

Max Lock and the 1944 Middlesbrough Survey: The Social History of a Plan

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In 1801 Middlesbrough had a population of fewer than fifty, by 1901 estimates place the figure at in excess of 100,000.¹ Naturally, this explosive growth, combined with the development of heavy industry, was not without its problems. Housing conditions were poor, due in the main to overcrowding and poor sanitation in the cramped houses and yards. Infectious and contagious diseases, virulent and difficult to either treat or eradicate once they had taken hold, frequently visited them. This was in conjunction with damp conditions and the omnipresent smog that hung over the area, issuing forth from the steel and iron plants' vast chimneys. These early influencing factors were to leave a lasting scar upon the town, and negligible improvements during the inter-war years did little to make matters better. Nowhere was this more visible than in the north of the town. The area had previously been marshland and now accommodated the vast iron works known locally as the 'Ironmasters District'. This damp, low-lying area was not ideally suited for residential accommodation.²

The economic crisis beginning in the 1920s led to a drastic turn of fortunes for both the country and the local area. Even the arrival of the petrochemical industry in the form of Imperial Chemical Industries (ICI) in the late 1920s did not have the impact on employment in the region that developers initially anticipated. However, Medical officer of Health (MOH) reports at the start of this period generally have an optimistic tone to them. IMR, mortality rates and the incidence of infectious disease had all begun to decline after the end of WW1. As social historian, Katherine Nicholas, points out, during the early 1920s Middlesbrough's MOH Charles V. Dingle was so relieved to see improved health amongst the population of the town

¹ Doyle, B. (2002), *A History of Hospitals in Middlesbrough*, South Tees Hospitals NHS Trust, Middlesbrough p. 5.

² Lillie, W. (1968), *History of Middlesbrough, An Illustration of the Evolution of English Industry*, Middlesbrough Corporation Middlesbrough.

that he focused on that rather than the larger issue of to what extent they were improving, especially when compared to the national situation.³ Dingle even went as far as to describe health conditions in the town as 'exceptionally good', this was somewhat disingenuous of the MOH, but given the distinct lack of opportunities to 'celebrate' in previous annual reports over his twenty years in charge, this over exuberance is understandable if a little misplaced. Dingle, at times, was not beyond turning the negative into the positive by using what we would now call 'spin'. The decline in industry, and the increase in unemployment that began to manifest itself within the region during the early 1920s, were factors Dingle came to regard as a plus in terms of health. He contemplates the possibility that the reduction in industrial trade led to less pollution and therefore better wellbeing for the community. The lack of ready income, he contested, meant that there was not as much available to be spent on alcohol, something which was always viewed as a positive.⁴ It was not; however, the general opinion throughout the town as the effects of long-term unemployment took its toll on the population.

There was little improvement as the depression of the 1930s gave way to the war years. The Middlesbrough Corporation, in a moment of extreme forward thinking, commissioned a detailed survey of the area three years before the Town and County Planning Act of 1947.⁵ This act encouraged the use of many of the groups who were utilised in the Middlesbrough survey. The man given the task of undertaking this evaluation was Max Lock. Cecil Max Lock was born in Watford in 1909, trained as an architect he became interested in the public and social aspects of town planning. He had initially been involved in a wartime survey of Hull and after Middlesbrough went on to helm similar survey's in West Hartlepool, Portsmouth and Bedford to name a few.⁶ Max Lock saw the social element of the survey as vital, the cooperation and involvement of the community were vital to the plan's success. Lock commented on this very subject extensively in his introduction to the plan, placing the people of Middlesbrough at its heart.⁷

The survey consisted of a variety of different groups including town planners, architects, geographers and social scientists. The survey was broken down into four stages, starting in April 1944 and was presented a

³ Nicholas, K. (1986), *The Social Effects of Unemployment in Teesside*, Manchester University Press, Manchester p. 80

⁴ *Ibid.*, p. 81.

⁵ Glass, R. (1948), *The Social Background to a Plan*, Routledge and Kegan Paul Ltd, London p. xiii.

⁶ For a brief history of Max Lock, see the website of the Max Lock Centre based at the University of Westminster: <http://www.wmin.ac.uk/builtenv/maxlock/HISTORY.HTM> Accessed on July 9 2009.

⁷ Lock, M. (ed.) (1946), *The County Borough of Middlesbrough: Survey and Plan*, The Middlesbrough Corporation, Middlesbrough pp. 11–17.

mere 18 months later Middlesbrough Council in October 1945.⁸ As part of the initial fieldwork component, surveyors interviewed 1,400 families, this equated to roughly one in twenty-three households within the town. Question included topics such as housing, shopping, transport, and recreation and town improvements.⁹ There was a division of work into three areas. Physical planning factors were under the supervision of Max Lock, one A.E. Smailes carried out geographical and economic survey and finally Ruth Glass and Griselda Rowntree carried out, the social survey, which we shall now look at in detail. The social survey was then broken down further into neighbourhood structure, retail trade and the focus of this paper, health and education services.¹⁰

Middlesbrough, for the purposes of the survey, found itself divided into four zones based on the housing and living conditions located there. Zone one was the poorest area, mainly located in the north of the town next to the industrial zone, along the banks of the river Tees. Zone four was the prosperous districts, generally consisting of private housing, building of which had largely taken place during the inter war years.¹¹ The worst areas were in the north with the better areas located on the periphery of the town and to the south. Even the new housing estates did not offer a better standard of living for all, they had poor access to healthcare and amenities, as we shall explore later. They may have been located in a geographically distinct zone but socially they were no different to those living in zone one. The report even goes as far as to suggest that if the habits of the current population did not alter or improve dramatically, then despite the new, more comfortable surroundings they found themselves in, it would not take very long at all before the situation previously witnessed in the northern wards would be replicated within these new estates.¹²

An area highlighted in the plan was the apparent disparity in the levels of healthcare for the different age groups within the town. Provision traditionally tended to be, centred on the male workforce, the backbone of the town in terms of its productivity in such an industrialised area. With most of the healthcare located within the town developed around them, it followed then that those who were not in employment often found themselves overlooked.¹³ These usually consisted of women, the young and the elderly. Middlesbrough not only had a historically poor record of infant mortality for example, but also, due to the nature of the industry in the

⁸ *Ibid.*, p. 17.

⁹ *Ibid.*, p. 11.

¹⁰ *The Social Background to a Plan.*

¹¹ *Ibid.*, p. 54.

¹² *Ibid.*, p. 50.

¹³ Doyle, B. & Nixon, R. (2001), 'Voluntary Hospital Finance in North-East England: The Care of North Ormesby Hospital, Middlesbrough, 1900–1947', *Cleveland History, The Local Bulletin of the Cleveland and Teesside Local History Society*, **80**: pp. 4–19.

area, it had a large proportion of elderly males drawn to the area at the turn of the century, when industry was flourishing. Many had not married and had no support system or adequate accommodation.¹⁴ This is just one example of an area for improvement highlighted within the report, as were gaps in provision for adolescents and adults who did not work.

To address, briefly, the issue of infant mortality, Middlesbrough throughout the early part of the 20th century often found itself singled out within the annual Local Government Board reports as a cause for concern as to why the Infant Mortality Rate (IMR) was so high. Indeed, on more than one occasion inspectors visited the town to try to ascertain why the ongoing situation existed.¹⁵ The conclusions drawn were generally a mixture of the prevailing attitudes and reasoning of the day. Over time these came to include; maternal neglect; poor living conditions; malnutrition and intemperance; climate and pollution. No definite solution or cause ever seems to arise for the excessively high incidence of mortality amongst those aged below twelve months. Unusually Middlesbrough also had a high birth rate, especially when compared to the national average. A large proportion of young men inhabited the town, drawn there by the lure of industrial employment and the high wages it paid when compared to other industries. As there were few opportunities for women to gain employment, young girls tended to marry young and raise large families, which helped push up both the birth rate and the infant mortality rate in Middlesbrough.¹⁶

One of the areas investigated was the provision of existing health services in the Borough, including the location and availability of general practices'. The survey highlighted the shortcomings of the existing services, demonstrating the lack of surgeries throughout the town but especially in the poorer northern wards (Cannon, Newport and St. Hilda's), and perhaps most worryingly of all there was almost a complete absence of practices in the new housing estates located to the south.¹⁷ These new estates developed during the 1930s to re-house those communities removed after the slum clearance that took place in the northern wards. Interestingly, committee meetings surrounding these clearances took place as early as 1904, with the proposal for demolition of the houses occurring even back

¹⁴ *Social Background to a Plan*, p. 69.

¹⁵ One such example is a report from 1910, directed by the chief medical officer, Arthur Newsholme. Fletcher, W.W.E. (1910), *Report to the Local Government Board upon the Sanitary Circumstances and Sanitary Administration of the County Borough of Middlesbrough, with Special Reference to the Persistently High General Death Rate and Infantile Mortality, and their Causes*, London, HMSO.

¹⁶ Doyle, B. (2007), 'Competition and Cooperation in Hospital Provision in Middlesbrough, 1918–1948', *Medical History*, 51: pp. 343–56.

¹⁷ *Ibid.*, pp. 340–1.

then. It took a further 30 years, and further debates in the interim before the clearance was instigated and even then not on a wide scale level.¹⁸

These already disadvantaged communities found themselves in surroundings that were more salubrious but still experiencing the same inequalities in terms of health care they always had. This was combined with the fact that it was now even more expensive for them to travel to see their GP than before due to their isolation. The study noted the 'social distance' between the doctor and his patients.¹⁹ The vast majority of the GPs in Middlesbrough lived in the more affluent parts of the town, generally located in the south.²⁰ This resulted in the doctors not having any insight into the lives of the people that they treated. Additionally, as the doctors' home often doubled as their practice surgery, not only social but also spatial isolation developed. This increased distance, in all likelihood, added to the perception that only if it was completely unavoidable was a visit to the doctor made.

The effects of pollution became a key and critical area of the survey. In an area of such heavy and clustered industry then it is not difficult to understand the immense problems the town had with atmospheric pollution. This survey came at a time of development of vast new chemical plants in the area. Indeed, the main questions asked by those interviewed were 'will smoke and smell again be allowed to pollute our homes?' 'What steps are being taken to prevent this in time?'²¹ Assistance in this portion of the survey came from local schoolchildren, who helped to collect the raw data and information. The boys of nearby Acklam Hall School placed Petri dishes at specific locations throughout the town; after removal, measurement of the pollution content took place by weighing the dishes. They pupils were involved in both stages of this process, demonstrating once again the close community involvement Max Lock and his planners tried to engender.²²

There were two chief conclusions drawn by those involved in the survey, the first being that Middlesbrough's chief difficulty was the difference in conditions from one part of the town to another. Secondly, that its phenomenal growth meant it had tended to specialise industrially at the expense of providing and developing adequate social services.²³ These two observations are problematic in so much that the inference is that the issues Middlesbrough faced were in fact endemic. That said it would be difficult to overhaul the town based on these points. Middlesbrough, at this

¹⁸ Polley, L. (1996), 'Housing the Community, 1830–1914', in Pollard, A.J. (ed.), *Middlesbrough Town and Community 1830–1950*, Sutton Publishing Limited, Stroud, p. 170.

¹⁹ *County Borough of Middlesbrough: Survey and Plan*, p. 340.

²⁰ *Social Background to a Plan*, p. 78.

²¹ *County Borough of Middlesbrough: Survey and Plan*, p. 344.

²² *Ibid.*

²³ *Ibid.*, p. 38.

time, was still dependent upon industry for much of its income and employment, and due to the nature of the town's development, it was difficult to see the development of any successful strategy to rectify these apparent spatial inequalities. Throughout the history of Middlesbrough there had been frequent debate surrounding the differences experienced within the town, particularly in connection to health. The link for example between the infant mortality rate and the northern wards had been established in the early 1900s, it was felt that these wards prejudicially drove up the towns overall IMR.²⁴ Acknowledgement of this fact may well have taken place but there was little observable proof of positive steps taken to address the situation. Indeed this was to arise once more in the wake of the Lock survey.

There were a number of proposals suggested as to what improvements were needed and indeed, what the key causes of the problems were. They highlight, in particular the need for a universal health service, remember this is prior to July 5th 1948 and the NHS. Attention to maternity and infant services, improving standards of nutrition and establishing grouped hospitals and health centres are amongst those mooted.²⁵ The general opinion expressed seems to be that the most important factor in trying to attain better health in the town is to improve living and working conditions. Of the proposals listed, those actually delivered, did so, mainly thanks to the inception of the NHS rather than through the work of local initiatives.

It was not until the late 1960s, for example, that health centres, on the level described in the survey, were to be developed. Moreover, indeed even then there was reluctance on behalf of GPs to commit their futures to such enterprises. Health centres in the region had to be central, with strong and frequent transport links from all of the nearby areas so that all existing patients could still visit their GP. This led to criticism at times from doctors and practices that were in opposition to the scheme, noting that patients would be required to travel greater distances than previously to see their GP or attend clinics.²⁶ It is interesting to reflect that these same issues highlighted in the Lock survey almost thirty years earlier, remain a topic of debate even today. The major difference being that the 1944 survey did seem to suggest also that it would have been preferable to locate smaller health centres within the community, rather than having just one central location.²⁷

Reporting the findings of the survey back to the community was a key component of the plan, and took place most effectively. Pamphlets

²⁴ PP 1917–18 XVI (Cd. 8496), *Annual Report of the Medical Officer of Health to the Local Government Board Supplement on Child Mortality at ages 0–5, 1918.*

²⁵ *Social Background to a Plan*, pp.81–2.

²⁶ Donaldson, R.J. (1970), *Health Centres in Teesside: with Special Emphasis on the Middlesbrough Health Centre*, Middlesbrough, p. 1.

²⁷ *Social Background to a Plan*, p. 82.

produced for each of the main summary areas of the plan were then sold throughout the town at a penny each. In addition to this, there was a public exhibition in the Town Hall, alongside numerous public meetings.²⁸ The exhibition proved to be a huge success, with over 10,000 people visiting in one week alone. The overriding ambition of those involved, especially Max Lock, was that the public would not only be pivotal in the collation of data but would also be able to be involved in commenting on and witnessing what the redevelopment proposals were.

Just previously to the Lock survey, the mass observation study based in the fictional town of 'Worktown' (which was actually the industrial North West town of Bolton) began in 1937.²⁹ It looked at all aspects of community life, based on oral interviews, observational studies and requests for diaries and correspondence from the population. The study soon expanded into other regions of the country as the government used the project to assess the morale of the public during wartime. In 1940, two of its researchers came to Middlesbrough and spent three months observing the town and its people for a direct comparison to the findings in Worktown.³⁰ In their report, Middlesbrough received a favourable review; they concluded the inhabitants were happier, wealthier and even better dressed than those in Worktown. The streets were cleaner, housing conditions preferable and the area deemed less polluted than Bolton. The findings of the group are a direct contrast to that of the Lock survey of 1944, that was highly critical of the living standards and amenities of the town, indeed the mass observation report would have been unrecognisable to those involved within the Lock group. It does however; raise the question of agenda when reading such vastly different evaluations of the same place. In terms of health there was not a vast difference between the two towns, Middlesbrough had a significantly worse IMR, although Bolton did have a sustained, higher overall death rate.³¹

Therefore, to summarise, this post war survey was successful if only in one way. The survey involved the community at all stages, whether that was data collection or the dissemination of the results back to them via public meetings. That is not to suggest that there was implementation all of the proposals discussed, but at the very least the community felt valued,

²⁸ *County Borough of Middlesbrough: Survey and Plan*, p. 17.

²⁹ Mass-Observation (1970), *The Pub and the People: a Worktown Study*, Welwyn Garden City, Seven Dials press Ltd. In addition, the Mass-Observation archive housed at the University of Sussex, much of the archive has now been digitised and is available online. The study looked, anonymously, at the daily lives of working class people throughout the country over a number of decades, predominately around the time of the Second World War.

³⁰ Mass-Observation archives, University of Sussex, *General Report on Middlesbrough*, 1940, pp. 1–13.

³¹ Registrar General's Annual Reports 1911–1920 and the Registrar General's Statistical Review 1921–1954.

Victoria Brown

that their opinions mattered. In respect to health services within Middlesbrough, there were decade's long legacies that affected its provision and widespread inequalities throughout the town, very much dependent upon social status and location. As the survey pointed out this was perhaps the most important factor-determining people's experience in the town. The area you lived in was crucial in deciding the kind of health you encountered throughout your life.³²

³² *County Borough of Middlesbrough: Survey and Plan*, p. 325.

References

PP 1917–18 XVI (Cd. 8496), *Annual Report of the Medical Officer of Health to the Local Government Board Supplement on Child Mortality at ages 0–5, 1918*.

Donaldson, R.J. (1970), *Health Centres in Teesside: with Special Emphasis on the Middlesbrough Health Centre*, Middlesbrough.

Doyle, B. & Nixon, R. (2001), 'Voluntary Hospital Finance in North-East England: The Care of North Ormesby Hospital, Middlesbrough, 1900–1947', *Cleveland History, The Local Bulletin of the Cleveland and Teesside Local History Society*, **80**: pp. 4–19.

Doyle, B. (2002), *A History of Hospitals in Middlesbrough*, South Tees Hospitals NHS Trust, Middlesbrough.

Doyle, B. (2007), 'Competition and Cooperation in Hospital Provision in Middlesbrough, 1918–1948', *Medical History*, **51**: pp. 337–56.

Fletcher, W.W.E. (1910), *Report to the Local Government Board upon the Sanitary Circumstances and Sanitary Administration of the County Borough of Middlesbrough, with Special Reference to the Persistently High General Death Rate and Infantile Mortality, and their Causes*, London, HMSO.

Glass, R. (1948), *The Social Background to a Plan*, Routledge and Kegan Paul Ltd, London.

Lillie, W. (1968), *History of Middlesbrough, An Illustration of the Evolution of English Industry*, Middlesbrough Corporation, Middlesbrough.

Lock, M. (ed.) (1946), *The County Borough of Middlesbrough: Survey and Plan*, The Middlesbrough Corporation, Middlesbrough.

Nicholas, K. (1986), *The Social Effects of Unemployment in Teesside*, Manchester University Press, Manchester.

Polley, L. (1996), 'Housing the Community, 1830–1914', in Pollard, A.J. (ed.), *Middlesbrough Town and Community 1830–1950*, Sutton Publishing Limited, Stroud.