
The JECHE gallery

Health and housing: a lasting relationship

This photograph shows the condition of some of the worst housing in the Glasgow constituency of Shettleston, which had the highest premature standardised mortality ratios in Britain in the period 1996–98.¹ Leaking soil pipes have caused the dark patches visible on the walls. Although most of the windows are boarded up, two of the flats are still occupied. These flats were built in the early 1950s and are due for demolition; much of the rest of the street has already been demolished.

J N Morris, in a pamphlet published in 1944,² cites Sir George Newman (who was Chief Medical Officer at the new Ministry of Health in England from 1919) on the three “evils” of inadequate housing: “There is *diminished personal cleanliness and physique* leading to debility, fatigue, unfitness, and reduced powers of resistance. A second result of bad housing is that the *sickness rates* are relatively high, particularly for infectious, contagious, and respiratory diseases. Thirdly, the general *death-rates* are higher and the expectation of life is lower. The evidence is overwhelming, and it comes from all parts of the world—the worse people are housed the higher will be the death-rate.”

While we might express this slightly differently today, the relationship between housing and health still holds.

MARY SHAW

School of Geographical Sciences, University of Bristol, University Road,
Bristol BS8 1SS, UK

1 Shaw M, Dorling D, Gordon D, et al. *The widening gap: health inequalities and policy in Britain*. Bristol: The Policy Press, 1999.

2 Morris JN. *Health*. No 6, Handbooks for Discussion Groups. London: Association for Education in Citizenship, 1944.

