

Challenges and opportunities in documenting the recent history of public health: the health of Bristol after 1948

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Abstract

How do you find the sources to write the history of the health of a city, particularly for the late twentieth century and into the digital age? This article explores this challenge in the case of the city of Bristol in the United Kingdom during the period from the creation of the National Health Service (NHS) in 1948, through the transfer of the public health function from local government to the NHS in 1974 and up until the return of public health back to local government in 2013. The aims of the article are to scope the extant paper and digital official and academic documentary sources for the history of public health in the city, to critically assess the availability and completeness of the sources and to reflect on the challenges and opportunities of integrating earlier paper records with more recent digital ones.

Key words

Bristol, City, Public health, Sources, Twentieth century

Introduction

There are relatively few published case studies of the history of public health at a local level in the UK for the second half of the twentieth century and into the twenty-first. Yet as several authors have emphasised, it is critically important to document and understand the history of public health at a local level if we are to build a comprehensive and contextualised history of public health at a national level.¹ But it can be very difficult to chart the changing picture of public health over the long term at a local level. In the UK diverse sources are available at a local level but telling a story over the half century is made more challenging by the degree of organisational change experienced by public health authorities. We have local authority medical officer of health (MOH) reports available from the mid nineteenth century up to the reports for their last full year (1973) before they were abolished in 1974. These have been digitalised by the Wellcome Library and are available online.² Despite some

¹ John Welshman, 'The Medical Officer of Health in England and Wales 1900-1974: watchdog or lapdog?', *Journal of Public Health Medicine*, 1997, 19, 443-450; Lesley Diack and David Smith, 'Professional strategies of Medical Officers of Health in the post-war period – 1: 'innovative traditionalism': the case of Dr Ian McQueen, MoH for Aberdeen, 1952-1974, a 'bull-dog' with the 'hide of a rhinoceros', *Journal of Public Health Medicine*, 2002, 24, 123-129; Susan McLaurin and David Smith, 'Professional strategies of Medical Officers of Health in the post-war period – 2: 'progressive realism': the case of Dr R.J. Donaldson, MOH for Teeside, 1968-1974', *Journal of Public Health Medicine*, 2002, 24, 130-135.

² London MOH reports are available and searchable at <http://wellcomelibrary.org/moh/ as part of the Trust's London's Pulse project>. Digitalised MOH reports have recently become available for the rest of the country via the Wellcome Library catalogue, but were not available for Bristol at the time this research was carried out.

important gaps and silences in the story they tell of the health of their communities,³ they do at least provide an important time series of data. Following the transfer of public health responsibilities to National Health Service (NHS) health authorities in 1974 the story of public health is much more difficult to follow due to the continually changing role of the public health teams and continuing NHS organisational change. From 1974 the archival record is incomplete and it is initially difficult to ascertain when this is due to health authority public health reports not surviving in the archives and when it is due to no reports having been produced in the first place. The increasing switch of public health reporting from paper to electronic versions from around 2000 might have been expected to ensure public health reports were much more easily available, but this has not necessarily been the case.⁴ Thus there are many questions to answer. What data sources are available on the local history of public health, in particular the reports of responsible public health authorities? Who now holds such data? How accessible are such reports to the public and to historians? What are the gaps and silences and are we able to fill some of these from other data sources? Using the city of Bristol in the UK as an exemplar case study, this articles aims to scope the extant paper and digital official and academic

³ Both Jane Lewis and Charles Webster have commented on the general failure of MOH annual reports to address the impact of poverty on health in the inter-war years: Jane Lewis, *What Price Community Medicine? The Philosophy, Practice and Politics of Public Health Since 1919*, (Brighton: Wheatsheaf Books Ltd., 1986), p. 17; Charles Webster, 'Health, welfare and unemployment during the depression', *Past & Present*, 1985, 109, 204-230.

⁴ Martin Gorsky M. (2015) Into the dark domain: the UK Web Archive as a source for the contemporary history of public health. *Social History of Medicine* 28(3): 596-616.

documentary sources for the history of public health in the city from the advent of the NHS in 1948, through the transfer of the public health function from local government to the NHS in 1974 and up until the return of public health back to local government in 2013; it critically assesses the availability and completeness of the data sources and reflects on the challenges and opportunities of integrating earlier paper records with more recent digital ones. The ultimate goal is to be able to reconstruct the story of the health of the people of the city, and understand what factors (e.g. national or local policy and organisation, demographic, socio-economic) shaped its changing health profile. In particular, there are important unanswered questions about the extent to which local public health authorities had an impact on population health. Bristol is an interesting case study in its own right, but as will be seen it also raises more general issues of the inconsistent and inadequate archiving of local public health records which are likely to impede researching the health of cities and other communities across the UK.

Historiography of local public health in the UK 1948 - 2013

Before examining the sources for the history of public health in Bristol 1948 – 2013, it is important to consider the wider historiography of local public health in the UK over this period. For the first part of the period from 1948 until the abolition of the MOH role in 1974, there are two competing historical narratives on local public health activity, and in particular on the role and effectiveness of the MOH. The first narrative was most powerfully articulated by Jane Lewis and Charles Webster who in the 1980s separately argued that from the interwar period onwards medical officers of health (MOsH) had lost their focus and direction. In her widely read and cited book

*What Price Community Medicine?*⁵ and in a series of articles and chapter, Lewis argued that in the period before 1974 that public health doctors (and MOsH in particular) failed to adequately conceptualise their own activities, had allowed their concerns to be structured by the government, and were too focused on the politics of their position in relation to the rest of the medical profession. Focusing particularly on our period of interest Lewis wrote:

During the 1950s and 1960s, medical officers of health found themselves increasingly squeezed between pressures from within, namely the local government hierarchy and the desire on the part of sanitary inspectors, health visitors and social workers for greater professional freedom, and pressures from without. The latter were from general practitioners with whom they had to share responsibility for services outside the hospital, and from academics and social scientists who expressed increasing impatience in respect of the perceived failure of the public health departments to deliver effective community care.⁶

Webster expressed a similar critique both in his definitive history of the NHS and elsewhere.⁷ Webster pointed to the MOH's loss of control over hospitals and other health services with the advent of the NHS in 1948:

⁵ Lewis, *What Price Community Medicine?*

⁶ Jane Lewis, 'The public's health: philosophy and practice in Britain in the twentieth century', in E. Fee E and R. Acheson, eds, *A History of Education in Public Health: Health that Mocks the Doctors' Rules*, (Oxford: Oxford University Press, 1991), 195-229, 219.

⁷ Charles Webster, *The Health Services Since the War. Volume 1. Problems of Health Care: The National Health Service before 1957*, (London: HMSO, 1988); Charles Webster, *The Health Services Since the War. Volume 2. Government and Health Care: The National*

During the interwar period the MOsH had wearied of their traditional public health activities and they had progressively been seduced into hospital administration.

Deprived of this role, they found no alternative worth contemplating.⁸

An alternative more positive narrative suggesting that some MOsH were innovative and played an important role in extending personal health services in this period has been put forward by John Welshman in particular. Welshman first put this argument forward in an article then in a book based on a detailed case study of public health in the city of Leicester up to 1974:⁹

[A]lthough some MOsH were complacent, all operated within the limitations of important local and national constraints, and that, given these restrictions on their room for manoeuvre, many were remarkably innovative and imaginative.¹⁰

Other commentators have sought to come to a balanced assessment of the significant limitations and restrictions faced by MOsH in this period and the achievements of some MOsH in overcoming them at least in part.¹¹ Walter Holland

Health Service, 1958–1979, (London: HMSO, 1996); Charles Webster, 'Medical officers of health – for the record', *Radical Community Medicine*, 1986, 3, 10-14.

⁸ *Ibid.*, 12.

⁹ Welshman, 'The Medical Officer'; John Welshman, *Municipal Medicine: Public Health in Twentieth-Century Britain* (Oxford: Peter Lang, 2000).

¹⁰ Welshman, 'The Medical Officer', 443.

¹¹ Martin Gorsky, 'Local leadership in public health: the role of the medical officer of health in Britain, 1872-1974', *Journal of Epidemiology and Community Health*, 2007, 61, 468-472; Martin Gorsky, Karen Lock and Sue Hogarth, 'Public health and English local government: historical perspectives on the impact of 'returning home'', *Journal of Public Health*, 2014, 36,

and Susie Stewart note both the ‘longer term confusion and reduction in influence of the specialty’” and that ‘the attraction of medical graduates into public health undoubtedly diminished at this time and recruitment into the specialty fell, both in terms of quality and quantity;’¹² but they then go on to emphasise that ‘despite the difficulties, many medical officers of health were outstanding and led their colleagues to expand public health activity very productively.’¹³ Martin Gorsky has pursued this balanced perspective in a series of articles, most recently arguing the need to learn from the MOH experience as public health moved back to local authorities in 2013:

At their best then, the MOsH embodied the aspiration that John Ryle laid down for social medicine in 1942: a combination of “social conscience as well as scientific intent.”¹⁴

Virginia Berridge has also noted that the key locations for action moved from local public health departments to elsewhere – to general practice, academic research and campaigning organisations like Action on Smoking and Health (ASH).¹⁵

Welshman has provided the most in-depth account of public health in a local context for our period but there are a number of other local case studies, although they usually only take the story to the abolition of the MOH in 1974 and the immediate

546-551; Walter Holland and Susie Stewart, *Public Health: The Vision and the Challenge*, (London: The Nuffield Trust, 1998).

¹² *Ibid.*, 103.

¹³ *Ibid.*, 104.

¹⁴ Gorsky, ‘Leadership in public health’, 471.

¹⁵ Virginia Berridge, *Public Health: A Very Short Introduction* (Oxford: Oxford University Press, 2016), 76-79.

aftermath of the transition to NHS community physicians.¹⁶ For the period from 1974 to 2013 we have far fewer historical studies of local UK public health. There is an important national overview in the report of the witness seminar *Public Health in the 1980s and 1990s: Decline and rise?* which includes a few comments on public health in local areas.¹⁷ But the only significant study of local public health in the UK for the period 1974-2013 is the book by Emma Jones and John Pickstone on public health in Manchester which takes the story there up to 2006.¹⁸ The Jones and Pickstone book is arguably the most relevant example for comparison with this Bristol research as it is the only local study to cross the boundary between the period when documentary sources will have been entirely in paper form and the late 1990s and early 2000s where documents began appearing in digital form on the internet, first in both paper and digital form but latterly and increasingly in digital form only. Unfortunately, this is not an aspect that the authors explicitly comment on, but it was useful to see the extent to which they did or did not make use of online archives and

¹⁶ Diack and Smith, 'Professional strategies' on Aberdeen; McLaurin and Smith, 'Professional strategies' on Teeside; Jessie Parfit, *The Health of a City: Oxford 1770-1974* (Oxford: The Amate Press, 1987) on Oxford; Victoria Brown, *Public Health Issues and General Practice in the Area of Middlesbrough, 1880-1980*, (unpublished PhD theses, Durham University 2012) on Middlesbrough.

¹⁷ Virginia Berridge, Daphne Christie, Tilli Tansey, eds, *Public Health in the 1980s and 1990s: Decline and rise*. (London: Wellcome Trust Centre for the History of Medicine at UCL, 2006).

¹⁸ Emma Jones and John Pickstone, *The Quest for Public Health in Manchester: The Industrial City, the NHS and Recent History* (Manchester: Manchester NHS Primary Care Trust, 2008).

references. In practice, they do not appear to have done so to any great extent, which is probably a function of the slightly earlier end date for their period of study and the focus of their later chapters on oral history rather than documentary data. Finally, it is worth briefly summarising why the location of public health is important. Public health in England has been recently returned from the NHS to local government specifically to address some long-term tensions and challenges – the supposed greater ability of local authorities to address the wider social determinants of health in education, housing, employment and transport, the links between health and social care, the need for joined up thinking and working across sectors. Moreover, whilst in the NHS public health (like health care) was seen as suffering from a democratic deficit – the inability of local people to influence decision making. Yet the return of public health to local government is not a panacea and other new challenges have emerged, in particular the tension between evidence-based public health and local communities and politicians' wishes and interests.¹⁹ Documenting and analysing the history of local public health are critical tools in understanding both the history of, and the present issues in, public health.

Methods

In principle, scoping the extant documentary sources for the history of public health in Bristol should involve four clear steps. First a comprehensive search strategy

¹⁹ Linda Marks et al., 'The return of public health to local government in England: changing the parameters of the public health prioritization debate?', *Public Health*, 2015, 129, 1194-1203; Mike Kelly et al., 'Evidence-based medicine meets democracy: the role of evidence-based public health guidelines in local government', *Journal of Public Health*, 2017, 39, 678-684.

needs to be developed with clear terms, in particular to identify official reports and committee papers on the health of the city by public health authorities, but also to find other reports by academic researchers and others. Second, relevant libraries, archives and databases need to be identified. Third, the libraries, archives and databases need to be systematically searched using the identified search terms. Finally, the results need to be processed, collated and synthesised. In practice of course, the search process was inevitably more messy, iterative and contingent than this. But the four steps do reflect the broad outline of the search method.

In developing the search strategy one of the first tasks necessary was to identify the names of all the various public health authorities for Bristol over the period 1948-2013. There was no obvious existing list so one needed to be constructed through trial and error. For the period 1948-1974 this was easy as the public health authority remained the City and County of Bristol. From 1974 onwards this became more complex. Initially in 1974 public health in Bristol was subsumed into the larger Avon Area Health Authority, but the subsequent number of reorganisations, name changes, creations, mergers, devolutions and abolitions of health authorities meant it was difficult to be clear on the exact complete list of relevant authority names to search on and for what years they were extant. In particular health authorities might be listed in catalogues either, for example, as Bristol and Weston District Health Authority or as Bristol and Weston Health Authority. Similarly, at times and/or in some contexts Bristol Primary Care Trust (PCT) was referred to as NHS Bristol. In some catalogues, this did not make a difference to search results but in others it did. Ultimately 16 names or variations were identified (Table 1, column 1).

Where the number of documents identified in an archive for a particular public health authority were relatively low (e.g. under 100) it was possible to manually scan all the

document titles for inclusion. Where numbers were large it was necessary to also apply additional public health-related terms likely to identify annual public health reports or other documents specifically relevant to the health of the city as opposed to more general health services ones. Table 1, column 2 lists terms identified through trial and error as useful public health related search terms. Not all of these terms were public health specific as, for example, area medical officers were the lead public health officer for the period 1974-1982 but their role included NHS administrative and clinical responsibilities broader than public health.

The third area useful to search on were the names of individual authors who wrote about the health of the city. This was easiest for the MOH period where Robert Parry (MOH 1933-1956) and Robert Wofinden (MOH 1956-1974) were well known and prolific authors, often writing specifically about the health of the city. For the period from 1974 it was initially much less clear which public health officials were in post and which were likely to have published on the health of the city. Alan Snaith (Area Medical Officer for Avon Area Health Authority 1974-1982), for example, published extensively, but most of his publications were on general health service issues not specifically on Bristol or Avon. Names were added to this column iteratively as they were identified as potential authors of two or more articles in other documentation.

[INSERT TABLE 1 HERE]

The next step of identifying relevant libraries, archives and databases was relatively straightforward but also involved several iterative additions. Key local libraries and archives were well known and obvious to include (Table 2, column 1). Similarly, key national libraries and archives (Table 2, column 2) and public health relevant

international websites and databases (Table 2, column 3) were easily identified. A selection of websites for medical and public health journal where Bristol public health professionals were found to have published is also included.

[INSERT TABLE 2 HERE]

Fortunately, all the libraries, archives, websites and database catalogues were freely available for online searching and in some cases archived online data were available to download. Where paper copies only were extant, these could be either be borrowed through library privileges respectively with Bristol City Council, University of Bristol and UWE or viewed in person at the relevant archive. The major challenge of searching each of these data sources systematically was the very different catalogue and database structures and search functionalities. The overall search strategy had to be uniquely adapted for each catalogue or database, making a consistent systematic approach across all the data sources more challenging. Overall, however, the first stage of the process was to search for documents authored by the authorities in Table 1, column 1, and when necessary, then to apply the search terms in column 2 to ensure documents found were relevant. Publications by authors in column three were then searched for and included if they were relevant to the health of Bristol.

Results:

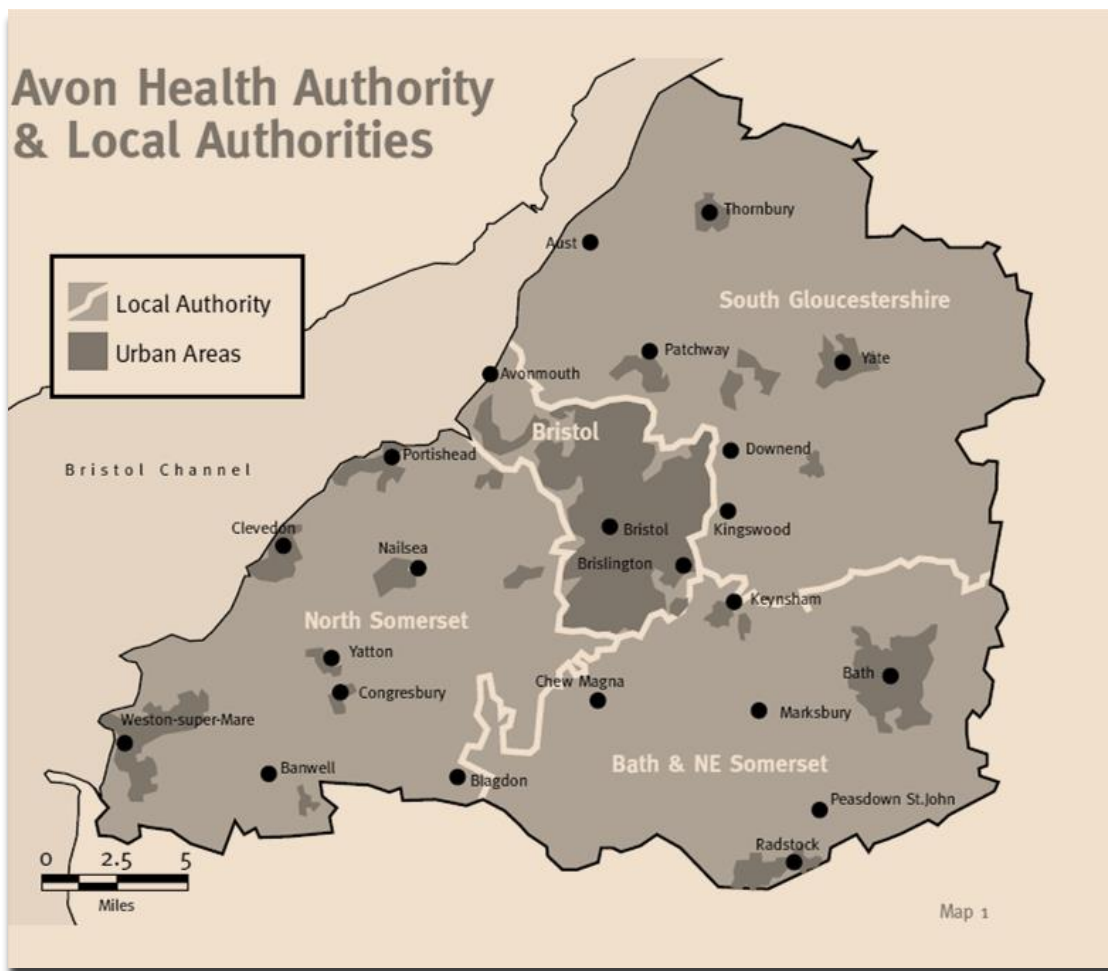
Chronology and geographies of local public health in Bristol

In order to make sense of the complexity of results which follow, it is useful to outline the succession of the public health authorities that followed the abolition of the Bristol

MOH role and the transfer of public health responsibilities to the NHS in 1974. Table 3 summarises the chronology and geographies of all public health authorities covering some or all of Bristol for the period 1948 – 2013 and Figure 1 gives an illustrative example of the geography for the period 1996 – 2002.²⁰

[INSERT TABLE 3 HERE]

Figure 1: Map of Bristol public health and local authority geography 1996 - 2002



Source: Morgan, *The Health of the Population 1999*, 4.

²⁰ Kieran Morgan, *The Health of the Population 1999: Report of the Director of Public Health*, (Bristol: Avon Health Authority, 2000), 4.

With the abolition of the Bristol MOH role in 1974, public health responsibilities were transferred to the new Avon Area Health Authority (AAHA) which was coterminous with the also newly established Avon County Council. Avon was a two-tier local authority covering Bristol District Council as well as Northavon and Wansdyke District Councils. When AAHA was itself abolished in 1982 it was replaced by three district health authorities: Bristol and Weston, Frenchay and Southmead. When Bristol and Weston, Frenchay and Southmead were merged into Bristol and District Health Authority (B&DHA) in 1991, it then covered all of Bristol District Council along with parts of adjacent districts. Avon Health Commission was formed in 1994 as a non-statutory union of B&DHA and Avon Family Services Authority (the commissioner of primary care services) which were formally merged in 1996 into Avon Health Authority (AHA). At the same time in 1996 Avon County Council was abolished and Bristol City Council and adjacent districts became unitary authorities. In the 2002 abolition of health authorities, AHA was split into five primary care trusts (PCTs), two of which, Bristol North and Bristol South and West, together covered the exact geography of Bristol City Council. The two Bristol PCT public health departments published joint annual reports from 2002-2004, and were reunited on a non-statutory basis under one director of public health (DPH) in 2004. The two PCTs formally merged in 2006, making the public health function again officially coterminous with the city of Bristol for the first time since 1974. Finally following another change in government policy, in 2013 the public health function was returned from the NHS to Bristol City Council.

Local official public health reports on the health of Bristol

Table 4 summarises the local official public health reports identified on the health of Bristol or other local health authority geographies including some or all of Bristol for the period 1948-2013. The chronology falls into three distinct periods. First is the period from 1948 to 1973 when the City and County of Bristol was the public health authority and MOH reports on *The Health of Bristol* were published annually. The second distinct period is from 1974 to 1985, for which no public health reports for Bristol or other relevant local health authority areas can be identified. The final period is from 1986 to 2013 during which reports were produced for some but not all years, and where reports varied widely in their format and content. No library or archive has anything like a complete set of these reports and even when all the libraries and archives are considered together, it is not possible to identify or access a complete set of reports. Where reports are not available for the period 1986 – 2013 it is not known if this is because they were never published or if they were produced but no library or archive now holds a copy.

[INSERT TABLE 4 HERE]

MOH reports 1948 - 1974

There was a high degree of continuity between the reports produced by Bristol's two MOsH, Robert Parry and Robert Wofinden, during the period 1948 – 1974. The reports were lengthy, professionally produced and followed a similar structure with a brief general review of health during the year, followed (with some variation) by sections on vital statistics, personal health services, environmental health, port health, school health and special sections. These were official reports, formally

addressed to the Lord Mayor and the Council and were almost entirely technical and apolitical in nature. A large amount of service activity and health data was reported, but comparative assessment of the health of the population of Bristol with other cities was limited. In Parry's reports from 1949 to 1955 there was each year a table of health and mortality indicators across 20 large towns and cities in England and Wales including Bristol (see Figure 2),²¹ but very little textual discussion of its implications; a similar table appeared in Wofinden's first report for 1956 but these were not continued in Wofinden's reports from 1957 onwards (with no discussion of why these comparative tables were discontinued).²² Equally, there were no discussions of variations or inequalities in health between different communities or groups within the city.²³

²¹ Robert Parry, *The Health of Bristol in 1949*, (Bristol: City and County of Bristol, 1950).

²² Robert Wofinden, *The Health of Bristol in 1956*, (Bristol: City and County of Bristol, 1957); Robert Wofinden, *The Health of Bristol in 1957*, (Bristol: City and County of Bristol, 1958).

²³ Similarly, Lewis and Webster commented on the lack of attention to poverty and health in MOH annual reports in the inter-war years – see note 3.

Figure 2 Table comparing health indicators in 20 large town and cities for 1949

Table showing population, birth-rates, death-rates, zymotic death-rates, infant and maternal mortality rates of the 20 large towns of England and Wales for 1949.

	Birmingham	Bristol	Bristol	Cardiff	Coventry	Croydon	Kingston upon Hull	Lerth	Liverpool	Manchester	Newcastle upon Tyne	No. in Urban	Nottingham	Portsmouth	Sheffield	Southampton	Stoke-on-Trent	Sunderland		
POPULATION—Civilian	1,106,800	291,600	439,740	243,300	254,400	249,740	296,400	504,300	283,400	800,800	699,600	294,540	500,640	199,860	218,250	178,900	513,700	180,350	274,500	181,540
Total	1,107,200	291,600	439,840	243,500	254,900	250,040	296,600	505,400	283,400	802,000	700,700	295,240	501,240	206,960	240,550	178,800	513,800	180,950	274,500	181,540
COMPARABILITY FACTOR	1.13	0.98	0.98	1.07	1.27	0.94	1.15	1.08	1.02	1.20	1.12	1.10	1.09	0.99	0.97	1.11	1.08	1.05	1.22	1.14
RATES PER 1,000 POPULATION																				
Birth	18.1	17.3	17.07	19.36	18.6	16.1	20.95	16.7	17.91	20.7	18.77	18.27	18.96	19.75	19.06	20.5	15.7	18.79	18.7	19.9
Crude Death	10.7	14.5	11.11	11.44	9.4	10.95	12.1	12.8	11.55	11.6	12.91	12.76	11.8	13.14	12.05	13.0	12.5	11.65	11.5	15.1
Adjusted Death	12.1	14.2	10.88	12.24	11.9	10.29	13.97	13.8	11.78	13.9	14.46	14.04	12.86	13.01	11.69	14.95	13.5	11.99	13.13	14.9
Typhoid and Paratyphoid Fever	0.00	0.00	0.002	0.004	0.00	—	0.00	—	—	0.004	—	0.00	—	—	—	—	—	—	—	—
Cerebro-spinal Fever	0.01	0.01	0.002	0.004	0.012	—	0.00	0.002	0.004	0.019	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.015	0.04
Scarlet Fever	—	0.003	—	—	0.00	—	0.00	0.002	—	—	—	0.00	—	—	—	0.002	—	—	—	—
Whooping Cough	0.02	0.003	0.005	0.016	0.008	0.008	0.02	0.01	0.018	0.071	0.04	0.01	0.0	0.03	0.00	0.006	0.008	0.03	0.007	0.04
Diphtheria	0.00	0.006	—	—	0.008	0.004	—	—	—	0.005	—	0.00	—	0.00	0.00	0.001	—	—	0.004	0.01
Influenza	0.19	0.26	0.14	0.069	0.12	0.132	0.08	0.13	0.056	0.127	0.15	0.075	0.09	0.05	0.04	0.030	0.199	0.1	0.256	0.13
Measles	0.01	0.01	0.009	0.004	0.004	0.004	—	0.01	0.004	0.015	0.01	0.00	0.01	0.00	0.02	—	0.004	0.01	0.004	—
Acute poliomyelitis and encephalitis	0.01	0.024	0.011	0.016	0.00	0.008	0.00	0.02	0.011	0.005	0.01	0.00	0.009	0.01	0.00	0.001	0.029	0.03	0.007	—
Acute infectious encephalitis	0.00	0.005	0.014	0.012	0.00	0.004	0.00	0.01	0.014	—	0.01	0.03	—	0.01	0.00	0.001	0.019	—	0.007	0.03
Smallpox	—	0.00	—	—	0.00	—	—	—	—	—	—	0.00	—	0.00	—	—	—	—	—	—
Diarrhoea (under 2 yrs.)	0.06	0.058	0.011	0.069	0.082	0.028	0.11	0.03	0.021	0.119	0.09	0.105	0.12	0.07	0.04	0.020	0.056	0.07	0.047	0.13
Tuberculosis— Pulmonary	0.54	0.40	0.44	0.64	0.50	0.352	0.62	0.48	0.50	0.677	0.60	0.764	0.623	0.62	0.45	0.6	0.440	0.45	0.566	0.68
Other forms	0.05	0.07	0.05	0.04	0.10	0.024	0.05	0.06	0.078	0.085	0.05	0.068	0.043	0.05	0.04	0.12	0.074	0.04	0.043	0.10
Cancer	1.75	1.93	1.87	1.93	1.44	1.862	1.84	1.99	1.80	1.726	2.00	1.929	1.73	1.98	2.16	1.9	1.993	1.91	1.932	1.77
INFANTILE MORTALITY RATE (per 1,000 live births)	31.0	37.0	26.0	31.0	39.4	29.0	42.0	30.0	23.83	44.0	38.24	39.61	38.0	34.23	24.04	33.0	33.0	37.66	34.0	37.0
MATERNAL MORTALITY RATE (per 1,000 total births)																				
Sepsis	0.05	0.19	0.26	0.61	0.00	0.24	—	0.12	0.58	0.237	0.45	0.365	0.17	—	0.23	—	—	0.59	0.378	—
Other Causes	0.44	1.15	0.78	1.22	0.8	0.98	1.26	0.93	0.96	0.295	0.74	1.095	0.54	1.54	0.71	—	0.60	0.88	1.136	1.61
Total	0.49	1.34	1.04	1.83	0.8	1.22	1.26	1.04	1.54	0.532	1.19	1.460	0.51	1.54	0.94	—	*0.60	1.47	1.514	1.61

*excluding Abortion.

Source Parry, *The Health of Bristol in 1949*.

The presence of comprehensive sets of Bristol MOH reports for our period in in the Bristol Archives, University of Bristol and UWE libraries is testament the high status and wide distribution of these reports. At the time this research was carried out, these reports were only available in paper copies,²⁴ but they are easily accessible in the three archives/libraries. It should be noted however that they are often incorrectly catalogued in terms of date, with the year under review often given as the year of publication, when in fact they were usually or always published the year after. This is not surprising as the year under review is usually on the cover and title page, but no

²⁴ Bristol and other local authority MOH reports have subsequently been digitalised and are now available through the Wellcome Library <https://wellcomelibrary.org/>.

year of publication is stated.²⁵ The only incomplete report is for 1973, the last full year of the MOH period, where Wofinden explicitly states that the report had to be rushed to be completed in the period before the MOH role was abolished on 31st March 1974.²⁶

The absence of local public health reporting in the early period of NHS public health 1974 – 1985

Following the major NHS reorganisation of 1974 and the transfer of the public health function to the NHS, there was no longer an expectation or requirement for an annual local report on the health of the city of Bristol. Furthermore, the new Avon Area Health Authority mapped to the new Avon County Council rather than to the city of Bristol. As discussed above, public health is also widely regarded to have lost its way during this period. Public health doctors, now renamed community physicians, mourned the loss of the MOH role and the substantive departments they used to lead, but there was little in the public health literature at the time specifically on the loss of the annual report on the health of the local population. With the abolition of area health authorities in 1982 and the devolution of the public health function to

²⁵ As MOH, health authority and primary care trust reports were almost entirely undated in terms of year of publication, for the purposes of referencing I have given each report a publication date of the year after the calendar year the report reports on, in order to avoid the confusion of all reports by the same authority being given the default 'n.d.' [no date]. Thus my dating of year of publication reflects the year the reports were actually published rather than the usually incorrect publication date (actually year reported on) stated in many catalogues. Similarly, for consistency I have given the MOH or DPH as author as it is often not indicated whether authorship lies with them or with the authority.

²⁶ Robert Wofinden, *The Health of Bristol in 1973*, (Bristol: City and County of Bristol, 1974).

smaller district health authorities, community physicians were spread more thinly and there was initially neither the cultural expectation nor the resources to produce annual public health reports.

Reestablishment of annual public health reports 1986 – 2013

The first evidence in the archives for the reappearance of annual public health reports is the presence in the University of Bristol library of a Frenchay Health Authority report for 1986.²⁷ In the introduction to this report reference is made to a meeting of South West community physicians and the agreement to a common data set as a basis for local annual reports which would allow comparison between districts. A 1988 Southmead Health Authority report refers to itself as the third in a series, indicating that Southmead also started in 1986 though no records exist in the archives of 1986 or 1987 Southmead reports.²⁸ Bristol and Weston's first report in the archives covers the year 1988 and from the text it would appear to be the first of the series, though there is no mention of why this authority began producing annual public health reports two years after its two sister Bristol health authorities.²⁹

It is clear that the idea of re-establishing annual public health reports had gained wider currency in the public health field in the mid-1980s. John Ashton recalls producing the first regional public health report in the North West in 1984,³⁰ and the

²⁷ Pauline Begley, *Annual Report on the State of Health of the Authority's Population – 1986*, (Bristol: Frenchay Health Authority, 1987).

²⁸ Kieran Morgan, *A Report on the Health of the District's Residents 1988*, (Bristol: Southmead Health Authority, 1989).

²⁹ Ian Baker, *Health in Bristol & Weston 1989*, (Bristol: Bristol & Weston Health Authority, 1990).

³⁰ Berridge *et al.*, *Public Health in the 1980s and 1990s*, 34.

introduction of health authority annual public health reports was a key recommendation of the Acheson Committee on the future of the public health function established in January 1986 and reporting in 1988.³¹

The data for local health authority public health reports were provided by the NHS South West Regional information team but there was no common format or contents for the reports. Similarly, there was a high degree of variation in the degree to which they were professionally produced and the extent of text in addition to the basic statistical data. In the early reports there were few attempts to use comparative national or regional data (despite the reported agreement of a common regional public health data set), or to take a longer historical perspective on changes in health data over time.

It is unclear from the material available and from the library and archive catalogues which gaps in the current availability of reports are due to failure to archive or collect or retain reports which had been published, and when this is due to reports not having been produced for some years in the first place. There are many reasons why reports may not have been produced for some years including the degree of organisational change, the small public health teams and resources available in some health authorities and competing demands on time and resources. It may be that with continual organisational and personnel change some reports produced were never disseminated to archives and libraries. On the other hand, there are

³¹ Donald Acheson, *Public Health in England: The Report of the Committee of Inquiry into the Future Development of the Public Health Function*, (London: HMSO, Cm. 289, 1988).

some anomalies which suggest that some reports were produced and collected by libraries but are not now available. WorldCat lists partial details of the 1989 Frenchay Health Authority annual public health report but does not list a local authority library holding it. Neither does it appear in the LibrariesWest catalogue (although it is present in a hospital library within the South West Information Management System (SWIMS) which is not covered by WorldCat or LibrariesWest). Yet librarians and archivists normally are systematic in archiving those official reports which do reach them. It was notable that several libraries assumed health authority public health reports would be a series as MOH reports previously had been, as they started to catalogue them as serials, even though sometimes only one year is available in the library's holdings. It is probable therefore that the 1989 Frenchay report (and possibly others) has been lost or deaccessioned by whichever library initially caused it to be identified by WorldCat.

The period of Avon Health Authority from 1996 – 2001 is notable in that it is the only time period since the demise of the MOH reports that annual public health reports are available for 100% of the years. The transition from health authority to PCT annual public health reports in 2001 – 2002 appeared more straightforward than some previous transitions in that there was no gap in the record between the two organisational forms. Avon Health Authority's last report for 2001 appeared in early 2002,³² and the two Bristol PCTs produced a joint annual report for 2002 in early 2003.³³ It is unclear why so few reports are available for the subsequent period of

³² Kieran Morgan, *The Health of the Population 2001: Report of the Director of Public Health, (Bristol: Avon Health Authority, 2002)*.

³³ David Evans and Christine Hine, *The Health of Bristol 2002: Joint Annual Report from the Directors of Public Health (Bristol: Bristol North PCT/Bristol South and West PCT, 2003)*.

PCT responsibility for public health. Only half of the Bristol PCT reports are available online, and in practice these are very difficult to find. Searching via Google, the National Archives/Discovery and UK Web Archive did not identify them; these were only identified within the National Archives fortuitously through a relatively obscure link on the Public Health England web site.

Committee minutes

Bristol Archives have comprehensive minutes and other papers of the City and County of Bristol's Public Health Committee from 1948 to 1974. More limited further minutes and papers are also available for the Health and Public Protection Committee 1986-1991 and Health and Environmental Services Committee 1991-1999, dealing with the authority's continuing responsibilities for environmental health and health protection. In contrast to the Public Health Committee, health authorities from 1974-2001 and PCTs from 2002-2013 did not have public health committees and their main boards only occasionally had minutes or papers on public health, and in any case, these have not been systematically preserved and very few are present in libraries or archives.

National official reports including some data on the health of Bristol

The Office for National Statistics (ONS) published bound paper summary population and health statistics for all health and local authority areas since at least 1986.³⁴ Initially published in paper form and held by the British Library for the period 1986-1998, these reports are now available online in the National Archives for the period

³⁴ Office of Population Census, *Key Population and Vital Statistics: Local and Health Authority Areas 1986*, (London: HMSO, 1987).

1991 - 2007. Health and local authorities are listed by region so allowing easy comparisons with neighbouring authorities but require some effort to compare a city like Bristol with natural comparator cities in other regions. Health data presented are limited but include births, deaths, fertility and mortality rates/ratios. The reports do not appear to have been published in this form after the report for 2007 published in 2009,³⁵ but an increasing volume of more extensive health data by local authority area has been published online in other forms subsequently by ONS. In terms of local availability, the ONS paper publications suffer from the same inconsistent availability as do local public health reports. No local archive or library holds a complete set of the paper versions, with most only holding a few or no copies. From at least 2006 the Department of Health produced health profiles for local authority areas, and Bristol health profiles for the period 2006-2013 are available online via the National Archives.³⁶ These short (four page) reports summarise some data which are also often found in DPH reports (e.g. health inequalities in life expectancy and various aspects of mortality) but also includes information on wider determinants of health such as poor-quality housing and educational achievement.

³⁵ Available at:

<http://webarchive.nationalarchives.gov.uk/20160115211644/http://www.ons.gov.uk/ons/rel/kpvs/key-population-and-vital-statistics/index.html>. As with other relevant reports, although stored in the National Archives, these statistics could not be found by searching the National Archives 'Discovery' search engine.

³⁶ Available at:

<http://webarchive.nationalarchives.gov.uk/20120509224827/http://www.apho.org.uk/resource/browse.aspx?RID=50355>.

Academic and other reports on the health of Bristol

The search uncovered a number of diverse other sources on the health of Bristol, in particular reports of academic research. In some cases these were research commissioned or partly funded by health authorities. For example, the first identified publication on health inequalities in Bristol was led by Peter Townsend from the University of Bristol but partly supported by Bristol & Weston Health Authority.³⁷ Overall, 36 academic articles relating to the health of Bristol in the period have been identified through this initial scoping search, but the true number is likely to be much higher if a full systematic review were undertake using a wider range of academic search engines and databases. Unsurprisingly, a significant number were written by the two MOsH who were also professors of public health in our period, eight by Wofinden (some jointly with Parry) and three additionally by Parry. Of particular interest is the shift in publication focus following the transfer of public health responsibilities to AAHA in 1974. The then Area Medical Officer Alan Snaith published at least seven papers in the *British Medical Journal* or *The Lancet* during his time in office, but these focused on national NHS issues such as resource allocation, medical administration or health services research rather than directly on the health of the population of Avon or Bristol. Increasingly, published papers relating to the health of the population of Bristol came from two main sources: either Bristol-based university academics or public health registrars required to conduct research studies as part of their training.

³⁷ Peter Townsend, Don Simpson and Nigel Tibbs, *Inequalities in Health in the City of Bristol: A Preliminary Review of Statistical Evidence*, (Bristol: University of Bristol, School of Applied Social Sciences, 1984).

During the period when it was not the public health authority, Bristol City Council also commissioned or conducted research and produced reports which though more widely focused, included data relevant to public health. In particular beginning in 1995 Bristol City Council produced regular annual reports on *Quality of Life in Bristol* which included information on a range of health indicators, partly generated from a local survey of Bristol citizens and partly provided by the Bristol health authorities.³⁸ Since 2009 Bristol City Council and partners (including initially Bristol PCT) have produced a *Joint Strategic Needs Assessment* which includes rich data on the health of the city, and was updated in both 2010 and 2012.³⁹

Conclusion

The aim of this research was to scope the extant paper and digital documentary sources for the history of public health in the city of Bristol from 1948 - 2013. In particular it sought to identify all official local reports on the health of Bristol or of health authority populations that covered some or all of the city. Although there are still some uncertainties as to whether reports were produced for some years, it has succeeded in identify all such reports which are currently held in libraries, archives or online repositories. A key finding has been the difference between availability of MOH reports for the period 1948-1973 which are widely and comprehensively archived, and health authority/PCT reports since 1974 which appear to have survived in the archives in a much more haphazard and less systematic way.

³⁸ Sarah McMahon, 'The development of quality of life indicators – a case study from the City of Bristol, UK', *Ecological Indicators*, 2002, 2, 177-185.

³⁹ Bristol City Council/NHS Bristol, *Joint Strategic Needs Assessment 2012 Strategic Summary*, (Bristol: Bristol City Council/NHS Bristol, 2012).

Given the lack of documentation it has been a challenge even to clarify the exact chronology of public health authorities and dates of transition between them. This has been particularly difficult due to the common practice in the NHS for 'shadow' authorities to run for some time before official dates for the legal abolition of the previous authority and birth of the new. Added to the degree of personnel change and the general chaos of reorganisations, it is not surprising that some authorities failed to produce public health reports in some years and/or failed to ensure their past reports were appropriately archived. But it adds to the historians' challenges in seeking to differentiate non-production of public health reports from a failure for published reports to be captured and retained in the archives.

A second important finding has been the unexpected incomplete availability of public health reports from Bristol PCTs in the digital age. Although some Bristol PCTs public health reports were digitally archived with the National Archives at the time that PCTs were abolished in 2012, unaccountably these are as incomplete as previous health authority paper reports are in local libraries and archives. It was also notable that the National Archives/Discovery search engine did not locate the reports it did hold when searching by organisation name; neither 'Bristol Primary Care Trust' nor 'NHS Bristol' entered into the search engine located the reports despite both being official names which should have been recognised as the institutional author. Similarly, the reports could not be found by putting their titles into the search engine. The UK Web Archive was equally unproductive in identifying the existence or location of Bristol DPH reports that were held digitally in the National Archives. The challenges of searching the digital collections of National Archives and the wider UK Web Archive have been previously documented by historians despite valiant efforts

by archivists and historians to address them.⁴⁰ Historians are increasingly using digital archives and developing innovative ways to analyse them.⁴¹ But as with all approaches to historical study, the use of digital archives entails both strengths and weaknesses, opportunities and limitations. The advantages include the much greater accessibility of digital archives, and the potential to access material remotely from one's personal computer or laptop. There are also opportunities to develop new research methods, particularly through quantitative data analysis. But there are also limitations and weaknesses. Historians need to be aware that the resources to digitally archive material are limited, and therefore libraries and archivists will be making decisions about what material to digitalise and therefore inevitably also what not to select. This can lead to subtle biases in what data historians are easily able to access and therefore what questions they choose to pursue. Gerben Zaagsma has written of the risk of technological determinism with too much emphasis on tools and data while too little attention is paid to how doing history is changing as a result of the digital turn.⁴² And it is of concern that when organisations like health authorities and primary care trusts disappear, their digital records may not be properly or completely archived. Moreover, although one is cautiously confident that the National Archives will retain the digital records they currently hold, the same cannot be said with certainty of local organisations. Bristol City Council for example, in taking on the Bristol public health function in 2013 has not made available on its website the public

⁴⁰ Gorsky, 'Into the dark domain'.

⁴¹ Toni Weller (ed), *History in the Digital Age*, Abington: Routledge, 2013).

⁴² Gerben Zaagsma, 'On digital history', *Low Countries Historical Review*, 2013, 128, 3-29.

health reports of its predecessor PCT, or even its own reports for preceding years, as some other local authorities have done.⁴³

Thus a third key finding is the lack of any one organisation, archive, library or repository holding a long-term collection of reports on the health of the population of Bristol. No local Bristol nor national library or archive has anything like a complete set of official public health reports covering the period 1974-2013. Even for very basic public health indicators like infant mortality or life expectancy, there is thus no one archive available to historians or the public to compare local health data over a long time period. No one officer in the local authority or its predecessor PCTs had the responsibility for ensuring the archiving of the DPH annual report on the health of the city, so it is unsurprising that the archiving has been so sporadic and incomplete. One factor in the non-production and/or failure to archive public health reports may be the ambivalent attitude towards them in the public health field.⁴⁴ Producing such reports was a substantial task requiring many person hours, particularly in the days before widespread use of computers. At times of organisational change and reduced staffing capacity, public health reports were not necessarily a public health department priority. For example, through the two Bristol PCTs did manage to

⁴³ The neighbouring South Gloucestershire Council for example has both its own and its predecessor PCT's annual DPH reports from 2017 to 2003 on its website, whilst Bristol City Council only posts the most recent. I was informed this was due to Council policy not to clutter its website with historical documents (Bristol City Council officer, personal communication). When asked for copies of any past reports they held internally, the Council officer was able to locate and share the reports for 2004, 2006, 2010, 2011, 2012 and 2016.

⁴⁴ Naomi Fulop and Martin McKee M, 'What impact do annual public health reports have?', *Public Health*, 1996, 110, 307-311.

produce a joint report for their first year of operation in 2002, they did experience serious resource and staffing pressures due to the previous Avon Health Authority staffing having to be divided between five new PCTs.⁴⁵

Are these gaps in the archival record for the history of public health in Bristol important? Do they have wider implications for studying – and understanding - the history of public health more generally? I would argue that the answer to both questions is an undoubted 'yes'. The history of public health in the UK in the nineteenth and early twentieth century has been extensively investigated with important contributions from local studies. With the exception of Jones and Pickford's work on Manchester, local studies of public health in England have essentially all ended with the abolition of the MOH in 1974. Yet the period since 1974 has seen the emergence or identification of important new public health challenges (e.g. health inequalities, HIV, migration, obesity) and major and continuing professional and organisational changes in the English public health function. More widely, the period has seen the emergence of new strands of thinking and opportunities for action from the New Public Health and the rise of health promotion in the 1970s and 1980s, to the development in the 1990s and 2000s of evidence-based public health and the understanding of the social determinants of health. Documenting and analysing how the local public health services responded to these new challenges and opportunities during the period public health was based in the NHS is vital to understanding the working of the current local authority-based public health system.

⁴⁵ David Evans and Lee Adams, 'Through the glass ceiling - and back again: the experiences of two of the first non-medical directors of public health in England', *Public Health*, 2007, 121, 426-31.

This is the first in-depth exploration of the sources for the history of public at a local level in the UK for the second half of the twentieth century and into the twenty-first. It is important because the three key findings – the lack of archived health authority records, the inconsistent digital archiving of recent records and the scattering of records across a number of libraries and archives – are likely to be replicated in many if not all large cities in England and quite possibly across the UK. The same issues of multiple and changing health authorities covering parts of different local authorities, the lack of co-terminosity and the continual creation, mergers, disaggregation and abolitions of health authorities will have affected all parts of England and to a lesser extent other parts of the UK. If the historical sources for the history of public health in the UK for the crucial period from 1974 are to be identified and preserved, then there will need to be collective consideration by the history of medicine community. And if the records prove not to be extant in sufficient quantity to enable more detailed local histories to be written, there may need to be urgent action to follow the lead of Jones and Pickford and capture the oral history of late twentieth century local public health before the key actors are lost and their stories left untold.

Acknowledgements

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Table 1: History of public health in Bristol 1948-2013 search terms

Public health authorities' names and variations	Public health terms	Individual authors on public health in Bristol
<ul style="list-style-type: none"> • Avon Area Health Authority • Avon Health Authority • Avon Health Commission • Bristol City Council • Bristol and District Health Authority • Bristol North Primary Care Trust • Bristol Primary Care Trust • Bristol South and West Primary Care Trust • Bristol and Weston District Health Authority • Bristol and Weston Health Authority 	<ul style="list-style-type: none"> • Area medical officer • Community medicine • Community physician • Director of public health (DPH) • District medical officer • Health of Bristol • Medical officer of health (MOH) • Public health department • Public health directorate 	<ul style="list-style-type: none"> • Ian Baker • Linda Ewles • Steve Fenton • Selena Gray • Christine Hine • Robert Parry • Michael Shepherd • Peter Townsend • Robert Wofinden

<ul style="list-style-type: none">• City and County of Bristol• Frenchay District Health Authority• Frenchay Health Authority• NHS Bristol• Southmead District Health Authority• Southmead Health Authority		
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Table 2: Libraries, archives, websites and databases with material relevant to the history of public health in Bristol

Local libraries, archives and websites	National libraries, archives and websites	International websites and databases
<ul style="list-style-type: none"> • Bristol Archives • Bristol City Council website • LibrariesWest (includes Bristol Central Lending Library and Reference Library) • South West Information Management System (SWIMS) (network of NHS libraries in the South West) • University of Bristol Library • University of the West of England (UWE) Library 	<ul style="list-style-type: none"> • British Library • National Archives • Office for National Statistics website • Public Health England website • UK Web Archives • Wellcome Library 	<ul style="list-style-type: none"> • British Medical Journal • Google • Google Scholar • Journal of Public Health • The Lancet • US National Library of Medicine (Bristol Medico-Chirurgical Journal digitalization) • WorldCat

**Table 3: Chronology and geographies of public health authorities in Bristol
1948 - 2013**

Years	Public health authority	Local authority geography
1948-1974	City and County of Bristol	City and County of Bristol
1974 - 1982	Avon Area Health Authority	Avon County Council (including Bristol District Council))
1982 - 1991	Bristol and Weston District Health Authority Frenchay District Health Authority Southmead District Health Authority	Southern part of Bristol District Council and part of Wansdyke District Council North eastern part of Bristol District Council, part of Northavon District Council and Kingswood District Council North western part of Bristol District Council and part of Northavon District Council
1991 – 1996 [1994 – 1996]	Bristol and District Health Authority [Avon Health Commission]	Bristol District Council, Northavon District Council and part of Wansdyke District Council
1996 - 2002	Avon Health Authority	Bristol City Council, Bath and North East Somerset, North Somerset and South Gloucestershire Councils

2002 - 2006	Bristol North Primary Care Trust Bristol South and West Primary Care Trust	Northern part of Bristol City Council South and western part of Bristol City Council
2006 - 2013	Bristol Primary Care Trust	Bristol City Council
2013 -	Bristol City Council	Bristol City Council

Table 4: Availability of local public health reports covering some or all of Bristol				
Years	Authorities	Reports available	Reports unavailable	% years available
1948 - 1973	City and County of Bristol	1948 – 1973	-	100%
1974 - 1982	Avon Area Health Authority	-	1974 - 1982	0%
1982 - 1991	Bristol & Weston HA	1988, 1989, 1990	1983 – 1985, 1986, 1987, 1991*	30%
	Frenchay HA	1986, 1988, 1989	1983 – 1985, 1987, 1990, 1991	30%
	Southmead HA	1988, 1990	1983 – 1985, 1986, 1987, 1989, 1991*	20%
1992 - 1995	Bristol & District HA	1993, 1994, 1995	1992	75%
1996 - 2001	Avon HA	1996 - 2001	-	100%
2002 - 2005	Bristol North PCT Bristol South & West PCT	2002 – 2004**	2005	75%

2006 - 2013	Bristol PCT	2006, 2007, 2010, 2011	2008, 2009, 2012, 2013***	50%
Sources: Bristol Archives, Bristol Central Library, North Somerset Library, National Archives, SWIMS (Southmead Hospital Library), University of Bristol Library, UWE Library.				
*Abolished 1 Oct 1991 so unlikely any reports produced for this year.				
** Joint reports by two Bristol PCTs.				
*** Abolished 31 March 2013 so unlikely any report produced for this year.				