Source C mentions another key figure within the development and improvement of British public health, John Simon. Simon started out as a founder member of the Health of Towns Association in 1844, becoming a medical officer in 1848, and whilst Chadwick was dismissed as commissioner of the General Board of Health three years prior, Simon became appointed medical officer to the General Board of Health in 1858. Within this source, Simon declares that the “time has now arrived” to actually take action against dirt and filth, instead of sitting back and waiting for it to happen, thus potentially increasing motivation to continue improving this public health provision. This reiterates my point that other factors beside the fear of cholera could’ve contributed to improvements in public health, such as the tireless work of individuals like Chadwick, Kay-Shuttleworth, Bazalgette and Simon.

Additionally, the government seem to have moved away over time from the laissez-faire principle, which was very much in play for the Poor Law Amendment Act of 1834. Provoked by many factors, such as the Great Stink of 1858, in which the House of Commons became unbearable to work in due to sweltering conditions where bacteria thrived, the government took on a more proactive role, moving away from letting their people be. Also in this year, powers of the General Board of Health were split between the Local Government Act office and the Privy Council, giving local boards of health powers to take preventative action and appoint officials as needed. Plus, the Second Reform Act of 1867 gave one million of seven million adult males in England and Wales the power to vote and influence decisions about the conditions they have to live in, which has the potential to improve public health as they are the ones experiencing it first-hand. Additionally, the government were made more responsible through the use of compulsory acts such as 1866 Sanitary Act and the 1871 Vaccinations Act, increasingly control over public health issues. This refers back to Simon’s views in Source C, mirroring his views that the filthiness of a place is “not any longer to be discretional”, showing that there should be no room for leeway. This reinforces my point that although the fear of further cholera outbreaks encouraged the improvement of public health provision in Britain, the responsibility the government finally started to take for their people also proved to be a great factor.

Another factor which vastly improved public health in Britain in the years 1833-1975 was new knowledge. During the 1860s, a French scientist by the name of Louis Pasteur conducted experiments proving microorganisms existed in air. He went on to discover that a disease in silkworms was caused by a microorganism, thus from here he made the link between humans, microorganisms and disease. However, not everyone believed him as they were reluctant to let go of the concept of the miasma theory. Another individual who revealed new knowledge was John Snow, who connected cholera to dirty water. This started through a series of observations made by Snow about the Broad Street pump, such as seven workmen living outside the area but drinking from the pump all died. It was not until 1870, though, that Snow’s breakthrough received universal attention and acclaim. This contrasts Source A’s earlier fears of cholera which inspired “dread”, and showed sufferers to be in “full possession of their wonted strength”, shooting down the naivety and lack of knowledge displayed here, and proving that time and knowledge had advanced vastly since this source, published in 1832. This reiterates my point that although cholera did encourage the improvement of public health, it can also be credited to theories like this which solidified and proved the right causes.

To conclude, one of the main factors encouraging the improvement of public health provision in Britain in the years 1833-75 was the fear of further outbreaks of cholera, but this was not a stand-alone factor. Several other factors can be credited such as the role of individuals, the government’s increasingly proactive role, and new knowledge.