

**Reluctant patients:  
health, sickness and the  
embodiment of plebeian masculinity  
in nineteenth-century Britain.  
Evidence from working men's  
autobiographies**

**Stuart James Hogarth**

**Thesis submitted in partial fulfilment of  
the requirements of London  
Metropolitan University for the degree  
of Doctor of Philosophy**

**October 2010**

## **Abstract**

This thesis is a contribution to the patient-centred history of medicine. It takes the historical agenda established by Dorothy and Roy Porter in their work on the Georgian middling sort and applies it to working-class men in nineteenth-century Britain. Thus it uses working men's autobiographies to explore conceptions of health, plebeian aetiology, the subjective experience of sickness, lay medicine and the doctor-patient relationship. The relationship between the poor and the medical establishment forms an underlying theme of an examination of working-class attitudes to public health, and the clinical encounter. As such this study contributes to debates about the power relationships central to the wider history of professionalisation. Rather than assuming a dominant role for the medical establishment this study explores the degree to which resources such as mutual aid within the family, community and workplace and alternative belief systems offered challenges to professional dominance of health matters. Just as the Porters' work was rooted in the burgeoning social history of the consumer world of Georgian Britain, so this study is a contribution to the social history of the British working-class. In this respect it has two main aims: the first is to add something to our understanding of plebeian masculinity and the gendered nature of class formation. Secondly, it links the history of medicine and the history of masculinity through the history of the body, in particular by problematising what can be termed the metanarrative of the disciplinary project of modernity which charts a revolution in embodied subjectivity, in which an undisciplined premodern body is gradually rendered docile by a variety of disciplinary processes and effects.

## **Acknowledgements**

Thanks must go first and foremost to my supervisors Tim Hitchcock and John Tosh. Their wisdom, good humour and patience have been essential to my progress. I was very fortunate to have been taught by them as an undergraduate and to have the opportunity to benefit from their insights and experience in the years since. I owe a special debt to Tim Hitchcock for never losing faith in a piece of work which has lasted more years than either of us care to contemplate.

This PhD began life as a Masters dissertation supervised by Dr Lara Marks. Her support and encouragement was vital in developing this project. Christopher Lawrence provided a brilliant introduction to the history of medicine, which proved an essential foundation for this study. A number of historians were most encouraging when I began this project including Mark Jenner, Michael Neve, Dorothy Porter, the late Roy Porter, Anne Summers, Andrea Tanner, Tim Wales, and Mike Worboys. Their support is greatly appreciated. Much encouragement came from fellow PhD students: John Black, Seth Denbo, Nadja Durbach, Tanya Evans, Sue Ferry, Karen Harvey, Nicola Pullin, Katy Rashid, Jeff Reznick, and Eve Setch. Much encouragement has come from current colleagues in particular Michael Hopkins, Paul Martin and, above all, Paula Saukko, whose insistent admonition to “just finish the damn thing” gave me a much needed final boost for the home straight.

The final work on this thesis has been undertaken while working at the Centre for Biomedicine and Society at King's College London and I am most grateful to Professor Brian Salter for his generous support. I must also thank my King's colleague Tim Wales, whose courageous proofreading of the entire thesis has been invaluable. Finally, I must thank my long-suffering wife Judith and Sarah, our daughter, for their support and encouragement. Sarah's recent pointed comment that this work had been going on since before she was born may not have been tactful but was certainly true.

This work is dedicated to my late mother Joyce Hogarth and my father Robert Hogarth.

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## Introduction

Do we need another history of working-class bodies? We do not lack detailed information about their biological history. We know their birth rates and their death rates, incidences of particular diseases by age, gender and occupation; we even know their heights. We know about their diet and the environments in which they lived and worked; their courtship rituals and burial ceremonies. We know about their drinking habits and their sporting pleasures. We know about the health care they organised for themselves in friendly societies, about their involvement in fringe medical movements and about the hospitals and dispensaries they went to. We know about the role of the plebeian body as clinical material in the birth of modern medicine. We know about the struggles over the plebeian corpse as anatomical specimen and over the living body as target of compulsory vaccination. We know about the various disciplines to which the body was subjected - the decline of Saint Monday at work, the confinement in prison, the regime of the hospital. We know about the bourgeois anxieties aroused by working-class bodies - the imagined slums and the degeneration panics.<sup>1</sup> Yet for all that, much remains opaque; there is more work to be done. These are bodies which have been much discussed, but rarely allowed to speak.

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<sup>1</sup> On demography, height and morbidity see Smith, F *The People's Health 1830 - 1910* (London, 1979), Wrigley, E and Schofield, R *The Population History of England 1541 - 1871: A Reconstruction* (Cambridge, 1981) & Floud, R 'The heights of Europeans since 1750: a new source for European economic history' in Komlos, J (ed) *Stature, Living Standards and Economic Development: Essays in Anthropometric History* (Chicago, 1994). Riley, J *Sick Not Dead: the Health of British Workingmen During the Mortality Decline* (London, 1997). On sex and death see Laqueur, T 'Sex and desire in the Industrial Revolution' in O'Brien, P and Quinault, R (eds) *The Industrial Revolution and British Society* (Cambridge, 1993) pp. 100-122, and Strange, JM *Death, Grief and Poverty in Britain, 1870-1914* (Cambridge, 2005). On drinking habits and sporting pleasures see Harrison, B *Drink and the Victorians: the Temperance Question in Victorian England, 1815-1872* (London, 1971). On friendly societies, fringe medicine and hospitals see Riley *Sick Not Dead*, Cooter, R (ed) *Studies in the History of Alternative Medicine* (London, 1988), Borsay, A and Shapeley, P (eds) *Medicine, Charity and Mutual Aid* (Aldershot, 2007). On the body as clinical material see Foucault, M *Birth of the Clinic: an Archaeology of Medical Perception* (London, 1973). On the plebeian corpse and vaccination, see Richardson, R *Death, Dissection and the Destitute* (London, 1989), Durbach, N *Bodily Matters: the Anti-Vaccination Movement in England, 1853-1907*. (Durham (NC), 2005). On discipline see Thompson, EP 'Time, work-discipline and industrial capitalism' *Past and Present*, 38 (1967): 56-97, Foucault, M *Discipline and Punish: The Birth of the Prison* (London, 1979) On slums and degeneration see Mayne, A., *The Imagined Slum: Newspaper Representation in Three Cities, 1870-1914*, (Leicester, 1993) Pick, D *Faces of Degeneration: a European Disorder* (Cambridge, 1989)

In seeking to give voice to these bodies, this thesis explores how experiences of health and sickness were represented in working men's autobiographies. It takes its cue from the patient-centred approach to the history of medicine pioneered by Dorothy and Roy Porter. It is now well over two decades since they issued a clarion call for a 'history from below' approach to the history of medicine. It was time, they argued, to move away from the traditional focus on the great men of the medical profession and to turn instead to the people who provided them with a living: the sick.<sup>2</sup> Since then much work has been done, not least by the Porters. We now know a great deal more about the lay experience of illness, about the cosmologies of health and sickness, the role of family and neighbours in the primary care of patients and the wide range of strategies adopted by the sick, from self-medication to patronage of elite physicians. Much of the best work in this field has focussed on the early modern period. The Porters' work, for instance, has spanned the two centuries between 1650 and 1850, arguing for a *longue duree* in the experiences of patients.<sup>3</sup> But the focus on the early modern period seems to have been at the expense of the nineteenth century, in large part because of a belief that the patient was powerful in the early modern period and lost much of this power in the nineteenth century. The clinical encounter between doctor and patient was no longer dominated by the patient's account of their illness, as doctors gazed directly into patient's bodies using stethoscopes and the other paraphernalia of modern diagnosis; the patient's voice was silenced.

Alongside this temporal gap in our knowledge lies another major lacuna. Much of the work that has been done on patients has focussed on the middle and upper classes. A detailed study of the working classes has yet to be attempted. The result is that much current historiography lacks any sense of working-class agency. When the poor have been the focus they have all too often been viewed as victims of the

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<sup>2</sup> Porter, R 'The patient's view: doing medical history from below.' in *Theory and Society* 14 (1985): 175-198

<sup>3</sup> Porter, D and Porter, R *In Sickness and in Health, the British Experience 1650-1850* (London, 1988)

medical profession's creeping hegemony.<sup>4</sup> We know a great deal about what was done to and for the working classes, but very little understanding of their own experiences and actions. Clearly the two problems are linked; as medical theory and practice become forms of social control, disciplinary apparatuses for the control of docile bodies, there is an assumption that medical authority increased the most over working-class patients and communities.

This trajectory of change draws much of its power from a broader metanarrative. There is a powerful historiographical tradition that sees the pre-modern body as riotous and Rabelaisian - its transgressive power celebrated in the carnival of popular culture or the boozy hedonism of Saint Monday. But, the story continues, in the nineteenth century the body, particularly the working-class body, was subject to ever-greater discipline. Even before the work of Foucault we had the Marxist account - the imposition of clock-regulated, closely-supervised work regimes in the factory which would culminate in Fordism and the precise calculation of labour power of Taylorism.<sup>5</sup> This scientific management of labour was central to Weber's account of the emergence of a rational society characterised by the rise of discipline as a mode of power and the use of bureaucratic planning and administration to manage even the most intimate aspects of social life.<sup>6</sup> Foucault elaborated these models to produce a general account of the techniques of power which constituted the disciplinary society and which were utilised in the workplace and beyond, in state institutions such as the military, the prison, the asylum and the hospital. The body (again generally the working-class body) was subject to continuous and minute observation, rigorous examination, drilled with martial precision.<sup>7</sup> Foucault linked the disciplinary society to the rise of a new form of power – biopower. This new

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<sup>4</sup> Foucault, M *Discipline and Punish: The Birth of the Prison* (London, 1979) Armstrong, D *The Political Anatomy of the Body: Medical Knowledge in Britain in the Twentieth Century* (Cambridge, 1983) and Lawrence, C 'Disciplining disease: scurvy, the Navy and imperial expansion 1750-1825' in Miller, D and Reill, P (eds) *Visions of Empire, Voyages, Botany and Representations of Nature* (Cambridge, 1996)

<sup>5</sup> Thompson, EP 'Time, work-discipline and industrial capitalism' in his *Customs in Common* (London, 1993)

<sup>6</sup> Weber, M 'Bureaucracy' and 'The meaning of discipline' in Gerth, H and Wright Mills, C (eds) *From Max Weber: Essays in Sociology* (London, 1948): 196-244 and 253-266

<sup>7</sup>; Foucault *Discipline and Punish*



bio-politics of life was a means for the state to enter domestic spaces. Public health reformers set new standards of cleanliness and hygiene. State-sponsored pronatalist campaigns tried to interfere in the processes of reproduction and childbirth. Infancy itself was subject to the new clock time - with set hours for feeding, cleaning and potty training.

Yet in describing the normative project of modernity Foucauldians have concentrated far more on intention than outcome. What actually happened to people's lives, how their embodied sense of self changed in the nitty gritty of daily life has been given insufficient attention. This is as true in the history of medicine as it is in the history of the body. Yet, as Andrew Wear has argued, the assumption of docile, disciplined patients has been more often made than proven; detailed research into the patient's experience is sadly lacking:

for historians of the nineteenth and twentieth century the need to reflect the realities of the medicine of their period has meant that rather than the patient being the focus of interest, the objects of historical enquiry have been the growth of institutions such as hospitals, of professional power amongst medical men, and of new scientific, objective knowledge, all of which maybe tended to diminish the patient's sense of individuality, and status.<sup>8</sup>

Revisions of this orthodoxy are now appearing. Work on hospitals and workhouses are increasingly focusing on the way they were used by inmates and their families as part of what Tim Hitchcock has called pauper strategies for survival.<sup>9</sup> Detailed studies of admissions to lunatic asylums have thrown into question the belief that the insane were institutionalised - periods of stay tended to be short and care in the family continued to be the dominant practice.<sup>10</sup> Historians of public health are

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<sup>8</sup> Wear, A 'The meaning of illness in early modern England' in Kawakita *et al* (eds) *History of the Doctor-Patient Relationship* (Tokyo, 1995) p.1

<sup>9</sup> Hitchcock, T *Down and Out in Eighteenth-Century London* (London, 2004), p.xvi, chs.6&7. Tanner, A in Borsay and Shapely *Medicine, Charity and Mutual Aid* pp.135-162

<sup>10</sup> Wright, D 'Getting out of the asylum: understanding the confinement of the insane in the nineteenth century'. *Social History of Medicine*, 10 (1997): 137-55

producing accounts of how the medical profession's attempts to reform working-class life were met with resistance grounded in alternative ideas of what it meant to be healthy and what constituted sickness.<sup>11</sup> Historians such as Roger Cooter and John Pickstone have described working-class involvement in a range of fringe medical movements including phrenology, medical botany and mesmerism.<sup>12</sup> This thesis will argue that such accounts, by providing a view 'from below' of multiple facets of working-class agency in the sphere of medical care, provide an alternative to totalising visions of the rise of disciplinary modernity and the possibility of new models and chronologies of change.

It is within this context that this work should be located. Its primary goal is to contribute to the patient-centred history of medicine by taking the historical agenda established by the Porters in their work on long eighteenth century and applying it to a different social class and a different period. Thus in the first chapter this thesis shall explore conceptions of health and in particular the notion of health as fitness to work. The concept of body hardening, a health fad amongst the Georgian middling sort, is here reframed as a working-class valorisation of toughness, stoicism and the dignity of work and a way of dealing with the physical challenges of manual labour. Then in chapter two it will explore plebeian aetiology, describing how a moral economy of health which drew on both orthodox medical concepts such as predisposition and the poor's experience of the material realities of immiseration provided an alternative to the Chadwickian public health agenda centred on sanitary reform. Chapter three examines the subjective experience of sickness, exploring how working men made sense of episodes of ill health within the narrative structures of their autobiographies. This chapter explores whether the middle-class cult of invalidism had a plebeian equivalent, and how the intermingling of medical and religious discourses provided

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<sup>11</sup> Barnes, J *The Making of a Social Disease: Tuberculosis in Nineteenth-Century France* (Berkeley, 1995); Durbach, N *Bodily Matters*

<sup>12</sup> Cooter, R *The Cultural Meaning of Popular Science: Phrenology and the Organisation of Consent in Nineteenth-century Britain* (Cambridge, 1984) Pickstone, J *Medical botany around 1850: American Medicine in Industrial Britain*' in Cooter, R *Studies in the History of Alternative Medicine* (Basingstoke, 1988) Winter, A *Mesmerized: Powers of Mind in Victorian Britain* (Chicago, 1998)



many writers with a language within which to conceptualise feelings of frailty and vulnerability. Chapter four looks at lay medicine in working-class households and communities, reframing what has been traditionally understood as women's work to illuminate the contribution men made and how they framed their responsibility for tending to the sick at home, in the neighbourhood and at work. Chapter five explores relations with doctors, to examine 'creeping medical hegemony' from the patient's perspective. The bulk of chapter five is given over to a detailed account of a textile worker's lengthy stay in the Manchester Infirmary in 1827, offering an account of institutionalisation 'from below'.

However, this study has other ambitions. Just as the Porters' patient-centred history of medicine was rooted in the burgeoning social history of the commercial, consumer world of Georgian Britain and its ever-rising middling sorts, so this study is as much a contribution to the social history of the British working classes, as it is a work of medical history. In this respect it has two main aims: the first is to add something to our understanding of plebeian masculinity; the second is to challenge some of the theoretical and methodological orthodoxies which currently pervade the history of the body.

### *Class and gender*

In its treatment of these twinned categories, this study pursues what is now a well-established historiographical agenda which explores the gendered nature of class formation.<sup>13</sup> For our period the germinal works are those of Anna Clark and Sonya Rose who both argue that patriarchal structures undermined the potential of class struggle by pitting men against women.<sup>14</sup> Trade unionists' struggle for a 'family wage' exploited bourgeois notions of domesticity predicated on the doctrine of separate spheres and a sentimental valorisation of both childhood and femininity.

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<sup>13</sup> Davidoff, L and Hall, C *Family Fortunes: Men and Women of the English Middle Class, 1780-1850* (London, 1987)

<sup>14</sup> Rose, S *Limited Livelihoods: Gender and Class in Nineteenth-Century England* (London, 1992) and Clark, A *The Struggle for the Breeches: Gender and the Making of the British Working Class* (London, 1995)

By trying to push women out of the workplace and into the home, working men created a divided, and therefore weakened, class. The models of working-class masculinity that emerge from these persuasive narratives is far from flattering. Clark suggests that in the early part of the century artisanal culture bred a homosocial world of alcohol-fuelled misogyny in which wife-beating was common. This was then to some extent tamed by the pursuit of respectability and discipline as part of the struggle for the family wage, but the adoption of middle-class models encouraged men to retreat further from the home, evading domestic responsibilities and increasing the burden shouldered by women. By the end of the century the triumph of separate spheres was expressed in the proliferation of new homosocial leisure spaces for working men, part of what Stedman Jones has termed the ‘culture of consolation’, an acknowledgement of the failure of the radical aspirations of the class struggle.<sup>15</sup>

Theodore Koditschek has suggested in a commentary on Rose and Clark’s work, “this new version of capitalist patriarchy was grounded in a more routinized, psychologically internalized, ‘respectable’ image of what it meant to be a man”.<sup>16</sup> This comment suggests a clear link between the new gendered history of the British working class and the older metanarrative of disciplinary modernity outlined above. This should be no surprise given how important that metanarrative was to Edward Thompson’s work and just how much Clark is writing in the Thomsonian tradition. Despite the profound seriousness of his intent in uncovering the culture and lives of working people, there is in Thompson’s analysis a comic register which celebrates, rather than simply records, the Rabelaisian aspects of riotous protest and boozy St Mondays, and in so doing fails to address issues of patriarchal power. In his account of time and work-discipline he acknowledges that pre-modern work patterns were “not without domestic tension” but this is a humorous aside; Thompson’s sympathy

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<sup>15</sup> Stedman Jones, G ‘Working-class culture and working-class politics in London, 1870-1900: notes on the remaking of a working class’ in his *Languages of Class: Studies n English Working-Class History 1832-1982* (Cambridge, 1983) p.220

<sup>16</sup> Koditschek, T ‘The gendering of the British working class’ in *Gender and History* 9 (1997) p.355

is with the worker.<sup>17</sup> By putting women centre stage Clark and Rose have challenged many of his assumptions; highlighting the tragic aspects of a culture prone to violence and alcoholic excess. Nevertheless their work is underpinned by the same metanarrative and periodisation.

This thesis seeks to contribute to our understanding of plebeian masculinity by exploring the tensions in the theses presented by Clark and Rose, who both stressed that a strict separation of roles was always at best a fragile achievement for working-class households. Their nuanced account echoes the work of historians like Amanda Vickery who have offered a critical revision of the separate spheres ideology, questioning whether there was a fundamental, linear shift in behaviour and expressing doubts about the degree to which middle-class women were ever successfully confined to the private sphere.<sup>18</sup> In attempting to move beyond a dependence on the metanarrative that underpinned the work of Clark and Rose, this thesis draws on the space which this revisionism creates for historians to imagine more complex and multifaceted models of masculinity and gender relations. Thus this thesis offers an account of plebeian masculinity in nineteenth-century Britain which emphasises continuity, rather than change. Such arguments also chime with work by historians exploring the relationship between politics and masculinity such as McCormack and Roberts who argue that the gendered dimensions of British elite public culture “were remarkably enduring and resistant to reform”.<sup>19</sup> Further support comes from recent work on the social history of leisure which suggests that respectability, the great shibboleth of Victorian manliness, was maintained only shakily, and that disreputable pleasures, from gambling to drunkenness and fighting continued to be a central part of the lives of many Victorian men.<sup>20</sup> Finally, John

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<sup>17</sup> Thompson ‘Time and work-discipline’ p.374

<sup>18</sup> Vickery, A ‘Golden age to separate spheres?: a review of the categories and chronology of women’s history, *Historical Journal* 36 (1993) pp.383-414 and Shoemaker, RB *Gender in English Society, 1650-1850: the Emergence of Separate Spheres?* (Harlow, 1998)

<sup>19</sup> McCormack, M and Roberts, M ‘Conclusion: chronologies in the history of British political masculinities, c. 1700–2000’ McCormack, M and Roberts, M (eds) *Public Men: Political Masculinities in Modern Britain* (Basingstoke, 2007) p.193

<sup>20</sup> Huggins, M and Mangan, J (eds) *Disreputable Pleasures: Less Virtuous Victorians at Play* (London, 2004)



Tosh, who has perhaps been boldest in his attempt to produce a clear chronology of shifting models of masculinity in our period, has on the one hand argued for clear markers of change over time, such as the sustained decline in interpersonal violence, but has also emphasised powerful continuities, for instance in the Victorian's conception of manliness as an external code of conduct "rooted in everyday social relations".<sup>21</sup>

Tosh has argued that the revisionist focus on continuity in gender structures requires explicit theorisation of the relationship between class and gender. His discussion of this point informs the theoretical position adopted in this thesis and is therefore worth outlining in a little detail, not least because his position changed in interesting ways. In a 1999 article he suggested that the work of Davidoff and Hall and Clark and Rose had mapped gender onto existing metanarratives of industrialisation, the emergence of a three-class society and the triumph of the bourgeoisie. In the light of the revisionist challenges to their work, Tosh asked: "But is gender in the last analysis superstructural and epiphenomenal?"<sup>22</sup> Rather than simply shifting with the winds of historical change, many structures of gender changed little if at all, and recognition of their enduring power "opens the way to understanding the ways in which gender transcends class".<sup>23</sup>

In a later article Tosh in effect qualified his position, at least with regards to middle-class masculinity in nineteenth-century Britain. He argued that the period saw the emergence of a hegemonic bourgeois masculinity which was "entrepreneurial, individualistic ... organised around a punishing work ethic, a compensating validation of the home, and a restraint on physical aggression".<sup>24</sup> Some of the enduring features of masculinity that he had previously argued negated the primacy of class are now reduced to epiphenomenon. Thus manliness as an

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<sup>21</sup> Tosh, J 'Masculinities in an industrializing society: Britain, 1800-1914' in *Journal of British Studies* 44 (2005): 330-342 p.335

<sup>22</sup> Tosh, J 'The old Adam and the New Man' in Hitchcock, T and Cohen, M (eds) *English Masculinities 1660-1800* (Harlow, 1999) p.223

<sup>23</sup> Tosh 'The old Adam' p.237

<sup>24</sup> Tosh 'Masculinities in Industrialising Society' p.331

external code of conduct, is now just the means of expression for bourgeois masculinity, there is no sense that it acted as a brake on, attenuated or complicated, the economic imperatives of the hegemonic masculinity. Furthermore he argued that as the period's hegemonic masculinity it was adopted by the labour aristocracy and 'moral force' Chartists. Tosh continued to assert that class did not trump gender, but now his argument rested on two planks: trans-class markers of distinction which emphasise sexual difference such as dress and speech (which were strengthened by the emergence of medical model of binary sexual difference) , and the persistence of alternatives to bourgeois masculinity amongst the aristocracy, youth and the unskilled working-class. However, since in relation to the latter group he argued that a polarized vision of sexual character did not sit easily with dual-income households, then even here class trumped gender.

Despite his own revisionism, Tosh has provided a lucid case for resisting the impulse to simply map gender onto our existing class-based metanarratives, and in doing so offers the possibility of new, more complex and more interesting ways of thinking about the dynamics of social and economic change in Victorian Britain. This thesis adopts an approach to class and gender that strives to privilege neither category, treating them instead as in a dynamic process of dialectical engagement, each shaping the other. This process took place at a number of sites: the workplace, the home, the community, the political arena, and of course it was embedded in cultural traditions, ideas and institutions. Although it opens with a chapter on the working body this is not intended to privilege the workplace as a site of class formation and the following chapters focus on the male body in the home, the neighbourhood and the hospital. Similarly, although chapters one and two draw on the autobiographies of labour leaders and Chartists radicals to situate accounts of embodiment within political discourse, this thesis does not treat plebeian masculinity as simply arising from the creation of a political class consciousness which defined working men in opposition to their bourgeois masters.

The contribution this thesis hopes to make to the history of Victorian masculinity



focuses primarily on the experience and representation of embodied selfhood. It tries to present a sympathetic account of the plight of working men, striving, but so often failing, to achieve and maintain a respectable independence. Thus the first chapter allows us to explore what we might term a hegemonic masculinity based on a valorisation of physical toughness, whilst chapters two and three allow us to explore how the potentially feminising experience of physical vulnerability and frailty were also an integral part of working-class masculinity and introduces alternatives to the hegemonic masculinity outlined in chapter one. Chapter four builds on this by examining how working men's engagement with the primarily female duties of the care for the sick, could both be presented as compatible with our robust hegemonic masculinity but also offers insight into how tenderness and compassion were important aspects of men's relationships. The story of Joseph Townend's visit to the Manchester Infirmary provides further evidence of the kinder, gentler side of plebeian manliness but also reinforces the importance of values such as independence, and of homosocial spaces in the formation of adult male identities.

In stating that this thesis seeks to describe both the experience and representation of embodied selfhood it should be clear that the theoretical approach to class and gender adopted here is one which asserts the continuing relevance of material life and social experience in shaping individual and collective identities. There was nothing subtle about the inscription of class on the plebeian body; as Joanna Bourke has pointed out, at the beginning of the twentieth century: "14-year-old working-class children were six inches shorter than middle-class children".<sup>25</sup> In the last twenty years historians like Gareth Stedman Jones and Patrick Joyce have been at the vanguard of a revisionist critique of the social history of the British working classes which has focused on texts and language, rather than material conditions, and which has brought into question the relevance of class as a category. Thus, in the introduction to *Democratic Subjects*, a book which explores two examples of Victorian autobiographical writing, Joyce renounces his previous work as mired in "a nostalgia for social subjects and bedrock 'experiences', upon which values and

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<sup>25</sup> Bourke, J *Working-Class Cultures in Britain, 1890-1960* (London, 1994) p.3

culture could be based”.<sup>26</sup> Historians such as Andrew Miles and Mike Savage have contended that revisionist approaches to working-class history have gone too far. Critiquing the work of Joyce and Stedman Jones they argue that “the stress on language all too easily slides into a form of linguistic determinism, in which the historical impact of any non-linguistic realm is obscured, denied or declared unknowable”.<sup>27</sup> The approach adopted in this thesis draws inspiration from the work of Ellen Ross, who suggests that for all the intellectual ferment which has undermined Marxist-inspired approaches to working-class history in the last twenty years, there is still a place for history based on “a belief in the significance of the material world to shape individual lives”.<sup>28</sup> Class and gender existed both within and beyond text, in a real world of experience that can be recovered, however imperfectly.

### *The body*

In adopting such a theoretical approach, this thesis also aspires to make a contribution to the history of the body. As has already been suggested, accounts of both the creation of a new working-class masculinity and a revolution in the theory, practice and social relations of medicine, are linked by the metanarrative of the disciplinary project of modernity which charts a transformation in embodied subjectivity, in which an undisciplined premodern body is whipped into shape by a variety of processes and effects. Before Foucault we had the Weberian account of discipline, bureaucracy and the Puritan work ethic, Peter Burke's story of the triumph of Lent over Carnival, Elias's history of the civilised body. The timespans of these narratives range broadly: Elias began in the late Middle Ages; Burke focused on the early modern era, and Foucault on the late eighteenth and early nineteenth centuries.

Elias's account of what he termed the ‘civilising process’ described how the body

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<sup>26</sup> Joyce *Democratic Subjects* p.11

<sup>27</sup> Savage, M and Miles, A *The Remaking of the British Working Class, 1840-1940* (London, 1994) p.17

<sup>28</sup> Ross *Love and Toil* p.10



was subject to ever greater demands: behaviour such as nose-picking, spitting and table manners were reformed. Elias linked these new trends in behaviour to the process of state formation - civility was the price for access to political power. As the central state grew more powerful so court society imposed greater restrictions on what was acceptable conduct. Thus the outlawing of the duel as a part of the creation of a state monopoly on violence was only one part of a general trend - the competition for power which the nobility had played out fighting each other or their monarch was now channelled into competition to prove who could be the most courteous courtier. This occurred through a process of restraint, a training of the body and mind to resist the immediate gratification of innate impulses: "What matters, what determines conduct, are the balances and conflicts between man's malleable drives and the built-in drive controls".<sup>29</sup> Elias saw this process as creating a profound change in "the structure of individual human beings" – people, he argued, became more egocentric, they thought of themselves as closed-in egos:

...human beings are becoming more complex, and internally split in a quite specific way. Each man, as it were, confronts himself. He "conceals his passions", "disavows his heart", "acts against his feelings".<sup>30</sup>

Although Elias concerned himself with an aristocratic elite, the importance he attached to this process of change was its gradual diffusion and transformation of the wider society. The high standards trickled down the social orders through a process of emulation. But for Marxist historians like Christopher Hill and EP Thompson, the metanarrative of disciplinary modernity was primarily an account of class exploitation. Hill located its ideological origins in "the protestant ethic" of the industrious middle classes but it made its way into plebeian life not through a process of emulation but "by the brutal economic pressure of the eighteenth century industrial revolution".<sup>31</sup> However, processes of emulation are not completely absent

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<sup>29</sup> Elias, N *The Civilising Process* (Oxford, 1994) p.487

<sup>30</sup> Elias, N *Civilising Process* p.477

<sup>31</sup> Hill, C *The World Turned Upside Down, Radical Ideas During the English Revolution* (London, 1972) p.264

from the Marxist account. As already noted, Thompson saw the primary source of this as religion, in particular Methodism, which sought to reform public morality and instil obedience and industry in the lower orders.<sup>32</sup> In suggesting that the working classes sought power by an appeal to bourgeois notions of domesticity and a pursuit of respectability, Clark, in her extension of the Thompsonian tradition, provides a further echo of Elias, not only in her emphasis on emulation but in the idea that the acquisition of political power required the demonstration of self-restraint<sup>33</sup>. In both traditions, both in relation to Elias' civilising process, and in the making of the working class, the same emphasis on discipline, inbuilt or imposed, and much the same chronology, can be observed.

In at least apparent contrast, in *Discipline and Punish* Michel Foucault distanced himself from Elias's work and was in any case, never interested in class. He declared that he was not concerned with matters of decorum, the codes which govern "the signifying elements of behaviour or the language of the body" which he described as a ubiquitous form of bodily constraint common to all societies.<sup>34</sup> Rather he suggested that with the creation of a disciplinary society we can see the emergence of a novel form of power over the body. What was new, for Foucault, was the scale, object and mode of control. The scale of control encompassed "movements, gestures, attitudes, rapidity: an infinitesimal power over the body". The object of control was now "the economy, the efficiency of movements, their internal organization; constraint bears on the force rather than on the signs; the only truly important ceremony is that of exercise". The mode of control had become "an uninterrupted, constant coercion, supervising the processes of the activity rather than its result ... exercised according to a codification that partitions as closely as possible time, space, movement".<sup>35</sup>

Although often seen as an alternative to a Marxist approach to history, Foucault was

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<sup>32</sup> Thompson *Making* pp.385-6

<sup>33</sup> Clark *Struggle* pp.220-232

<sup>34</sup> Foucault, *Discipline and Punish*

<sup>35</sup> Foucault, *Discipline and Punish* p.181



concerned with the relationship between power and economics: discipline was about a rational ordering of society in order to extract maximum utility: “The growth of a capitalist economy gave rise to the specific modality of disciplinary power”. Bodies are rendered simultaneously both docile and powerful, “discipline is the unitary technique by which the body is reduced as a ‘political’ force at the least cost and maximized as a useful force”.<sup>36</sup> Furthermore, although Foucault attempted to distance himself from Elias, Foucauldians such as Nikolas Rose have emphasised his shared interest in how the techniques of bodily comportment “would both manifest and maintain a certain disciplined mastery exercised by the person over himself or herself”.<sup>37</sup> In Foucault’s later work on governmentality, the relationship between governing the self and governing others, had obvious parallels with that of Elias, not least in its discussion of what Rose has described as “the subjectification of those who would govern conduct”, that is to say the ways in which those who aspired to power over others, first subjected themselves to that same power.<sup>38</sup> This formulation would fit the model outlined by Clark in which working-class men adopted new modes of self-restraint in pursuit of both economic power in the workplace, political power at the parliamentary level and patriarchal power (which would allow them to subject the same self-restraint over women and children). This latest formulation of the disciplinary metanarrative of modernity has, in its turn, found its way into the social history of the working classes via the writing of Patrick Joyce and James Vernon.<sup>39</sup>

At the heart of the metanarrative whose historiographical lineage I am describing is a dichotomized contrast between the modern self/body and its premodern other. This has been explicitly described and critiqued in the work of Barbara Duden who outlined a series of structural oppositions which defined the difference between the

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<sup>36</sup> Foucault, *Discipline and Punish* p.181

<sup>37</sup> Rose, N *Inventing Our Selves: Psychology, Power and Personhood* (Cambridge, 1996) p.31

<sup>38</sup> Rose *Inventing Our Selves* p.34

<sup>39</sup> Joyce, P *Democratic Subjects: The Self and the Social in Nineteenth-Century England* (Cambridge, 1994); Vernon, J *Politics and the People: a Study in English Political Culture, c.1815-1867*. (Cambridge, 1993)



premodern and the modern body.<sup>40</sup>

## PREMODERN BODY

powerful  
unbounded  
messy  
not medically defined  
mysterious and hidden/interior

## MODERN BODY

docile/disciplined  
private/individualised  
hygienic  
medicalised  
open and visible

A clear understanding of the importance of this dichotomy for the literature of class, gender and the body, informs this exploration of the identities revealed in working men's autobiographies. And this thesis questions the extent to which these accord with the model of a modern self/body. In the end, it will suggest that rather than seeking to discover clear and distinct transitions from one mode to the other, we need to place greater emphasis on continuities. Much work on the history of the body and the self, despite being rooted in a postmodern approach which claims to emphasise contingency, fluidity and instability have in fact been wedded to over-determined metanarratives and structuralist dichotomies. As Mark Jenner and Bertrand Taithe have suggested: "writing the history of the body does not seem to have obliged most historians to reconsider periodization".<sup>41</sup>

Some scholars have already begun to produce work which, either implicitly or explicitly, questions whether we can directly map the history of the body onto our existing models of social and economic change. Historians working at the intersection of body and gender history have argued against oversimplified models of change. Laura Gowing, for instance, has suggested that "Against the backdrop of the seventeenth century's transformations, the social life of the gendered body remained largely unchanged".<sup>42</sup> And in the same vein, Karen Harvey, in her work on eighteenth-century erotica, has argued against those who seek to encapsulate

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<sup>40</sup> Duden *Woman Beneath*

<sup>41</sup> Jenner, M and Taithe, B 'The historiographical body' in Cooter, R and Pickstone, J (eds) *Companion to Medicine in the Twentieth Century* (London, 2003) p.193

<sup>42</sup> Gowing, L *Common Bodies: Women, Touch and Power in Seventeenth-Century England* (Yale, 2003) p.204

representations of sexual difference in “period-specific models”, arguing instead that there was “an enduring synchronic diversity in representations of bodies”.<sup>43</sup>

Similarly, Barbara Duden, has suggested that “the motifs and images of the body unfold in two kinds of time, a historical and a transhistorical time, and ... the body especially at work – when labouring or suffering – is a bridge between these two realms”.<sup>44</sup>

Drohr Wahrman has recently reviewed this strand of revisionism in gender history, and has provocatively suggested that it is teetering on the brink of biological essentialism. Wahrman’s assumption that an interest in the material body will require an engagement with biological essentialism is perhaps indicative of a broader problem. The form of cultural history which has blossomed in the wake of the linguistic turn has both privileged the body as a subject of study whilst all too often denying it any significance in the constitution of social reality. But, neither historians in this tradition, nor Wahrman, have sufficiently engaged with social scientists who have developed theoretical approaches to the body which acknowledge the discursive and material aspects of the social construction of embodiment. In an attempt to advance the theoretical foundations of this revisionism, this thesis seeks to investigate people’s lived experience of their bodies, using a theoretical approach to the body akin to that of Chris Shilling and Raewyn Connell.<sup>45</sup> It will eschew the approach of sociobiologists who treat the body simply as a biological given which provides the basis for sexual, racial or class identities, but neither will it adopt the stance of radical social constructionists who treat the body simply as a tabula rasa; a discursive space for the play of meaning. Instead this study will approach the body as both a fleshy reality and a social construct. Shilling, drawing on the work of Connell and Frank, suggests that we think of the body as

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<sup>43</sup> Harvey, K ‘The substance of sexual difference: change and persistence in representations of the body in eighteenth-century England’ in *Gender and History*, 14 (2002) p.219

<sup>44</sup> Duden, B *The Woman Beneath the Skin: a Doctor’s Patient in Eighteenth-Century Germany* (Harvard, 1991) p.37

<sup>45</sup> Shilling, C *The Body and Social Theory* (London: Sage, 1993) Connell, R *Which Way Is Up?* (Sydney, 1983)



an unfinished phenomenon. The shapes, sizes and meanings are not given at birth and neither is the body's future experience of well-being; the body is an entity which can be 'completed' only through human labour ... social relations, inequalities and oppressions are manifest not simply in the form of differential access to economic, educational or cultural resources but are *embodied*.<sup>46</sup>

Social construction in this approach is not simply a matter of linguistic play which floats free of the fleshy signifier but of bodily techniques - of training the body to behave in certain ways – “institutions, discourse, and physical reality” combine to embody identities.<sup>47</sup> Of necessity such an approach accepts that precisely because the social practices which are involved say in constructing masculine identities are not biologically determined they can be, in Connell's words “hostile to the bodies’ physical well-being”.<sup>48</sup> Whilst the physical body is changed as a result of social pressures, attempts to mould the body may only get so far before they come up against biological limitations, our bodies may rebel or break down and thus force us to seek new meanings. This thesis therefore approaches the material body as both a source of meaning and a source of agency. The approach to the *history* of the body will in turn be built on the work of historians like Dorinda Outram, in which: “bodies are active creators of new power relations, and sustain individuals in their confrontations with and against systems of power.”<sup>49</sup> Thus this thesis will question, as Jenner and Taithe have, the degree to which the subjective experience of embodiment ever became dominated by the normalising, calculative tendencies of modern disciplinary apparatus. Does the all encompassing modernizing metanarrative still look convincing when viewed from an embodied perspective?

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<sup>46</sup> Shilling *Body and Social* p.124

<sup>47</sup> Turner, B *Regulating Bodies: Essays in Medical Sociology* (London, 1992) p.60

<sup>48</sup> Connell, R *Masculinities* (Cambridge, 1995) p.65

<sup>49</sup> Outram, D *The Body and the French Revolution. Sex, Class and Political Culture* (Yale, 1989) p.23

## *Power*

This theoretical approach to embodied agency underlies the model of social power which informs the study. Power is understood here in a number of ways. Firstly, power is the ability to control the fundamental resources which shape society. In the words of the Marxist geographer David Harvey: “those who define the material practices, forms, and meanings of money, time ... [and] space fix certain basic rules of the social game.”<sup>50</sup> This definition is highly relevant to the metanarrative of disciplinary modernity. Harvey describes work discipline as a process of fixing the time and space of labour and giving it a monetary value, a process through which time, space and money became more closely intertwined. Power is not, however, understood as only taking material form; the “rules of the game” are also discursive, it is also about the meanings given to these resources. Agency, both collective and individual, is exercised in the contest for material and discursive control of these resources; this is the terrain on which class and gender struggles are fought. This is not simply a workplace struggle, or one that is overtly political; it is, Harvey suggests, a pervasive feature of daily life and popular culture:

Much of the colour and ferment of social movements, of street life and culture, as well as of artistic and other cultural practices, derives precisely from the infinitely varied texture of oppositions to the materialisations of money, space and time under conditions of capitalist hegemony.<sup>51</sup>

The pervasive quality of this model of power (and agency) can illuminate our understanding of the embodied nature of plebeian masculinity beyond David Harvey’s central concern with work place discipline. It can be seen operating in public health movements which sought to reform urban spaces and working-class homes; in the ideology of separate spheres and the fight for the living wage; in the medical profession’s struggle for control of the medical marketplace; in the institutional control of plebeian bodies in schools, workhouses and hospitals; and in

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<sup>50</sup> Harvey, D *The Condition of Postmodernity: an Enquiry into the Origins of Cultural Change* (Oxford, 1989) p.226

<sup>51</sup> Harvey *Condition of Postmodernity* p.238



the carving out of independent places and times by working people – the drinking treats which sanctioned a break from work, the neighborhood communities which provided support networks including lay medical care, and the retreat to the sickroom by the plebeian invalid.

To return to the beginning of this introduction, it is in its approach to power that this thesis most clearly seeks to problematise the metanarrative of disciplinary modernity, in particular the totalising effects of the Foucauldian version and its account of the dynamics of social change. A major weakness of Foucault's account of the disciplinary society and the rise of biopower was his model of the relationship between old and new forms of power. In describing the new disciplinary regime, Foucault's most radical claim was that this new form of social power established a pre-eminence:

On the whole, therefore, one can speak of the formation of a disciplinary society .... Not because the disciplinary modality of power has replaced all the others, but because it has infiltrated the others, sometimes undermining them, but serving as intermediary between them, linking them together, extending them, and, above all, making it possible to bring the effects of power to the most minute and distant elements.<sup>52</sup>

Foucault was too subtle to talk of one form of power replacing another; nevertheless he asserted the hegemonic primacy of the disciplinary modality. The parallel that must be drawn here is with traditional accounts of the Industrial Revolution which asserted the primacy of steam power and mechanized factory production. The link is made because in describing the origins of discipline Foucault talks of a “political take-off” which accompanied “economic take-off”, an accumulation of bodies to match the accumulation of capital.<sup>53</sup> The concept of economic take-off was drawn from the 1960's work of economic historian WW Rostow, and was his vision of the

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<sup>52</sup> Foucault *Discipline and Punish* p.216

<sup>53</sup> Foucault *Discipline and Punish* p.220-1



Industrial Revolution as big bang; rapid growth concentrated in a few key economic sectors all highly dependent on new technology.<sup>54</sup> Such was the model on which Foucault based his argument for the hegemonic rise of biopower and the disciplinary society. However, Rostow's account has been subject to major revision. It is now widely accepted that factory production was less important for the transformation of the British economy in this period than was long thought; and that even where factories were important, they were often smaller than the traditional model.<sup>55</sup> Even large factories were often collections of small workshops in which production relied on traditional craft skills rather than monolithic institutions based on deskilled mechanised labour. This reliance on *skill* meant that *control* of production was rarely wrested entirely from the hands of workers. Indeed factory owners often delegated the process by subcontracting production to working-class foremen who would hire, fire and supervise workers. It was these traditional forms of social relations which predominated in the bulk of factories for much of the industrial revolution - the scientific management of labour developed in the *late* nineteenth century; it was an afterthought to Britain's Industrial Revolution rather than something on which it was based. As Craig Littler argues in his critique of Sydney Pollard's work:

Pollard exaggerates and misinterprets the modernity of work relationships in the early nineteenth century, and correspondingly neglects the continuities of traditional relationships.<sup>56</sup>

Again, as it did with issues of gender and the body, the argument returns to the question of persistence of enduring social structures and formations. The point is not to suggest that nothing changed, but that the ways in which society changed were more complex than is often imagined. Revisionist histories of the Industrial Revolution suggest that at the heart of that complex series of processes were two things: a dialectical relationship between the old and the new, and the plebeian body.

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<sup>54</sup> Rostow, WW *The Stages of Economic Growth: a Non-Communist Manifesto* (Cambridge, 1960)

<sup>55</sup> Crafts, N 'The new economic history and the Industrial Revolution' in Mathias, P and Davis, J (eds) *The First Industrial Revolutions* (Oxford, 1989) 25-43 p.39

<sup>56</sup> Littler, C *The Development of the Labour Process in Capitalist Societies* (London, 1982) pp.70-1

This thesis is a small attempt to illuminate part of that complexity.

### *Methodology*

A thesis which spans a full century, an entire social class and a whole nation is by definition and inevitably, overambitious. The constraints which have marked the boundaries of this study are: firstly, an understanding that it can only hope to make a very modest contribution to the existing historical literature; and, secondly, the limits created by my primary source material - working men's autobiographies and journals. There are many other sources which one could use to write a history of working men's bodies: institutional records of hospitals, workhouses and prisons, popular literature, the archives of the labour movement and the records of local government, from overseers of the poor to public health officials. Ellen Ross's study of working-class mothers in late Victorian and Edwardian London is an exemplar for what can be achieved with such an approach, as is Nadja Durbach's work on the anti-vaccination movement.<sup>57</sup> These approaches have been eschewed in order to make this study manageable and distinct, but restricting the study to a single source has entailed approaching the subject in a specific way, which carries with it both pitfalls and opportunities.

Relying on solely autobiographical material makes it all the more important to outline the nature, strengths and limitations of this material and the methodological and theoretical approaches underpinning the use made of them. There are over 2,000 British working-class autobiographies listed in the authoritative bibliography by Burnett, Vincent and Mayall.<sup>58</sup> My initial selection was based on their extensive and highly detailed subject index, searching for references to birth, death, health, illness, medical practitioners, public health issues such as sanitation and vaccination, and medical institutions such as hospitals. Access to the material was straightforward as

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<sup>57</sup> Ross, E *Love and Toil: Motherhood in Outcast London, 1870-1918* (Oxford, 1993)

<sup>58</sup> Burnett, J Vincent, D and Mayall, D (eds) *The Autobiography of the Working-Class: an Annotated Critical Bibliography* (Brighton, 1984-9) See also Vincent, D *Bread, Knowledge and Freedom, a Study of Working-Class Autobiography* (London, 1981)



the bibliography records where they are held, and copies of most of the volumes are held in the British Library. Some additional material was recommended by colleagues or identified in my survey of the secondary literature. Using my subject-based selection criteria I have surveyed about 150 publications, a small number of these are by women but most are by men. This bias is typical of the genre – only about ten percent of those compiled by Burnett *et al* were by women, although the proportion increased for the latter part of their survey. Given this generic bias there was insufficient material for anything approaching a representative sample of women, hence this study is defined not simply by class but also gender, specifically plebeian masculinity. These categories of analysis were born, in part, of necessity.

Working with autobiographies requires a clear engagement with a number of methodological problems. For instance, typicality: when we read an account of a patient's illness how many other sufferers can we assume their words might speak for? It has long been recognised that since the very act of keeping a diary or writing an autobiography is rarely typical so the writer's commonplaceness must be questioned.<sup>59</sup> This issue of distinction is even more significant in the case of plebeian autobiographers. As James Amelang has suggested: “The act of writing was an intense and ambiguous experience for popular autobiographers and others for whom writing was not a 'normal' cultural practice or expectation.”<sup>60</sup> Amelang was writing about early modern artisans, but Jonathan Rose notes a similar tension in Victorian working men, describing the dilemma of Sid Chapman, a colliery blacksmith who wrote poetry and essays for his local newspaper under a pseudonym:

... in a [Durham] mining village, a man found his way through muscular strength and ability, or agility ... These were masculine things, and writing was very effeminate, so I said nothing about it.<sup>61</sup>

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<sup>59</sup> Delany, P *British Autobiography in the Seventeenth Century* (London, 1969) p.18

<sup>60</sup> Amelang, J *The Flight of Icarus: Artisan Autobiography in Early Modern Europe* (Stanford, 1999) p.48

<sup>61</sup> Rose, J *The Intellectual Life of the British Working Classes* (Yale, 2002) p.180



Yet Rose's detailed history of the intellectual culture of the British working classes belies any ready assumption that learning and literary ambitions were entirely foreign to the culture of working men and reminds us that for every autobiographer who left a record of involvement in libraries, reading circles, popular science classes or other forms of self-improvement, there were many others, a now silent majority, who simply took part. These issues connect to another problem which arises regarding how we use our material to explore facets of plebeian life: the profound heterogeneity of working-class culture. The Victorian working classes were split into many groups, from slum poor to labour aristocracy. A vigorous debate now exists amongst social historians of the working classes about whether inter-class divisions along the lines of gender, age, occupation or geography, may have been more important to people's individual and collective identities, than the inter-class differences that separated working people from those higher up the social scale.<sup>62</sup> The autobiographies used here represent a fairly broad spectrum of experience and background, from Scottish agricultural workers to pit workers in the north-east of England and even London servants. This thesis identifies common themes, concerns, and modes of representation that point both to shared experience and to a rhetorical role for autobiography in the imagining of a common class identity.<sup>63</sup>

This methodology requires an awareness of the perils of the autobiographical source, which as a series of reminiscences, is prey to the vagaries of memory and the rose-tinted spectacles of nostalgia. Autobiographers were generally writing towards the end of their lives, and even those who, like the Coventry weaver Joseph Gutteridge, had diaries or journals on which to draw, would have been framing their accounts in terms of their perspective at the time of writing. Some facets of these works seem striking to the modern reader. Often there is a frustrating vagueness about dates; years or even decades pass with no date given until the birth of a child

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<sup>62</sup> Beaven, B *Leisure, Citizenship and Working-Class Men in Britain, 1850-1945* (Manchester, 2005) To take just London, the classic contrast might be between the casual labourers depicted in Stedman Jones, G *Outcast London: a Study in the Relationship between Classes* (London, 1984) and the respectable artisans of Crossick, G *An Artisan Elite in Victorian Society* (London, 1978)

<sup>63</sup> See Joyce, P *Democratic Subjects: The Self and the Social in Nineteenth-Century England* (Cambridge, 1994) esp. pp.56-63

or the death of a parent. However, there is a consistent and interesting precision about money – the London radical John James Bezer remembered in meticulous detail the family income from earnings and parish handouts when he was a child.<sup>64</sup> Wives are often shadowy figures, and children sometimes more so. From the perspective of this thesis, there is often a disappointing lack of detail on encounters with the medical profession. As discussed in chapter five, the process of diagnosis is rarely discussed, leaving little clue as to what sort of history was taken or whether there was a physical examination, or, for the latter part of the century, whether the doctor used stethoscopes or thermometers.

The Masters dissertation which acted as the pilot for this study took a fairly simple approach to a far more limited number of sources. The basic approach was to race through volumes gleaning snippets which were relevant and then compiling this collection of quotes to identify common themes and areas of divergence. It soon became apparent, however, that on its own this was an inadequate and unsatisfying methodology (albeit one that produced some important insights which have survived through to this manuscript). In a paper on medical narratives in male autobiographies Michael Neve has argued that such an approach is based on uncritical acceptance of the source's material accuracy and a failure to appreciate the influence of stylistic conventions on the narratives produced. The result he suggests is a historical subject who is

co-opted and flattened into a de-individualised, 'typical' and 'factual' historical source by a zealous social historian who has turned the author into an anonymous documentary source, and not an individual with a particular tale and a particular take on his or her life.<sup>65</sup>

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<sup>64</sup> Bezer, J 'The Autobiography of One of the Chartist Rebels of 1848' in Vincent, D (ed) *Testaments of Radicalism: Memoirs of Working Class Politicians 1790-1885* (London, 1977) p.164

<sup>65</sup> Neve, M 'Self, crisis, illness: medical narratives in the autobiographies of British male authors from the nineteenth and early twentieth centuries' Unpublished paper, presented at workshop on The History of Illness Narratives, held at the Robert Bosch Foundation in Stuttgart, Germany, in July 1994 p.5



I have not entirely forgone this more patchwork approach to the source material. It remains justified as long as it is done with care, a certain degree of scepticism and awareness of how narrative conventions and authorial intentions help shape how people, events and attitudes are presented. More importantly this thesis has attempted to balance this approach with one more in line with the methodology recommended by Neve: “a social history of the individual voice and the individual journey through illness and recovery, a contextualised account of the solitary author writing in the first person but in a public language”.<sup>66</sup> Thus accounts of episodes of ill health, encounters with the medical profession or the experience of overwork, hunger and the death of loved ones are made sense of within the overall narrative presented by the author; by asking: how does this or that episode or event relate to his broader life story, what purpose does it serve in the narrative?

What was put in and what was left out was not simply a product of what could be remembered. As David Vincent has stated, autobiographies are more than “a collection of remembered facts”, they are “a pattern of remembered experiences”.<sup>67</sup> The pattern that remembrance took was a product of the interaction between authorial intention and literary genre. As Vincent notes, even the term autobiography was not being used by plebeian writers at the beginning of the nineteenth century, with titles like memoirs and recollections being used instead.<sup>68</sup> Although the roots of plebeian autobiography were primarily in the spiritual conversion narrative, nineteenth century writers produced works which encompassed the picaresque and social reportage more often than the confessional. Indeed even a conversion narrative, with its strong narrative arc of life of sin, spiritual awakening and conversion might often have elements of the picaresque, particularly in recounting the early years of the writer. Some writers playfully mixed genres, thus John James Bezer, a devout Methodist as well as Chartist, writing in a genre we might term the political picaresque, gave both an account of his father’s religious conversion and described

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<sup>66</sup> Neve, M ‘Self, crisis, illness’ p.6

<sup>67</sup> Vincent, D *Bread, Knowledge and Freedom A Study of Working-Class Autobiography* (London, 1981)p.5

<sup>68</sup> Vincent *Bread, Knowledge and Freedom* p.2



his conversion to the cause of Chartism as a religious awakening.<sup>69</sup>

Bezer's autobiography provides an example of the ways in which these narratives interacted with other forms of popular publication. His autobiography was serialised in 1851 in the *Christian Socialist* and used the incidents of his life story as a platform for political polemic. For writers like James Powell and John Leatherland their autobiographies appeared as opening sections in a collection of poems or essays. This combination with other cultural forms suggests the need to be aware of the influence of modes and genres outside life-writing. In particular this thesis highlights the importance of the melodramatic, the Gothic and the Romantic as literary forms whose echoes can be heard in plebeian autobiography. Genre produced constraints as well as offering creative possibilities for the imaginative reconstruction of authors' lives. The photographs of working class autobiographers which often appeared at the front of their books demonstrate this visually. The reader is invited to engage directly with the author; to gaze directly into his eyes. But the image that they see is one that conceals as much as it reveals, presenting the author in a vision of sombre rectitude which reproduced the conventions of Victorian photographic portraiture.

Like any literary form working-class autobiography had its own tropes, themes which recur so frequently they are as much conventions of the genre as they are authentic accounts of the past. Regina Gagnier has termed these hegemonic metanarratives.<sup>70</sup> The religious conversion narrative had its secular counterpart, the account of self-improvement through education and industriousness, and the struggle with sin had its material counterpart in the struggle with poverty. In the autobiographies of labour leaders the political dimension of such struggles were often heightened. In such narratives the common tension between the writer presenting their own unique story and their desire to present themselves as one of their class bore special significance. For men who had made their way through the ranks to become union bosses or even MPs there was a necessity to demonstrate their

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<sup>69</sup> See pp.103-4

<sup>70</sup> Gagnier *Subjectivities*

roots in working-class life and values, and thus an added incentive to describe their impoverished childhoods and early struggles with authority. Thus a man like the miner's leader and Privy Councillor Thomas Burt, a respectable Primitive Methodist known for his conciliatory approach to labour relations, could recount in great detail and more pride than regret, his days of fighting and swearing as a youthful pitworker.<sup>71</sup>

However, this thesis does not reject the idea that we can learn something of the historical truth about plebeian life and lives from autobiographies. The approach adopted by scholars such as John Eakin, who suggests that memory and imagination are so entwined in the autobiographical mode that it becomes impossible to disentangle them, does as much a disservice to plebeian autobiographers as the uncritical credulity Neve warns against.<sup>72</sup> That a writer like Joseph Mayett concludes his description of an illness with a meditation on the providential nature of his cure does not mean that he was not ill or that he did not get better, but it does require us to relate his account to the tradition of the spiritual autobiography and protestant approaches to the sick body.<sup>73</sup> There is nothing novel in this approach, it can be seen in the work of some of the pioneers in the use of working-class autobiography such as David Vincent.<sup>74</sup>

Finally, and to return to the theme of disciplinary modernity, we must address the issue of agency, and Foucault's assertion of the death of the author and his conception of the self. For a writer like Nikolas Rose, working in the Foucauldian tradition, the autobiographical form is interesting for its role in the genealogy of subjectification, that is to say the creation of the modern self - an "individualized, interiorized, totalized, and psychological understanding of what it is to be human".<sup>75</sup> For Rose the autobiographical form, and the metanarratives and other conventions which constitute it, are examples of ways in which the self is the effect of "Devices

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<sup>71</sup> See below pp.64-6

<sup>72</sup> Eakin *Fictions in Autobiography: Studies in the Art of Self-Invention* (Princeton, 1985)

<sup>73</sup> See below pp.172-5

<sup>74</sup> Vincent *Bread and Freedom*

<sup>75</sup> Rose *Inventing Our Selves* p.23



of ‘meaning production’ [which] *produce* experience; they are not themselves *produced by* experience”.<sup>76</sup> To be sure these things are inextricably linked, but to understand the intimacy of their interdependence need not require us to privilege one over the other. The self encountered in the pages of an autobiography has been *in part* produced from a literary process, which in turn relies on literary devices which can also be thought as devices of the self or of meaning production, but there is a self which writes the work, just as the work is writing the self. And it is through such writing, through the process of human agency, that Rose’s devices of meaning production are themselves created and recreated. In the words of Gagnier: “What is important to understanding the physical subject embedded in material circumstances is ... a complex and specific dialectic between experience and its communication to self and others”.<sup>77</sup> The following passage from James Amelang’s work on early modern European artisan autobiographies is perhaps ultimately too respectful to the hegemonic power of Foucauldian discipline, but it in every other respect captures the intent of this thesis both in its approach to its source material and its wider ambitions:

It is here, in the act of existential affirmation from below, that recent attempts to depersonalise or even deny the condition of authorship miss the mark. My quarrel is not so much with Foucault. His understanding of power and his broader interest in “the constitution of the individual as a describable, analysable object” are highly suggestive and accord well with at least one dimension of the Icarian logic informing the autobiographical writing studied above. Artisan autobiographers unquestionably inserted themselves as often naive adapters and imitators in the discursive world Foucault explored. Yet thanks to their own assertiveness, and to their frank recognition of the ambiguous position from which they wrote, some of them also called in to question many long-standing certainties, including the status of expertise and the modes of discipline whose irrevocable triumph Foucault

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<sup>76</sup> Rose *Inventing Our Selves* p.25

<sup>77</sup> Gagnier *Subjectivities* p.57



evokes so memorably. Popular autobiographical writing thus doubled as a form of resistance, a defence of identity on a personal plane analogous, and at times directly linked, to broader patterns of disconformity.<sup>78</sup>

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<sup>78</sup> Amelang *The Flight of Icarus* pp.248/9

## Chapter one

### Hard and wiry - the labouring body

#### *Introduction*

The process of adaptation is both more slow and painful in a man who is up in years, than it is to one who has youth on his side. During many years the only muscles in my system brought into action were the flexor and extensor muscles of my lower limbs, but my new work required the long and sustained action of those of my arms, shoulder, and back. For a period of more than three months I suffered continually from a severe pain in my back, which was not alleviated even by a cessation from labour. In consequence of my bodily suffering, and a continual feeling of anxiety pressing upon my mind, my rest at night was disturbed by a species of nightmare; and when I was in this condition, which lasted at least for a period of six weeks, I was subject to nervous starts and twitchings. One feature in my dreaming was that of having a workshop in my brain, and the sizing going on there; and my difficulty was that I never could get the hats I was making into a proper shape. This very uncomfortable state of my health was caused by the physical powers having been overtaxed, and the mind thereby being reduced to an abnormal condition. Seeing the state of my health my wife endeavoured to persuade me to leave the business and try something else which would be less laborious. That, however, was out of the question; my mind was made up to go through with what I had begun, knowing that when my system should be sufficiently trained my labour would be lighter.<sup>79</sup>

This passage comes from the autobiography of the Scottish hatter James Burn. Burn and his family had emigrated to America in 1862 and he quickly found work as a hatter in a factory in Newark. Burn was in his early sixties and had not performed physical labour for some years. Not only was he out of practice, having earned his living in other

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<sup>79</sup> Burn, J *The Beggar Boy. An Autobiography* (London, 1882) p.269

occupations for nearly twenty-five years, but the American methods of working were new to him. He was not simply learning new skills; he had to unlearn his old ones. He described the process of having to “train his system to the various conditions of a laborious profession” as “one of the most severe and trying ordeals of my life”.<sup>80</sup> Burn’s wife wanted him to find easier work but his response was to struggle on, hoping that his body would adjust to the demands of his new labour regime. His efforts to bend mind and body to the tasks of his job epitomise the process of body hardening, a concept which is the organising theme for this chapter’s exploration of health, work and the plebeian male body.

By and large the history of medicine has concerned itself more with the sick than the healthy; the pursuit of cures rather than the maintenance or enhancement of well-being. This thesis follows in that tradition, focusing primarily on the sick and their carers. However, in this chapter we shall explore conceptions of health, examining the relationship between work and health to explore how plebeian masculinity was linked to the capacity for physical labour. Body hardening was but one expression of a broader plebeian stoicism which also played a part in plebeian women’s identities. Furthermore body hardening was a form of health maintenance promoted by many medical practitioners. Nevertheless, it had specific meanings for plebeian men and formed an integral component of a distinct nineteenth-century plebeian masculinity.

Body hardening was concerned with the idea of health as functional capacity, as fitness to work.<sup>81</sup> Medical sociologists have identified a variety of overlapping definitions of health. One is health as the absence of disease; the idea that for most people health is generally something that is ignored until it has gone, achieving a presence only by its absence. Then there is the concept of a ‘reserve of health’, linked to notions of constitution. Health in this account is something that can help to fend off illness, but one’s stock of health is a precious reserve in constant need of topping up, a fund of physical capital which can be expended or even exhausted. Thus it is linked to the concept of health as equilibrium, for

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<sup>80</sup> Burn *Beggar Boy* p.267

<sup>81</sup> The following discussion is drawn from Bury, M *Health and Illness in a Changing Society* (London, 1997) pp.30-3



millennia expressed primarily in the doctrine of the four humours and associated with a holistic vision of health as a more general state of wellbeing. These conceptions of health are distinct but overlapping and attempts to classify individual or group lay health beliefs as fitting a single model have now been superseded by approaches which emphasise the “loosely organised and fluid character” of what may be thought of as “cultural repertoires”.<sup>82</sup>

One way in which these health repertoires are linked is the concept of health as functional capacity. The significance of this concept may vary at different points in the life-cycle: in children it may be defined by the ability to take part in sport and games, in the elderly it may focus on the ability to remain independent. For working-class men functional capacity was measured primarily by the ability to work. Health as fitness to work therefore encompassed both health as equilibrium and health as a reserve; it was a perpetual cycle of expending physical capital to generate financial capital in order to replenish one’s stock of physical capital. Like any economy this required careful management and was subject to periodic crises. The booms and busts of this physical economy meant that body hardening was a dynamic process rather than a steady state.

The evidence of working-class autobiographies would suggest that health was predominantly understood as fitness to work. Furthermore, the view of health as something that is generally ignored until we have lost it seems less relevant to the experiences of those who laboured with their bodies on a daily basis. Many working men’s autobiographies contain detailed accounts of their working lives, in which labour as a physical process figures as a central and deeply embodied aspect of plebeian identity. This chapter will illustrate how body hardening was linked to the life-cycle - entering the world of work as a child or youth did not simply involve the learning of a set of tasks or skills but the training of the body to meet the physical demands of manual labour. To use a term which recurs frequently, the body had to be *hardened*.

Body hardening was a form of habituation and this chapter will utilise Pierre Bourdieu's

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<sup>82</sup> Bury *Health and Illness* pp.32-3

notion of habitus, a concept rarely utilised by historians of the body but one with some value for understanding the issues explored in this chapter.<sup>83</sup> As Chris Shilling has pointed out, Bourdieu did not explicitly develop a theory of the body but his work nevertheless offers a highly useful model which has been adopted by sociologists such as Steven Wainwright and Bryan Turner in their work on the balletic body.<sup>84</sup> According to Bourdieu habitus is central to the formation and reproduction of class and other forms of social distinction. The material constraints of one's social location or class inculcate unconscious physical behaviours such as posture, and thus habitus is "the internalized form of class condition and of the conditionings it entails".<sup>85</sup> The largely unconscious orientation of habitus in turn affects taste - more conscious physical behaviours, such as choice of food and leisure preferences.

Looking at contemporary France, Bourdieu saw working-class habitus as being formed around physical necessity and central to that was the necessity of work. The centrality of work as the framing experience of people's lives has also been highlighted by Paul Willis:

...not only can work be analysed from a cultural point of view ... it must occupy a central place in any full sense of culture. Most people spend their prime waking hours at work, base their identity on work activities and are defined by others essentially through their relation to work.<sup>86</sup>

This chapter will explore what body hardening meant in terms of the different physical processes and experiences it described, but it will not argue that the valorisation of body hardening arose simply from the material experience of manual labour. Rather I shall also discuss its cultural resonances, as it drew upon Christian asceticism, muscular Christianity, neo-stoicism and Victorian attitudes to work, and how it related to other

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<sup>83</sup> Bourdieu, P *Distinction: a Social Critique of the Judgement of Taste* (London, 1984)

<sup>84</sup> Shilling, C *The Body and Social Theory* (London, 1993) p.128; Wainwright, S and Turner, B "Just crumbling to bits'? An exploration of the body, ageing, injury and career in classical ballet dancers' *Sociology* 40(2) pp.237-255

<sup>85</sup> Bourdieu *Distinction* p.101

<sup>86</sup> Willis, P 'Shop floor culture, masculinity and the wage form' in Clarke, J, Critcher, C and Johnson, R (eds) *Working-Class Culture: Studies in History and Theory* (London, 1979) p.186



aspects of plebeian masculinity. The study of plebeian stoicism intersects with a number of important historiographical questions in the history of the body and the social history of the British working-class, addressing issues which will re-appear in subsequent chapters. It will also explore how plebeian conceptions of body hardening related to those of the middle and upper classes.

### **Historiographical context: stoicism, discipline, working men and the cool regimen**

By situating body hardening as one aspect of a broader plebeian stoicism, this chapter will explore its significance for the metanarrative of disciplinary modernity which was outlined in the introduction. In her study of the politics of the body in revolutionary France, Dorinda Outram draws on Elias's work to argue that stoicism was the strategy of the middle-classes; the plebeian masses, by contrast, favoured the carnival of riot and the violence of the guillotine.<sup>87</sup> The evidence presented in this chapter suggests that in nineteenth-century Britain plebeian autobiographers adopted stoicism as a political resource but it also suggests that the hardened body was a tough body that could be used for fighting, thus complicating any simple dichotomy between the disciplined body and its Rabelasian other. Similarly the evidence explored in this chapter suggests that body hardening can be seen as an internalisation of work discipline consistent with the models developed by Thompson and Foucault, but that the tough working body was also consistent with reckless behaviour rather than rigid self-control. Furthermore, the regimes which inculcated hardened bodies were often more brutal and direct in their methods than the subtle, calculated techniques enumerated by Foucault and in many cases, such as craft work, they existed outside the time and space of the disciplinary regime of the factory, suggesting that in body hardening we might see the persistence of modes of embodiment which predated the birth of modern discipline.<sup>88</sup>

This exploration of the relationship between health and work can also be seen as an attempt to bring manual labour into the history of the body. The history of work was at one point a central plank of social and economic history but partly as a result of the

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<sup>87</sup> Outram, D *The Body and the French Revolution: Sex, Class and Political Culture* (New Haven & London, 1989)

<sup>88</sup> See above pp.20-1

cultural turn's discrediting of Marxist materialism and partly because of a broader approach to the history of the Industrial Revolution, consumption has replaced production as a fashionable focus of enquiry.<sup>89</sup> With a few honourable exceptions, such as Rabinbach's *The Human Motor*, the history of the body, which burgeoned as a field of enquiry in the wake of the cultural turn, has tended to repeat this neglect of work and has tended to conflate the body with sex.<sup>90</sup> Such a focus presents problems for anyone working with plebeian autobiographies, which as a historical source are notoriously reticent about sex. On the other hand they tend to have a great deal to say about work.

However historians such as Anson Rabinbach who have addressed the working body have tended to focus on the texts of the medical or scientific elite and on what Steve Sturdy has described as “the administrative and managerial interest ... [in] the generation of detailed biological and medical knowledge about the bodily aspects of industrial life”.<sup>91</sup>

Moreover they have deployed a conceptual approach which treats the body as a construct of discourse. Consequently, as Sturdy observes, “We do not, as yet, have any detailed historical ethnography of how industrial workers themselves have experienced and lived through their bodies”.<sup>92</sup> Writing a history of the healthy working body suggests the need for an approach more rooted in the material world, as suggested by Jenner and Taithe:

... the exercise of a person's physical capacities using tools, clothes and space (the exercise of power *through* the body, if you like) shapes and expresses that person and their body ... the miner is made in the active dialectic between himself and the coalface as well as in the dialectic between him and the bosses, and also in the interaction between him and his fellow workers, family and neighbours.<sup>93</sup>

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<sup>89</sup> See for instance Brewer, J and Porter, R (eds) *Consumption and the World of Goods* (London, 1993)

<sup>90</sup> Rabinbach, A *The Human Motor: Energy, Fatigue and the Rise of Modernity* (New York, 1990). This point is also made in Jenner, M and Taithe, B 'The historiographical body' in Cooter, R and Pickstone, J (eds) *Companion to Medicine in the Twentieth Century* (London, 2003) p.199. For an example of this conflation see Gallagher, C and Laqueur, T *The Making of the Modern Body: Sexuality and Society in the Nineteenth Century* (Berkeley, 1987)

<sup>91</sup> Sturdy, S 'The industrial body' in Cooter and Pickstone *Medicine in the Twentieth Century* p.217

<sup>92</sup> Sturdy 'Industrial body' p.217

<sup>93</sup> Jenner and Taithe 'Historiographical body' p.195



The working body was central to nineteenth-century working-class masculinity, an argument advanced by Keith McLelland in his discussion of the skilled trades of engineering and shipbuilding and young men's initiation into workshop culture:

It was here that some of the definitions of the work-group were established and sustained, including not only the collectivity but also, as integral to it, the integrity of the self of the worker and his 'manhood' ... What was also learned in the workshop was the distinctively masculine.<sup>94</sup>

Conceiving manual labour as a process of body hardening allows a connection to be drawn between popular medical cosmologies and orthodox medicine and between middle- and working-class conceptions of health. Dorothy and Roy Porter's work on medical cosmologies of the elite and middling sort in Georgian Britain has suggested that for most health was a prize, a relatively rare experience and thus something to be treasured.<sup>95</sup> They also suggest, in common with Foucault, that in the eighteenth century the pursuit of physical health became an Enlightenment goal which gradually replaced an older concern with spiritual well-being. This growing concern was established as a national obsession by the Victorian period according to Bruce Haley:

No topic more occupied the Victorian mind than Health - not religion, or politics, or Improvement, or Darwinism. In the name of Health, Victorians flocked to the seaside, tramped around the Alps or Cotswolds, dieted, took pills, sweated themselves in Turkish baths, adopted this "system" of medicine or that. Partly for the sake of Health they invented, revived, or imported from abroad a multitude of athletic recreations ... Victorians worshipped the goddess Hygeia, sought out her laws, and disciplined themselves to obey them.<sup>96</sup>

Much of this popular health discourse was focused on the goal of hardening the body, a

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<sup>94</sup> McClelland, K 'Time to work, time to live: some aspects of work and the re-formation of class in Britain, 1850-1880' in Joyce, P (ed) *The Historical Meanings of Work* (Cambridge, 1987) pp.192-3

<sup>95</sup> Porter, D and Porter, R *In Sickness and Health: The British Experience, 1650- 1850* (London, 1988)

<sup>96</sup> Haley, B *The Healthy Body in Victorian Culture* (Cambridge, MA, 1978) p.3

concept which had considerable cultural purchase throughout the eighteenth and nineteenth centuries and across all classes. However, historians of medicine have generally discussed the eighteenth-century cult of body hardening as a phenomenon more associated with those higher up the social scale. The increasingly comfortable lifestyles enjoyed by both the aristocracy and the burgeoning middling sorts resulted in much anxiety about physical degeneration.<sup>97</sup> The critique developed by the physician George Cheyne was typical. In *The English Malady* he drew on the example of the ancient Greeks to argue that as societies became civilised they got sicker: “as they advanced in learning, and the knowledge of the sciences, and distinguished themselves from other nations by their politeness and refinement, they sunk into effeminacy, luxury, and diseases.”<sup>98</sup> The solution to this problem was the cool regimen, which promoted a series of bodily practices such as exercise, exposure to fresh air, drinking and bathing in cold water, and a light or ‘low’ diet.<sup>99</sup> Advocates of such regimes focused much attention on the young, emphasising the need to instil physical hardiness at an early age, as exemplified by John Locke’s essay *Some Thoughts Concerning Education* (1693). By the nineteenth century the educational slant had come to be expressed in more gendered terms. Locke’s concerns were now visible in the physically rigorous cult of muscular Christianity promoted in Victorian public schools as a response to fears that male youths brought up at home would be feminised.<sup>100</sup> Physical training in a tough, austere regime was a central aspect of this style of manliness which promoted “[e]nergy, will, straightforwardness and courage ... [and above all] independence.”<sup>101</sup>

If Haley’s account of the Victorian obsession with health is accurate, then how much of

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<sup>97</sup> Smith, G 'Prescribing the rules of health: self-help and advice in the late eighteenth century' in Porter, R (ed) *Patients and Practitioners. Lay Perceptions of Medicine in Pre-Industrial Society* (Cambridge, 1985) pp.249-282; Porter, D and Porter, R *In Sickness and In Health* pp.28-32; and for a slightly earlier period see Jenner, M 'Bathing and baptism. Sir John Floyer and the politics of cold bathing' in Sharpe, K and Zwicker, S (eds) *Refiguring Revolutions. Aesthetics and Politics from the English Revolution to the Romantic Revolution* (Berkeley, 1998) pp.197-216

<sup>98</sup> Cheyne, G *The English Malady* (London, 1733) p.56

<sup>99</sup> Buchan, W *Domestic Medicine or a Treatise on the Prevention and Cure of Diseases by Regimen and Simple Medicines* (Edinburgh, 1769); Cheyne *English Malady*; Willich, A *Lectures on Diet and Regimen* (London, 1809)

<sup>100</sup> Tosh, J *A Man's Place. Masculinity and the Middle-Class Home in Victorian England* (New Haven and London, 1999) Ch.5 and esp. p.119; Mangan, J *Athleticism in the Victorian and Edwardian Public School: the Emergence and Consolidation of an Educational Ideology* (Cambridge, 1981)

<sup>101</sup> Tosh *A Man's Place* p.111



his description of middle-class culture might also be true of the working-classes? Medical historians have indeed identified working-class involvement, if not domination of, a number of medical movements such as phrenology, medical botany and homeopathy.<sup>102</sup> Logie Barrow has pointed out that “the third quarter of the 19th century saw a major growth in the ideological magnetism of a whole range of ‘physical puritan’ and other movements in which working-class progressivism orbited, however grumblingly, around middle-class leadership which taught the language of Free Trade.”<sup>103</sup> Some plebeian autobiographers took up aspects of this medical cult of body hardening. For instance, Francis Place experimented with shower baths to cure his asthma and to restore his muscular power.<sup>104</sup> But Place was atypical in this regard; and what this chapter explores is not involvement in particular health movements, generally a minority pursuit, but a more diffuse, popular quotidian experience of health. In general, working-class autobiographies present a different view of body hardening: one related, not to luxury, but to impoverished material circumstances and harsh working conditions; not to idleness, but to industry.

This chapter will explore the concept of body hardening firstly by examining the different ways it might be used, and then by examining the idea of healthy work as a moral virtue. The entry to work as a youth will be explored as crucial to the process of body hardening and the role of parents as mentors and moral exemplars will be considered. A close reading of the autobiography of the miner Thomas Burt will reveal some of the ambivalences and tensions inherent in body hardening. Finally, this exploration of body hardening will be broadened out to examine how stoicism became a badge of political honour in a politicisation of pain that brought the suffering male body into the heart of radical discourse.

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<sup>102</sup> Cooter, R *The Cultural Meaning of Popular Science: Phrenology and the Organisation of Consent in Nineteenth-century Britain* (Cambridge, 1984 )

<sup>103</sup> Barrow, L 'Democratic epistemology: mid-nineteenth-century plebeian medicine' *The Society for the Social History of Medicine Bulletin* 29 (1981) pp. 25-29 p.25

<sup>104</sup> Place, F *The Autobiography of Francis Place (1771-1854)* Thale, M (ed) (Cambridge,1972) pp.283-7

## ***Getting battered about - body hardening and manual labour***

. By the end of the first week most of my stiffness had gone, but a deal of the soreness remained in my hands and knees. There have been very few weeks since that I have not been glad of the Sunday rest to give some cuts or bruises a chance to heal. It seems part of the job, that getting battered about.<sup>105</sup>

Body hardening was something which left physical marks on the bodies of working men, as is attested to here by the experience of B.L. Coombes describing his introduction to coal mining South-West Wales in 1912. Cuts and bruises were not the only visible marks a job might leave. Writing of his Aberdeen childhood in the late nineteenth century, the Scottish socialist John Paton recalled his step-father Jamie Morrison, a miner who had been a sailor in his youth, an occupation which left him with a distinctive gait: “though he had long left the sea, he bore the unmistakable signs of his early training”.<sup>106</sup> Born in 1860 in the Derbyshire village of Codnor, the phrenologist Joseph Millot Severn was the eldest son of a Quaker silk weaver and became an ironstone miner at the age of twelve. He believed that the job of pulling heavy tubs full of stone up an incline had left a permanent mark on his body: “I was then of a growing age, and should probably now be taller had not my growth been checked by this method of pushing loaded tubs.”<sup>107</sup> Millott Severn presented the mine as a place where accidents were a routine fact of life “an almost everyday occurrence” from “cuts, bumps and bruises” to “broken legs, arms and ribs .... they were treated more or less with stoic indifference.”<sup>108</sup> This stoicism in the face of the everyday experience of pain was integral to body hardening, and is a theme which runs through this chapter.

But what else was involved? Body hardening was not entirely a coherent set of ideas and neither did it refer to a single physical phenomenon. It was a concept which might be used to describe the toughening of the skin, physical stamina or muscular strength.

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<sup>105</sup> Coombes, B *These Poor Hands: The Autobiography of Miner Working in South Wales* (London, 1939) p.43

<sup>106</sup> Paton, J *Proletarian Pilgrimage* (London, 1935) p.61

<sup>107</sup> Millot Severn, J *The Life Story and Experiences of a Phrenologist* (Brighton, 1929) p.39

<sup>108</sup> Millot Severn *Life Story* p.40



Alexander Somerville recalled the back-breaking, exhausting experience of one of his first harvests as an agricultural labourer: “Gradually, however, I began to get seasoned.”<sup>109</sup> Millott Severn started his working life at the age of ten, spending a year as an agricultural labourer before becoming a miner. The following description of harvest work gives a sense of how hardening the body was as much about developing skill as sheer strength, or developing a robust attitude to minor injuries:

I had not long been working with the sickle before I found that in gathering up the handfuls of ripened ears of corn, the little finger on the left hand, just where the sickle cuts the stalks, became a constant impediment, and that instead of the sickle sliding skilfully underneath the little finger, it would jag into it, till at last the many cuts with the sickle, and the continuous contact of the hand with the stubble, made the finger and hand extremely sore and painful. The farm hand Tom, one of the old-fashioned farmers' men, who swore most terrifically on the slightest provocation, simply looked at my hand, and said “Gah! that's now't; thou'lt cut thy finger off a'most afore thee can do sicklin a'right”.<sup>110</sup>

Learning the job involved the acquisition of tacit knowledge; endurance, strength, skill and understanding were inextricably linked, as the worker is to the tools of his trade. As Jack Lawson put it, summarising his first few years of labour down the pit: “All this hardened my body and developed it, bringing experience and soaking me in the ways of the mine”.<sup>111</sup> These twin metaphors of hardening and soaking illustrate the ways in which body hardening was at one and the same time about developing an external defence against the pressures of the job but also a physical internalisation of the work regime.

To be hardened, moreover, was not simply a physical phenomenon; as Tony Nicholson has suggested it was also about toughness of mind, the mental capacity to withstand the

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<sup>109</sup> Somerville, *A Autobiography of a Working Man* (London, 1967) Carswell, J (ed). p.75

<sup>110</sup> Millot Severn *Life Story* p.23

<sup>111</sup> Lawson *A Man's Life* (London, 1944) p.47

sensations of pain and fatigue.<sup>112</sup> This aspect is attested to by another trade unionist, John Wilson, the son of a railway navvy and labourer born in 1837, who described entering the pits in Durham at the age of sixteen thus:

I was thrown into competition with young men who were strong and robust, while my physical strength at that age was not very great. I had to make up for a weak body by the self-will and determination of which I had a fair share.<sup>113</sup>

The indifference to physical discomfort of the adult worker is described by James Brady, the son of a Lancashire clog-iron maker and born in 1898, recounting how as a child he watched his father at work in a foundry. At the end of the working day “he would smear a veneer of healing ointment over his blistered arms and hands before rolling down his shirt-sleeves ready to go”.<sup>114</sup> A pain endured all day was casually medicated at the end of work before retiring home.

As the example of our agricultural labourers suggests, this attitude extended beyond the physical extremes of pit work. Consider for instance the Surrey wheelwright George Sturt describing his apprenticeship which began in 1884 at the shop which he had inherited from his father. It took seven years, he tells us, for an apprentice wheelwright to learn the whole trade: “By then too he should have won the skill that came from wounds. For it was a saying of my grandfather’s that nobody could learn to make a wheel without chopping his knee half-a-dozen times”. Learning the craft was not a matter of “reasoned science” but of “practice and experience of every difficulty.”<sup>115</sup>

What we had to do was live up to the local wisdom of our kind; to follow the customs, and work to the measurements, which had been tested and corrected long before our time. ... A wheelwright’s brain had to fit itself to this by dint of growing

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<sup>112</sup> Nicholson, T ‘Masculine status and working-class culture in the Cleveland ironstone mining communities, 1850-1881’ in Laybourn, K (ed) *Social Conditions, Status and Community, 1860 – c.1920* (Stroud, 1997) p.150

<sup>113</sup> Wilson, J *Memories of a Labour Leader* (Firle, Sussex, 1980) p.75

<sup>114</sup> Brady, J in Burnett, *Destiny Obscure* pp.300-305 p.301

<sup>115</sup> Sturt, G *The Wheelwright’s Shop* (Cambridge, 1993) p.19



into it, just as his back had to fit into the suppleness needed on the saw-pit, or his hands into the movements that would plane a felloe ‘true out o’ wind.’ ... A good wheelwright knew by art but not by reasoning the proportion to keep between the spokes and felloes. ... He felt it, in his bones.<sup>116</sup>

Even in the late nineteenth century traditional crafts required an acculturation in local customary practice and knowledge. The worker grew into the job in an organic process which fused brain, body and tools and Sturt suggested this process had to begin early: “at over twenty, the nerves and muscles are no longer able to put on the cell growths, and so acquire the habits of perceiving and doing, which should have begun at fifteen”.<sup>117</sup>

### ***Robust and cheerful – health and the moral virtues of manual labour***

Work was a way of maintaining or restoring health, as it was for the Scottish radical Alexander Somerville. Somerville was born in 1811 to a family of agricultural labourers in Ayton on the Scottish borders and worked from the age of fourteen as an itinerant farm worker. He recalls an episode of poor health in 1830 brought about as a consequence of unrequited love and extremely difficult work digging drains in marshes. This combination of circumstances led to “the disappearance of my good appetite; and my deep melancholy”.<sup>118</sup> By the end of the job he “looked ill in health, and was actually ill. Mind and body had both been overworn, and I did not eat the food in three days which was necessary for one day”.<sup>119</sup> Yet when Somerville began working on a shoreline construction project he made a rapid recovery.

Within a few days of the first immersion, I was completely recovered from my stomach disorder; and was restored to the most robust and cheerful health. Night time and day time, when the ebb tides served, I worked ... and each day of that toil which some people would have thought to be , or felt to be, killing toil, only added to my strength.<sup>120</sup>

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<sup>116</sup> Sturt *Wheelwright's Shop* pp.19-20

<sup>117</sup> Sturt *Wheelwright's Shop* p.83

<sup>118</sup> Somerville *Autobiography* p.87

<sup>119</sup> Somerville *Autobiography* p.91

<sup>120</sup> Somerville *Autobiography* p.91

Here we see the therapeutic value of manual labour: its power to restore Somerville to the necessary functional capacity to work, but also its potential to optimise health and to enhance wellbeing. We have touched already on how Georgian medical practitioners who advocated a cool regimen placed great value on the combination of vigorous exercise and bathing in cold water. Somerville gives a plebeian account of the restorative powers of this regimen. But in the nineteenth century some of the ideas central to the cool regimen were to be rearticulated in the new scientific investigation of work which Anson Rabinbach has described. The new physiological approach to work which understood the body as a “theater of motion” and presented labour as health-giving and vital to normal functioning, thus echoed the cool regimen’s concern with idleness and putrefaction, circulation versus stagnation.<sup>121</sup> In Somerville’s account we see this idea from the point of view of the labourer, rather than of medical science. Finally it should be noted that Somerville’s restoration to wellbeing is a restoration of his manly vigour which had been undermined in part by the passion of his unrequited youthful ardour for an unnamed woman.

Another celebration of the virtues of hard work comes from the journal of the nonconformist Londoner William Thomas Swan, who describes the year 1859 thus:

So we went on peacefully, the daughters industrious and the lads at work, Harriet managing house and going out, ironing, and Margaret doing the house work, Martha at service, and William at Tottenham (gardening), Richard at the cowkeepers where he got as hearty as a young farmer, Philip at school. We all felt the benefit of health and industry.<sup>122</sup>

Here health is recorded in a positive sense. The physical capacity for work is not simply the means to earn a living, but an opportunity to cultivate the moral quality of industriousness, reminding us that health, as well as work, has a moral dimension. Swan’s pride in his children’s diligence indicates the role of the family in inculcating a proper

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<sup>121</sup> Rabinbach *Human Motor* p.97

<sup>122</sup> Swan WT *Journals of Two Poor Dissenters, 1786-1880* (London, 1970) p.67



work ethic. Swan describes the example set by his own father, a man who “worked hard, rising early and labouring hard” and still found time “to instruct and correct his family when necessary”.<sup>123</sup>

The virtues of work were celebrated by the labour movement and so it is no surprise that it is a central theme of the autobiographies of labour leaders such as George Edwards, whose autobiography charts his life and political career as a trade unionist and Labour MP. Born in Marsham, Norfolk in 1850 into a poor family who combined agricultural labouring with brickmaking, Edwards was a Primitive Methodist and active in trade unions and then the Labour Party, eventually becoming an MP in 1920. The dignity of labour, personified in “the honest man of toil” is a recurring theme in his autobiography, informing both the narrative of his own working life and his accounts of trade union struggles. Here he quotes from a Labour hymn entitled “The Model Church”:

Bring forth the honest man of toil  
And crown him, crown him, crown him,  
Crown him best of all.<sup>124</sup>

The personal pride that Edwards took in his work is exemplified by an incident which took place during the 1885 franchise campaign. Edwards at this time was working as a brickmaker and was dismissed by his employer for his political activities but he insisted on completing his contract, even after being offered campaigning work by his political allies.

I had no wish to give up manual labour .... thus I kept at my brickmaking. Into this I put more energy than I think I had ever done before. It was a fine season and I was able to turn out a better class of brick than in previous seasons.<sup>125</sup>

Work could be identified as a plebeian virtue because, as Raphael Samuel has pointed out,

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<sup>123</sup> Swan *Journals* p.43

<sup>124</sup> Edwards, G *Crow-Scaring to Westminster* p.118

<sup>125</sup> Edwards *Crow-Scaring to Westminster* pp.45-6

it was by and large an activity which still depended “on the strength, skill, quickness and sureness of touch of the individual worker rather than the simultaneous and repetitive operations of the machine”.<sup>126</sup> Edwards in his autobiography recounted his involvement in the struggle for a shorter working week, from which he recorded the following lyrical celebration of labour as a source of working-class identity and pride:

*The Labourer's Anthem*

The sons of Labour in the hand  
Are rising in their might.  
In every town they nobly stand,  
And battle for the right.  
For long they have been trampled on  
By money-making elves,  
But the time is come for everyone  
To rise and help themselves.<sup>127</sup>

The verse begins by establishing manual labour as a source of collective identity “The sons of Labour in the hand”. Having been “trampled on” working people must now “rise” and “nobly stand”, suggesting that honour and posture were inextricably linked in working-class culture. The graphic images of workers on trade union banners tell a similar story: although some of the friendly society banners from the early part of the nineteenth century show workers in slightly more casual poses, the majority show upright men, often holding tools but always with their sleeves rolled up, a feature which emphasised the manual labour involved in even skilled trades.<sup>128</sup> Body hardening was not simply internalised habituation to work, it was celebrated publicly as a central aspect of working-class identity. Working-class autobiographers like Edwards drew on this wider

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<sup>126</sup> Samuel, R 'Mechanisation and hand labour in industrializing Britain' in Berlanstein, L (ed) *The Industrial Revolution and Work in Nineteenth-Century Europe* (London, 1992) p.34

<sup>127</sup> Edwards *Crow-Scaring to Westminster* p.59

<sup>128</sup> Gorman, J *Banner bright: an illustrated history of the banners of the British trade union movement* (London, 1973)



cultural discourse when they described their own working bodies.

Although the scale and pace of change varied across occupations, industries and localities, the workplace was an increasingly homosocial space and its identification as a masculine environment was grounded in its juxtaposition with the feminine environment of the home and the increasing focus of women's lives on the domestic sphere. In plebeian politics the working man, who "laboured to produce tangible things – ships, railways, coal" was celebrated as the source of national greatness.<sup>129</sup> That the experience, and valorisation, of manual labour was central to the formation of working-class identities, collective and individual, is not to deny the central place of family, home and neighbourhood in working-class culture (or the importance of a certain form of highly *domesticated* respectable masculinity in working-class politics) and these social spaces will be explored more fully in subsequent chapters.<sup>130</sup> Moreover, the home was the primary site for inculcation of the value of body hardening, in so far as it was where working-class children began to understand the necessity for the stoic disposition essential to body hardening.

### *Work as a badge of manhood*

The autobiography of George Edwards reminds us that work was not simply a working-class virtue; there was an intimate relationship between plebeian masculinity and work. The link with body hardening can be seen in the transition from youth to manhood. To enter the world of work was to put away childish things, to become a man or to feel oneself close to manhood, and for working-class youth it was the introduction to the world of work which formed the most important context for body hardening. In 1856 Edwards began his working life at the age of six scaring crows in a field of corn, and at the age of nine moved on to working with horses. At this transition to horseman he tells us that: "I then thought I was a man, having for the first time a pair of reins in my

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<sup>129</sup> McClelland, K 'England's greatness, the working man' in Hall, C, McClelland, K and Rendall, J *Defining the Victorian Nation: Class, Race, Gender and the Reform of 1867* (Cambridge, 2000) p.95

<sup>130</sup> Bourke, J *Working-class Cultures in Britain 1890-1960: Gender, Class and Ethnicity* (London, 1994)

hands".<sup>131</sup> In between these jobs he took up his father's trade of brickmaking (a job he would take up permanently in 1870, in his nineteenth or twentieth year). Describing his first season working with his father as a brickmaker, he explains that as a child of seven he was "just man enough to wheel away eight bricks at a time".<sup>132</sup> Manual labour affirmed masculinity through the demonstration of bodily strength and the mastery of specific physical tasks and skills, but, as Edwards' example suggests, the capacity of the youthful body had limits.

Just as important as the work, was the money which went with it. Edwards began work at a time when his family were not long out of the poorhouse and struggling to make ends meet: "My first pay-day made me feel proud as a duke. On receiving my wage I hastened home, made straight for my mother and gave her the whole shilling".<sup>133</sup> Joanna Bourke has described the importance to young males of becoming wage-earners:

his masculinity was reaffirmed by manual labour, suffused as it was with ideas of potency and heroism. The prize for the convincing exhibition of manly qualities ... was the wage packet.<sup>134</sup>

The precise point at which one had achieved manhood is unclear - the first wage packet or the first wage packet which one was allowed to keep to oneself. Alternatively full manhood was not reached until one had left home and become the head of one's own household. The wage-packet was such a powerful symbol of masculinity because it represented that most manly of virtues, independence, and in large part because of the influence of middle-class domestic ideals on working-class culture. Trade union struggles and radical politics were predicated on the aspiration that households should be organised according to a strict division of labour between husband and wife. The hallmark of respectability for the plebeian man was to be able to earn a family wage - one which

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<sup>131</sup> Edwards *Crow-Scaring to Westminster* p.26

<sup>132</sup> Edwards *Crow-Scaring to Westminster* p.25

<sup>133</sup> Edwards *Crow-Scaring to Westminster* p.23

<sup>134</sup> Bourke, J *Working-Class Cultures* p.130



would allow his partner to stay at home and attend solely to her domestic duties.<sup>135</sup>

Body hardening was about inculcating a mental robustness as well as physical stamina and skill. As historians of masculinity like John Tosh have suggested, the transition from child to youth was more fraught for males because they moved from the female-dominated environment of the home into the masculine republic of work.<sup>136</sup> For some it was a difficult transition, particularly if there was a marked contrast between respectable home and rough workplace. As will be discussed in chapter three, James Leatherland and William Swan both complained of the rude and vulgar manners of their workmates.<sup>137</sup> For others, however, the change was a welcome one, with seemingly none, or at least little, of the psychological challenges Tosh suggests, even when the transformation in status is presented as dramatic. For instance, the Durham miner Jack Lawson, who like Edwards went from trade unionist to Labour MP, became a pitworker at the age of 12 in the 1890s. He describes his first day as a “great adventure” and more “thrilling and inviting” than a “journey to Central Africa”.<sup>138</sup> Whilst the years before he started work were marked by a feminising involvement in housework such as nursing his younger brothers and sisters, this was all left behind when he joined his father and older brother down the mine.

I was a man, and I knew it. There was no more drudging at home. I was entitled to as much meat as I wanted, and others were cleared out to make a seat for me. Even mother slightly deferred to me...<sup>139</sup>

The entry into the homosocial space of the pit transformed his domestic status: he was no longer mother's help. Now like the other men of the family he had to be serviced by the women of the household, his new position defined by both his place at the table and the

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<sup>135</sup> Clark, A *The Struggle for the Breeches. Gender and the Making of the British Working Class* (London, 1995) pp.248-263

<sup>136</sup> Tosh, J 'What should historians do with masculinity? Reflections on nineteenth century Britain' *History Workshop Journal*, 38 (1994) pp 179-202

<sup>137</sup> See below pp.156-9

<sup>138</sup> Lawson *A Man's Life* p.43

<sup>139</sup> Lawson *Man's Life* p.46

size of his portions. For Lawson the entry into waged work secured that most prized attribute of manliness - independence. He was now permitted to spend his evening as he pleased: "Thus ten hours a day in the dark prison below really meant freedom for me".<sup>140</sup> This growing separation from the feminine environment of the home can be read in differing attitudes to the risks posed by working conditions. When Joseph Millot Severn started work at his local ironstone pit his mother was terrified that he would be physically scarred in the face (an apparently common injury) and prayed each night for her son's safety. He was wholly indifferent to her fears: "I had no other notion but that mining would be my career, and what did it matter about scars or anything else; pit work was the lot of most of the physically well set up and sturdy fellows of the district."<sup>141</sup>

### *Parents in charge*

A desire to prepare the young for the challenges of the adult world was a central part of plebeian parenthood. As we saw with Millot Severn, mothers might worry about their sons, and do what they could to protect them, but as young men entered the often homosocial space of the workplace they were slipping out of their mothers' reach into a world governed by masculine bravado. This tension is apparent in the story of the trade unionist and politician Harry Gosling, born in 1861 and the son of a London river worker Gosling recounted that his mother was anxious for him:

She would have almost certainly tried to keep me off the river, for I was a very delicate child and began life as an individual who was not going to live. But as time went on the doctors kept postponing the date of my death and my father was persuaded that an open-air life would be the best to strengthen and build me up. It was true to a certain extent, but the work was too heavy and resulted in a series of breakdowns later on.<sup>142</sup>

Gosling's example demonstrates that the decision about when to introduce a child to

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<sup>140</sup> Lawson *Man's Life* p.47

<sup>141</sup> Millot Severn, *J Life Story* p.41

<sup>142</sup> Gosling, H *Up and Down Stream* (London, 1927) p.8



full-time work and in what occupation was something that might divide mother and father. His pursuit of his father's trade reminds us that if the entry into work signalled a growing measure of independence for the plebeian youth, it was not a complete break with his family. Indeed assisting their sons into the world of work was a central responsibility for fathers of all classes in this period.<sup>143</sup> The father's responsibility was changing in its nature during the century. There was a gradual decline in various aspects of paternal control: in families working as a single economic unit within a workplace; in the tendency for sons to go into the same trade as their fathers; and in the informal methods of recruitment that facilitated this familial tradition.<sup>144</sup> Direct supervision of the early years of work declined (although it did not disappear) but finding a trade, or at least a living, for one's sons was still a fundamental paternal duty and many sons continued to follow their fathers' trades .

When George Edwards first became a brickmaker he worked alongside his father who watched out for his son: "Being then barely seven years of age, my daily task was made easier by my father, and I had not to go to work until after breakfast".<sup>145</sup> Tony Nicholson has described the system which governed the introduction of boys to pit work in the ironstone mines of Cleveland. Beginning at around the age of 12 and through to their late teens they "went through a 'hardening' process in which they were initiated into the culture of the workplace, developing their strength and stamina, their skills and experiences as well as their mental 'toughness'".<sup>146</sup> This introduction to pit work often took place under the supervision of an older family member, and shall be explored further in our analysis of the life of the Northumberland miner Thomas Burt which follows this section. Here we take the example of Thomas Jordan.<sup>147</sup> Born in Durham in 1892, Jordan followed his father's career path, first by going into pit work at the age of fourteen and later by enlisting in the army in 1912. Jordan started working as a miner at the age of

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<sup>143</sup> Davidoff, L *et al* *The Family Story. Blood, Contract and Intimacy, 1830-1960* (London, 1999) p.148; Tosh *A Man's Place* pp.114-6

<sup>144</sup> Savage, M and Miles, A *Remaking of the British Working Class, 1840-1940* (London, 1994) p.54

<sup>145</sup> Edwards *Crow-Scaring to Westminster* p.25

<sup>146</sup> Nicholson, T 'Masculine status and working-class culture in the Cleveland ironstone mining communities' in Laybourn, K (ed) *Social Conditions, Status and Community 1860-c.1920* (Stroud, 1997) p.150

<sup>147</sup> Jordan, T in Burnett, J (ed) *Useful Toil* (London, 1994) pp.88-96

fourteen but he had been accompanying his father down the pit on regular trips since he was twelve. This process of acculturation was at least a generation old: Jordan's father had accompanied his father from the age of seven. The desire to please his father was an important element in preparing Jordan for life down the pit; although frightened by the alien environment he never admitted this. When his father asked him how he liked the experience, "Always I answered that I liked going into the mine ... He was a fearless man and I did not wish to let him know that I was nervous or else he might have thought I was 'queer'".<sup>148</sup>

His refusal to express his anxiety about these subterranean expeditions should not be understood as simply paternal emulation. Its origins can also be traced to the stoicism displayed by both parents. In an expression of filial admiration for parents common in working-class autobiographies, Jordan recalls his mother and father as "very healthy people who seldom complained about anything ...", and notes of his father that "He was never known to be absent from his work, either through sickness or otherwise".<sup>149</sup> The stoicism displayed by parents taught children that health was as much a state of mind, an exercise of will, as a physical condition; the habitus of body hardening helped to set the boundaries between health and sickness, the normal and the pathological.

Boys were learning from their fathers long before they began working life. Praise for paternal diligence, physique and bodily strength is common in autobiographies. Thomas Jordan recalled his father, a pit worker who had also served eleven years in the army in India, as "a noted figure, tall, smart with a perfect soldierly bearing".<sup>150</sup> Jack Lawson began his autobiography with his earliest recollection of his father:

Of average height, with fair hair which hung below his cap in curls, the gold wire earrings he wore and the suggestions of a roll in his walk marked him as a sailor. A closer look at his wrists would have confirmed this impression, for they were much tattooed in sailor fashion. Clogs were on his feet, and he was dressed in

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<sup>148</sup> Jordan in Burnett *Useful Toil* p. 92

<sup>149</sup> Jordan in Burnett *Useful Toil* p. 89

<sup>150</sup> Jordan in Burnett *Useful Toil* p.89

corduroy trousers and rough jacket. Active and well knit, with sharp, intelligent features, he was obviously one of the workers, one of the millions. To me he was a great man; he was my father ... I was then little more than a year old, and I lay in his arms looking up at the white clods in the setting of blue and at great sweeps of buttercups and daisies in the fields of thick green grass.<sup>151</sup>

Mixed here is the personal and the political, the intensity of filial devotion recollected through a moment of familial intimacy and the description of a father who stands as figure for the labouring millions. The complexity of working-class masculinity, its mixture of robust independence and gentle devotion to family, is captured in the juxtaposition of the tough tattooed sailor and pitman with the tender father cradling his son in a setting of fragrant flower meadows. The rolling nautical gait illustrates perfectly how the job could imprint itself on the worker's body.

Similar filial devotion was expressed in the autobiography of the communist J. T. Murphy, born in 1888 and raised in Sheffield, the son of a blacksmith's striker in a smithy. His father possessed "tremendous energy and great powers of endurance", Murphy remembered. "Swinging a fourteen-pound hammer for hours a day was not a light occupation; he had therefore no superfluous flesh and his arms were like steel rods".<sup>152</sup> Murphy recalled the thrill of taking his father's dinner to him at work:

I can remember too how excited I was when I first carried my father's dinner to the works and met him at the gates with a large hot basin tied in a big red handkerchief with white spots. He looked a big fine man in his moleskin trousers, blue flannel shirt with sleeves rolled up, and wearing a round cotton cap.<sup>153</sup>

Not all autobiographers had such admiring views of their father and paternal supervision of the transition into work was not always straightforward. George Mockford, the son of a shepherd, was born in Southerham, near Lewes, in 1826. He was the eldest of twelve

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<sup>151</sup> Lawson *Man's Life* p.7

<sup>152</sup> Murphy, J.T. *New Horizons* (London, 1941) p.17

<sup>153</sup> Murphy *New Horizons* p.18



children and as a consequence, like the miner Jack Lawson, Mockford's early years were spent busy with domestic duties.

I had, as soon as I was old enough, to be mother's help, to nurse the baby, clean the house, and do sewing like a girl, so that I was not only prevented from playing with other boys, but also from going to school.<sup>154</sup>

And like Lawson he followed his father's trade, joining him as a shepherd-boy at the age of ten, but here the similarity ends. Mockford's introduction to the world of manual labour was not the thrilling adventure enjoyed by Lawson; rather it was a trial. Mockford lacked the physical robustness for open-air work: "I was always rather delicate in health, and had no stamina about me for outdoor exposure ...."<sup>155</sup> His feet and hands were soon covered in chilblains which turned to open sores and when he was set to picking turnips that the doctor was called in. After a few weeks rest he returned to work but immediately caught a heavy cold, and the doctor was called again, "... but my father who was naturally strong and healthy, had no sympathy with his white-faced son; he said I must be hardened to it, or I should never be any use".<sup>156</sup> His father not only made him return to work but deprived him of his gloves. Mockford was saved from further pain only through the intervention of some of the other adult workers who remonstrated with his father. Mockford suggested that his conflict helped to drive a wedge between father and son:

The great ambition of my father being to save money, his study was that his children's little strength and time should be all put to such an account as would be conducive to this end. This kind of treatment had no tendency to foster love to him; I began to have a great dread of him, and all I did for him was under fear of the lash.<sup>157</sup>

Chapter three explores the religious dimensions of Mockford's spiritual autobiography in

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<sup>154</sup> Mockford, G *Wilderness Journeyings and Gracious Deliverances* (Oxford, 1901) p.1

<sup>155</sup> Mockford *Wilderness Journeyings* p.2

<sup>156</sup> Mockford, G *Wilderness Journeyings* p.3

<sup>157</sup> Mockford, G *Wilderness Journeyings* p.3

more detail, but it is worth noting that Mockford's account of his early decades involves a series of physical trials and temptations and that his spiritual progress is marked by a series of crises which are as much somatic as much as they are spiritual. Mockford's account reminds us that plebeian attitudes to the mortification of the flesh were rooted in religious practice and belief.

Body hardening, then, was part of the family drama, an opportunity to display filial loyalty through obedience and emulation of the father, or filial rebellion through rejection of a tough masculine style.<sup>158</sup> Stoicism, the ability to withstand the physical rigours of labour, was an essential element in working class habitus; there was widespread concern that children should be tough enough to withstand what life might throw at them, so parents had a responsibility to instil hardiness. But Mockford's account suggests that there were two faces to the calculated disregard of bodily pain, discomfort or fatigue: virtue and vice. Necessary discipline could slide into unacceptable neglect or even cruelty.

### *The compass of my powers*

This section focuses on one individual, Thomas Burt, a miner who, like Lawson and Edwards, became a union official and then MP. Burt was born in 1837 at Murton Row, a Northumberland mining village. His father was a Primitive Methodist and an active trade unionist. Burt went down the mine in 1847 at the age of ten and worked in a number of pits until 1865 when he became a full-time trade union official. In 1874 he was elected to Parliament on the Liberal Party ticket as a Radical Labour candidate, representing the constituency of Morpeth until 1918.

Burt's autobiography provides an excellent example of the way in which fathers acted as guardians and role-models for their sons. In the early pages of his autobiography we find a glorification of the proletarian male body as Burt recalls his father and uncles: "Without exception they were honest, industrious, temperate men. They were healthy, vigorous,

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<sup>158</sup> On filial rebellion and the body in middle-class families see Oppenheim, J *"Shattered Nerves" Doctors. Patients and Depression in Victorian England* (Oxford, 1991) pp.167-8

skilful workers".<sup>159</sup> Burt glorified the hard working men of his family, but he also knew that the dangers of mining posed a threat to the male body and could leave a permanent mark: "My father, who had been severely injured in the back, in the mine, just when he was reaching manhood, was the least physically robust of the brothers".<sup>160</sup> His grandfather too was remembered as an invalid, who had been "cut off in middle life" by asthma which Burt attributed to poor ventilation in the mines.<sup>161</sup> Parents could set a positive example, exemplifying the virtues of physical and mental robustness, but they could also provide a warning of the dangers of pushing too hard at one's innate physical limitations. Thus it is no surprise that when Burt followed his father into mining in 1847, the latter closely monitored his progress. In fact, he had to work to persuade his parents that at the age of ten he was ready for pit work. Here Burt set out the division of labour, the tasks which boys starting at the pit worked their way through according to their capacity:

The novice, as a rule, started as a door-keeper, or "trapper-boy." As he gained strength and experience he went on successively to horse-driving, way-cleaning, putting, and coal-hewing.<sup>162</sup>

His first job as a trapper-boy, opening and closing one of the doors which controlled the air currents in the mine, was boring and lonely but not demanding. A few weeks later he moved on to donkey-driving, something which he seems to have enjoyed. At the age of thirteen Burt and his father moved mines. In his new workplace trouble arose when he was set to pony-putting, shifting the heavy tubs of coal through the pit with the aid of a pony, a task which he states was beyond his strength:

My father, ever considerate and tender, had striven when seeking employment, to get me work of a nature more strictly within the compass of my powers. He argued with the manager, Mr. Bryden, who was known to him, that I was too

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<sup>159</sup> Burt, T *An Autobiography* (London, 1924) p.22

<sup>160</sup> Burt *Autobiography* p.23

<sup>161</sup> Burt *Autobiography* p.22

<sup>162</sup> Burt *Autobiography* p.53



young for pony-putting.<sup>163</sup>

As a rule the putters' ages ranged from fifteen to sixteen and upwards. To judge by what everybody said, I was in truth a big lad for my age. I was strong, too, for a sudden lift or a short spell of work; but I was not at all hard or wiry, and I lacked staying-power. This precocity might have its advantages, such as giving me a higher wage, a consideration for which I cared much more than did my parents; but it had the drawback of always throwing upon me tasks which were far beyond my strength. I suffered severely at the time, and, possibly, consequences followed which affected me in after years. Those weary loads, under which I was called upon to sweat and groan in my boyhood, not improbably tended to arrest my growth, and to render me for the rest of my life less healthy and vigorous than I should otherwise have been.<sup>164</sup>

The sheer suffering which no amount of masculine bravado could mask is expressed in terms which illustrate some of the issues at stake in the process of body hardening. It was not enough to have strength, one had to have 'staying power' and to be 'hard' or 'wiry'. In Burt's predicament we can also see the tension at the heart of body hardening: the economy of the body was at stake - a desire for prudent marshalling of one's inner resources was in conflict with the immediate need to expend physical capital in pursuit of a living wage and the desire to train the body to withstand the rigours of manual labour is offset by the anxiety that overloading the still-developing body will permanently weaken the constitution.

If the period of adolescence was a key one for the process of body hardening, then, as Joanna Bourke has noted, this process was not without its tensions: "While gratifying, the new manly status could be extremely wearing".<sup>165</sup> Young men's bodies were tested by the rigours of manual labour - if the job allowed you to think of yourself as a man, it also set limits, helping to determine just how much of a man you were. Burt echoed accounts

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<sup>163</sup> Burt *Autobiography* p. 77

<sup>164</sup> Burt *Autobiography* p. 77

<sup>165</sup> Bourke *Working-Class Cultures* p.130

in a number of working-class autobiographies which expressed concern about bodily development in youth and childhood in terms of expectations about whether one's bodily potential was fulfilled or stifled. The experience of the young pitworker Joseph Millot Severn has already been described, including his concern that his growing body was permanently stunted by the work of pushing tubs of stone.<sup>166</sup> This concern with growth and development has been discussed by Carolyn Steedman in an exploration of the ways in which scientific and medical discourses which emphasised progression and thus a relinquishing of the past (and in particular childhood) resonated with the Romantic preoccupation with the figure of the child and new ideas of interiority. In her study of the relationship between Victorian concern with physical growth and the creation of a subjectivity based on interiority, Carolyn Steedman has suggested that the figure of the child, whose body grew and then ceased to grow, was a symbol of both development and death.<sup>167</sup> In general, while working-class autobiographies do not display great evidence of an interiorised subjectivity, they certainly do express a concern with physical growth and also death of the sort Steedman highlights, often focusing on the bodies of youths or children. However, abstracting this concern as an essentially metaphorical phenomenon detracts from the physical experience of body hardening at the heart of the descriptions contained in most working-class autobiographies.

Burt in this passage describes the deadening effect of pony-putting on his young body:

So tired, listless, utterly used-up was I when I reached home at nights that after dinner I not infrequently threw myself, unwashed, upon the bare floor and fell fast asleep. It was with the utmost difficulty that my kind-hearted mother could rouse me that I might wash and go to bed .... Indeed, save on Sundays and each alternate Saturday ... the whole of my time was swallowed up in work and sleep. The hours of sleep were few enough, so many being absorbed in work, in preparation for work, and in travelling

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<sup>166</sup> Millot Severn *Life Story* p.39. See also Farish, W *The Autobiography of William Farish. The Struggles of a Hand-loom Weaver. With some of his Writings* (Liverpool, 1890) p.17; Hillocks, J *Life Story: a Prize Autobiography* (London, 1860) p.13

<sup>167</sup> Steedman, C *Strange Dislocations: Childhood and the Idea of Human Interiority, 1780-1830* (London, 1995) p.76

between the pit and home.<sup>168</sup>

This is a work regime in which the infamous leisure preference of early modern workers had little room to express itself. However, control over the worker's body is not achieved through Foucault's "subtle, calculated technology of subjection" or a carefully calibrated "economy of exercise" but as a result of something more brutal in its simplicity.<sup>169</sup> It was the length of the working day and the physically exhausting demands of working at tasks beyond Burt's capacities which were inscribed on the young miner's body.

In seeking to make sense of Burt's account we might again invoke Rabinbach's work on energy, fatigue and the modern body. Rabinbach describes how the second law of thermodynamics created a dichotomous view of energy: a stable and indestructible force, or, the entropic forces of "disorder and dissipation": This scientific discourse medicalised the labouring body: "The powerful and protean world of work, production and performance was set against the decrescent order of fatigue, exhaustion, and decline".<sup>170</sup> The former was exemplified by Burt in his description of an uncle, Thomas Weatherburn, with whom we worked at Seghill colliery: "For many years he had been an engine-man ... He worked with the steady stroke, the composure, and the effectiveness of a perfect machine." The physical predictability of his performance was an achievement of temperament "My uncle was one of the most even-tempered, one of the coolest, most self-possessed men I ever knew."<sup>171</sup> On the other hand, Burt's own experiences of overwork and exhaustion evoke the period's other conception of energy. However, Rabinbach's account is Foucauldian in its elaboration of an elite scientific discourse of energy and fatigue. In working-class autobiographies we find an older, more pervasive and popular counterpart; one based on lived experience rather than laboratory experiments. The negotiations between Burt's father and the manager demonstrate the customary expectations which helped to guide the transition to working life and influenced the tasks one was allotted. Judgements were based on a sense of the body's

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<sup>168</sup> Burt *Autobiography* p.82

<sup>169</sup> Foucault *Discipline and Punish* p.221

<sup>170</sup> Rabinbach *Human Motor* p.63

<sup>171</sup> Burt *Autobiography* pp.110



limitations, a knowledge based partly on age, partly on physical appearance and partly on young men's own lived experience of their bodies. If the body was "useful and intelligible" in this context it was not through the elaboration of new forms of scientific expertise or through new routines of medical inspection. Rather the body was known through something more like a kind of Gramscian common sense - knowledge much more customary, tacit, intuitive, and visceral.<sup>172</sup> Burt's own knowledge of his body is expressed in direct and plain language - one had to have 'staying power' and to be 'hard' or 'wiry'- terms which express a profound sense of the embodiment of labour we have been describing.

But this tension between a valorisation of hard work and the dangers of overwork was not restricted to the labouring classes. As Janet Oppenheim has explained, there was a widespread concern amongst Victorian doctors about the life-threatening dangers that overwork could pose for the middle-class male in an increasingly competitive economy:

high praise for business enterprise or professional initiative, for the self-discipline that kept a man at work instead of indulging in frivolous pleasures, was always balanced by a fear of excessive ambition hazardous to one and all.<sup>173</sup>

This suggests that there was a general ambivalence about the valorisation of industry in Victorian Britain which in some senses transcended class. However, a considerable gap lay between the self-willed drive of the ambitious middle-class entrepreneur and the youthful pit worker whose duties and hours of work were entirely beyond his control.

### ***The great battlefield of human life***

The acquisition of a hardened body through manual labour was an opportunity to demonstrate manly qualities of strength, skill and courage. Burt's valorisation of the virtues of hard work and the sober, steady application to the job suggests that

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<sup>172</sup> Gramsci, *A Selections from the prison notebooks of Antonio Gramsci* Hoare, Q and Nowell, G (eds) (London, 1971)

<sup>173</sup> Oppenheim "Shattered Nerves" p.157

body hardening was a way to produce a worker's body which was disciplined and docile. However, there are aspects of Burt's account of pit work which offer a different picture, one in which stoicism in face of suffering mingled with a reckless and undisciplined approach to work. Consider, for instance, his description of conditions at the Dalton pit:

Everywhere, below ground and above, dangers stood thick. Great also were the rush and recklessness. Hence there were many accidents. Never had I seen so many crutches, so many empty jacket sleeves, so many wooden legs.<sup>174</sup>

To invoke Rabinach again, we might suggest that Burt's evocation of the chaos of life below ground draws on the idea of energy as disorder. His account of his mining days is full of accidents and near accidents, including nearly being killed in his first day down the pit. Early on he describes a foot injury suffered in his first pit job:

The enginemen, or firemen, at the pit had been unplugging the boilers, as I think it is called. In the darkness and thick mist arising from the steam I missed my way and stepped into the boiling water. My foot was in it only a moment, but it was long enough. I took little notice of it at the time .... When at length my stocking was pulled off, part of the skin came off along with it. This injury laid me idle for a few weeks. The wound did not heal quickly; proud flesh set in; caustics were applied, and for a few days I suffered great pain, the severest I ever remember having felt in my life.<sup>175</sup>

Clearly the injury was extremely serious, but in language which echoes that of Joseph Millot Severn, Burt disowns his own confession of pain, dismissing such accidents as "common everyday occurrences, the wounds and bruises which come at one time or

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<sup>174</sup> Burt *Autobiography* p.84

<sup>175</sup> Burt *Autobiography* p.73

another to all men, or to all pitmen, who are engaged on the great battlefield of human life".<sup>176</sup> Such "trivial details", he asserts, are not worth dwelling on. Here we see that masculinity in the mine might be expressed in many ways; not just through the performance of steady vigorous work but also through bravado. Burt's account of the accident is an affirmation of masculinity through risk-taking and the heroic display of courage in the presence of danger or injury. The two are linked because they are both about the impulse to withstand pain or fatigue but there is a clear tension between self-control and discipline and the carelessness he describes here. In part accounts such as Burt's attest to the performability of a type of masculine identity which was still highly dependent on reputation. George Chauncey's description of the bachelor subculture of New York is useful here:

The men in this culture regarded manliness as a hard-won accomplishment not a given, and as a continuum, not an absolute value ... they constantly had to prove their manhood and often sought to demonstrate that they were more manly than their rivals ... they regarded manliness as a kind of ongoing performance.<sup>177</sup>

These themes recur in a more serious register in Burt's account of the first fatal mining accident he ever witnessed. Recalling the reckless bravado, particularly of the younger men and boys, as they travelled by wagon to and from the coal face, he describes how:

I once saw, within a few yards of me, a man rush to his doom in this way. He was running to catch a set of wagons, and in trying to leap upon them he slipped his foot, or missed his hold, and fell among the wheels. His legs were horribly mutilated, all but cut off above the knees. The melancholy, tragic scene - the first of the kind I had witnessed - deeply impressed me. The poor, brave fellow seemed perfectly conscious of all that was going on. He raised his head, cast a sad, woeful glance at his mangled limbs, then laid himself down again with an air of perfect resignation. The grim messenger had come for him in his grimmest

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<sup>176</sup> Burt *Autobiography* p.73

<sup>177</sup> Chauncey, G *Gay New York: The Making of the Gay World, 1890 - 1940* ( London, 1995) p.80



shape, and he met him unblanched. So far as I heard, not a murmur escaped from him. He died before he reached home.<sup>178</sup>

Here we see how body hardening was part of a broader plebeian stoicism, a cultural valorization of forbearance in the face of pain - the man met death “unblanched”, he suffered in silence (“not a murmur escaped from him”). Burt describes the scene as tragic, but we might see in its pathos an element of melodrama, that mode of expression which Elaine Hadley suggests informed Victorian political discourse as well as art and literature and which included in its stock features “emphatically visual renderings of bodily torture”.<sup>179</sup> Here we also see an echo of Robert Gray’s account of how the language of factory reform drew on Romantic and gothic body imagery: the dying miner, his legs all but severed, exemplifies the grotesque body “whose boundaries were not well contained”.<sup>180</sup> Related to this we also see echoes of the literature of factory reform in which the worker's body is presented as a mangled victim of machinery. The powerlessness of the worker conveyed in such literature is perfectly expressed in the dying man’s “air of perfect resignation”.<sup>181</sup>

His resignation also suggests that what has been witnessed is the miner’s equivalent of the Evangelical “good death” described by Pat Jalland.<sup>182</sup> In this case it is a death viewed through the prism of Burt’s Methodism, a religion noted for its “vivid description of sudden death and catastrophe”<sup>183</sup> We might wish to speculate about the relationship between Burt’s account of the chaotic world of the underground mines; and the visions of the “unlimited pains of Hell” conjured by Methodist preachers.<sup>184</sup> There is an echo too of Christian martyrdom.<sup>185</sup> The relationship between religion and suffering will be

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<sup>178</sup> Burt *Autobiography* pp.83-4

<sup>179</sup> Hadley, E *Melodramatic Tactics. Theatricalised Dissent in the English Marketplace, 1800-1885* (Stanford, 1995) p.3

<sup>180</sup> Gray, R 'The language of factory reform' in Joyce *Historical Meanings of Work* (Cambridge, 1987) pp.146-7

<sup>181</sup> Gagnier, R *Subjectivities: a History of Self-Representation in Britain 1832-1920* (New York & Oxford, 1991)

<sup>182</sup> Jalland, P *Death in the Victorian Family* (Oxford, 1996) pp.17-38

<sup>183</sup> Thompson EP, *The Making of the English Working Class* (London, 1991) p.410.

<sup>184</sup> Thompson *Making* (London, 1991) p.410

<sup>185</sup> Foucault *Discipline and Punish* Chapters 1 and 2

considered in greater depth in the chapter three, here it is enough to note that, as Jonathan Sawday has argued, there is in Protestantism a tendency towards “somatic imitation”:  
“the believer may find himself or herself seeking to re-enact the passion, the gestures of suffering, the physical pain of the crucifixion”.<sup>186</sup>

Furthermore, whilst hardening the body to fatigue might be linked to Foucault’s disciplinary mode of power, this display of courage through bruises, wounds and fatal accidents seems more redolent of its predecessor, juridical power and its more spectacular form of punishment. Here we see an echo of the trial by ordeal, of the branding of convicts and of the body on the rack; what Foucault would have termed bloody death publicly displayed - the persistence of that older code of punishment and relation to the body - one where death is not hidden but is visible and spectacular: “the tortured, dismembered, amputated body, symbolically branded on face or shoulder”.<sup>187</sup> To return to the argument outlined in the introduction - the evidence from Burt’s autobiography, testimony which echoes that of many working-class autobiographers, demonstrates how older, bloodier forms of power remained an important strand in the experience of work, indeed perhaps at least as important as any disciplinary regime. The accidents and recklessness Burt describes clearly demonstrate an absence of rigorous supervision. Capitalism was built on many things, not just systems of bureaucratic regulation, but also the reckless bravery of young men.

This sense of a disorderly workplace is reinforced by another aspect of Burt’s experience as a youth in the pits, one which returns us to the earlier observation that body hardening was about mental resilience as well as physical robustness. Burt, like many working-class autobiographers, described how he had to establish his status at the start of his working life by fighting other youths.<sup>188</sup> He engaged in a series of fights whilst working in his first colliery despite his parents’ vehement disapproval of violence. At home Burt was an

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<sup>186</sup> Sawday, J 'Self and selfhood in the seventeenth century' in Porter, R (ed) *Rewriting the Self. Histories from the Renaissance to the Present* (London, 1997) p.32

<sup>187</sup> Foucault *Discipline and Punish* p.8

<sup>188</sup> For other examples see Ratcliffe, G *Sixty Years of It: Being the Story of My Life and Public Career* (London & Hull, 1935) p.3; Paton *Proletarian Pilgrimage* pp.56-7 and Dennis, T in Burnett, J *Useful Toil* (London, 1974)

obedient son, but at work his behaviour was also subject to the influence of peer pressure, indicating how difficult it could be to maintain respectable behaviour in every context.<sup>189</sup> Again, as in the account of his accident, there is a powerful ambivalence. On the one hand Burt presents himself as being forced to fight boys 'rougher' than himself and that he had to fight in order to establish his place amongst working peers; on the other hand, he tells us that after winning his first fight he got a taste for it.

Burt devotes over three pages of his autobiography to these incidents - what wider significance does it have for him that it requires such a detailed account? It is a morality tale of struggle to conquer fear and overcome those who seek to dominate and bully. He suggests that the moral lesson of these episodes was about the value of dogged persistence, the stubbornness he displayed in his fights was later practised in his trade union struggles. Burt emphasises heroic stoicism - the important thing was to be willing to sustain a great deal of violence, to refuse to yield unless completely beaten. This then was a moral education "a certain tenacity of purpose, amounting to obstinacy .... has done much for me through life".<sup>190</sup> Even in the context of these fights Burt emphasised the capacity to endure pain rather than the ability to inflict it. This is perhaps unsurprising given Burt's political orientation: he was known as the "great conciliator"<sup>191</sup> and took the view that strike action was a weapon of absolute last resort. There is another political message in this critique of his parents' moral stance:

I thought then, and I think now, that my parents - kind, indulgent, good as they were - made a great mistake in not permitting me to protect myself in my own way. They were visionaries: they had anticipated and ante-dated the millennium. I am inclined to think that when boys are dealing with boys, and where the civil ruler, the magistrate, and the policeman are not available, it is best, as a general

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<sup>189</sup> For a discussion of respectability as role-play see Bailey, P 'Will the real Bill Banks please stand up?' Towards a role analysis of mid-Victorian working-class respectability' *Journal of Social History* 12 (1979): 336-353

<sup>190</sup> Burt *Autobiography* p.68

<sup>191</sup> Sartre, L *Thomas Burt, miners' MP, 1837-1922: the Great Conciliator* (London, 1999)



principle, to allow them to settle their differences in their own way.<sup>192</sup>

Burt accepts the state monopoly of violence which is integral to Elias' concept of the civilizing process but suggests that autonomous conflict resolution is the next best alternative. Burt's political orientation extended beyond thinking that youths are best left to resolve their own conflicts. Burt was an advocate of working-class mutual aid, suspicious of state intervention to the point that he opposed attempts to legislate for shorter working hours. This episode then, illustrated perfectly his view that the working classes were best left to deal with their problems themselves. It also illustrates the porous boundaries between rough and respectable and the ways in which an enduring feature of plebeian masculinity, fights between youths at school and in the workplace, were embodied in the attitudes of labour leaders and presented as moral precepts in their autobiographies. This episode illustrates that body hardening cannot be reduced to a simplistic notion of a disciplined and docile body, it was a multifaceted phenomenon with a range of effects and meanings which encompassed both discipline and its other.

### *The ubiquity of stoicism*

The ubiquity of plebeian stoicism meant that it transcended gender boundaries as is made explicit by the Durham miner Jack Lawson. His mother's style is evoked in the image of her carrying coal home from the beach: "There she came, body bent, waddling like some strange animal, with a great bag of coal on her back which she had carried more than a mile up a terrific incline."<sup>193</sup> His mother had the key role in bringing up the family and her style was not a gentle one - she ruled with "stern discipline and an unbridled temper".<sup>194</sup> Lawson's account demonstrates that in plebeian culture toughness was not solely identified with men. This was in many respects a shared habitus but its precise forms and meanings were gender-specific. For working-class men it was linked to their role as breadwinners, to notions of independence and to a heroic vision of working-class manliness. For women it was more tied to the self-abnegation which underpinned their

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<sup>192</sup> Burt, T *Autobiography* p.70

<sup>193</sup> Lawson *Man's Life* p.14

<sup>194</sup> Lawson *Man's Life* p.15

role as domestic labourers, the grinding, exhausting work of servicing the household, in particular the men of the household. Alexander Somerville describes the activities of Jean Crombie, whose husband was blind: "Though sixty years of age, she worked in the fields or the barns during the year almost daily, and supported herself and her infirm husband on the wages of her daily toil ...."<sup>195</sup> Similarly, Somerville recalls his mother's labouring activities, which continued even during pregnancy: "The carrying of the sheaves from the stackyard into the barn, which was a part of the house rent, was heavy work. My mother did that all the winter before I was born, and the winter after, besides shearing in harvest time - the hours being in harvest between sun and sun."<sup>196</sup> Similarly, consider the experience of Kate Taylor in her first job as an adolescent farm servant in 1904. Kate worked in the dairy with the farmer's wife: "If she saw me flinch when I was getting dairy utensils out of the boiling sterilizing water she would push my whole hand in saying that was the only way to get hardened."<sup>197</sup> Taylor also recalled her maternal grandmother, Grannie Miller, a widow who supported her large family by working as a laundry woman. Taylor described her hands: "roughened by so much washing and ironing with no washing aids but yellow soap and soda."<sup>198</sup> The radical journalist William Adams, who grew up in Cheltenham in the 1830s and 1840s, recalled his grandmother's hands in similar vein:

I well remember another feature too - the hard and unsightly corns on the old lady's knuckles, which were almost as large as the knuckles themselves. When she was left with a family of five girls, she and they set up a laundry ... The corns were the result of the hard scrubbing and rubbing she used to bestow on the shirts and skirts of her patrons.<sup>199</sup>

This female embodiment of the plebeian valorisation of toughness stood in stark contrast to other visions of the feminine. The Victorian ideal of woman as weak and frail was expressed, for instance, in the role of female invalid, the stereotype identified by

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<sup>195</sup> Somerville *Autobiography* p.43

<sup>196</sup> Somerville *Autobiography* p.20

<sup>197</sup> Taylor, K in Burnett *Destiny Obscure* p.293

<sup>198</sup> Taylor, K in Burnett *Destiny Obscure* p.289

<sup>199</sup> Adams, W *Memoirs of a Social Atom* (London, 1903) pp.32-3

Ehrenreich and English as the medical pathologisation of the Victorian ideal of woman as the weaker sex: "It was acceptable, even stylish, to retire to bed with "sick headaches", "nerves" and various unmentionable "female troubles"". <sup>200</sup> Body hardening was thus a part of working-class female identity, and as such a badge of class which united working men and women, but in its gendered significance it simultaneously divided them.

That stoicism crossed gender boundaries was but one expression of its ubiquity - phlegmatic forbearance was utilised throughout the course of people's lives. The preparation for a life of work was a serious business, but plebeian bodies enjoyed leisure as well as enduring work. Accounts of childhood games help us to understand that a valorisation of toughness was inculcated at an early age: "In the rough games and risky escapades in which the boys of the street constantly indulged, minor sprains, cuts and bruises were frequent and little regarded", the Scottish socialist John Paton recalled of his Aberdeen childhood. <sup>201</sup> This youthful stoicism was adopted even in the case of more serious injuries, as when Paton broke a leg.

It was a nasty business which has left vivid memories. They did not keep me in the hospital: beds, as always, were scarce. The leg was set while I lay with my teeth sunk in my cap according to the code of my group, which forbade howling. In those days anaesthetics were not used in such trifling matters. <sup>202</sup>

### *Politicising pain*

The ubiquity of stoicism was in part due to the pervasiveness of harsh material conditions but it was a quality with political uses as a response to authority. To begin with a more trivial example - the autobiography of the miner and MP Thomas Burt, like many other working-class autobiographers described the experience of receiving corporal punishment at school, in his case from a school-teacher whose "temper, like his head, was rough,

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<sup>200</sup> Ehrenreich, B & English, D *For Her Own Good: 150 Years of Experts' Advice to Women* (New York, 1978) p.97

<sup>201</sup> Paton *Proletarian Pilgrimage* p.42

<sup>202</sup> Paton *Proletarian Pilgrimage* p.44



gingery, fiery” and who boasted “quite a collection of instruments of torture, among which were a formidable cane and a huge leathern strap”. Like other working-class autobiographers, Burt describes a stoic response to physical discipline: “I soon discovered that those who cried soonest and loudest got off best; but this discovery availed me little, since I had rather prematurely got the notion into my head that it was cowardly and craven to cry and whine in the presence of scholars”.<sup>203</sup> The Scottish agricultural labourer and radical Alexander Somerville described the confrontation between teacher and pupil as a battle of wills: “He wanted me to cry, but I would not, and never did for pain or punishment then nor since, though my flesh is nervous and extremely sensitive”.<sup>204</sup>

The blows received from bullying teachers caused relatively minor injuries but working-class autobiographers recorded incidents of corporal punishment whose impact was far greater. Published serially in 1851, the autobiography of the London Chartist John James Bezer describes his father’s experience of the brutal military discipline of the Royal Navy in the late eighteenth-century:

... the many floggings he had received while serving his country, had left their marks on his back thirty years afterwards; they had done more,- they had left their marks on his soul. They had unmanned him; can you wonder at that? Brutally used, he became a brute – an almost natural consequence ....<sup>205</sup>

At the heart of Alexander Somerville’s autobiography is a story of military discipline which became the subject of national political debate. In 1831 Somerville, unemployed and destitute in the period of political and economic unrest surrounding the Reform Act, had joined the army. The following year he was court martialled and sentenced to receive one hundred lashes. Somerville’s crime was to have written a letter to a local newspaper discussing the mood of his regiment, and the support which some soldiers were expressing for the radical cause.

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<sup>203</sup> Burt *Autobiography* p.46 See also Chaplin, C *My Autobiography* (London, 1964) p.31

<sup>204</sup> Somerville *Autobiography* p.28

<sup>205</sup> Bezer, J *The Autobiography of One of the Chartist Rebels of 1848* in Vincent, D (ed) *Testaments of Radicalism: Memoirs of Working Class Politicians 1790-1885* (London, 1977) p.159

Somerville's account of his punishment runs over several pages. At the beginning he was offered a bottle of rum by a friend, who explained that it was the customary remedy in such situations and would "help him to take his punishment like a man". Somerville, a relatively abstemious man, rejected the gift, explaining that he was determined to face his punishment unaided. Somerville suggests that the normal strategy adopted by soldiers when faced with such punishment was to "humble themselves and make piteous pleas for forgiveness" and that officers expected the ordinary soldier: "to beg, implore, and whine, and be unlike a man ... Men who cry out, suffer less than those who do not".<sup>206</sup>

However, despite the leniency that such behaviour usually attracted, Somerville adopted an attitude of stoical defiance: "I took my punishment as I conducted my defence before the court martial, with firmness, and, I believe, with dignity."<sup>207</sup>

Somerville's account is a testament not only to the state's continued assertion of its most bloody sources of power over plebeian bodies, but also to the plebeian capacity for suffering. In this episode Somerville presents us with a stark confrontation between two forces: the capacity to inflict pain confronts the ability to withstand it. The urge to reduce a man to some brute animal essence, to strip him of all dignity, confronts the will to transform physical suffering into a badge of moral courage and political legitimacy. As with Burt, there is a religious element to this martyrdom; Somerville had been brought up by strict Presbyterians in a household where his father led family worship every evening.<sup>208</sup>

Dorinda Outram has argued that in twentieth-century political culture: "Successful withstanding of privation, illness and torture are the pre-conditions of the attainment of political hero status .... [as is] [t]he construction and use of a dignified individual body which can be employed as a source of authority in conflicts in the public realm".<sup>209</sup> In her history of the body in the French Revolution, she contrasts the stoicism of the

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<sup>206</sup> Somerville *Autobiography* pp. 191, 192

<sup>207</sup> Somerville *Autobiography* p.192

<sup>208</sup> Somerville *Autobiography* p.19

<sup>209</sup> Outram, *Body and the French Revolution* p.23

middle-classes with the violent excesses of the plebeian masses. Somerville's account of his flogging demonstrates the degree to which plebeians were also adopting stoicism as a means to acquire political authority. His court martial, punishment and the subsequent national outcry it engendered, is at the heart of Somerville's narrative, but his story ends with another illustration of his attitude to the politics of pain and violence. He recounts an attempt to enrol him in a conspiracy to attack government ministers during the great London march in support of the Tolpuddle Martyrs in April 1834. He refused any part in the plan and sent letters to the papers and to the government warning of the possibility of violence. The final page of his autobiography recounts how Somerville was summoned to meet the police magistrate Sir Frederick Roe who asked for the names of the conspirators. Somerville refused the request: as during his court martial, his response to the authorities was one of stubborn silence.<sup>210</sup>

Historians seeking to develop a gendered approach to politics in British history have recently explored how the demonstration of masculine virtues was central to the assertion of political legitimacy in the eighteenth and nineteenth centuries. Charting the changes in what this meant, McCormack and Roberts have suggested that between the eighteenth and the nineteenth centuries there was a shift in understanding of the key political virtue of independence from a focus on a narrow definition derived solely defined by property-holding, to the demonstration of independence as a series of personal qualities, and then to the Victorian emphasis on 'character' whose multiple facets included "industry, energy, self-help and self-discipline, thrift, piety, integrity, devotion to duty and manliness in the face of difficulty". Character, they suggest, was closely linked to the concept of "manliness" and had both "an important spiritual basis" but was also "related to the development of a strong physique".<sup>211</sup> It is perhaps unsurprising then that in nineteenth-century Britain stoic dignity, built on 'fitness for work' and predicated on a hardened body, was a central element of plebeian struggles against authority.

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<sup>210</sup> Somerville *Autobiography* p.288

<sup>211</sup> McCormack, M and Roberts, M 'Conclusion: chronologies in the history of British political masculinities, c.1700-2000'. In McCormack, M (ed) *Public Men: Political Masculinities in Modern Britain* (Basingstoke, 2007) p.190



## ***Conclusion***

The plebeian cult of body hardening, concerned as it was with the training of the body for a life of labour, reproduced Victorian society's complex and often ambivalent attitudes to work. The moral and material progress of both individuals and the nation was seen to rest on hard work, yet there was much anxiety about overwork. The evidence presented here shows that the medical discourse of degeneration was but one part of this anxiety; it was a pervasive aspect of the plebeian experience of work. With its glorification of the morally redemptive power of labour and its concern with the constant danger of fatigue, body hardening represented a point at which the older morally-based work ethic and the modern scientific investigation of the physical capacities of the human motor intersected. But in the plebeian cult of body hardening fatigue and exhaustion were primarily social and political problems rather than technical matters for scientific or medical expertise. It was a body of knowledge and knowledge of the body that was customary, tacit, intuitive and visceral and it did not separate, as the science of fatigue would, the physiological dimensions of labour from other aspects such as hours and conditions.<sup>212</sup> Working men's accounts of their lives in manual labour remind us that working-class politics may have been predicated on the dignity of labour but that much of the class struggle was about an escape from labour, a desire to spend a greater portion of the waking hours of the week outside the workplace and to define oneself in ways not bounded by one's occupation or trade.<sup>213</sup>

Ideally plebeian body hardening was predicated on a household economy in which parents introduced their children to the world of work, maintaining a measure of control over their duties and work rate, if not their hours of work. In what might be termed its virtuous mode, body hardening was thus an aspect of the parental responsibility to prepare children for the challenges of adult life. But body hardening had a darker side, what we might term its vicious mode, in which neglect or cruelty were the keynotes. For plebeian youths entry into the world of work could be a violent affair.

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<sup>212</sup> Rabinbach *Human Motor* p.36

<sup>213</sup> McClelland 'Time to work' pp.205-6

Body hardening was not just about work - plebeian boys were immersed in a culture which valorised toughness long before they experienced paid employment. Childhood could offer experience of hunger and cold but just as important was the inculcation of the moral example of parents and peers. The plebeian cult of body hardening, rooted as it was in the corporeal experiences of material immiseration and physically punishing labour regimes, stood in stark contrast to its middle-class counterpart whose origins lay in anxieties about the increasingly comfortable lifestyles of the well-to-do. Nothing could more clearly delineate the gap between the nineteenth-century working classes and their social superiors than the different meanings and practices attached to the concept of body hardening. For the middle classes it was supposed to be a way of protecting the body from the various forms of overindulgence and mental anxiety that eighteenth century medics summed up in the term luxury; the cult of body hardening was a reaction against rich living. As George Cheyne argued it was precisely because the middle classes were no longer involved in physical labour that they needed to exercise as part of a wider health regimen. In working-class culture body hardening was about toughening the body to withstand the rigours of physical labour. Yet whilst the bourgeois version was concerned with the perils of consumption, and the plebeian with the perils of production, both expressed fears about what impact a commercialised economy was having on the human frame. Moreover, as we have already noted, anxiety about the physical effects of overwork were not restricted to one class. Janet Oppenheim's work on nervous illness has illustrated that the Victorian medical profession had profound concerns about the physical and mental effects of overwork on middle-class males struggling to make their way in the market economy.<sup>214</sup> Akihito Suzuki, writing of working men admitted to asylums in mid nineteenth-century London, argued that the demands of work played a central role in breakdown: "Many families attributed the madness of their male family member to his physical and mental exhaustion."<sup>215</sup>

In her study of the bodies of seventeenth-century women, Laura Gowing suggests that

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<sup>214</sup> Oppenheim "*Shattered Nerves*" p.157

<sup>215</sup> Suzuki, A 'Lunacy and Labouring Men: Narratives of Male Vulnerability in Mid-Victorian London' in Bivins, R and Pickstone, J (eds) *Medicine, Madness and Social history: Essays in Honour of Roy Porter* (Basingstoke, 2007) p.122

marriage “made a wife’s body both more, and less, her own”.<sup>216</sup> It conferred status and legitimacy whilst subjecting her to the authority of her husband. We might suggest the same duality about work for plebeian men; it both conferred status, giving special significance and purpose to the body whilst subjecting it to the often punishing demands of paid labour and the authority of employers.

The robust working-class body was a celebration of the dignity to be found in labour - in this sense it agrees with Bourdieu's notion that aesthetics are governed by material circumstances - that habitus is an embodiment of the material constraints of working men’s social location. Hard physical labour, lack of food and inadequate accommodation were central experiences of working-class life which demanded robustness. Yet we should not simply place experience in prime position and add culture as some kind of superstructural epiphenomenon – plebeian stoicism drew heavily on the Christian ascetic tradition and the role of the crucifixion and martyrdom in valorising courage in the face of physical suffering. Thus discourse, social structure and material circumstances acted upon the body. Furthermore if we can trace this plebeian stoicism back to the asceticism of early Christianity then we must ask whether body hardening represented, in part at least, remarkably long-term continuity; a mode of embodiment which persisted over the *longue durée*.

In the unfolding of individual as well as collective histories, the robust body was a source of working-class agency. Indifference to pain was demanded of working-class bodies for their continued exploitation, yet the display of physical courage was central to many power struggles. It is possible to see the hardened body as a central image of working-class resistance and a source of power for individuals. One historian whose work takes a similar approach to the plebeian body is Dorinda Outram. In her study of the role of the body Outram attacks the Foucauldian view of the body as a passive receptor, arguing that:

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<sup>216</sup> Gowing, L *Common Bodies: Women, Touch and Power in Seventeenth-Century England* (New Haven and London, 2003) p.207



Foucault's willingness to see bodies only as objects or symbols through which existing power relations are acted out, prevents him from writing a history in which, on the contrary, bodies are active creators of new power relations, and sustain individuals in their confrontations with and against systems of power.<sup>217</sup>

As Outram has further pointed out, the linguistic turn in history has often led to an unduly restrictive analysis of political culture purely in terms of verbal language - what needs to be studied is "behaviour expressed concurrently both physically and verbally".<sup>218</sup>

Regional, local, trade and individual differences make generalisation about Victorian attitudes to, and experience of, work difficult, if not impossible, to construct, and created tensions between different sectors of the working classes. Nevertheless, we can perhaps see in body hardening a mode of conduct and a set of values which might at times have served as common ground between skilled and unskilled, men and women, domestic servants, rural labourers, factory workers and craftworkers: a shared identity based on the physical experience of manual labour. Much has been made of the dichotomy between rough and respectable in working-class culture and recently more particularly plebeian masculinity. In body hardening's valorisation of toughness we can perhaps see a set of values which transcended this dichotomy. The hardened body, dignified in its suffering could become a symbol around which a whole class might unite, such was the body of the radical Alexander Somerville and such was the body of another radical the imprisoned Chartist, James Bezer, who turned to verse to describe his sense of corporeal injustice at a childhood spent in poverty:

Let those who have in Fortune's lap  
Been softly nursed, repine  
At days of childhood past and gone,-  
Their sorrows are not mine.

Let those whose boyish days were free

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<sup>217</sup> Outram *Body and the French Revolution* p.23

<sup>218</sup> Outram *Body and the French Revolution* p.22

From every ill and care,  
Regret their flight, in pensive mood,-  
Their grief I cannot share.<sup>219</sup>

What, we might ask, of Outram's adaption of the work of Norbert Elias - her suggestion that stoicism was part of the civilising process, an attitude adopted by the middle classes as they attempted to gain access to the central state, just as the nobility had traded state power for bodily self control in earlier centuries? Some historians have suggested that the history of the plebeian body in the nineteenth century is one of increasing restraint. EP Thompson suggested a transition from picaresque hedonism to discipline and self-consciousness. Historians of leisure who have adopted a social control perspective have tended to reinforce this picture. Rational recreation in multiple forms such as the Scouts and the temperance movement reclaimed the proletarian body from brutish degradation and made it respectable; men became less drunken, sports became less violent and class struggle moved from riot to petition. It would of course be tempting to see in body hardening/stoicism the triumph of modern disciplinary techniques.<sup>220</sup> However, other readings are possible. After all what one does with one's body once it has been hardened is to some extent a matter of personal temperament - one can use it to walk six miles on a Sunday to church or one can use it to assault one's employer - George Edwards did both.<sup>221</sup> As Paul Crawford has argued: "the categories of self-control and release have no inherent ideological content. They can be and are appropriated for ends that are not wholly conformist".<sup>222</sup> As Paul Willis has suggested:

There are forms of praxis arising from definite human agency at the site of production which, in the very same moment, provide the conditions for capitalist relations and also partially penetrate and variably challenge those relationships.<sup>223</sup>

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<sup>219</sup> Bezer *Autobiography* p.153

<sup>220</sup> Burke *Popular Culture in Early Modern Europe* Ch.8

<sup>221</sup> Edwards *Crow-Scaring to Westminster* pp.28, 34

<sup>222</sup> Cited in Curtis, S and Takit, A *Health and Societies: Changing Perspectives* (London, 1996) p.37

<sup>223</sup> Willis, P 'Shop floor culture, masculinity and the wage form' in Clarke, J Critcher, C and Johnson, R (eds) *Working-Class Culture. Studies in History and Theory* (London, 1979) p.187

Gareth Stedman Jones long ago pointed out the weaknesses of the social control thesis in relation to popular culture and Thomas Laqueur's analysis of plebeian sexual behaviour has suggested an alternative trajectory for the history of the plebeian body in which urbanisation and industrialisation liberated the body from its customary constraints; the free market in labour was matched by a free market in sex.<sup>224</sup>

In many ways accounts of the resistance to pain are the narrative thread running through the heart of all working-class autobiographies. They are survivors' stories in which indifference to pain serves as a metonym for the struggle to overcome the material constraints of poverty. As Dorinda Outram has argued, historians of the body have tended to treat the bodies they study as “symbols, metaphors and locations for the exhibition of power, and to ignore the extent to which they afford lived experiences to their possessors”<sup>225</sup> - the history of the plebeian body must be written with an appreciation of the physical as well as the symbolic work which it was required to perform.

The process of body hardening was fraught with danger - it was as much concerned with the vulnerability as it was with the toughness of the body. If we see in the disciplined body a valorisation of independence, a powerful theme in Victorian masculinity and one used by trade unions in their pursuit of the “family wage”, then in the vulnerable body we see its opposite. To be sick or injured was to be dependent, to require aid. Trade union and friendly society banners celebrated the healthy working body but they also portrayed sickness and death as opportunities for mutual aid. It is to the vulnerable body that we turn in the next two chapters.

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<sup>224</sup> Jones, GS ‘Class expression versus social control? A critique of recent trends in the history of “leisure”’ *History Workshop Journal* 1977 4(1) pp.162-170; Laqueur, T ‘Sex and desire in the Industrial Revolution’ in O’Brien, P and Quinault, R (eds) *The Industrial Revolution and British Society* (Cambridge, 1993) 100-22

<sup>225</sup> Outram *The Body and the French Revolution* p.20



## Chapter two

### Unavoidable exposure to the cold and want - the vulnerable body

#### *Introduction*

Margery left school before she was thirteen, and went as general servant at the local grocer's shop. The snobbery of those days was unbelievable. The woman couldn't afford a servant and paid only one shilling a week wage and Mother had to do Margery's washing. Poor Margery was overworked and underfed, and her living and sleeping quarters were dark and damp. Margery was allowed home for two hours once a week. One evening she came home and letting her hands fall in her lap, she said to Mother 'I feel just like that.' Mother could see she was ill. I was sent to the shop to say that Margery wasn't well and could not return that evening, to which the wretched woman replied, 'Tell her to be early in the morning.' However, she was too ill to get up in the morning, and I was sent to Ixworth to the doctor. He gave me a bottle of physic for her which I am convinced was nothing but Epsom salts. He didn't come to see her, and in ten days she was dead. Father went for the certificate from the doctor and to the relieving officer for an order for a parish coffin. The doctor signed the certificate stating diptheria as the cause of death. He hadn't seen her. Of course, it was pneumonia. Because of the doctor's statement of diptheria, the coffin was not allowed in the church. There were just committal prayers at the graveside. After these were said Mother looked straight at the vicar and said to him, 'You have kept her out of church, you can't keep her out of heaven.'<sup>226</sup>

Thus does Kate Taylor describe the death of one of her sisters. Taylor was born in Pakenham, Suffolk in 1891, the fourteenth of fifteen children. Her father was an agricultural labourer and the experience of grinding poverty is one of the main themes of

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<sup>226</sup> Taylor, K in Burnett, J *Destiny Obscure* (London, 1982) p.292

Taylor's autobiography. Although the subject of this study is male autobiographers, Taylor's story is quoted here because it encapsulates so clearly the subject of this chapter: the causal relationship between poverty and disease and its primacy within plebeian aetiology. Taylor's account of the circumstances surrounding her sister's fatal illness is typical of many in working-class autobiographies. The experience of poverty - being overworked and underfed, having to live in cold and damp accommodation - is the principal explanation for morbidity and mortality. In Margery's progression from exhaustion to terminal illness, Taylor illustrates the fatal trinity which underlay this model: debility, disease and death. First, there is the gradual undermining of health, a low-level weakness that affected both body and spirit and which left Margery vulnerable to infection; then there is the disease itself, whose virulence is increased because the body's defences have been weakened; and thus, finally, comes death. The injustice of this loss, the sense that Margery died of wilful neglect, is underscored by the way in which Taylor describes her as invisible and excluded: the employer who ignores her illness, the doctor who will not visit, and the vicar who refuses to allow her coffin into the church.

What Taylor provides in this account is a model of plebeian aetiology, a framework for understanding the causes of disease and death at the heart of which is the relationship between material immiseration and physical debility, the fateful inscription of general social conditions on individual bodies. The last chapter described the hardened plebeian body. This chapter describes the reverse of the medal: the body which is exposed and vulnerable. Taylor's lay medical model will be conceived here as a moral economy of health concerned with access to the 'necessaries of life': food, water, shelter and rest. This model of plebeian aetiology and the moral economy of health draws on the work of Christopher Hamlin. Hamlin has used this idea of a moral economy of necessities in his account of the dramatic changes in orthodox medical thinking about disease causation which occurred in the nineteenth century. In particular the triumph of Chadwickian sanitarianism in the 1850s, involved a narrowing of the public health agenda, both in its understanding of the causes of disease and death and in its sphere of action. A broad interest in the physical and social environment, in particular the conditions of poverty,

was reduced to a singular obsession with drains.<sup>227</sup> Hamlin presents this as an argument between experts; his analysis is extended here by arguing that an aetiology dominated by the necessities of life was central to plebeian medical cosmologies. In doing so this chapter will modify Hamlin's account of radical change - Kate Taylor's account demonstrates that a broad multifactorial medical framework persisted in working-class culture into the early twentieth century. This aetiology was adopted in radical political discourse, in particular by Chartists, and this chapter will suggest that in politicising health and sickness, plebeian autobiographers drew much of their rhetorical power from the melodramatic cultural form.

This introduction will provide a summary of recent historiography of changing models of aetiology in the nineteenth century and their relationship to the rise of Chadwickian public health, and explore the work of historians who have taken a 'history from below' approach to this subject and whose work, alongside that of Hamlin, provides the intellectual framework for the analysis that forms the substance of the chapter.

### **Aetiology and orthodox medicine**

The period covered by this thesis is one in which there were dramatic developments in orthodox medicine's understanding of what caused disease. In the first half of the nineteenth century there was profound disagreement about the aetiology of febrile disease within the medical profession. Much analysis of this controversy has focused on the mode of infection - contagion (person-to-person contact) or miasma (airborne poisons arising from rotting organic material, the earth or stagnant water) - but it is now generally accepted that contingent contagionism, a kind of *via media* between the two polarities, was widely held.<sup>228</sup> This perspective has allowed fresh insights. Christopher Hamlin has suggested an alternative view of conflicting aetiologies in the first half of the nineteenth

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<sup>227</sup> Hamlin, C *Public Health and Social Justice in the Age of Chadwick. Britain, 1800-1854* (Cambridge, 1998), chapters one, two and three. For a briefer summary see *idem*. 'Predisposing causes and public health in early nineteenth-century medical thought' *Social History of Medicine* 5 (1992) pp. 43-70 and *idem*. 'The "necessaries of life" in British political medicine, 1750-1850' *Journal of Consumer Policy* 29 (2006) pp. 373-397

<sup>228</sup> Pelling, M *Cholera, Fever and English Medicine, 1825-1865* (Oxford, 1978)



century: debates amongst medical men were primarily about multifactorial and monocausal aetiologies, and the relative importance of predisposing and exciting causes of disease.<sup>229</sup>

Ever since the classical period disease had been understood as a characteristic of, and therefore unique to, the individual sick person. It was not the outcome of a single external agent whose impact was the same in different members of the population. This was an aetiology rooted in orthodox medicine's Galenic model of health and disease. It focused on the individual in a holistic vision of the sick person. Disease might be caused by a range of factors internal or external to the sufferer but, even in the case of epidemic outbreaks, disease was identified as an assault on the individual's unique constitution. Although this model persisted through our period, its significance declined for a variety of reasons.

In the late eighteenth and early nineteenth centuries many doctors argued that poverty caused disease by making people susceptible to illness. A leading advocate of this approach was William Pulteney Alison, Edinburgh's senior medical professor and a committed social reformer from the 1820s onwards.<sup>230</sup> His work illustrates multiple trends in aetiological thinking: a greater emphasis on environmentalism and an increasing concern with population health was balanced by a more traditional approach to disease as unique to the individual. In this model there was much emphasis on predisposition to disease; indeed it was often held that predisposing causes were sufficient in themselves to cause disease. Such an approach had two corollaries. Firstly, disease was not an 'either/or' thing; one might suffer general debility from a range of conditions which represented predisposing causes and which might then lapse into a more serious condition. Health and sickness were thus points on a spectrum rather than binary opposites. Secondly, the focus on social factors as a cause of disease meant poverty was a chief cause of illness and therefore "the poor ...could not be expected to be healthier until the

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<sup>229</sup> Hamlin 'Predisposing causes'

<sup>230</sup> Hamlin 'Predisposing causes' p.51

state of society changed”.<sup>231</sup> For Hamlin the work of Alison in the 1840s epitomises “a medical critique of industrialism and capitalism the like of which did not reappear until the twentieth century”.<sup>232</sup>

Hamlin describes how Alison’s approach was eclipsed in the public health debates of the 1830s and 1840s by an alternative explanatory model. The Chadwickian sanitarians eschewed the multifactorial approach to disease in favour of a far narrower aetiology focused solely on a single cause. In his 1842 Parliamentary *Report on the Sanitary Condition of the Labouring Population* Chadwick laid out this new position:

That the various forms of epidemic, endemic, and other disease caused, or aggravated, or propagated chiefly amongst the labouring classes by atmospheric impurities produced by decomposing animal and vegetable substances, by damp and filth, and close and overcrowded dwellings prevail amongst the population in every part of the kingdom, whether dwelling in separate houses, in rural villages, in small towns, in the larger towns – as they have been found to prevail in the lowest districts of the metropolis.<sup>233</sup>

Wherever one finds such disease, he argued, then these conditions prevail, and where the conditions are removed then disease “almost entirely disappears”. Poverty, he argued, was not a factor: “... high prosperity in respect to employment and wages, and various and abundant food, have afforded to the labouring classes no exemptions from attacks of epidemic disease....”<sup>234</sup>

Hamlin identifies Chadwick's utilitarian *laissez faire* ideology as the political impetus for the sanitarian shift in perspective in the 1840s and 1850s. Alison’s social medicine threatened to interfere with the free market economy by treating hours and conditions of work, wage levels and access to the necessities of life as areas demanding state

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<sup>231</sup> Hamlin ‘Predisposing causes’ p.58

<sup>232</sup> Hamlin *Public Health* p.81

<sup>233</sup> Quoted in Clayre, A (ed) *Nature and Industrialization* (Oxford, 1977) p.133

<sup>234</sup> Quoted in Clayre (ed) *Nature and Industrialization* p.133

intervention. It was in direct contradiction to the reform of the Poor Law which Chadwick had pushed through only a few years earlier. These reforms were designed to ensure that welfare provision did not interfere with the smooth running of the free-market economy and had, according to Chadwick, solved the problem of poverty.<sup>235</sup> By ignoring predisposition and rejecting any role for material immiseration in their aetiological framework, Chadwick and his supporters stood Alison's argument on its head: poverty was no longer the cause of disease, rather it was disease which caused poverty.

Hamlin argues that this Chadwickian view triumphed and the Alisonian view all but disappeared. However, in his focus on the high stakes of the national public health agenda he perhaps overplays the hegemony enjoyed by sanitarians and neglects the persistence of multifactorial aetiologies in day-to-day medical practice. The underlying complexities are revealed if we consider the rise of germ theory in the decades after 1850. Some historians have argued that the advent of bacteriology in the last quarter of the nineteenth century heralded a decisive victory for a monocausal aetiology. Disease was no longer recognised or defined by symptoms or pathological processes in a unique individual, but by the identification in the laboratory of a single, external causative agent.<sup>236</sup> However, Michael Worboys has provided a revisionist account which describes how a range of germ theories were articulated in the second half of the nineteenth century.<sup>237</sup> Despite the earlier attacks on the multifactorial approach to the causes of disease by Chadwickians, it continued to play an important role. Nevertheless, Worboys argues for a clear shift in emphasis towards germs and away from predisposition. However, as studies of elite medical discourse, both Hamlin and Worboys neglect the views of the poor themselves, who might have experienced the Chadwickian agenda at first hand, but whose experience of poverty played a greater role in shaping their understanding of disease.

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<sup>235</sup> Hamlin 'Predisposing causes' p.66

<sup>236</sup> Cunningham, A 'Transforming plague, the laboratory and the identity of infectious disease' in Cunningham, A and Williams, P (eds) *The Laboratory Revolution in Medicine* (Cambridge, 1992) p.242

<sup>237</sup> Worboys, M *Spreading Germs: Disease Theories and Medical Practice in Britain, 1865-1900* (Cambridge, 2000)



## The politics of public health

Christopher Hamlin and Christopher Lawrence have explored how these conflicting views on the priorities for public health illustrate the relationship between the origins of modern society and the emergence of modern medicine. The holistic style of Galenic medicine which underpinned Alison's multifactorial aetiology was rooted in the paternalistic personal social relations of a pre-industrial society and the relatively low status of medical men in a social hierarchy dominated by the landed elite.<sup>238</sup> The problems which the new public health sought to confront reflected the emergent modern social structure. This was "a medicine preoccupied with the relations of classes to one another and with economic and national efficiency".<sup>239</sup> Its generalisations about categories of persons and diseases were part of a wider attempt to create forms of knowledge which could be used in the management of large bodies of men and women. Doctors, Lawrence argues, "were working out a supervisory role for medicine, just as new disciplinary models were being elaborated in prisons and factories"; thus medicine emerged as "one of the fundamental resources for the rational ordering of society".<sup>240</sup>

As Dorothy Porter has suggested, the arguments put forward by Lawrence and Hamlin are part of a broader shift in the historiography of public health, which has swung from Whiggish accounts of heroic progress towards rational government to anti-heroic accounts of attempts to subjugate populations through medicalisation. Thus the history of public health forms an integral part of the rise of what Foucault termed biopower, and what was described in the introduction to this thesis as the metanarrative of disciplinary modernity. Porter argues that neither heroic nor anti-heroic accounts can do justice to the complex interplay of forces present in health reform. Whilst she accepts that public health reforms were an expression of concerns about "social order and nationhood" there was no single definition of these concerns, public health was thus a site of contestation in

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<sup>238</sup> Lawrence, *C Medicine in the Making* pp.7-12 This view of the size and role of both the middling sorts in general and the professional classes in particular seems outdated in the light of work published in the last twenty years or so, see for instance Davidson, L *et al*, (eds) *Stilling the Grumbling Hive: the Response to Social and Economic Problems in England, 1689-1750* (Stroud, 1992)

<sup>239</sup> Hamlin 'Predisposing causes' p.70

<sup>240</sup> Lawrence *Medicine in the Making* pp.25, 33

pluralistic political arenas.<sup>241</sup>

However, whilst the historiographical picture is now more complex, the focus of attention has remained firmly fixed on middle-class reformers and medical men. If the heroic view of public health treated the working classes as passive victims, or worse, unsanitary vectors of, febrile disease, then the introduction of a Foucauldian perspective has only reinforced this passivity, albeit in the context of a more jaundiced view of the power relations. Yet the new view of the scientific and political agendas of public health as contingent and contested opens a space where we can reframe the working classes' relationship to public health. Thus Sigsworth and Worboys have advocated the writing of a history of public health 'from below', one in which the working classes might be transformed into historical agents with their own understanding of health and sickness.<sup>242</sup> They suggest that many working-class communities were concerned about sanitary conditions, the quality of their water supply, air pollution and the cleanliness of the streets. But they also suggest that a history of public health 'from below' would redefine public health in terms of "popular beliefs that the main determinants of health were not environmental conditions, but material circumstances and political rights."<sup>243</sup> In doing so Sigsworth and Worboys specifically challenge AS Wohl's contention that "hours and the conditions of labour, and industrial accidents belong more properly to economic and social history"<sup>244</sup> Thus Sigsworth and Worboys argue that a patient-centred approach to the history of public health must of necessity rewrite the historiographical agenda in order to:

go beyond the Chadwickian agenda of filth, foul air and legislation, and explore (i) rights and responsibilities, (ii) popular understanding of health and disease, (iii) local knowledge of urban ecology, and (iv) shelter, food and fatigue and their

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<sup>241</sup> Porter, D Introduction in her *The History of Public Health and the Modern State* (Amsterdam, 1994)

p.24

<sup>242</sup> Sigsworth, M and Worboys, M 'The public's view of public health' *Urban History* 21 (1994) pp. 237-50. For examples see Wohl, AS *Endangered Lives: Public Health in Victorian Britain* (London, 1983)

<sup>243</sup> Sigsworth and Worboys 'Public's view' p.239

<sup>244</sup> Wohl, *Endangered Lives*, 259, quoted in Sigsworth and Worboys 'Public's view' p. 249

economics.<sup>245</sup>

The agenda they set out is similar to the one described by Hamlin in his account of Alison's social medicine, and suggests that working-class conceptions of public health may have overlapped with at least some of the ideas circulating amongst orthodox medical practitioners.

The revisionist possibilities offered by a 'history from below' approach to public health will be apparent if we consider the example of the anti-vaccination movement in nineteenth-century Britain. Nadja Durbach has described how working-class opponents of the state's programme of compulsory vaccination against smallpox argued for an aetiology which emphasised the need to address issues of slum housing, overcrowding and lack of open spaces in cities. However, anti-vaccinators were not in thrall to Chadwickian sanitarianism; rather they attacked state public health initiatives "for failing to address the larger problems of industrialization and urbanization, such as low wages and inadequate food".<sup>246</sup> Their emphasis on the social causes of disease was not diminished by the rise of bacteriological ideas in the last decades of the century. Instead the anti-vaccination movement appropriated the language of germs to argue that the best defence against disease was a robust constitution: "germ theory was layered on earlier conceptions of disease processes so that, like a palimpsest, the older theories were still evident in the new."<sup>247</sup>

A similar revisionist account of public health 'from below' is offered by David Barnes in his study of resistance to state campaigns against tuberculosis in late nineteenth-century France. Public health reformers focused on the tubercle bacillus as the source of tuberculosis and they promoted hygiene as the weapon to fight it. The battle was to be taken into people's homes – spitting and other unsanitary habits which reformers associated with the working classes were singled out for condemnation. However, their

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<sup>245</sup> Sigsworth and Worboys 'Public's view' p.250

<sup>246</sup> Durbach, N *Bodily Matters : The Anti-Vaccination Movement in England, 1853-1907* (Durham, NC, 2005) p.155

<sup>247</sup> Durbach *Bodily Matters* p.168



campaigns met with resistance.<sup>248</sup> Barnes describes how two models of tuberculosis developed amongst left-wing groups during the 1890's. The reformist socialists adapted the conventional Pasteurian account; they emphasised the role of unsanitary housing and exposure to the bacillus but ignored the official version's emphasis on immoral behaviour. The more radical syndicalists replaced the orthodox aetiology with a critique that described tuberculosis as “inherent in the logic of capitalism”, to be overcome only through “the fight for shorter working days and higher wages in the short run and for the complete overthrow of the capitalist system in the long run”.<sup>249</sup> The syndicalists, in other words, had an aetiology which was dominated by the importance of predisposing causes and which emphasised hunger and overwork as the root causes of the weakened constitutions which made the working classes so vulnerable to the disease. Barnes suggests that:

... medicine and public health were critical domains in the “marginalizing” and “normalizing” functions of the dominant culture in its transition to modernity... [and that] Viewed from this perspective, a scientific disagreement over the relative importance of exposure versus resistance to the tubercle bacillus becomes much more - truly a debate over the entire social and political order of modernity.<sup>250</sup>

Following Barnes and Durbach, the remainder of this chapter will look at public health from the public's perspective. Using the evidence offered by working-class autobiographies, it will construct a model of plebeian aetiology in the nineteenth century. Drawing on the work of Christopher Hamlin, it will conceptualise this lay medical model as a moral economy of health concerned with access to the “necessaries of life”.<sup>251</sup> In the

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<sup>248</sup> Barnes D *The Making of a Social Disease: Tuberculosis in Nineteenth-Century France* (Berkeley, 1995) p.215

<sup>249</sup> Barnes *Making of a Social Disease* p.219

<sup>250</sup> Barnes *Making of a Social Disease* p.246

<sup>251</sup> Hamlin, C *Public Health and Social Justice in the Age of Chadwick. Britain, 1800-1854* (Cambridge, 1998), chapters one, two and three. For a briefer summary see *idem*. 'Predisposing causes and public health in early nineteenth-century medical thought' in *Social History of Medicine* 5 (1992): 43-70 and *idem*. The “necessaries of life” in British political medicine, 1750–1850 *Journal of Consumer Policy* 29 (2006): 373–397

process, it will consider environmental concerns, such as the quality of domestic accommodation and working environments; the importance of hunger and exhaustion in creating a general condition of debility and vulnerability to disease; and the importance of the constitution in this holistic and individualistic conception of health. Although this structure is a useful organising device we must not lose sight of the holistic and multifactorial nature of this aetiology. However, before we consider predisposition and the necessities of life we shall begin by considering attitudes to infectious disease.

### *The means of preventing infection*

Anne Hardy has suggested that public health officials had to deal with a casual indifference to the spread of disease which was common to *all* classes in Victorian society and was exemplified by the habit of visiting the sick and by the customs surrounding burial.<sup>252</sup> However, she also notes that severe outbreaks of infectious disease, especially smallpox, could lead to “panic and extreme preventive measures, including flight from the affected locality”.<sup>253</sup> One instance of flight comes in the autobiography of William Webb, who described an outbreak of black fever in the 1830s during his early childhood in the Wiltshire village of East Kennet thus:

the fever had been some time in the village ... my brother James ... had caught the infection, and ... my mother's friend had come over to give what help she could. Having no children of her own she declared that Willie, that is me, should not die if she could help it, so her noble instinct prompted her to take me out of bed and away from the infected village to her own home.<sup>254</sup>

Evacuated from his home Webb returned months later to discover that “Black fever had almost emptied the house .... my four brothers and sisters had all died”.<sup>255</sup> Webb's

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<sup>252</sup> Hardy, A *The Epidemic Streets. Infectious Disease and the Rise of Preventive Medicine, 1856-1900* (Oxford, 1993) p.267. Hardy's account is a typical top-down approach in which public health officials wage a heroic battle against “ignorance and resistance” (p.277)

<sup>253</sup> Hardy *Epidemic Streets* p.274

<sup>254</sup> Webb, W 'Reminiscences of an ordinary life' in Burnett *Destiny Obscure* p.80

<sup>255</sup> *ibid.* p.80

account suggests that, at least in some cases, Anne Hardy's depiction of such measures as reducible to irrational 'panic' is questionable.<sup>256</sup> The measure might be viewed as a rational response, and the evidence of other plebeian men's autobiographies suggests it reflected a not uncommon isolationist impulse.

Whilst Webb provides an example of neighbourly cooperation, the fear of infection could militate against such assistance. In 1836 the family of the Yorkshire weaver and poet William Heaton were the victims of an outbreak of smallpox; first to be infected was his eldest son but his other two children and his wife followed. Not long before this Heaton's wife had suffered severe burns in a domestic accident, and that time his friends had offered support, but when the family were struck with smallpox, fear of the disease seems to have stopped neighbours from coming to his assistance.

No one would come near us; 'tis true they looked in at the windows and enquired how we were, but no assistance would they render. At this time I have been a day or two and never tasted food.<sup>257</sup>

Further evidence of the popular isolationist impulse elicited by smallpox comes from the Coventry silk weaver Joseph Gutteridge. In December 1844, towards the end of what Guterridge described as nearly a decade of dire poverty for his family, his youngest son died from smallpox.

Fortunately no other member of the family contracted the disease, though we were prevented by circumstances from properly isolating the case, indeed we had to sleep in the same room even after death had taken place.<sup>258</sup>

This episode offers a different view of what sanitary reformers condemned as the ignorant habit of leaving infected dead bodies in family living spaces. Gutteridge's remarks make

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<sup>256</sup> See fn.253 above. Furthermore, Hardy's other example of extreme reaction – greater than normal co-operation with the authorities – seems eminently reasonable.

<sup>257</sup> Heaton, W *The Old Soldier* (London, 1857) pp.xix-xx

<sup>258</sup> Gutteridge, J *Lights and Shadows in the Life of an Artisan* (London, 1893) p.79



clear that such behaviour was not necessarily evidence of a lack of concern about infection. In this case the response was coloured by Gutteridge's commitment to scientific knowledge (something which we will explore further in chapter four). He stated rather elliptically that his study of chemistry had "armed me with the means of preventing infection. No other case occurred in the neighbourhood, though a week elapsed before the boy's funeral".<sup>259</sup>

Some "means of preventing infection" seem to have had a universally accepted logic, whilst the use of others was more contested. Consider the childhood experiences of the phrenologist Joseph Millot Severn during a small-pox outbreak in Nottinghamshire and Derbyshire in the early 1870s. Severn recalled how on their way to school he and his school-mates put their hands over their noses as they went through infected areas and carried camphor in their pockets. Such measures were traditional, having been used in Europe during outbreaks of plague in the early modern period, and in Severn's village they seem to have been universally accepted precautions. However, the following passage also demonstrates that there was no such consensus surrounding other measures:

I remember my father was very concerned about us children, and as he had an antipathy to vaccination, and none of us had been vaccinated, there was rather a bad feeling shown towards him, and instead of being glad that the scourge had not afflicted our family, methods were adopted to bring it to us which were absolutely despicable and inhuman; but people in those days were far less regardful of human life than now.<sup>260</sup>

A female neighbour who had borrowed books from Severn's father and whose family had been infected tried to return the items. When she was refused entry to the house "the woman quite viciously told my father that it had started at the bottom of the row, and would come to the top, and that we should get it the same as anyone else."<sup>261</sup> The

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<sup>259</sup> Gutteridge *Lights and Shadows* p.79

<sup>260</sup> Millot Severn, J *The Life Story and Experiences of a Phrenologist* (Brighton, 1929)

p.20

<sup>261</sup> Millot Severn *Life Story* p.20

tensions within this neighbourhood were of course only a reflection of the national controversy surrounding compulsory vaccination described by Durbach.<sup>262</sup> What is interesting to note is the apparent general acceptance of vaccination amongst Millot Severn's neighbours.

Although the language of contagion and miasma is rarely deployed, working-class responses to outbreaks of disease clearly show an aetiology in which the danger of infection, from other people and from corrupted air, plays an important part. However, in general, predisposing causes of disease played a more central role in the explanation of illness, and, even in the case of epidemics, predisposing causes played a major role in explaining their spread. The following three sections will consider the importance of predisposition, taking in turn the three chief necessities of life – food, shelter and rest – which comprised the moral economy of health. These were the factors which ensured health and whose absence brought debility, disease and death.

### *The wail of famishing women*

Historians have been very successful in reconstructing the details of what people ate and drank and how this changed over the course of the century,<sup>263</sup> but they have been less successful in reconstructing the role of food and drink in working-class culture.<sup>264</sup> We also lack a full understanding of working-class attitudes to the relationship between food and health. Health and diet are generally discussed in presentist terms - modern-day nutritional standards dominate the discussion of carbohydrate, protein and vitamins and there has been very little attempt to reconstruct the nutritional concepts and standards of the working-classes.<sup>265</sup> This is not the place to attempt a full-scale reconstruction, but a brief discussion of how dietary concerns were one of the fundamental 'necessaries of life' is required. Historians of medicine who have studied popular medical cosmologies have

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<sup>262</sup> Durbach *Bodily Matters*

<sup>263</sup> For a survey, see Oddy, D 'Food, drink and nutrition' in Thompson, F.M.L. *The Cambridge Social History of Britain, 1750-1950* 3 vols. (Cambridge, 1990) Vol .2 pp. 251-78

<sup>264</sup> One notable exception to this is Ross E *Love and Toil: Motherhood in Outcast London, 1870-1918* (New York, 1993) Ch.2

<sup>265</sup> Oddy 'Food, drink and nutrition'

suggested that hunger and poverty helped to frame the view that diet was essential to physical well-being.

Throughout centuries haunted by the spectre of famine, a good diet was thought to be more or less equivalent to good health ... illness and especially epidemics were associated with lack of food, famine and scarcity.<sup>266</sup>

This connection between a person's strength and their diet is a recurrent theme in working-class autobiographies. As we saw in chapter one, the Sussex-born shepherd's son George Mockford did not enjoy the robust health of his father, and his delicate health left him unfit for outdoor agricultural work, a weakness which he attributed largely to his diet: "the food for us young ones consisting of little else than potatoes with a little bacon fat on them."<sup>267</sup> Mockford records numerous instances of ill-health in his autobiography. The beginning of his religious awakening happened at the age of sixteen or seventeen when he was working on a local farm. He recalled months of "deep distress" and a growing "weakness of my body", and in the care he received there was much emphasis on the necessities of life: "... it was hoped that the good farmhouse-ale, of which I was permitted to take as much as I liked, would strengthen me."<sup>268</sup> If ill-health could be caused by inadequate diet it could be cured by good food and drink. The pauper poet, David Love, described the connection in verse thus:

I am now unhealthy, too much like a wasting,  
Yet soon may recover, on good victuals feasting.<sup>269</sup>

Working-class autobiographers frequently linked hunger and illness. A typical account comes from the brief autobiography of the Yorkshire engineer Thomas Wood written in 1878, two years before his death. Born in Bingley, Yorkshire to parents who were weavers, Thomas Wood was the eldest of ten children. His parents worked on domestic

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<sup>266</sup> Herzlich, C and Pierret, J 'Illness: from causes to meaning' in Curtis, S and Taket, A *Health and Societies: Changing Perspectives* (London, 1996) p.84

<sup>267</sup> Mockford G *Wilderness Journeyings and Gracious Deliverances* (Oxford, 1901) pp.2-3

<sup>268</sup> Mockford *Wilderness Journeyings* p.11

<sup>269</sup> Love, D *The Life, Adventures and Experience of David Love* (London, 1823) p.78



handlooms but Thomas and his siblings were employed at the local mill. At the age of fourteen he was taken out of the mill and began an apprenticeship as an engineer. The loss of earnings occasioned by his leaving his mill work was a major sacrifice for the family and the cause of considerable hardship: "Our food was of the plainest, the quantity seldom sufficient, I seldom satisfied my appetite."<sup>270</sup> As Wood's example suggests, working-class hunger was often linked to the life-cycle of poverty, affecting families more severely when they had young mouths to feed. The family of the Coventry silk weaver Joseph Gutteridge and his wife Sara went through just such privation in the late 1830s. Married in 1835, the following five years were a time of limited income for the growing family. Gutteridge, unable to find steady employment as a weaver, was forced to make ends meet doing odd-jobs of carpentry. By the end of 1837 there were two daughters to feed: "So low had our exchequer become, that for the first time we knew the want of a morsel of bread."<sup>271</sup> A year or so later they were reduced to selling their furniture to buy food, and when the supply was exhausted they went several days without food. Although the crisis passed, the experience of severe privation had taken its toll. Gutteridge, frail at the best of times, felt too weak to take up carpentry on a full-time basis as he desired. His wife Sara's health was permanently undermined:

The grim hand of starvation had also left its imprint upon my wife's frame. From being a plump rosy-cheeked young woman she had become pale and emaciated. The suffering we endured was so severe that the effects did not pass off lightly, and she was never afterwards the woman she used to be.<sup>272</sup>

It was not just the life-cycle of poverty which could lead to hunger-induced illness. Periods of economic downturn could exacerbate existing poverty or bring those just above the breadline into economic and physical crisis. The autobiography of the Chartist and temperance advocate William Farish charts his progress from Carlisle handloom weaver to mayor of Chester. He gives a full account of the deprivation which his family faced in the second decade of the nineteenth century, hardship which he laid at the door

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<sup>270</sup> Wood, T in Burnett *Useful Toil* pp.314-5

<sup>271</sup> Gutteridge *Lights and Shadows* p.61

<sup>272</sup> Gutteridge *Lights and Shadows* p.70

of the Corn Laws, arguing that:

That unrighteous measure, with others equally wicked, so crippled commerce that work and wages became reduced to the lowest point, while the cost of every necessary became correspondingly increased. They cry of discontent and the wail of famishing women and helpless children were heard in every street ... It was truly heartrending to hear the stories my mother used to tell of the hunger and hardships they endured, from 1814 until 1820, when my brother John first began to supplement their slender income. Their eldest boy was taken from them in 1819, which was a terrible grief to them both, and concerning which my mother mourned, often with tears, until her dying day. This want and trouble brought with them, as is usual, much sickness and debility, and my mother's health broke completely down.<sup>273</sup>

Farish's words bear careful scrutiny. First of all, his critique of the Corn Laws reminds us that the discourse of 'necessaries' was part of the common currency of radical political discourse articulated in opposition to Poor Law reform and to the Corn Laws.<sup>274</sup> For instance, in 1842 the second resolution of the Chartists' executive committee declared, "That this meeting unreservedly condemns all taxes levied upon bread and other necessaries of life ...".<sup>275</sup> His accounts of this time of want and sickness, like many others in plebeian autobiographies, are couched in a language which mixes the biblical and the melodramatic. Much radical agitation of the period drew on melodramatic modes of expression. Elaine Hadley has described the common features shared by anti-Poor Law literature and stage melodrama:

... graphic depictions of gruesome incidents, scenes of physical danger and inflicted torture, plots premised on criminal behaviour, affected verbalizations of overwrought emotion, an aura of atmospheric menace, and narratives of familial

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<sup>273</sup> Farish, W *The Autobiography of William Farish. The Struggles of a Hand-loom Weaver with Some of his Writings* (Liverpool, 1890) pp.6-7

<sup>274</sup> Hamlin "Necessaries of life" p.375

<sup>275</sup> Quoted in Slosson, P *The Decline of the Chartist Movement* (London, 1967) p.8

and social crisis.<sup>276</sup>

Finally, Farish's account conjoins "want and trouble" and "sickness and debility" - it is not just want, or lack of food, which leads to sickness; it is trouble, or the emotional misery attendant on hunger and immiseration, which brings about debility, a general lowering of the spirits and physical weakness. This medical model fits perfectly with that of Alison.

Like Alison, Farish subscribed to the importance of predisposing causes in febrile disease. His view is illustrated by his description of an outbreak of cholera in Carlisle in the 1830s. Farish's own family were spared in the epidemic, but many others suffered fatalities: "The chief sufferers were the poor and the ill fed, and those whose vitality had been reduced by luxury and excess".<sup>277</sup> The remark must be viewed in the light of Farish's position as a leading temperance advocate, but again we see a link to the radical political discourse which sought to present national mortality crises as the consequence of class inequality. Pamela Gilbert has recently described the hostility of working-class radicals to the government's response to cholera outbreaks, in particular the forced removal and confinement of the ill.<sup>278</sup> Radical opposition offered a variety of responses to the state's policies, ranging from denial that cholera existed, through to conspiracy theories that it was a form of class genocide. Running through this spectrum of oppositional discourse was the view that cholera was a distraction from the cause of social justice, including access to the necessities of life. The government's announcement of a national fast in 1832 provoked much anger. Radicals argued that this call for a pious display of national unity only highlighted the fractured nature of British society, whose major fault line was the gap between the well-fed and the hungry. In the *Poor Man's Guardian*, Henry Hetherington wrote: "A *general fast* is all very fair; for God knows that as yet the fasting has been *partial* enough ...." A radical ballad expressed the common view that the best defence against cholera was plentiful food:

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<sup>276</sup> Hadley *Melodramatic Tactics* p.78

<sup>277</sup> Farish *Autobiography* p.13

<sup>278</sup> Gilbert, P *Cholera and the Nation: Doctoring the Social Body in Victorian England* (Albany, 2008) pp.50-64



They tell such tales our hearts to fear  
Of Cholera raging here and there,  
But bread, pudding, and good cheer  
Will drive the Cholera Morbus.<sup>279</sup>

Not all the autobiographers who connected the hungry forties with disease were political radicals. William Webb, who grew up in Wiltshire in the 1830s and 1840s, recalled that the rural populace at this time was “miserable in the extreme” thanks to the high price of wheat: “Epidemic fevers were frequent and half the working population were suffering from the ague”.<sup>280</sup> The Yorkshire engineer Thomas Wood was familiar with Chartist literature but he was no activist. Nevertheless he linked economic crisis to the necessities of life in his account of conditions in the 1840s. His family’s situation had improved when Wood completed his apprenticeship in 1843 and found work in Oldham. He began to send money back to his mother, but he was laid off in 1846 and returned to a destitute home, his parents ill and in debt.

I found father and mother suffering great want from the scarcity of work and the high price of the absolute necessities of life. This was the year (1846) of the failure of the potato crop. They were 2s. per stone. Flour was usually 4s. 6d. and upwards – once it was 5s. Poor people did not get half enough of the plainest and most necessary food. Father would have died and seen his children die before he would have paraded his wants, or, I believe, asked for help. He was as poor as want could make him, but his independence was equal to a lord’s.<sup>281</sup>

Again Wood’s discovery of his family’s dire circumstances has something of the melodramatic about it and echoes what James Vernon has described as the humanitarian journalism of the 1830s and 1840s pioneered by *The Times* in its campaign against the New Poor Law (which it termed the Starvation Act). Such journalism, Vernon argues,

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<sup>279</sup> Both Hetherington and the ballad are quoted in Gilbert *Cholera and the Nation* p.52

<sup>280</sup> Webb, W ‘Reminiscences’ in Burnett *Destiny Obscure* p.79

<sup>281</sup> Wood, T in Burnett (ed) *Useful Toil* p.319

transformed the hungry into an object of national concern. In his focus on *The Times* as the principal vehicle for this moral outrage Vernon neglects radical popular literature, and working men's autobiographies, in which the voices of the hungry themselves were heard.<sup>282</sup>

The relationship between food and health was expressed in another idea: the healthy appetite. Hunger may have been painful and difficult to bear, but it demonstrated the vitality of one's system; conversely, loss of appetite was a sure sign of illness. The body's adaptation to the exigencies of poverty was presented by Joseph Gutteridge as both pathological and a necessary precondition for survival. During the episode of privation which we described earlier Gutteridge was given threepence by a local publican which he spent on a loaf of bread for his family.

Never was a meal so sweet as this. We could have consumed much more, but it was perhaps as well that in our famished condition we had not an unlimited supply, or after such a prolonged fast we might have received permanent injury.<sup>283</sup>

Another weaver who experienced poverty-induced loss of appetite was James Hillocks. Born in Dundee in 1826 or 1827, Hillocks was - like Gutteridge, Wood and Farish - the son of a weaver. An initial draft of his autobiography was written as an entry in an 1856 essay competition for the *Commonwealth* newspaper, and recounts his passage from weaving through a variety of occupations including teacher, druggist and stationer. This was no simple progress; Hillocks was frequently assailed by a variety of misfortunes, not least regular bouts of ill health, and his young family were often in poverty. By late 1859 he and his wife Maggie had three children and another on the way. They were living in Edinburgh in dire poverty; Hillocks was out of work and recovering from typhus fever. On the first day of 1860 they had "only three farthings in the world, and everything we could spare, and more, either sold or pledged; but we were sore and sick, and our

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<sup>282</sup> Vernon, P *Hunger: a Modern History* (Harvard, 2007) pp.18-19

<sup>283</sup> Gutteridge *Lights and shadows* p.67

stomachs did not crave much food”.<sup>284</sup>

Such accounts suggest the importance of habituation, and an extension of the theme of body hardening explored in the previous chapter. Just as working bodies had to become trained to the rigours of punishing labour regimes, so too hungry bodies had to adjust to a life without adequate sustenance. This condition is indicative of the pervasive nature of underlying debility, the toll it took on the plebeian body, and its centrality to plebeian aetiology. The frequency of hunger in times of hardship led to specialised vocabularies. In the early 1900s the Scottish socialist John Paton went through a period as a young man where he lived on two meals a day and recalled “suffering torments about noon from my too healthy appetite ... learning to “squint”, as Glasgow called abstention from food, was a common acquirement among the unemployed”.<sup>285</sup> Gutteridge had feared that permanent injury might result from overstraining a famished stomach and the Scottish agricultural labourer William Milne records a similar incident. As a youth of fourteen, Milne’s second hiring in 1843 was at a farm close to Arbroath. For most of the six months he was the sole hired hand, and other than those occasions when friends visited, or other workers came to the farm, he found himself badly neglected: “... I never got a full meal during the whole course of my engagement ...”.<sup>286</sup> Milne tells us he felt the consequences of this mistreatment for some time afterwards:

The after effects of that house of bondage came next, for on getting sufficient food at home, I took ill, and it could not be found out for some time what was wrong, until the tale of the last half year’s privations came out bit by bit, when it was found that some my organs of digestions had been damaged.<sup>287</sup>

For itinerant agricultural labourers like Milne, who lived on the farms they worked, and were provided with board as well as lodging, the relationship between food and work

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<sup>284</sup> Hillocks, *J Life Story: a Prize Autobiography* (London, 1860) pp.90-1

<sup>285</sup> Paton *Proletarian Pilgrimage* p.140

<sup>286</sup> Milne *Reminiscences of an Old Boy: Being Autobiographic Sketches of Scottish Rural Life from 1832 to 1856* (Forfar, 1901) p.114

<sup>287</sup> Milne *Reminiscences* p.122



went beyond the merely physiological; it was both customary and contractual, an aspect of the conditions of employment. Milne's autobiography charted his progress through a succession of agricultural jobs in Scotland. For each farm he worked on he described in some detail the conditions of employment: from the nature of the work, to the attitude of the employer. Included in these descriptions are assessments of the quality of accommodation and the quality and quantity of the food provided. He was as lavish in his praise of some farms as he was harsh in his criticism of others. Conditions at Milne's next place of work, a larger milk farm in the same region, were quite different: "We had to work hard, but were well fed and well lodged ... There was no stinting of food, nor no waste."<sup>288</sup> Diet, then, was not merely a matter of how tasty the food was or how generous the portions were. Although both these were important they were inextricably linked to the other aspects of the social performance of hospitality of which they formed a part. Dining arrangements - whether the labourers eat at the same time and the same table as the farmer's family - were of great importance, in part because of the social symbolism and in part because the greater the segregation the greater the opportunity for inequalities in provision. Thus at the first farm Milne found himself isolated at a side table, dining alone whilst the farmer and his family ate at the main table. By contrast, at the dairy farm the farmer and his wife sat at the same table as servants and family.

Milne also provides interesting details on the types of food eaten and strong opinions about what constituted a healthy diet. Recounting his time in Forfar he noted that although it was a cattle farming area, the farm servants were provided with little beef, "However, I have long thought that much flesh meat of any kind is not a help but a hindrance to both health and strength in many occupations, and I never had better health than during the two years I lived in Gordon's Land as a farm servant."<sup>289</sup> In this Milne seems to be an exception to the popular wisdom that meat was vital fuel for the male breadwinner.<sup>290</sup> This idea is exemplified by the Durham miner Jack Lawson who was given a privileged position at the family dining table once he had started work: "I was

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<sup>288</sup> Milne *Reminiscences* p.124

<sup>289</sup> Milne *Reminiscences* p.194

<sup>290</sup> Burnett, J *Plenty and Want: a Social History of Diet in England from 1815 to the Present Day* (London, 1979) p.55

entitled to as much meat as I wanted, and others were cleared out to make a seat for me ....”<sup>291</sup> The importance of meat is attested to by the bath-chair man George Meek, who grew up in Eastbourne in the 1870s. Meek’s family were concerned by his childhood aversion to animal protein: “They could scarcely ever persuade me to touch meat of any kind, and prophesied frequently that I should never live to be twenty one.”<sup>292</sup>

Although the role of food is usually discussed as a source of strength, some writers exhibited a familiarity with dietetic science. Thus the butler John Robinson, writing in 1892, discussed the diet of domestic servants: “Physiological considerations and dietetic principles,” he argued, had transformed the eating habits of the well-off but not of their staff: “The work of many manservants is lighter than that of shopmen, and yet they are fed like navvies. What the effects of this system are, the statistics of the London hospitals will show.”<sup>293</sup> His statement again highlights the intimate relationship between food and work and illustrates the view of food as fuel, although in this case the problem is not lack of input to the system but lack of output.

Aside from the overwhelming importance of food and drink as sources of strength and the danger of hunger weakening resistance to disease, there are a number of other ideas expressed by autobiographers about sickness and diet. One is that the body is habituated to certain forms of diet and that changes can be a threat. Thus James Burn described how the death of his wife was swiftly followed by the loss of his infant son, sent out to nurse when they were still only eight months old: “the loss of its mother’s breast, and probably the change of milk, so far affected its health, that in little more than two months he followed his mother to his silent home”.<sup>294</sup> Less serious was the incident recounted by the carter James Turner who in his journal entry for 19<sup>th</sup> March 1882 records that “I have been very ill all night, owing to having partaken of a supper, which I am not used to”.<sup>295</sup> Linked to this concern with change is the uniqueness of individual constitutions and the consequent variety of responses to the same diet. William Milne extolled the virtues of

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<sup>291</sup> Lawson, *J A Man’s Life* (London, 1944) p.46

<sup>292</sup> Meek, *G George Meek - Bath Chair-Man* (London, 1910) p.32

<sup>293</sup> Robinson, J in Burnett *Useful Toil* p.205

<sup>294</sup> Burn, *J The ‘Beggan Boy’ An Autobiography* (London, 1882) p.171

<sup>295</sup> Turner, *J Hard Up Husband: James Turner’s Diary, Halifax 1881/2* (Orwell, 1981)p.45

oatmeal but admitted that: “To some constitutions this morning diet is not kindly, but it is oftener because they are not aware of the true way to compound the dish to suit their stomachs ... ”.<sup>296</sup> The London Chartist John James Bezer recalled his father’s religious conversion in 1823 and the damage wrought by his abstention from alcohol (he had been a heavy drinker): “the sudden change to strict sobriety seemed utterly to prostrate him, and he was always ill”.<sup>297</sup>

Bezer’s autobiography returns us to the themes explored earlier. Bezer’s brief autobiography was serialised in *Christian Socialist* in 1851, the year after his release from a two-year stretch in prison for sedition as part of the government clampdown of June 1848. It was written at the beginning of a period which, Margot Finn argues, saw the emergence of a clear ideological and class divide in radical politics.<sup>298</sup> Bezer’s narrative is interesting for a number of reasons: it gives a clear account of the relationship between poverty and disease; it demonstrates the role of hunger in radical rhetoric and it offers a striking example of the power of that rhetoric and the multiple generic forms through which it was expressed. Born in Spitalfields in 1816, Bezer described the early years of his childhood as “miserably poor”, in part because his father, a barber, drank heavily. Things became worse when his father’s health declined and he entered Greenwich College as an invalid (he was a former seaman with a naval pension), leaving Bezer and his mother dependent on four shillings a week from his parish. Bezer found employment as an errand-boy for a shopkeeper in Newgate, but the conditions were hard, and a combination of overwork and inadequate food led to debility and then near-fatal illness. His daily routine started at six in the morning and ended at

... eleven o’clock at the earliest, trudge home to Spitalfields, foot-sore and ready to faint from low diet and excessive toil ... so I toiled on ... till I was about eleven years of age; then typhus fever laid me prostrate ... I felt an ardent desire for death – but it was not to be ... Still was I thankful even for my illness, inasmuch

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<sup>296</sup> Milne *Reminiscences* p.195

<sup>297</sup> Bezer, J ‘The Autobiography of One of the Chartist rebels of 1848’ in Vincent, D (ed) *Testaments of Radicalism: Memoirs of Working-Class Politicians 1790-1885* (London, 1977) p.165

<sup>298</sup> Finn, M *After Chartism: Class and Nation in English Radical Politics, 1848-1874* (Cambridge, 1993) Ch.2



as it gave me respite from

‘Iscariot Ingots Esquire,  
That highly respectable man.’<sup>299</sup>

There is no mention in this account of miasma or contagion as an explanation for typhus. Instead we again see a multifactorial aetiology which linked hunger and fatigue, inducing a mental and physical debility which left Bezer vulnerable to febrile disease and pining for death. However, equally notable is the generic dissonance with the accounts we have already considered, whose stylistic register we might characterise as tragic melodrama. Bezer’s autobiography presents poverty as an adventure in a mode which mixes comic picaresque and a political satire which draws heavily on gallows humour. The comedy of hunger comes to the fore again a year or so later when Bezer switched jobs, having been offered employment by the Superintendent of his Sunday School at “1s. a week and my victuals”. The contract reminds us that it was not only agricultural labourers like Milne whose customary recompense comprised both money and the necessaries of life. After years of meagre rations, this offer was accepted without hesitation.

The word *victuals* decided me at once, for Mr. A. kept two Ham and Beef Shops, and the bare idea of becoming a “beef-eater” was so agreeable a novelty, that without a moment's warning to my Newgate-street master, I went to my new situation. I trust my vegetarian readers will pardon my backsliding ... I was led into temptation;—Ham and beef, after bread and potatoes! Oh! ‘Twas a consummation devoutly to be wished!<sup>300</sup>

The promise of Rabelaisian excess offered by this new job was fully, if briefly, enjoyed by Bezer, who was discovered taking a bath in a copper full of cooked hams and beef and reluctantly dismissed. In keeping with our theme that the life-cycle of poverty brought with it added burdens, Bezer’s story slips into a melodramatic mode in chapter nine, entitled “Love, marriage and beggary” when his search for the necessaries of life took

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<sup>299</sup> Bezer ‘Autobiography’ p.163

<sup>300</sup> Bezer ‘Autobiography’ p.165

him onto the streets of London. According to his autobiography Bezer married in 1837, at a time when he was working as a porter for the Bible Society.<sup>301</sup> Three months later he was dismissed and six months later, when his first child was born in February 1838, he was still out of work and his wife was in a dangerously weakened state as a result of hunger.

That was a horrible day - the birth-day of my first boy! Wife, it was thought, would die; *and I knew why* die - from sheer staring want. No joy was in our nearly empty room, but all was desolate, and the very blackness of despair.<sup>302</sup>

Desperate for money, Bezer went out the following day to seek charity from a rich aunt, but was refused. As he returned home he decided to try his hand at begging, singing hymns in the street. Reluctant and ashamed at first, he gradually gained courage, and by the time he arrived home he had earned six shillings and fourpence. By Sunday he had earned enough for the family to enjoy a memorable hot dinner.

... when a man has to go without a dinner for weeks and months consecutively, and then happens to make a mistake and get one, a hundred chances to one but he remembers the 'why and because'; - dinner *time* comes regularly enough, but dinner and dinner time are not quite synonymous terms. I can't say that I much enjoyed my hot mutton and dumplings; for though wife had got somewhat better, she couldn't eat a bit, and the unceasing thinking of how I gained it, made me feel very uncomfortable ...<sup>303</sup>

A few days later his landlord invited him to a local Chartist meeting, and in the penultimate paragraph of his biography he describes his conversion to the cause of political radicalism, a conversion in which hunger was a recurrent theme:

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<sup>301</sup> In the modern edition David Vincent suggests that this may be wrong and the date is more likely 1841 or 1842, see footnote 13 in Bezer 'Autobiography' p.179

<sup>302</sup> Bezer 'Autobiography' p. 178

<sup>303</sup> Bezer 'Autobiography' p.182

... oh, how I sucked in all they said! “Why should one man be a slave to another? Why should the many starve, while the few roll in luxuries? Who'll join us, and be free?” “I will,” cried I ... I became a Rebel; that is to say:—Hungry in a land of plenty ....<sup>304</sup>

By equating radicalism with the condition of hunger Bezer placed the plebeian body at the heart of his political philosophy. The radical appropriation of the necessities discourse mixed the medical and the political. The critique of luxury was an attack on the aristocratic class which echoed the medical critique of excess popularised by eighteenth-century physicians like George Cheyne.<sup>305</sup> Radicals drew on the melodramatic mode of expression by creating narratives in which the suffering of plebeian families was caused by wealthy, evil libertines.<sup>306</sup>

The aetiological focus on the necessities of life was multifactorial and encompassed more than simply access to food. Chapter three of Bezer's autobiography begins with a quotation taken from Thomas Hood's poem 'The Song of the Shirt', which had been published in *Punch* in 1843: “A crust of bread, a bed of straw, and rags”.<sup>307</sup> The phrase brought together food with two other necessities of life - shelter and clothing. These were linked to broader environmental concerns which shall now be addressed.

### *A sepulchre in which to be buried alive*

As outlined earlier, Christopher Hamlin has argued that Chadwick's sanitarianism took what had been a broad public health interest in environmental aspects of health and disease and narrowed its focus to the mechanics of fresh air, fresh water and efficient waste disposal. It shared much with the older public health agenda, but it differed in one

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<sup>304</sup> Bezer 'Autobiography' pp.186-7

<sup>305</sup> See above p.38

<sup>306</sup> Hall, R 'Hearts and minds', Hadley, E *Melodramatic Tactics: Theatricalised Dissent in the English Marketplace, 1800-1885* (Stanford, 1995); Clark, A *The Struggle for the Breeches: Gender and the Making of the British Working Class* (London, 1995) and Vernon, J *Politics and the People: a Study in English Political Culture, c.1815-1867* (Cambridge, 1993)

<sup>307</sup> Bezer 'Autobiography' p.159



crucial respect: writers like Alison raised concerns about how the environment affected social and moral conditions, but the sanitarians transformed this social agenda into a strictly environmental one which “focused so much on the dwelling, pipe, or drain that these effectively became proxies for the social and the subjective”.<sup>308</sup> This technocratic approach effaced the human suffering at the heart of urban deprivation. When once medical writers had discussed the “misery” of human distress, now “miserable” became a term used simply to describe physical squalor.<sup>309</sup> It is in this regard above all, that we see the clearest difference between the environmental concerns of the sanitarians and those of plebeian autobiographers, whose accounts chart the human consequences of environmental degradation. There are a number of recurrent themes which can be seen in these narratives: the importance of keeping warm and dry, the depiction of the home as a place of death, a concern with the workplace as an unhealthy environment and contrasting views of the healthiness of urban and rural life. This section shall explore each of these in turn.

Perhaps the most striking evidence that working-class attitudes to public health differed from those of the Chadwickian public health movement is that waste disposal is rarely discussed. A rare exception is the 1866 journal entry of the London baker William Thomas Swan, which states that “Mrs Swan was at Wimbledon ... where she inhaled the stench of the drain and suffered an alarming attack of diarrhoea and fever so that her life was despaired of”.<sup>310</sup> The Coventry weaver Joseph Gutteridge was another exception. In the final chapter of his autobiography entitled “Reflections on life and improvements in condition of working classes and in city of Coventry” he celebrates the improvements to the city’s sanitary system, describing how the River Sherbourne had been “a most foetid, pestilential, sluggish stream, loaded with the germs of disease and death”. Linking sanitary reform to political reform he stated:

The sanitary condition of the town was most deplorable, and its moral and intellectual state seemed as sluggish as the stream which lingered amid such

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<sup>308</sup> Hamlin *Public Health* p.215

<sup>309</sup> Hamlin *Public Health* pp.215-216

<sup>310</sup> Swan, W.T. *Journals of Two Poor Dissenters, 1786-1880* (London, 1970) p.72

congenial surroundings. With the passing of the Reform Bill a new public spirit came into existence. Coventry was infused with the new life, and from that time improvements in the sanitary, social, political, and educational conditions of the city may be chiefly traced.<sup>311</sup>

Gutteridge is in accord with the Chadwickian view of sanitation as a boon to civilisation. But others were more cynical. When the Scottish hatter James Burn and his family arrived in London in 1864 after two years in America, they found themselves in miserable, cramped lodgings. Burn railed against the general poverty of working-class housing in the metropolis and argued that the condition of the poor “huddled together in miserable dens” made it impossible for them “to obey those sanitary regulations which are of such easy observance to people who possess the necessary appliances”.<sup>312</sup> For autobiographers like Burn the issue of healthy domestic environments was a matter of social inequality and class exploitation rather than insanitary habits.

When plebeian autobiographers expressed anxiety about the dangers posed by unhealthy environments, the conditions which most concerned them were the cold and the damp. Although often part of a more multifactorial explanation, these conditions were sufficient in themselves to lead to disease. The Chartist WE Adams recalled that his grandmother only had one leg, having lost the other working in a nail factory in Worcestershire in her youth: “the constant standing on a damp floor had induced a disease that necessitated amputation”.<sup>313</sup> Cold and damp were the twin culprits in rheumatism, an extremely common chronic condition for plebeians (it recurs with greater frequency than any other condition in the sample of autobiographies upon which this thesis is based). In his account of the London river trades in the 1880s, the MP and former river worker Harry Gosling described how timber rafters preferred to carry their staples in canvas rather than leather bags since “leather was very cold when wet and likely to set up rheumatism or lumbago”.<sup>314</sup>

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<sup>311</sup> Gutteridge *Lights and Shadows* pp.273-4

<sup>312</sup> Burn *Beggar Boy* p.365

<sup>313</sup> Adams *Memoirs of a Social Atom* (New York, 1903) p.32

<sup>314</sup> Gosling, H *Up and Down Stream* (London, 1927) p.34

The emphasis on warmth meant that the necessities of life included decent clothing and fuel as well as food. Autobiographies abound with memories of inadequate clothing, of barefoot childhoods and hand-down clothes. Bad weather only exacerbated the problem, as it did for David Love who recalled the hardship of a severe winter: “I being in a poor state of health ... I was also but thin clothed for this cold winter.”<sup>315</sup> We have already described the desperate privation suffered by the family of Joseph Gutteridge in the late 1830s and early 1840s. In this lengthy period of poverty Gutteridge recalled an episode when “One night we thought our youngest child was dying from the unavoidable exposure to the cold and want, and we had to break up an article of furniture in the dead of the night as fuel, to warm the child back to life”.<sup>316</sup> Similarly desperate conditions were recalled by James Hillocks, who described the accommodation that he and his young family rented in Edinburgh in 1860 thus:

The walls were a mass of rotten clay and living vermin. I have actually seen the hailstones dancing on the rotten floor. At night the candle would not burn because of the wind sweeping from hole to hole, and scarcely a day passed, in which we were not smoked like red herrings. But this much must be said for the hovel – it was a palace compared with many an attic and cellar called houses in Edinburgh, in which poor wretches are being murdered every day.<sup>317</sup>

In his second autobiography, written decades later, the conditions are presented in a slightly more humorous vein, in what might be read as a satire on the sanitarian concern with air flow: “The bare walls presented a mass of vile corruptions, but we had plenty of ventilation.”<sup>318</sup> Hillocks described his family's struggle to find adequate accommodation when moving from the town of Dundee to its rural hinterland in the late 1830s. The family were struggling with poverty, in part the result of his father's failing health, and the

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<sup>315</sup> Love, D *The Life, Adventures and Experience of David Love* (London, 1823) p.78

<sup>316</sup> Gutteridge, J *Lights and Shadows* p.65

<sup>317</sup> Hillocks *Life Story* p.90

<sup>318</sup> Hillocks, J *Hard Battles for Life and Usefulness* (London, 1884) p.104



move to the countryside was a search for both cheaper lodgings and a healthier environment.

But while the rent and the taxes were less, the abode was worse. It was small, low-roofed, and damp - a very grave ..... On every side the poor are assailed and robbed. If they are unable to pay rent for a good house, they must pay rent for a sepulchre in which to be buried alive .... Sickness and poverty were still our lot....<sup>319</sup>

Hillocks again raises issues of social justice, presenting the sick poor as victims of a system which forces them into substandard accommodation. But he goes further: in both these quotations we see a reconfiguration of the home from idealised domestic space to place of death, a place where the poor are “murdered every day” or “buried alive”. In the previous chapter we noted the dualistic ambivalences present in the depiction of the figure of the child, citing Carolyn Steedman’s argument that the child represented both development and death.<sup>320</sup> The child was of course a central element in the Victorian domestic ideal and perhaps there are parallel dualisms at work here, with the home representing both life and death. Of course all Victorian homes were at times places of death and disease, since sick and dying family members were generally cared for at home rather than in hospital, but here the home is the cause, rather than simply the site, of sickness. The home, which is supposed to offer protection from the outside world, only serves to render the poor more vulnerable. Just as Hillocks’ Edinburgh hovel offered no physical protection from the howling wind outside, so there is no metaphorical boundary between the public and the private, because the home simply represents another instance of the wider social inequalities suffered by the poor.

Hillocks’ conception of the home as a place of death recurs in the autobiography of Alexander Somerville. In 1831 Somerville had resolved to end his makeshift career as an itinerant labourer and learn a trade. He travelled to Edinburgh and gained employment in

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<sup>319</sup> Hillocks *Life Story* pp.23-4

<sup>320</sup> Steedman, C *Strange Dislocations: Childhood and the Idea of Human Interiority, 1780-1830* (London, 1995) p.76

a nursery where he trained as a gardener, lodging in a small bothy in the nursery grounds which he shared with five others. He and the other trainee had the most cramped sleeping quarters.

Our bed was a narrow space within a recess in the kitchen compartment of the bothy. It was hardly wide enough to have held our two coffins had we been dead; and had we been confined alive, we could hardly have been in worse confinement than when in bed.<sup>321</sup>

The cold and damp were of great concern to the London dissenter William Swan, a baker by trade, who also spent time working as a porter on the docks. In a life dogged by ill-health, the quality of his working and domestic environments were frequently cited as factors influencing his physical well-being. Swan's journal charts almost his entire life, from his birth in 1813 to his old age, ending with an entry for 1880.<sup>322</sup> Across these decades the entries demonstrate an abiding concern with the influence, harmful or beneficial, that the environment was having on his health. In 1879, then aged sixty-six, Swan was living in Stoke Newington with his second wife Emma, whom he met (and then married) at Homerton Row Chapel. His journal entry for January of that year describes "stern winter weather, a time of want and distress to many. We have been supported and supplied, but also felt the effects of cold and damp in bodily weaknesses".<sup>323</sup> Indeed Swan's entries for this year reveal his ongoing concern with environmental influences on health. In June his wife was suffering from an attack of gout and he was enduring rheumatic pains, the latter "possibly promoted by the continued wet weather".<sup>324</sup>

The journal reveals that the source of Swan's health complaints lay in his early working years. Apprenticed to a confectioner at the age of fourteen, Swan worked for most of his

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<sup>321</sup> Somerville, A *The Autobiography of a Working Man* (London, 1967) J Carswell (ed) p.99

<sup>322</sup> The genre conventions of a journal are of course different to those of an autobiography and in Swan's journal we see the same aetiological model but shorn of the rhetorical power it might have held as part of a broader life narrative.

<sup>323</sup> Swan *Journals* p.96

<sup>324</sup> Swan *Journals* p.98

life as a baker, with occasional stints at other work such as portering. From the outset his working conditions were a source of concern to Swan. At the age of seventeen he fell ill with asthma, which he attributed to “the damp atmosphere, or depression of spirits, or both”.<sup>325</sup> His explanation again demonstrates an aetiological model of a close relationship between the environment and the nervous system. Having to work in damp cellars was a frequent hazard of Swan’s trade and towards the end of his seven-year apprenticeship he was sent to work at his employer’s city workshop which “being in a cellar in Bishopsgate Street was very dark and unhealthy”.<sup>326</sup> In 1837 he transferred to another branch of the business in Stoke Newington whose conditions were more favourable: “Here was a large and airy bakehouse in an healthy locality”.<sup>327</sup> However, by 1840 he was once again working in a cellar, this time in Kingston: “in the very hot July and August, it was a small and stinking cellar, tho in a country town .... at the end of eight weeks I was laid with spitting of blood which rendered me unable to work for the following six weeks”.<sup>328</sup>

As we have seen in the previous chapter, the workplace was both a space where plebeian manhood was proved and a place of death and injury; a place where the male body could be hardened, but where it could also be maimed or stunted. In 1881 the carter James Turner was working in a boiler house in Halifax. He became increasingly concerned about the atmosphere’s effect on his health. This diary entry for September records his fears:

Labouring in the Boiler House is not healthy, there is too much sulphur rises from the coke, of which they burn a large quantity. Before I went to work at Lumby’s I was strong and healthy; I have only been here about 20 months and I have not half as strong a constitution as I had. I am a little troubled with Asthma, and I blame nothing for it but the sulphur.<sup>329</sup>

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<sup>325</sup> Swan *Journals* p.45

<sup>326</sup> Swan *Journals* p.48

<sup>327</sup> Swan *Journals* p.50

<sup>328</sup> Swan *Journals* p.51

<sup>329</sup> Turner *Hard Up Husband* p.10



A month later his concern had grown: “I have been greatly troubled with the head-ache ... I feel sometimes as if I was going to smother, it is that thick”.<sup>330</sup> By December he was desperate. With his physical condition worsening, he now blamed both the heat and the sulphur for the decline: “I have been very bad in health today ... I never in all my life suffered so much pain before. ... I am trying to get a fresh job but I cannot.”<sup>331</sup> A few days later Turner managed to get transferred to working as a carter again and he made no further reference to these health problems in his journal. Less fortunate was the engineer and mesmerist James Powell. Born in 1830 in London, Powell spent most of his childhood in Hertfordshire and began his working life “at an early age” in the paper mill at Apsley. His first job was carried out in light conditions and a pleasant environment, but in about 1845 he moved to the drying-loft where the wet paper was sent to dry. This room was heated by steam, and in its close atmosphere Powell’s health rapidly deteriorated.

Here I was baked daily, through dreary months. My appetite failed me and my whole body grew sick ... the excessive heat was depressing my spirits and ruining my health ... Nearly twenty years have elapsed since I was breathing the heat of that horrible oven, yet, I suffer physical depression now, and fear I shall do so at the end. I found my health, for the first time, fail me, whilst I was doomed to the drudgery of the “drying loft.” I do not say that had I never entered the “loft” I should never have suffered from physical depression, but, this I know, my health was good before I went in there and it has not been good since I came out.<sup>332</sup>

In this account we see the conflation of the working body and the goods it produced – both were “baked daily” – but this baking is not a hardening; Powell is not toughened by his labour, he is weakened. His description again makes clear the holistic nature of the plebeian medical model, in particular the idea of a general physical debility or depression, and the intimate relationship between emotional suffering and physical sickness. The consequences of Powell’s debility will be explored in the following chapter.

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<sup>330</sup> Turner *Hard Up Husband* p.13

<sup>331</sup> Turner *Hard Up Husband* p.21

<sup>332</sup> Powell, JH *Life Incidents and Poetic Pictures* (London, 1865) pp.6-7

But it was not just workplaces which Powell linked to ill health; he also criticised the wider urban environment. Later in life he moved briefly to Dudley and his description of the town recalls his concern with atmospheric pollution first engendered by conditions in the paper mill. Dudley, Powell wrote, was a place where “vegetation and all objects of natural beauty are smoke-dried and singed by the perpetual forked flames of the iron-furnaces”.<sup>333</sup> The environment was equally damaging for people: “neither my own health nor that of my wife could withstand the depressing influences of the atmosphere of the place. We were almost always ill”.<sup>334</sup> Here the focus widens, moving from a particular room in an individual factory to the whole of a manufacturing town. Powell’s career as a poet and its relationship to his identity as a “Romantic invalid” will be explored in the next chapter, but here it should be noted that his description draws its power from the Romantic critique of rampant industrialism. Such critiques were generally predicated on unfavourable comparisons between rural and urban life, so it is unsurprising that when Powell left Staffordshire for Brighton he emphasised the change in atmosphere thus:

When, for the first time, I stood on the beach at Brighton, gazing delightedly across the green, swelling, gleaming waters - feeling the keen, healthy sea breeze, as the vessels rocked lightly on the wave - I compared the novel scene with those I had been for years acquainted with; and the comparison made Brighton sacred.<sup>335</sup>

Powell was not the only autobiographer to idealise the Brighton sea breeze. William Tayler, the son of a yeoman farmer, became a domestic servant in London. In 1837 Tayler's household took a summer trip to Brighton, a change of environment which he found invigorating. On the 10th July his journal records: “Had a walk before breakfast. The sea air gives me an exolent apatite”.<sup>336</sup>

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<sup>333</sup> Powell *Life Incidents* p.36

<sup>334</sup> Powell *Life Incidents* p.40

<sup>335</sup> Powell *Life Incidents* p.41

<sup>336</sup> Tayler, W in Burnett *Useful Toil* p.181

However, not all plebeian autobiographers were convinced that Sussex coastal resorts were healthy environments for working men. George Meek called Eastbourne a “dusty town”.<sup>337</sup> Meek, the socialist bath-chair man was born and brought up in Eastbourne and worked there for many decades. He married his wife Kate in 1895 and by 1901 they had a daughter; a son was added to the family soon after. Meek struggled with poverty for most of his life and this period was no different. He gives a detailed account of some of the wretched housing they were forced to live in, including this description of accommodation which they shared with a variety of vermin:

It swarmed with all sorts of pests, including rats ... I stood this horrible ramshackle place as long as I could. Afterwards I called the attention of the Sanitary Committee to the state of it and the row in which it stood. But the Town Clerk wrote and said that the Town Council saw no reason for interfering. This is a “health” resort. The public health authority, which is responsible for its good government, are so obsessed with the fear of touching “private property” that they are afraid to interfere with these pestiferous slums, though an exceptionally hot summer with a long drought may any year turn them into hotbeds of infection which may spread an epidemic through the place, causing incalculable loss and suffering to thousands of the inhabitants. It seems to me that most of our own “civic fathers” seek election rather for party purposes than the good of the community.<sup>338</sup>

Meek thus presented himself as an advocate of sanitary reform as a means of dealing with social injustice. In his critique of the poor quarters of Eastbourne there was much in Meek’s analysis which echoed classic medical concerns about the environment. Early in his autobiography he noted that some of the town’s working-class housing had been built on marsh land, a development which

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<sup>337</sup> Meek *George Meek* p.233

<sup>338</sup> Meek *George Meek* pp.229-230



demonstrated that, “the interests of private property owners outweigh those of public health.”<sup>339</sup> He returned to this issue towards the conclusion of his narrative. He argued that the state of Eastbourne’s worst housing demonstrated the truth of H.G. Wells’ assertion that “the people make the slums” noting that the houses had only been built recently “and had they been properly cared for they might have made passable homes”.<sup>340</sup> However, he undercut his own argument by noting that the land had been filled in with “house refuse” and the houses constructed using “old timber”.<sup>341</sup>

At the point he wrote his autobiography in 1909 Meek had spent nearly his whole life his life in Eastbourne and he yearned for life in the countryside. He had spent a few happy years in a nearby village from the age of six. This juxtaposition of the dirty city and the clean air of the countryside was a common trope in plebeian autobiographies. The London servant William Tayler, the son of a farmer, described the trials of life as a London footman thus:

In London, men servants has to sleep down stairs underground, which is jeneraly very damp. Many men loose their lives by it, or otherwise eat up with the rhumatics. One mite see fine blooming young men come from the country to take services, but after they have been in London one year, all the bloom is lost and a pale yellow sickley complexion in its stead.<sup>342</sup>

The argument is one that anticipates the degeneration panics of the later century and indicates the power of the countryside in the plebeian imagination at a time when the urban population was still heavily dependent on inward migration.<sup>343</sup> Moreover this kind of plebeian critique of living conditions in the bourgeois home provides a mirror image of middle-class visions of the working-class slum as a festering cesspit of disease.

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<sup>339</sup> Meek *George Meek* pp.13-14

<sup>340</sup> Meek *George Meek* p.233

<sup>341</sup> Meek *George Meek* p.233

<sup>342</sup> Tayler in Burnett *Useful Toil* p.183

<sup>343</sup> Joyce, P ‘Work’ in Thompson, FML *Cambridge Social History Vol. 2 People and their Environment* (Cambridge, 1990) pp.139-43

William Swan was another to testify to the benefits of fresh air. Swan worked on the Thames as a porter, initially full-time and then part-time, combining this new work with his old trade of baking. Swan was ambivalent about his new outdoor employment. Worried initially about how well his body would cope with the change in atmosphere, he was never confident that he had the strength necessary for some of the heavier labour. Nevertheless he valued the exposure to elements: "to be out in the air done good to my health."<sup>344</sup> The importance of fresh air is attested to again by Swan in his entry for 1845 when he described his family's move from Commercial Road in the East End further out of London to the suburbs in Stoke Newington. The house had "a small garden in front and a nice piece behind, in an healthy situation. We soon all felt the benefit ...."<sup>345</sup> This move out of the centre of London was seen by Swan as highly beneficial to the health of his family. By 1859 the children were growing up, the boys were in employment and the girls were looking after the home: "We all felt the benefit of health and industry .... what a compensation in God's goodness that I had so much employ in the suburbs of London and the family brought up in a healthy locality".<sup>346</sup>

Perhaps the most powerful critique of urban squalor (and the most heartfelt celebration of the fresh air of suburbia) came from John James Bezer. This is perhaps unsurprising given the fact that he had grown up in cheap lodgings in the crowded and fading neighbourhood of Spitalfields. In about 1832 he had a new job working for a grocer in suburban Camberwell, and, if only briefly, the necessaries were fully satisfied.

I had my victuals again – an important consideration – a good bed to lie on, for the first time in my life, and more enjoyed the pure air, to me, an unadulterated cockney, not so valuable but almost as yellow as a guinea, after seeing for so many years little else than mud ... The change was like emigrating to another country – another world.<sup>347</sup>

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<sup>344</sup> Swan *Journals* p.56

<sup>345</sup> Swan *Journals* p.56

<sup>346</sup> Swan *Journals* pp.67-8

<sup>347</sup> Bezer 'Autobiography' p.173

His commoditisation of fresh air – “not so valuable but almost as yellow as a guinea” – is a literary shock tactic, a device to highlight the unnatural and depraved quality of his environment hitherto, and this effect is underscored by his juxtaposition of the “pure air and “unadulterated cockney”. But in this paragraph Bezer’s tone is playful; punning his Cockney ignorance of rural life, he tells us that he knew of “tiles” but not “stiles”, of “Spitalfields” but not “fields”. However, this playfulness is then undercut by a shift into moral outrage in the next paragraph as he condemns the system which forced him to live in urban squalor:

It is said, God made everything. I don't believe it; He never made Whitecross Place, the entrance to which was the narrow way that leadeth unto stinks. A gutter passed through the middle of the court - a pretty looking gutter, from which the effluvia rose up, without ceasing, into our elegant second floor front; a room, or rather a cell (we paid 2s. 3d. rent weekly, for the blessed privilege of breathing in the accumulated filth below); a hole in which the bugs held a monster public meeting every night, determined to show what a co-operative movement could do. I say, God never made Whitecross Place. He is not the author of filthy lanes and death-breeding alleys. Landlords and profit-mongers make them, and then proclaim national fasts to stay the progress of the cholera. “Be not deceived, God is not mocked; whatsoever a man soweth that shall he also reap.” Camberwell looked more like God’s work, a great deal, and getting up as I did at daylight every morning, with my master, to help him to dig in his beautiful garden, made me so happy, and so healthy-looking during my five months' stay there, that my brother and sister Cockneyites scarcely knew me, when I returned to Dirtshire.<sup>348</sup>

Bezer, a devout Methodist, uses the full force of his biblical rhetoric to make his point. The master’s “beautiful garden” evokes the prelapsarian Eden, and is part of Bezer’s appeals to the notion of suburban Camberwell as part of a divinely-inspired natural order.

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<sup>348</sup> Bezer ‘Autobiography’ pp.173-4



This vision of an earthly paradise is then juxtaposed with the man-made hell of Whitecross Place. The passage draws on miasmatic orthodoxy with its discussion of being forced to breathe in the rising stench of malodorous gutters, but it moves on from the “filthy lanes” to focus on his real target: “the landlords and profit-mongers”. Here are the real causes of cholera: the men who call for a day of fasting against a disease which is of their making.

Suburban Camberwell stood somewhere between the metropolis and the rural hinterland, but the contrast with Whitecross was so stark that for Bezer it exemplified the plebeian vision of the countryside as a place of health. However, for a radical like Bezer, the countryside was more than simply a place to get some fresh air. As James Vernon has suggested, land, idealised as “the communal or public property of the people”, was at the heart of the radical attempt to redefine “the category of property and the notion of the virtuous citizen”.<sup>349</sup> By depicting himself in the idyll of leafy Camberwell toiling in the garden with his master, Bezer appealed to this radical discourse in which land represented the possibility of liberty for the labouring poor: “an opportunity to free themselves from the slavery of industrial work and to reassert the independence of their labour”.<sup>350</sup> The dramatic change which the suburban environment wrought on Bezer – “so happy and healthy-looking” that his old friends did not recognise him – was an assertion of the radical belief in the transformative potential of a return to a lost rural England. That he was toiling happily with his master, suggests an appeal to paternalism which contrasts with the faceless landlords and developers of Whitecross who represent an exploitative class. Bezer’s account demonstrates that the radical appeals to land and necessities were more than simply discursive tactics: they were rooted in the physical experiences of urban want and rural (or suburban) plenty. In Camberwell all Bezer’s necessities were supplied, and they achieved their rightful place in his physical economy, as the foundation for a virtuous life. Stripped of its association with the rural past and transformed into a focus on a right to domestic respectability, this happy state would become transformed in radical discourse into the concept of the living wage.

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<sup>349</sup> Vernon *Politics and the People* p.314

<sup>350</sup> Vernon *Politics and the People* p.315

However, agricultural workers were more ambivalent about the health benefits of rural life, and exposure to the cold and damp was at the heart of their concerns. The King of the Norfolk Poachers recalled a “sharp winter” from his childhood when a young boy was sent out to keep the crows away from the stacks of corn. “The poor little chap stood there all day, and was struck by the cold; the Steward found him nearly dead ....”<sup>351</sup> As we have already seen, agricultural labourers like Alexander Somerville were often highly critical of the lodgings they were offered. The concern with keeping warm and dry is repeated here in William Milne’s description of the “close, overcrowded attic” he stayed in at one farm in the Scottish lowlands during the 1840s:

Our bedroom was in an attic over one end of the stables, where there were three beds occupied by the five horsemen. The space here was so limited that there would not have been room, as the saying is, for three sparrows to reel on the floor ... Some of my mates never changed their wet clothes for dry. So after dressing, cleaning, and suppering their horses, they would return to the bothy fire in their damp garments, and afterwards go to sleep in the close, overcrowded attic I have described. Was it much wonder that Jock or Geordie became prematurely old and decrepit? ... This carelessness and indifference apparent in our employers just begot the same or worse carelessness in the majority of men so housed, and so neglected.<sup>352</sup>

Like Meek’s description of the slums of Eastbourne, Milne’s account balances the blame for this state of affairs. There is “carelessness and indifference” on the part of the employers and the workers, but primary responsibility lies with the employers, whose neglect in failing to provide decent shelter creates indifference in the men. Here too we see the dark side of body hardening, the habitual indifference to pain and discomfort. The description of damp living quarters breeding rheumatism echoes that of the domestic servant Tayler describing his London home, but whilst Tayler, the son of a farmer,

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<sup>351</sup> King of the Norfolk Poachers *I Walked by Night* (Woodbridge, 1986) L. Rider Haggard (ed) p.89

<sup>352</sup> Milne *Reminiscences* pp.235-6

idealised the countryside as a healthy environment, agricultural labourers like Milne were less sanguine. Exposure to the elements was not necessarily unhealthy in and of itself, but when coupled with cramped, unventilated housing it had the same effect as that suffered by London servants - young bodies were made old by the onset of rheumatism. Moreover even without poor accommodation, winter work could have a lasting effect on the worker's body. John Buckmaster (writing as John Buckley) recalled his own bitter experience of ploughing the fields as a youth in the Chilterns during the early 1830s, again invoking the spectre of rheumatism:

My hands were so swollen and chilled that I was glad of an opportunity of thrusting them between the collar and shoulder of a horse for a little warmth. My shoes, heavily tipped, carried away the heat from my body, and I suffered during the winter from wet and cold. This is why farm labourers are often doubled up with rheumatism and unfit for work at a time when other persons comfortably off are in the prime of manhood.<sup>353</sup>

This image of a lone youth mired in the cold, damp mud of the Chiltern fields exemplifies the model of an exposed and vulnerable plebeian body which lay at the heart of plebeian aetiology. This body was not entirely powerless or lacking in agency, but like Buckley trudging through the mud, its progress through life was slowed by the physical accretion of multiple assaults on its physical integrity. This image of a working body also brings us to the last of the necessities of life: rest.

### *Courting death to sustain life*

Can we actually talk of rest as one of the necessities of life? Hamlin suggests that the classic eighteenth-century conception encompassed “nutriment chiefly, but it would also include shelter, heat, and clothing” and that in medical thinking “shelter” encompassed “warmth, dryness, and safe rest”.<sup>354</sup> Rest, as we have seen, was one component in the six

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<sup>353</sup> Buckley, *J A Village Politician: The Life Story of John Buckley* (Horsham, 1982) J.C. Buckmaster (ed) p.32

<sup>354</sup> Hamlin ‘The necessities of life’ pp.375; 389



non-naturals, the Galenic doctrine which underpinned the medical conception of the necessities of life.

We have already discussed the issue of overwork in the previous chapter, but in isolation from the wider moral economy of necessities. Work was of course the keystone, the means of earning money to pay for the necessities. Work was a necessity, rest was a necessary, and like other necessities its absence led to debility and then illness. The intimate connection between food and work is attested to by the Chartist leader, William Lovett, in his description of his days as an apprentice rope maker in Cornwall in the 1810s. He was disparaging about his master who was “very unreasonable at times” overworking Lovett by sending him out to deliver heavy loads of rope to neighbouring towns after he had already completed a day’s work, “ ... so that when I returned home, my extreme fatigue has often taken away my appetite for food”.<sup>355</sup> John Munday was in his eighties when he dictated his memoirs. Born in Chelsea in 1821, Munday’s father was a carpenter and his mother a laundress. At the age of ten he was orphaned having lost both parents in the space of two years. He does not describe how his father died but he states that his mother “broke a blood vessel through hard work; she went to Doctor Goodrich, and he bled her, which caused her death....”.<sup>356</sup>

The monocausal nature of Munday’s account and its attribution of injury directly to overwork is unusual. More commonly overwork was just one factor among many, and lack of rest led to debility, from which disease might occur. At the beginning of this chapter we heard the story of Kate Taylor’s sister Margery, “overworked and underfed”, forced by her employer to live and sleep in “dark and damp” quarters. The circumstances of her death illustrated the multifactorial nature of plebeian aetiology. The lack of rest was simply one absence in many – light, warmth and food – all contributing to her fatal illness. As we saw earlier, John James Bezer told a similar story of his first job as an errand boy, working sixteen or eighteen hours a day and “foot-sore and ready to faint

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<sup>355</sup> Lovett, W *The life and struggles of William Lovett, in his pursuit of bread, knowledge, and freedom* (1876) Available online at [http://gerald-massey.org.uk/lovet/c\\_autobiog\\_1.htm](http://gerald-massey.org.uk/lovet/c_autobiog_1.htm) Chapter one (no page numbers)

<sup>356</sup> Munday, J ‘Early Victorian Recollections’ in R Blunt (ed) *Red Anchor Pieces* (London, 1928) p.111

from low diet and excessive toil".<sup>357</sup> It was in this weakened condition that he suffered a near fatal episode of typhus. The death of Joseph Gutteridge's father in Coventry in the early 1830s gives us a full sense of the complex chain of causation in which overwork was but one factor. Gutteridge described his father's death from overwork in the events following a riot at the factory where he worked thus:

After the riot the St. Agnes Lane factory was continually watched and protected day and night by relays of the hands employed there. My father of course had to take his turn. It was towards the end of November, and the winds were bitterly cold and raw with dense and chilling fogs. My father's constitution had been rudely shaken by his long and protracted military service in foreign countries. He was also unhappy at home, and suffered in no small degree from the neglect of his thriftless wife. He was obviously therefore not in a fit and proper condition to resist successfully the attacks made upon his health by these repeated exposures; but he nevertheless regarded it as part of his duty to share in these vigils. He paid the penalty by catching a severe cold which brought on an attack of inflammation of the lungs. During a violent fit of coughing he ruptured a blood vessel. Medical aid was immediately summoned, and under skilful treatment he was after about six months' illness able again to walk about. As soon as he possibly could he insisted upon going to work again, being in a manner compelled to take this step by the fact that the Benefit Society to which he belonged had for some time past suspended payment for sickness; he thus courted death in his efforts to sustain life. He had only resumed work a few weeks when he had a relapse much worse in character than the first attack. Medical aid was of no avail, and after lingering through a year and a half of intense suffering, he died of pulmonary consumption.<sup>358</sup>

This account illustrates how multiple factors combined in the progress through the fatal trinity: debility, disease and death. First there was the military service which had

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<sup>357</sup> Bezer 'Autobiography' p.163

<sup>358</sup> Gutteridge, *Lights and Shadows* p.35



permanently weakened his father's constitution, then the cold winter weather, and his unhappiness at home; all these led to the initial relatively minor illness – a cold – which was followed by the more serious inflammation and then a ruptured blood vessel. At this point he may have been fortunate and experienced a full recovery, but without sickness payments from his benefit society he felt obliged to return to work in a weak condition. He had “courted death in his efforts to sustain life”. Sheer physical exhaustion may perhaps have been a rare cause of death on its own, but physicians and working people shared the view that it was highly debilitating and particularly dangerous when combined with a lack of other necessities like food or warmth.

But Gutteridge's father was not the only family member to court death in the effort to sustain life; his wife Sara suffered in a similar way. We have already seen that her health had been permanently undermined by the family's long period of poverty in the 1830s and 1840s, a time which brought with it much anxiety about the health of their children as well as physical want. In this period she had five children and two of the boys contracted smallpox, the fourth of the children dying of the condition in 1844. Gutteridge stated that these years had “produced a marked change in the health of their kind and patient mother, who spared neither time nor trouble in ministering to their wants”.<sup>359</sup> By 1853 Gutteridge was himself seriously ill; now it was his turn to place demands on Sara. Such was the burden that Gutteridge stated that she never recovered from this episode.

From this time the health of my wife declined. She wasted away, and a hectic flush would often mantle on her cheeks, strongly contrasting with the pallid hue her face was permanently beginning to assume. She had overtaxed her strength in ministering so patiently and faithfully to the needs of her partner in life. I endeavoured to convince myself that there was no immediate danger, and that when this reaction had worn off she would assume her normal condition. She was, however, fast merging into tubercular consumption, having never since my recovery regained her former condition ... Her condition was aggravated by the

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<sup>359</sup> Gutteridge *Lights and Shadows* p.79. It is worth noting that Gutteridge makes no mention of the burden of bearing five children.



reckless life of our eldest son. She passed away, after a married life of twenty years, December 1855.<sup>360</sup>

Again we see a process of stages: first, a healthy constitution which had been undermined years before by want and worry; next, the immediate impact of the added burden of caring for her husband, and the aggravating effect of worry about her son. These are the factors predisposing to disease. Then finally, there is the shift from this condition of debility to the onset of disease, the “fast merging into tubercular consumption”. Sara died of tubercular consumption and Joseph Gutteridge Sr. of pulmonary consumption but in neither account is there mention of infection by the tubercle bacillus discovered by Koch in 1882, some ten years before Gutteridge began to write his autobiography.

### *The destruction of a fine property*

The undermined constitution is at the heart of Gutteridge’s accounts of the deaths of his wife and father. As Hamlin states: “‘Predisposing causes’ were all the forces that could alter the constitution”.<sup>361</sup> Studies of middling-sort attitudes in the eighteenth century have argued that a strong constitution was seen as essential to wellbeing: “an investment in well-being and a security against future illness ... [and the] inner stock of vitality and strength, the vigour that flowed when all one’s organs worked effectively together”.<sup>362</sup> So, too, for the nineteenth-century working classes the constitution was a reservoir of strength, a buttress against ill-health. As we saw earlier, William Milne was underfed as a youthful farm labourer when he worked at the farm he called Drookit Furs. But he eventually recovered: “Thanks to a sound constitution and plenty of vital energy, I got better before the daisies decked the lea in the spring of 1844”.<sup>363</sup>

The adjectives generally associated with the constitution in working-class

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<sup>360</sup> Gutteridge *Lights and Shadows* pp.97-8

<sup>361</sup> Hamlin *Public Health* p.56

<sup>362</sup> Porter, D and Porter, R *In Sickness and in Health: The British Experience, 1650- 1850* (London, 1988) p.27

<sup>363</sup> Milne, *Reminiscences* p.122

autobiographies - delicate or fragile to describe weakness, sound or robust to describe strength - suggest that it was imagined as a fabric or structure. Indeed, the body was often described as property which had to be defended from attack. Thus Albert Goodwin recalled his mother's conviction that "the good food she received while in service had fitted her to withstand the storms and stresses of later life".<sup>364</sup> Similarly, John Paton described his situation when he became unemployed - his landlady fed him twice a day, he had good clothes and footwear: "On the whole I was not too badly placed to withstand the siege that now appeared inevitable."<sup>365</sup> When William Milne met a fellow labourer who had suffered the same starvation diet at Drookit Furs, the youth told Milne that he had left because he feared that the lack sustenance would result in "the destruction of a fine property".<sup>366</sup> Food then, was not simply fuel; it formed the building blocks of human existence.

At least in part, the constitution, like property, was something inherited from one's parents. Thus William Bowyer: "I was a sickly child ... that I survived at all was probably due to the country-bred soundness of my mother's constitution something of which I inherited".<sup>367</sup> This belief that one's constitution was partially inherited encouraged the idea that health was in effect a birthright, but like all inheritance the constitution had to be looked after, if not then disaster could strike, as in the case of the Chartist William Farish, recalling his long hours of labour (and inadequate nutriment) as a child weaver: "No wonder I remained somewhat stunted in growth, and never attained to that physical strength which, doctors say, my sound constitution would have suggested".<sup>368</sup>

So the stories of ruined constitutions become narratives of stolen inheritances, a trope which was part of the Victorian melodramatic mode and lent itself to radical reinterpretation. James Vernon has argued that nineteenth-century English popular political discourse pivoted on two fulcra: the melodramatic form and the contest over the

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<sup>364</sup> Goodwin, G in Burnett *Destiny Obscure* p.284

<sup>365</sup> Paton, J *Proletarian Pilgrimage* p.140

<sup>366</sup> Milne *Reminiscences* p.115

<sup>367</sup> Bowyer, W *Brought out in Evidence* (London, 1941) p.66

<sup>368</sup> Farish *Autobiography* p.17



meaning of the political constitution.<sup>369</sup> In their accounts of assaults on their own constitutions working-class autobiographers made the personal political. The sanctity of the constitution was at the heart of political discourse and plebeian autobiography, and these two constitutional narratives combined in the writings of men like Farish, Lovett and Bezer.

Farish's example makes clear the recurring theme in this chapter, the vulnerability of the body. Although the constitution was supposed to protect the body from external assault it was not always up to the job; inner vitality could be gradually dissipated or subject to a sudden, overwhelming attack, often both.

### *Conclusion*

Plebeian autobiographers resisted the logic of Chadwickian sanitarianism, continuing to frame disease as an outcome of poverty. It has been suggested that the shift from a multifactorial aetiology to a monocausal one was brought about by the imperatives of political economy. In Hamlin's account the eclipsing of a broader public health agenda also saw the redefinition of customary rights. Chadwick offered a right to environmental purity in place of the traditional rights implied in a moral economy of health: "a right, sometimes manifest in food, to the produce of the nation".<sup>370</sup> In this analysis Hamlin finds a new arena in which to pursue the argument developed by EP Thompson that the most radical social transformation of the nineteenth century was not the industrial or demographic revolutions; these merely formed the backdrop for "the greatest transformation in history, in revolutionising "needs" and in destroying the authority of customary expectations".<sup>371</sup>

At the end of the century, plebeian medical ideas faced both ways. By framing disease within a moral economy of poverty which emphasised access to the necessities of life – food, fuel, decent accommodation and rest – as preconditions of health, they appealed to a

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<sup>369</sup> Vernon *Politics and the People* pp.331-333

<sup>370</sup> Hamlin *Public Health* p.339

<sup>371</sup> Thompson, EP 'Introduction: custom and culture' in his *Customs in Common* (London, 1991) p.14



deep-rooted set of values and social relations. The general conditions of poverty were linked to specific instances of neglect on the part of particular individuals, in an appeal to paternalist solutions. But by generalising about predisposition, by making it an issue of systematic social inequality, they framed disease in terms of class relations. Thompson said the same thing: food rioters appealing to notions of a moral economy “were already deeply involved, in some part of their lives, in a market economy’s exchanges of labour, services, and of goods”.<sup>372</sup> Nevertheless, there was no overnight triumph of the cash nexus or the Chadwickian agenda. Customary expectations may have lost their original social context as the market economy established its hegemony in the industrial urban centres of Britain, but they lived on in trade union struggles. The fight for a living wage had more to do with the price of bread than the cost of sanitary ware.

The persistence of the moral power of this discourse can be seen towards the end of George Meek’s 1910 autobiography. Eastbourne’s socialist bath-chair man summarised his discontents in a passage which demonstrates that the moral economy of necessities had survived into the early twentieth century as a language in which to express the struggle of the poor for the means to ensure a healthy life:

I long for a quiet home in the country, with birds and trees and flowers. I have to live in the dusty town. I long to work quietly. I have to struggle on in an environment of din and squalor and vice. I desire plenty of work so that I can pay my way and we can provide ourselves with the necessities of life. I have to waste more than half my days in idleness. I am worried from year's end to year's end. We cannot clothe ourselves decently, nor always get good or enough food. Yes, I am discontented. I have a right to be discontented. I should be unworthy of my manhood if I was not.<sup>373</sup>

Meek’s words demonstrate that the dream of the rural was still a powerful part of this discourse and that in its valorisation of independence it was inextricably linked to

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<sup>372</sup> Thompson, EP ‘Moral economy reviewed’ in his *Customs in Common* (London, 1991) p.272

<sup>373</sup> Meek *George Meek* p.233

working-class masculinity. The Victorian period's hegemonic masculinity rested on a bourgeois conception of a private individual body over which its owner had rights and responsibilities but also power. It was an independent body. This ideal underpins the moral economy of necessities, but the working-class aetiology we have outlined is one of perpetual struggle - to get enough to eat, stay warm and dull the ache in the bones - in which the plebeian body is continually assaulted by the external environment whether it be damp housing, dust-filled factories, overwork, inadequate sustenance. There is in this sense no boundary between the individual, the social and the natural world.

The weak vulnerable body was often feminised in the literature of factory reform and newspaper accounts of urban squalor, yet whilst the retelling of such stories in plebeian autobiographies drew some of its power from the wider pervasiveness of these narratives of suffering, their meaning was transformed by their retelling. They might echo the journalism and fiction of social realism but in telling the story themselves they created a new dynamic. To have one's suffering discovered and reported by others in forms and for purposes not of one's choosing is one thing, to record that suffering oneself is quite another. We might read in the official accounts of the pain of working-class bodies a signifier of a feminised, pathologised other, but in working-class autobiographies that suffering is reclaimed in a valorisation of a plebeian manliness expressed in the redemptive power of stoic endurance. This was a political appeal to the notion of a common humanity of frailty and suffering that drew much of its power from popular religion. We might see these narratives as simultaneously urging a popular transcendence of class, or at least equal treatment, whilst performing a double-distancing which exploited the otherness of plebeian bodies, both in their degradation and in their heroic redemption through stoic valour.

As we have already noted, the rhetorical power of these narratives drew on the melodramatic mode. Elaine Hadley has discussed the common features shared by anti-Poor Law literature and stage melodrama:



... graphic depictions of gruesome incidents, scenes of physical danger and inflicted torture, plots premised on criminal behaviour, affected verbalizations of overwrought emotion, an aura of atmospheric menace, and narratives of familial and social crisis.<sup>374</sup>

Starving children, ruined homes, bodies brought near to death by overwork and hunger: there is much in these accounts which we might see as melodramatic in mode. But for Hadley the triumph of the New Poor Law was the demise of the paternalism which melodrama celebrated. In its place came new forms of administrative control, the kind of investigation and surveillance of personal spaces that is the essence of what Foucault called biopower.

Barabra Duden has contrasted the calculated body of disciplinary biopower, a body which is universal and deprived of local or personal identity, with a premodern body in which the experience of sickness offers the chance to create personal meaning.<sup>375</sup>

Working-class autobiographies, and much radical discourse, suggest the persistence of an appeal to paternalist solutions. The new public health generalised about categories of persons in order to manage large populations, yet working-class autobiography resisted this impulse. By setting out their stories, working men offered a different way of knowing. They were simultaneously an appeal to class and an appeal for the working classes' rightful place in the democratic imaginary of British nationhood, yet at the same time they offered a personal engagement with individual working men, a way of knowing the working class that looked back to the face-to-face relations of an older social structure at the same time as it appealed to contemporary political discourse and a future of democratic equality.

The aetiology outlined here was one rooted in collective misfortune or exploitation. The search for causes generated meanings; meanings which related individual instances of

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<sup>374</sup> Hadley *Melodramatic Tactics* p.78

<sup>375</sup> Duden, B *The Woman Beneath the Skin: A Doctor's Patients in Eighteenth-Century Germany* (Cambridge, MA., 1991) p.111



illness to the social injuries inflicted on the poor by an unequal society; meanings which related the personal failings of individual carelessness to a broader social neglect. The next chapter will explore in greater detail how meaning was derived from episodes of sickness focusing more on the consequences of sickness than its causes.

## Three

### The silent chamber of sickness – plebeian invalids

#### *Introduction*

One of the most sorrowful of scenes witnessed under the sun, is that of a sickly youth, worn down with pain and disease, wearily wending his way to the factory on a cold and dark winter's morning. This, many, many times, has been my lot; for, from my earliest days, I was a weakly boy, and suffered acutely from *calculi* in the bladder and kidneys. I have often felt in the morning as though I must have lain down on the factory steps and died; but a long day's work was before me, with the cruel taunts and jeers of my shopmates if I complained. I was, up to thirty-eight years of age frequently afflicted with these torturing paroxysms .... In my extreme youth, the malady was particularly painful, and whenever I did a harder day's work than usual, it was sure to bring on the complaint, so that from this cause, I could never get a shilling forward in this world, and was often in extreme indigence .... I had to struggle with three evils, each of them bad enough, viz., physical suffering, a failing trade, and extremely low wages.<sup>376</sup>

Thus does the weaver John Leatherland describe his struggle against ill health.

Leatherland was born in Kettering in 1812. His father was a carpenter and his mother was the daughter of a Baptist minister. His father died when Leatherland was seven, and a few years later his mother remarried a silk weaver, whom Leatherland describes as “a kind of foreman or manager ... a strict disciplinarian, and a rigid Calvinist...”.<sup>377</sup> In 1824, at the age of eleven or twelve, Leatherland was apprenticed to a shoe-maker, but five years later poor trade conditions led to a change of career and he went to work with his step-father as a weaver.<sup>378</sup> Early in 1852 Leatherland was confined to bed, laid low by a tumour following an accident on an omnibus. His recovery in the summer of the following year was only partial and this failure to regain his full strength had serious implications for his

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<sup>376</sup> Leatherland, *J Essays and Poems with a Brief Autobiographical Memoir* (London, 1862) pp.8-9

<sup>377</sup> Leatherland *Essays and Poems* p.6

<sup>378</sup> Leatherland *Essays and Poems* p.7

capacity to earn a living as a weaver.

Since that time, my health has been such as to allow of my getting a somewhat precarious livelihood; but my constitution had received too great a shock to admit of more than a partial recovery. I have been quite incapable of manual labour ....<sup>379</sup>

As a consequence of his incapacity Leatherland gave up his work as a weaver and turned instead to making a modest living as a reporter for local newspapers. Leatherland styled himself the “Invalid Artizan”<sup>380</sup>, a title that encapsulates the subject of this chapter. In the preceding chapter on the aetiology of poverty this thesis dealt with some of the ways in which working-class autobiographers made sense of the experience of sickness. However, the model of a moral economy of health in which illness was a tragic consequence of material immiseration represents only one of the ways in which sickness was understood and represented.

This chapter considers the relationship between personal identity and physical frailty, exploring the autobiographies primarily of those who from an early age were troubled by ill-health. In doing so it will draw on the burgeoning literature which analyses the figure of the Victorian invalid and the site of the Victorian sickroom, in particular through the work of Miriam Bailin and Maria Frawley.<sup>381</sup> The existing historiography has explored how the sick and the suffering gained a central place in Victorian literature, fictional and non-fictional, as part of a broader elevation of the cultural status of the patient. Those working on the patient-centred history of medicine have described the creation in the eighteenth and nineteenth centuries of a modern cult of the invalid. According to Dorothy and Roy Porter the eighteenth-century development and popularisation of nerve theory provided a medical basis for the Georgian cult of sensibility; to suffer was not simply to be human, but evidence of a heightened sensitivity which was identified with high social

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<sup>379</sup> Leatherland *Essays and Poems* p.36

<sup>380</sup> Leatherland *Essays and Poems* p.iii

<sup>381</sup> Bailin, M *Life in the Sickroom: The Art of Being Ill* (Cambridge, 1994); Frawley M *Invalidism and Identity in Nineteenth-Century Britain* (Chicago, 2004)



status. In the burgeoning consumer culture of eighteenth-century Britain diseases could become markers of distinction, fashionable objects worthy of acquisition.<sup>382</sup> George Rousseau's account differs only in its timing, suggesting that the status of the patient began to rise in the early nineteenth century:

the afflictions of ordinary valetudinarians such as widows and servants – in literature the sick common folk of Dickens's novels – are elevated and romanticised, and the patient is now believed to enjoy a heightened state of consciousness.<sup>383</sup>

Although Rousseau here invokes the figure of the domestic servant, in general the cult of the invalid has been discussed by historians as a largely middle- and upper-class phenomenon. Frawley and Bailin both focus on the middle classes, although Frawley makes passing reference to working-class invalids and offers a lengthy discussion of the former mill hand Ellen Chadwick in her chapter on the religious dimensions of invalidism.<sup>384</sup> The picture of the plebeian home painted in the previous chapter does not suggest a likely site for tranquil rest. Damp, cold, overcrowded conditions could bring about ill health but they do not make ideal conditions for cultivating a leisurely invalidism. There is an inevitable tension in plebeian sickness narratives between the need for rest and the need to work: health was an economic necessity and the physical incapacity of those who contributed to the household economy could create serious burdens. The extent to which such financial pressures always led to a stoical response to ill-health is difficult to gauge precisely. Certainly James Riley's investigation of friendly societies suggests that those who were members did not hesitate to avail themselves of the services, running to the doctor with the most minor of ailments.<sup>385</sup> However, in working men's autobiographies friendly societies are generally called upon in dire emergencies rather than being the means for a flourishing culture of invalidism. Nevertheless, the sickroom had its place in the autobiographies of working men, just as much as in Victorian

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<sup>382</sup> Porter, D and Porter, R *In Sickness and In Health: The British Experience, 1650- 1850* (London, 1988)

<sup>383</sup> Rousseau, G *Enlightenment Borders: Pre- and Post-Modern Discourses: Medical, Scientific* (Manchester, 1991) p.17

<sup>384</sup> Frawley *Invalidism and Identity* Ch.4

<sup>385</sup> Riley, J *Sick Not Dead: The Health of British Workingmen During the Mortality Decline* (London 1997)

fiction.<sup>386</sup>

Miriam Bailin's analysis of sickroom scenes in nineteenth-century literature explores the world of the invalid as a haven from the outside world. She suggests that:

the sickroom in Victorian fiction is a haven of comfort, order and natural affection ... So desirable are the conditions within the sickroom that characters are wont to express a desire to be or to remain sick in order to have access to its benefits.<sup>387</sup>

The sickroom was of course seldom in a hospital, rather it was located at home, which in this period was itself supposed to be a place of respite from the pressures of the external world. The domestic sickroom then was an inner sanctum; a haven within a haven, and this was a sanctification of not just a physical space but also a state of being. If the home was a place where people relaxed the rigid control which characterised their public behaviour, then this difference was amplified in the sickroom, a site where personhood could be reinvented, identity renegotiated. For Bailin the fictional sickroom is a liminal space within which rites of passage occur leading to "personal, moral or social recuperation"<sup>388</sup> As Herzlich and Pierret have suggested, illness can be

an ally ... it allows us to escape from the sometimes unbearable constraints of everyday life ... In this perspective the individual identifies biological illness with the deepest, most valued part of his personality and sets it against the social persona which is formed and demanded by the alienating society.<sup>389</sup>

This chapter will explore how episodes of sickness became opportunities for self-transformation in the lives of the plebeian sick and how such episodes fitted within their broader narratives of self-improvement.

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<sup>386</sup> Bailin *Life in the Sickroom*

<sup>387</sup> Bailin *Sickroom* p.6

<sup>388</sup> Bailin *Sickroom* p.5

<sup>389</sup> Herzlich and Pierret 'Illness' p.95



Bailin shares with Frawley an interest in understanding how the sick and their sickrooms held such sway in the Victorian imagination. They both suggest ways in which this morbid obsession can be located within the broader social and cultural changes of the period. Thus for Bailin the sickroom was a place where the middle classes could find respite from the “imperatives of self-discipline, will-power and industriousness” in a period when “economic, political and social relations were undergoing profound reorganization and differentiation”.<sup>390</sup> For Frawley invalids were the embodiment of inertia, a quality which she suggests expressed a profound ambivalence in nineteenth-century Britain to the “gradual encroachment of modernity”.<sup>391</sup>

Bailin and Frawley also point to the importance of religion in elevating the status of the suffering sick.<sup>392</sup> In the Evangelical movement the cult of sensibility joined with religious revival to provide a language through which Christians could express a somatic sense of the sacred in which bodily pain was a central theme.<sup>393</sup> Indeed a heightened attention to the vicissitudes of the body might be thought of as having its roots in religious practice. As Andrew Wear has shown in his discussion of seventeenth century religious autobiographies and diaries, for Puritans the fate of the body was inextricably linked to the fate of the soul. Sickness and health were intimate manifestations of divine will, the subject of prayer and meditation.<sup>394</sup> “Illness, in the early modern period”, Jonathan Sawday argues, “was not merely a somatic state, but a crucial period during which the faith of the believer was put to the test”.<sup>395</sup> There has been little discussion of the religious tradition in plebeian autobiography thus far in this thesis but it will feature heavily in the final section of this chapter, which comprises a close reading of two plebeian conversion narratives. This analysis will draw on Caroline Bynum’s work on the

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<sup>390</sup> Bailin *Sickroom* pp.12,13

<sup>391</sup> Frawley *Invalidism* p.252

<sup>392</sup> Bailin *Sickroom* p.11

<sup>393</sup> Hilton, B *The Age of Atonement: the Influence of Evangelicism on Social and Economic Thought 1785-1865* (Oxford, 1988) p.17

<sup>394</sup> Wear, A 'Puritan perceptions of illness in seventeenth-century England' in Porter, R (ed) *Patients and Practitioners. Lay Perceptions of Medicine in Pre-Industrial Society* (Cambridge, 1985) p.70

<sup>395</sup> Sawday, J 'Self and selfhood in the seventeenth century' in Porter, R (ed) *Rewriting the Self. Histories from the Renaissance to the Present* (London, 1997) p.39



resurrection of the body in medieval Western Christianity in which she argues that Christian attitudes to the body expressed “a sense of the self as psychosomatic unity” rather than a “body-soul dualism”.<sup>396</sup> While Frawley focuses on the idea of resignation and concentrates on women in her chapter on religion and the invalid, we shall see something more active in the religious embrace of sickness.<sup>397</sup>

Another dimension of the figure of the Victorian invalid was its gendered aspect. We have already explored how work was central to the embodiment of Victorian masculinity. Frawley suggests that male invalids sought to present themselves as active and industrious, whether by turning their sickrooms into places of work or by vigorously pursuing a cure to their ills by travel to continental health spas.<sup>398</sup> A condition of interia could thus be reframed as a process of self-improvement. Miriam Bailin puts the dilemma in relational context by emphasising the sick male’s dependence on female nursing, suggesting that in this relationship we see a reversal of power.

The reduction of the male to a condition of debility and dependence on the protective care of the women he loves clearly has as part of its purpose the equalizing of an asymmetrical power structure and even the temporary ascendancy of the female. The recurrence of this configuration in fiction by both men and women suggests as well that the Victorian male was often ambivalent or uneasy about passion and aggression and about restrictive definitions of the masculine.<sup>399</sup>

In pursuing the subject of life in the sickroom, this thesis will contribute to our understanding of plebeian masculinity. The sociologist Kathy Charmaz has suggested that the experience of chronic illness poses a threat to masculine identities leading to what she terms “identity dilemmas” which can largely be characterised by a series of oppositions: “active versus passive, independent versus dependent, autonomy versus loss of control,

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<sup>396</sup> Bynum, CW *The Resurrection of the Body in Western Christianity, 200-1336* (New York, 1995)

<sup>397</sup> Frawley *Invalidism and Identity* Ch.4

<sup>398</sup> Frawley *Invalidism and Identity* pp.38-41 and Ch.3

<sup>399</sup> Bailin *Sickroom* p.40

public persona versus private self and domination versus subordination”.<sup>400</sup> These ideas will inform the following discussion but rather than focusing purely on the idea of illness as a crisis of masculinity it will also explore the idea of illness as opportunity, a chance for self-realisation or self-advancement; the relationship between physical frailty and spiritual sensibility; and the idea that sickness afforded the opportunity for heightened subjectivity and a sensibility more refined than the mass of working men. These themes will be related to Romantic individualism and to a puritan tradition of somatic selfhood.

### *Weak and delicate from birth*

For some autobiographers an episode of illness or incapacity features as simply another event in life, a temporary condition, a deviation from the normal run of things, but for others it was a chronic condition, a defining feature of their life, a central force shaping their sense of self, their opportunities and their relations with others. As we saw in the introduction to this chapter John Leatherland, the Kettering weaver-poet and self-styled “invalid-artizan” described the childhood suffering he endured in the 1840s as a result of kidney stones, declaring that: “from my earliest days, I was a weakly boy”.<sup>401</sup> In the previous chapter we heard similar sentiments from George Mockford who described his struggles with the physical demands of agricultural labouring in 1830s rural Sussex, confessing that he was “always rather delicate in health”.<sup>402</sup> Sometimes this congenital physical weakness was linked to heredity, as in the autobiography of the Battersea-born civil servant William Bowyer who recalled his sickly childhood in the 1890s thus:

With a parentage so diverse my own physical and mental make-up was almost bound to be exceptional. I was a sickly child, and a succession of illnesses, of which I have only a dim recollection, made me very irregular in school attendance until I was eight or nine.<sup>403</sup>

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<sup>400</sup> Charmaz, K ‘Identity dilemmas of chronically ill men’ in Sabo, D and Gordon, F (eds) *Men’s Health and Illness: Gender, Power and the Body* (Thousand Oaks, 1995) p.267

<sup>401</sup> Leatherland, *Essays and Poems*, p.8

<sup>402</sup> Mockford, G *Wilderness Journeyings and Gracious Deliverances* (Oxford, 1901) p.2

<sup>403</sup> Bowyer, W *Brought Out In Evidence: an Autobiographical Summing-Up* (London, 1941) p.66



In his 1910 autobiography George Meek, the Eastbourne bath-chair man, described himself as “very fragile” in his youth and suggested that he had been fortunate to survive the childhood illnesses he suffered, which included “scarlatina, scarlet-fever, [and] measles”.<sup>404</sup> Perhaps more importantly, Meek also described losing the vision in one eye as a baby, stating that he had thus been “heavily handicapped from the very beginning”.<sup>405</sup> Meek blamed his half-blindness on maternal neglect, stating that his mother “very foolishly exposed them too much to the light”.<sup>406</sup> The fairness of this statement is unclear, but it is noteworthy that, unusually for working-class autobiographers, Meek described a very troubled relationship with his mother.

However, some invalid autobiographers enjoyed robust health in childhood and, as we saw in the last chapter, they attributed their loss of strength to working conditions. Thus the engineer James Henry Powell blamed his physical depression on the heat of the drying-loft in the Hertfordshire paper mill where he worked in 1845: “... my health was good before I went in there and it has not been good since I came out”.<sup>407</sup> Similarly the Carlisle weaver William Farish blamed his lack of physical strength on his long hours of childhood toil at the domestic hand-loom.<sup>408</sup> The previous chapter situated such accounts in the context of a plebeian aetiology which focussed on the material *causes* of disease. In contrast, this chapter focuses on the *consequences* of ill health, exploring the relationship between sickness and selfhood. Whether the condition was innate, a product of environment, or a mixture of both, the struggle against chronic physical frailty was central to the self-fashioning of many plebeian autobiographers. The last chapter illustrated how debility was presented as the common lot of the working poor but this chapter will explore how physical or mental frailty functioned as signifiers of separation from their peers. The discussion is organised in three broad sections: firstly, an exploration of the idea that sickness could bring opportunities for personal transformation through self-improvement and industriousness in ways which aligned with the type of

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<sup>404</sup> Meek, G *George Meek - Bath Chair-Man* (London, 1910) p.7

<sup>405</sup> Meek *George Meek* p.7

<sup>406</sup> Meek *George Meek* pp.6-7

<sup>407</sup> Powell, J.H. *Life Incidents and Poetic Pictures* (London, 1865) pp.6-7

<sup>408</sup> Farish, W *The Autobiography of William Farish: The Struggles of a Hand Loom Weaver. With some of his Writings* (Liverpool, 1890) p.17



hegemonic plebeian manliness we outlined in chapter one. This is followed by an analysis of the ways in which physical frailty contributed to alternative forms of manliness here described in the figures of the Romantic invalid and the religious invalid.

### *Too weak for ordinary labour*

As we have seen, the Carlisle weaver William Farish, who went on to become a leading temperance advocate and then Mayor of Chester, attributed his physical frailty to overwork. He did not record episodes of illness but described himself as “somewhat stunted in growth” and lacking “that physical strength which, doctors say, my sound constitution would have suggested”.<sup>409</sup> He presented his weak constitution as a product of class injustice, remembering the boys who passed his house on their way to and from school: “While I did not positively envy them their comfortable clothing, and plump, well-fed persons, I was sometimes nearly moved to tears at the comparison of our relative positions”.<sup>410</sup> As was common in the period, Farish's physical ideal for the male frame was a generous one, as is suggested not only by his description of plump schoolboy bodies but also by his description of the landlord of an inn he meets during a youthful adventure: “He was a man, I remember, of extra large dimensions, and a really splendid specimen of the genus *homo*”.<sup>411</sup> At the ignominious end of this particular adventure Farish describes himself as “cutting a sorry figure” on his return home, a description which alludes as much to his physical frailty as it does to the failure of his expedition.<sup>412</sup> As a youth, Farish struggled against his physical limitations. From the age of fifteen he tried a variety of jobs, beginning with a job at a calico print works.

With other lads I had to rinse the pieces as they came from the printers; and one day, overbalancing myself, I fell into the dam, which, bringing on a severe illness, ended my engagement at that place. A while after I went to Ferguson's at the

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<sup>409</sup> Farish *Autobiography* p.17

<sup>410</sup> Farish *Autobiography* p.17

<sup>411</sup> Farish *Autobiography* p.19. On the decline of the stout body as masculine ideal see Harrison, B *Drink and the Victorians: the Temperance Question in Victorian England, 1815-1872* (London, 1971) p.300

<sup>412</sup> Farish *Autobiography* p.20

Holme Head for similar work, but with no better result. Still another attempt was made at Atkinson's beetling works, the spirit still being willing but the flesh sadly too weak ... disappointment dogged me at every step. Soldiering once entered my mind, but for that my short stature - only five feet one at eighteen - and feeble physique offered an insuperable barrier.<sup>413</sup>

Farish's summation of his predicament expressed the physical stigma of his poverty: "too weak for ordinary labour, and too diminutive for the army".<sup>414</sup> But then Farish dropped the theme; a lack of physical capacity for manual labour is never mentioned again. The theme of bodily degeneration does recur, but it is only in the context of the dangers of drink, with Farish outlining the sorry fate of several erstwhile companions who were unable to resist the temptations of alcohol. The discipline of temperance was central to Farish's story of self-improvement and his image as a successful battler against life's trials. His sound constitution may have been dented by the work regime of his childhood but the spirit ultimately triumphed over, and through, the body.

In *Up and Down Stream*, Harry Gosling, the London-born trade unionist and politician, similarly described the importance of sickness to his career in terms which allowed a frank admission of physical failure. Gosling became an apprentice waterman on the Thames in June 1875 at the age of fourteen, following in his father's occupation. As we saw in chapter one, his mother was anxious about his capacity for such work since he had been "... a very delicate child and began life as an individual who was not going to live".<sup>415</sup> His father, on the other hand, hoped that fresh air and hard work would strengthen him, a view which Gosling believed to have been at least partially correct.<sup>416</sup> However, although he records no health problems in the first twelve years in river work, he suffered a dramatic collapse in the summer of 1887. Gosling was transporting timber down the Thames for use in stands to be erected at Westminster Abbey, when seemingly without any warning his health gave way: "... I had a sudden collapse, followed by a

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<sup>413</sup> Farish *Autobiography* p.18

<sup>414</sup> Farish *Autobiography* p.20

<sup>415</sup> Gosling, H *Up and Down Stream* (London, 1927) p.8

<sup>416</sup> Gosling *Up and Down Stream* p.8



complete breakdown which kept me more or less away from the river until 1890".<sup>417</sup>

Gosling gave no details of the nature of his illness but for three years he was in and out of St. Thomas's Hospital, and in this period he was forced to avoid strenuous physical labour, to live by brain more than brawn. He tried a variety of schemes to earn a living none of which succeeded. In 1890 he tried to return to river work: "The inevitable happened and in 1891 I broke down again. It was then somehow that my life seemed to shape itself afresh, and new possibilities opened up before me".<sup>418</sup> The dock strike of 1889 had heralded a surge in union activity on the part of river workers and Gosling, like many others, joined the Amalgamated Society of Watermen and Lightermen for the River Thames. He was then offered work for the Society and thus began his career as a union leader and Labour politician.<sup>419</sup> Gosling continued to suffer periodic physical breakdowns but was elected as MP for Whitechapel and St George's in 1923 and the following year was appointed Minister of Transport and Paymaster-General.<sup>420</sup>

These accounts illustrate the idea of sickness or frailty as an opportunity. Gosling and Farish's accounts of their progress into the political class echo the autobiographies of the miners' leaders like Thomas Burt and John Wilson whose experiences were described in chapter one. In classic narratives of self-improvement such as these, illness simply becomes one more hurdle for the author to overcome. Thus the duty of the invalid to get better was transformed into the more general duty to become a better person. One means of self-improvement which many autobiographers focused on was education, and it is to the relationship between sickness and learning we now turn.

### ***I broke a leg and acquired a library - the sickroom as classroom***

In 1862 Joseph Gutteridge had emerged from the Coventry weavers' strike and lock-out working for a Mr Caldicott as the manager of a new loom imported from France. He had lost his own loom during the lock-out, a condition which he described as "very

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<sup>417</sup> Gosling *Up and Down Stream* p.46

<sup>418</sup> Gosling *Up and Down Stream* p.50

<sup>419</sup> Gosling *Up and Down Stream* p.53

<sup>420</sup> Harry Gosling *Oxford Dictionary of National Biography* accessed online at <http://www.oxforddnb.com/view/article/33479?docPos=1>



unsatisfactory” and which caused him much despair.<sup>421</sup> But Gutteridge sought solace in his love of nature, taking long walks in the summer evenings to collect new specimens for his natural history collections, a passion which he suggests gave much comfort and respite:

To this love of natural products, the hunting after which gave me plenty of fresh air, do I in a great measure ascribe the fortitude with which I was able to bear up against the many difficulties and trials that beset us in life.<sup>422</sup>

This activity was, he suggested, vital to his continuing wellbeing: “If I had no other hobby to engage my attention beyond working, eating, and sleeping, I must have given up”.<sup>423</sup> In this passage Gutteridge expressed an idea common in working-class autobiographies: a desire for mental or spiritual transcendence of the harsh physical realities of poverty and overwork. The manichean conflict between mind and body, which presented the body as unruly servant, a temptation to sin and a prison for the soul is here reframed in terms of the experience of alienated work (Gutteridge’s lost loom representing his best hope of independence). This conflict is then resolved in the pursuit of natural history which brings together physical exercise and intellectual curiosity.

Gutteridge exemplifies those autobiographers for whom a love of learning was central to their self-fashioning, acting as a marker of distinction from many of those around them. Efforts to become educated, whether as autodidacts or conscientious pupils, as children, youths or adults, provide a counterpart to the religious conversion as a narrative of personal transformation.<sup>424</sup> Gaining an education was seen as a means of rising above mere physical existence; the pursuit of knowledge was a badge of moral seriousness, a sign of respectability, a vital means of personal and social progress. Thus, as Gutteridge’s example suggests, the demands of the body were not always an obstacle to the cultivation of the mind - in the narratives of some autobiographers the breakdown of the body in

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<sup>421</sup> Gutteridge, J *Lights and Shadows in the Life of an Artisan* (London, 1893) p.155

<sup>422</sup> Gutteridge *Lights and Shadows* p.156

<sup>423</sup> Gutteridge *Lights and Shadows* p.156

<sup>424</sup> Vincent, D *Bread, Knowledge and Freedom: A Study of Working-Class Autobiography* (London, 1981) pp.135-6

sickness provided an opportunity for learning and the acquisition of new skills. As a child Gutteridge found himself confined to the sickroom by disease, but even this offered its own possibilities.

During my enforced physical inactivity, I amused myself by rudely carving various devices in soft wood, and with the aid of a chisel, fashioned from a watchmaker's flat file, I passed a great deal of time constructing little boxes, small bird cages, and other useful - and useless - articles, for the mere love of construction. This desire for mechanical construction increased as years advanced, and from these early efforts I trace the skill in this direction which I possessed in after years, and which proved so helpful in keeping the wolf from the door at times when work was scarce.<sup>425</sup>

This passage of sickbed industriousness illustrates the idea that illness could be an opportunity to develop qualities or skills which could be life-changing. Here we see an echo of Maria Frawley's argument that the sickroom activities of middle-class invalids negated any simple equation of incapacity with powerlessness and inertia. Instead they demonstrated: "the intellectual and creative power conferred by sickness or debility" and found "multiple ways to make illness productive".<sup>426</sup> Life in the sickroom offered the possibility of change, of a more permanent disruption of the status quo than that offered by a brief illness.<sup>427</sup> The enforced leisure of convalescence gave the sick time to read, as can be seen in the autobiography of James Hillocks, the Scottish weaver whom we met in the previous chapter. Hillocks' narrative is a classic tale of triumph in the face of adversity in a progression from hand-loom weaver to Chartist, teacher and druggist. This progress was all towards the ambition he first conceived in childhood – to become a clergyman – a goal which fuelled his childhood love of learning. In his first autobiography he describes his childhood and early adulthood, mostly spent in and around Dundee. He states that he repeatedly suffered bouts of what he termed the

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<sup>425</sup> Gutteridge *Lights and Shadows* p.14

<sup>426</sup> Frawley *Invalids and Identity* pp.23, 40

<sup>427</sup> For a discussion of reading and the possibility of change see Vincent *Bread, Knowledge and Freedom* p.174. See also Rose *Intellectual Life*; Murphy, *A Shakespeare for the People: Working-Class Readers, 1800-1900* (Cambridge, 2008)



“dangerous illness (inflammation)”.<sup>428</sup> These attacks were generally attributed to overwork and they necessitated periods of enforced convalescence. Hillocks presents the relationship between learning and sickness as a feedback loop: the intensity of his studies causing illness and then the convalescent period providing leisure for further study. The dynamic is illustrated by a pivotal episode in his teens. Hillocks describe his efforts during this period to combine work with studies thus:

Thus I continued, reading in the night time, often when others were asleep; writing in the meal-hours, while others were gossiping or romping; and learning arithmetical tables and rules of grammar when weaving, the books being fastened on the lay or breast-beam. When there was no extra pressure I was as regular as the clock, from six A.M. till ten P.M. During these hours I went over no little work for my strength; and as a rule, I imposed upon myself a certain portion of work every hour, and when that was finished before the hour was done, I would rest and read till the time expired.<sup>429</sup>

By fastening his books to his loom Hillocks created a hybrid device, a learning machine which constituted just part of his larger technology: the meticulous timetable of study which wedded him to his books. However, the relentless rhythms of this machine proved too much for Hillocks.

To the branches in which I had already made some progress, I added the study of geography, grammar, &c.; but this working and learning was far beyond my strength. Nature seized me as a lawless offender, and stopped my imprudent career for a time. The dangerous illness (inflammation) had often laid me low before, but the attack was never so severe. My unexpected recovery gave rise to the idea in my mind that I had been preserved for some particular purpose - at least to be useful; and hence, as soon as I was able, I began to think, and work,

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<sup>428</sup> Hillocks, *J Life Story: A Prize Autobiography* (London, 1860) p.29

<sup>429</sup> Hillocks, *Life Story* pp.25-26



and learn, as before.<sup>430</sup>

Hillocks' unexpected recovery is a moment of providential revelation, a signal that his pursuit of knowledge could serve some higher purpose. Hillocks describes how, even in his sickbed, he began to pursue this new calling:

But I could not be idle during my convalescence. I read three works which were kindly lent to me by friends who were anxious to feed my enquiring mind. The books were of great service to me; they not only engendered new ideas, but they gave animation to feelings which from time to time had been planted in my mind from what I had previously read, seen or heard.<sup>431</sup>

Again Hillocks' exemplifies the rejection of convalescence as a holiday - "I could not be idle"- but in this account it is not simply that confinement to the sickroom offered the time to read. Hillock's language suggests a more profound connection between body and mind; there is something intensely febrile about the way he consumes these literary works. Of reading *The Scottish Worthies* he says: "the many manly and heroic deeds therein so graphically narrated will never be erased from my mind ... Often did I pause and tremble when reading these stirring records of the hot and savage times".<sup>432</sup> Of Burns he recalls: "how I read, and laughed, and wept! ... There was such a charm about what he said that I was almost falling in love with *all* he said, even his errors".<sup>433</sup> Although physically incapacitated, the leisure of the sickroom allowed Hillocks a vicarious immersion in patriotic tales of physical valour.

As a young adult, Hillocks improved himself in convalescence after another bout of ill health, on this occasion, he took a job as a druggist's assistant to learn more about chemistry and science. The incident illustrates a number of points, firstly that Hillocks was never happy unless he was working too hard, secondly that convalescence opened

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<sup>430</sup> Hillocks *Life Story* pp.28-29

<sup>431</sup> Hillocks *Life Story* p.29

<sup>432</sup> Hillocks *Life Story* p.29

<sup>433</sup> Hillocks *Life Story* p.30

new doors. His sickbed reading as a child helped push him down his initial career path of teacher; his new area of expertise then led to him pursuing a career as a druggist. Whilst for many working-class autobiographers the illness they suffered as a result of overwork was a product of circumstances beyond their control, for Hillocks it was self-willed. His industrious commitment to self-improvement was the main reason for much of the overwork that periodically reduced him to the role of the invalid and in this sense he perhaps had more in common with the middle-class sick than other plebeian autobiographers, who, as we have seen in the chapter on the aetiology of poverty, more commonly attributed sickness caused by overwork to circumstances beyond their control.

Underlying the idea of the sickroom as classroom or library is a set of cultural assumptions about the connection between learning and sickness. When Victorian educationalists promoted the idea of schooling for healthy bodies and healthy minds, they were in part attempting to counteract a widespread fear that too much book-learning was unhealthy. The pallid scholar, nerves overstretched by intense mental activity, body undernourished as a result of dietary neglect, was a common and potent figure whose predicament juxtaposed the life of the mind and the life of the body.<sup>434</sup> Such ideas had an ancient lineage but, as Janet Oppenheim showed, in the Victorian period they gained a new importance with the widespread introduction of competitive exams in secondary and higher education. If before, the concern was with a small elite of scholars, now the potential victims were students at all levels, as doctors began to identify and campaign against what they called academic overpressure.<sup>435</sup> The cultivation of the mind was always in danger of becoming a pathological pursuit, but the evidence we consider here suggests a reversal of this logic; whilst learning could lead to sickness, sickness could also lead to learning. Furthermore, for plebeian autobiographers like Hillocks the danger arose not simply from the pressures of learning but from their combination with paid

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<sup>434</sup> Allen, D 'Young England: muscular Christianity and the politics of the body in "Tom Brown's Schooldays" in Hall, D (ed) *Muscular Christianity, Embodying the Victorian Age* (Cambridge, 1994). For the ancient pedigree of these ideas see the papers in Lawrence, C and Shapin, S *Science Incarnate: Historical Embodiments of Natural Knowledge* (Chicago, 1998), For a Georgian view see Buchan, W *Domestic Medicine or a Treatise on the Prevention and Cure of Diseases by Regimen and Simple Medicines* (Edinburgh, 1769) p.77

<sup>435</sup> Oppenheim, J *"Shattered Nerves": Doctors, Patients and Depression in Victorian England* (Oxford, 1991) pp. 239-249



work.

What of the illiterate sick poor? How did they spend their convalescence? Emmanuel Lovekin was the son of a skilled furnace man born in 1820 in Staffordshire. He attended a dame's school as a child but his formal education ceased at the age of seven when he went down the pit.<sup>436</sup> Lovekin suffered a broken leg when he was about thirteen.

I had my thigh broken and had to lei bed thirteen weeks. And began to feel very Strongley the desieries to learn to read. The young men I know came and read to me and I began to learn a little, and when I was able I went to a nights School.<sup>437</sup>

Lovekin's strong desire to learn to read suggests that perhaps the sickroom may have been a boring place for the non-literate and his account provides another example of the productive potential of convalescence. On recovery Lovekin began to attend a Primitive Methodist Sunday School "Still by perseverance I got to read fairly well and write a little and Somehow I was looked up to as Something alien to the Common Class of young men".<sup>438</sup> This is a classic account of education as a route to self-improvement. His account tells a familiar story of youthful involvement in the Chartist movement but then a drift away from politics. In later life he was a colliery manager and remained active as a Primitive Methodist, teaching at the local Sunday School.<sup>439</sup>

Whilst Hillocks' convalescent reading had a febrile air to it which invoked fears about the physical strains associated with learning, John Paton described a very different experience: escaping the restriction and pressures of formal education his sojourns in the sickroom offered "glorious freedom from school".<sup>440</sup> The sickroom may seem the wrong place to look for the realisation of the Victorian ideal of healthy mind and healthy body, but nevertheless it would seem to be suggested by Paton's youthful career as an

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<sup>436</sup> Lovekin, E in Burnett, J *Useful Toil: The Autobiographies of Working People from the 1820s to the 1920s* (London, 1994) p.295

<sup>437</sup> Lovekin, E in Burnett *Useful Toil* p.296

<sup>438</sup> Lovekin, E in Burnett *Useful Toil* p.297

<sup>439</sup> Lovekin, E in Burnett *Useful Toil* pp.297-8

<sup>440</sup> Paton, J *Proletarian Pilgrimage* (London, 1935) p.43



invalid-adventurer.

My reading habit was firmly fixed by the series of accidents to which I have already referred. Every year there was at least one period in which I was at home for a number of weeks being patched up. In the rough games and risky escapades in which the boys of the street constantly indulged, minor sprains, cuts and bruises were frequent and little regarded.

But I seemed to have a special facility in acquiring hurts of a more serious kind. Some of them, like the blow which permanently destroyed hearing in my left ear, have troubled me more or less all my life. I probably inherited a considerable streak of my father's recklessness.

These enforced absences from school gave me many days in which I roamed the prairies after the Indians and buffalo or sailed the seas with the privateersmen of a century before.<sup>441</sup>

Then, when I was ten years old, I broke a leg and acquired a library. The leg-breaking was one of my more serious accidents. Climbing one day on a high railing, I jumped from the top while my right foot was firmly held in the curving ornamental top. I found myself hanging head downwards by the tethered foot with the bones of my ankle badly smashed.

It was a nasty business which has left vivid memories. They did not keep me in the hospital: beds, as always, were scarce. The leg was set while I lay with my teeth sunk in my cap according to the code of my group, which forbade howling. In those days anaesthetics were not used in such trifling matters. And then I was borne home in a cab with the leg encased in plaster-of-paris. I had more than two months of glorious freedom from school, in which I could read all day long.<sup>442</sup>

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<sup>441</sup> Paton *Proletarian Pilgrimage* p.42

<sup>442</sup> Paton *Proletarian Pilgrimage* pp.43-4

The idea of the sickroom as a place to escape the pressures of daily life is clearly expressed by Paton's celebration of "two months of glorious freedom from school", and we also see the prerogative of the invalid - a licence to behave beyond the bounds of normal convention. Paton stands apart from Gutteridge, Hillocks and most of the other autobiographers we shall consider in this chapter because for him there was no tension between a robust physical manliness and the cultivation of the mind in the comfort of the sickroom. Presumably this was precisely because Paton generally enjoyed good health and his injuries were the result of "rough games and risky escapades" rather than an unmanly physical delicacy. Indeed his enjoyment of convalescence was, in this case, of a piece with the kind of stoicism I have explored in chapter one. If injuries were "frequent and little regarded" and even the setting of a leg was to be suffered in silence, then the kind of temporary invalidism experienced by Paton could become a badge of honour recuperated from the feminine by reference to a youthful martial spirit (the allusion to being "patched up" is surely an invocation of battlefield surgery). Similarly the masculine is again invoked when Paton ascribes his accident-proneness to recklessness and further emphasised by suggesting he inherited this quality from his father, whom Paton described as "a reckless dare-devil, of great strength and activity and quick mind, but haunted by a demon of unrest".<sup>443</sup> Paton's incapacity was of course strictly temporary and occurred in childhood at a time when he was not contributing to the household income, and these were both additional factors which would have allowed him to present life in the sickroom as no more than a boy's adventure.

### *Life in the country*

Some of the ideas explored so far - of the dangers of overwork and the relationship between sickness and education - were linked to another common trope: the idea that there was a pathological price to be paid for social and economic progress, that to be civilised was to be sick. This idea was discussed in chapter one in relation to George

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<sup>443</sup> Paton *Proletarian Pilgrimage* p.16



Cheyne's eighteenth-century medical critique of luxury.<sup>444</sup> The morbid connotations of civilisation were closely linked to the concept of the city as sick. All these ideas had lineages which can be traced back to the classical period but in an age of rapid urbanisation, this last idea had particular force.

The countryside was produced as an opposing form to the disease-ridden and potentially revolutionary city. It was healthy, moral and peaceful; it connoted timelessness and stability and relationships in the countryside were regarded as time-honoured, permanent and natural.<sup>445</sup>

These ideas were reproduced in social commentary, political tracts, in Romantic art and literature and, as we saw in the previous chapter, they underpinned many debates about public health. Our discussion of the aetiology of poverty demonstrated that the sick city was a common theme in working-class autobiographies. Plebeian sickness narratives also expressed the country-city opposition in episodes where convalescence involved a retreat from an urban to a rural environment.<sup>446</sup> In seeking rural (and sometimes coastal) convalescence, plebeian invalids mirrored the activities of their social superiors. The eighteenth-century idea of sickness as a fashion accessory was linked to the rise of spa towns like Bath, and in the nineteenth century the burgeoning Victorian travel industry sought to capitalise on the growing number of invalids seeking cures on the Continent. Foreign travel was too expensive for the plebeian sick and neither could they have afforded stays in expensive hydropathic establishments like the ones in Yorkshire and Malvern visited by Charles Darwin, one of the period's most famous invalids.<sup>447</sup> Of financial necessity, plebeian convalescence relied more on visits to family and friends.

Consider, for instance, Joseph Gutteridge who described how, after the death of his first

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<sup>444</sup> See above pp.38

<sup>445</sup> Lynda Nead quoted in Payne, C 'Rural virtues for urban consumption: cottage scenes in early Victorian painting' *Journal of Victorian Culture* 3 (1998) p.47

<sup>446</sup> For an example from women's autobiographies see Layton, M 'Memories of seventy years' by Layton, M in Davies, M (ed) *Life as We Have Known It by Co-operative Working Women* (London, 1977) Davin, A (ed.) pp.15-16

<sup>447</sup> Browne, J 'I could have retched all night: Charles Darwin and his body' in Lawrence, C and Shapin, S (eds) *Science Incarnate: Historical Embodiments of Natural Knowledge* (Chicago, 1998) pp.240-287



wife Sara in 1855, his own health began to wane as a result of overwork. Relief came when he was invited to visit friends who were farmers in the Leicestershire village of Smeaton: “This change was very acceptable, and re-established my failing vitality ...”<sup>448</sup> This episode is the first in which Gutteridge records anything like what we might consider a holiday, and in a narrative which is dominated by struggles with material immiseration, physical frailty, the death of loved ones and his loss of religious faith, this episode is a striking contrast. Gutteridge’s interest in the natural world has already been mentioned. He was a self-taught botanist with an intense love of nature, so it is little surprise that he found the recuperative powers of the countryside particularly strong, or that his rural restoration was aided by an opportunity to further his study of natural history.

I cannot remember a time in which I so heartily enjoyed myself as during this visit to Smeaton. This was due no less to the interest attaching to geological features than to the kindness of friends ... This change of scene was the means of bringing about a better state of health than I had enjoyed since the loss of my partner in life.<sup>449</sup>

Thus Gutteridge’s trip to Smeaton exemplifies both the benefits of rural convalescence and the educational opportunities of the sick role. Gutteridge took numerous day excursions to explore the surrounding countryside, again exemplifying the idea of an active convalescence. James Hillocks also retreated to the country at a time of sickness. On this occasion it was in the mid-1840s, not long after he had set himself up as a teacher in Dundee, and again a time when he was over-exerting himself: “By hard labour in an over-crowded school, and close study, late and early, I was very much reduced ....” He was advised by his doctor and friends that his health required that he “must give up teaching for a time, or take a small country-school.”<sup>450</sup> Hillocks moved some twenty miles from Dundee to the Forfar village of Roundy Hill near Kirriemuir where he taught for six months: “... having gone there for the recovery of my health, I jaunted about till I became strong, hardy and ruddy. I saw life in the country, plain and healthy, and I

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<sup>448</sup> Gutteridge, *Lights and Shadows* p.104

<sup>449</sup> Gutteridge *Lights and Shadows* p.109

<sup>450</sup> Hillocks *Life Story* p.59

enjoyed it.”<sup>451</sup> Again Hillocks was trying to do two things at once: proving the adage that a change is as good as a rest, he enjoyed a working holiday in the country rather than a period of total relaxation. Whether by turning their sickrooms into libraries or their rest cures into working holidays, plebeian men like Hillocks sought to recuperate the feminising condition of sickness through the assertion of manly industry and the search for usefulness. However, in Hillocks’ case this choice was presumably driven by the need to continue earning money, again pointing to a difference between plebeian and middle-class invalidism.

Whilst Gutteridge and Hillocks retreated to the countryside, others went to the seaside. In the previous chapter we saw how the servant William Tayler and the engineer James Powell both celebrated the healthy sea breeze of Brighton.<sup>452</sup> Another autobiographer to take the sea air was William Bowyer.<sup>453</sup> Born in Battersea in 1889 to parents who belonged to the Plymouth Brethren, Bowyer recounts a childhood with frequent unhappiness, mostly due to the temper of his father who was a Cornish-born ironmonger, but also the product of poor health as a result of recurrent illness in his first ten years. Eventually the sickly Bowyer was taken to the fashionable coastal resort of Teignmouth in 1897 in an effort to strengthen his health.

Apart from an occasional day with one of my mother’s step-sisters at Romford or in suburban Hertfordshire we had no country holidays and my health was put right only after a quite exceptional month’s stay with my aunt Harriet at Teignmouth in Devonshire, where she was “lady’s maid” to a rich old woman.<sup>454</sup>

These visits to relatives in rural suburbia and Bowyer’s belief that his health was protected by the “country-bred soundness” of his mother’s constitution, serve to remind us that many nineteenth-century town-dwellers still had their immediate roots (their own or their parents’ generation) in the countryside. These connections were of practical

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<sup>451</sup> Hillocks *Life Story* p.61

<sup>452</sup> See above pp112-3

<sup>453</sup> Bowyer’s full name was William Bowyer Honey but his autobiography was published under the name William Bowyer. Bowyer, W *Brought out in Evidence* (London, 1941)

<sup>454</sup> Bowyer *Brought Out* p.66



assistance in giving many working-class people access to rural life and would have deepened the nostalgic appeal of the countryside.

Another Londoner to enjoy the health benefits of the sea air was the London baker and porter William Swan, whose sufferings were described in chapter two. In 1870 Swan was fifty-seven and suffering from both a general “weakness of body” and pain in his leg from an injury sustained years before when he was a porter. He was still working when strength permitted, but by the summer he was “so weak on my legs and feet ... that I could only creep out of doors”.<sup>455</sup> Attending the local dispensary he was told that he needed a change of air if he was to recover, and his wife managed to secure a letter of admission to a convalescent hospital in the Sussex coastal resort of Seaford.

The Home was very comfortable and the food good and sufficient, and fine weather all the time and nothing to do but walk about and enjoy the beautiful air. I was soon much benefitted and my leg healed.<sup>456</sup>

As with Gutteridge’s holiday in Smeaton, there is a striking dissonance in this episode as the comfort of convalescence contrasts with the predominant tenor of Swan’s journal as a narrative of a lifelong struggle with sickness and poverty and an effort to keep working.<sup>457</sup> For Swan to have “nothing to do but walk about and enjoy the beautiful air” was a rare event and it is notable that the leisure tone of these two men’s accounts relate to episodes in their later life when the pressure of supporting a young family was no longer present and the struggle with poverty, although not over, somewhat attenuated. Similarly we might note that Bowyer’s month at the seaside was a childhood event, occurring long before he was introduced to the demands of earning a wage. This suggests a relationship between leisure, rest and age which acted as a structural influence on the experience of sickness and convalescence.

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<sup>455</sup> Swan, W. ‘The Journal of William Swan’ in [Swan, W.T. and Swan, W.] *Journals of Two Poor Dissenters, 1786-1880* (London, 1970) p.73

<sup>456</sup> Swan ‘Journal’ p.74

<sup>457</sup> There are perhaps issues of genre here: perhaps neither writer felt that detailed accounts of their leisure time were appropriate to their recording of their life histories.



Thus far the themes of sickness as opportunity for rest and for self-improvement present mainly positive aspects of plebeian invalidism. But for some men the invalid state was part of a profound lifelong struggle with material circumstances, their place in society and their sense of self. We shall explore these issues through close readings of the autobiographies of first Joseph Gutteridge and James Powell, and then William Mayett and George Mockford. Their narratives suggest that the plebeian invalid might seek to resolve these problems through the adoption of alternative forms of manliness: in the case of Gutteridge and Powell a Romantic manliness, and in the case of Mayett and Mockford a religious manliness.

### *Weak and delicate – the Romantic invalid*

Let us begin by briefly outlining the chronology of Gutteridge and Powell's lives.<sup>458</sup> Born in 1816 the Coventry silk weaver Joseph Gutteridge was the eldest of three boys. Educated until the age of thirteen, he was then indentured to his father as an apprentice ribbon weaver. However, Gutteridge had a mechanical bent and spent much time both at work and at home gaining skills in carpentry and learning how to mend clocks.

Early on in his apprenticeship Gutteridge's mother died and his father then remarried in about 1832. Tension between Gutteridge and his stepmother came to a head after the death of his father in 1834. Married to Sara Bate in 1835 when he was still an apprentice, the next decade was a period of great hardship for them and their growing family. Sara died of tuberculosis in 1855 and Gutteridge remarried in 1857 to Mary Hendon, a Wesleyan. His struggle with poverty was never fully overcome; even in 1892 when he was in his mid-seventies he complained of "little work, but plenty of sickness".<sup>459</sup> Nevertheless his skills as both a weaver and mechanic eventually led to promotion and he spent time working as a foreman and

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<sup>458</sup> Details are drawn from their autobiographies: (Gutteridge, *Lights and Shadows*; Powell, J.H. *Life Incidents and Poetic Pictures* (London, 1865). Additional information on Gutteridge is drawn from his entry in the *Oxford Dictionary of National Biography*: V. E. Chancellor, 'Gutteridge, Joseph (1816–1899)', *Oxford Dictionary of National Biography*, Oxford University Press, 2004 <http://www.oxforddnb.com/view/article/54368>, accessed 25 March 2010

<sup>459</sup> Gutteridge *Lights and Shadows* p.232

then worked at home on an *à la bar* loom. His innovative work in silk brocades was exhibited and in 1867 he was delegated to visit the Paris Exhibition. Gutteridge supplemented his weaving income by making furniture, musical instruments and repairing clocks and watches. During his apprenticeship, and for some years afterwards, Gutteridge was active in the Coventry Mutual Improvement Class. His intellectual interests included botany, entomology, geology and physiology. He was drawn to Owenite socialism and took part in the 1860-61 strike and lock-out. He became an atheist at some point in the 1830s but was never comfortable with a materialist philosophy and soon after the death of his first wife was drawn to spiritualism.

Gutteridge suffered repeated ill health throughout the course of his life. These episodes were partly constitutional weakness and, as we saw in chapter two, partly a reaction to the overwork and to the conditions of poverty under which he laboured for much of his adult life. However, his weakness was in part one of temperament, and mental crises punctuate his narrative and were often linked to physical breakdown.

James Powell was born in London in 1830. His story begins with his family in poverty as a result of his father, an engineer, squandering his money on drink. But his father mended his ways and they moved to Watford, where Powell attended a local school until sent to work at the local paper mill. The impact this environment had on his health was seen in the previous chapter. After having experienced an otherwise healthy and robust childhood, bouts of ill health became a constant threat. At the age of sixteen, he was apprenticed to his father and a new stage in his life began. He acquired a new found enthusiasm for work and applied himself with energy to his training: "I wrought early and late, and acquired skill amid delirium of delight."<sup>460</sup> He took great pride in his accomplishments in making model engines which were exhibited at the London Polytechnic Institute.

But Powell's is no simple narrative of self-improvement through hard work. The

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<sup>460</sup> Powell *Life Incidents* p.9



fifteen years or so of adult life he recounted in his autobiography are continually beset by troubles. Just as his first experience in the mill turned sour when he was sent to the drying loft, so too, disruption occurred just as he settled into his work as an engineer. A change in conditions at the mill led Powell to decide to leave. He embarked on fifteen years of itinerant jobbing as an engineer which took him from Watford to London, Chepstow, Birkenhead, Wolverhampton, Staffordshire, Manchester and finally Brighton. Every time he found work, he was either laid off, sacked or resigned as a result of lack of work, ill health or conflicts with fellow workers and/or employers and supervisors. Early in his years as a tramping engineer Powell sought solace in writing poetry and gradually began to have his work published. By 1860 he was living in Brighton, where he finally abandoned his career as a mechanic. He started a magazine (which failed), took up with an electro-biologist and in turn began to give presentations himself (although later styling himself a mesmerist rather than electro-biologist). By the time he published his autobiography in 1865, he was still struggling, still itinerant, albeit as a poet and mesmerist rather than a mechanic. A mixture of the picaresque and the confessional, it is little wonder that Powell's story is entitled *Life Incidents*.

I might dream of continued success and contentment; fancying myself amid plenty and freedom, yet in mockery of my state, some unlooked for event would happen to dissipate the dream and teach me the great lesson of life's uncertainties.<sup>461</sup>

Men like Gutteridge and Powell wrote stories of self-improvement but the narrative arc was twisted by their constant struggles: with poverty and ill health, and for social status and a stable sense of self. They present a clear contrast with men like Farish and Gosling who overcame physical frailty to establish successful political careers. Gutteridge and Powell were skilled artisans but neither could hope to become masters. They were makers of things - Powell an engineer whose model engines were good enough to exhibit in London; Gutteridge a carpenter skilled enough to make his own microscope - but their

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<sup>461</sup> Powell *Life Incidents* p.14

autobiographies are chiefly a record of their self-fashioning, the creation of a form of manliness that could encompass their frailties and failures. It is to that manliness that we shall now turn.

### **Unmanly usage**

At the beginning of his memoir Joseph Gutteridge declares: “I was born March 23, 1816, and from birth was weak and delicate ...”. This bald statement suggests that Gutteridge saw his innate physical frailty as a defining characteristic. In the same paragraph he describes himself as having a “highly excitable and nervous temperament” indicating that this delicacy was mental as well as physical.<sup>462</sup> His own struggle with health was prefigured in his mother’s infirmity: “My mother was a confirmed invalid. Her illness - rheumatic fever - which left her a helpless cripple, was caused by going too soon into a newly-built house”.<sup>463</sup> Her three sons had to do their best to keep the house under her guidance and, as the eldest son, Gutteridge was particularly responsible: “I ... had, before going to school, to prepare for dinner, and upon leaving school at twelve, to complete the preparations against my father's return at one o'clock.”<sup>464</sup> These domestic duties were not the only feminising influence which Gutteridge described in his opening account of his childhood – a Quaker school mistress also taught Gutteridge to knit and sew – and although Gutteridge described a childhood love of climbing trees, it would seem that his delicate health served to isolate him from his peers.

I was growing very fast, and was physically rather weak and unable to mingle with other boys in their robust amusements; I had to be a passive on-looker, while my heart was in their pleasures. I could never endure much rough play, and therefore had to keep aloof from their petty quarrels and conflicts for physical supremacy, and at times, on that account, was subjected to many insults from bullies. This feeling of incapacity to cope successfully with others in trials of mere brute force, was the first step towards implanting within me the principle of

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<sup>462</sup> Gutteridge *Lights and Shadows* pp.6-7

<sup>463</sup> Gutteridge *Lights and Shadows* p.11

<sup>464</sup> Gutteridge *Lights and Shadows* p.11



non-resistance, to which no doubt may be attributed many of the hardships which I afterwards endured ... For the sake of peace and to secure the good will of others, I endured much, having to live as it were in a little world of my own, and finding so few congenial spirits with whom to associate in my peculiar pursuits.<sup>465</sup>

Thus the homosocial world of boyhood play was denied Gutteridge on two grounds: firstly, because he had to assist his mother with domestic duties at home, and secondly, because of his physical delicacy. Gutteridge expresses ambivalence about this state of affairs: on the one hand regret at what he missed (“my heart was in their pleasures”), on the other hand a certain distaste for physical robustness (“mere brute force”). It is this ambivalence which is perhaps most striking. The social distancing from a rougher masculinity was a common trope in plebeian invalid narratives, but in this passage Gutteridge revealed something of the internal struggle between conflicting impulses that might belie any attempt to map onto this trope an uncomplicated division between rough and respectable. However, we also see how his constitutional incapacity for the rough play of his childhood companions began to establish a mental disposition which shaped his behaviour in later life – his “principle of non-resistance”, an unwillingness to engage in conflict, or indeed risk the possibility of it, was put forward as the cause of many of future hardships

In his childhood Gutteridge could escape into the solitary pleasures of rambles in the countryside, but when he started work, indentured to his father as a ribbon weaver, he found there was nowhere to hide from what had become for him an alien culture:

Factory life was very demoralizing to youths with any pretensions to refinement ... The tyranny and persecution that the more thoughtful youths were subjected to who refused to join in these carousals can scarcely be realised by outsiders.<sup>466</sup>

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<sup>465</sup> Gutteridge *Lights and Shadows* p.25

<sup>466</sup> Gutteridge *Lights and Shadows* p.28

This is a classic means employed by working-class autobiographers who wish to signal the distance between them and others of their class, and the example Gutteridge gives of the kind of behaviour he abhorred - the tradition of drinking treats expected of newcomers to a workforce - occurs in other accounts such as that of Powell. For Gutteridge it was difficult to separate moral sensitivity from physical frailty, a point illustrated by this description of his involvement as a bystander at a machine-breaking riot in the early 1830s:

At such a sacrilegious proceeding I stood aghast and felt my strength of body and mind failing, and would certainly have collapsed and been trodden to death by the mob, had I not been at that moment seized roughly by the arm and dragged forcibly though the dense crowd to a place of safety.<sup>467</sup>

This incident dramatises the feminine quality of Gutteridge's frailty. Close to fainting before an angry mob of rioters, he becomes passive (his principle of "non-resistance"), saved only when he is "seized roughly" and "dragged forcibly" to safety. Gutteridge's earlier "persecution" at the hands of workmates echoes the experience of the "invalid-artizan" James Leatherland, in his days as an apprentice weaver. The chapter's opening quotation described how Leatherland was jeered and taunted by his workmates if he complained about his poor health, and thus it is perhaps unsurprising that he was a harsh critic of Kettering factory culture: "Had I twenty children, I would rather send them all to the workhouse, than to such a hot-bed of vice and immorality".<sup>468</sup>

James Powell was another plebeian invalid who presented himself as physically vulnerable to male force, although in his case it was a series of bullying foremen who presented the greatest threat. Powell described repeated mistreatment from foremen at jobs in Chepstow in 1855, then shortly after in Wolverhampton, and

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<sup>467</sup> Gutteridge *Lights and Shadows* p.35

<sup>468</sup> Leatherland *Essays and Poems* p.8



finally in his last job as an engineer in Brighton. In Wolverhampton his frail health was already worsening, but according to Powell the problem was exacerbated by harsh treatment:

I ... suffered more nervous and physical debility than I had done before ... In the workshop I found my physical powers too feeble to withstand the heavy pressure placed upon them. The foreman ought to have had an iron-man to set in motion instead of one of human flesh and blood. He seemed to have neither conscience nor sympathy - perhaps he was an iron man himself. He was never satisfied. I was expected by him to work - work - work - with a rapidity knowing neither weakness nor weariness. My physical powers lagged - they were unequal to the demands made upon them. The foreman whipped them to the task, like a heartless Legree. They gave way and I was ill.<sup>469</sup>

By 1859 the family had moved to Brighton where Powell had secured a job working for the London, Brighton and South Coast Railway. Powell had increased his poetic output and his work was published in the local paper and then in a small collected volume. He described how he thereby gained the approval of a number of Brighton worthies including senior managers at his company; a development which Powell suggested alienated his foreman, bringing him more mistreatment and more ill health:

He vexed and insulted me, using the most horrible and filthy expletives. Daily my task became the more difficult, and daily I prayed for a change. I had, under the treatment of Mr. Horace Johnson, by a course of hydropathy, gained considerable improvement in my health, but the continual insults and unmanly usage I received from the foreman, brought on a relapse and a state of nervousness which caused me very often to make mistakes in my work, which were all set down in the list of charges which he kept against me. Day by day this apology for a Christian, armed with his little delegated authority, wounded my self-respect, and

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<sup>469</sup> Powell *Life Incidents* p.35

caused me the acutest mental pain.<sup>470</sup>

Invalid autobiographers like Gutteridge and Powell made clear their distaste for the rougher elements of plebeian culture and signalled their sense of superiority in terms of a more refined sensibility, but Powell's anguish demonstrates how difficult it could be to maintain any sense of masculine pride in the face of harsh treatment and domination by other men. Gutteridge discussed the effects of this social isolation in a passage which assaulted the great shibboleth of Victorian manliness – independence:

... and under the weight of real or imaginary wrongs I felt too independent to ask favours, not realising the fact that no one can be independent, but that all are reciprocally dependent upon each other. I had hitherto trusted too implicitly in my own individuality and to my own unaided efforts in the race of life, and as a consequence soon found myself too heavily weighted even to run, let alone to win the prize.<sup>471</sup>

So how did these men reconcile their weakness and delicacy with their sense of manhood? To explore this dilemma we shall draw on Maria Frawley's reading of *Round the Sofa*, Elizabeth Gaskell's novel of Victorian invalids.

... invalidism has the power, Gaskell implies, to destabilize, reposition, and in some instances subsume the categories of identity that her readers would have believed to be absolutely central to their understanding of personhood and of a person's place in the social order.<sup>472</sup>

Thus one explanation of this apparent gender crisis is that Gutteridge and Powell reconciled themselves to their conditions by celebrating the very qualities that set them apart. They could do so because "a state of nervousness" was compatible with at least some forms of manliness in mid-Victorian Britain. In "*Shattered Nerves*" Janet

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<sup>470</sup> Powell *Life Incidents* p.46

<sup>471</sup> Gutteridge *Lights and Shadows* p.60

<sup>472</sup> Frawley *Invalidism and Identity* p.247



Oppenheim argued that by the 1830s the Georgian cult of sensibility had been transformed through its encounter with Romanticism. Romantic heroism, she suggests, celebrated

... the inner man, the creature of feelings and passions ... the artist yearning for freedom, love, beauty, and, above all, insight. His inward vision allowed him to penetrate, beneath the surface, to the heart of things and thereby justified the intense introspection to which he gave free rein.<sup>473</sup>

It would be wrong to suggest that every time a plebeian man succumbed to sickness they were transformed into a Byronic hero, or even that what we might term Romantic invalidism could characterise the smaller group of men who suffered enduring frailty through life, but it is a category which may assist in understanding men like Gutteridge and Powell, whose delicacy was characterised by what Gutteridge termed a nervous and excitable temperament, and whose writing was characterised by a heightened level of emotional self-expression. Other features of Romanticism which we might see reflected in this particular form of invalidism would be a concern with individual liberty, a marginalisation from the mainstream of society, a nostalgic embrace of nature and a valorisation of the innocence of the child.

### **Fits of melancholy and poetic effusions**

Gutteridge suffered periodic physical breakdowns, but there was often a nervous component and there were many episodes where mental and spiritual anguish were to the fore. Profound introspection arose from difficult personal circumstances and his struggle with faith. His first inner crisis came when Gutteridge was about twenty and followed the death of his father. Living at home with his two younger brothers, Gutteridge was deeply unhappy about the treatment they received from his step-mother, and he was torn between a desire to leave and a sense of duty towards his siblings. The clashes with his step-mother, and his inner conflict about what to do, weakened Gutteridge.

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<sup>473</sup> Oppenheim "*Shattered Nerves*" p.145

Under these trials I became emaciated in body, and was fast drifting into a mood of careless indifference with regard to everything; a morbid feeling of melancholia was absorbing my whole nature, crowding my imagination constantly with wicked and desperate thoughts.<sup>474</sup>

Powell too suffered from melancholia and the “wicked desperate thoughts” (presumably suicidal) experienced by Gutteridge affected Powell after he had left engineering and taken up mesmerism.

So severe became our struggle to make headway in my profession, that the attendant mental anxieties operated injuriously on my health. Fits of melancholy oppressed me, and I often, forgetting duty, prayed for death. In some of these morbid states, whisperings stimulated my thoughts in the direction of suicide; but they never, thank God rested there. The temptation was strong, but the will to resist it stronger.<sup>475</sup>

Both Powell and Gutteridge found relief from their suffering in literature and nature. Powell was out of work when his first child was born, having been blacklisted after the engineering strike of 1852. The pressures took a physical and mental toll.

My health began to wane. I became almost constantly subject to fits of melancholy and general lassitude of body; yet amid want and sickness I made many a dull hour pleasant with song. The idea came to me to publish a small collection of my early poetic effusions....<sup>476</sup>

Like Hillocks and Paton, he had found sickroom solace in the written word, but where Paton acquired a library, Powell sought a readership. As well as publishing poetry he began to give lectures whilst continuing to work (or seek work) as an engineer in a variety

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<sup>474</sup> Gutteridge *Lights and Shadows* p.37

<sup>475</sup> Powell *Life Incidents* pp.108-9

<sup>476</sup> Powell *Life Incidents* p.17



of towns and cities. Gutteridge's love of learning first expressed itself in a love of nature and his passion for natural history persisted until old age (he would eventually gather some renown for his collection of shells). In the opening pages of his autobiography Gutteridge establishes two fundamental aspects of his character – his love of, and intellectual curiosity about, the natural world and his physical delicacy. Indeed the two are linked, because it was his delicacy which gave him licence to roam the countryside in his “endeavours to become acquainted with nature”.

My parents considered that my health very much depended upon exercise and freedom, and this was the advice of the various doctors that my father had taken me to. I well recollect an old physician, a Quaker, named Dr. Southam, refusing to prescribe for me, remarking that the money in my case would be wasted. He recommended that which suited my tastes and habits much better, namely, as much exercise in the open air as I could take. The consequence was that I took more liberty than perhaps I ought to have taken.<sup>477</sup>

Again this demonstrates the idea of sickness as opportunity to learn, but Gutteridge's assertion of agency also illustrates how the prerogative of the invalid - a licence to behave beyond the bounds of normal convention – also gave licence to a Romantic love of individual liberty closely tied to a love of nature. Even before he describes his birth, Gutteridge describes the Lammas lands which surrounded Coventry and which in his youth were “... a veritable paradise. I would roam over them without let or hindrance, and my earliest feelings of pleasure in wild flowers, insects, and birds were acquired upon these wastes.”<sup>478</sup> Gutteridge begins his autobiography by setting out his parentage and then describing the enclosure of these Lammas lands and the loss of common rights which he would have enjoyed as a freeman of the city on completion of his apprenticeship. This is more than a simple nostalgia for childhood freedoms. In the equation of land, liberty and customary rights we might see an echo of some of the

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<sup>477</sup> Gutteridge *Lights and Shadows* p.11

<sup>478</sup> Gutteridge *Lights and Shadows* p.6

political ideas we explored in the previous chapter,<sup>479</sup> but in his linking of rural freedoms with a deep passion for nature we might identify a classic trope of Romanticism.

The Romantic rural ideal was in large part a reaction against industrialism, and this suggests another interpretation of the critique of factory life expressed by Gutteridge, Powell and Leatherland; one that focuses not so much on rough plebeian behaviour but more on the factory as a degrading environment.<sup>480</sup> Leatherland equated his factory days with the agony of his calculi and Powell, as we saw in the last chapter, found the environment of both factories and factory towns depressing to his health.<sup>481</sup> His critique of the town of Dudley was juxtaposed with appeals to Romantic visions of the natural including the beauty of innocent children:

The surrounding scenery being blighted, and all the living beings bearing marks of the same baneful influence in their gait, education and features. Even the children, whose artless natures plead for all that is child-like, beautiful, and free, wore the stern disfigurements of “unnatural commerce.” The pensive, mystic moon might shed its light abroad in company with all the stars, it could not hide the unnatural deformities of the place, or even lend to it a momentary halo of beauty; for the perpetual furnaces spread a black blight with their fierce flames over the night as well as the day.<sup>482</sup>

We see in this description not just a Romantic critique of industrialism but a Gothic rendering of its unnatural effects. The Romantic and the Gothic were closely intertwined in Victorian literature and in Powell and Gutteridge’s interest in spiritualism and mesmerism we can see an echo of the Gothic obsession with the uncanny. Alison Winter’s study of Victorian mesmerism emphasises its ubiquity and its ambiguity.<sup>483</sup> Mesmerists performed in theatres, halls, pubs and chapels across the country and the

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<sup>479</sup> See above pp.118-9

<sup>480</sup> There is an ambivalence here because both Gutteridge and Powell were skilled mechanics with a passion for machinery.

<sup>481</sup> See above p.112

<sup>482</sup> Powell *Life Incidents* p.39

<sup>483</sup> Winter, *A Mesmerized: Powers of Mind in Victorian Britain* (Chicago, 1998)



mesmeric act, its meaning and its authenticity were widely discussed. Like spiritualism it was far more than a music hall act; for many it offered the possibility of a “new and exciting science of life and mind”, but, like the figure of the invalid, it raised questions of authenticity and accusations of fakery.<sup>484</sup> At a time when the professions of science and medicine were still struggling to consolidate their status within society, the controversy around mesmerism became a means “for Victorians to explore and even to forge definitions of authority wherever they were open to question”.<sup>485</sup> These issues of intellectual authority were intertwined with questions of social status in the mesmeric act, “because there were often pronounced class differences between mesmerist and subject”.<sup>486</sup> For Powell, who had failed in his struggle for status and authority amongst his male colleagues, mesmerism was a means to achieve mastery. This transformation involved two reversals. First of all the invalid turned healer. Powell recounted how in 1862 he attended

... a young lady who had been unable to walk for eighteen years, owing to spinal weakness, and after some four months’ application of Mesmerism had the satisfaction of seeing her walk and even run unaided.<sup>487</sup>

But it was not just young women over whom he gained some measure of power; his public lectures were often challenged by sceptics, and he recounted an episode in Epsom where a group of young men came to the stage and jeered cynical accusations that he was a fraud. Powell fled the stage, but exhorted by his wife to confront his tormentors, he returned and mesmerised one of the men.

I proceeded slowly, gradually finding that I was gaining influence over him. But the tax upon my powers was great in the extreme. However, I persevered and triumphed. But what a triumph! I had no sooner succeeded than my whole strength gave way and I cried like a child. The paroxysm passed. I felt ill, but was

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<sup>484</sup> *Winter Mesmerized* p.5

<sup>485</sup> *Winter Mesmerized* p.6

<sup>486</sup> *Winter Mesmerized* p.4

<sup>487</sup> *Powell Life Incidents* p.131

able to leave the hall unaided. Just before I left, the young men collected a number of shillings for me, and expressed themselves delighted with the illustration I had given them. My health not being in a proper condition, I ought not to have appeared that night, but I was anxious to save expense. To meet opposition of the character I had there to encounter I wanted an iron constitution.<sup>488</sup>

Here we see reconciliation between Powell's physical frailty, his nervous emotionalism and his desire for independence and respect. After years of "unmanly usage", he had finally overcome the type of men who had driven him from the factory.

Gutteridge's interest in spiritualism was a response to the mental struggles surrounding his loss of religious faith, but was conducted in a spirit of scientific curiosity, and thus an expression of the Romantic impulse "to penetrate to the heart of things" which was inextricably linked to his interest in medical botany, geology, physiology and other forms of scientific knowledge. At the end of his autobiography Gutteridge sought to make sense of the "lights and shadows" of his life in this passage, which linked his manhood to love of nature, intellectual curiosity, spiritual doubt, material want and mental and physical frailty:

In taking a retrospect of life I am struck at its various phases. Sometimes its complexion has been bright and beautiful, as in my younger days while roaming the fields and lanes in search of plants and wild flowers. The aspect of Nature transformed the world into a veritable paradise, made happier by the loving care and protection of earthly parents. After this period came shadows - privations and troubles - but viewed from the standpoint of old age these were as nothing in their effects upon manhood compared with the blighting influence of the dark shadows of Materialism which enveloped the mind for about eighteen years of the best part of life. This materialistic philosophy of non-responsibility almost brought me

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<sup>488</sup> Powell, *Life Incidents* pp.129-30



to a state of unreason, so dark and gloomy was the prospect, but from this Slough of Despond - this quagmire of doubt and perplexity - I eventually began to emerge towards the sunlight of reason through the study of the various physical sciences and the investigation of spiritual phenomena, guided by works that were within the means of a working man. The pleasure experienced in these pursuits led to the resolve not to live for self alone, but to place at the service of those who were struggling for 'more light' whatever knowledge I had gained. This power to help others confers a pleasure beyond all expression.<sup>489</sup>

Gutteridge, so often isolated from his peers and critical of his own over-reliance on independence, found mental peace through spiritualism, and a sense of self-worth and empowerment through service to others. In the concluding passage of his narrative Powell similarly draws a moral from his story:

... I must be courageous and bear my disappointment as the earth bears the fallen leaves, without a murmur. I have persevered for years through ill-report and good-report, partial failure and partial success, in the silent chamber of sickness, and amidst the jarring strife of commerce, never utterly despairing, but always aiming towards perfectibility; not that I might simply win a niche in the temple of art, but that I might stimulate to holy thoughts and incite to high endeavours. In the factory I found myself opposed by interests too strong for me, and was beaten outside; but the feelings and springs of thought which inspired me there, were closed out with me, and I still, animated by an irresistible influence, invoked the muse. But ever the hard, killing necessities of social life have pursued me, trampling down all Fortune's flowers, and wedding my body to sickness, and my mind to care. But although subdued, my aspirations are still in the way of the beautiful and the eternally true. My ambition is, that the seed I have sown may have room to grow, and may not be cast simply on sterile ground. The fragmentary facts of my past career (if the poems are considered of value), may serve to stimulate others to the pursuit of art, because they may perceive a fact

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<sup>489</sup> Gutteridge *Lights and Shadows* p.236

which may be useful to them - viz., that success in art is not always prohibited by severe social difficulties. If such is the case, I shall not wholly have written in vain.<sup>490</sup>

Powell like Gutteridge and Farish failed the physical and mental test of manual labour: “the hard killing necessities of social life ... wedd[ed] my body to sickness, and my mind to care”, his “partial failure and partial success” must be borne stoically “without a murmur”. Powell argues for a different style of plebeian manliness, in which the weak and frail are also courageous, suggesting that there were many registers to plebeian stoicism. The manliness of the Romantic invalid is elegised in the opening lines of Powell’s poem *Effort*:

Tho' sickness cramp the feebly frame,  
And sad thoughts rack the fever'd brain,  
There's "balm in Gilead" for the lame,  
And solace for the sharpest pain.

Let Hope and Providence wait on Will:  
The striving ant alone can rise  
To summit of the tiniest hill;  
Or soaring eagle to the skies.<sup>491</sup>

Powell’s biblical reference to “balm in Gilead” is a reminder that in the late eighteenth and early nineteenth centuries, Romantic individualism overlapped with Evangelicalism, each reinforcing the other. It thus provides a useful link to the following discussion of the religious invalid.

### ***Crying from the sick and wounded – the religious invalid***

In a return to the values of seventeenth-century Puritanism, the Evangelical movement of the late eighteenth and early nineteenth centuries stressed the

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<sup>490</sup> Powell *Life Incidents* p.147

<sup>491</sup> Powell *Life Incidents* pp.219-220



importance of direct personal experience of divine salvation, individual self-scrutiny, intensity of emotion and tenderness of feeling. The Methodist strain of Evangelicalism was a "... 'religion of the heart' which valued the spiritual feelings of the individual".<sup>492</sup> Just as with Romanticism, this religious sensibility provided a language within which physical suffering and frailty could be articulated, not least through a revival in the genre of spiritual autobiography and the sub-genre of the conversion narrative. The intermingling of the spiritual and the somatic was not restricted to these genres but they provide a more strictly religious counterpart to the Romantic invalidism which has just been explored. The figure of the religious invalid will be examined here through close readings of the autobiographies of the Baptist agricultural labourer Joseph Mayett and the lay preacher George Mockford (who also came from a family of agricultural labourers). We begin with Mayett:

At the latter end of July I went up to Alderbury in hartfordshire to harvest and while I was reaping I pricked the first Joint of my forfinger of my left hand this took to swelling and gangering so that I was forced to leave my place and return home and for ten days I had no rest night nor day and I began to think my finger would mortefy and kill me this was the first time I ever thought of being near death this made me very uneasey for I had no assurance of being saved and although I had made a profession for so many years yet I was alarmed at the thoughts of death for I knew not how a sinner Could be sheltered in the righteousness of Christ neither had I once gave it a thought how God Could be just while he Justified the sinner in his Sight and I began to reflect more particularly on my past life and the solemnity of meeting my God as a righteous Judge in about ten days the gathering brok in my finger and I obtained ease and found it out of danger and felt my heart thankfull to almighty God for his kind interposesion on my behalf<sup>493</sup>

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<sup>492</sup> Tosh, J *A Man's Place: Masculinity and the Middle-Class Home in Victorian England* (New Haven & London,,1999) p.35

<sup>493</sup> Mayett, J *Autobiography of Joseph Mayett of Quainton (1783-1839)* Kussmaul, A (ed), Buckinghamshire Record Society 23 (1986) p.85

Thus did the Baptist Joseph Mayett describe the injury he received in the summer of 1828, some ten years before his death. That a small cut could lead to what he feared was a life-threatening infection gave cause for Mayett to reflect on the precariousness of life and the state of his soul, and this brush with death served as the fulcrum of his conversion narrative. Mayett was born in 1783 in Quainton, Buckinghamshire to a father who was a day-labourer and a mother who earned her living making lace. His parents were active Nonconformists, their house licensed first as a Methodist, and then as a Baptist meeting house. He followed his father into agricultural work but joined the army in 1803 serving in the Royal Bucks Militia until 1815. He returned to his family and worked on the building of a new church but within a few months he was picking rags and peddling. Declining health meant that his work as a day labourer was occasional and he relied heavily on parish and benefit society payments until his death in 1839.<sup>494</sup>

As Ann Kussmaul suggests this is a work “of confessional writing in the Puritan tradition”.<sup>495</sup> Andrew Wear has shown in his discussion of seventeenth-century religious autobiographies and diaries, for Puritans the fate of the body was inextricably linked to the fate of the soul. Autobiographies like those of Mayett and Mockford demonstrate the persistence of this intertwining of flesh and spirit into the nineteenth century. Sickness and health were intimate manifestations of divine will, expressions of God’s anger at sin or his merciful love, and the subject of prayer and meditation.<sup>496</sup> The significance of such episodes was determined by where they fell within the conversion narrative. Fundamental to the narrative arc of these stories is that they should begin with a detailed account of the wretched nature of the subject’s life of sin prior to conversion. What follows is usually a gradual process of reform and slow passage towards God, marked with dramatic and sudden revelations but also with setbacks.

Thus Mayett recounted numerous episodes of serious illness in his autobiography, both in his army life and in his later years as an agricultural labourer, and the early episodes which occur before 1828 were offered as evidence both of divine providence and of

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<sup>494</sup> Details are drawn from Kussmaul, A ‘Introduction’ in *Mayett Autobiography*

<sup>495</sup> Kussmaul, A ‘Introduction’ in *Mayett Autobiography*, xv

<sup>496</sup> Wear, A ‘Puritan perceptions’ in Porter, R (ed) *Patients and Practitioners*



Mayett's pre-conversion state of sin. We first see this when Mayett and a fellow soldier fell victim to smallpox in 1802. To begin with the two men were neglected by the surgeon and their only medical attention was from the barrack sergeant's wife, but then they came to the attention of the colonel of the regiment who ordered the surgeon to care for them in the hospital. Mayett attributed this intervention to the "divine mercy" of providence, and again had cause to offer his thanks to God when he recovered from the disease.

God who has the power of death in his own hand knew best and spared my worthless life ... this I have often thought a great mercy from my God though I only veiwed the means then and knew nothing of the ends at that time<sup>497</sup>

Whilst Mayett had been reminded of God's mercy, he suggested that at this stage he was unable to fully understand it he: "knew nothing of the ends at that time". A similar moral was drawn from another episode of ill health in the army when he and two other soldiers took "a severe Cold" after a night of sentry duty on a wet, cold February night in 1811. The surgeon let their blood and then the following day ordered them to the hospital where they were told to take hot baths. Mayett refused fearing "that it would be Certain death of me" but his two comrades assented and they both died. "So meraculously did the Lord appear for me but I did not Consider the power of his arm not the opperation of his hands."<sup>498</sup> Thus these episodes were both examples of God's mercy and markers by which to measure the state of Mayett's soul.

His years in the army exemplified his sinful past and were a time when Mayett was provided with signs which he failed to heed. In a passage which immediately follows the incident in which his two comrades had died but Mayett was spared, he recounted an incident in July 1811 when the men of the regiment each were given two guineas for volunteering to serve in Ireland. A night of drunkenness follows but Mayett is asked to remain sober by his Captain which he does and he wakes at dawn to a debauched scene: "I do not remember that I ever saw such a scene in all my life there was not a birth in

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<sup>497</sup> Mayett *Autobiography* pp.28-9

<sup>498</sup> Mayett *Autobiography* p.50

the Room except my own and the pay Sergeants without a drunken man in it”, but what makes the scene “so dreadful” is not within the room:

The Barrack windows [were] opened towards the east and in the east there arose a full dreadful Storm of thunder and Lightening and as sone as I opened my eyes the Sun being Just arising and the Lightening together the element appeared to be all in flames and [I] realy thought the world was at an end I remember my thoughts to this day I thought the world was at an end and I was not prepared and what Shall I do but I thought again I must take my Chance and do as others did for at that time it was of no use to pray then for that would be only mocking of God <sup>499</sup>

Mayett returned home in 1815 and married Sarah Slade the same year. He was once more actively involved in the church. By the time of the injury to his finger in 1828, Mayett was forty-five. He had recovered from his injury by the summer of 1829 but he suffered further ill health through a combination of cold, damp and lack of money. His account of the episode provides further evidence of the aetiological model which was elaborated in the previous chapter. 1829 was a year of high rural unemployment and low wages: “this brought me into a very weak state for want of the Common necessaries of life”.<sup>500</sup> Then when he returned to Alderbury that August, the weather was very damp and, unable to find a room to stay in, he was forced to sleep in a loft.

the wheather Continuied incesantly wet all the time I was there and one day I got very wet indeed and Caught a very bad Cold and being so weak before it settled in my Chest and ruined my Constitution<sup>501</sup>

This cold led to spasms in his chest and pains in his side which he was still suffering in 1830; his condition was exarcebated by a further cold that autumn. These later episodes of ill health offered Mayett an opportunity for further reflection on, and more profound

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<sup>499</sup> Mayett *Autobiography* p.50

<sup>500</sup> Mayett *Autobiography* p.92

<sup>501</sup> Mayett *Autobiography* p.92



understanding of, divine grace and mercy through personal reflection and scriptural study. In more secular autobiographies, such as those of Hillocks and Gutteridge, the sickroom was a place for engagement with a broad range of literature: in Mayett's spiritual narrative there was only one book which mattered.<sup>502</sup> After his injury, Mayett described how

I began to search the scripture more minutely and to pray more earnestly for the influences of the Holy Spirit to enlighten my understanding and to teach me the right way to understand the plan of Redemption and the real meaning of the word of God ... the more I searched the more I saw my weakness and ignorance and was brought more wholly to trust to the mercy and will of God and the teachings of his holy spirit and to put no Confidence in the flesh<sup>503</sup>

This process involved both a more active engagement with the scripture and a surrender to the "mercy and will of God". To "put no Confidence in the flesh" was an admonition not to trust his own mortal and limited judgement, as well as an acknowledgement of his weakening physical state. It was also a reminder that the path to salvation required both an opening up, to God's will, and a closing off, a final rejection of the culture of drinking and swearing that had marked Mayett's army years. Chronically sick, unable to work and struggling to maintain the material support he needed, Mayett moved ever closer to God.

at this time I felt great Consolation of mind I was sensible that the Lord had a sovereign right to deal with me as he pleased and I trust I can say with propriety that if I ever enjoyed the presence of the Lord this was the time I felt well satisfied with his dealings toward me so that I could rejoice in my afflictions<sup>504</sup>

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<sup>502</sup> Mayett tells us at one points that he has a disagreement with some friends who he then ceases to have contact with. "I forsook their Company and took Care in futer how I read any more authors I have read many authors since but if I find them in any way Contridict the Bible or themselves in any one instance I cast them away as a thing of naught and I would advise others to do the same and always prefer the bible before an other book however feasable the[y] may seem.' Mayett, *Autobiography* p.72

<sup>503</sup> Mayett, *Autobiography* pp. 85-6

<sup>504</sup> Mayett *Autobiography* p.95

This surrendering to the will of God in the midst of physical suffering has, as Caroline Bynum suggests, long been at the heart of the Christian approach to the body: “Illness, self-induced or God-given, was identification with the Crucifixion ... illness as fact and as metaphor ... was a fully active fusing with the death agonies of Christ”.<sup>505</sup> It is one of the paradoxes of the Christian attitude to the corporeal body that mortification of the flesh only serves to reinforce the body’s place at the centre of religious experience. Thus when Mayett wrote that he should “put no Confidence in the flesh” and that he could “rejoice in my afflictions” we should not read this as a puritan rejection of the body, because, as Bynum suggests: “... it makes no sense to see a deep religious concern with disciplining and experiencing the body and a tendency to express religious response in it as hostility toward or discounting of the somatic”.<sup>506</sup> The main dichotomy in Mayett’s narrative was not between body and soul, it was between self and God; the physical body was simply the most obvious manifestation of the bounded self which must open to receive God’s grace.

The more I contemplated on his grace his mercy his longsuffering his patience condensation his love and all his divine attributes and perfections the more I felt my heart drawn out after the Lord and felt him to be the chiefest amongst ten thousand and altogether lovely<sup>507</sup>

Mayett describes a deepening understanding of God’s grace as he declined in health, but evidently his search for a physical cure was coming to a close. In February 1830 the doctor told him to “try without medicine for that seemed to do me no good” and after being under the care of a “water docter” for a fortnight “he pronounced me incureable and said he could do nothing for me he told me the nature of my disorder and said that I might live some little time but did not believe I could be Cured”.<sup>508</sup>

Focusing on commonplace books of consolation which offered guidance on a religious

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<sup>505</sup> Bynum, *CW Fragmentation and Redemption: Essays on Gender and the Human Body in Medieval Religion* (New York, 1991) p.48

<sup>506</sup> Bynum *Fragmentation and Redemption* p.11

<sup>507</sup> Mayett *Autobiography* p. 95

<sup>508</sup> Mayett *Autobiography* p.95



approach to invalidism, Maria Frawley has suggested that what marks nineteenth-century religious writing on the sick is an emphasis on resignation; the search is for salvation, rather than a cure.<sup>509</sup> However, Mayett's autobiography suggests that in practice both were sought. The body was not abandoned; Mayett embraced physical pain whilst striving for material comfort. Even as Mayett contemplated his own mortality, he recorded both his search for a cure and his efforts to gain support from either the parish or his benefit society. Thus he describes how in January 1830 the overseer of the poor (who was also a member of Mayett's benefit society) persuaded a doctor:

to turn me off the Club by telling him he would support me from the Parish without work this struck me off about 13<sup>s</sup> per week I than made application to a water docter and he gave me a Certivicate and put me on my pay again<sup>510</sup>

Then in the very final episode in his autobiography Mayett describes how he was accused of malingering and deceiving the Box Club which had been supporting him during his illness.<sup>511</sup>

### **Healed by God's word – George Mockford**

In July 1859, twenty years after the death of Joseph Mayett, the lay preacher George Mockford established a chapel in the East Sussex town of Heathfield:

Gideon's God was our God, and he made his word quick and powerful, so that there was crying from the sick and wounded among us, for mercy from the God of salvation to be manifested unto their poor souls. Some were healed by having God's word sent to them; while others, who had been brought to feel the galling yoke of bondage, were brought out into liberty.<sup>512</sup>

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<sup>509</sup> Frawley *Invalidism and Identity* p.138

<sup>510</sup> Mayett *Autobiography* p.95

<sup>511</sup> Mayett *Autobiography* p.98

<sup>512</sup> Mockford, G *Wilderness Journeyings and Gracious Deliverances* (Oxford, 1901) pp.54-5

George Mockford's 1901 autobiography contains both his conversion narrative and letters to members of his chapel, and his writing exemplifies the complex interrelationship between the somatic and the spiritual, as in this passage from a letter to his congregation:

O what a poor little delicate child the child of grace is felt to be in the heart of the dear saints of God; they often fear it is a dead child, for they cannot perceive any right movements of it within ... You feel at times you have only a skeleton of a child, and as you look at it you tremble at the sight, to you it does not look anything *like the living child* of grace that you see in others. But it is a strange thing there are times when it sips a little *wine* and *milk*, and it is astonishing what a change is produced. The child looks so much better, and is so lively, that you cannot help blessing God for it, yet how soon you are cast down by its deathly appearance. But, beloved, this child will never die, as it has the life of God in it, and its sickly, deathly appearance arises from your not being able to see it without a surrounding of disease and death. But this is no part of the child, indeed the child is in reality in its healthiest and strongest state when this appearance surrounds it, as it is then clinging the closest unto its parent, and deriving fresh supplies to enable it to resist the deaths that surround it; and if you watch, you will perceive a *clear* distinction between this *living child* and the *death* that is within you. I trust you will understand my riddle. May you be favoured with the anointing eyesalve to enable you to see light in God's light.<sup>513</sup>

This letter draws on the rhetorical power of the sickly child, here used as a metaphor for spiritual doubt and the apparent frailty of our relationship with God. But it is in this state of weakness, Mockford asserts, that we are closest to God; just as the sick child clings “closest to its parent [when] deriving fresh supplies to enable it to resist the deaths that surround it”, so too, are we closest God when our spirit seems weakest. The metaphor hinges on an embrace of the Romantic idealisation of the child as a symbol of innocent purity and is both a valorisation of physical vulnerability and a sanctification of the process of healing and the space of the sickroom. But Mockford's metaphor works on two

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<sup>513</sup> Mockford *Wilderness Journeyings* pp.82-3



levels. Like Mayett, he in effect asks us to “put no Confidence in the flesh”, for our inability to understand how close we are to God is a failure to perceive that true life is not physical but spiritual: “this child will never die, as it has the life of God in it ... and if you watch, you will perceive a *clear* distinction between this *living child* and the *death* that is within you.”

But the use of medical discourse was not simply metaphorical. Although the universality of physical sickness offered a language which was readily applicable to the life of the spirit, this confluence was aided by the physical nature of religious experience. Mockford’s autobiography provides ample evidence of this facet of the spiritual life.

In his description of his early years Mockford provides us with a number of details which set the tone for much of what is to follow. First of all there is the separation from his male peer-group: as the eldest of twelve children he was, like Joseph Gutteridge, required to assist his mother in housework, “to nurse the baby, clean the house, and do sewing like a girl” and, he tells us, was thus “prevented from playing with other boys”.<sup>514</sup> Then there is his religious seriousness: at Sunday School he was extremely curious and eager to learn and from an early age had “very serious thoughts about the great God that made the heavens and the earth”.<sup>515</sup> Finally there is his physical condition: “I was always rather delicate in health, and had no stamina about me for outdoor exposure ....”<sup>516</sup>

As was noted in chapter one, Mockford’s frailty caused problems for him when he began to work as an agricultural labourer and brought him into conflict with his father, who “was naturally strong and healthy, [and] had no sympathy with his white-faced son”.<sup>517</sup> Having been separated by dint of physical delicacy from his male-peer group, Mockford then became emotionally estranged from his father: “I began to have a great dread of him and all I did was under fear of the lash.”<sup>518</sup> Thus, early in his narrative a physical and emotional delicacy, initially linked to the feminine by the association with housework, is

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<sup>514</sup> Mockford *Wilderness Journeyings* p.1

<sup>515</sup> Mockford *Wilderness Journeyings* p.2

<sup>516</sup> Mockford *Wilderness Journeyings* p.2

<sup>517</sup> Mockford *Wilderness Journeyings* p.3

<sup>518</sup> Mockford *Wilderness Journeyings* p.3

then contrasted to a rougher masculine style. The theme recurs on a number of occasions. Whilst working in a brewery Mockford incurs the wrath of his fellow workers. “openly profane characters, and I had much to endure from their taunts and jeers”. In a soap factory Mockford comes into conflict with the other workers “who were in the habit of spending much of the time ... in gambling and drinking beer”. Finally, in the midst of a spiritual reverie walking the streets of Brighton Mockford suffers verbal abuse from cab-drivers.<sup>519</sup> These episodes echo the experiences of Powell and Gutteridge. However, the relationship between Mockford’s frail, sensitive body and his spiritual sensitivity is not limited to a revulsion at rude plebeian male behaviour. The religious awakening and subsequent spiritual journey which Mockford describes in his autobiography is as much a physical experience as it is a spiritual one; indeed the two are impossible to separate. This is perhaps most clear in his account of the first intense explosion of religious feeling he experienced as a youth:

As I took the book from my pocket, these two scriptures met my eye, and went to my heart: “The soul that sinneth, it shall die.” ”He that offendeth in one point is guilty of all.” I was struck as with a flash of lightning; the book dropped from my hand, and I fell to the earth. How long I lay there, I cannot tell, but presently I began to crawl into a hedge near; I was afraid to look up, as I felt sure if I did, I should see the eye of God upon me from above; and while lying in the hedge, I cried for the first time in my life, in the language of the publican, “God be merciful to me a sinner.” O what a solemn sight I had of the majesty, holiness, and justice of God! and I proved his word to be as a sharp sword, piercing my heart. I felt there was no hiding from God. I wished that I could find some place to hide myself from the presence of my angry Judge. How I got home that night I cannot tell but such was the effect upon my body that I could scarcely walk. My parents were terrified at my appearance, and kept wanting to know the cause of my illness, but I could not tell them. Being able to eat but little, and sleep less, I soon became so ill that I was sent to a doctor, who examined me, and shook his head, but said, “I will try if I can do anything for you.” Every one supposed that I

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<sup>519</sup> Mockford *Wilderness Journeyings* pp.16,44,61



was in a rapid consumption.<sup>520</sup>

Susan Juster has identified consumption as a disease which had a powerful hold on the imaginations of itinerant evangelical preachers in the eighteenth century, arguing that the majority “feared at one time or another that they were dying of the disease, a fear that, for some became a reality ...”.<sup>521</sup> Here it is just one episode illustrating how sickness acted as a sign of the depth of Mockford’s experience; the spirit spoke and worked through the body. The relationship between spiritual experience and physical illness was not a new one, featuring for instance in the lives of medieval saints. Johanna Geyer-Kordesch has described a similar approach in the religious culture of eighteenth-century Protestants:

Illness is not separate, an invasion, but part and parcel of the interaction of demand, the soul's on the body and the body's dependence on emotional and mental capacities. The vocabulary ... speaks of an immersion in immediate, articulated experience (*Ehrfahrung*) as the pious man unlocks the innermost chambers of the heart and mind for his own scrutiny and before the only relevant Person.<sup>522</sup>

Whilst for our secular autodidacts the sickroom was a doorway into the world of literature, for Mockford sickness and the other physical signs of grace took primacy over the written word. Religious authority was based on personal experience, a direct relationship with God in which one's state of grace was a matter of tangible, physical sensation. The idea is first raised by Mockford, fittingly, in his disagreements with his Anglican mentors concerning predestination:

They tried hard to persuade me that Jesus Christ died for all mankind, quoting

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<sup>520</sup> Mockford *Wilderness Journeyings* pp.6-7

<sup>521</sup> Juster, S ‘Mystical pregnancy and holy bleeding: visionary experience in early modern Britain and America’ *William and Mary Quarterly* 57 (2000) 249-88; p.271

<sup>522</sup> Geyer-Kordesch, J ‘Cultural habits of illness: the enlightened and the pious in eighteenth-century Germany’ in Porter (ed) *Patients and Practitioners* p.196. Caroline Walker Bynum makes a similar point for medieval Christianity “ by studying eschatological concepts of the body ... we see how imprecise is the boundary between spiritual and material in most Christian writing and how psychosomatic is the medieval understanding of self.” Bynum *Fragmentation and Redemption* p.xix

many passages to prove what they said, and I brought forward those parts of God's words *I had felt the power of in my heart* [my italics], which were quite against the doctrine of universal redemption.<sup>523</sup>

The physical dimension is made explicit in his discussion of his calling to preach:

I feel persuaded that those whom the Lord sends into his vineyard to labour have a *special* and a *distinct* call to the work, and are expressly fitted and qualified for it, by the teaching of the Holy Ghost, in the school of affliction and temptation and trials, where they are brought to *prove* both God and his word to be true, in hearing and answering their prayers; so that they have a "Thus saith the Lord" to go with. It is not with them, I *think* so and so, but they having tasted, handled, and felt the word of life, speak with authority, and not as the scribes.<sup>524</sup>

This language is not simply metaphorical: "the school of affliction and temptation and trials" refers to the life of the spirit in the body. Illness did not simply indicate depth of feeling. It was also a trial, not simply in the sense of being a test of his faith but also a means of strengthening it. This sense of illness as trial is expressed in Mockford's description of the doubts that followed his initial religious awakening, as he struggled with the issue of predestination:

About this time the Lord laid me aside by afflicting my body again, and I was reduced to such an extreme state of weakness and prostration that my life was despaired of, both by myself and others; and worse still, I was brought almost to despair in my soul. I felt near death, without a grain of real religion. Night and day did I cry for mercy, for some token of good. Never had I found such language as this to fit me before: "O Lord, I am oppressed; undertake for me." "O save me for thy mercies' sake, O Lord." "O bring my soul out of trouble, that I may praise thy name." "From the ends of the earth will I cry unto thee" &c. But

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<sup>523</sup> Mockford *Wilderness Journeyings* p.11

<sup>524</sup> Mockford *Wilderness Journeyings* pp.39-40



not a ray of hope did I seem to have, as I felt so sure that though so much of the language of the dear saints of God in their trouble suited me, yet they had a ground to plead that I had not.<sup>525</sup>

This pattern of illness punctuating his spiritual progress was a recurrent theme throughout his life; even after he had set up his own chapel he continued to suffer. When his children caught scarlet fever, Mockford was also affected: "I caught it, but had it only slightly; though for a time I was very low, both in body and mind. Indeed, I sank very low ...."<sup>526</sup> But if illness could trouble the spirit, recovery could bring more sweet sensations. Seeking a change, he visited friends in Brighton and soon began to recover.

... in a short time I felt better in body, and the dear Lord made that blessed promise good in my poor soul, "I will see you again, and your heart shall rejoice, and your joy no man taketh from you." ... my heart began to soften and melt, and I felt the goodness of God so flow into my poor soul, that it brought me to repentance and confession of my sins, and produced such brokenness of spirit, that I wept like a child; indeed, I was so overcome that I believe I felt like the Queen of Sheba, of whom it is said, "There was no more spirit left in her." I felt almost to swoon away with bliss.<sup>527</sup>

Mockford's feminisation as a swooning Queen of Sheba has echoes of Gutteridge ready to faint at the machine-breaking riot in 1830s Coventry. The image of a weeping child echoes Powell's collapse after his mesmeric triumph in Epsom, but it also returns us to the letter he wrote to his chapel members on the sickly child. Mockford had been weak himself since childhood, but he translated that frailty into the universal condition of all Christians, reminding his flock that they were all children of God and transforming the childlike state from a sign of weakness into a symbol of strength. Janet Oppenheim argued that the tender manliness of Evangelical religion had lost out to a far rougher, essentially pagan, sporting manliness by the last

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<sup>525</sup> Mockford *Wilderness Journeyings* pp.22-3

<sup>526</sup> Mockford *Wilderness Journeyings* p.60

<sup>527</sup> Mockford *Wilderness Journeyings* pp.60-61

quarter of the nineteenth century.<sup>528</sup> Mockford's 1901 autobiography suggests that there was still a space at the beginning of the twentieth century for the religious man of sensibility whose spiritual passion could lead him to shudder, faint and weep like a child.

### *Conclusion*

As we have seen there is plenty of evidence from working men's autobiographies to illustrate how the experience of ill health, whether in the shape of accidental injury, acute illness, chronic sickness or disability, could be central to the formation and transformation of individual identities. Few working-class autobiographers identified themselves as permanent invalids in the style of Harriet Martineau but episodes of sickness were, nevertheless, often crucial events in their life-stories.<sup>529</sup> If, as Dorothy and Roy Porter conclude, "fashionable diseases, like all other fashions, descended the social scale and became vulgar", then so too did the fashion for sickroom scenes as narrative fulcra.<sup>530</sup>

Stoicism was still an important component of the response to illness, but plebeian autobiographers presented the sickbed as a haven from the physical and mental demands of daily existence. The retreat to the countryside and the sickroom as a classroom were only two examples of the ways in which sickness could be an escape from the pressures of everyday life. Sickness, rather than distorting the self, was sometimes portrayed as an opportunity to be true to oneself, free of external pressures. Sickness was also an opportunity for progress; a break in the life narrative which might offer the opportunity for a fresh start, a chance to acquire a library or to find a closer relationship with God.

To what extent did physical fragility present a problem for the male psyche? As we saw in chapter two, the shared experiences of vulnerability and powerlessness were presented by many writers as common to all, a central part of what it meant to be a plebeian man. Nevertheless, for men such as Powell and Gutteridge physical and mental frailty was a central part of their identity in a way which separated them

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<sup>528</sup> Oppenheim "Shattered Nerves" pp.141-152

<sup>529</sup> Martineau, H *Life in the Sickroom: Essays by an Invalid* (London, 1849)

<sup>530</sup> Porter and Porter *In Sickness and in Health* p.64



from many of their peers, requiring them to adopt a masculinity fashioned in part as a contrast to the more physically robust manliness we explored in chapter one. This was not simply a tension between rough and respectable because, as we have seen, toughness and strength were valorised by both the rough, the respectable and the many caught between those two poles. Nevertheless, as is made clear by their criticism of the rough manners of their colleagues, they presented their difference as a sense of superiority. These men were not full-time invalids in the middle-class sense; they had neither the leisure for a permanent retreat to the sick room, nor the financial means to visit fashionable spa resorts, but their sensitivity, their vulnerability to nervous disorders (or physical ailments with an at least partially nervous cause) set them apart from their peers, demonstrating that sensibility could be a marker of social distinction for all classes.

But for plebeian men there was a tension – episodes of ill health frequently simply led to further problems, as loss of income affected the material wellbeing of the sufferer and his household. As the ‘Invalid Artizan’ John Leatherland stated, constant ill health had meant that: “I could never get a shilling forward in this world, and was often in extreme indigence.”<sup>531</sup> It is perhaps for this reason that some of the more light-hearted accounts of sickness episodes occur in the writer’s childhood when they were making at most a marginal contribution to the household economy. This insight reminds us that the formation of identity in the intersecting forces of class and gender is further complicated by age, itself both a biological fact and social construct. In its powerful effects on the human mind and body, age reminds us that the mutability of human identity is in part an experience of change over time, and that individuals live through their own histories, as well as that of the wider society they inhabit. For John Paton sickness was a childhood holiday, for William Mayett it was a curse of premature old age, for Gutteridge it was his shadow, a constant companion from cradle to grave, but for James Powell, who imagined himself “wedded to sickness” from his time in the drying loft of the Apsley paper mill, it was a hasty marriage made in impetuous youth and repented the rest of his life.

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<sup>531</sup> Leatherland *Essays and Poems* p.9

What these invalid narratives demonstrate is a dynamic tension between manliness and feminisation and between powerlessness and agency. The theme of agency and gender within the sickroom is the subject of the next chapter which considers the role of men in lay medicine.



## Chapter four

### Drastic remedies and wonderful skill - lay medicine and masculinity

#### *Introduction*

[Auntie Meg's] funeral ... was a day of extraordinary bustle and preparation ... The presence of Brucie, for some reason, was required at Auntie Meg's house ... So she bathed and then my grandfather was called to cut her corns. He seated himself on a low stool and jerked her foot to his knee as he muttered sarcastically, "A pity ye hadna corns on your tongue, ye auld bitch, and then ye'd maybe rest it". He proceeded to slice off slivers of hard skin from various parts of her feet, the while she cautioned him to be careful.<sup>532</sup>

Thus does the Scottish socialist John Paton describe a scene from his Aberdeen childhood in the 1890s. "Brucie" was Paton's maternal grandmother. Paton and his mother lived with his grandparents after his father abandoned them and until his mother remarried. The scene described here is the family preparing for the funeral of Brucie's sister. It was this special occasion that required Paton's grandfather to attend to the feet of his wife. The episode exemplified the domestic tension of this household. Paton's grandfather was the hero of his childhood, not least for his generosity and good humour, but this genial disposition was not extended to his relations with his spouse, which Paton characterised as based on "chronic warfare and mutual dislike".<sup>533</sup> The grotesque physical comedy of this scene is worthy of Rabelais, but it raises serious questions. Like much comedy it rests in part on an undermining of authority, a reversal of power. Here is a man, the head of his household, seated on a *low* stool and serving his wife through the performance of a rather unpleasant act of grooming. The scene crackles with tension - the grandfather's harsh words, his jerking of his wife's foot, her constant demands that he proceed with caution - all these can be read as expressions of emotional conflict stemming from the reversal of

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<sup>532</sup> Paton, *J Proletarian Pilgrimage* (London, 1935) p.23

<sup>533</sup> Paton *Proletarian Pilgrimage* p.17

roles. This chapter will explore the dynamics of this tension between patriarchal authority and the service of others through medical care, by asking to what extent plebeian men were involved in care of the sick and how easily such duties were reconciled with their identities as working men.<sup>534</sup>

The degree of conflict inherent in men performing medical care might seem questionable. After all, men's involvement in lay medicine - care by ordinary people of sick family members, friends or neighbours - was bolstered by the fact that the medical professions - surgery, apothecary and physic - were male preserves. Medicine was men's work. As chapter five will discuss, explorations of the rise of the medical profession have primarily addressed issues of *class*, charting the initially tenuous but ultimately triumphant position of medical men as part of an emergent bourgeoisie. This rise was co-terminous with the extension of patriarchal authority into new spheres. Thus historians have also explored the gendered dimensions of medical power, in particular the struggle for authority in traditionally female-dominated areas such as midwifery.<sup>535</sup> This assertion of male medical authority was accompanied by a redefinition of the role of the nurse as essentially a feminine one.<sup>536</sup> Although there continued to be male nurses, the hospital, as much as the home, was organised on a gendered division of labour.

However, some historians of medicine have analysed other aspects of the gendered nature of medical practice and power in ways that question the degree to which even the traditional medical hierarchy was compatible with patriarchal authority. In a paper on early modern medical men, Margaret Pelling analysed "the extent to which the male practitioner ... was seriously compromised in his search for status by the gender

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<sup>534</sup> There is another explanation for the work undertaken by Paton's grandfather: Ellen Ross has described the gendered division of labour within households in working-class Victorian and Edwardian London and notes that "Mending the family's boots was an ancient male responsibility", Ross, *E Love and Toil: Motherhood in Outcast London, 1870-1918* (New York & Oxford, 1993) p.79. Perhaps this act of foot surgery was an extension of this responsibility.

<sup>535</sup> Donnison, J *Midwives and Medical Men: a History of Interprofessional Rivalries and Women's Rights* (London, 1979)

<sup>536</sup> Summers, A 'Ministering angels: Victorian ladies and nursing reform' in Marsden, G (ed) *Victorian Values: Personalities and Perspectives in Nineteenth-Century Society* (Harlow, 1998) pp. 121-33



ambiguity of the medical role".<sup>537</sup> Viewed through the prism of gender, Pelling argues, the traditional early modern medical hierarchy is upended - the lowly surgeons with their traditions of military training and manual tool-skills were heroic and manly; conversely, the physicians with their eschewal of any practice which had the taint of manual labour were vulnerable to accusations of effeminacy. The physician was at a double disadvantage: firstly, his work required the assumption of what were understood as female characteristics and secondly, it bore the stigma of servitude; he was a "body servant, engaged in intimate yet menial tasks".<sup>538</sup>

Using the evidence of working men's autobiographies, this chapter seeks to extend Pelling's argument, exploring the gendered dimensions of lay medicine by answering a series of questions. To what extent were men involved in the work of caring for the sick? Was there a clear division of medical labour? What were the rhetorical strategies adopted by autobiographers to reconcile lay medicine with their identities as plebeian men? How, in other words, was medicine made into work fit for men.

This chapter starts from two historiographical orthodoxies. The first is that despite an increasing recourse to the skills of medical professionals over the course of the nineteenth century, it was still extremely common within working-class households and communities for care of the sick to be something that lay people did themselves. The evidence presented in this chapter reinforces, rather than challenges, this view. Whilst working-class autobiographies present ample evidence of a ready willingness to seek professional medical help, such care generally supplemented, rather than supplanted, the ministrations of family and friends.

The second orthodoxy, the one which this paper seeks to qualify, is that lay medicine was primarily women's work. Historians such as Elizabeth Roberts and Ellen Ross have identified medicine as one of the key responsibilities of working-class women within both

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<sup>537</sup> Pelling, M 'Compromised by gender' in Marland, H and Pelling M (eds) *The Task of Healing: Medicine, Religion and Gender in England and the Netherlands, 1450-1800* (Rotterdam, 1999) p.120

<sup>538</sup> Pelling, M 'Compromised by gender' p.103

their immediate households and their wider communities.<sup>539</sup> Indeed, in relation to family caring, much the same was true for the middle classes. As Emily Abel states:

Nineteenth-century women were intimately acquainted with pain, illness, and death. They dressed wounds, changed bandages, held basins for vomiting patients, and emptied chamber pots. Nursing dominated women's lives for many reasons ... although some men participated in nursing care, the reigning ideology assigned the work of caring exclusively to women.<sup>540</sup>

Care of the sick was, then, part of that gendered division of labour whose most powerful ideological expression was the doctrine of separate spheres, in which the public sphere was seen as the domain of men, and the private sphere of the household the right and proper place for women.<sup>541</sup> As was discussed in the introduction to this thesis, the nineteenth century has been understood as the period when this far clearer distinction between the roles of men and women came to dominate family life, in large part as a result of a fundamental change in the economic and social organisation of households. People ceased to work and live in the same space and instead began to earn a living outside their domestic homes. Children and women, rather than being part of the family unit of production, were now to be protected from the harsh necessities of the marketplace. A sentimental valorisation of both childhood and femininity were predicated on the ideal of bourgeois domesticity; the home was now a haven within which a kinder and gentler life could be pursued. This transformation was accompanied by a shift in the domestic balance of power. The private space of the home, and family life, was increasingly under the control of women; the traditional patriarchal authority of men as head of households was being undermined by the 1830s with a new emphasis on the role

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<sup>539</sup> Ross, E *Love and Toil Motherhood in Outcast London, 1870-1918* (New York & Oxford, 1993) Ch.6  
Roberts, E *A Woman's Place : An Oral History of Working-Class Women 1890-1940* (Oxford, 1984)  
pp.170, 174, 176-7

<sup>540</sup> Abel, E 'Family care giving in the nineteenth century: Emily Hawley Gillespie and Sarah Gillespie, 1858-1888' *Bulletin of the History of Medicine* 68 (1994) pp.575-6

<sup>541</sup> Davidoff, L and Hall, C *Family Fortunes: Men and Women of the English Middle Class, 1780-1850* (London, 1987)



of the mother as the “moral force of family life”.<sup>542</sup>

The impact of these ideals on working-class households has been the focus of much historical attention. Sonya Rose and Anna Clarke have described how trade union struggles and radical politics were predicated on the assumption that households should be organised according to this gendered division of labour.<sup>543</sup> The hallmark of respectability for the adult plebeian man was to be able to earn a family wage, a level of income which would allow his spouse to stay at home and attend solely to her domestic duties. Whilst adult men might make some contribution to housework, in general the assumption was that this should be left to their wives and daughters.<sup>544</sup>

However, the separate spheres ideology has been subject to significant historical revision with doubts expressed about the degree to which middle-class women were ever successfully confined to the private sphere.<sup>545</sup> Neither is it clear what this separation meant for the place of fathers within the household; the home was certainly somewhere women had increasing opportunity to assert dominance, but, as John Tosh has noted, men continued to exert significant authority in their families, and many continued to play an intimate and active role in family life, for instance in guiding the transition of their sons from youth to adulthood.<sup>546</sup> By mid-century the “nursing father” “who fed babies by hand and tended them through illness” may have become a figure likely to evoke concerns about effeminacy amongst some commentators, but it continued to be a paternal style which met with approval and a reality of family life for many.<sup>547</sup> Furthermore, domestic authority, Tosh suggests, was an enduring facet of masculinity which did not change significantly during this period. There was a sharper distinction between public

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<sup>542</sup> Tosh, J *A Man's Place: Masculinity and the Middle Class Home in Victorian England* (New Haven & London, 1999) p.90

<sup>543</sup> Rose, S *Limited Livelihoods: Gender and Class in Nineteenth-Century England* (London, 1992); Clark, A *The Struggle for the Breeches: Gender and the Making of the British Working Class* (London, 1995)

<sup>544</sup> Davidoff, L ‘The Family in Britain’ in Thompson, FML (ed.) *The Cambridge Social History of Britain, 1750-1950* 3 vols. (1990) Vol. 2 p.95

<sup>545</sup> Vickery, A ‘Golden age to separate spheres? : a review of the categories and chronology of women's history, *Historical Journal* 36 (1993) pp.383-414 and Shoemaker, RB *Gender in English Society, 1650-1850: the Emergence of Separate Spheres?* (Harlow, 1998)

<sup>546</sup> Tosh *Man's Place* Ch.5 and p.99

<sup>547</sup> Tosh *Man's Place* p.87

and private spheres but it was the privilege of men to be able to move freely from one to the other.<sup>548</sup> Thus we now have a more nuanced picture of how gender relations and household organisation changed during this period.

This more complex picture mirrors what we already know about plebeian domestic life. An ideological attachment to a strict division of labour between man and wife was tempered by the exigencies of daily life which all too often necessitated flexibility. In poorer households women often worked part-time to increase family earnings, a compromise which necessitated flexibility from men as well, since they might have to undertake a greater proportion of housework than they would otherwise. At times of unemployment, there might be a more radical reversal of roles with the man left at home whilst the woman went out to work. Men's involvement in the home might, as well, be part of a more active and engaged paternal style than is often attributed to working-class men. Ellen Ross has described how plebeian males in late nineteenth and early twentieth-century London were trained from an early age to be active in the household, caring for children, cleaning floors and doing laundry, and evidence from chapter one of this study shows that such arrangements were part of domestic life elsewhere in the country too.<sup>549</sup> Joanna Bourke's study of working-class autobiographies for the period 1890-1940 revealed that "for every writer who mentions a father *not* performing housework, another fourteen declared that he *did*".<sup>550</sup> The home, she argues, "was also a masculine space".<sup>551</sup>

How has this historiography affected our own subject matter? As suggested earlier, it is perhaps no surprise that households in which the wife was the primary carer, and which were linked to other households in female support networks, are the dominant theme in the historiography of working-class primary care. Ellen Ross, whose work on the

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<sup>548</sup> Tosh, J 'The Old Adam and the New Man; emerging themes in the history of English masculinities, 1750-1850' in Hitchcock, T and Cohen, M (Eds) *English Masculinities, 1660-1800* (London, 1999) pp. 217-38

<sup>549</sup> Ross *Love and Toil* p.69

<sup>550</sup> Bourke, J *Working-class Cultures in Britain, 1890-1960. Gender, Class and Ethnicity.* (London, 1994) p.83

<sup>551</sup> Bourke *Working-class Cultures* p.81



working-class mothers of late Victorian and Edwardian London has provided us with the most detailed account of this subject, gives no indication that fathers were involved in the care of sick children.<sup>552</sup>

Yet the absence of plebeian men from this picture in part may simply reveal how much we still have to learn about working-class fatherhood in this period. Men, after all, were not unconcerned with health issues. It was they who organised the friendly societies and sick clubs which provided medical aid from orthodox practitioners, and as noted in chapter one, plebeian men were active in a number of Victorian medical movements such as phrenology, medical botany and homeopathy.<sup>553</sup> Moreover historians of medicine have described the active involvement of middle-class men in lay medicine.<sup>554</sup> In a study spanning two centuries, from 1650-1850, Dorothy and Roy Porter identify three forms of lay medicine: family physic, self-medication and physicking the community. Men and women practised both self-medication and medical care in the community but family physic was the responsibility of women.

The next section of this chapter will provide evidence to support the view that women played the leading role in the provision of lay medical care in working-class families and communities. We shall briefly touch on the varieties of care offered, but will pay particular attention to the emphasis working-class autobiographers placed on the mother's role as nurse, an exemplar of the gendered nature of lay medicine. The rest of the chapter will examine the role of men in providing medical care by identifying a series of contexts in which men undertook substantial medical care: in domestic extremis; in self-medication; in homo-social and workplace contexts; and through the acquisition of fringe and orthodox medical expertise. This chapter demonstrates that each of these loci and forms of care interacted with and illuminate aspects of working-class masculinity and

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<sup>552</sup> Ross *Love and Toil* Ch.6

<sup>553</sup> Cooter, R *The Cultural Meaning of Popular Science: Phrenology and the Organisation of Consent in Nineteenth-century Britain* (Cambridge, 1984)

<sup>554</sup> Porter, D and Porter, R *In Sickness and In Health: The British Experience, 1650-1850* (London, 1988). For a discussion of the division of labour in families with 'idiot' children see Wright, D 'Familial care of 'idiot' children in Victorian England' in Horden, P and Smith, R (eds) *The Locus of Care: Families, communities, institutions and the provision of welfare since antiquity* (London, 1998) p.178

self-fashioning.

### *My kind-hearted mother – women as carers*

Aspects of plebeian women's domestic medicine have been richly described in work by Ellen Ross.<sup>555</sup> It was an eclectic mix of proprietary medicines, herbal remedies, magical cures, treatments culled from orthodox medical textbooks and inoculations performed with darning needles. Bob Bushaway's study of popular culture in rural England suggests that, much to the frustration of doctors, the labouring poor were happy to draw on both elite and popular ideas and practices: "It was not seen by them as a dichotomy between orthodox and unorthodox medicine."<sup>556</sup> Ross suggests that folk medical traditions persisted in the late nineteenth-century metropolis and were utilised alongside orthodox medical care, a view reinforced by Sarah Williams' work on early twentieth-century Southwark.<sup>557</sup>

At its most basic, and probably most common, women offered simple nursing. The women who provided this care were mothers, neighbours, daughters, and sisters, and grandmothers. Growing up in Eastbourne in the 1870s George Meek lived with his grandparents; his grandmother provided most of his medical care.

When I was sick—I remember only one occasion, when I had the measles—she nursed me, giving me, by the doctor's orders, port wine, a drink which I preferred very much to the nasty medicine. For some years afterwards whenever I felt I wanted something particularly nice I complained of feeling ill, and begged for more port wine. Then I had trouble with my teeth, which she tried to relieve by rubbing my gums with coarse salt. Also there were warm baths and shower baths,

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<sup>555</sup> Ross *Love and Toil* Ch.6

<sup>556</sup> Bushaway, B "Tacit, unsuspected, but still implicit faith': alternative belief in nineteenth-century rural England' in Harris, T (ed) *Popular Culture in England, 1500-1850* (Macmillan, 1995) p.251

<sup>557</sup> Ross *Love and Toil* pp.176-8; Williams, S *Religious belief and popular culture in Southwark, c.1880-1939* (Oxford, 1999) pp.56-86



the latter administered by means of a garden watering-pot; nauseous castor-oil every now and then ....<sup>558</sup>

There was nothing sophisticated about his grandmother's domestic medicine, and certainly women's levels of knowledge and skill would have varied. Some women perhaps restricted their activities to the basics of nursing and medicating with drugs or herbs for preventive and curative purposes; others possessed more knowledge and they would have acted as important resources for the wider network of care. Albert Goodwin recalled the woman who acted as midwife at his own birth in 1890 near Stoke: "What qualification had the 'nurse' as was always called, to take charge of a confinement? None! except that she had had four children herself, was a motherly person, and had by reason of attending so many confinements with various Doctors got a reputation for successful deliveries."<sup>559</sup> For this woman medical care was a source of extra income: "any money she was paid for her services [was] very useful in bringing up her own growing family."<sup>560</sup> Her fees were 10s. for the first child and 6s. 6d. for any subsequent, but payment could be by instalments and frequently no charge was made. The nurse, furthermore, often brought poor families hand-down goods which she had begged from others.

The birth rituals which Goodwin recalled further emphasise the community's involvement in the birth - the mother's post-natal confinement was strictly enforced, transgressions being "a subject of scandalous gossip among the neighbours."<sup>561</sup> This period also saw visits and gifts brought to the house: "My mother was always looked after re food as neighbours would slip in bringing various little dainties, a lot of which my Father had to eat".<sup>562</sup> Thus the birth process lets us see how individual households interacted with each other in a local neighbourhood to create a community of care.

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<sup>558</sup> Meek, G *George Meek – Bath Chair-Man* (London, 1910) p.10

<sup>559</sup> Goodwin, A in Burnett, J *Destiny Obscure: Autobiographies of Childhood, Education and Family from the 1820s to the 1920s* (London, 1982) p.286

<sup>560</sup> Goodwin, A in Burnett *Destiny Obscure* p.286

<sup>561</sup> Goodwin, A in Burnett *Destiny Obscure* p.287

<sup>562</sup> Goodwin, A in Burnett *Destiny Obscure* p.287

Working men's autobiographies abound with examples of women's work as family nurses. A typical account comes from the autobiography of Joseph Terry. Born in Mirfield, Yorkshire in 1816, he remembered his mother's close attention during a childhood illness:

... my kind-hearted mother watched over me with the greatest tenderness, often shedding tears on my account when I refused to take the bitter medicines which she so much desired to administer for my relief.<sup>563</sup>

Terry's account illustrates how medical care reinforced the affective familial bonds, offering an opportunity to express tenderness and compassion. He also reminds us that the nurse as ministering angel was an important and powerful trope of Victorian motherhood. The importance of the nursing role is described in the autobiography of James Hillocks, a Dundee weaver turned schoolteacher who fought a constant battle with illness throughout his life. His married life began with him in the role of invalid. In about 1855 he was attacked and robbed near Dundee only a few days before his wedding was due to take place. Hillocks wished to postpone the ceremony but his wife-to-be responded with a display of spousal devotion, insisting that the marriage proceed as planned in order that she be able to nurse him. Describing her care Hillocks wrote: "None but an affectionate wife could have attended me so carefully and so kindly; and had I not been so nursed, I could not have survived."<sup>564</sup> Hillocks emphasises his profound dependency on the loving attention of his wife, whose tender ministrations he credits with saving his life. His account also suggests that in the figure of the nursing wife we can perhaps find an important source of feminine authority in the domestic sphere. The nursing wife and mother with power over life and death is a recurring figure in working-class autobiography. For instance, to return to the Kettering poet-weaver John Leatherland, whom we met in the previous chapter, the serious illness which affected him in 1852, left him bedridden and dependent on his wife's care for many months: "My afflicted wife nursed me with the greatest care, and I felt that under Providence, my life was saved by

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<sup>563</sup> Terry, J in Burnett, *Destiny Obscure*. p.67

<sup>564</sup> Hillocks, J *Life Story: A Prize Autobiography* (London, 1860) p.70



her unwearied assiduity and attention.”<sup>565</sup>

In the context of caring for sick husbands, it would be tempting to see the nursing role as a simple reversal of roles, an opportunity to assert female power at a time when illness has disrupted the domestic status quo, but the dynamic was more complex. James Burn, the Scottish hatter, expressed some of this complexity when he paid tribute to his wife’s devoted nursing at a time when he and the rest of his family were all stricken with typhoid fever in Glasgow in about 1840.

I have often had opportunities of witnessing the untiring zeal, anxious solicitude, love, and devotion of women, when ministering at the couch of sickness. But in all my experience I never knew a case of so much heroic devotion, self-abnegation, unwearied attention, and self-sustaining love, as that exhibited by my own wife upon this occasion.<sup>566</sup>

The ideals connected to nursing here - devotion, self-abnegation, solicitude - all point to the ambiguity of the nursing role. It is heroic, placing the wife or mother at centre stage, but the heroism is based on a selfless service to others which denies the woman any identity beyond that of dutiful carer (this tension is underlined by the way Burns’ situates his wife’s exceptional devotion in the context of the domestic virtues of women in general). The tension is one that has been explored by Miriam Bailin in her analysis of the role of sickness and nursing in Victorian fiction. Bailin describes the relationship between female nurse and male patient as “a combination of submission and authority, self-abnegation, and self-assertion”.<sup>567</sup> She describes how, for many middle-class heroines of Victorian fiction, nursing provided an escape from the constrictions of the home, offering a public role which nevertheless emphasised women’s domestic virtues.<sup>568</sup> For plebeian women such as the wives of Hillocks and Leatherland, nursing seems less an opportunity to escape the restrictions of the domestic sphere and more a continuation of

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<sup>565</sup> Leatherland, J *Essays and Poems with a Brief Autobiographical Memoir* (London, 1862) p.35

<sup>566</sup> Burn, J *The ‘Beggar Boy’: An Autobiography* (London, 1882) p.182

<sup>567</sup> Bailin, M *The Sickroom in Victorian Fiction: the Art of Being Ill* (Cambridge, 1994) pp.25-6

<sup>568</sup> Bailin *Sickroom* pp.26-8

their normal domestic responsibilities. Indeed, the dichotomies that Bailin identifies are the contradictory impulses which are at the heart female authority in the home, whether middle- or working-class. Women asserted their authority in the home women by binding themselves ever more tightly to domestic servitude (just as, we might argue, men tied themselves ever more closely to wage-labour by identifying the workplace as the key site for the acquisition of manly status).

The expectations on mothers are again made clear by a negative example from the autobiography of the Coventry silk weaver Joseph Gutteridge who cited negligence on the part of his step-mother as a contributory factor in the death of his father. Gutteridge tells us that his father was “unhappy at home, and suffered in no small degree from the neglect of his thriftless wife”.<sup>569</sup> The connection made here between lack of thrift and failure to perform nursing duties indicates how expectations of care were bound up in a wider set of assumptions about the role of women in the household.

### *My turn to nurse – the manliness of care*

Although nursing was part of a woman's domestic duties as wife and mother, men also took part in this activity as part of a broader range of lay medical work. Often men were in a strictly supporting role, but in certain contexts they took the lead. This section considers men's work as nurses, exploring how it was presented as a reversal of roles and revealing the opportunities it afforded for the expression of tenderness and intimacy within the domestic sphere. In his 1910 autobiography the Durham miner and MP John Wilson recalled that when his father fell ill with cholera in July 1849, fear of infection left the son isolated at home as the sole carer for his dying father:

during the whole of that weary night the only inmates of that upstairs room were a strong man (and he was strong) struggling with death and a sad-hearted lad of twelve, who had to rub the legs or bowels when the fearful cramp seized the patient, and who feared the dread result might be a separation from one who

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<sup>569</sup> Gutteridge, *J Lights and Shadows in the Life of an Artisan* (London, 1893) p.35



loved his son with such a strong love, and whose correction (which was always justified and never unnecessary) was prompted by a desire for the good of the corrected. The end came in the darkness. The inmates were informed of the fact by the cries of the desolate, grief-stricken orphan upon whose life the shadow had fallen.<sup>570</sup>

The pathos of the scene is all the greater because in the early part of his autobiography Wilson lays great emphasis on his father's physical attributes, a travelling labourer whom he describes as a "strong, vigorous man" twice in the course of three pages.<sup>571</sup> However, the scene draws much of its emotional power from the reversal of roles: in his childhood recollections Wilson describes his father's solicitations in their travels across the country and sleeping rough: "my father would take off his slop or jacket and wrap me in it, forgetting his own need in his desire to keep me warm. In those long walks, when I tired, he would carry me on his back".<sup>572</sup> Now it is the son who must care for the father. This reversal was probably not unusual; indeed it was perhaps even a convention of Victorian deathbed narratives. As Pat Jalland has described the picture for middle-class households, nursing the sick or dying was not only an important part of the work of wives and mothers: "it was also regarded as a natural role for daughters, especially spinster daughters, who regularly cared for elderly parents until they died."<sup>573</sup> Thus what was more unusual about this reversal of roles was that a son, rather than a daughter, took on the task of nursing. Wilson's nursing is a product of necessity: his mother had died seven years earlier and his two sisters were in the care of an uncle. Moreover since the death of his mother, Wilson and his father had been itinerant, travelling the country in search of work, so their ties to the local neighbourhood were perhaps limited, and Wilson describes the neighbours and other lodgers in their house as being too frightened of infection to assist.<sup>574</sup>

What of adult men - how did the husband or the father cope with the responsibility of

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<sup>570</sup> Wilson, J *Memories of a Labour Leader* Burnett, J (ed) (Firle, Sussex, 1980) p.60

<sup>571</sup> Wilson *Memories* pp. 46-7, 49

<sup>572</sup> Wilson *Memories* p. 47

<sup>573</sup> Jalland, P *Death in the Victorian Family* (Oxford, 1996) p.99

<sup>574</sup> Wilson *Memories* p.60

nursing the sick? As noted already, James Hillocks presented such work as especially suited to women, but when his wife was ill he took over the role of carer and was pleasantly surprised by his ability to cope with his new duties.<sup>575</sup> Of course his surprise only serves to strengthen the sense that this was not seen as the normal or natural division of labour, an assumption further reinforced by his description of a similar episode some years later: “Now it became my turn to serve in the shop and to nurse. The bairnies as well as myself, learned how dreary and sad the house is when ‘the mither is sick.’”<sup>576</sup> Similarly James Burn recalled how the illness of his wife upset their normal division of labour: “instead of being able to look after some occupation by which to make a living, I was unfortunately bound hand and foot to the house in consequence of the melancholy condition of my poor wife’s health.”<sup>577</sup> Such language strongly reinforces the argument that nursing was viewed as a form of domestic service and that to be bound in servitude was wholly incompatible with the masculine ideal of independence.<sup>578</sup> A similar fate befell the anonymous navvy whose story was published in *Macmillan’s Magazine*. Some time in the early 1850s he and his wife were touring the country in search of work and when they arrived in Chatham his wife was taken ill with fever.

I had to wait upon her day and night. She was ill very nigh a twelvemonth altogether; and I had to nurse her as best as I could, and clean the house, and cook, and make her gruel and everything, for we could not afford to pay a woman to help us.<sup>579</sup>

Like John Wilson nursing his dying father, the navvy and his wife would appear to have been without any kind of community support in their crisis, reminding us that for the many itinerant labourers of our period the assistance of extended kin networks, older parents or even familiar neighbours was often lacking.

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<sup>575</sup> Hillocks *Life Story* p.74

<sup>576</sup> Hillocks *Life Story* p.83

<sup>577</sup> Burn “*Beggar Boy*” pp.357-8

<sup>578</sup> Pelling ‘Compromised by gender’ in Marland and Pelling (eds) *Task of Healing* p.102

<sup>579</sup> ‘Autobiography of a Navvy’ in Burnett, J *Useful Toil: The Autobiographies of Working People from the 1820s to the 1920s* (London, 1994) p 47 [first published in *Macmillan’s Magazine* 5 (1861-2)]



The accounts of Burn, Hillocks and Wilson reinforce what we already know about plebeian family life: whilst there was an increasing commitment to the ideal of the family wage and a strict division of labour, these were always difficult to attain, particularly for men who were not part of the labour aristocracy. The exigencies of daily life necessitated flexibility and medical duties might simply be an extension of other domestic work undertaken by plebeian fathers and husbands. Neither can we assume that there was only one style of manliness which dictated how men should behave within the home; the doctrine of separate spheres might have marked out the respective virtues and duties of husband and wife but it was a system with some flexibility, encompassing a range of behaviours and degrees of emotional engagement. Joseph Gutteridge identified his wife Sara as the primary carer in the home but, as we shall explore further later, was intimately involved in the medical care of his children. Reflecting on the cares of the worried parent, Gutteridge recalled an episode from his own childhood where he had suffered a near-fatal fever, revealing his own anxiety for his children:

I feel and realise how much I owe to the tender care and solicitude of my parents, who by the mercy of God were the means of snatching me as it were from the very jaws of death. It is only when we arrive at adult age that we can fully appreciate the anxieties and troubles that children bring to parents in the cultivation of their minds and the keeping of their bodies in health so as to equip them for the battle of life.<sup>580</sup>

The depth of familial emotion, which Gutteridge expresses and which underlay some plebeian men's involvement in lay medicine, is demonstrated in a pivotal episode in the autobiography of Gipsy Smith. Born in Epping Forest on 31 March 1860, Smith's gipsy family made and sold baskets, clothes-pegs, and tinware, and repaired cane chairs in East Anglia and the neighbouring counties of Bedfordshire and Hertfordshire. In 1865 the family were travelling in Hertfordshire when Smith recalls how they were forced to make for the nearest town after one of his sisters fell ill. Upon reaching the town of Baldock his father went to find a doctor, who examined the sick child without entering their wagon.

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<sup>580</sup> Gutteridge *Lights and Shadows* pp.13-14

He diagnosed smallpox and instructed Smith's father to take the family out of the town. The father took charge, leaving the mother to look after the four healthy children in the family tent and caring for his daughter himself: "The wagon was the sick-room and my father was the nurse."<sup>581</sup>

Smith's mother was in charge of buying provisions in town and cooking for the family but she was not allowed into the wagon. On a practical level this division of labour was born of necessity: if the infection was to be contained then some isolation and division of labour was required, and it allowed the mother (then heavily pregnant) to continue her primary responsibility for care of the rest of the family. However, Smith does not explain his father's actions in such pragmatic terms. Instead he focuses on the strength of his father's feelings in wishing to protect his wife:

He loved her as only a gipsy can love ... He would have died to save her. He had struggled with his calamities bravely for a whole month, nursing his two first-born with whole-hearted love and devotion, and had never had his clothes off, day or night. And this he had done in order to save her from the terrible disease.<sup>582</sup>

But the sacrifice was to no avail; Smith states that his mother, upset at the separation from her sick children, each day came closer to the wagon, until she too contracted smallpox.

James Turner, living in Halifax in the 1880s, was generally attentive to his family's medical needs. His journal includes references to buying medicinal brandy "with some kind of a lotion in" for his sick mother and a cured rabbit skin for his son's chest after he had been suffering from a cold and staying up all night with his wife when she had diarrhoea.<sup>583</sup> Clearly Turner could be an attentive father and husband, albeit in a context where his wife was taking most of the responsibility for domestic duties. The division of labour is exemplified in the entry for January 1882 when he records having to make the

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<sup>581</sup> Gipsy Smith *Gipsy Smith: His Life and Work By Himself* (London, 1903) PAGE

<sup>582</sup> *Gipsy Smith Life and Work* p.13

<sup>583</sup> Turner *Hard Up Husband: James Turner's Diary, Halifax 1881/2* (Orwell, 1981).pp.17, 20, 7



children's breakfast because his wife was ill. Later in the same month all three of his children were also poorly and for many days it was his wife who looked after them, while Turner was either at work or involved in various activities outside the home.<sup>584</sup> However, the illness of his daughter Annice became much worse and the doctor pronounced her close to death. At this point Turner, his wife and his mother all took turns looking after the sick child. All the entries in the week running up to Annice's death concern themselves solely with the fluctuations in her state of health. They reveal the division of medical labour within the household and the depth of Turner's emotional attachment to his children. Here is the entry for the 11<sup>th</sup> February:

She has improved a little as she had her tea with us. She afterwards went to sleep.

About eight o'clock she commenced to cry, and when we asked her what was the matter, she made no answer, we could not tell what to do. My wife says to me what a job it will be if she has lost her speech. We were sorely put about. My wife afterwards went out to buy some meat, telling me to look after her. I went to her and tried to coax her to be quiet, but it was no use, she continued to cry until my wife came back; about a quarter to nine I was in the cellar getting some coal, when I heard my wife shouted to me to run and tell my Mother to come; Annice was vomiting, and her excrescence was running from her at the same time; she was nearly black in the face. I ran for my Mother to come, she came and took her in her arms, and sat down with her on her lap, after a while she revived up a bit. Mother sat with her on her knee about an hour giving her small drops of water which she drank greedily. We dared not give her much at a time as we were afraid of choking her. After a time my wife got some port wine, and we gave her the wine in place of the water; Mother placed her on the bed; and we continued to watch, as Mother said she was dying. My wife and my sister Jessie said they would stay up with her, so I went to bed between one and two o'clock; they promised to waken me if anything should happen. I got up about seven o'clock, and my wife then had a lay down. We watched her all day and attended to her wants; her little eyes followed us about the house, and if we asked her

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<sup>584</sup> Turner *Hard Up Husband* pp.33-6

to cuddle us she did as well as she could, as she only had one hand which she could move, the use seemed to be taken out the other altogether. I stayed up until late, then I went to bed.<sup>585</sup>

This passage demonstrates how Turner was deeply involved practically, as well as emotionally, in the care of his sick child. However, unlike Gipsy Smith's father and others whose stories we shall discuss later, he did not take control, asserting his place as head of household; in fact it was Turner's mother rather than his wife whose authority is called upon, who took charge and who gave the fatal prognosis. Yet Turner was more than just a passive bystander. Although when his wife left him in charge Annice would not stop crying, he took his turn in the night and the next day seems to have taken a full role in attending to his daughter. The depth of his emotional involvement is made clear in this description of his daughter's death:

I had been in bed about two hours when I awoke. Mother and my wife were still watching her, I went to sleep again. I hadn't been asleep long when my wife woke saying she was going. I jumped up in bed and watched her leave this world for a better.

She died at six minutes past two in the morning on the twelfth of February 1882. She was a very delicate little girl, we had her down with the same complaint many a time. I wish she had been spared to us, but God thought it better to take her away. She was such a chatterbox, she had always something to tell me, her tale was never done. We do miss her. We layed her in the same grave as her grandfather at St Thomas's Church, Halifax.<sup>586</sup>

Turner's account of his daughter's death leaves the reader in no doubt as to the depth of his emotional commitment. Annice was buried next to her grandfather who had died in

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<sup>585</sup> Turner *Hard Up Husband* pp.36-7

<sup>586</sup> Turner *Hard Up Husband* pp.37-9



1880 at the age of fifty, an event whose suddenness left Turner “very much cut up”.<sup>587</sup> What is perhaps most striking about this passage is its emotional restraint, all the more striking because Turner’s journal entry would have been written close to the time of Annice’s death. It is a commonplace that however rigid the emotional code of the Victorian era was generally, when it came to death self-control was put aside as the bereaved broke down and allowed themselves to express their grief. It is a commonplace too, that the death of a child was a stock-in-trade of the period’s fiction, with the death of Little Nell only the most well-known example of the maudlin sentiment which such scenes traded in. Turner’s account of his daughter’s death leaves us in no doubt as to the depth and tenderness of his feelings for Annice, and in striking a more restrained emotional pitch, he only emphasises the tragedy of the loss. Julie-Marie Strange has challenged those historians who have interpreted such muted responses to familial loss as indicative of a fatalistic indifference, suggesting instead that “seemingly dispassionate statements could both conceal and betray the gravity of grief.”<sup>588</sup> Ellen Ross has stated that the death of a child might be a revelatory moment for plebeian fathers which could “unleash emotions about the meaning of fatherhood that had remained largely hidden during the children’s lives”.<sup>589</sup> The bonds of affection which might prompt men’s grief and sadness were not restricted to paternal relationships. The Scottish agricultural labourer William Milne early in his autobiography recalled the death of his best friend from scarlet fever some sixty years earlier in the 1830s: “I have never forgotten the memory of Johnny”.<sup>590</sup>

Another opportunity for the expression of male tenderness towards the sick or dying was through the practice of sick visiting. Prominent in spiritual autobiographies, the tradition of home visits to the sick and dying was a form of good works which might be practised by both men and women and is further evidence of the close relationship between sickness and religion which was explored in the previous chapter. William Bowcock’s

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<sup>587</sup> Turner *Hard Up Husband* p.5

<sup>588</sup> Strange, Julie-Marie ““She cried a very little””: death, grief and mourning in working-class culture, c. 1880-1914’ *Social History* 27: 2 (2002), 143-61 (quotation from p.144)

<sup>589</sup> Ross *Love and Toil* p.194

<sup>590</sup> Milne, W *Reminiscences of an Old Boy: Being Autobiographic Sketches of Scottish Rural Life from 1832 to 1856* (Forfar, 1901) p.27

co-religionists offered prayers when he was dying of cancer.<sup>591</sup> Religious solace was also offered by the lay preacher George Mockford, in his late teens in the 1840s near Lewes: “I began to take tracts to people's houses, and visited the sick, exhorting them to turn to God”.<sup>592</sup> When the Lancashire mill hand Joseph Townend was in the Manchester Infirmary in 1827 he had a whole series of visitors, including his brothers Charles, Thomas and Elisha and a number of friends.<sup>593</sup>

The London Dissenter and baker William Swan visited his father each Sunday when he was in the last months of his life in late 1853 and early 1854. These visits were an important part of the process of spiritual preparation for death for Swan's father who was “much subject to despondancy and very much worried by the common adversary of souls”.<sup>594</sup> The tradition of sick visiting is another instance of the intimate intertwining of the physical and spiritual dimensions of sickness and death in Victorian culture and of the important role religion often played in forming and maintaining support networks within working-class communities. This practice also provided the opportunity for the display of a more tender, devotional manliness.

### ***Pine shavings and tobacco poultices: men's makeshift medicine***

Whilst the work of *nursing* the sick might present challenges to working men's traditional roles and identities, this is not to say that they rarely played a medical role, or that it was always presented as a subversion of the traditional gendered division of labour. Indeed autobiographies offer frequent examples of men's involvement in medical care. Often this was of an improvised manner, using materials such as weaver's thread or cobbler's wax that men would have utilised in other contexts.

During a somewhat sickly and accident-prone childhood, the Eastbourne bath-chair man George Meek recalled how his grandfather attended to “some kind of formation growing

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<sup>591</sup> Bowcock, W *The Life, Experience and Correspondence of William Bowcock* (London, 1851) p.149

<sup>592</sup> Mockford, G *Wilderness Journeyings and Gracious Deliverances* (Oxford, 1901) p.8

<sup>593</sup> Townend, J *The Autobiography of the Rev. Joseph Townend* (London, 1869) p.16

<sup>594</sup> Swan, W ‘The Journal of William Swan, born 1813’ in [Swan, W.T. and Swan, W.] *Journals of Two Poor Dissenters, 1786-1880* (London, 1970) pp.62-3



above my left eye which had to be plastered up, and my grandfather made a final plaster with cobbler's wax which was most difficult and painful to remove".<sup>595</sup>

One of the more striking accounts is from the autobiography of the circus-owner and showman George Sanger. Born in Berkshire in the mid-1820s, Sanger's autobiography recounts his progress from humble origins as part of his father's family travelling troupe to joint owner of Britain's largest circus business. Sanger describes his family's involvement in a smallpox outbreak at Newbury in 1833. One of Sanger's siblings succumbed to the illness and Sanger's father responded by inoculating the rest of the family.

When the pustules on my sister were fully developed, he got us other children together and operated on us. His instrument was a long darning-needle. This he passed right through the upper part of the muscle of each one's right arm. Then into the tiny wound on each side he rubbed a little of the serum taken from the pustules of the sufferer.<sup>596</sup>

Sanger stated that the procedure had the anticipated outcome: "Each of us rapidly developed the disease, but in the mildest possible form".<sup>597</sup> Having inoculated the children his father then medicated them with his own preparation: "He compounded it himself... Whence he got this recipe I do not know but he firmly believed in its efficacy."<sup>598</sup> News of Sanger's father's treatment spread and he found himself in demand: "dozens, nay hundreds, of people came to be inoculated themselves, and to have their children operated on, and to carry off the famous secret medicine".<sup>599</sup> This episode illustrates how men's makeshift medical economy extended beyond the home. Perhaps more commonly, it was a feature of the homosocial spaces of work. The Lancashire cabinet maker T. R. Dennis recalled the help he received after a fight at work in the 1920s: "I did get a cut or two, but I felt quite proud of the first-aid meted out - a clean

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<sup>595</sup> Meek *George Meek* pp.9-10

<sup>596</sup> Sanger, G *Seventy Years a Showman* (London, 1927) p.56

<sup>597</sup> Sanger *Seventy Years* p.56

<sup>598</sup> Sanger *Seventy Years* p.57

<sup>599</sup> Sanger *Seventy Years* p.57

pine shaving was used as a bandage, stuck to each side of the wound”.<sup>600</sup> Joseph Millot Severn recounted the injuries and treatment he received working as a boy in an ironstone mine in Derbyshire in the early 1870s. When his finger was crushed and a nail cut off: “Immediately one of the men chewed a wad of tobacco, and slapped it on to my bleeding finger, binding it up with a rag from the lining of an old, dirty coat ...”<sup>601</sup> When William Swan was working as a Fellowship porter at the Barclay’s brewhouse on Saturday 20<sup>th</sup> October 1860, he fell as he carried a sack of malt up the street. His right ankle and lower leg were badly sprained, but a passing stranger came to his assistance, “seeing the hobbling conditon I was in [he] got me a broomstick, and a phial of horse oils from the stables of the brewhouse”.<sup>602</sup>

Like Swan, travelling workers often had to rely on the kindness of strangers. In the early 1830s Alexander Somerville was an agricultural labourer travelling around the Scottish Borders with other tramping workers, far from family and community. On one occasion they were close to Kelso and were offered shelter for a night by a weaver and his wife. The weaver’s work materials and trade skills were adapted to medical needs to tend to the tramping men’s feet.

In the morning, one of us went out and bought tea, sugar, and bread, for breakfast, while the kind woman got us water and a tub to bathe our blistered feet; and the weaver gave his shaving razors to those who needed shaving, and took his other razor, which was past shaving, and pared such of our feet as had bruises; and took a darning needle and worsted and drew it through the blisters, leaving a worsted thread in the blisters - the best possible cure for them.<sup>603</sup>

Another travelling worker, the radical London shoemaker Thomas Preston, described in his 1817 autobiography an experience of mutual aid during his travels across the country during the 1790s, when he was in his late teens:

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<sup>600</sup> Dennis, T in Burnett *Useful Toil* p.361

<sup>601</sup> Millot Severn, J *The Life Story and Experiences of a Phrenologist* (Brighton, 1929) p.40

<sup>602</sup> Swan ‘Journal’ p.68

<sup>603</sup> Somerville, A *The Autobiography of a Working Man* Carswell, J (ed) (London, 1967) p.112



On my arrival at Liverpool, my leg, in which I had suffered when young, became very bad, and having been much exposed to the severe frost which then prevailed, it began to assume a very threatening aspect, when a *brother knight* recommended that which performed a sudden and unexpected cure, and the *formula* of which I shall introduce in *plain English*. Take a BALL OF WAX, spread it on white leather and strew a little loaf sugar on the same. This cured me;- why not another, or fifty more?<sup>604</sup>

Sometimes the kind of help offered to the sick and injured was not strictly medical. In the late eighteenth century the itinerant bookseller David Love supplemented the healing activities we will describe later with another form of aid, writing petitions for the poor and the sick.<sup>605</sup> James Turner recalled a subscription collected to provide financial support to a workmate “who has a dead child and two more under the Doctor”.<sup>606</sup> As we saw in chapter one, when the father of the young George Mockford sent him back to work whilst still unwell, it was George’s colleagues who intervened, remonstrating with the father.<sup>607</sup> As a boy growing up in 1840s Clerkenwell, John Shinn helped an elderly neighbour who was severely incapacitated by arthritis. He carried any water she needed from the basement up to her third-floor rooms.<sup>608</sup> Another kind of physical labour was observed by the bookbinder and union leader Frederick Rogers. Born in Whitechapel, London in 1846 he suffered prolonged ill health as a child in London, requiring regular attendance at a local doctor’s surgery. Describing the various patients he met, he tells us that:

... the most touching episode of all was the loyal friendship of two young lads, one a sturdy fellow of sixteen, vigorous and full of abounding life, the other a helpless cripple of some fourteen years, without the use of his lower limbs. The healthy lad carried his companion on his shoulders for something over a mile

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<sup>604</sup> Preston, T *The Life and Opinions of Thomas Preston, Patriot and Shoemaker* (London, 1817) p.8

<sup>605</sup> Love, D *The Life, Adventures and Experience of David Love* (London, 1823) p.78

<sup>606</sup> Turner *Hard Up Husband* p.16

<sup>607</sup> Mockford *Wilderness Journeyings* p.3

<sup>608</sup> Shinn, J in Burnett *Destiny Obscure* p.187

each morning, waited while the doctor “dressed” him, and then carried him back again.<sup>609</sup>

In about 1840 a different kind of comfort was offered to James Burn in Glasgow after a severe attack of sciatica had led him to collapse at work. When a friend saw him limping along the street, Burn sought assistance.

I told him I was like to faint with pain; he took hold of my arm, and assisted me into a public-house close by. Before we left, I had buried all my infirmities and the cares of life in whiskey. My friend and I had finished our imperial pint each; and I went home in a state of comfortable oblivion, and my sufferings were *non est* until the following morning.<sup>610</sup>

This episode reminds us that alcohol was used for a variety of medical purposes in the nineteenth century, on its own or as an ingredient in tonics, and was probably the most commonly available form of pain relief affordable by working people during our period.<sup>611</sup> Burns describes his drinking partner as “a gentleman with whom I had been on terms of intimacy”, a description of close friendship which reminds us that the Victorian sickroom could be, as Miriam Bailin has argued: “a privileged site of untroubled intimacy”.<sup>612</sup> Whilst the masculine republic of the pub is often associated with a rough, plebeian masculinity, this incident demonstrates a gentler side to boozy conviviality. Like some of the other episodes we have recounted here, it suggests that our understanding of plebeian fatherhood and male friendship might be enriched by an appreciation of the role lay medicine could play in establishing or maintaining affective bonds. Whether in shared prayer or shared pints, working men could express tenderness and affection through the care and support of sick friends and relatives.

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<sup>609</sup> Rogers, F *Labour, Life and Literature: Some Memories of Sixty Years* (London, 1913) p.20

<sup>610</sup> Burn “*Beggar Boy*” p.181

<sup>611</sup> Harrison, B *Drink and the Victorians: The Question of Temperance in England, 1815-1872* (Keele, 1994) p.42

<sup>612</sup> Bailin *Sickroom* pp.22-3



### *A little knowledge*

Tobacco poultices and plasters made with cobbler's wax are examples of an eclectic approach to lay medicine which relied not on formal medical training but a familiarity with a range of traditional health practices. David Vincent has argued that this body of folk knowledge was increasingly marginalised during the nineteenth century, as working-class men pursued scientific knowledge in forums such as the mechanics' institutes. This section examines the ways in which the pursuit of useful knowledge was applied to medical care by plebeian men. However, Vincent's argument that there was a decline in interest in more traditional forms of knowledge must be treated with caution. Evidence of both change and continuity is provided by the self-styled "King of the Norfolk Poachers".

There was a lot more sense in some of my Grandmother's old cures, but of course people dont hold them in the same way as they did now have learnt the ways of the World and got more Education. There were all sorts of charms for different Ailments. There was one if a child was Born with a rupture. The Father wold go out and serch about till he found a strit young ash plant, wich he could put his knife through and split down. Then they wold bring the Child and holding the ash sapling apart draw the child through the split. The split parts were pulled together again and bound with string, and as the sapling grew together so the Child's rupture healed. I have seen several of these plants near the old People's houses but I canot say if the charm came true.<sup>613</sup>

In this passage the folk wisdom of his grandmother is contrasted with formal education as part of a more innocent culture "before people had learnt the ways of the world". As Bob Bushaway has suggested, such folk knowledge cannot be dismissed as "deformed or degraded survivals of ignorance and credulity ... Some of this knowledge, far from being irrational, was empirical and based on personal experience and observation".<sup>614</sup> In the case of the King of the Norfolk Poachers, his faith in his grandmother's wisdom is

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<sup>613</sup> King of the Norfolk Poachers *I Walked by Night* Rider Haggard, L (ed) (Woodbridge, , 1986) p.16

<sup>614</sup> Bushaway, B 'Alternative belief' pp.214-5

tempered by sceptical empiricism: "I cannot say if the charm came true". He seems to suggest that only direct observation can give final authority, as this passage on the medicinal properties of the mole suggests:

In the old days there was a lot of superstition regarding this small animal and still is in a lot of places. Many years ago the people gave it a lot of reverence. They would carry the mole's fore feet in their pockets as prevention for Cramp and other Ailments. The blood of the mole is a sure cure for warts on the hands or any / part of the body. Get a mole alive, just tap him on the head, and he will bleed at the nose. Rub the blood on the warts, bury the mole and the warts will disappear. I have tried it many times and have never known it to fail. It is hundreds of years old that cure, but many people have forgot it.<sup>615</sup>

In this passage we see an appeal to direct observation of a large number of cures, but this evidence is bolstered by an appeal to the authority of tradition - the remedy is hundreds of years old, it is part of the disappearing wisdom already alluded to. Central to this worldview is an intimate relationship with nature.

I have learnt a lot from nature. It taught me to think at an early age, and I have tried to study her in all her secrets, but there is a lot I could never learn. I have learned the ways of Birds and Animals and Insects, and a lot I have learned in the ways of men as well, as with both of them it comes from keeping quiet and watching.<sup>616</sup>

In this cosmology superstition, tradition, reverence for nature and empiricism are all of a piece. However, even allowing for a commitment to empiricism, the types of cures described by the "King" were part of a traditional folk knowledge imparted in the traditional way, from one generation to another. By contrast a more systematic approach to the pursuit of new scientific knowledge was a central part of the culture of a new class

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<sup>615</sup> King of the Norfolk Poachers *I Walked by Night* pp.165-7

<sup>616</sup> King of the Norfolk Poachers *I Walked by Night* p.134



of self-educated artisans who formed botanical and geological societies.<sup>617</sup> One plebeian autobiographer who gleaned useful knowledge from learned medical texts was David Love, an itinerant book pedlar and balladeer born in Fife in 1750. His career as a healer seems to have begun in Bristol when he cured a neighbour's injured leg. The woman had refused to let the staff at the local infirmary amputate her damaged limb, and Love describes how he provided a less drastic remedy:

I had a famous book of foreign receipts, in which I looked, concerning the cure of desperate wounds; I found one very simple, which had cured hundreds, and never failed, if not rotten at the bone. I tried the experiment on the poor woman's leg, and made a perfect cure in three weeks, for which she handsomely rewarded me. I have speedily cured many people by this simple medicine, and took what they pleased to give me. I never did intend to turn quack doctor, but when I could do this cure to any poor afflicted creature, for a small trifle, it was my duty.<sup>618</sup>

As someone engaged in the book trade (albeit at its lowest level) Love might have had particularly easy access to medical texts. He states that he also possessed a copy of "the London and Edinburgh Dispensatory", most likely a text published by the Royal College of Physicians.<sup>619</sup> However, working men's pursuit of medical knowledge did not always derive from such elite institutions, instead they frequently drew on the multiple forms of medical knowledge circulating in nineteenth-century Britain, including hydropathy, mesmerism, medical botany, pathological anatomy and phrenology.

In the previous chapter the life of the Coventry silk weaver Joseph Gutteridge was explored - his mechanical aptitude, love of natural history and his activities as a member of the Coventry Mutual Improvement Class. His craft skills, scientific curiosity and medical interests came together when he built his own microscope, and then later a "magneto-electric machine ... constructed as a curative agent for home purposes", having

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<sup>617</sup> Vincent, D *Literacy and Popular Culture, England 1750-1914* (Cambridge, 1989) pp.156-171

<sup>618</sup> Love *Life, Adventures and Experience* pp.77-8

<sup>619</sup> Royal College of Physicians of London *The British Dispensatory, containing a faithful translation of the New London Pharmacopœia, published by the College of Physicians ... to which are joined the ... contents of the Edinburgh Pharmacopœia; with notes* (London, 1747)

turned to spiritualism after the death of his first wife.<sup>620</sup> However, Gutteridge's first interest was botany: "My father gave me an old edition of Culpepper ... By the aid of this book I soon found out not only the common names of plants but their uses and medicinal properties".<sup>621</sup> As an organised movement, medical botany had its roots in North America, and once imported to Britain its self-help philosophy flourished in the urban industrial North. However, it had antecedents both in traditional use of herbs in folk medicine, and in Wesley's *Primitive Physick*.<sup>622</sup>

But Gutteridge makes no mention of attempting to put his knowledge to practical use at this stage. We have evidence of actual healing many years later, when he was confronted with the illness of his eldest son suffering "with virulent ophthalmia of a terribly severe type, which lasted for years".<sup>623</sup> After spending as much as they could afford on specialist medical treatment, lack of funds forced them to rely solely on their own efforts. Gutteridge's response was to embark on a crash course in medicine.

To succeed in this I procured by loan or purchase all the medical and physiological works I possibly could, especially books treating on the eyes, including Fyfe's "Anatomy", Grainger's "Elements of Anatomy", Southwood Smith's "Philosophy of Health", and two or three Dictionaries of Medicine, but the work most suited to my wants was Gray's "Supplement to the Pharmacopea".<sup>624</sup>

Gutteridge makes no comment on the success of his attempts to treat his son but he does describe how he shared his expertise in the local community:

I did not feel at liberty to use this knowledge as a means of profit, though great

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<sup>620</sup> Gutteridge *Lights and Shadows* pp.262-3

<sup>621</sup> Gutteridge *Lights and Shadows* p.24

<sup>622</sup> Miley, U and Pickstone, J 'Medical botany around 1850: American medicine in industrial Britain' in Cooter, R (ed.) *Studies in the History of Alternative Medicine* (Basingstoke, 1988) Wesley, J *Primitive Physick ; Or an Easy and Natural Method of Curing Most Diseases* (London, 1747)

<sup>623</sup> Gutteridge *Lights and Shadows* p.77

<sup>624</sup> Gutteridge *Lights and Shadows* pp.77-8



demands were made upon it by sufferers amongst our friends and neighbours. It was a source of pleasure to be able, by relieving pain and suffering, and sometimes even curing deep-rooted diseases, to earn the gratitude of those benefitted.<sup>625</sup>

However, not all Gutteridge's medical knowledge was acquired through books. Gutteridge was able to enrich his medical expertise through his social connections. He described himself as on "intimate terms" with a Dr Laxon for whom he had carried out "several odd jobs that required delicate manipulation".<sup>626</sup> He was also "intimately acquainted" with the surgeon and anatomist Michael Coulcher, who encouraged him in his pursuit of knowledge: "I had access to his rooms, and whenever he was at liberty he would reach down his microscope and explain to me the use of the instrument in pathology and physiology."<sup>627</sup>

Gutteridge's intimate acquaintance with senior figures in Coventry's medical establishment demonstrates how the pursuit of useful medical knowledge could blur class boundaries, just as male nursing blurred gender boundaries. His gratitude to these middle-class doctors illustrates the continued importance of paternalism in mediating class relations in the industrial centres of northern England, a theme we will return to in the following chapter.<sup>628</sup> However, Gutteridge also demonstrates that the politics of medical knowledge in nineteenth-century Britain was far more complex than his gratitude to Laxton and Coulcher suggests. Cooter and Barrow have described the battle for an open and democratic science waged by plebeian radicals interested in new fields of knowledge such as phrenology.<sup>629</sup> Lay medicine was a site for contesting the politics of scientific knowledge, as is made clear by Gutteridge's feverish scouring of Gray's

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<sup>625</sup> Gutteridge *Lights and Shadows*. p.78. In *Literacy and Popular Culture* (p.162) Vincent cites this passage as evidence of the application of Gutteridge's botanical knowledge but, the chronology would appear to suggest that his medical fame grew after he acquired a more orthodox knowledge.

<sup>626</sup> Gutteridge *Lights and Shadows* p.95

<sup>627</sup> Gutteridge *Lights and Shadows* pp.96-7

<sup>628</sup> Joyce, P *Work, Society and Politics: the Culture of the Factor in Later Victorian England* (Brighton, 1980)

<sup>629</sup> Cooter, R *The Cultural Meaning of Popular Science: Phrenology and the Organisation of Consent in Nineteenth-century Britain* (Cambridge, 1984); Barrow, L 'Democratic epistemology: mid-19th-century plebeian medicine' *The Society for the Social History of Medicine Bulletin* 29 (1981) pp.25-29

*Pharmacopoeia* in search of the knowledge which would cure his son's ophthalmia. Commenting on this episode Gutteridge criticised the common premise that “A little knowledge is a dangerous thing.” He argues instead: “The sentiment would perhaps be more accurate if it read ‘*Too* little knowledge, or knowledge mis-applied, is a dangerous thing.’”<sup>630</sup>

### ***Risky experiments: men's self-medication***

Perhaps Joseph Gutteridge's most dramatic medical intervention was performed on himself. This act of self-medication occurred after he was diagnosed as having a life-threatening inflammation of the intestines. His doctors had recommended that they must operate, and Gutteridge was reluctant. Motivated by an intense fear of the surgeon's knife, he describes how: “After they had left I tried a very risky experiment upon myself with half a pint of fresh barm. The effect was magical, although it caused a night of fearful agony.”<sup>631</sup> In his defiance of the doctors' advice we again see the complexity of Gutteridge's relationship with the medical establishment, and his recourse to barm (the foam on top of fermenting alcohol) illustrates his pragmatic and eclectic willingness to experiment with a folk medicine whose traditional use spans millennia.

Another self-medicator was Charles Newnham, a carpenter who began working in London in 1817. Two years later he fell ill after inhaling noxious fumes in a poorly ventilated workplace, and immediately he returned home. His landlady offered to fetch a doctor, but Newnham told her to wait: “She had one of those old-fashioned brass warming-pans, which I directed her to use in warming my bed, and also requesting her to make me some hot caudle.”<sup>632</sup> Only after this self-prescribed treatment did Newnham let his landlady fetch the doctor, who then praised his efforts: “The doctor said I had no doubt saved my own life by the means I had used.”<sup>633</sup>

Another autobiographer who was an inveterate self-medicator was Francis Place. His

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<sup>630</sup> Gutteridge *Lights and Shadows* p.78

<sup>631</sup> Gutteridge *Lights and Shadows* p.97

<sup>632</sup> Caudle was a warm drink consisting of wine or ale mixed with sugar, eggs, bread, and various spices, sometimes given to ill persons.

<sup>633</sup> Newnham, C in Burnett *Useful Toil* p.292



autobiography contains a separate section entitled “State of my health” in which Place recounts both his illnesses and their treatment in considerable detail.<sup>634</sup> For the most part medical practitioners play no part in his treatment. The earliest condition he described, one which started at the age of twelve and persisted for many years, was ““sick headache” - a series of symptoms beginning with vision problems and ending with “intense pain inside my skull”.<sup>635</sup> The first successful treatment Place described was emetics but he linked the occurrence of the problem with a lack of fresh air during his time as a weaver. These attacks disappeared when he was a master tradesman and had “out of doors business to attend to”, but they returned when he went back to more sedentary work. Place sought to alleviate the condition by altering his diet: “I now left off all fermented liquors, ate no green vegetables, and scarcely any fruit, took no soups, and scarcely any warm liquids, and ate less food”.<sup>636</sup> He made no mention of medical advice in relation to this lifestyle change, although he subsequently modified it slightly by taking “a small quantity of warm water late in the evening” on “the advice of a medical friend”.<sup>637</sup>

Place’s confidence as a self-medicator is most clear in his worst bout of illness. In an entry for 1825 he describes how a cold day’s outside work left him with a severe chill and strong pains on the left side of the abdomen:

I awoke with intense pain in my left side the abdomen was swollen and was very tense, I lay still for some time, feeling my side and ascertained that it was sore internally over a very considerable space and that the swelling increased rapidly as did also the pain.<sup>638</sup>

Place sent for a doctor only after he had examined his condition himself and decided that bleeding was the appropriate treatment. Having been bled, Place continued the treatment himself: “I put a number of Leeches to my side and when they came off I put a warm

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<sup>634</sup> Place, F *The Autobiography of Francis Place (1771-1854)* Thale, M (ed) (Cambridge,1972) pp. 275-8

<sup>635</sup> Place *Autobiography* p.276

<sup>636</sup> Place *Autobiography* p.277

<sup>637</sup> Place *Autobiography* p.277

<sup>638</sup> Place *Autobiography* p.278

poultice on, by which another large quantity of blood was taken away”.<sup>639</sup> Place’s trust in his own powers seems to have been complete even in the case of a serious illness: “I knew the nature of the complaint and what I could bear, this with some physicking and starvation for three days put an end to all bad symptoms”.<sup>640</sup> It is Place’s faith in his diagnostic acumen as much as his willingness to treat himself which is notable.

Place also treated himself with hydropathy. Having come down with bronchitis he decided to follow the lead of an acquaintance “who had been cured of similar complaints by the Cold water system”. Yet this time Place lacked confidence, describing the treatment as “an experiment” which he kept secret “It seemed to me a desperate attempt in which I would not expect anyone to concur, and was ashamed also to let anyone know how I was proceeding”. Only when the treatment seemed to be working did he tell others about it. It would appear that although a confident self-medicator, Place was happiest working within an orthodox medical framework.

### *The meaning of men's medicine*

Self-medication, whether using orthodox or non-orthodox knowledge can be seen simply as a further extension of the eclectic, improvised approach to lay medical care described in working-class autobiographies. Its confident assertion of an independent approach to medical care tells us something about class relations and class identity, but self-medication can also be read as the affirmation of a particular kind of masculinity. First of all, a wider reading of working-class autobiography suggests it is more commonly described by men than by women. Given the balance of the sample used as the basis for this thesis towards male autobiographies, the accuracy of this trend is not wholly reliable. Nevertheless, the question remains: what kind of ideological work might such descriptions be doing for male autobiographers? In this section we turn from describing plebeian men’s medical roles to considering how their accounts of such work fit into the wider strategies of self-representation in their autobiographies.

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<sup>639</sup> Place *Autobiography* p. 298

<sup>640</sup> Place *Autobiography* p.278. For a discussion of this self-treatment, see Porter, D and Porter, R *Patient's Progress: Doctors and Doctoring in Eighteenth Century England* (Cambridge, 1989) p.39



Incapacity and illness posed threats to some of the core values of Victorian masculinity. Independence and self-reliance were undermined when the sick male was rendered dependent on others, his social and economic status as the family breadwinner was jeopardised when he was rendered unfit for work and such frailty challenged the ideal of muscular or tough manhood ascribed to in different ways by middle and working-class men.<sup>641</sup> Taking responsibility for one's illness through self-medication reasserted the independence of the plebeian male, it reaffirmed his masculinity at a time when it was particularly vulnerable.

Also worthy of note is the use of the term experiment in men's account of their medical work. It occurs in men's autobiographies but not women's and can be found in a number of the works analysed so far; Gutteridge, Place and Love all used it, often in relation to self-medication. By using the term experiment these men were framing their medical care in scientific terms. Science in Victorian society was men's work, an arena, with perhaps the exception of some branches of natural history, in which women were generally prevented from participating. As Marina Benjamin suggests: "scientific practice has, since its origins, been almost exclusively male ... in the dual sense that the natural sciences have been associated with men's work, and, moreover with manly work".<sup>642</sup> In other words the world of science constituted precisely the kind of homosocial space which, John Tosh has argued, was central to the formation and maintenance of both masculine identities and patriarchal power.<sup>643</sup>

Much of the cultural power of science as a patriarchal force stemmed from the widespread use of "sexual metaphor within scientific discourses" which, to quote

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<sup>641</sup> Suzuki, A 'Lunacy and Labouring Men: Narratives of Male Vulnerability in Mid-Victorian London' in Bivins, R and Pickstone, J (eds) *Medicine, Madness and Social History: Essays in Honour of Roy Porter* (Basingstoke, 2007) pp. 118-28. For a discussion in relation to nervous disorders amongst Victorian middle-class men, see Oppenheim, J "*Shattered nerves*": *Doctors, Patients and Depression in Victorian England* (Oxford, 1991) pp.141-80

<sup>642</sup> Benjamin, M (ed) *Science and Sensibility. Gender and Scientific Enquiry, 1780-1945* (Oxford, 1991) p.4

<sup>643</sup> Tosh, J 'What should historians do with masculinity? Reflections on nineteenth-century Britain' in *History Workshop Journal* 38 (1994) pp.179-202

Benjamin again, “served symbolically to equate woman with nature, as that which is known, as opposed to that which is capable of knowing”.<sup>644</sup> The self-experiment plays with two linked dualities - mind and body, male and female. The rational, enquiring and therefore male mind of the sick man investigated the condition of his passive, subjective, and therefore feminised, suffering body.

There is of course a certain tradition amongst orthodox medical practitioners of using their own bodies for the pursuit of knowledge. By placing their own bodies at risk, orthodox and lay medics remind us that the practice of medicine is an embodied set of physical techniques as well as an intellectual pursuit. That they do so through a potentially heroic self-sacrifice can be seen as a masculine counterpart to the self-sacrifice of mothers who nurse their families to the point of fatal exhaustion.

### **Harsh medicine**

The adoption of scientific authority through use of terms such as experiment and the assertion of independence through self-medication do not exhaust male autobiographers' strategies for framing medicine as men's work. Some writers presented medical care as something enmeshed in homosocial work cultures or as a natural expression of patriarchal authority in the domestic sphere.

Let us return to an earlier example, the boy-miner Joseph Millot Severn in Derbyshire in the 1870s. The tobacco poultice spat from a workmate's mouth and bound to Severn's bleeding finger with a rag from a dirty, old coat was rough treatment, portrayed by Severn as an expression of a physically robust masculinity: “These were drastic remedies, but thought quite the right thing to do. There was never much pity shown ...”.<sup>645</sup> On the following page Millot Severn tells us that to become a miner was to join a physical elite; they were the most “physically well set up and sturdy” of the local men who also had to be masters of the arts of swearing and fighting. Their medicine was simply an extension of this - the treatment here was rough as well as ready, medical care to fit with the tough

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<sup>644</sup> Benjamin (ed) *Science and Sensibility* p.3

<sup>645</sup> Millot Severn *Life Story* p.40



stoicism of the miners which has explored in the opening chapter on body hardening.<sup>646</sup>

Similarly we might return to the pine shavings used by T R Dennis as bandages in the early 1920s, which were applied to injuries received in a fight with a fellow apprentice. Dennis states that he was “quite proud” of the pine shavings bandage and that he “never saw a first-aid box for several years at Robinson’s”.<sup>647</sup> Clearly the bandage was also a badge of honour, symbolic of the masculine self-sufficiency of the homosocial space of the workshop. To use the raw materials of the workshop to heal the wounds sustained there was another expression of the embodiment of labour which was explored in chapter one.

Whilst the masculine medicine described by Severn and Dennis was shared between workmates, George Sanger, the circus-man, provides an example of care provided in the domestic context in an episode which exemplifies the ways in which lay medicine could reinforce masculine authority. The author's father, a former seaman who served on the *Victory* at Trafalgar, is the undoubted hero of the early sections of the book. In numerous episodes Sanger recounts stories illustrating his courage, resourcefulness and other manly qualities. We have already seen his treatment of an outbreak of smallpox in 1833. Notable in that episode is the contrast between Sanger's parents: the mother “wan and pale” who “watched night and day with her sick child” and the father who “never lost heart, but battled with the trouble in his own fashion”, and armed with some knowledge of inoculation was “bold enough to carry out the process”.<sup>648</sup> No episode in Severn's narrative is more pertinent to the argument here than the episode when he nearly lost his leg after falling into fairground machinery.

The episode occurred in Kent in about 1841 when Sanger was thirteen or fourteen. The story begins with Sanger telling us he “had grown to be a strong and fearless boy” now responsible for the fairground roundabout.

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<sup>646</sup> Millot Severn *Life Story* p.41

<sup>647</sup> Dennis, T in Burnett *Useful Toil* p.361

<sup>648</sup> Sanger *Seventy Years* p.56

... I was accustomed to walk on the spars that carried the horses and the riders, even when the roundabout was going at its fastest pace. Custom, no doubt, made me careless. Anyhow, on this particular occasion ... my foot slipped, my right leg was jammed between the pivot and the spars, and in a moment a bolt literally tore the flesh of the calf away from the limb .... Father heard the cry .... He at once wound some strips of canvas about my leg ... and fetching a horse, put me in front of him on the saddle and rode off to seek a doctor.<sup>649</sup>

Sanger's father quickly consulted a surgeon who recommended amputation. Unhappy with this proposed course of action Sanger's father consulted a second surgeon, who concurred with the opinion of his colleague. A discussion ensued:

Then suddenly I heard my father say, "By the honour of God! ... whether the boy lives or dies it shall be with all his limbs on him. If you can't help him, I must see what I can do myself!"

With that, he pulled the bandages together over the injury, picked me up off the doctor's couch, put me on the horse again, and rode back as fast as possible to the fair and our caravan. Here in our little living room he laid me down, told mother to go outside and not be frightened, and then with a curved needle and some thick white silk thread sewed the torn calf into its position.

Sixteen stitches were put into that wound in good sailor fashion, and as father did the work he kept saying, "Don't halloa, it'll soon be finished! Be a man, Georgie!" So I did my best not to whimper, thought I couldn't help grinding my teeth, and was very glad when I saw him put that big curved needle down.

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<sup>649</sup> Sanger *Seventy Years* p.97



When the stitching was complete, father finished the job with a strapping of diachylon plaster, of which we always carried a good supply; then he put me to bed and told me to lie still ....

The long stitches are still there to view, and many a medical man who has seen them has expressed the opinion that my father, either by wonderful skill or wonderful good luck, succeeded in performing a really marvellous bit of surgery.

That I did not become a cripple with a crutch and a timber toe, and with most of my chances in life spoiled thereby, I owe entirely to the self-reliance and resource of that brave old sailor-showman father of mine.<sup>650</sup>

Clearly this is a highly gendered narrative. It is first and foremost a classic lad's adventure - the accident is a result of reckless bravado, and the high-speed horse rides to and from the surgeon heighten the drama. The authority of the father is demonstrated when he orders his wife out of the caravan. This exclusion signals that the bloody business of surgery is men's work, a message which is reinforced by the reminder that the father's skill with a needle was learnt not in a domestic context but in that most manly of trades, deep-sea sailing. Meanwhile, urged on by his father, Sanger demonstrates his own manliness by holding back his screams. Sanger's stoicism brings us to the main moral of his tale. The incident occurs at a pivotal point in Sanger's development and is set out in the chapter "How father saved my leg". At the beginning of this chapter he sets the context by telling us how he had grown "very tall and strong" and was "ambitious to become an acrobat".<sup>651</sup> Sanger's father encouraged him in his ambition and gave his son advice about the art of tumbling: "If you do hurt yourself, remember, 'well endured is half cured'".<sup>652</sup> But the paternal message which Sanger places greatest emphasis on is the adage: "the worst always happens to the man who is ready to believe the worst".<sup>653</sup>

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<sup>650</sup> Sanger *Seventy Years* pp.98-9

<sup>651</sup> Sanger *Seventy Years* p.96

<sup>652</sup> Sanger *Seventy Years* p.96

<sup>653</sup> Sanger *Seventy Years* p.96

This sentiment is an appeal to action in the face of adversity.

Finally, we return to the idea that frailty threatened masculinity. As a circus performer, Sanger's passage from youth to manhood was one in which physical strength and prowess were key attributes. Thus Sanger's injury jeopardised his physical and social manhood; to be crippled would have been to endanger his chances of becoming a strong, healthy breadwinner. Sanger's manhood is preserved by his father exercising self-reliance, in the bold and decisive rejection of the surgeons' advice and in the performance of what is presented as a highly skilled piece of surgery which saves his son's leg.

### *Conclusion*

This chapter has not sought to challenge the view that women played the leading role in the provision of lay medical care in working-class families and neighbourhoods, but the evidence presented here suggests that men too were active in the field of primary care in their households, workplaces and communities. Whilst the working-class neighbourhood has often been presented as a female space, this chapter has suggested the outlines of a community of caring which, at least in certain contexts, transcended gender boundaries. In the context of the workplace, in situations of domestic emergency, as members of a religious community or as part of their everyday roles as loving fathers, men took part in the care of the sick. By exploring these contexts and activities through this collection of autobiographies, our understanding of working class masculinities is changed in particular ways. It reinforces a complex understanding of separate spheres; it confirms many of the trans-class aspects of masculinity, and re-emphasises the significance of the stoic approach to the body seen in body hardening.

Aspects of men's therapeutic roles were easily framed in masculine terms, in part because of the type of care they practised. Heroic remedies, rough and ready poultices and stitches darned with a weaver's needle or a sailor's skill could all be viewed as masculine activities. Some of these findings parallel work on the gendered nature of orthodox

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medical practice. Margaret Pelling has suggested that of all medical care, surgery is perhaps the easiest to present as masculine work and Chris Lawrence has suggested the qualities emphasised by George Sanger are the very ones that surgeons themselves were using to describe themselves: “a capacity for physical endurance, courage, solidity and honesty”.<sup>654</sup> An appeal to knowledge and learning as a source of masculine identity can also be seen as central to the self-fashioning of orthodox practitioners, in particular he cites Harold Perkin’s concept of the man of science as part of a refashioning of the notion of what it meant to be a gentleman in nineteenth-century Britain.<sup>655</sup> Plebeian autodidacts may not have aspired to gentlemanly status but in their self-fashioning as men of science we observe the intersection of class and gender: whilst for women the practice of lay medicine was presented as part of the traditional feminine role, for working-class men the attainment of medical knowledge was portrayed as part of a progressive movement linked to their own personal self-improvement and that of their class and also their society.<sup>656</sup>

Moreover, despite the suggestions drawn from our opening example of John Paton’s grandfather, caring for others did not necessarily lead to an undermining of patriarchal authority. At home men’s medicine could reinforce their status as the head of the household; in the workplace it could strengthen the bonds of comradeship between workmates. If men did much medical work, medicine, in turn, did much work for them.

Forms of medical care other than nursing were presented as consistent with the father’s accepted domestic responsibilities and his role as head of the household. Some of our examples, like that of the circus man George Sanger, come from households where there was no division between the family home and the place of work (something that was becoming less common as the century progressed) and perhaps in such families a clear division of labour had not been established or was more malleable. Perhaps as well we can understand this division as arising from what was an increasingly important

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<sup>654</sup> Pelling, M 'Compromised by gender' p.102 Lawrence, C 'Medical minds, surgical bodies: corporeality and the doctors' in Lawrence, C and Shapin, S (eds) *Science Incarnate. Historical Embodiments of Natural Knowledge* (Chicago, 1998) p.196

<sup>655</sup> Lawrence 'Medical minds' p.191

<sup>656</sup> Vincent, D *Bread, Knowledge and Freedom: A Study of Working-Class Autobiography* (London, 1981) Chs. 7 and 8



distinction between curing and caring in the medical professions, with the former the role of male doctors and the latter the role of female nurses.<sup>657</sup>

Whilst our evidence suggests that the doctrine of separate spheres was an ideal rather than a reality, it nevertheless profoundly shaped expectations. Much medical care was still presented as essentially women's work. Nursing, the close and constant attendance at the sickbed with its overtones of domestic servitude, was difficult to frame as a masculine endeavour. It was less often described by men as part of their medical duties, and they might present such work as a subversion of the traditional division of labour within the household. However, we should not assume that there was only one style of manliness which dictated how men should behave within the home; the doctrine of separate spheres might have marked out the respective virtues and duties of husband and wife but this ideological structure could accommodate a range of behaviour. John Tosh's work on middle-class domesticity identifies a range of paternal styles, from the classic model of the authoritarian *pater familias* to the absent father, and there is no reason to suspect that plebeian fatherhood was any less complex.<sup>658</sup>

If plebeian masculinity could encompass tenderness, intimacy and care, then how might we interpret our opening image, the head of a household tending to the feet of his wife? Might there not be some echo of Christ washing the feet of his disciples, and in this parallel the possibility of another source of ideas about the relationship between manliness and physical care in this period? As Peter Gay has suggested, even Thomas Hughes, one of the architects of muscular Christianity seemed by the 1860s to be moving toward a more nuanced definition of manliness which included "loveliness, generosity of spirit, manly tears, and a stab, even, at recognizing the manliness of women".<sup>659</sup> If we lack a full understanding of plebeian fatherhood, then equally lacking is a rounded picture of the nature of friendship in working men's lives. Homosociability is too often reduced

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<sup>657</sup> Berridge, V 'Health and medicine' in Thompson, FML (ed) *Cambridge Social History Vol.3* (Cambridge, 1990) p.184

<sup>658</sup> Tosh *A Man's Place* Ch.4

<sup>659</sup> Gay, P 'The manliness of Christ' in Davis, R and Helmstadter, R (eds) *Religion and Irreligion in Victorian Society* (London, 1992) p.111



to a caricature of boozy camaraderie, pugnacious rivalry or earnest politicking.<sup>660</sup> The act of caring for a sick friend or family member was one expression of a gentler side of plebeian masculinity. Such ideas build on the picture presented in the last chapter of the idea that the sick room could be the site of what Miriam Bailin has termed “untroubled intimacy” and it anticipates the discussion of life in the infirmary which forms the main part of the concluding chapter.<sup>661</sup>

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<sup>660</sup> An alternative history of male friendship has begun to be written; the late Alan Bray explored how, in the homosocial space of the great houses of sixteenth and seventeenth century England, the bodily intimacy of men’s physical service for each other, from serving food and drink to clearing away chamber pots, might act as instruments “by which social relationships could be established and given meaning.”, Bray, A, ‘The Body of the Friend’ in Hitchcock, T and Cohen, M (eds) *English Masculinities, 1660-1800* (London, 1999) p.82 John Tosh has written of the enduring persistence across historical periods of “emotionally intense and physically demonstrative friendship” between men, Tosh *A Man’s Place* p.185

<sup>661</sup> Bailin *Sickroom* p.22

## Chapter five

### At home in the infirmary – paternalism, piety and the patient

#### *Introduction*

Doctors are a curious lot: for one who understands and can and does really help people, there seem to be a dozen who, for what good they do, might just as well be automatic fee-taking machines.<sup>662</sup>

This acerbic judgement came from the 1910 autobiography of George Meek, the socialist bath-chair man of Eastbourne. The comments conclude an episode from the early 1890s when he had been working at the local Liberal Club and living on a diet of cut-price pies which caused “chronic dyspesia”. Eventually it “had got so firm a hold upon me that I could scarcely do my work or even walk ... though I had been going to another doctor for months without getting any relief”.<sup>663</sup> It was only when he sought the assistance of another local doctor that he was cured of his pain. Meek was no stranger to the medical profession, having had two stays in two hospitals as a child and in later life calling out doctors for his children and his wife, but he had little trust in them as a profession.

How typical was such antagonism? This chapter will examine the complex dynamics of the relationship between doctors and plebeian men in the nineteenth century. It will do so in two contexts. Firstly, the everyday encounter in the home or the doctor’s surgery will facilitate an examination of the micro-physics of power in the clinical encounter. This section will be followed by an analysis of the figure of the hospital patient, putting the clinical encounter in the institutional context of the infirmary. As was discussed in the introduction, there is a powerful historiographical orthodoxy which suggests that the birth of modern clinical medicine in the late eighteenth and

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<sup>662</sup> Meek, G *George Meek – Bath Chair-Man* (London, 1910) p.134

<sup>663</sup> Meek *George Meek* p.133



early nineteenth centuries transformed not simply medical knowledge, but the social standing of the medical profession, and with it the relationship between doctor and patient. As Andrew Wear has summarised:

Historians have argued that in Europe the power of doctors over patients began ... in the early nineteenth century ... At the same time, the social status of doctors increased, and their occupation transformed itself into a profession with a monopoly and a large degree of self-regulation.<sup>664</sup>

In the early modern period, it is argued, the patient was powerful and doctors were weak, but this dynamic was reversed in the nineteenth century when medical theory and practice became forms of social control, part of a wider disciplinary system for the control of docile and passive bodies.<sup>665</sup> This chapter explores the nature of these relationships at what is commonly considered to be their most extreme, between relatively powerless working men, and increasingly powerful professional practitioners.

The early modern doctor-patient relationship was a more equal one for a variety of reasons.<sup>666</sup> Doctors practised alongside a plethora of orthodox and non-orthodox practitioners, all competing for the business of the sick in a diverse medical marketplace relatively free of state regulation.<sup>667</sup> Much primary care, moreover, was provided by friends and family in a society in which lay people both understood many of the basic aspects of medical theory such as the humoral system, and were able to supplement this with different kinds of folk medicine. Medical hegemony was further undermined by the continuing power of religion - ill health was a spiritual, as well as a physical, crisis and

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<sup>664</sup> A. Wear, 'Introduction' in Y. Kawakita *et al*(eds), *History of the Doctor-Patient Relationship* (Shizuoka, 1995) xiii

<sup>665</sup> The classic account of the new regime is Foucault, *Discipline and Punish: The Birth of the Prison* (London, 1979). For its application to the history of medicine see, for instance. Armstrong, D *The Political Anatomy of the Body: Medical Knowledge in Britain in the Twentieth Century* (Cambridge, 1983); Lawrence, C 'Disciplining disease: scurvy, the Navy and imperial expansion 1750-1825' in Miller, D and Reill, P (eds) *Visions of Empire, Voyages, Botany and Representations of Nature* (Cambridge, 1996) 80-106

<sup>666</sup> Jewson, N 'The disappearance of the sick man from medical cosmology', *Sociology* 10 (1976) 225-44; Jewson, N 'Medical knowledge and the patronage system in eighteenth-century England', *Sociology*, 7 (1974) 369-85; Porter, D and Porter, R *Patient's Progress: Doctors and Doctoring in Eighteenth Century England* (Cambridge, 1989)

<sup>667</sup> See for instance Porter and Porter *Patient's Progress*



clerical intervention might be as, or more, important than medical treatment.<sup>668</sup> Perhaps most importantly, prior to the nineteenth century medical knowledge was premised on a holistic vision which saw sickness as a deviation from a person's unique natural state, placing the individual patient, not an abstract disease concept, at the heart of medical theory and practice.

All these factors led to clinical encounters in which the patient's voice was of primary importance in diagnosis and where even therapy was a matter of negotiation. But as a sophisticated historiography has demonstrated, by the end of the eighteenth century things were beginning to change. Medicine ceased to be a holistic investigation of the sick based on their own account of their illness and medical history; the rise of pathological anatomy turned medical attention away from the words of the patient and onto the inner workings of the body. Diagnosis became a technical and scientific process based on the use of new instruments such as stethoscopes and thermometers. Treating large numbers of patients with the same symptoms, doctors working in hospitals ceased to think of illness as a disruption of an individual's unique constitution and instead began to generalise about the common characteristics of the same disease in different people. The "sick man", previously the focus of attention, was now simply "the accident of his disease, the transitory object upon which it happens to have seized".<sup>669</sup>

Medical knowledge became esoteric - a widening gulf developed between the lay understanding of sickness and the doctors' clinical disease theories. And with this change in medical theory and practice came a change in social relations; the sick were beginning to lose some of their authority. As Michael Neve has put it: 'patients slowly turned from commercially powerful consumers to nineteenth-century servile acceptors of medical orthodoxy.'<sup>670</sup>

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<sup>668</sup> See for instance Wear, A 'Puritan perceptions of illness in seventeenth-century England' in Porter, R (ed) *Patients and Practitioners. Lay Perceptions of Medicine in Pre-Industrial Society* (Cambridge, 1985): 55-99

<sup>669</sup> Foucault, M *Birth of the Clinic: An Archaeology of Medical Perception* (London, 1973) p.59

<sup>670</sup> Neve, M 'Orthodoxy and fringe: medicine in late Georgian Bristol' in Bynum, W and Porter, R (eds) *Medical Fringe and Medical Orthodoxy, 1750-1850* (London, 1987) p.44



But the precise timing of this transformation and its impact on different social groups remains unclear. A growing recourse to medical men did not necessarily lead to a loss of autonomy by patients: “Doctors ... feared the rise of dependence; yet what is more in evidence is deployment”.<sup>671</sup> The medical profession was still part of a mixed medical market place and patients’ use of their services was selective. In general the Porters have argued for a late transition, and for a long eighteenth century of patient power: “if there are turning-points in the nineteenth, they come in the second half of the century. In respect to medicine, the ‘pre-modern’ era runs to approximately the age of bacteriology and antiseptic surgery”.<sup>672</sup> In contrast, Mary Fissell, in a local study of relations between the sick poor and the medical establishment argues forcibly for a decisive change in the eighteenth century.<sup>673</sup> In part the difference stems from their contrasting subjects. The Porters focus on what we might term bedside medicine for the middle classes and the landed elite, while Fissell looks at hospital medicine for the poor, the place where the transformation is said to have begun. The distinction in these two approaches highlights the difficulties in generalising a metanarrative about doctors and patients, rather than thinking about specific groups of doctors and specific groups of patients, as this thesis has attempted to do.

Chris Lawrence’s *Medicine in the Making of Modern Britain, 1700-1920* provides a nuanced understanding of the evolution of these power relations. He describes doctors gaining “a measure of authority and control” in a range of Foucauldian disciplinary institutions in the late eighteenth century, and helping to set the terms of important political debates in the late nineteenth century by providing naturalistic accounts of social problems.<sup>674</sup> Yet in Lawrence’s account medical authority was far from hegemonic; and the authority of the doctor was continually being called into question and challenged by the patient. The position of the working-class patient within this picture was particularly complex. Lawrence argues, for instance that as hospital patients they were experimental objects on which doctors practised new diagnostic techniques, but outside the hospital

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<sup>671</sup> Porter and Porter *In Sickness and In Health: The British Experience, 1650- 1850* (London, 1988) p.214

<sup>672</sup> Porter and Porter *In Sickness and In Health* p.215, n.1

<sup>673</sup> Fissell, M *Patients, Power and the Poor in Eighteenth-Century Bristol* (Cambridge, 1991)

<sup>674</sup> Lawrence, C *Medicine in the Making of Modern Britain* (1994) pp.22-25, 70-71



their patronage of “local druggists and chemists” and the tendency of working class men and women to continue the early modern tradition of self-medication added to the precarious position of the general practitioner.<sup>675</sup> Similar revisions have been suggested by the work of John Warner and Anne Digby, who stress not only the slow diffusion of new medical ideas associated with nineteenth-century medicalisation, but also the continuing power of the patient in the clinical encounter, especially in the context of general practice.<sup>676</sup> Yet despite these revisions much work continues to stress the orthodox account of the rise of professional power, driven by a new science, and located in new institutions.<sup>677</sup>

As is made explicit by Lawrence, fundamental to this historiographical narrative is a desire to chart the relationship between the origins of modern society and the emergence of modern medicine. Thus the old-style egalitarian doctor-patient relationship reflected the low social status of medical men in a pre-industrial society dominated by the landed elite and with a small middle class.<sup>678</sup> The holistic style of medicine reflected the face-to-face social relations of a pre-industrial society based on patronage, paternalism and patriarchy in which personal bonds of fealty rested on a highly gendered social order in which the father, as head of household, was the model. And it is in the context of a nexus of changes - the emergence of a three-class society; the rise of the professional middle classes; the emergence of a free-market, contractual basis for the social relations between rich and poor and the growth of bureaucracies and of institutions such as the hospital - that doctors, as members of an emergent bourgeoisie, came to assert their authority.

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<sup>675</sup> Lawrence, C *Medicine in the Making* pp.67-8

<sup>676</sup> Warner, J *The Therapeutic Perspective: Medical Practice, Knowledge and Identity in America, 1820-1885* (Cambridge, MA, 1986) and Digby, A *Making a Medical Living. Doctors and Patients in the English Market for Medicine, 1720-1911* (Cambridge, 1994)

<sup>677</sup> Thus Todd Savitt has recently argued that in nineteenth-century America the tradition of medical self-reliance declined and patients became more dependent on their doctors Savitt, T 'Self-reliance and the changing physician-patient relationship' in Kawakita, S *et al* (eds) *History of the Doctor-Patient Relationship* (Tokyo, 1995) pp.73-98

<sup>678</sup> This view of the size and role of both the middling sorts in general and the professional classes in particular needs updating in the light of work published such as Davidson, L *et al* (eds) *Stilling the Grumbling Hive: the Response to Social and Economic Problems in England, 1689-1750* (Stroud, 1982)



The modern medicine they practised reflected the new society - its generalisations about categories of persons and diseases was part of a wider attempt to create forms of knowledge which could be used in the management of large bodies of men and women. Doctors, Lawrence argues: “were working out a supervisory role for medicine, just as new disciplinary models were being elaborated in prisons and factories”, and thus medicine emerged as “one of the fundamental resources for the rational ordering of society”.<sup>679</sup> This story in the history of medicine is part of a wider story about the institutional disciplining of the plebeian body; as Chris Lawrence puts it: there are “obvious parallels ... [between] the growth of say prison, hospital, school and, most important, factory discipline”.<sup>680</sup>

Despite this literature’s concentration on power relations, and the intent of some its authors to create a medical history from below, it has nevertheless tended to focus on the experience of the medical profession at the expense of that of the working-class patient. One strand of this literature, that has attempted to overcome this problem can be found in attempts to map the evolving structures of institutional power. The emergent rift between middle-class doctor and plebeian patient is thus understood as part of the wider social gulf developing between their respective classes. For instance, in Ruth Richardson’s work *Death, Dissection and the Destitute*, the Anatomy Act is inseparable from that epitome of bourgeois political economy, the New Poor Law. The fear of dissection was just one more deterrent from becoming a burden on the parish, one more incentive to keep body and soul together outside the workhouse.<sup>681</sup> Just as the rise of the bourgeoisie was dependent on the exploitation of working-class bodies, so too the emergence of modern medicine expropriated the bodies of the poor to aid its progress. In Victorian Britain the rise of pathological anatomy was predicated on the theft of pauper corpses: “No longer an object worthy of respect, the body ... became a token of exchange, subject to commercial dealing, and then to the final objectification of the dissection room”.<sup>682</sup>

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<sup>679</sup> Lawrence *Medicine in the Making* (London, 1994) pp.25, 33

<sup>680</sup> Lawrence ‘Disciplining Disease’ p.92

<sup>681</sup> Richardson, R *Death, Dissection and the Destitute* (London, 1989) p.279

<sup>682</sup> Richardson *Death, Dissection and the Destitute* p.72

Whilst Richardson's account of the relations between medicine and popular culture is unusual in its detailed analysis of the view from below, her work is typical in identifying the site for the transformation in the social relations of medicine as the hospital. Ivan Waddington's account of this process of change has been highly influential: the sick poor were low in status and could not afford to shop around for medical care, this rendered them submissive and made them ideal clinical material. Since doctors did not have to listen to poor patients they could "define the problems, and the manner in which they were to be solved, according to criteria established by the profession, not by the patient".<sup>683</sup> This allowed doctors to move the focus of their attention from therapy, which was the patient's primary concern, to diagnosis and classification of disease, in a shift which gave rise to therapeutic nihilism and experimental surgery. Hospitals also gave access to pauper corpses for pathological anatomy. Thus, it is argued that just as clinical medicine helped to increase the prestige of doctors by linking their profession to modern scientific methods, so too it transformed the status of patients into passive objects of scientific scrutiny. Whether as dissected corpses or lying-in patients, the sick poor were clinical material for experimental surgery, pathological anatomy, and, as the hospital became the key site for medical education, training fodder for student doctors to practise their skills on. The epitome of this power dynamic was the stethoscope – at one end the doctor with his privileged access to the internal workings of the patient's body, at the other end the patient waiting in silence for the clinical judgement. Trohler and Prull typify the view of the hospital as a mechanism for social control thus:

Once admitted, patients had to comply with authoritarian discipline on pain of dismissal, regardless of their state of health. Thus hospitals functioned as a means of control for the lower strata of society. They maintained a certain coercive function which they shared with the prisons of the time and which developed almost simultaneously from the same common root, the early modern workhouses ... on entering a hospital, the sick were abandoning their natural milieu and habits, thus

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<sup>683</sup> Waddington, I 'The role of the hospital in the development of modern medicine: a sociological analysis' *Sociology* 7 (1973) p.217



losing their autonomy to the artificial world of the institution, with its own rules demanding subordination and obedience.<sup>684</sup>

Where, we might ask, is the evidence that the poor lost their autonomy? Rules, by their very nature, demand subordination and obedience, but how far that demand is met varies. Some rules will be more closely followed than others, some patients will be more obedient than others. Mary Fissell's work on medicine and the poor in eighteenth-century Bristol provides a specific local case study of this creeping medical hegemony. As lay governors retreated from involvement in the running of the hospital, relinquishing power to the medical men, the institution ceased to be a site for the philanthropic expression of the mutual rights and responsibilities which connected the wealthy and the poor through a traditional and highly personalised paternalism. Authority was now exercised in a depersonalised, bureaucratic system of professional medical power. Admissions had been controlled by the lay governors and subscribers; but the patrons' personal knowledge of patients was replaced by "inspection and surveillance" by doctors; "medical men came to reshape the Infirmary in their own interest."<sup>685</sup> The advancement of these interests rested on the control of pauper bodies which, Fissell argues, came to medical men as they took over the running of hospitals:

Infirmary surgeons granted the inmates of hospitals peculiarly opaque bodies, which only the powerful could read, and robbed the patient of his or her understanding of illness ... denying the poor ownership of themselves.<sup>686</sup>

For Fissell this was a fundamental form of disempowerment; losing the ability to interpret one's body and have this interpretation listened to was no different to other appropriations – "the enclosure of common land ...[and] the denial of use rights".<sup>687</sup> Thus a Marxist

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<sup>684</sup> Trohler, U and Prull, C 'The rise of the modern hospital' in Loudon, I (ed) *Western Medicine, an Illustrated History* (Oxford, 1997) p.165

<sup>685</sup> Fissell, *Patients, Power and the Poor* pp.123, 125, 199

<sup>686</sup> Fissell *Patients, Power and the Poor* p.15

<sup>687</sup> Fissell *Patients, Power and the Poor* p.200

critique of the era of primitive accumulation is linked to a Foucauldian analysis of the relationship between power and knowledge.<sup>688</sup>

Throughout this literature, primarily because of the nature of the source material upon which it is based, the focus of analysis remains the body – either sick or dead – as clinical material. As a result, there is an underlying tendency to objectify the experience of the poor patient; to replicate a structure of thought that abstracts individual experience into generalised power relations and by default to imply a working-class passivity. Such an approach is bound to reproduce the very power effects it seeks to describe. The point about this thesis, and chapter, and its use of working-class autobiography, is not that it allows us to entirely eliminate this ‘objectification’, or to completely overturn the metanarrative which describes its underlying social relations. Rather it provides a different point of access to how the conscious inhabitants of these bodies experienced and objectified their own blood and bone.

There are three separate strands to the narrative of rising medical dominance which it is necessary to delineate. First, this literature outlines a changing economic and social landscape, emphasising the evolving status of the doctor as part of victorious bourgeoisie with a role in disciplining subordinate classes. Second, is a strand focussed on dehumanisation . Medicine became depersonalised: the doctor’s diagnostic powers ceased to rely on patients’ accounts of their illnesses and more on the readings of thermometers and stethoscopes, in a growing commitment to scientific objectivity, based upon the increasing authority of quantitative over qualitative evidence. Third, and in some senses in contradiction to the second – is the Foucauldian vision of the disciplinary society as one in which the confessional, the urge to capture personal narratives and other individualising features in a variety of bureaucratic forms of examination, is a central tool of authority. In the nineteenth century, the case history, hitherto usually kept for the doctor's own reference or for educational purposes, became central to medical practice.

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<sup>688</sup> For a recent critique of the latter see Corfield, P *Power and the Professions in Britain 1700-1850* (London, 1996) esp. pp.4-5, 243-50



Coincident with the rise in new diagnostic tools, was the standardisation of medical record keeping, particularly in hospitals and other institutional settings.<sup>689</sup>

Indeed looked at more broadly it is clear that, far from eliminating the narrative, new techniques of examination, linked as they were to new bureaucratic standards of documentation, transformed the case history into a cornerstone of institutionalised welfare.<sup>690</sup> Prisoners, students, lunatics and paupers all found the details of their lives being meticulously recorded by officials. This urge to confession was complex in its meanings and consequences - often an expression of philanthropic concern for the poor or the suffering, it also represented a new intrusion of the state into the personal lives of its citizens, of new forms of social relations based less on personal knowledge of individuals and more on generalisations about categories of persons. In this context the official uses of narrative can be viewed negatively as an effect of power rather than positively as an expression of humanist concern.

Linked to these ideas in the history of medicine is a broader historiographical interest in the role of disciplinary regimes. Whilst many studies of institutional regimes, whether the prison or the hospital, have betrayed their Foucauldian roots by examining the institution from a top-down perspective, a “history from below” approach has become more common. Broadly speaking we can perhaps identify two main approaches historians have adopted when they have studied such institutions from the perspective of their users or inmates: one is to analyse the conditions external to the institution which influenced people’s contact with it; the other is to study daily life within the institution.

Thus, in the first contextualising approach, historians and sociologists have studied the relationship between the resources available outside - care within the family and the community - and the decision to enter, or commit a family member to, an asylum, house

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<sup>689</sup> Hogarth, S and Marks, L ‘The Golden Narrative’ in Greehalgh, T and Hurwitz, B (eds) *Narrative-based Medicine* (London, 1998), pp.140-8

<sup>690</sup> Foucault *Discipline and Punish* pp.184-194



of correction, workhouse or infirmary.<sup>691</sup> Such studies have shared similar assumptions and come to similar conclusions. The family is seen as the primary locus of care and it is the stresses which care within the family come under, often related to social change in the context of industrialisation - proletarianisation, immiseration, migration, breakdown of kinship ties and the family life-cycle of poverty - which lead to the use of institutional welfare. Such work, by placing greater emphasis on the continuing importance of the role of the family as primary carers, calls into question the influence and role of institutions. From this perspective such institutions are seen as resources strategically deployed by the poor, rather than oppressive regimes imposed on them.

The other approach is concerned with what happens once people enter institutions.<sup>692</sup> Here the assumption is that the operation of disciplinary regimes cannot be understood solely in terms of their rules, their architecture or their normative functions; these are only one set of factors which make up the life of an institution. Ranged alongside them are the attitudes and behaviour of the inmates or patients - the culture they construct, its codes and rules, and the complexities of their relationships with staff, the complicity in the relaxation of strict regimes which makes day-to-day life possible for both rulers and ruled, the petty acts of defiance and the major outbreaks of disorder which set the limits of dominion.

By placing the sick poor at the centre of historical attention this chapter seeks to add to those revisions of historiographical orthodoxy which explore the agency of working-class people in their relations with institutionalised welfare. It will do so in two ways, first by a general description of working men's accounts of their encounters with doctors and then at greater length through a close reading of a single autobiographical source, an account

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<sup>691</sup> The general argument for this perspective was made in Ignatieff, M 'Total institutions and working classes: a review essay' in *History Workshop Journal* 15 (1983) 167-73. For detailed studies see Mahood, L *Policing Gender, Class and Family: Britain, 1850-1940* (London, 1995) esp. Ch.7. On asylums see, for instance, Wright, D 'Getting out of the asylum: understanding the confinement of the insane in the nineteenth century' *Social History of Medicine*, 10 (1997) pp. 137-155; Lis, C and Soly, H *Disordered Lives: Eighteenth-Century Families and Their Unruly Relatives* (Cambridge, 1996) examines houses of correction, whilst various papers in Hitchcock, T *et al* (eds) *Chronicling Poverty: the Voices and Strategies of the English Poor, 1640-1840* (London, 1996) examines the workhouse from the perspective of the poor.

<sup>692</sup> For an excellent example of this approach see Zedner, L *Women, Crime and Custody in Victorian England* (Oxford, 1991) esp. pp. 159 - 162 and 245-254



of life in the Manchester Infirmary in the 1820s. This second section will offer us a glimpse of infirmary life, the relations between staff and patients, the interactions between patients, the role of family and friends as visitors, and the relationship between religion and medicine in the lives of the sick.

### *Doctors and patients*

In seeking to understand the power dynamics of the clinical encounter between plebeian men and their doctors we might begin by considering the question of diagnosis. Did the doctor physically examine the patient, how closely was the patient questioned, what value was attached to the patient's interpretation of their illness and was diagnosis negotiated or simply based on the doctor's judgement? It is on these matters, after all, that many of the accounts of the rise of medical authority focus. Sadly, plebeian autobiographers rarely describe a clinical encounter in any detail. Indeed patients were far more likely to pass comment on the quality of care provided than on diagnostic technique. Perhaps this means that diagnosis was not a source of controversy, but this is a matter of conjecture given the lack of evidence.<sup>693</sup> On the rare occasions when physical examination is mentioned it seems a practice accepted without comment. Thus George Mockford recalled an episode of illness from his childhood in 1839: "I soon became so ill that I was sent to a doctor, who examined me, and shook his head, but said 'I will try if I can do anything for you.'"<sup>694</sup>

As patients, working-class autobiographers passed comments on doctors ranging from high praise to deep scorn. We might categorise their relations as falling into one of three categories: amity, antagonism and ambivalence. The doctor might be a friend bringing relief in time of need; an enemy whose actions compound misery and suffering; or a more liminal figure, at best well-meaning but ultimately ineffectual.

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<sup>693</sup> For an example of a patient actively seeking physical examination in the early nineteenth century see Jacyna, S "Mr Scott's case": a view of London medicine in 1825' in Porter, R (ed) *The Popularization of Medicine, 1650-1850* (London, 1992) pp.252-86

<sup>694</sup> Mockford *Wilderness Journeyings and Gracious Deliverances* (Oxford, 1901) p.7

Failure to attend, or failure to attend properly, could be a source of resentment. James Powell recalled his panic when seeking a doctor to attend to his wife who was in labour. The medical man they had arranged to attend her was away, and he describes how he struggled to find a replacement:

With great difficulty I prevailed upon a medical man to wait upon her, but he would only do so by my paying his fees in advance. It was a fortunate fact that I had enough money in my possession to meet the doctor's claim, or my wife would have paid a heavier claim with death.<sup>695</sup>

Sometimes the blame for clinical negligence was laid on social prejudice. We saw in the previous chapter how Gipsy Smith's sister fell ill when the family were travelling in Hertfordshire in 1865. On reaching the nearby town of Baldock, Smith's father fetched a doctor.

The doctor mounted the steps of the wagon and, leaning over the door, called my sick sister to him and examined her. He did not enter our poor wagon. We were only poor gipsies.<sup>696</sup>

Smith does not explain the doctor's actions in terms of a fear of infection, but rather as a product of social discrimination. George Meek expressed similar resentment about an episode in Eastbourne in 1909. After a period of unemployment he managed to get a few days' work helping to build a new recreation ground but the labour was far heavier than he was used to or could cope with. He was left stiff and with pains in his back and at his side, but he describes how lack of money meant that they could not afford to pay for a doctor:

... so, much against the grain, I had to send for the parish one. I hope he doesn't treat all the patients he is paid out of the rates to attend to with the same

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<sup>695</sup> Powell *Life Incidents and Poetic Pictures* (London, 1865) p.16

<sup>696</sup> Gipsy Smith *Gipsy Smith, His Life and Work By Himself* (London, 1903) p.11



brusqueness. Still, I suppose that when a man has got so low that he has to apply for medical relief it doesn't much matter whether he recovers or not. Probably in nine cases out of ten it would be better for him if he didn't.<sup>697</sup>

As a bath-chair man, Meek's main occupation was wheeling the invalids of Eastbourne around town and presumably involved some knowledge of the local medical establishment. Commenting on the nurses who often accompanied these invalid visitors, he stated:

I have not met a bad or disagreeable nurse. Will the profession accept my kind respects? When I come to die, which I suppose it is just possible I shall do some day, let me have a nurse near me who has been in long training. I want neither doctor nor parson. The first know little of what they profess to know, the latter nothing.<sup>698</sup>

Another autobiographer who put more faith in nurses than doctors was the London builder John Munday. We saw in chapter two that Munday attributed his mother's death in the early 1830s to a combination of overwork and clinical mismanagement: "My mother broke a blood-vessel through hard work; she went to Doctor Goodrich and he bled her; which caused her death".<sup>699</sup> Munday's account of his life is in large part a catalogue of nasty accidents which included nearly drowning, permanent damage to his back which required him to wear a support for the rest of his life, and the loss of an eye in old age. His attitude to his own medical treatment was at best ambivalent, and like Meek he avowed a faith in the nursing profession greater than his confidence in doctors:

At the age of twenty-two I had inflammation of the lungs, and at that time bleeding was all the fashion of the doctors, so they bled me from my arms, but only succeeded with my right arm, and I got over it. Then forty years after that [I

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<sup>697</sup> Meek *George Meek* p.268

<sup>698</sup> Meek *George Meek* pp.173-4

<sup>699</sup> Munday, J 'Early Victorian Recollections' in Blunt, R (ed) *Red Anchor Pieces* (London, 1928) p.111  
These remarks might seem abrupt, although it should be noted that Munday was dictating his reminiscences in 1888 and this format perhaps made it less likely that he would frame such incidents in a wider discussion

had] inflammation of the lungs again and very bad. I had two doctors a day, and they gave me up. But, thank God! I have pulled through it ... God is good to me through it all. And none of my accidents was through drink, and I have been a total abstainer from intoxicating liquors for twenty-five years, so that has helped me with the aid of my King Preserver and a good nurse.<sup>700</sup>

Unlike Meek, Munday expressed a faith in God as well as nurses. William Bowcock's religious interpretation of his illness seems to have left little room for faith in medical science. The initial tumour on his lip was excised by a surgeon: "he cut a piece out nearly an inch wide; and, through great mercy, it soon healed and all went on favourably."<sup>701</sup> The implication of mercy is that the ultimate course of the illness was predestined, the intervention of the surgeon was ultimately secondary to a higher power. The baker and porter William Swan was another who put his faith in God. His life of chronic ill health meant that he had more opportunity than most to experience the best and the worst that the Victorian medical profession had to offer. Like Munday, Swan was bled, this time in 1832.

I became more affected with Asthma of the lungs and was laid up about seven weeks, and attended an Infirmary in Spitalfields under Doctors Davis and Ramadge. I was twice bled and blistered on the chest, and with the treatment and care I recovered more strength and returned to work.<sup>702</sup>

Swan's journal contains numerous encounters with doctors through the decades, both his own and those of his family, and most are recounted in this matter of fact manner, with little or no comment on the quality of care provided. A more critical attitude was expressed when Swan was under the doctor again in 1850 suffering from "rheumatism and debility". This time he attended a dispensary and was prescribed cod liver oil "but with little benefit to my health". His condition deteriorated and in June he began to spit

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<sup>700</sup> Munday 'Victorian Recollections' p.118

<sup>701</sup> Bowcock, W *The Life, Experience and Correspondence of William Bowcock* (London, 1851) pp.148-9

<sup>702</sup> Swan, W. 'The Journal of William Swan, born 1813' in [Swan, W.T. and Swan, W.] *Journals of Two Poor Dissenters, 1786-1880* (London, 1970) p.47



blood at work, went home and in the evening brought up “a large quantity of blood which resulted in complete prostration”. His wife attended the dispensary but was told by the doctor that “he could do no more for me.” He gradually recovered but when he regains his appetite Swan suffers constipation for which he is successfully treated by a homeopathic doctor, Mr Fliescher, and

... when the doctor of the dispensary heard, he walked away. The fact was those doctors were glad to get rid of my case, for they had said I could not get up again, that one lung had gone - but it pleased God to raise me up again.<sup>703</sup>

Like Munday, Swan criticised the doctors for giving up on him. We saw in the previous chapter how the mother of Joseph Townend took charge when the doctor advised that he should be left to die and how the father of George Sanger similarly took matters into his own hands when the doctors threatened to amputate his leg.<sup>704</sup> Such incidents remind us that medical authority could be contested by domestic medicine, although at other times the two worked together. George Mockford remembered a childhood visit from the doctor when he was suffering from chilblains and open sores on his hands:

... so bad did they become that the doctor was called in, who ordered me to be kept at home for at least a week, and gave directions to my mother how to treat my hands and feet. I got better in a fortnight and went to work again.<sup>705</sup>

Expressions of praise and scorn were not mutually exclusive, and unsurprisingly much seemed to depend on whether the patient felt that the doctor’s intervention had been effective. The Scottish hatter James Burn expresses perhaps the greatest ambivalence. Suffering from extreme pain and discomfort as a result of sciatica, he resolved to go to an infirmary “where I was sure to have first-class medical assistance”.<sup>706</sup> However, the care he received was far from satisfactory:

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<sup>703</sup> Swan ‘Journal’ pp.60-61

<sup>704</sup> See above pp.220-2

<sup>705</sup> Mockford *Wilderness Journeyings* p.45

<sup>706</sup> Burn, J “*The Beggar Boy*”: *An Autobiography* (London, 1882) p.181

The superintending physician ordered me to be put under a course of mercury, by which means he anticipated a cure from a change in the system. In the course of little more than a week I was reduced to the weakness of an infant; after this I was plied with neuralgic medicines. I remained in the house for five weeks, and came out no better than when I went in.<sup>707</sup>

Yet immediately after this he fell ill with a fever and on this occasion he had nothing but praise for the care he received: "I owed my life to the medical skill, and unwearied attention, of my friend Dr. Archibald Johnston; and while I am writing this I feel an inward satisfaction in thus giving expression to the lasting and grateful sense I feel of his never-to-be-forgotten kindness."<sup>708</sup> Burn's earlier criticism suggests that such expressions of gratitude should not be read as unthinking acquiescence; the sick might look with hope to their doctor but doubt was not far beneath the surface and might turn to scorn if there was no cure or if the patient felt mistreated.

Such pragmatism meant that even harsh treatment might be tolerated. John Castle recalled the treatment received by his wife, Elizabeth Sanford, shortly before they married in 1844. Elizabeth was working as a housemaid for a Colchester solicitor when she fell ill and was sent to the local hospital (there is no discussion of the nature of the illness except that she had a cough). The hospital doctors decided she was in "deep decline" and she was discharged in the expectation that she had only a week to live. Castle stated that her medical care was then the responsibility of "Messrs Nunn and Son, surgeons" and that Nunn's son-in-law "took her in hand":

... he sent a blister to be put on her left breast and ordered it to be kept on till he called, he came and asked to look at it, he turned it up at one corner, so as to get a hold, and rent it off skin and all. This was cruel, to all outward appearance, but it set her on her legs again. The cough she was the subject of seemed to come from

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<sup>707</sup> Burn "*Beggar Boy*" p.181

<sup>708</sup> Burns *Beggar Boy* p.18



there, and he ordered it to be kept open. In a week or two her cough left her and she gained strength.<sup>709</sup>

In some cases autobiographers describe doctors as friends. In the mid-1860s, Joseph Gwyer spent a month bedridden with agonising pain caused by an abscess in his leg. A devout Baptist, the Wiltshire-born Gwyer was living in London and working as a potato salesman. He was persuaded to seek specialist attention: "My doctor (Mr. Sydney Turner) and other friends induced me to seek further advice".<sup>710</sup> How Turner came to be his friend, and what the term friend meant in this context is not clear, but it is possible that the doctor was a fellow Baptist and, like Gwyer, attended the Penge Tabernacle. The connection is clearer in the case of George Meek, who was a member, and sometime employee, of the Eastbourne Liberal Club. His episode of chronic dyspepsia described at the beginning of the chapter was cured by a Dr Pollock who was a fellow club member.<sup>711</sup>

In the previous chapter it was shown that the Coventry weaver Joseph Gutteridge knew several local medical men, including Dr Laxon and Dr Coulcher. The episode where he self-medicated with half a pint of barm had begun with a trip to Dr Laxon, and a clinical encounter which suggests that, given sufficient orthodox medical knowledge, patients could continue to play an active role in the clinical encounter.

... an illness that baffled the skill of the "faculty" took hold of me. The doctors were even unable to agree as to its nature. There seemed but little hope of recovery, seeing that the disease rendered the assimilation of food impossible. Dr. Laxon, who at that time was esteemed the most skilful medical practitioner in Coventry, undertook the case, and consulted with another medical gentleman. Having executed for Dr. Laxon several odd jobs that required delicate manipulation, we were on intimate terms. We talked together of the nature of the illness. After listening patiently to my notions, he decided to call in two other

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<sup>709</sup> Castle, J in Burnett, J *Destiny Obscure : Autobiographies of Childhood, Education and Family from the 1820s to the 1920s*. (London, 1982). p.267

<sup>710</sup> Gwyer, J *Sketches of the Life of Joseph Gwyer* (Sydenham, 1875) p.31

<sup>711</sup> Meek, *George Meek* p.134

medical men, and to subject me to a careful examination. Next day the doctors agreed that only in an operation was there any hope of life being spared. From their professional conversation I gathered that there was acute inflammation of the intestines, which threatened mortification. The expression on their faces showed that they were doubtful of the issue.<sup>712</sup>

Thus we see a process with several stages. First, the doctor and patient talked together, the doctor listening to the patient's ideas. Next, other doctors were consulted and a physical examination took place. Finally, the doctors had a "professional conversation", discussing the case amongst themselves. At this point it was the patient who examined the doctors, reading their facial expressions for clues to the seriousness of his condition. Whilst, of course, the question of typicality arises once more, nevertheless we have what looks very much like a classic eighteenth-century meeting between a patient and his physicians. Physical examination took place but it was preceded by a detailed discussion with the patient. Furthermore, as we saw in the last chapter, Gutteridge did not trade his participation in the clinical encounter for a willingness to follow doctor's orders. Instead, his fear of the surgery led him to a course of self medication which he had not even discussed with the doctors attending him: "I had a fearful dread of being cut and slashed with the surgeon's knife, lest it should result in total disablement".<sup>713</sup>

Perhaps what Gutteridge's desperate action represents above all is a general fear of surgery. Ellen Ross has suggested that the willingness of poor East End Londoners to use orthodox medical services did not represent a blanket acceptance of allopathic medicine: "Londoners thought of many hospital procedures and technologies - injections, thermometers, surgery, hospitalization - as unnatural and dangerous assaults on bodily integrity".<sup>714</sup> In 1905 London nurses had sometimes met with fierce maternal resistance when trying to use thermometers, even if they only wanted to put them under children's arms: "I ain't going to have my child cut, I tell you," was the final word of one mother.<sup>715</sup>

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<sup>712</sup> Gutteridge *Lights and Shadows in the Life of an Artisan* (London, 1893) pp.95-6

<sup>713</sup> Gutteridge *Lights and Shadows* p.96

<sup>714</sup> Ross, E *Love and Toil: Motherhood in Outcast London* (New York & Oxford, 1993) p.174

<sup>715</sup> Ross *Love and Toil* p.176



Thus it would appear that their regular use of hospitals had failed to medicalise these patients.

From our evidence it would seem that it was surgery that was most feared. As we saw in the last chapter, when David Love began offering lay medical support to neighbours, his first patient was “in great agony with a bad leg” but despite the pain refused amputation: “She had been in the Infirmary but not suffering her leg to be cut off, she was turned out incurable”.<sup>716</sup> Gutteridge was in similar pain but sought an alternative to surgery. However, Joseph Townend was bolder. He had suffered horrific burns as a young child. Years later in the summer of 1827 he chose to enter the Manchester Infirmary in order to have radical surgery to deal with the consequences of that injury. It is to his account of the months he spent in that hospital which we will now turn.

### *At home in the infirmary*

My old doctor said, “Well, Joe, thou's been a good patient, as patient as Job. Thou must go home to thy father and mother, and look at the green fields; and whatever *else*, don't let the doctors touch that hand, but keep it bound with the bandage, and go to Blackpool, and wash it in the salt water, and thou wilt see it will soon be well. It's a fine cure, my lad; but I'll never cut another case like thine.” With the tears running off my face, I gave him my left hand, but I could not speak; and even now, whilst I record that last interview, I am deeply affected. I called in at the neighbouring wards, bidding them all good-bye; and as I descended the great staircase, with my bundle in my hand, unable to wipe the tears as they fell upon the steps, Dr. Guest, the house-surgeon, turned away much moved. I entered that hospital with fourpence, had all my wants supplied, and received a *perfect cure*, and, with a pocket full of silver, was returning home. I here, on the 20th of January, 1852, in my study, Collingwood, Melbourne, Victoria, Australia, from the bottom of my heart, record my sincere thanks to

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<sup>716</sup> Love, D *The Life, Adventures and Experience of David Love* (London, 1823) p.77

Almighty God, and also to the subscribers and managers of that benevolent institution, for the kindness and care I therein received.<sup>717</sup>

Thus does the Reverend Joseph Townend conclude his autobiographical account of his time as a patient at the Manchester Infirmary. Townend was admitted in the summer of 1827 at the age of twenty-one remained there for several months. He was treated for a wrist injury and, far more seriously, operated on to deal with the consequences of severe burns he had received as a child. His description of his time at the Infirmary takes up ten pages of his autobiography and is possibly the most detailed description of hospital life by a working-class patient in the nineteenth century now available to us. His account provides the opportunity to consider how the view “from below” might offer an alternative to some of the historiographical orthodoxies regarding the place of the plebeian patient in the early nineteenth-century hospital. Such a close reading of a single source allows for a particularly rich interpretation but requires caution in drawing conclusions. Nevertheless, whilst Townend’s narrative is not a definitive account of the world of the Victorian hospital patient, it extends our understanding of the plebeian experience of institutional life.

Before we consider his account of his time life as a hospital patient some brief biographical details might be useful. Townend was born in 1806 in a rural village near Skipton, Yorkshire. His parents were Methodist shopkeepers. At the age of seven he went to work in a cotton factory owned by Thomas Kay, remaining a textile-worker until his entry into the Manchester Infirmary in 1827. He later became a Methodist preacher and in 1851 he travelled to Australia as a missionary, returning to England fifteen years later.

As a young child (the age is not clear but somewhere between three and six) Townend was the victim of a domestic accident. Lifting the kettle from its pot-hook on the hearth, his apron caught fire. He was very badly burnt and the damage to his right arm and torso was so severe that the local doctor pronounced the injuries to be fatal. However, the young boy's mother insisted on treatment and so the doctor cut away the burnt flesh. For

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<sup>717</sup> Townend, J *The Autobiography of the Rev. Joseph Townend* (London, 1869) p.19



the next twelve months Townend was confined to bed and nursed by his mother. Eventually the burns healed but, as new skin grew, the right arm as far down as the elbow was attached to the side by a web of skin. It was this condition, as well as the more recent injury to the wrist on the same arm, which led Townend to seek treatment at the Manchester Infirmary.

### *The good patient and his good old doctor*

How did Townend come to be in the Infirmary? What can his entry to the institution tell us about Mary Fissell's argument that medical men came to dominate the admissions process? In fact Joseph Townend gained entry to the Infirmary by the traditional route of personal recommendation. "I made my case and desire known to my master, Thomas Kay, Esq., and he obtained from W. Townend, Esq., a recommendation to admit me as an in-patient".<sup>718</sup> Whoever W. Townend Esq. was (and Joseph Townend stated that he was not a relation), clearly it is through the intercession of his employer in the first instance that Townend came to be in the Infirmary. Thus it would seem that in the class-based industrial society of 1830s Manchester the personal patronage ties of employers to their employees could still be important in the provision of medical care.<sup>719</sup>

Perhaps what is most striking about Townend's admission to the institution is the way he negotiated his status as an in-patient. Having gained initial admission his house-surgeon had to decide whether to treat him in the hospital or as an out-patient.

On the first Sabbath morning the house surgeon examined my wrist, probed it with his lancet, the mark of which I now see as I write; he then took down my card and said, "You will be an out-patient, sir." I reminded him of my arm grown to my side; and hanging up the card he said, "Two birds with one stone; aye?" I said, "Yes, sir."<sup>720</sup>

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<sup>718</sup> Townend *Autobiography* p.9

<sup>719</sup> A full discussion of the role of paternalism in nineteenth-century industrial Lancashire can be found in Joyce, P *Work, Society and Politics: the Culture of the Factory in Later Victorian England* (Brighton, 1980); see for instance pp.135-7

<sup>720</sup> Townend *Autobiography* p.11

It would appear that Townend was able to exert some influence over not only his resident status but also what was to be treated.

Once Townend was established as an in-patient, the Infirmary surgeons discussed his treatment at length – separating the arm and torso was for these men a novel operation and they considered for some time whether surgery was feasible and how it should be carried out. Townend described himself as playing a decisive role in these meetings, which generally ended by turning to the patient: “My old doctor used to conclude with, ‘Well, Joe, what’s to be done?’ My answer invariably being, ‘I should like to have it cut, sir.’”<sup>721</sup> This deference to the patient was not mere formality; the surgeons had grave concerns about performing a risky and untested surgical procedure and Townend’s continued insistence on treatment would appear to have been crucial to the course of action taken. We can see, then, that in the process of identifying the problem and agreeing a treatment Townend played an active role of the type normally associated with the more traditional model of doctor-patient relationship. But the account of these consultations also reveals another facet of the relations between medical staff and patients. Ultimately there was an argument between the surgeon Townend had been assigned to, Dr. Ransom, and another surgeon, Dr. Thorpe. Townend described how Ransom concluded the argument thus:

At length, the old gentleman, with his broad hat on, turned to me, and said, “Joe, thou’rt my patient?” “Yes, sir.” Then turning towards the other doctors, said, “Gentlemen, you can go about your business; I will have my own way!”<sup>722</sup>

The dispute over treatment was resolved by the surgeon invoking a proprietary interest: Townend was Ransom’s patient so he would do what he thought fit. This idea of a proprietorial relationship between doctor and patient can first be seen in Townend’s description of the Infirmary’s admissions process: “the patients ... taken in *belonged to*

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<sup>721</sup> Townend *Autobiography* p.11

<sup>722</sup> Townend *Autobiography* p.11



and were *attended by* their surgeon.”<sup>723</sup> The language suggests something beyond the merely contractual or bureaucratic. What is invoked is a paternalistic authority which granted powers but also bestowed responsibilities - the surgeons’ proprietorial rights over their patients were predicated on, and balanced by, their duty to serve them. Such language raises questions about the relationship between the modern impersonal bureaucratic forms of discipline which are normally understood as mediating doctor-patient relations in hospitals and more traditional, and more personal, forms of authority.

Townend’s description of the medical staff’s bedside manner throws more light on the relationship between doctor and patient. After his operation Townend came under the care of Mr Waterhouse, a senior student of Dr. Ransom, whose style of treatment Townend considered exemplary.

He was easy, kind, careful, and communicative. Seating himself by my bed, he would place his hat carefully upon the bed, stroke his hair, turn up his cuffs, all the while talking freely; and, if in no particular hurry, he would take up one of my books, and read me half a page.<sup>724</sup>

In this passage Townend used his Infirmary experiences to generalise about the importance of the sympathetic bond of trust between doctor and patient, citing the example of a woman whom he had read of who had received excellent medical care but who refused further treatment:

A lady, suffering under one of the most severe diseases which affects our nature, was urged to see a practitioner of the first eminence. His opinion was all that could be desired. He saw through the case, and could afford her essential relief; but she could never be persuaded to see him a second time; she had rather languish on beneath

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<sup>723</sup> Townend *Autobiography* p.10

<sup>724</sup> Townend *Autobiography* p. 17

excruciating pain. And why? just because he showed an utter insensibility to her sufferings.<sup>725</sup>

Doctors then must treat hearts and minds, as well as bodies. The importance of the affective relationship between patient and doctor is reinforced in this description of the attention and care Townend received during his time at the Infirmary:

... my good brother Thomas ... my true friend and companion, Mr. Thomas Howarth ... and other friends, came a long way to sympathise with me in my distress ... those unmistakable tokens of real kindness I shall never forget. My good old doctor treated me with fatherly affection; and the house-surgeon for six weeks dressed my sores with the greatest tenderness and regularity.<sup>726</sup>

There is no distinction in this roll call of good Samaritans between friends, family and the medical staff of the hospital and we see in the idea of “fatherly affection” how the affective aspect of the doctor-patient relationship was expressed through a traditional familial form of authority. However, this familial relationship was not always a cosy one; at times the assertion of medical paternalism was rather more brutal. Townend recounts how after his operation he was visited by his house-doctor in preparation for the first dressing of the wound. Waterhouse, so tender and attentive at other times, drags him out of bed and into the centre of the room.

I leaned to my left side, and holding up my right foot, I tried to keep up my poor arm. With violence he struck at the same moment with one fist the knee, and with the other the elbow, sternly exclaiming – “*Stand up, man; you have not your mother for your doctor now!*”<sup>727</sup>

The doctor’s words are suggestive. Only in one passage of the account of his time at the Infirmary did Townend mention women; he had entered a masculine domain. And, as his

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<sup>725</sup> Townend *Autobiography* p.17

<sup>726</sup> Townend *Autobiography* p.16

<sup>727</sup> Townend *Autobiography* p.13



doctor told him, while his care at home was the responsibility of his mother, he was now in the hands of men. Townend recalled another incident with Waterhouse during his post-operation recovery thus:

On one occasion I had partaken rather freely of port wine, which a friend had poured into my tin. When the wound was dressed next morning, it was very much inflamed. Mr. Waterhouse said, "What hast thou been doing? thou hast been out of bed?" He was very much grieved; and he suddenly jerked up my shoulder, which made me sweat with pain, and it cracked like the firing of a pistol.<sup>728</sup>

The doctor's brute control of the patient's body made plain the authority that the medical men could assert in the therapeutic encounter, yet the tone of the description is equally significant. Rules have been broken, the authority of the regime has been challenged but the reaction is described in terms of personal affect - Mr Waterhouse was "very much grieved". What has been breached is not simply the institutional system of authority but Townend's personal bond of trust with Waterhouse. Furthermore whilst the doctors could dish it out they also had to take it. Townend recalled seeing one of the doctors treating a man on the ward and, having caused the patient severe pain, being cursed for his efforts in a tirade which reduced the medical man to tears and an exasperated cry that "I wish my father had apprenticed me to a chimney-sweeper!"<sup>729</sup>

### *A strong sympathy between fellow sufferers*

Whilst the doctor-patient relationship is the conventional focus of attention when thinking about the social relations of hospital medicine, Townend's account of his time at the Infirmary gives us an insight into the relations between patients. It is a fundamental aspect of the interactionist perspective in medical sociology that treatment – whether at home or in hospital – is a negotiated order. Part of that order is a search for independence; the sick "organise their lives in a way allowing for as good a reconciliation between

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<sup>728</sup> Townend *Autobiography* p.18

<sup>729</sup> Townend *Autobiography* p.13

incapacity and autonomy as they can muster".<sup>730</sup> As part of a wider patient community, Townend both participated in and resisted the official life of the Infirmary.

Early in his autobiography Townend wrote that as a child "my besetting sin was levity and mirth ... I could not suppress a hearty laugh; and there was a vein of humour in my nature".<sup>731</sup> This side of his character found expression in the Infirmary.

On the Friday morning after the final consultation on my case, being in a humorous mood, with the long brush handle in my hand by way of staff, and followed by another patient, I was proceeding from ward to ward, inquiring if the patients had any complaints to lodge, as to their general treatment, diet, &c.<sup>732</sup>

Here, in a carnivalesque spirit, the established order has been turned on its head. Now it is the patients, not the doctors, who walk the wards and it is the behaviour of the medical staff, not the progress of the sick, which is under scrutiny. This event seems to have been a one-off but there were other, more established, floutings of convention.

It was the business of the night-nurse to prepare gruel, and bring it round between one and two in the morning ... For half an hour, when supplied with gruel, all was life and stir. Smoking, snuffing, bartering with each other, and treating each other - especially after Thursday, when friends were admitted - fruits, gingerbread, toffies, wines, &c., which lay concealed from the doctors, all came out then.<sup>733</sup>

Again the patients' midnight feast invokes the Rabelaisian spirit of carnival, a hedonistic alternative to the Lenten gruel served by the night-nurse. The sharing of food might appear trivial but control of diet was one the central planks of hospital regimes. However, it would be wrong to suggest that relations between patients simply revolved around

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<sup>730</sup> Gerhardt, U *Ideas about Illness – an Intellectual History of Medical Sociology* (Basingstoke, 1989) p.127

<sup>731</sup> Townend *Autobiography* p.7

<sup>732</sup> Townend *Autobiography* p.12

<sup>733</sup> Townend *Autobiography* p.14



challenges to the hospital regime. Patients who were fit enough participated in the day-to-day running of the Infirmary, as Townend did prior to his operation.

It was five weeks before I had to keep to my bed, so that I had an opportunity of making myself generally useful, which was of great service to me afterwards ... I now felt myself at home in the infirmary; I could dress wounds, make plasters, administer medicines, and frequently ventured to read with and talk to the sick and dying.<sup>734</sup>

This is an echo of an earlier passage in the autobiography in which Townend recounts the slow death of his brother Benjamin from consumption: "I was, during his illness, his almost constant attendant".<sup>735</sup> The tenderness and sympathy offered by medical staff was also to be found in the assistance given by one patient to another. As Townend explained: "There is generally a strong sympathy existing between fellow-sufferers; but especially so in a large establishment like the Manchester Infirmary."<sup>736</sup> These affective bonds were made clear in this description of his relationship with the other men in his ward:

After having been full three months in bed, I began to walk about, and make myself useful to the other patients ... At this time, my two companions in the ward were elderly men, both dreadfully afflicted with stricture; the elder of the two, a recruiting sergeant, had a double rupture as well. Poor fellow! he would brush up, and walk as if nothing ailed him. I was very fond of him, waited on him as well as I could, making his bed, and keeping the door, when it was inconvenient for persons to enter, for which I was beloved, and handsomely rewarded. It was understood that if he died suddenly, I was to run directly to the Castle Inn, Dean's Gate, and inform his wife; as he had a perfect horror of being examined by the doctors after his death. The other poor man I have seen literally dance with agony, as the sweat rolled off his face upon the floor. He made me a beautiful straw hat, which I wore when I went home.<sup>737</sup>

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<sup>734</sup> Townend *Autobiography* pp.10-11

<sup>735</sup> Townend *Autobiography* p.6

<sup>736</sup> Townend *Autobiography* p.14

<sup>737</sup> Townend *Autobiography* pp.18-9

One could over-idealise this fellow-feeling; life in the patient community was not always so generous. For instance, Townend described how, after the brief entry and departure of a noisy and clearly very disturbed patient who was removed to a lunatic asylum, the other patients gathered together to congratulate themselves on having been relieved of a troublesome companion. Townend himself, when contemplating the state of his own soul passed judgement on his fellow patients: "it grieved me to witness such deep depravity and crime in the patients".<sup>738</sup> Thus we can see that the community of suffering created by the sick, was one defined by processes of inclusion but also of exclusion.

Nevertheless, the overall impression Townend created was one of compassion and solidarity. Alongside the official life of the Infirmary - the care provided by the medical staff and the rules and regulations of the institution - there was the social world created by the patients; a community of the suffering, in which fears were shared, gifts were exchanged and promises made.

### *The religious patient - sickness and salvation*

Townend's active service ministering to patients around the Infirmary is unsurprising given his religious background. As a member of a dedicated Methodist family Townend came from a tradition with a strong commitment to good works, where spiritual counselling was a responsibility shared by the whole religious community and where an egalitarian approach to religious authority and hierarchy stressed the value of independence.<sup>739</sup> Unsurprisingly perhaps, the one aspect of Infirmary life which Townend criticised strongly was the pastoral care, which he condemned thus:

Some of the ministers, all of whom were of the Established Church, preached and visited like men of God; but the majority were like mere talking-machines. One case I shall never forget. Hearing that a clergyman was going into one of the large wards to visit a dying man, I followed, and sat at a distance, so as to observe what passed. The

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<sup>738</sup> Townend *Autobiography* p.13

<sup>739</sup> J. Obelkevich, 'Religion' in Thompson, FML (ed.) *The Cambridge Social History of Britain, 1750 – 1950* 3 vols. (Cambridge, 1990) Vol. 3 pp. 311-56



minister said to the dying man, "Do you believe the Articles of the Christian faith?" The patient replied, "I do." The minister then said to the man, "Then you must say after me." The Articles were read, and the dying man repeated after the minister, as well as he could. Several collects or prayers were read, amongst the rest, one for the king, both Houses of *Parliament*, the Lord's Prayer, &c.; then the sacrament was administered, and the minister took his leave. The next morning the poor man was dead. Alas! how many thousands have been thus officially packed up in ignorance, and sent into the presence of Him who hath said, "Verily, verily, I say unto thee, except a man be born again, he cannot see the kingdom of God."<sup>740</sup>

We see here an echo of Townend's attitudes to medical care: it is not enough to go through the motions of care, no matter how efficiently; one must attend to the sufferings of the individual; there must be a meeting of minds and hearts. What upset Townend was the perfunctory nature of the care offered and the lack of engagement with the dying man. In the rote repetition of the sacraments the patient was essentially passive. For Townend this was unacceptable; patients and penitents had to be active participants in their physical and spiritual salvation.

Townend's account of his time in the Infirmary can only be understood in the context of his religion. As we saw in chapter three, sickness and death had long been powerful themes in spiritual autobiographies, and Methodist narratives were no different. The stirrings of the soul were often expressed through the sufferings of the body. Strong religious feelings might induce fainting, weeping, or complete physical collapse. Conversely, the sufferings of the body always had spiritual significance; the sickroom and the deathbed were sanctified spaces within which grace was displayed by the afflicted, and good works were carried out by friends and family. Townend devoted so much space in his autobiography to his time in the Infirmary because of the importance of this period to his spiritual development. As we have seen, once he became a patient he lost no time in devoting himself to good works. But alongside these outward actions, his inner world was

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<sup>740</sup> Townend *Autobiography* p.11 For a similar critique see the account of a trip to St Thomas's Hospital by the London Baptist, Joseph Gwyer: Gwyer, *J Sketches* p.32

changing. In order to understand this spiritual journey inside the hospital, we should first address his life outside. He described his circumstances immediately prior to his entry to the Infirmary thus:

With all my domestic, social, and religious privileges, I was not happy. I had for years resisted the strivings of the Holy Spirit; I had too much light not to see and feel my wretchedness; and I was too poor in circumstances, and too much under parental and restraining influence, to run headlong into open sin. Yet I was a poor factory lad, with no prospect of ever rising in the mill; my right arm, grown to my side, sternly prevented that; and how in the world to get out of the factory, I could not conceive.<sup>741</sup>

In this lament Townend linked his physical disability to his spiritual and material poverty. A cure had to be found for all these ills and the site for the cure was the hospital. We can understand his time in the Infirmary as a rite of passage which transformed him both physically and spiritually.

To put this in its proper context, we should note that fundamental to the narrative arc of many spiritual autobiographies such as Townend's is that they begin with a detailed account of the wretched nature of the subject's life of sin prior to conversion. In this respect Townend's own life was lacking in great incident, although he does find one occasion of drunkenness to illustrate his sinful past. In the absence of further evidence of a debauched nature, Townend focuses instead on the dangers surrounding him in a community full of sinful behaviour and on his one persistent failing – his sense of humour. As noted earlier, he describes how as a child “my besetting sin was levity and mirth”; he went on to state that felt this “vein of humour” in his nature “needed to be subdued and chastened by severe discipline and divine grace”.<sup>742</sup> His period in the Manchester Infirmary is, I would suggest, the time when he was finally subject to both severe discipline and divine grace.

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<sup>741</sup> Townend *Autobiography* pp.8-9

<sup>742</sup> Townend *Autobiography* p.7



The incident where Townend patrolled the hospital in a mock round of the wards took place on the day he was to be operated on, and his performance was interrupted by the male nurse Joseph calling him away.

... having just pulled the quilt off an ill-tempered man who was confined to bed, he having hurled the Bible at me ... just at that moment, the voice of the man-nurse was heard calling – “Joseph Townend!” and he, perceiving what I was about, said, “Come this way, sir; let’s try to cure you of your larking!”<sup>743</sup>

The cure for his levity was nothing less than the surgery which Townend had sought when entering the Infirmary. Leading him away to another ward, the nurse blindfolded Townend and guided him into the operating theatre, where he was restrained and the cut was made to separate his arm from his side: “the progress of the instrument I distinctly heard, and the pain was most exquisite.” When the blindfold was removed, “On the floor were Drs. Ransom and Wilson, in oil dresses, attended by the house-surgeon and Joseph, the man-nurse; and the gallery full of medical and surgical students.”<sup>744</sup>

At this moment Townend had become the subject of experimental surgery and, with the students looking on from the gallery, an object of medical knowledge. But alongside this medicalisation, something else was going on. After the cut was made, he said he thought of “home, and friends being distant”, and, describing his wound, “I felt the weight of the web which for fifteen years had been accumulating”.<sup>745</sup> The physical cut separating arm from side was thus accompanied by two other separations – the isolation from friends and family and a distancing from a past life of sin. The “weight of the web” was not simply the physical weight of the skin which had joined arm to torso, but the weight of all that had gone before; the past life which Townend was now ready to leave behind. The exuberant youth had been subjected to the severe discipline of the surgeon’s knife. Now, in recovery, he was to experience divine grace. Townend described his first impression

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<sup>743</sup> Townend *Autobiography* p.12

<sup>744</sup> Townend *Autobiography* p.12

<sup>745</sup> Townend *Autobiography* p.12

when he awoke in the operating theatre thus: “The room was like a little chapel.” After the operation he was returned to his bed where he meditated on his situation:

... having swallowed a nauseous dose of aperient medicine, I was left to reflect on my past life, present position, and future prospects. I felt ashamed and grieved at my past neglect and wickedness in resisting the Holy Spirit. I thought of the chapel and school - I wept bitterly.<sup>746</sup>

Townend spent three months in bed recovering from the operation; he was tended to by the medical staff and visited by friends and family. On Sunday mornings he watched the crowds as they travelled to worship: “I used to relieve my mind by weeping, and looking forward to the time when my feet would again stand within the gates of Zion.”<sup>747</sup> He spent his time reading religious works: “my Bible and hymn-book, Pollok’s “Course of Time”, Milton’s “Paradise Lost”, Young’s “Night Thoughts””.<sup>748</sup> Patients came to visit him at his bedside and he returned their kindness by offering religious guidance: “I was very cheerful, generally, and often gave out hymns, and read and explained portions of Scripture, especially historical parts”.<sup>749</sup>

Townend’s internal journey did not go unnoticed. He became a kind of spiritual beacon, a talisman with special powers. During a thunderstorm, people flocked to his room for protection: “It was an awful night. My room was filled with patients, and female servants, who seemed to think themselves secure there, for they thought me very religious”.<sup>750</sup>

Townend did not dismiss their behaviour as in any way superstitious; it was a recognition of his internal spiritual progress. “Well, I was the subject of restraining and constraining grace, and I thought my mind fully made up to be entirely the Lord’s when I should return home”.<sup>751</sup> As is often the case in conversion narratives, this was to prove something of a false dawn. Nevertheless, a religious awakening had begun.

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<sup>746</sup> Townend *Autobiography* p.13

<sup>747</sup> Townend *Autobiography* p.17

<sup>748</sup> Townend *Autobiography* p.18

<sup>749</sup> Townend *Autobiography* p.17

<sup>750</sup> Townend *Autobiography* p.17

<sup>751</sup> Townend *Autobiography* p.18



It was when he left the Infirmary that the full transformation in Townend's status and condition becomes clear. Medically, his "*perfect cure*" was completed with a visit to the sea to bathe his wrist in salt water. Spiritually, his progress culminated in a full conversion experience some months later. Materially, his situation improved when he obtained a warehouse job with his old employer: "I got a suit of new clothes, and began to look up in the world". Finally his personal life was transformed when he married, his physical cure and improved prospects having increased his standing with his sweetheart: "My Sarah, who had never turned her back upon me, but often secretly provided me with money, would now *openly* take a walk with me."<sup>752</sup> The spiritual, emotional and material crisis with which he entered the Infirmary had been resolved; he entered the Infirmary as a troubled youth but he left it ready for manly independence.

There is an important sense in which the hospital served as a liminal space, in which Townend underwent a rite of passage, shed his previous identity and emerged with a new one. This was in large part a religious transformation, but it was also a highly gendered one. The masculine nature of the liminal space of the Infirmary, with its separation from the influence of his mother, was perhaps an important aspect of this transformation. Tellingly, when Townend eventually returned home, his mother looked him over and asked: "Is it my lad?"<sup>753</sup>

## ***Conclusion***

Dorothy and Roy Porter have argued that, "The records of the sick divide into those who obeyed, and those who rebelled against what the doctor ordered".<sup>754</sup> Our evidence suggests that the two responses were not mutually incompatible. But whether working-class patients praised doctors or scorned them, obeyed their orders or flouted them, it is clear that they did so on their own terms. Doctors might be called, but often only after self-medication; their advice might be sought, but there was no guarantee it

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<sup>752</sup> Townend *Autobiography* p.22

<sup>753</sup> Townend *Autobiography* p.20

<sup>754</sup> Porter and Porter *Patient's Progress* p.88

would be followed; their care might be welcomed, but then supplemented by that of non-orthodox practitioners. The reasons for this lie partly in the evidence presented in the preceding chapters: working-class people possessed their own ways and means to both make sense of and deal with sickness. As other historians adopting a patient-centred approach have argued, looked at from the point of view of the sick, the doctor becomes just one more option in a medical marketplace, which despite the clear trajectory of Neve's "creeping medical hegemony", was still highly diverse.

Social and economic circumstances cannot be ignored. This was an independence bred of necessity: despite poor relief, charitable foundations and friendly societies, orthodox medical care was often too great an expense for the poor. Perhaps even the fear of surgery was tied to socio-economic conditions; the danger that a chronic but tolerable condition could be brought to a crisis requiring time off work and loss of earnings.

The relationships between plebeian autobiographers' economic imperatives, their embodied sense of manhood and their encounters with the medical profession were exemplified in the story of Joseph Townend, who sought independence through a return to able-bodied status. Townend also illustrated the complexities of relations between plebeian patients and their doctors. We might ask how typical Townend was? Was his a special case, one from which it would be dangerous or difficult to draw any hard and fast conclusions? Rare are the glimpses we are afforded of institutional life from the patient's perspective, so we must be wary, in our anxiety to make the most of such a precious resource, that we do not over-generalise.

There are a number of issues to bear in mind. The length of his stay was probably exceptional; time would have given him more opportunity to carve out an independent place in the hospital for himself. The simple anatomical nature of his illness, and the obvious (if radical) nature of the cure, was such that it was not amenable to translation into esoteric medical knowledge (the Paris medicine which Foucault described), thus creating a more level playing field in his relationship with his doctor. Furthermore, he was considered, by at least some staff, to be a cut above many of the patients. His



comments on the cleanliness of the Infirmary are illuminating. He states that when he entered the ward he was to stay in, “The smell was almost too much for me, I thought “Have I to live in such a place as this?””<sup>755</sup> The treatment he received from Joseph, the man-nurse is also intriguing: although all the patients were supposed to be inspected for their cleanliness upon their admittance, Joseph decided that Townend could be exempted. The implication is that the nurse recognised that there was something degrading about the cleanliness inspection and sought to protect Townend’s feelings. Having reflected on the role of gender in his relations with staff, we must also ask how Townend’s experience might have differed had he been a woman. Finally, there is the question of his religion – nonconformity was hardly unusual amongst the working classes of the north-west of England but clearly, as he went on to become a minister himself, Townend’s attachment to his faith was particularly strong - rare would have been the Infirmary patient who underwent the kind of religious transformation described by Townend. There is also the question of the typicality of the institution. The Manchester Infirmary was a teaching hospital with a student body; it was not unique but it was a particular kind of hospital.

Nevertheless, Townend’s account shows us a great deal from which we might generalise. Firstly, the resources upon which patients drew on as they coped with life within the institution – the existence of a community of suffering and the extra-institutional values and traditions, whether religious belief, traditions of lay healing or simple social solidarity, which were part of hospital life. Secondly, the persistence, within the institution, of a style of medicine which listened to the patient rather than reducing them to a mute and passive collection of signs and symptoms. The religious conversion began before his entry to the Infirmary and was completed after he left. Finally, there is the need to understand the relationship between life within and life without the hospital. The treatment of the injury he received as a child began with his mother’s care and ended with his solitary journey to bathe his arm in the sea.

Clearly there were many ways in which the Manchester Infirmary fitted the archetype of a modern disciplinary regime. It was governed by a set of written rules and run to a strict

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<sup>755</sup> Townend *Autobiography* p.10

timetable all designed to give control of the minutiae of patient's lives - cleanliness, diet, movement within and outside the institution. It was, moreover, for some patients a place of horror, where the fear that their final end might be as another specimen in the dissecting room was ever-present. Clearly, too, Townend did in some senses become clinical material when he entered the Infirmary: the object of experimental surgery, an interesting case displayed to visiting doctors, and someone on whom medical students could practice their skills. Moreover, in so far as the surgeons' main concern was to treat the wrist injury Townend had received at the mill, his cure typified the Infirmary's socio-economic function treating the victims of industrial accidents so that they could return to their roles as economically productive members of society.<sup>756</sup>

So far, so conventional. Yet there is much in Townend's account which does not square neatly with this picture. Inevitably, the institution looks different from the patient's perspective. There are a number of ways we might read Townend's account.

Firstly, Townend's involvement in nursing duties cannot be read simply as a passive acceptance of the rules of the Infirmary. We must also place this behaviour in the context of the long-standing tradition of lay medical care. Patients were involved in the running of the hospital precisely because there was no clear dividing line between the sick and their attendants, all could participate in the processes of healing. This suggests that it is perhaps to the professionalisation of nursing and to the history not just of the doctor-patient relationship, but also of the nurse-patient relationship that we must look for a chronology of patient disempowerment.

Secondly, in examining the doctor-patient relationship what we have uncovered are powerful continuities. In Townend's active participation in the decision-making process which led to his surgery and in the style of bedside manner adopted by Mr Waterhouse and in Townend's attitude to it, we can see a continuity with long-standing traditions in medical practice which were respectful to, rather than dismissive of, the patient. This

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<sup>756</sup> See Pickstone, *J Medicine and Industrial Society: a History of Hospital Development in Manchester and its Region, 1752-1946* (Manchester, 1985) p.49



would seem to support Chris Lawrence's argument that in many ways Victorian medicine remained a gentlemanly art based on trust and intuition, and recent work on general practice which argues that by and large the clinical encounter between GP and patient saw no sudden transformation in medical practice.<sup>757</sup>

To broaden this point out - one of the central questions here is the relationship between a modern impersonal disciplinary power and an older personal and familial power. In total institutions the former is supposed to have replaced the latter. As Erving Goffman argued, in such spaces one finds "the staging of a grim social distance ... between two constructed categories of persons".<sup>758</sup> Townend's account of his relations with his medical attendants emphasises familial paternalism rather than a more modern bureaucratic discipline.

This would seem to fit in with other studies of Victorian institutions. For instance, in her study of Victorian penal institutions for women, Luca Zedner suggests that the social distance between staff and inmates was constantly breaking down. Although in theory the two parties were forbidden from any unnecessary conversation, in practice their relations ranged from animosity and antagonism to emotional and even sexual intimacy.<sup>759</sup> To return the discussion in the introduction to this thesis, it is worth noting again that for historians like Chris Lawrence the factory serves as the paradigmatic disciplinary institution, the template for other institutions such as the prison and the hospital; and that our understanding of the social relations of the factory in the nineteenth century have undergone significant revision. To quote Craig Littler again:

Pollard exaggerates and misinterprets the modernity of work relationships in the early nineteenth century, and correspondingly neglects the continuities of traditional relationships.<sup>760</sup>

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<sup>757</sup> Lawrence, C 'Incommunicable knowledge: science, technology and the clinical art in Britain, 1850-1914', *Journal of Contemporary History* 20 (1985)pp. 503-20; Lawrence, C 'The meaning of histories' *Bulletin of the History of Medicine*, 66 (1992) p.643; Digby *Making a Medical Living* pp.98-103

<sup>758</sup> Goffman, E *Asylums: Essays on the Social Situation of Mental Patients and Other Inmates* (Reading, 1961)

<sup>759</sup> Zedner *Women, Crime and Custody* pp.159-65

<sup>760</sup> Littler, C *The Development of the Labour Process in Capitalist Societies* (London, 1982) pp.70-1

This chapter suggests that the same observation might be made of the history of the doctor-patient relationship, both within and without the hospital; that historians have tended to overstate the importance of exemplary rules and structured institutions to erase older forms of social relations. Of course this argument is not simply about chronology, about when one form of power took over from another, but about how old and new forms of power interacted and their relative importance. As noted in the introduction, in describing the new disciplinary regime, Foucault's most radical claim was that this new form of social power established a pre-eminence.<sup>761</sup> The evidence of this chapter and the historiographical shift in our understanding of the factory might suggest that his claim remains as yet unproven. In the clinical encounters between plebeian patients and their doctors, and in the institutional life of the hospital patient, we see the enduring presence of traditional sources of social power and modes of relations. The persistence of older forms of power is not simply an anomalous anachronism, a brake on the forces of change, and their continued significance requires us to understand how older social modalities might have reinforced and worked together with new modes of power and effectively determined the limits, shape and pace of social change.

The family is fundamental to these questions. It is not just that the family provided a model of authority for those running the institution. For those who used the institution, it provided a means of dealing with, understanding and mediating their experience of the institution. This was a bottom-up as well as a top-down phenomenon. Neither was the family simply a model for power relations: it was also a model for the affective aspects of relations between staff and patients and within the patient community. One perhaps surprising conclusion that can be drawn from the material presented in this chapter is that the family, not the factory, was the paradigmatic organising force in social relations; it controlled people's interactions with institutions, when and why they entered them, and mediated their experience of institutional life.

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<sup>761</sup> See p.20



The experience of the hospital was also shaped by the patient community. When historians of medicine have hypothesized about the fate of the hospital patient they have generally thought about a lone individual pitted against a system. Townend's account of what he termed "the strong sympathy between fellow sufferers" belies this picture. The life of the sick was a collective one, sufferings were shared, as were pleasures. Studying hospital life without charting the relations between patients, we might argue, is akin to studying factory life without examining the role of trade unions.

Of course it was not just the patients with whom Townend was linked by strong sympathy. Patients too gained succour from the visits of friends and family, an important external lay influence on their life within the Infirmary. And as we have seen there was a strong affective aspect to his relations with the medical staff. Many of the passages in Townend's account do not suggest that we can chart the doctor-patient relationship simply in terms of power. To take seriously our ability to invest affection in each other does not mean we should replace an interest in power with an interest in emotion - the two are both linked emergent processes in any given relationship - but what we must avoid is the temptation to explain the affective aspects of social relations as simply an epiphenomenon of the more central issue of power. To believe that power is everywhere is not to believe that everything is reducible to power.

Miriam Bailin's work on fictional and non-fictional representations of the sickroom in Victorian culture is suggestive here. She argues that the healing process was a powerful emotional signifier:

Nursing the sick, was for both men and women, as sanctified an act as suffering itself. As long as it was not for hire, nursing was repeatedly invoked to verify in a way no other activity apparently could the genuineness of one's affections, the essential goodness of one's character.<sup>762</sup>

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<sup>762</sup> Bailin, M *Sickroom in Victorian Fiction: The Art of Being Ill* (Cambridge, 1994) p.11

Of course emotional attachment cannot be treated ahistorically - a social history of the emotions must seek to locate the cultural origins of expressions of feeling. In the case of Townend we might invoke what Patrick Joyce, writing about another Manchester autobiographer, Edwin Waugh, has called “the cult of the heart”, a plebeian valorisation of “the sincerity of unalloyed human feeling”.<sup>763</sup>

In understanding such a cult, and Townend’s account, we might return to the first quotation from his autobiography which described his departure from the Infirmary - his uncontrollable tears; the kind words of the doctor; the house-surgeon who “turned away much moved” as he left, and his gratitude for the care he had received. There is something in this, and in much else of his account, which brings to mind in its intense emotionalism, the melodramatic mode so popular in Victorian culture. Eliane Hadley has recently analysed the social uses of this mode:

In the face of rapid industrialization, private capital accumulation, and bureaucratization, the melodramatic mode’s distinctive theatricality insisted on the continued vitality of traditionally public, social formations, especially patriarchal status hierarchies, which constituted identity in terms of familial and communal relationships.<sup>764</sup>

For Townend, as we have seen, power was always personal. The relationship between doctor and patient was one based as much on the idiosyncrasies of individual temperament as on institutional authority:

How much of pleasure or pain is experienced in the aggregate of human life, arising out of tempers, dispositions, and habits of persons with whom we have to do, and most especially with the sensitive invalid!<sup>765</sup>

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<sup>763</sup> Joyce, P *Democratic Subjects: The Self and the Social in Nineteenth-Century England* (Cambridge, 1994) p.46

<sup>764</sup> Hadley, E *Melodramatic Tactics: Theatricalised Dissent in the English Marketplace, 1800-1885* (Stanford, 1995) p.4

<sup>765</sup> Townend *Autobiography* pp.16-7



This affective aspect of the clinical cannot be understood without addressing the role of religion. If medicalisation was part of a broader secularising trend in society, then Townend would suggest it was being vigorously resisted at the end of the long eighteenth century. The competing discourses of medicine and religion left the patient's body a contested terrain over which no single power or authority had total hegemony.<sup>766</sup> Even here we can see continuities: the close relationship between Evangelical reform and medical charity was part of a much longer history of the hospital as house of god - in Western civilisation it can be traced at least as far back as the early Christians.

As part of a spiritual autobiography it is perhaps inevitable that it is the religious reading of Townend's account which is the most powerful. All the elements we have already discussed can be interpreted as stemming in part from Townend's Methodism. The passionate language which he uses to describe his relations with both staff and patients, the good works he carried out in the hospital, the independence of spirit and strength of mind which allowed him to insist, against the doubts of the surgeons, that his operation be performed. Even his willing acceptance of occasional harsh treatment from his medical attendants can be seen as part of a Methodist style of tough love. Just as Townend's eventual conversion experience only came after stern words from his pastor, so too physical cure required strong measures. To use his own terms: he required both "severe discipline and constraining grace".

In looking for continuities, even his conversion was bound up with the process of institutionalisation; an expression of the persistence of the older non-medical foundations of the Infirmary. As Mary Fissell has argued: "the *ancien regime* institution, often old, almost always multifunctional, looks back to a tradition of moral reform and local patronage and piety".<sup>767</sup> There is no doubt that Townend was moved by the experience of life in the Infirmary, that the kindness of the medical staff provided some kind of moral example. But his was an independent, rather than an institutional, moral reformation - his

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<sup>766</sup> Corfield *Power and the Professions*

<sup>767</sup> Fissell *Patients, Power and the Poor* pp.13-4

condemnation of the Church of England clergy who attended the Infirmary makes this clear.

Furthermore we cannot simply think of the institution acting on the patient. Townend entered into the life of the Infirmary, becoming an active member of the patient community, establishing emotional bonds with medical staff. All this activity requires us also to think about the effect that Townend had on the life of the institution and the lives of its staff.

This final point suggests a need to reframe the relationship between nineteenth-century institutions and their inmates. One would not want to dismiss the idea that such regimes did in part help construct the modern self; that they changed what it meant to be human by bringing habit, obedience, regularity and order, in short, discipline, to a more central place in the human psyche. But equally true is the insight that these institutions were themselves transformed through the experience of being lived and worked in by human beings who were never reduced to the status of cogs in a machine. The people in these institutions broke and bent the rules as much as the rules broke and bent the people. Processes of reformation and transformation were not one-way.



## Conclusion

In seeking to construct a model of working men's medical cosmologies I have outlined in effect a *longue duree* for the nineteenth century not unlike the Porters' long eighteenth century, a period marked more by continuity than change. As I have suggested, support for this model comes from a variety of historians: Lawrence's view that working-class patients' relationship with the medical profession was marked by a continued patronage of a diverse medical marketplace which lessened medical dominance and added to the precarious position of general practitioners;<sup>768</sup> the work of Digby, who has stressed not only the slow diffusion of new medical ideas generally associated with medicalisation, but also the continuing power of the patient in the clinical encounter, especially in general practice.<sup>769</sup>

Thus in the first chapter I used the theme of body hardening to explore conceptions of health and in particular the notion of health as fitness to work. A health fad popular amongst the Georgian middling sort, was thus reframed as a plebeian valorisation of toughness, stoicism and the dignity of work. Body hardening was presented both as a way of dealing with the physical challenges of manual labour and as a political resource utilised by working-class radicals. Plebeian body hardening was closely associated with the hegemonic masculinity of the Victorian middle classes whose concern with character and manliness celebrated: "industry, energy, self-help and self-discipline, thrift, piety, integrity, devotion to duty and manliness in the face of difficulty".<sup>770</sup> Body hardening thus provided us with the outlines of what we might term a hegemonic plebeian masculinity based on the virtues of physical strength and mental resilience but also suggested the fractures in such a conception; the constant danger of collapse from overwork revealed how physical vulnerability was as much a part of men's lives as stoic fortitude.

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<sup>768</sup> Lawrence *Medicine in the Making* pp.67-8

<sup>769</sup> Digby *Making a Medical Living* pp.100-1

<sup>770</sup> McCormack and Roberts, 'Conclusion' p.190

Thus whilst the cult of body hardening might be read as the plebeian embrace of *homo clausus* - the creation of a bounded, unified self through a disciplined mastery of unruly bodily impulses - our exploration of the labouring body clearly demonstrates the importance of physical vulnerability to the way working men thought about and experienced their bodies. The concept of the body being laid open to pernicious influences was expressed in terms of the danger of overwork; and through a model of plebeian aetiology whose dominant theme of vulnerability was most powerfully expressed in the recurring term – exposure: “I am lame with the Rhumatics, brought on no doubt by exposure in my young days”.<sup>771</sup> The King of the Norfolk Poachers complained. “One night we thought our youngest child was dying from the unavoidable exposure to cold and want”,<sup>772</sup> recorded Joseph Gutteridge, whilst Thomas Preston suffered an injury “having been much exposed to the severe frost which then prevailed”.<sup>773</sup>

So whilst chapter one focused mainly on the virtues of toughness, in the following two chapters by contrast, we saw how the potentially feminising experience of physical vulnerability and frailty were also integral to working men’s experience and identities, suggesting alternatives to, or a nuancing of, the hegemonic masculinity outlined in chapter one. Control of their physical environment and hence their own bodies was only fleetingly experienced by many working-class autobiographers. Their constant vulnerability to physical and social influences beyond their control both underscored and undermined their desire for mastery of their destinies and their bodies. Following the works of Chris Hamlin, this desire was articulated in an aetiology which we conceptualised as a moral economy of health in which the poor drew on their experience of the material realities of immiseration to provide an alternative to the Chadwickian public health agenda. But this was not simply a resistance to medical dominance, because the Chadwickian agenda was only one strand in medical thinking. As was the case with body hardening, we saw in plebeian aetiology ideas which reflected a powerful strand in orthodox medical thinking - in this case the doctrine of the six non-naturals which

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<sup>771</sup> King of the Norfolk Poachers *I Walked by Night* p.177

<sup>772</sup> Gutteridge *Lights and Shadows* p.65

<sup>773</sup> Preston, T *Life and Opinions* p.8



informed the views of many doctors who saw deprivation as a predisposing cause of disease - rearticulated as an aetiological theory rooted in the quotidian experience of poverty.

In these first two chapters ill-health and frailty were presented as both threats to physical integrity and opportunities to demonstrate resilience and character; in chapter three our exploration of the subjective experience of sickness revealed in more detail the ways in which working men sometimes conceptualised the loss of health as an opportunity - not something to be looked for, but a misfortune from which some good might come. Just as we had previously explored the relationship between middle-class and working-class concepts of body hardening and aetiology, so too in this chapter we considered the parallels between the middle-class cult of invalidism and its plebeian equivalent. A common view of the sickroom as a place of respite, and of sickness as a potentially transformative experience again served to highlight not only the areas of overlap, but also the distinct differences between the experiences of working-class invalids and their social superiors.

For some plebeian autobiographers both their physical or mental fragility and their pursuit of secular knowledge or spiritual salvation, clearly set them apart from many of their fellow workers. Thus the theme of physical vulnerability, first explored in chapter two as a general dilemma for working men, was recast as an important facet of plebeian masculine identities marginal to the dominant model we outlined in chapter one. Our exploration of plebeian invalidism also revealed how the intermingling of medical and religious discourses provided many writers with a language within which to articulate feelings of frailty and vulnerability. The ways in which plebeian masculinity accommodated such experiences owed something to the cult of sensibility but probably more to the continued central place of Christian religion in working-class identity. In part because it privileged suffering and sacrifice but also because it provided a language in which corporeal experience, whether of vulnerability or of strength, health or sickness, could be understood as central to human identity: "a concept of self in which physicality was integrally bound to

sensation, emotion, reasoning, identity - and therefore finally to whatever one means by salvation.”<sup>774</sup>

We added further nuance to our understanding of the complexities of plebeian masculinity in chapter four by examining how working men’s engagement with the feminine labour of caring for the sick, injured and dying could be presented as either in tension to, or compatible with, the robust hegemonic masculinity we had outlined initially. Whilst the preceding chapter had examined life in the sickroom from the perspective of the sick individual and often emphasised how invalids thought of themselves as set apart from those around them, our exploration of lay medical care stressed the collective and interpersonal nature of the sickness experience, revealing how the caring role might allow men to express tenderness and compassion in their relationships with each other and with their family members. Yet men’s medical care was not simply about an appropriation of the feminine, it could also take the form of an heroic assertion of the patriarchal role of head of household; or be a way to utilise hard-won medical knowledge and expertise; and, to return to the theme of religion, an opportunity to practice the Christian virtues of charity, humility and love.

The relationship between religion and the body was explored more fully through Joseph Townend’s account of his visit to the Manchester Infirmary, a narrative which provided further evidence of the ways in which physical suffering might bind people together and of the kinder, gentler side of plebeian manliness, but which also reinforced the importance of values such as independence, and of homosocial spaces, in the formation of adult male identities.

We suggested in the introduction that what linked the histories of medicine, gender and the body was an interest in the origins and nature of modernity. More specifically, in their desire to chart the domestication of the brute plebeian male they have shared a focus on what I termed the metanarrative of disciplinary modernity. Our account of Townend’s sojourn in the Manchester Infirmary, illustrated the potential impact of disciplinary

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<sup>774</sup> Bynum *Fragments* p.11



regimes on plebeian consciousness, but our exploration of his narrative demonstrated why a description of the contours of such regimes can only be the beginning of the analysis, not its conclusion. Approaching these regimes from the perspective of those who were subjected to them is a necessary step in uncovering the tensions, ambiguities and conflicts at the heart of the disciplinary project.

We explored these tensions through the concept of body hardening: whilst this might represent a profound sense of the ownership of the individual body, any sense of mastery was constantly balanced by a lack of control over the external world's assaults on the body. The permeability of the physical boundary between the individual, and the social and natural worlds was mirrored by the lack of any clear shift to an internalised model of manliness, which, as John Tosh has suggested, even amongst the middle classes continued to be chiefly "an external code of conduct, policed by one's peers".<sup>775</sup> Examined from the perspective of working men's accounts of health and sickness, embodied plebeian masculinity admits to no easy categorisation as either pre-modern or modern; riotous rebellion and disciplined domesticity co-existed in ambiguous and creative tension.

These tensions and ambiguities were nowhere clearer than in Joseph Townend's relationship to the official regime of the Manchester Infirmary. At times compliant, at others complicit in the collective defiance of his fellow patients, his story illustrated the broader complexities of relations between plebeians and the medical profession and suggested the need to offer some revision to the traditional historiographical emphasis on professional dominance. It would seem that working-class autobiographies might offer us a different account of the experience of medical authority, one in which an independent scepticism, backed up by a popular culture of self-healing, stood in complex relation to the world of medical science. At times deferential, at times defiant, more often than not the plebeian sick were, of economic necessity or cultural preference, reluctant patients.

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<sup>775</sup> Tosh, J 'Masculinities in an industrializing society: Britain, 1800-1914' *Journal of British Studies* 44 (2005): pp.330-342

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