to inroads of disease, and none more than consumption." Drawing on the reports of tract missionaries and his own observations, Griscom warned that nearly 34,000 people were living in the 1,459 dark and damp cellar dwellings and 1,727 courts and rear-houses. (He might also have noted that as many as 40,000 New Yorkers were without any shelter that year, they were identified as "indigent lodgers" in the station houses.) In Griscom's eyes, housing conditions exposed the interconnectedness of the environmental, moral, and social dimensions of disease. "The over-crowded state of many tenements, and the want of separate apartments, are prolific sources of moral degradation, and physical suffering," he wrote. Multiple families living in close quarters not only produced a vitiated atmosphere, but also "an indifference to the common decency of life, and a disregard of the sacred obligations of moral propriety, which result in a depressing effect upon the physiological energies, and powerfully heighten the susceptibility to, aggravate the type, and render more difficult the cure, of diseases among them." Not only did early death follow, but such conditions also sapped the capacity of individuals to take responsibility for their own lives and the well-being of their families.15

In many respects, Griscom's report and his pamphlet on the sanitary condition of the laboring population, which followed two years later, built on the theories and recommendations that city inspectors and sanitaryians had been making for three decades. Like his predecessors, he called for the elimination of common nuisances, regulation of noxious industries, cleaning of streets, and introduction of clean water and sewers. But Griscom also redirected attention from the sanitary conditions of wharves, streets, and sunken lots to the interior conditions of tenant houses; taking the fire laws as his model, he proposed a new reach of public regulation. "If there is any propriety in the law regulating the construction of buildings in reference to fire," he argued, "equally proper would be one respecting the protection of the inmates from the pernicious influence of badly arranged houses and apartments." Griscom urged that the definition of public nuisance "be extended to the correction of interior conditions of tenements when dangerous to health and life. The latter should be regarded with as much solicitude as the prosperity of citizens."16

Like his predecessors, however, Griscom faced the problem of proposing a remedy for physical ills that arose from the social relations that had produced prosperity for some New Yorkers and new extremes of poverty for others; such a remedy required deciding who was accountable. Griscom took the trouble to investigate the economics of the housing market, but his conclusions remained circumscribed by his own understanding of the ground rules of his society. Although he denounced the "system of tenancy to which large numbers of the poor are subjected," he focused on the "merciless inflation and extortion of the sublandlord," the middlemen of New York City's tiered tenant system. "A house, or a row, or a court of houses is hired by some person of the owner, on a lease of several years, for a sum that will yield a fair interest on the costs," he reported. "The owner is thus relieved of the great trouble incident to the changes of tenants and the collection of rent. His income is sure from one individual, is obtained without annoyance or oppression on his part. It then becomes the object of the lessee to make and save as much as possible, with his adventure, sometimes to enable him to purchase the property in a short time."17 Griscom correctly described the system of subtenancy that had arisen with the subdivision of rental houses, but he absolved the city's rentiers and primary landlords of responsibility by endorsing their profits—the "fair interest on the costs"—while denouncing villainous sublandlords' "extortions." Working-class sublandlords operated under the constraint of the rent they owed the chief landlord, who measured a "fair" return on an investment by comparing it to alternative outlets for capital. For Griscom to have gone further and challenged the right of rentiers to profit from slum housing would have been to alienate a political constituency he needed to implement housing reform.

Griscom's consciousness of this dilemma is evident in how he built his appeals for sanitary reform. Taking up the utilitarian perspective of the business community, he underscored the unique status of housing as a form of property that could and should be regulated without undermining fundamental rights of private property or contracts. Decent housing, he suggested, was itself necessary to preserve the value of other commodities, particularly the commodity of labor power. Inadequate housing would undermine the growth of the city's economy by producing a chronically sick and unstable work force, he warned, and unless housing were regulated, taxpayers would bear new expenses when the residents of tenant houses were "thrown upon public charity for support by the premature death or illness of heads of families." Griscom even went so far as to cost out the loss to the city of the value of 268 laborers' premature deaths ($44,616 a year over a twenty-year period). Only by seeing the cash value of workers' lives and health, he implied, could property New Yorkers be moved to take action.18

Although he veered on examining some of the underlying social relations that concentrated laboring families in crowded domestic quarters, when it came to positive remedies Griscom turned back to the physical solutions of forbidding nuisances, improving utilities, and altering design. Recognizing that builders would not produce affordable, healthy housing for the city's working people unless it was profitable, he, like other housing and health reformers, thought that "benevolent capitalists" must demonstrate through philanthropy alternative ways to build and manage healthy multifamily housing while still maintaining a "fair" return on their investment. His suggestion for the philanthropy of building tenements was taken up by the press. Appealing to the "law of Christian charity," the Whig Morning Courier and Enquirer suggested to its readers that property owners had a "duty" to provide "good, whole and healthy dwellings for the poor." "Twenty or even more poor families
might well be accommodated in a single tenant house erected for that special purpose,” it went on to explain, “and such houses built entirely for comfort without respect for show... could be erected at a very cheap rate and would command a rent sufficiently increased to cover any falling off of profits.” By this logic, any builder who erected a tenement could claim a benevolent fulfillment of duty, but few laboring families could afford to pay for the “philanthropy” of sufficiently increased rents.

The model tenement movement gained strength at the very moment that the production of purpose-built tenements was emerging as a new field of real estate investment. Three decades of concentrating working-class rents through subdivision had demonstrated to builders and landlords alike the profitability of purpose-built multifamily dwellings, particularly when they were erected without the “amenities” of light and air or plumbing. And few builders saw why they should be held to laws of Christian charity so readily transgressed by the propertied citizens in all other fields of investment and exchange.

Sanitary reformers stressed that a better design for multifamily dwellings could in and of itself solve the now linked housing and health crises, but a fine line existed between vernacular and “model” tenements. Low wages and chronic unemployment meant that wage-earning families would share apartments in new as well as old buildings. By the 1850s, tenements had become the dominant form of working-class housing and the number of cellar dwellings began to decline, but taller buildings with multiple apartments only gave landlords more space to subdivide and wage-earning tenants more space to share. In the 1840s, city inspectors and reformers in the Association for Improving the Condition of the Poor had hauled “recently built tenant houses” as the “best habitations for the laboring classes.” “From so promising a beginning, much that would be advantageous was expected,” reformers observed in 1853. “But after a time an unlooked for deterioration in the character of the buildings was manifested. Many were erected on so contracted and pellucid a scale as to be inferior, as it respects the essentials of a dwelling, to the old buildings whose place they were intended to supply.”

In the years 1845 to 1854, the citywide mortality rate reached its all-time high (40 deaths per 1,000 city residents), and the gap between death rates in middle-class and working-class districts widened dramatically. Because this decade of economic recovery and increased immigration followed on the heels of the 1837–1844 depression, the supply of working-class housing—whether in subdivided older buildings or in the new tenements now being constructed—fell far behind the need and well below the housing standards of an earlier generation of wage-earning families. More than two-thirds of the people who died annually in New York were children; by the early 1860s, children of immigrant parents were ten times more likely to die by the age of twenty than were the children of native-born parents.

Early death was not the greatest danger that propertied New Yorkers saw in working-class housing conditions, however. In the 1850s, trade unionists and land reformers in the Industrial Congress began to elaborate a critique of capitalist social relations, including the wage relation. This collective organizing threatened to transform the terms of discussion of the condition of the laboring classes from greedy landlords and victimized tenants to questions of class powers in their largest sense. In this context, some editors and reformers began to read the housing crisis as a threat not only to health but also to social order. Tenement life constituted an “associated community” and “practical Fourierism,” the Courier had warned, that would “destroy those feelings of attachment and of moral responsibility, which belong to the idea of the home.”

Public health reformers like Griscom assigned a priority to housing reform as the most effective safeguard of public health, morals, and order, but at some points Griscom's efforts to understand the workings of the housing market brought him into alliance with labor activists and land reformers. In 1853, for example, Griscom and his associate Robert Hartley (president of the Association for Improving the Condition of the Poor, which led the campaign for housing reform) rejected another panacea for health that had gained currency in sanitary reform circles abroad. English health reformers in the late 1830s campaigned to create new public walks and parks to serve as the “lungs” of industrial cities. Wealthy New York City merchants and uptown landowners, who in the early 1850s proposed the creation of Central Park, hoped to create a refined setting for their own socializing. But seeking to establish the public value of their project, they also invoked the language of English sanitary reformers and claimed that the park would improve the health and morals of the city’s working people. Land reformers and members of the Industrial Congress denounced the park—not inaccurately—as a class-conscious scheme of the “codfish aristocracy” and land speculators. And although their language was more tempered, Griscom and Hartley joined this protest. To remove more than seven hundred acres from the land market, they argued, would only introduce new pressures on the housing market and thereby increase rents and crowding. A park located more than three miles from the center of population, moreover, would afford little relief to congested working-class neighborhoods. If the city wished to serve public health by creating public greens, Griscom suggested, it should build multiple small parks in working-class neighborhoods.

In working-class circles, mid-nineteenth-century discussions of health and housing reform spilled over into a larger debate over how the city would come to terms with capitalist market relations. But sanitarians’ focus on housing also offered wealthy and middle-class New Yorkers a way to contain that discussion by narrowing what topics could be addressed under the rubric of “public health.” After Griscom’s innovative term as city inspector, other city inspectors and reform groups predictably singled out the miserable conditions of tenant housing as the focus of disease, warned of the dangerous impact on
the morals of the working class, and decreed rapacious landlords. In 1853, the AICP conducted a ward-by-ward survey of housing conditions, a strategy taken up in 1856 by the first of a series of state senate and assembly investigative committees, and then by the Citizens’ Association Council of Hygiene, which produced a systematic survey of housing conditions in 1865. Despite their sincere sympathy and intention of mobilizing a reform movement, these investigations also helped shape a new interpretation of social relations that in effect naturalized class divisions as a permanent feature of the city landscape. Presenting the city as irrevocably divided into “sunshine and shadow,” the surveys—and journalists’ similar investigations—drew a grim picture of victimization and continued to denounce greedy landlords; they also implied that there was no active relationship between the city’s wealthy (and healthy) households and the conditions of the laboring population.10

The housing investigations, moreover, paved the way for the translation of relations between people into the statistical abstracts of social science. The reports presented a static picture of the effects of half a century of capitalist development. And in systematically documenting the numbers and density of tenements (which housed three-quarters of the city’s families by 1866), reformers omitted information that might illuminate what caused thousands of New Yorkers to inhabit, as the Council of Hygiene described it in its 1865 report, “dwellings which invite and localize the most disabling and fatal kinds of disease.” Instead of investigating what employers paid workers, the frequency and rate of unemployment, or the rate of capital accumulation in the city, the investigations drew a bleak and often sentimental portrait of demoralization that implied a different narrative of causation. Poor housing itself caused poverty by breeding indolence and despair alongside disease; left unattended, such housing would produce the dissatisfaction that fueled such extremes of class anger as the 1863 draft riot. Better housing would inspire the ambition, diligence, and discipline that allowed workers to help themselves and earn the means to enjoy the standard of living attained by the city’s leading citizens. These surveys fueled the movement for developing building codes and sanitary inspection as a means of guaranteeing better housing, but they also erased from the discussion of health and housing conditions reflection on the larger system of economic relations that produced them.11

Griscom and his followers built a broad coalition in support of new housing and health regulations. Fire insurers, who had repeatedly and successfully pressed their own interests in regulating the built environment, now joined in the campaign for a building code that would reduce their risks further. Members of the new Republican party saw an opportunity to undermine the local power of Tammany Democrats by creating a state-appointed health board; physicians saw in such a body the enhancement of their authority as public experts. Merchants pursued their business interests in maintaining the city’s reputation as a healthy and prosperous center of trade, and manufacturers subscribed to the theory that better housing would produce better-disciplined as well as healthier workers. The cholera epidemics of 1849 and 1865, and especially the 1863 draft riots, added urgency to reformers’ campaign for new housing regulation, and in 1866 Radical Republicans in the state legislature heeded their calls by establishing the Metropolitan Health Board with new powers of sanitary inspection. The following year the legislature passed the city’s first comprehensive housing act, which specified new construction standards—materials, room dimensions, provisions for light and air—as well as one toilet per twenty people.12

It says much for the effectiveness of Griscom and his followers that propertyed New Yorkers would come to see the regulation of property rights in housing as in their interest. Yet the success lay not so much in establishing the principle that government could intervene in economic relations on behalf of a common good as in isolating housing as a special form of property. Reformers succeeded in extending the common law of nuisances to regulate land use and housing without jeopardizing the contractual relations of exchange. The creation of minimum housing standards came on the heels of the final deregulation of other markets (the inspection of food products, for example), and in the midst of a growing debate over workers’ proposals to regulate the labor market by passing an eight-hour law. Housing had been successfully separated from these other arenas of contractual relations, however. Landlords and builders had never been a favored group in the city, and by mid-century their class power vis-à-vis other factions of capital had waned. If the burden of guaranteeing that workers would be adequately housed could be placed on the shoulders of builders and landlords, employers could maintain their own contractual power and freedom. Indeed, if the state took an interest in the quality of workers’ housing, it might defuse workers’ militancy in demanding higher wages or shorter hours. The terms of landlords’ accountability, moreover, were limited; although new laws lifted some tenant liability for rent if a dwelling was “uninhabitable,” landlords had no obligation to guarantee that the apartments they rented were safe for occupancy or to make repairs on a regular basis. To have required this degree of accountability would have subverted the principle of caveat emptor that ruled in all other arenas of commodity exchange. The law empowered inspectors, not tenants, to judge when housing conditions justified public action to compel landlords to correct them.13

The producers of housing saw little reason why they should surrender the right to profit while other capitalists were given free rein. Small builders, especially, protested the new construction codes, which raised the costs of producing tenements, narrowed the margin of profit in a highly risky enterprise, and threatened, they argued, to reduce the supply of housing and thus produce a worse outcome than even shoddy tenements. Yet the real estate industry as a whole was not necessarily opposed to regulations that would discipline competition within the construction industry by standardizing the
product. From the perspective of many large landowners and speculators, codes would increase the level of investment in construction throughout the city and thus enhance land values, adding to the "unearned increment" produced by social progress. Similarly, the largest builders, whose middle-class flats and apartments already met the mandated minimum standards, felt little direct pressure from regulation, and they welcomed the upgrading of tenements whose otherwise unsanitary conditions might devalue their own projects in the same neighborhoods.6

Building codes may have helped make life safer and more comfortable for thousands of New Yorkers by increasing the number of apartments that had fire escapes and better ventilation, light, drainage, and plumbing, but initially these regulations did little to transform the living conditions or improve the health of New York's laboring families. The panic of 1873 and the depression that followed exacerbated the housing crisis, taking back the ground that the organized labor movement may have briefly won in the late 1860s. Not only did unemployed workers have less money for rent and landlords less money to pay for repairs, hundreds of builders declared bankruptcy. The Department of Buildings, moreover, worked through compromise, bribery, and deliberate oversight in issuing permits for new buildings; inspectors applied the codes unevenly, if at all, with respect to older tenements and subdivided tenement houses. Enforcement encountered both jurisdictional and political problems. Health inspectors could demand the correction of the worst nuisances, but they seldom had the staff or time to insure that owners—if they could be identified—complied with their orders. Even after the passage of more stringent laws (culminating with the 1901 Housing Act) that required proprietors of older buildings to meet new minimal standards, the number of new tenements built to code paled against the legacy of the older buildings that remained in violation. More important, the laws had little impact on how and in what numbers or density tenants occupied buildings.7

More pleasant though building and health codes may have made New York in the last third of the nineteenth century, there is little evidence that these codes in and of themselves improved public health. The city's death rate declined unevenly after the Civil War, but historians attribute this trend, which began prior to the passage of reform legislation, to much as much to the city's increased investment in sewers and water lines as to new regulations. That is to say, the city increased the opportunity for builders and landlords to introduce plumbing and water, but before the end of the century a building did not need running water or flush toilets to be deemed fit for habitation.8 Access to better housing continued to depend primarily on access to decent wages and steady employment.

Housing reform on behalf of public health carefully circumscribed the larger issues of regulating market relations, of introducing principles of accountability directly into the "laws" of supply and demand. Indeed, sanitarians and their supporters viewed housing reform as an alternative to class politics that might address such issues. Thus, the same citizens who embraced housing and health reform in the 1860s opposed workers' efforts to legislate an eight-hour day at wage rates established by trade unions. Indeed, after 1867, some reformers' interest in housing and health reform waned in proportion to their anxiety about the labor movement's own definition of the causes of their condition. Dorman Eaton, who had drafted the Health Act, for example, quickly shifted his attention from sanitary reform to attacking the "excesses of democracy" when public workers and the labor movement demanded the eight-hour day—in his mind, a "communistic scheme of lifting up the lower levels of life in this city to comfort." And by 1873, the AICP was arguing that if workers were "not well-fed, well-housed, and well-clothed, it is neither owing to providential allotment nor to the oppression of human laws, but to their indolence, improvidence, and vice. Hence, no power should interpose between them and the divinely-appointed penalties." Where property rights New Yorkers had succeeded in shedding their own accountability for the conditions of the laboring classes, the discoveries of scientific medicine only reinforced the identification of disease with forces outside human and social relations. If workers' living conditions improved by the end of the nineteenth century, the explanation lay as much with the labor movement's determination to assert a collective right to health and comfort in the largest sense as with either housing reform or the discoveries of scientific medicine.

Public health reform has seldom pushed beyond the frame of enlightened self-interest to ask what the improved living standards of one group have to do with the poor standards of another. At most, the concept of a trickle-down or filter suggest that on those at the top secure the new levels of material well-being, that degree of well-being eventually becomes available to those at the bottom. The language of health—and fear of "contagion"—helped shape a perception of shared costs that constituted the public interest in regulating land use. But the relationship among households was defined as one of proximity, of shared utilities and vulnerabilities, not as one between people, between one group who could rob another group of health in order to make their own lives more comfortable.

It is difficult, of course, to think about health in such abstract terms. There remains a vast gap between most people's concepts of "public health" and the health of the people they know. On a fundamental level, many people continue to regard the health of family or friends, roommates, and acquaintances, with a kind of fatalism that probably differs little from that of colonial New Yorkers. Whatever the advances of medical science, viruses, cancers, and other diseases remain providences beyond human control. And early death remains tragic and ultimately eludes accountability precisely because there is no compensation or retribution that restores the loss. Anger at personal suffering, alongside fear, can fuel demands for prevention as a collective
responsibility. But collective action runs up against the difficulty of isolating "health" within the larger fabric of daily life and imagining it as a fundamental right of free persons.

Discussion of health as the product of social relations has not advanced much since the nineteenth century; indeed, the concept of "public health" remains tied to discussions of how much private individuals are willing or able to pay, although more in terms of insurance and taxes than in the purchase of healthy homes. Or health is taken to represent something individuals pay for through their behaviors. That health is not a common right of all New Yorkers—or of all Americans—is hardly an indictment of capitalist economy alone. But today, as in the nineteenth century, American shy away from questions of social accountability. Medical science's identification of the nonhuman agents of disease has worked to reinforce the idea that the destruction of health requires scrutiny, investigation, and regulation of "externalities" in the extreme case but not in the common case of everyday social relations that allow some people to live well because others live poorly and die young.

Notes

3. William Blackstone, Commentaries on the Laws of England, ed. William Casey Jones (1788; reprint, Baton Rouge: Claitor's Publishing Division, 1976), 2302, 2360. New Yorkers regarded Blackstone as authoritative on common law. It is perhaps noteworthy that his chapter on offenses against the public health moved so quickly to the category "public police and economy," treating laws against bigotry and vagrancy as well as "common nuisances."
5. Blackstone, Commentaries, 1790.
9. Elizabeth D. Bleeker, July 26, 1799, July 30, August 1, 2, 8, 9, 1803, Diary, 1799–1806, Rare Books and Manuscripts Division, the New York Public Library, Astor, Lenox and Tilden Foundations; Ford, Slums and Housing, 1:74–75.
10. Commercial Advertiser, February 2, 1803; April 15, 1807.
15. Board of Aldermen, Documents, 2, no. 36, 160.
20. Association for Improving the Condition of the Poor [hereafter AICP], Fourteenth Annual Report (1857), 25, quoted in Lubitz, "The Tenement Problem," 64.
24. Ibid., 175–176.
25. Griscom, Sanitary Conditions, 8–9, on subtenancy, see also Blackmar, Manhattan for Rent, 243–245.