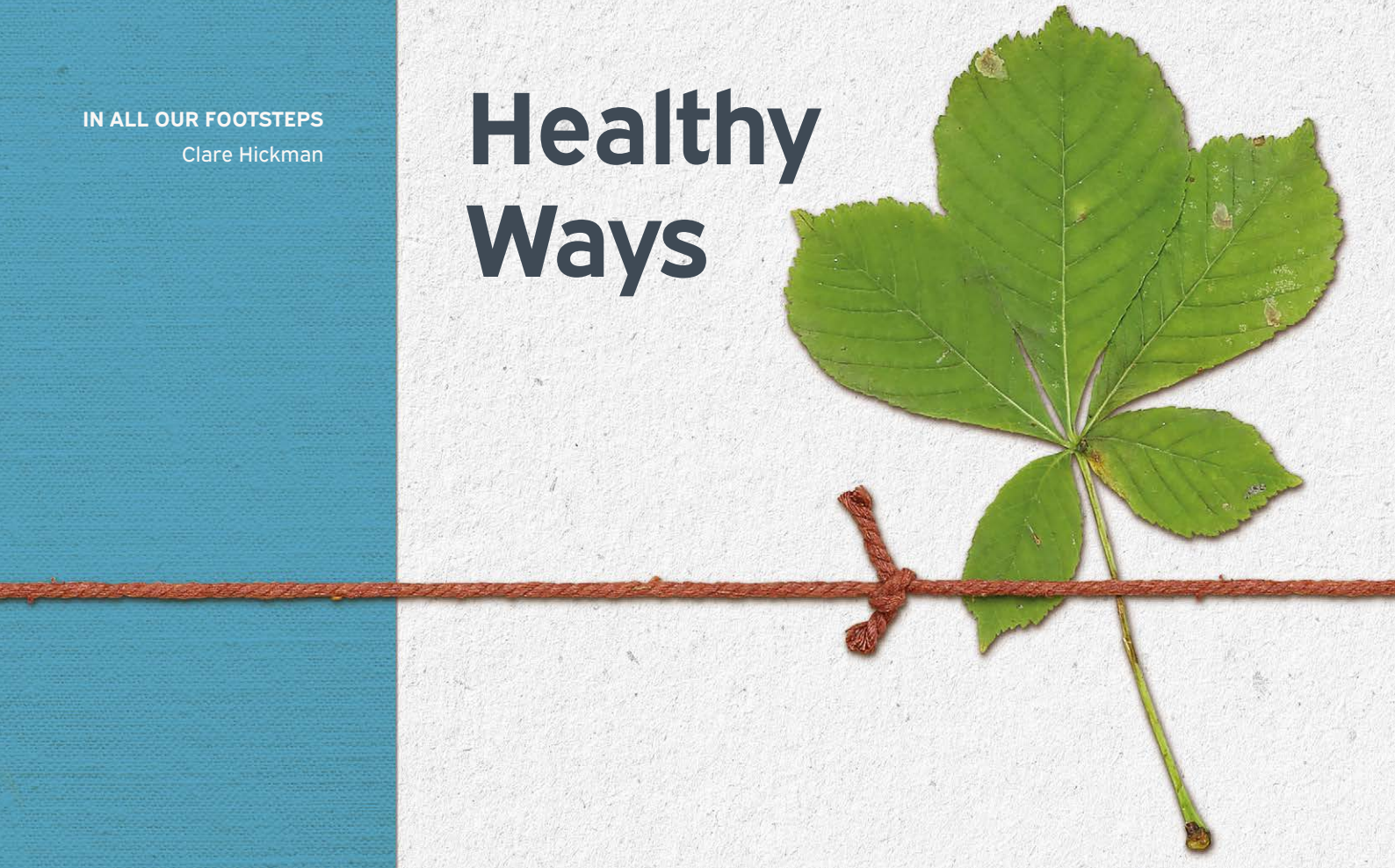
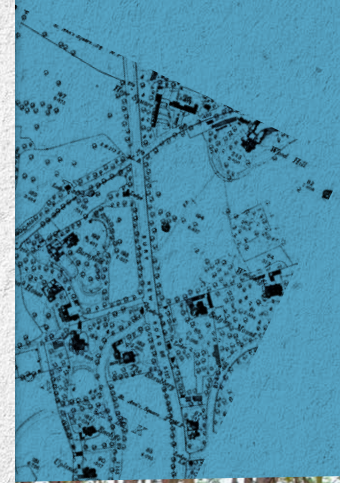
IN ALL OUR FOOTSTEPS

Clare Hickman

Healthy Ways



"An overarching conception of the rural as healthy might cause policy makers to assume that cities have more need of funding."



Introduction

Since the advent of industrial modernity, being able to access 'the countryside' with its fresh air has often been seen as one key to healthy living for town and city dwellers.

Rapid urbanisation and associated waves of disease - from Cholera, through Tuberculosis to Covid - further heightened attention to this idea. In the twentieth century, public rights of way often became the means of accessing the rural. These imaginaries of the healthy rural environment became further entrenched as more people became town- or city-dwellers and the rural became ever more viewed as a site of healthy leisure rather than work.

However, there have always been inequalities in terms of who can access this public good: such divides became more visible both during and after the acute phase of the Covid pandemic. Understanding changing conceptions of health and disease is then vital when considering the long history of rights of way and access to rural places.

Key points

There is a long history of health in relation to access and nature but much of our current thinking, and need for rights of way in relation to wellbeing, can only be understood in relation to histories of urbanism, disease and perceptions of the countryside as both a site of leisure and a healthy place

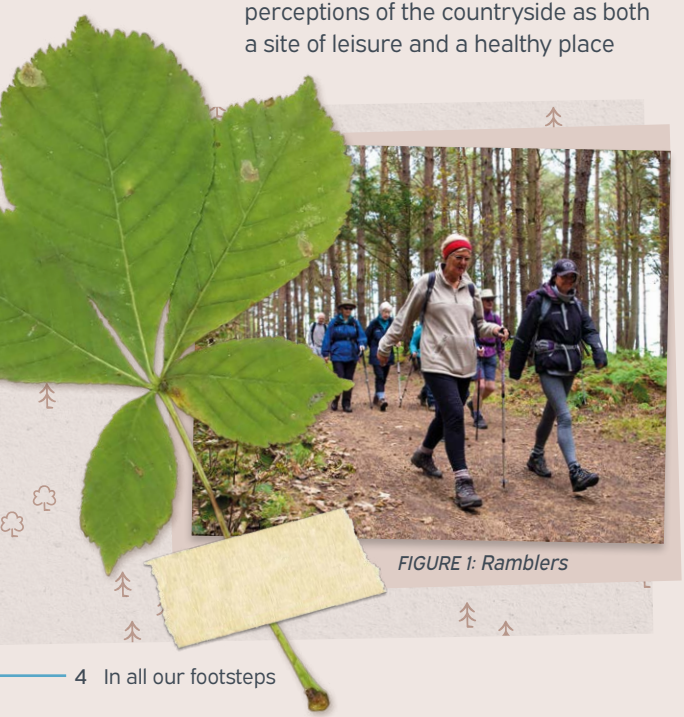


FIGURE 1: Ramblers

Diseases have made more evident as well as shaped our responses to questions of inequalities of access to the rural from Cholera, through TB to Covid

Air is an important feature in health as it mediates between the body and its environment but it has had particular historical contexts which have been mobilised by campaigns for access to the countryside

It is also essential to think about 'whose health' as people have differing needs and challenges. This is a complicated area where more direct access is not a simple, solo solution as ill health itself might make access impossible along with other factors such as poverty and race

FIGURE 2: The New Walk, Leicester which was created in 1785 as a promenade

QUOTE 1

"Public Walks were not interchangeable with Parks but rather promenades or roads among trees, "and such other verdant scenery as the situation may afford, heightened and rendered more interesting by art; for example the walks at Oxford"

John Claudius Loudon, Landscape Designer and Writer, 1835

Public health and public walks

Health has long been entwined with concepts of place and nature.

In the Western medical tradition we often look back to the Ancient Greeks and amongst the Hippocratic tracts there is the well known fragment, 'Airs, Waters, Places'. However, there are particular modern elements of designed infrastructure that have arisen in response to urbanisation and industrialisation; developments which brought with them new concerns about spaces for the creation of healthy bodies.

One such feature which emerged from these challenges was the urban 'Public Walk', a designed area for promenading which emerged in the late eighteenth century and was a precursor to the public park. *SEE FIGURE 2 (LEFT)*

As a term, 'Public Walk' has long since fallen out of favour, but it was commonly used throughout the nineteenth century. They represent useful spaces to think about the connections between parks, footpaths and access to the wider countryside and we can situate them within a wider narrative of urbanisation, industrialisation and concerns regarding the health of urban populations.

The Report of the 1833 Select Committee on Public Walks, which met during the first Cholera epidemic when health was a key national concern, gives us an insight into these planned 'walks' and their intended use. We can see from one question asked by the Committee to a witness that these were not meant to be simple footpaths or streets, as they asked: 'do not you think a few trees planted there, with a few seats, and improvements of that nature, would make that a good public walk?' Clearly these were more than just places for people to move through but somewhere they could also sit and watch others promenading under the shade of street trees. *SEE QUOTE 1 (LEFT)*

Given that one of the earliest parks with some public access, the Derby Arboretum, wasn't opened until 1840, Public Walks were in many ways precursors of these larger green spaces that became regarded as the lungs of the city. The idea of health in relation to the rapidly urbanising and industrialising country was also crucial. One of the key factors in the move to create new spaces for recreation for town and city dwellers was the concept of 'miasmias' or noxious gases that were seen as the leading cause of disease and death.

Health in the nineteenth century was not just about clean air and exercise and there were decidedly moral overtones to the discussion around the need for these green recreational spaces for the lower classes. In particular, they were seen as an ideal alternative to the public house and other 'irrational' activities such as gambling.

Public Walks also were intended to be places that would encourage a new more civilised urban lifestyle for the lower classes where they would promenade in a sober manner and aspire to dress and behave like the middle and upper classes. Within the Committee's report we can also see evidence of a growing concern about the inaccessibility of the countryside as well as a desire to create new green spaces. A theme concerning the need to trespass runs through several of the accounts and we can see the start of the movement to ensure access to the countryside via accessible footpaths and perhaps the origins of tensions over the concept of trespass versus rights to roam. From the start the health of the urban working population was at the heart of these concerns.

FIGURE 3: 1880s photo of the tree lined Addison's Walk, Magdalene College, Oxford

QUOTE 2

"Healthful exercise in the open air is seldom or never taken by the artizans of this town, and their health certainly suffers considerable depression from this deprivation. One reason of this state of the people is, that all scenes of interest are remote from the town, and that the walks which can be enjoyed by the poor are chiefly the turnpike roads, alternately dusty or muddy. Were parks provided, recreation would be taken with avidity, and one of the first results would be a better use of the Sunday, and a substitution of innocent amusement at all other times, for the debasing pleasures now in vogue."

The Manchester doctor, John Kay, giving evidence to the Select Commitee on Public Walks, 1833

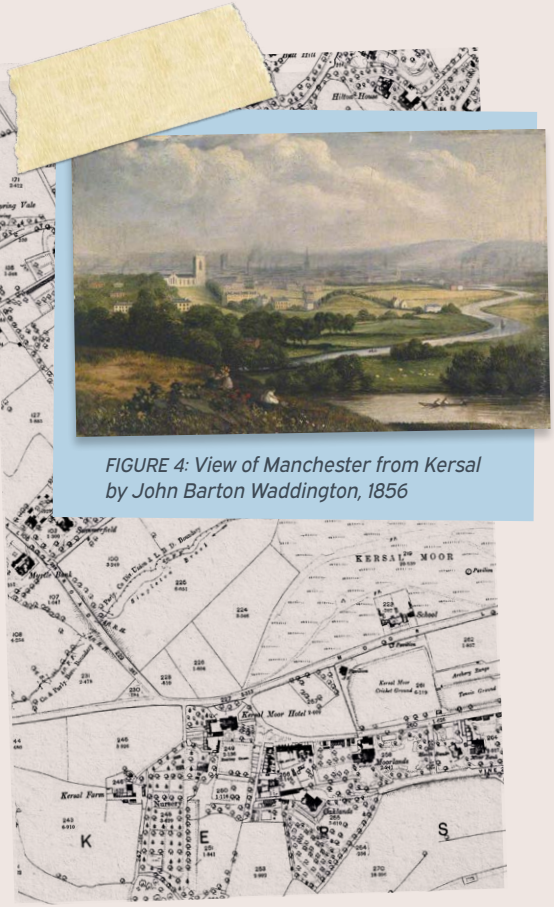


FIGURE 4: View of Manchester from Kersal by John Barton Waddington, 1856

Tramping and breathing the open-air

The desire to have access to clean, fresh air for urban dwellers increased in prominence as towns and cities exploded in size and density.

Alongside these, concerns developed in relation to growing air pollution (Strandling and Thorsheim, 1999) and rising worries over the high rates of associated endemic disease, such as Tuberculosis which affected the lungs (Luckin, 2015).

Medical practitioners in the UK following their counterparts in Europe started recommending that people spent as much time as possible outside in fresh air and sunshine, partly as a way of curing such diseases but also as a method of prevention.

The importance of the environment as a therapeutic agent was in part developed in response to a new understanding of natural immunity and the idea that to boost it in people they needed clean air and daylight (Hickman, 2013).

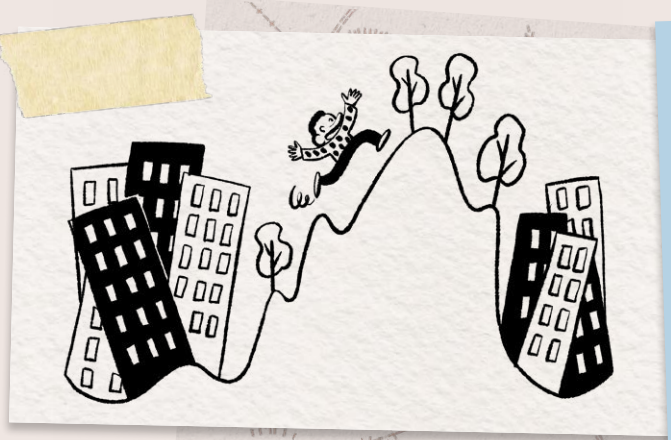
We can see some of these connections in the writings of David Chowry Muthu, an Indian physician who established the Mendip Hills Sanatorium in the UK and the Tambaram Sanatorium in India. He wrote several books on his experience of running an open-air sanatorium for TB patients in the Mendips. In 1910 he argued that open-air therapy was a 'natural treatment' and suggested that, "the secret of its widespread interest in Europe is due to the discovery—if discovery it may be called—that fresh air, hitherto regarded as an enemy to be shut out and barred, is really a friend, and one of Nature's best gifts to man."

Like many, he related the concept of open-air therapies to a time before industrialization and urbanization, and argued "that man, by building towns and manufacturing dirt and disease,

is undoing Nature's work, and that to put himself right again he must go back to Nature, and lead an open-life in the green fields and meadows, and breathe the sweet fresh air." *SEE FIGURE 4 (PREVIOUS PAGE) AND QUOTE 3 (BELOW)*

At the same time, the air from the common was perceived as refreshing the city as well as giving places for people to roam. There are clear connections between Eversley's arguments about the power of nature and the need for urban dwellers to access fresh, rural air for health to those of Muthu with his conception of nature as a powerful therapeutic force.

This reflects what historians Bill Luckin and Keir Waddington have described as the pro-rural/anti-urban sentiment which emerged in the nineteenth century and was strengthened by the concerns around physical and mental degeneration of the population at the end of the nineteenth century. Air and its surrounding environment were believed by both the general public and medical practitioners to be key elements in relation to the promotion of health or causation of disease. All of which ignored actual health problems experienced by those in the countryside, including the agricultural recession of the 1870s–1890s.



QUOTE 3

"Where such Metropolitan or Suburban Commons exist it is difficult to exaggerate their value to the public. They are natural parks, over which everyone may roam freely; for though the public may be trespassers in strict law, there are no practical means of preventing the use of these waste lands for exercise and recreation. They are reservoirs of fresh air and health, whence fresh breezes blow into the adjoining town. They bring home to the poorest something of the sense and beauty of nature."

Lord Eversley The Story of the Battle during the Last Forty-five Years for Public Rights over the Commons, Forests and Footpaths of England and Wales, 1910)

It was this perception, rather than the actuality of rural life that dominated the cultural context and shaped both medical practice and wider perception of countryside as the imagined antithesis of a polluted and degenerate environment. As late as 1944, the text on a membership card for the Darlington Cooperative Holidays Association and Holiday Fellowship Joint Group was still stating that their 'Objects' were "to provide for the healthy enjoyment of leisure" and to "encourage a love of the open air" (Co-operative Society Archive). So the wider public understanding of open-air for health was able to move from the practices of the sanatoria to those of the leisure activities of the wider public.
SEE QUOTE 4 (RIGHT)

Tramping or middle distance walking was one of the elements that could take place both within the sanatoria and beyond. At Muthu's sanatoria these excursions were built up over time as patients recovered from initial short walks through half day walks covering about five to six miles to much longer walks for 12 miles over a whole day. Once patients were easily covering those miles these walks would ideally lead to "caravan tours," where he writes that, the "patients on these tours go still further afield, and after tramping for three or four days in the open country and living a simple life, return to the sanatorium." This reflected a wider growing interest in walking-based holidays to the countryside and combined camping as a healthy as well as a pleasurable practice.
SEE FIGURE 5 (RIGHT)

We can see echoes of this within the text of the National Parks and Access to the Countryside Act of 1949 which argued that these places were necessary for "the enjoyment of the opportunities for open air recreation and the study of nature afforded thereby". The conception of open-air as a key to health in relation to both disease prevention and recovery is therefore at the heart of legislative and public concerns in relation to rights of way.

FIGURE 5: Tuberculosis patients tramping

QUOTE 4

"By the time the patients reach the convalescent period they instinctively desire a wider scope and greater activity to give exercise to their returning health. Therefore, we saw the necessity of introducing a system of tramping tours during the last stage of the patients' stay in the sanatorium [...]. And the result has been eminently satisfactory. By taking the patients to 'fresh fields and pastures new,' a new interest has been created which gave fresh stimulus to the healing energies to bring about the final arrest of the disease.

Muthu, 1922

FIGURE 6: Stiles raised on rocks such as this can be a real mobility challenge

Contemporary echoes

As the discussion above has demonstrated there are particular medical underpinnings that affect the way that air and its intimate connections to an imagined countryside has been perceived in relation to health and disease.

Urban children living in poverty have long been considered most in need of access to country air and historically this can be seen in the proliferation of societies organising rural and seaside holidays for poor children in the late nineteenth century.

Similarly concerns over inequalities of access and health remain with us as well as widespread beliefs in the benefits of access to clean air, however there is an intersectionality which crosses categorisations of race, class, health and dis/ability in relation to those who have the most choice over the places and spaces they occupy.

As the Accessible Ways booklet highlights, the legal right to enjoy rights of way is not always reflected in the physical infrastructure of footpaths; with access structures such as gates and stiles presenting barriers to accessibility. *SEE FIGURE 6 (LEFT)*

The recent COVID-19 pandemic in particular has revealed these patterns of concern. In statements about access to green spaces during the pandemic there are clear echoes to medicalized views of the countryside which emerged after the Cholera epidemics — even though the understanding of the disease, its prevention and cure were very medically different.

Like Lord Eversley in 1910, the green fringes and rights of way of Britain's landscape are still perceived as offering opportunities for healthy activity in cleaner air. This was acutely felt during the pandemic. The UK-wide People and Nature Survey run by Natural England

which reported throughout the pandemic noted in its summary of findings: "Nearly half of adults in England report spending more time outdoors than before the pandemic (45%, March 2022). Close to four in ten say that nature and wildlife are more important than ever to their wellbeing (39%, March 2022)." There is of course always a specific medical context but the general argument for more access to these 'healthier' outdoor spaces during times of epidemic disease has long roots.

Similarly, these moments of public health concern have also highlighted inequalities in who can access these 'healthier' locations. Previously that generally meant lower class populations, and as we have seen particularly children, but with population changes that has also shifted slightly in focus. In the 2020 report from the Ramblers, "The Grass Isn't Greener for Everyone: Why Access to Green Space Matters," they noted that "only 57% of GB adults questioned said that they lived within five minutes' walk of green space, be it a local park, nearby field or canal path. That figure fell to just 39% for people from a Black, Asian or Minority Ethnic (BAME) background and 46% among all GB adults with a household income of under £15,000 (compared to 63% of those with a household income over £35,000 and 70% over £70,000)." Reflecting similar paternalistic concerns found in the nineteenth century access to the countryside movement, there is again a keen understanding of the inequities of who can easily visit these spaces and who is excluded.

FIGURE 7: Green park, London

As the 2021 British Academy report, "The COVID Decade: Understanding the Long-Term Societal Impacts of COVID-19," noted "throughout the pandemic, access to green spaces has proven beneficial to health and wellbeing—but this need has further highlighted social disadvantage." This is put starkly by the recent research by the New Economics Foundation for the Ramblers who say that in the simplest of terms those who have rights of way in Britain today are most likely "the old, the wealthy, the healthy, and the white".

Imagined and real healthy ways

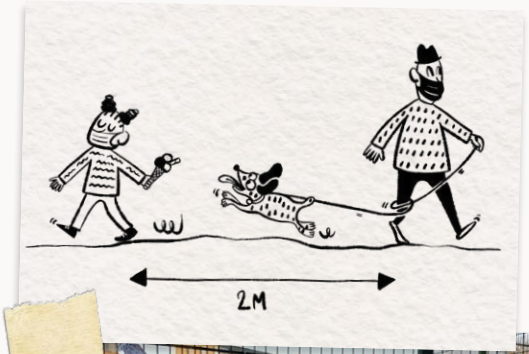


FIGURE 8: A London park during lockdown in 2020 illustrating the relationship between parks and health in recent times.

As in the past thorough attention needs to be paid to shared narratives that highlight the healthy nature of the rural air which might cause other data to be overlooked.

As the 2020 Nuffield report into rural health services and their potential recovery post-COVID-19 noted, "history suggests that rural and remote services are at risk of not getting what might be deemed their fair share of the additional funding that is being injected into the NHS as a result of the pandemic." *SEE FIGURE 8 (LEFT)*

There are many and varied reasons for this but an overarching conception of the rural as healthy might cause policy makers to assume that cities have more need of funding. Similarly, just because rural places are in the countryside does not necessarily mean that green spaces are accessible. As Natural England, in their 2010 report stated, access to high quality natural space is "often more achievable in urban communities than in rural communities, particularly in lowland agricultural England where there is often poor access to quality greenspace." There is therefore a need for more

attention to the ways in which imaginaries of clean, healthy air and the wider countryside might mask the complex social, cultural and health issues faced by rural communities. As Boyd, White, Bell and Burt in their recent study noted, poor health as a given reason for "infrequent nature visits by individuals living in several regions outside of London, reflects regional inequalities in health. This reason was also more prevalent in coastal communities which reflects a generally older, less healthy population at the English coast". *SEE FIGURE 9 (RIGHT)*

A greater understanding of our historical conceptions of both health and place, as well as the ways in which they have influenced our assumptions and beliefs today are crucial when considering urban/rural dynamics and long term issues of equality and inclusion. Health is often used as a shortcut argument for access to nature both historically and today but it is not as easy as marking a right of way on a map for everyone.

FIGURE 9: Whitley Bay sea front and The Links public park with its range of paths and seats to cater for all ages.

Resources and further reading

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FIGURES

Figure 1: Courtesy of The Ramblers https://www.ramblers.org.uk/feature/definitive-map

Figure 2: *The New Walk, Leicester*. Oil on canvas by George W. Moore Henton, 1914. Credit: Leicester Museums and Galleries (CC BY-NC-SA)

Figure 3: *Addison's Walk*, Magdalene College, Oxford. Credit: Courtesy of the University of St Andrews Libraries and Museums, ID: JV-10104

Figure 4: *View of Manchester from Kersal* by John Barton Waddington, 1856. Credit: Manchester Art Gallery (CC BY-NC-ND)

Figure 5: David Chowry Muthu, *Tramping Pulmonary Tuberculosis: Its Etiology and Treatment a Record of Twenty Two Years' Observation and Work in Open-Air Sanatoria* (London: Balliere, Tindall and Cox, 1922). Credit: Wellcome Collection

Figure 6 Stiles raised on rocks, Credit: Clare Hickman

Figure 7: Green park, London. Credit greenpark studios https://pixabay.com/photos/green-park-london-uk-england-park-2932220/

Figure 8: A London park during lockdown, Credit: Jack Cornish

Figure 9: Whitley Bay sea front Credit: Clare Hickman

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www.allourfootsteps.uk

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www.camilleaubry.com

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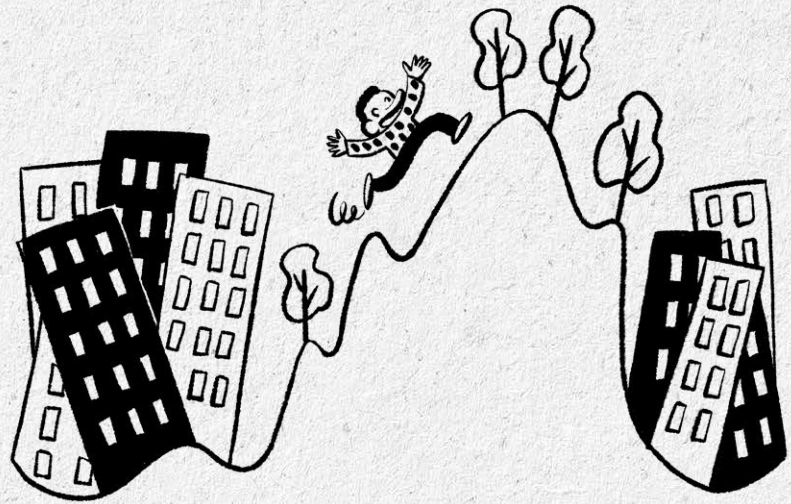

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