

Keeping the Lid on

Keeping the Lid on:
Urban Eruptions and Social Control
since the 19th Century

Edited by

Susan Finding, Logie Barrow
and the late François Poirier

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P U B L I S H I N G

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François Poirier died in February 2010 just as this book was going to press. This project was his idea. He was constantly promoting collaboration between colleagues, young and old, between academic disciplines, as this book, including contributions from two of his former doctoral students, shows. François prepared the whole manuscript, which Logie Barrow and Susan Finding edited and proof-read, harmonising the notes and bibliography. This book will be one of many tributes to his lasting contribution to social history.



Image from *Pictorial News*, 13 Sept. 1890, showing the trade-union street parade at the end of the TUC held in Liverpool, 1-6 Sept. 1890.

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INTRODUCTION

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It may seem rather odd that Britain, one of the first European countries to become fully urbanized has been clinging so long to a passeistic and rural self-representation. The United States and Canada, for their part, project a strange contrast of huge megapoles and wide (and wild) open spaces. But in fact, it has been a full century since urban dwelling became the major characteristic of most developed countries, including Britain and the coastal and great lakes states and provinces of North America.

Such an urban past has been, in Britain at least, the fond backdrop of much rags-to-riches (and riches-to-rags) popular literature and saccharine novels, easily competing with Poldark's Cornwall or other village classics like *The Archers*. It has become the main backdrop to unending soap operas (*Coronation Street*, *East Enders*, *Brookside*...). But in serious publications, we still have something called 'urban studies', as though urban settings were an exception to the rule, worthy of an eccentric's attention and amusing to the general public when they are, and have been for a long time, in fact, the norm.

They are thus the stage on which most of our culture has been acted in the late modern period: the European population is 80% urban. When I grew up in Paris in the 1950s, most of my schoolmates still had, like myself, some distant family connection with the countryside, or at least with some small provincial town in rural settings, which had served their parents well during the period of war restrictions. My own grandchildren have had nothing of the sort, their generation is fully urban and has severed all links with the peasants in their ancestry. They know of agriculture only through the foodstuffs bought at the supermarket. Their imagination is entirely moulded by their urban environment.

The contributors to this book have explored various aspects of urban imagination, so intimately related to a peculiar social environment. They are historians and geographers, linguists and cultural students. Their methodologies are very different, their sources poles apart. And yet, they address the same object of study, though severally defined. This introduction

is an attempt at bridging a few gaps, without any pretension to achieve the final syncretism of all humanities and social sciences.

The first issue is to agree on what we understand by an urban environment. The administrative difference between 'town' and 'city' is hardly relevant today, and common understanding will point to the 'city' as being large and the 'town' as being small. But how large? how small? As we move from the farmstead to the hamlet, from the hamlet to the village, from the village to the town, and from the town to the city, we know there are no clear boundaries. I still remember how cross a Welsh informant of mine was, when I called his place a village: he believed it was a town. Size varies according to the time and place we live in. When London was 50,000 strong, it was probably the 2nd largest city in Europe, after Rome. Today, 50,000 is hardly enough to figure on a motorway map. Size is therefore a very vague and insufficient indicator, and is probably consequential rather than causal.

When large numbers of human beings congregate, whether provisionally, as nomadic cultures would, or permanently, it is for the purpose of exchange. The larger the area covered by these exchanges, the longer the distance from which or to which goods are brought and people travel for exchange purposes, the more complex and specialised the structure of exchanges, and the trades servicing the structure, then the larger is the concentration of people. Transport technology makes an enormous difference, whether you carry actual goods and people, or virtual information. The density, speed and expansion of networks of communications, via roads or railroads, via air or ether, through fibre optics or through satellite beaming will make the difference. For instance Liverpool, focused upon or mentioned in three of the contributions below, grew to become a megapole, when it was the hub of overseas surface transport across the Atlantic and to the antipodes. It still services the same networks, but they no longer require so many people to operate them, and their importance has dramatically diminished compared to other forms of communication, whether terrestrial or aerial. Despite the best efforts of politicians and local businessmen, Liverpool has been gradually losing population, as it has lost the role that made her imperial fortune. Being European Capital of Culture in 2008 is above all an incentive to catch up with the present, and no one can tell whether this will prove a successful initiative.

Exchanges imply a great deal of networking. 'Networking' has become the new buzz word in our fields of research, and is particularly meaningful as a tool for the study of urban phenomena. It can be a very material network system, as with railways or telephone lines (or relays), or it can be

a very abstract one, as when one thinks of the global exchanges for which London is the centre.

It can also be a very human phenomenon, and this is the richest part of the notion for the present authors. Its usefulness emerged from a criticism of the far too dry and dehumanised nature of the holistic interpretations developed from the 1960s to the 1980s. Despite E.P. Thompson, too many historians continued to talk about in effect anonymous masses, classes without faces, approvingly or disapprovingly, and political scientists evolved sophisticated tools predicting the determined behaviour of groups in the political arena. This was excellent as far as it went, sometimes even illuminating in explaining a number of phenomena, but it weakened human agency residing in actual persons rather than in precise statistics or collective abstractions. In reaction against this tendency, a few tried to go back to biographical exercises, at the risk of severing individuals from their material and social environment. Forgotten autobiographies were dug up, marriage registers were scanned, unpublished diaries hunted for. But confining studies to the linearity of life stories proved impossible: hermits tend to be only a tiny minority of the human race and lead a rather uneventful and boring life. Real, lively individuals have contacts with others, form enduring alliances or friendships, contract obligations, gain or grant trust, exchange ideas... Outside as well as inside the great instruments of socialisation constituted by schooling systems, armies, or voluntary organisations, a myriad of informal processes of socialisation go on through loose, flexible and mobile networks of persons.

There is a self-imposed limit, though, to the use of the networks concept in social sciences and humanities: it is rarely applied to international phenomena. The present book proposes to disregard such a limitation. Networking is particularly active in the case of political migration, as evidenced in Constance Bantman's chapter on anarchists. But it also plays a major role in all migrations: the decision to go, the choice of destination, the social accommodation on arrival, the very survival of groups in their new environment, largely depend on the quality of the networks migrants belong to or manage to develop and renew: this has to be borne in mind when reading the contributions of Frédéric Douzet and Luisanna Fodde. The quality of networking between social groups is also a major factor in the political complexion of a city. If Jules Vallès was irate at the social segregation of English pubs in the 1870s, his political opponents were terrified by the easiness of networking in the French *cafés* of the same period, where idealistic intellectuals could meet up with hungry and angry labourers. If one moves the scale of networking, then it is found that the complete break of communications between

ordinary people and their "betters", between those who feel oppressed and those who could do something about it, between those who feel marginalised and those who believe they are at the centre of all things—such absence of networking is equally conducive to violent, uncontrollable explosions. These were the dire warnings of some churchmen and journalists in Edwardian Liverpool or Hull. This is one of the lessons to be drawn from Frédéric Douzet's analysis of French and American urban rioting today.

A sense of belonging to the city is highly dependent on the quality of cross-social networking. But belonging is also dependent on the possibility of territorial possession, at least in symbolic form. The study of Maurizio Memoli, although completely outside the English-speaking world on which all other chapters bear, is worthy here of very careful attention. It shows how different social groups map out their territories in relation to the rest of the city in highly different ways. The 'mental maps' drawn by his interviewees show an appropriation of space which contains both the assertion of enormous class differences and the sense of belonging to the same city—if it is the same. The spacialization of class is also active in London, Liverpool, Hull, New York and Los Angeles, and a *flâneur* like Ackroyd is somebody who might cross invisible boundaries and appropriate the segregated spaces to his own imagination. For Tomasz Niedokos, Ackroyd's sense of belonging—or his sense of community—also depends on the physical lay-out of the city, which is another factor to take into account when comparing cities in different countries, as the American and French urban settings appear very differently structured in Douzet's contribution, not to mention our Brazilian example provided by Memoli.

The diversity of the appreciation of urban space, even within the same city, is one of the elements that make up the representation of a city, to its own inhabitants as well as to outsiders. Published writing, fictional or not, as with Ackroyd's, is another dimension of the cultural construction of a city and the choice of themes (as with the example of London's meat market, highlighted in Niedokos's chapter) can deflect readers from their own expectations, or can contribute to the rediscovery of the more enduring traits of a locality to its own denizens. The same applies, with even more deliberation and institutional forms, in the case of the museums of port cities, studied by Susan Finding and Yann Béliard. In their attempts to attract visitors, not only to their own precincts but also to the cities they are (re)presenting, they have a tendency to disregard the unpleasant aspects of their pasts and wrap up the local culture in the brightest colours possible.

Even the new gallery devoted to the history of the slave trade at the Merseyside Maritime Museum might be interpreted as a concession to the mores of the present day, whatever the sincerity of its promoters and organisers: the slave trade is shown as though it had not been affected by any change as long as it lasted, between the first Elizabethan expeditions, starting from London, and the last official one in 1807, starting from Liverpool. In this way, it becomes rather abstract, and if the victims of the trade are shown with great humanity, the agents and beneficiaries of the trade are reduced to faceless account books or frozen figures on official portraits. Thus the part played by Liverpool remains a safe story: exhibition obscures exposure. But other aspects of local history are hidden away for no good commercial or ideological cause at all, as in the case of Hull, except that some of those who make local decisions still feel uncomfortable, for unaccountable reasons that quickly give way to sheer ignorance. It is to be wondered what sense of belonging can be generated by an obliteration of the past, what dynamic local culture can spring from an absence, from a hole in collective memory?

Other cultural dimensions can survive through oral (or aural) tradition, relayed today by print and soundtracks. Such is the case of the singing lore of seafarers, but some of their songs are sampled out of the lot, and maintain a popularity that is not linked to the quality of the music or of the verses. Jeremy Price shows very clearly how the theme harped upon in "Maggie May", for instance, plays on an ambivalence, enriched in the various versions and in related songs, which describes in a general way the plight of the common people in places like Liverpool. In a city where port-related industries have become so little labour-intensive they are hardly visible today. The persisting popularity of the song has to be attached to its general meaning, rather than to the actual social characters it portrays.

Similarly, the language memory of migrants is being played upon, whether in oral or written form, to mark out the places of remembrance, as described in Luisanna Fodde's chapter. In this context, the language of origins is now being used, slightly artificially, as a show of integration, quite the opposite to what happened to the late nineteenth century anarchists in London, whose French or Italian talk separated them from the crowd. Certainly, this social isolation contributed to the possibility of turning them into the subject of major scares, as shown by Bantman, eventually leading up, together with other scares, to the Aliens Act of 1905.

It seems, from Logie Barrow's essay, that the isolation of the victims of an epidemic could equally be a contributory factor to a major scare, supplemented by the opposition to vaccination. Such opposition was a mix

of ill-intentioned rumours, morbid imagination, and class distrust, but strong enough for the refusal of vaccination to be an extremely widespread phenomenon in late Victorian, let alone 20th-century, England. This is where city authorities had to take a lead, as a large part of public health policy was in their hands, and as it was believed that epidemics spread faster in a badly ventilated urban environment.

In a way, urban epidemics were the epitome of the repulsive character large cities possessed in the eyes even of their own inhabitants. If they were the receptacle of so many foreigners, and shady political characters, if they were the scenes of social and ethnic conflict, and violence, and promiscuity, and prostitution, and drunkenness, and pauperism, they were of necessity a festering sore which nothing could eradicate. It is strange that something of this fear should linger on today—otherwise, how can one explain the lacunae in the official memory of museums?—despite the cultural efforts produced in the opposite direction, with Ackroyd's love for East-End London, with the revival of a Little Italy in every major American city, with the nostalgic folklorisation of past miseries.

Has more than a century of living in an urban environment still not yet fully reconciled Europeans to the loss of countryside life? Or do they enjoy sad and horror stories more than uneventful descriptions of bliss and happiness? Is there something in the fact that the word "cockney" first meant something faked, shoddy, ugly, before it referred to the special sense of humour (and special accent) of working-class East End Londoners? Is there something in the fact that "scouse" first denoted a dish made of refuse and leftovers, before it named those who consumed it, also with a special sense of humour (and 'accent exceedingly rare')? Indeed, the vision of Charles Stubbs, quoted in my chapter on Liverpool, of a heavenly city down on earth was not exactly down to earth in the late 19th century. Since then, experiments have been made, of harmonious cities, full of light and gaiety in the eyes of their architects, and soon a butt for the hatred of their own inhabitants. Replacing excessive inequality with atrocious uniformity has not been the best legacy of public housing since it was first conceived of by Robert Owen.

Perhaps cities are blamed for things that happen within their walls but are caused by something other than the urban factor. Perhaps cities are fascinating because anything can happen within their walls, the worst, certainly, but the best, possibly. Perhaps cities are charged with too many expectations, because they collect such a variety of talents and cultures. Perhaps, it is partly because of such a frustration that they move on.

Note on contributions

Chapters 1, 2, 3, 6, 8 and 9 were originally papers presented at the 'City as a Stage' seminar, jointly convened by Logie Barrow and myself, at the Conference of the European Society for the Study of English, University of London, on 30 August 2006. Chapters 4, 5, and 6 again, were presented at the CRECIB seminar on 'Port Cities', convened by Susan Finding, at the Conference of the Société des Anglicistes de l'Enseignement Supérieur, Université de Nantes, 14 May 2006. Chapters 7 and 10 were specially commissioned for the present book. One paper presented at Nantes is missing: Vincent Latour (Toulouse I), "Bristol et Bordeaux: mémoires de l'esclavage".

This volume thereby constitutes the proceedings of both the Nantes and the London seminars.

PART I

URBAN SCARES

CHAPTER ONE

EPIDEMIC CITY FATHERS: CONTAGIOUS COUNCILLORS?¹

LOGIE BARROW,
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"I urged the father", Dr S.W. Wheaton reported to his London superiors at the Local Government Board (LGB) from a house-to-house visitation in the smallpox-stricken Pennine town of Dewsbury during April 1904,

to have [his] remaining child vaccinated; ... I asked him if he was not convinced of the protection afforded by vaccination since he knew that the medical men who were constantly going in and out of the infected houses had none of them taken the disease; but he replied that the medical men were protected by a charm with which they would not part.

Let us not summon anthropologists to chew over that "charm" nor accuse Wheaton, on no shred of evidence, of inventing his unnamed stubborn father or of managing to exaggerate how much the area was "one in which there had been for a long time strong opposition to vaccination."² Instead, we need to recognise this man as expressing an old and throughout England (with Wales) very widespread suspicion of orthodox practitioners.

Such suspicions had, by the 1890s, helped make England an ineffectively vaccinated country. This was a long-term reaction to the heyday of vaccinal compulsion. From 1870-1, enforcement of the 1853 and '67 Vaccination Acts was tightened: fines of up to £1 (for a labourer, a good week's wages) or a period of up to fourteen days' jail, for every time

1. Heartfelt thanks to commentatrice-en-chef Susan Finding, to networker-en-chef Francois Poirier and, for co-puzzling about the mechanics of cigar-spitting, to Barbara Dabrowski.

2. Parliamentary Papers, 1906, *Reports*, vol 23/XXXVI, App A, No 7, p,130, 128.

you defied an order to allow your child to be operated on. This had generated martyrdoms which, in turn, had strengthened an 'anti' movement.³ Almost coincidentally, an acceleration of formal political democratisation during the post-1867 decades was ideal for empowering 'anti' sentiment locally, and later to some extent nationally.

Such sentiment drew further strength from, firstly, the very low maximum age, by international standards,⁴ at which vaccination was enforced (from 1853 to '98, three months). This greater bearing-down on "freeborn English" babies of less than three months (even for their Scottish contemporaries the deadline was double that) was mainly a matter of control. Even today and for better or worse, part of British subjects' allegedly good fortune over unfree continentals is that they are not forced to register residentially with the authorities. As a sweeping generalisation, the poorer the baby the more frequently it might be moved, though perhaps for no more than short distances: whether in "moonlight flits" or legally. At an extreme, an unresearchable proportion of workhouse-born babies were vaccinated during their first few days. Otherwise, or so workhouse medics feared, the mothers would drag themselves with their new bundles out of the workhouse into untraceability. Accusations of neonatal immunisation punctuate the decades, along with official denials.

Secondly, 'anti' feelings drew further strength from the drastic methods which Whitehall recommended and increasingly enforced on at least public vaccinators. True, many medicators, including Whitehall ones, would have trained directly or indirectly within what historians call the "heroic" tradition: a curious metaphor, in which drastic treatment was meted out with or without patients' consent by a medicator "heroically" taking risks with—them. Whatever residual willingness some parents may have retained to submitting themselves to drastic treatment, they might feel differently over their own, to them, "unblemished" or even "perfect" babe. Here, memories might, by the early 20th century, be vague but

3. Nadja Durbach, "'They Might As Well Brand Us': working-class resistance to compulsory vaccination in Victorian England", *Social History of Medicine*, 13,1, April 2000; same, *Bodily Matters: the Anti-Vaccination Movement in England, 1853-1907*, Durham: Duke U.P., 2005, (places of publication will always include London unless otherwise stated); reviews by, e.g., Susan Pedersen, 'Anti-condescension', *London Review of Books*, 1.9.05., vol 27, no 17; and L. Barrow in *Medical History*, July 2006, 50, 3.

4. The richest European comparisons remain E.P. Hennock, 'Vaccination Policy Against Smallpox, 1835-1914: a comparison of England with Prussia and Imperial Germany', *Social History of Medicine*, 11,1, April 1998; and Peter Baldwin, *Contagion and the State in Europe, 1830-1930*, Cambridge: Cambridge UP, 1999.

perhaps no less powerful for that. In the reported words of one working-class Poplar father to his inwardly sympathetic MP, "the misses [sic] don't want the kid done, I don't want the kid done and I believe if you asked the kid himself he would not want it done."⁵ When, conversely, being "done" seemed inevitable, Whitehall saw parents' preference for "sixpenny doctors" as undermining the credibility of vaccination. Such doctors operated less heroically than their public colleagues; but they still signed the "certificate of successful vaccination", thus parrying the law. As very few "Public Vaccinators" were full-time, they might conceivably operate in "sixpenny" fashion themselves, sometimes.

Thirdly though, the same concern not to undermine the credit of primary vaccination steered the reluctance of medical officialdom to admit the need for systematic revaccination, thus leaving the primary operations—perhaps including "good" but less recent ones—with a reputation for doubtful effectiveness once epidemics struck. The permanence of post-vaccinal immunity had been mulled over since the early 19th century; but it was Continental governments which often successfully enforced revaccination on adults.

By contrast and fourthly, once British medical and other vaccinist opinion began demanding universal revaccination around 1900, the very strength of the 'anti' movement which (helped by enfranchisement of widening categories of working men from 1867 and '84) produced increasing numbers of more or less 'anti'-minded Guardians and others, made Whitehall despair of fully enforcing even the primary operation.

Lastly and perhaps worst of all, till 1898 most vaccination of "poor" babies was done at "public vaccination stations" which Guardians had, by law, to provide. Here operators seemed to all too many parents to view babies as extensions of arms, assembled together for the reproduction of vaccine via arm-to-arm operations. And not only could vaccine be transferred, but blood. True, this transfer was increasingly deprecated. But, almost worse, "respectable" and "unrespectable" babies and their infections risked being jumbled up.⁶ Medically, 19th-century vaccination was "ahead of its science".⁷ But our hindsight would have brought no

5. A.W. Yeo, JP, LCC, MP for Poplar, to the Annual Meeting of the National Anti-Vaccination League, quoted in the League's monthly *Vaccination Inquirer*, (henceforth VI), 1.4.14., p.93.

6. Logie Barrow, 'In the Beginning was the Lymph: the hollowing of stational vaccination in England 1840-1898', in Steve Sturdy, *Medical Health and the Public Sphere in Britain, 1600-2000*, Routledge, 2000.

7. To adapt the title of Derrick Baxby's *Smallpox Vaccine, Ahead of its Time*, Berkeley, Gloucestershire: Jenner Museum, 2001.

comfort to parents of tens of millions of individual 19th-century babies of every social class.

Assuming Wheaton rightly understood his anonymous father, the man was bestowing on him and his profession an accolade of superior effectiveness, albeit a superiority whose benefit here they reserved exclusively for themselves. But this father was highly unusual. For generations, a rhetoric had flourished against orthodox, i.e. officially-empowered medicators: they compensated for their medical ineffectiveness by treating the medically unqualified portion of humanity as stupid. Within this rhetoric, the terms were reversed: the Great were the stupid ones, whereas the humble were the intelligent. Democratic traded contempt with elitist epistemologists.⁸

After taxes, vaccination was the first compulsion to be laid on a whole British population, or at least on all parents (normally fathers) or legal guardians (also male, normally). Such compulsion was a gods' gift to such rhetoric. The vaccination struggle was not the only epistemological one in its time: the intellectually Great and condescending might be portrayed as using alcohol, the Contagious Diseases Acts (that other if, over a 'mere' two decades, more swiftly defeated medico-political abomination) or Church schools—if not, for some, religion itself—to stupefy, degrade and objectify the socially and intellectually humble but no longer meek. These and other 'anti' movements overlapped not only in their activists but also, even more important, epistemologically.

The epistemological dimension is fundamental to the political. Politically, the overlap was with any "free-born" discourse. Best at this were Liberals and, later, Labour people: before the Great War at least, Labour MPs were 'antis' to a man.⁹ For those who evolved even further left, George Lansbury (Labour's leader from 1931 to '5) is exemplary. As a teenage East Ender during the 1870s, he had trekked to the Commons' public gallery to hear his then idol, W.E. Gladstone, the greatest Liberal of that century. In 1911, unconditional supporter of the suffragettes and

8. This particular meta-rhetoric is developed most lengthily in L. Barrow, *Independent Spirits, Spiritualism and English Plebeians, 1850-1910*, Routledge, 1986, particularly p.146-212; same, 'Clashing Knowledge-Claims in English Vaccination', in Willem de Blecourt, Cornelia Osborne, (eds.), *Cultural Approaches to the History of Medicine: mediating Medicine in Early-Modern and Modern Europe*, Palgrave-Macmillan, 2004,; more broadly, same, 'Why were most Medical Heretics at their most Confident around the 1840s? (The other side of Victorian medicine)', in Roger French, Andrew Wear, (eds.), *British Medicine in an Age of Reform*, Routledge, 1991.

9. VI, 1.3.10.,p.60.

advocate of social revolution by rank-and-file-led general strike, he found time to star as a speaker at the Annual Meeting of the National Anti-Vaccination League, where he was greeted as "a son of the people" who had "been prosecuted for refusing to have his children vaccinated". Here he warned his fellow-'antis' (some of them, as fanatical *laissez-faire* enthusiasts, at the opposite extreme of the libertarian spectrum from him) how the authorities' shift towards indirect pressures for vaccination, now that a 1907 Act had seriously weakened the old direct compulsion, symbolised "the power of the permanent official in the land." They should "take the bureaucrats at [sic] Whitehall and stop their salaries until they stop the persecution of the poor up and down the country. (Cheers)." ¹⁰ Admittedly, no particular epistemology is an absolute precondition for any assumptions about common humanity. But a democratic one certainly strengthened Lansbury's identification with "the poor" anywhere: twelve years later, as the bitterest of MPs when RAF bombs fell on Iraqi civilians, he clearly implied that the Tories he faced did not see Iraqis as humanly equal with themselves. ¹¹ Meanwhile in 1921, he had famously led his fellow-Councillors in procession from Poplar to Brixton prison—though, by chance, their particular quarrel with Whitehall was over financial equity, not over vaccination which, as we are about to see was no longer worth so big a quarrel.

But of course, epistemology can influence discussions far obscurer, including at a jocular level: as, presumably, when our unnamed Poplar father fantasised about "ask[ing] the child himself."

A much larger instance of suspicion of the medical profession had occurred in the much more thoroughly vaccinated city of Sheffield amid its 1887-8 epidemic. This, depending on which of two statements by the Local Government Board inspector we take, killed 343 people or 590. ¹² In early February or nearly a month after that inspector, Dr Frederick William Barry, had taken charge of the official fight against that epidemic, "a requisition, ... signed by upwards of 2000 [sic] persons" secured a so-called "town's meeting". Obviously tumultuous in temperament as in numbers, this gathering demanded that the borough employ and, at least officially, unqualified Leeds-based hydrotherapist, one W. Herring who had promised swift cures for smallpox at the rate of thirty patients a day.

10. VI 1.5.11. p.46. None of Lansbury's biographers mention the vaccinal dimension, nor did his autobiography.

11. *Hansard*, 20.3.1923, vol 161, col 2339-42.

12. Dr F.W. Barry's evidence to the Royal Commission on Vaccination, 23.10.89, questions 1922 and 1985; for an 'anti' perspective: Robert Hainsworth, *Results of an Investigation into the Sheffield Smallpox Epidemic of 1887*, Leeds, 1888.

This voting-triumph had apparently been unaffected by a conflict of evidence: had one earlier patient died under Herring's treatment, as the patient's brother could be heard loudly claiming, or not? To the masses,

Mr Herring who was again cheered, said: 'Will you please understand what I mean by being dead. I did not say he were lifeless; I said he were dead, and what I mean by being dead was this. (A voice: 'Past curing'). His body had ceased all action to restore him back. (A voice: 'That's dead enough'). He was dead, not lifeless. But he were dead, his flesh were dead. He was simply breathing in and out of his mouth, and that was nearly closed. His flesh were all gone; no life in it.

Despite all this vitalist cud-chewing and grammar-flexing, the resolution for engaging Herring's services was instantly "put and carried unanimously."

For us, the point is that Sheffield's mayor who chaired, not only this meeting but also the city's Health Committee, at once defiantly refused to "put people into the hands of a man who confesses ... he had only treated five cases of smallpox in twelve years" or, thereby, to "throw up the whole medical profession of Sheffield."¹³

Correct Barry may have been in dating to four weeks earlier than this glittering occasion "something very much like a panic in the town" at the time of his arrival there from the LGB. But, among local officials, any panic had been at the insufficiency of their considerable efforts to expand their number of available isolation-beds. Moreover, they had at once enthusiastically embraced Barry's initiative (foreshadowed as early as October 1887 by a visiting LGB colleague of his)¹⁴ to employ 38 men full-time for visiting, in the end, over 84% of all households in the city so as to offer re-/vaccination and, not so incidentally, to sniff out any concealed cases of smallpox: sniffing in two senses as, notoriously, the disease had a peculiar smell. This initiative may well have been the main factor in ending the epidemic by April 1888. Barry celebrated this victory with almost more massive labours, statistical this time. He correlated variations in vaccinal status (number, nature, alleged and probable age of marks) with rates of infection and death, so as to vindicate the honour of vaccination and, explosively relevant in view of England's lag here, the urgency of revaccination.¹⁵ Revaccination's explosivity is further underlined (though only in the tiniest newsprint) by the LGB agreeing retrospectively to fund such operations done on workhouse children from

13. *Sheffield Weekly Independent* (henceforth SWI), 11.2.88., p.6.

14. SWI, 29.10.87., p6.

15. Same Royal Commission evidence; also R.C. *Final Report*, 1896, App. VII-IX; Barry to local Medical Officers in conference, SWI, 28.1.88., p.xc.

the age of ten but not of eight: previously it had stipulated a minimum age of twelve.¹⁶

Yet we can easily understand how feelings of helplessness might outspread any particular epidemic. Epidemics flourish or subside thanks to innumerable and rarely-noticed decisions by persons often less professional than LGB inspectors. Facilitating a typically indefinite spread, Charles Barber, a "provision merchant", told his 16-year-old servant "to leave forthwith", "as she was no use ... if she could not do her work." Admittedly, he "paid her wages due" and even "sent for a cab to take her away"—but only as far as "her grandfather's", also in Sheffield. There, knowing the Smallpox Hospital to be "full" and her grandparents unable to nurse her, "the doctor ... said 'she had got smallpox, and had better go home'"—to Hathersage, about ten miles away. Here her parents and seven siblings or step-siblings lived "in the most thickly populated portion of the village, and ... close to a lodging house."

In the same direction, railway-companies issued "cheap [Christmas] tickets each way" between Sheffield and its sister steel-town of Workington, thereby speeding smallpox over a hundred-mile distance. In a nearer offshoot-epidemic, Chesterfield workhouse contained nine smallpoxed inmates by late February 1888. One "old man" had been "at work in the stone yard, which was overlooked at [sic] one part by the room where the patients ... were, when an attendant upon the patients threw some food out of the window into the yard." The ageing stonebreaker had apparently "picked up the food and ate it, and had since been attacked by the disease. Both the medical officer and the master had cautioned the attendant very strictly not to allow anything to leave the [smallpox] ward", and "the windows in the room had [since] been screwed down." But the more trivial our incidents, the more they suggest that their sole exceptionality lay in their being recordable.

In the opposite direction and also more conspicuously, "*employés*" [sic] of at least four Sheffield firms decided, sometimes "unanimously", to give two-and-a-half per cent of their wages to keep safely at home and "on their average earnings" those fellow-"workmen" nursing smallpox-stricken family-members. One employer had already promised to pay half of these earnings himself. Further public-spiritedness—though perhaps also the current jobs-market—may have motivated "no less than 250" applicants for a mere twelve vaccination-visitorships in one district alone.¹⁷

So we may be beginning to sense that Dewsbury's contrast with Sheffield was more than vaccinal. The 1834 Poor Law had boosted central

16. SWI, 21.1.88., p.7; Ecclesham Guardians.

17. SWI, 5.11.87., p.7; 7.1.88., p.7; 26.11.87., p.7; 4.2.88., p.7; 25.2.88., p.7.

interference with local Guardians. Even if the latter's (till at least 1867) overwhelmingly middle-class electorate did not insist on maximum punitiveness towards the poor, Whitehall would. From 1840, Guardians were given the additional responsibility of organising public (i.e., free) vaccination. Many vaccinists saw the Poor-law link as a grievous own-goal. They were correct, as the next seventy years were to underline. Vaccinally even worse, from 1871 Guardians were obliged to appoint a "Vaccination Officer" to enforce the operation. By the mid 1870s Dewsbury was hardly unique or original, particularly in Pennine England (though local variations were intricate, even here), in having a majority of Guardians, mostly Liberal tradesmen, opposed to vaccinal compulsion. In 1876 there was a riot in the nearby town of Keighley, when such recalcitrance brought extra police to drag some Guardians off to incarceration in York Castle. But their Dewsbury colleagues, after a High Court appearance, opted merely to go through the motions, as they hoped, of ending years of obstruction by promising to appoint such an Officer. Their choice fell on one J.T. Marriott, not least because he had attended one or two 'anti' demonstrations as himself a sympathiser. Apparently.

However, once the LGB confirmed his appointment, it alone could sack him. Marriott turned round and began prosecuting parents for non-vaccination. In 1882 he had what to the still 'anti' majority of Guardians seemed the effrontery to demand a salary-rise. "EXTRAORDINARY SCENES" were headlined from the Town Hall when, unannounced, ten West Riding Justices of the Peace trooped in to add their *ex officio* weight in Marriott's favour to that of the vaccinist minority of Guardians. What should have been a routine meeting became an all-day procedural High Noon (with breaks, not least for a lunch in danger of cooling off faster than tempers). One leading 'anti' Guardian, a Mr Townend, did his best to informalise what he saw as Their Honours' "coup d'etat": he "entered the room smoking a cigar and took his seat on the clerk's table." The JP's found themselves watching and perhaps hearing him "actually spitting" (presumably an occasional cigar-butt) on to the floor from his perch. In defence of his, to them, unheard-of disrespect, he curtly "presume[d] there is no meeting." Anyway, they probably had, on average, longer homeward journeys than did Guardians and some were also in town to fulfil judicial functions. Deft adjournments and re-adjournments by the 'anti' chairman were to be celebrated as long as twenty-six years later for costing Marriott his rise. Still, he must subsequently have savoured prosecuting that chairman for non-vaccination¹⁸ Further, two years after the JPs' failed

18. *Dewsbury Reporter* (henceforth *DR*), 4.12.75., p.5+8; 24.6.76., p.3+8; 2.8.84., p.8; 8.7.82., p.8; 24.12.08., p.12; 31.1.85., p.8.

"coup", Marriott was reportedly saying "both at public meetings and at other places, that he was not the Guardians' servant ... but their master."¹⁹ Thereby, he underlined how some tensions between local and national ran through his own legal personality.

Clearly, despite Marriott's best efforts, decades of obstruction from Guardians had helped leave a rough generation of Dewsburians less vaccinated than in many other towns with a population of roughly 27,000. During 1901, for example, 42.5% of the youngest babies were unvaccinated, and during the second half of 1902 the percentage topped fifty.²⁰ Not surprisingly perhaps, Dewsbury suffered an epidemic, not only during 1903 along with Bradford, Leeds and much of the West Riding, but also and far more seriously during 1904. Even during the earlier epidemic, figures strongly suggested a higher percentage of its population being affected than in the two far larger cities. As for deaths, those of 1903 totalled seventeen, but those of 1904-5 (February to end of January) numbered seventy and the town's sanitary inspector reckoned the cases as 552 of the 1,394 he had dealt with during his, so far, fifteen years on the job.

In mid-April 1904, a mere three or four months after 1903's epidemic had been declared "at an end", the cases in Dewsbury's isolation hospital were again increasing past twenty-nine.²¹ But Dewsbury's 'anti' Guardians and Councillors continued their sniping-as-usual. Back near the start of 1903, faced with an LGB letter "ask[ing] what steps the Guardians had taken to ensure vaccination and revaccination ... in view of the outbreak of smallpox in Dewsbury", Joseph Brown drew a correlation as veteran among 'antis' as he was himself: "he never knew as much vaccination in [the area] as at present, and he never knew as much smallpox." Seconding him, Mr B. Hepworth "believed that there was an awakening to the fact that vaccination was a farce altogether." Two further Guardians joined them in another favourite sneer: the operation was a racket for injecting money into medical pockets and "nothing but deadly poison" into vaccinees. The local Medical Officer of Health (MOH) had been "telling lies" when issuing posters "stating that the public could be vaccinated for nothing": why, each operation punctured the rates (council taxes) to the tune of 6s8d! Similar arguments dominated proceedings for many months more. In September 1904, an "Impassioned Speech" from Brown had them unanimously blocking LGB pressure to set up vaccination "stations"—and

19. *DR*, 2.8.84., p.8.

20. *DDN*, 22.10.04., p.16, citing merely another publication, *The Hospital*; *DR*, 8.8.03., p.8.

21. *DR*, 11.7.03., p.3; *DDN*, 6.12.03., n.p.; *DDN*, 11.2.05, p.12; *DDN*, 6.12.03., n.p.; 16.4.05., p.5.

having the same "Speech" printed and distributed "throughout the district". On the rates of course.²²

Assuming, without further evidence, that such Guardians were epistemologically democratic about matters medical, their bad relationship with local doctors in general was at least predictable. During much of 1903's epidemic, the jobs of MOH and of medical superintendent at the Isolation Hospital were held no more than provisionally. Over the latter post, Guardians and staff bickered as to who should have the final say; at one stage, seven doctors who frequently visited patients at the Hospital threatened to "strike". Not that medical gentlemen were blameless in other directions either: apparently more worried about risking patients' fees than lives, they demanded the right to visit at any hour, however disruptively. Worse for professionals' prestige, two medical brothers all too plausibly accused each other in court of misdiagnosing smallpox-cases as chickenpox (everywhere the easiest mistake) and measles. These errors had come to light, merely because one 'brother' had sneaked on the other for the statutory offence of failing to notify.²³

The smaller the fraction of the re-/vaccinated among the population, the greater the need for effective policies of removal, isolation and quarantine. But any mixture of the latter presupposes a particular hygienic consensus. This, too, was most uneven. In Dewsbury as in many other smallpoxed places, plebeian neighbours of every age seem to have treated removals as exciting events. During mid-1903 the mayor was complaining about "the public, who ran about the van—(hear, hear)—in groups of fifty or a hundred." His appeals for self-restraint were vain: five weeks later, one of his Aldermen recounted how one recent removal had been "deferred until after midnight [admittedly on a Saturday] in order that the streets might be cleared, yet when the van drove up it could hardly get to the house in consequence of the great number of people standing around." "Young and old" were gazing together. "Many of these", one vaccinist letter-writer fretted, were "unvaccinated, and run the greatest danger of catching the infection, even if twenty yards away."²⁴ His final phrase understated the problem: since the 1880s, many Whitehall medics had reluctantly agreed with local NIMBies (followers of the 1980s motto "Not In My Back Yard") that any smallpox hospital where any van unloaded its patients was liable to spread the disease downwind to distances well over a

22. *DDN*, 13.6.03., p.8; 11.7.03., p.3 with Dr Hall's reply on p.5; 1.10.04., p.6.

23. *DDN*, 10.1.03., p.8; 6.6.03., p.8; 25.9.03., p.3; 11.7.03., p.3; 3.10.03., p.8.

24. *DDN*, 4.7.03., p.5; Alderman Gledhill, 8.8.03., p.8; F.W. Reuss, 11.7.03., p.3.

mile.²⁵ Worse, we shall see that neighbours could sometimes go beyond merely "standing around".

A policy of removal presupposes a minimal level of solidarity between neighbouring authorities. Dewsbury happened to lie at the economic and transport hub of over five local authority areas, with a population roughly estimated as "upwards of 150,000", mainly "engaged in the blanket and heavy woollen trades".²⁶ Here, the common fight against smallpox was hardly furthered by, for example, Batley refusing to open its still empty smallpox-hospital for the sake of a patient from neighbouring Liversedge which had no such establishment.²⁷ Had Batley's instead been full, we can easily imagine the reply being no less negative.

But the deepest problem remained Dewsbury's elected holders of power. Hepworth nutshellled their perspective on hospitals: "The more vaccination there was, the more need there would be for hospitals." During April 1905 or one epidemic later, he was similarly pithy.²⁸ Such logic, once epidemics had arrived or re-surfaced, redoubled the authorities' denial, as when the Council's Sanitary Committee "refused information to the press". The *Dewsbury Daily News* headlined this as "censorship". The Committee blamed journalists: they ought to differentiate between cases originating in Dewsbury from those in surrounding townships. Relevant to arguments for and against vaccination this may have been, but hardly to outsiders' decisions on whether to risk visiting the town. No wonder a "Special meeting of Dewsbury Tradesmen Association's Committee" groaned at a "serious loss to ... [themselves] and the town generally."²⁹

Yet the Tradesmen were reacting to press-pilloryings far less serious than those Sheffield had suffered during 1887-8, without the authorities there so much as threatening to stifle bad news. Sheffield had been subjected to media sensationalism, and at the national level, too: potentially far more damaging for such a major centre. Its mayor had had to refute a report in the Liberal *Daily News* that

every other person [in his city] had his arm in a sling through being revaccinated.

2nd. The atmosphere is laden with disinfectants.

25. Anne Hardy, *The Epidemic Streets*, Oxford: Clarendon Press, 1993, p.140-1; L.Barrow, 'Victorian "pest-houses" amid London's march of bricks and mortar', in *Recherches anglaises et nord-américaines*, number 36, Christian Civardi, Juergen Schlaeger (eds.), Strasbourg, 2003, p.127-37, particularly p.132-3.

26. C. Mitchell and Company, *Press Directory for 1904*, February 1904, p.123.

27. *DDN*, 11.4.03., p.5.

28. *DDN*, 11.7.03., p.3; *Dewsbury Reporter*, 15.4.05., p.5.

29. *DDN*, 1.10.04., p.8.

3rd. The sewers drenched, and almost choked, with carbolic acid.

4th. The cabs, omnibuses and tramcars have the odour of druggist shops.

I repeat that those statements are a mass of falsehoods.

However, against such enjoyable exaggerations perpetrated, for all we know, by a satirist sitting at a Fleet Street desk, Sheffield's mayor had, in medical officialdom, an ally and not, as his Dewsbury counterpart, an irritant or worse. Our LGB inspector, Barry, had backed the mayor: "he ... certainly had seen nobody ... with their arms in slings" nor had he "noticed any" disinfectants. "He thought it was only fair to the town to make this public as a perfectly disinterested observer."³⁰

True, the swift spread of the disease, even through well-vaccinated Sheffield, had again underlined the disastrous slowness with which medical officialdom in Britain was, in comparison with its continental counterparts, admitting a universal need for revaccination. But low rates even of primary vaccination in places such as Dewsbury self-evidently mandated some strategy like that adopted under the far more famously 'anti' Guardians of the Midland city of Leicester. Like their Dewsbury counterparts, most of these won election and re-election by defying pressure from London that they enforce vaccination. Unlike them and many others, though, they used the leeway they thus acquired with their local population to enforce isolation and quarantining. Meanwhile, each successive MOH they had appointed vaccinated anyone he could persuade, not least contacts and medical staff. Together, the two sides muddled along into something like the combination of strategies that was to eradicate non-laboratory smallpox worldwide during the 1970s.

From 1901, Leicester's MOH was Dr Charles Killick Millard in whom, from the start, Leicester's 'antis' must have sensed a fellow-controversialist with heresies somewhat symmetrical to theirs. While himself fully orthodox on vaccination's short-term effectiveness—he once remarked that, once an "epidemic got out of hand, the unvaccinated, as is always the case, ... [fall] victims ... like stubble before the flame"³¹—he denounced

30. *SWI*, 28.1.88., p.7.

31. C. Killick Millard, *Vaccination in the Light of Modern Experience, an appeal for reconsideration*, H.K. Lewis, 1914, p.162. Lewis's was an established medical publishers, and this book was based on Millard's prestigious Chadwick Lectures, even dedicated to the great sanitarian's memory. Its chapter 10 is on our Dewsbury and Gloucester epidemics. For Millard, see also his 'The Leicester Method in dealing with Smallpox', *Public Health*, July 1904; *ODNB*; Millard can be found controverting in the *BMJ* and *Lancet* in his old way on vaccination into 1951; obituaries, *BMJ*, 12.4.52., p.820-1; *Lancet*, 22.3.52., p.619. For a prominent Leicester 'anti's version, with documents: J.T. Biggs, *Leicester: Sanitation versus*