. A. N. Stevens.

The Hon. Secretary's report upon the presentation of a portrait of Dr. H. Cooper-Pattin by the Branch to the parent Society was received and adopted.

An interesting discussion (initiated by Dr. Pringle) followed upon the "Provision of Sanatorium Benefits under the National Insurance Act."

THE SOCIETY'S ANTI-TUBERCULOSIS EXHIBITION.

THE Anti-Tuberculosis Exhibition, which was opened on August 26th, at the house of the Society, No. 1, Upper Montague Street, Russell Square, London, W.C., has been noted and commented upon with universal approval by the daily press of the United Kingdom, whose representatives have had an opportunity of inspecting the exhibits. At the time of going to press a large number of visitors interested in the preventive and curative aspects of the problem of tuberculosis have already availed themselves of the