

**"THE PUBLIC VOCATION OF WOMEN:" LECTURES TO LADIES ON
SANITARY REFORM IN ENGLAND, 1855-1870.**

by

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"THE PUBLIC VOCATION OF WOMEN":

LECTURES TO LADIES ON SANITARY

REFORM IN ENGLAND, 1855-1870.

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Abstract

Sanitary reform in England was conducted on two levels; the public and the domestic. The public part of the movement was chiefly concerned with preventing disease through legislation and the construction of sanitary sewers, while the domestic part was concerned with preventing disease by educating the public in sanitary matters. As government worked on legislation, the medical profession developed disease theories along with methods of prevention and cure and the clergy lobbied and preached cleanliness from the pulpit, non-professional volunteers took up the task of education. Usually, middle-class women carried out the work of house-to-house visiting.

The middle-class lady visitors were often educated in sanitary matters through lectures on various aspects of sanitary housekeeping and disease prevention. These lectures were delivered by administrators, physicians and clergymen; experts who were also interested in domestic health promotion. Coming from different professional, political and religious backgrounds, the lecturers revealed their assumptions about the role of women in sanitary reform, their understanding of poverty and the poor. They also revealed a willingness to let both women and the poor take a more active role in their own improvement.

One finds that the lecturers were paternalistic and condescending both to their audiences and when speaking about the poor; they also assume that progress is possible. The occurrence of lectures to ladies and house-to-house visitation created a situation in which people had to speak to other people, creating discussion and broadening awareness. The results of lectures to ladies and house-to-house visiting are not quantifiable, but the activities themselves suggest that a door was being slowly nudged open.

Dedicated to the memory of John Beer.

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Chapter One

Woman's Work In Sanitary Reform

In the nineteenth century, Europe experienced a "sanitary awakening." This was an increased awareness of and interest in day-to-day cleanliness as well as the larger task of disposing waste and refuse. Rapid urbanization had rendered old systems of sanitation obsolete, and as cities were growing rapidly, so was the urgency for expedient sanitary reform. Reform was carried out on many different levels. The sanitary reform movement in England was a multi-tiered effort concerned with improving the nation's health and, as a consequence, its wealth. The nineteenth century sanitary reform movement was remarkable for its breadth and its achievements. The government enacted legislation, attempting to create national standards of urban cleanliness; the medical profession researched and contributed expert opinion to the broad movement; and the clergy preached cleanliness from the pulpit. Non-professionals involved with voluntary activities searched out ways to communicate the methods of clean living to those whose living conditions required the most cleaning-up; the poor. Often, middle-class women carried out the "hands-on" work of domestic health promotion. They were involved in house-to-house visiting where they passed on the wisdom of the "laws of health" to poor working-class housewives.

Two distinct but connected parts of the sanitary reform movement may be identified - one was conducted in public, and the other occurred within the privacy of working-class homes. This domestic effort is difficult to measure; one will always be thwarted if one seeks to quantify the results that were achieved, or gauge the reactions to the advice imparted. One way to learn about the private part of the

sanitary reform movement is to examine the public discussion of it; particularly the discussion about what it should encompass and accomplish. This approach presents only part of the story, as it can only uncover the goals and aspirations of those people who left records, those who saw their own role as fixing a problem which was not their own. The subjects of reform are hidden from view, along with their concerns, queries and theories. Often, the voices of the middle-class visitors are hidden as well. It is the experts who left the most accessible records. By concentrating on the discourse of the middle- and upper-class reformers, however, it is possible to catch a whiff of the general enthusiasm for positive sanitary change and the hope that change could occur. By reading about middle- and upper-class prescriptions for the improvement of health among the poor, one can also detect a tension between old-style laissez-faire liberalism and a new, more compassionate interventionism. In the domestic part of the movement, this tension was played out in prescriptive sanitary lectures to ladies which were popular between 1850 and 1870.

The basic goals of both the public and domestic parts of the movement were the same; to eliminate the causes of preventable mortality, especially among infants and children. This very basic definition of public health is useful for these purposes, as it shows the scope within which the multi-tiered effort of preventive medicine was working. Though the aim was essentially the same, the means by which the purpose could be achieved was a contentious matter. The government agency concerned with public health, the General Board of Health (1848-1854), worked to create national standards of waste disposal and urban cleanliness. It was an unstable, short-lived government office, not holding much power or influence. Its plans for complex and costly urban sewer systems, as well as regulation of water,

could only succeed with the cooperation of the Poor Law Guardians and the Royal College of Physicians. Such cooperation was sporadic, and the General Board of Health could not be depended upon to enforce any national standard.¹ Professional medicine contributed expert opinion to policy development and public education. Medical discourse was often difficult to follow, however, and was sometimes contradictory as debates raged among doctors as to the etiology of some infectious diseases. The clergy preached cleanliness from the pulpit, but in some ways impeded the efforts of secular science as they held on to biblical interpretations of purity, impurity, health and disease.² Non-professional volunteers, influenced by all of the above, searched out ways to express the methods and benefits of clean living to the poor.

At the government level, the leader of the sanitary reform movement was Edwin Chadwick, a Benthamite bureaucrat who felt that sanitary reform was principally an engineering project, not a medical one.³ Chadwick had little faith in the curative claims of medicine and argued that health care was about prevention, not cure. His career was turned in the direction of public health after working on the Poor Law Commission (1834-1839), where he convinced himself that the sanitary condition of Great Britain was an economic problem, to be cured by modern

¹ Tom Taylor, who had been secretary to the General Board of Health, urged ladies in an 1855 lecture to learn sanitary law and use it, even though it was, in practise, unenforceable. Tom Taylor, "Sanitary Law," in Lectures to Ladies on Practical Subjects ed. F.D. Maurice (Cambridge: Macmillan, 1856) 231-261.

² Lloyd G. Stevenson, "Science Down the Drain," Bulletin of the History of Medicine 39, (1955) 1-26. Explains the intellectual impediment which was a rigid adherence to an active religiosity which prevented many sanitarians from accepting advances in germ theory. This is one example of the biblical interpretations of health and disease interfering with their scientific understanding.

³ Ann F. LaBerge characterizes both the British and the French public health movements as professional movements in which physicians were the single most important professional group. She lists James Kay-Shuttleworth, Neil Arnott, William Farr and Southwood Smith as the most influential of the London physicians. Ann F. LaBerge, "Edwin Chadwick and the French Connection," Bulletin of the History of Medicine 62,(1988) 23.

engineering. After perusing available statistics, Chadwick concluded that the majority of those reduced to pauperism in England had fallen into that situation due to ill-health. As such, disease prevention could have immediate economic benefits, reducing the growth of the pauper class and maintaining a strong working-class. Reduction in working-class disease and injury would not only improve the quality of working-class life, but serve to reduce poor rates and minimize government interference in the market, improving middle- and upper-class life.

A class of cheap labour was a vital and necessary part of Britain's nineteenth-century economy. The large factories of the Industrial Revolution depended on urban labour pools which were not only numerous but cheap.⁴ Private charity and the administration of the Poor Law played a crucial role in the development and maintenance of industrial capitalism by underscoring the moral obligation to work for one's keep. There was a general feeling that, under the eighteenth-century Speenhamland system, the poor had grown to depend increasingly on the rates.⁵ Prevailing state policy toward relief and the tendency of private charity to support only the "deserving" among the poor added a moral component to earning a wage, attaching another dimension to the relationship between labour and industry. All poor and able-bodied men were encouraged both economically and ideologically to sell their labour to the industrial capitalists.⁶ Sometimes this was encouraged in a harsh and ruthless way.

⁴ Michael Chesterman, Charities, Trusts and Social Welfare (London: Weidenfeld and Nicholson, 1979) 41.

⁵ Knut Ringen, "Edwin Chadwick, the Market Ideology, and Sanitary Reform: On the Nature of the 19th-Century Public Health Movement," International Journal of Health Services 9 (1979) 111.

⁶ Chesterman, Charities, Trusts and Social Welfare 41.

The 1834 Poor Law still provided for the care of the invalid poor, but another of its objectives was to weed out the able-bodied from those collecting relief. The infamous "workhouse test" was a device designed by the Poor Law Commissioners to sift out the "deserving" from the "undeserving" poor. The "undeserving" among the poor were characterized as those lazy mendicants who preferred to take advantage of the poor rate rather than try to work their way out of pauperism; the "deserving" were the hardworking poor who required assistance due to extraordinary circumstances. It provided that the relief would be so unattractive that the pauper was expected to choose to find some means of independent support,⁷ and only those who had no possible alternative would opt for the workhouse version of relief. This solution was ingenious according to Chadwick, as it entrenched the principles of small government and liberal political economy in the Poor Law.⁸ By making relief undesirable, Chadwick's scheme was intended to make public relief a pauper's very last resort, thereby saving rate-payers' money. The working poor were denied any acknowledgment of worth or status unless they were self-supporting. The issue of self-sufficiency was a moral as well as an economic concern.

Chadwick's *Report* described conditions in rural and mining districts as well as in urban areas. The attention paid to the condition of lodging houses appealed to his middle-class readers' senses of physical and moral decency. "The sexes indiscriminately sleep together. In the day time the doors of these houses are generally thronged with dirty, half-dressed women and children; and if visited in an evening, the inmates are found to be eating, drinking and smoking."⁹ By including

⁷ Entering the workhouse had a demoralizing effect, with its social stigma and "less eligibility" conditions.

⁸ S.E. Finer, *The Life and Times of Sir Edwin Chadwick* (London: Methuen, 1952) 74.

⁹ Edwin Chadwick, *Report on the Sanitary Condition of the Labouring Poor of Great Britain* (Edinburgh: Edinburgh University Press, 1965) 411.

details of poverty which were not explicitly related to physical disease, Chadwick not only painted a picture of misery, disease and chronic want, but profiled a section of society whose moral code had sunk so far that it did not even resemble that of his reader.

The Report revealed much about the roles of drainage and ventilation in the city and was regarded by some as definitive. Edward Jarvis' contemporary American opinion of the *Report* was that, "The veil that wrapt in a mystery the causes of disease has been torn away, and the true reason of the prevalence of fevers and contagious disease, has been revealed to the world."¹⁰ The influence of the *Report* was wide; it sold more than one hundred thousand copies and demanded some sort of action on the parts of both government and the public.¹¹

While working on the Poor Law Commission, Chadwick learned that the cost of dispensing relief under the Poor law amounted to one fifth of the total national expenditure,¹² in his mind a clear misuse of public funds. Chadwick's *Report* not only identified problems, but suggested solutions. For example, he proposed that powers be granted to local executive bodies in order to achieve a full system of arterial drainage.¹³ Chadwick's scheme of centralized administration for the purpose of constructing arterial drainage presupposed his utilitarianism. The interest that Chadwick took in the health of the poor was a direct result of his work on the Poor Law Commission, where he discovered that sickness was a leading cause of pauperism.

¹⁰ Edward Jarvis, "Review of Five Pieces on Sanitary Reform," *The American Journal of the Medical Sciences* 30 (1848) 423.

¹¹ Finer, *The Life and Times of Sir Edwin Chadwick* 97.

¹² Finer, *The Life and Times of Sir Edwin Chadwick* 39.

¹³ Finer, *The Life and Times of Sir Edwin Chadwick* 302. This scheme was explained to ladies in Tom Taylor's 1855 lecture "Sanitary Law."

Several schools of thought suggested answers to the Poor Law problem,¹⁴ but Chadwick offered a redefinition of the problem's root. He argued that the increase in able-bodied pauperism was encouraged by the Old Poor Law system. The solution was to make public relief so unattractive that the needy would decline it: pauper rations would be cut down and in return for these reduced rations, "adequate labour" would be performed. The alternative was confinement in a workhouse. This "less-eligibility" principle was commonly termed the "workhouse test." This first step would serve to separate those genuinely deserving of relief from those who did not. There was only one "good" reason for pauperism according to Chadwick: incapacity through illness. Anthony Wohl argues that this call for the remodeling of both central and local administration was a "realistic and Chadwickian appraisal of the sanitary state of the nation and the measures required to tackle the problem."¹⁵ Many contemporaries regarded the growth of state interference with trepidation, some with outright hostility.¹⁶ The tension that the concept of centralization caused is a key note in the slow movement toward interventionist government based on the collective action of the state.

The purpose of the New Poor Law was to encourage the poor to sell their labour wherever they could find a market for it, to make relief a very last recourse

¹⁴ The Popular Radical school favoured the old Poor Law and lacked constructive proposals; some, such as Cobbett, claimed that paper money would set things right, or that an improvement in the quality of magistrates would increase the accountability of the vestry officials. A second groups held that under proper management pauper labour could be made profitable. A third group held the Malthusian view that the poor were entitled to no public relief at all, and the Poor Law ought to be abolished outright. Finer, *The Life and Times of Sir Edwin Chadwick* 42.

¹⁵ Anthony Wohl, *Endangered Lives: Public Health in Victorian Britain* (Cambridge, MA: Harvard University Press, 1983) 148.

¹⁶ Wohl, *Endangered Lives* 149, Finer, *The Life and Times of Sir Edwin Chadwick* chapter "The Provinces," outlines the regional response to the Public Health Act. Some, such as Southwood Smith, argued that government intervention was not the solution, a greater professionalization was.

and to make the administration of relief as efficient as possible. When workers were unable to work due to medical calamity, their only financial alternative was to appeal to the Poor Law Guardians for medical treatment and relief while not actively earning. The administration of medical attention under the revised Poor Law was drastically altered mainly for bureaucratic reasons. Medical officers (practitioners) lost the authority to dispense medical treatment which would be paid for by poor law funds. This decision came under the purview of the newly appointed relief officers, whose duty was to scrutinize the financial position of the applicant, not his/her medical condition.¹⁷ If a medical officer did treat a patient prior to official authorization, he faced the possibility that the relieving officer would not approve the treatment and he would end up "out of pocket" for any materials used in treatment as well as losing the fee for his service.¹⁸ Before 1834, the Old Poor Law provided payment for a variety of lay and licensed medical services, usually after the treatment had been administered. Under the New Poor Law, the system was tightened in an attempt to make it more efficient, having the effect of squeezing out many effective, efficient, and patient-friendly methods of medical relief.¹⁹ The rigid rules of the New Poor Law created a medical crisis among the poor.

¹⁷ Hilary Marland, Medicine and Society in Wakefield and Huddersfield 1780-1870 (Cambridge: Cambridge University Press, 1987) 72.

¹⁸ See the case of Mr. T.R. Tatham, who left Huddersfield for Nottingham after disputes with the Guardians in Marland, Medicine and Society in Wakefield and Huddersfield 77 and Irvine Loudon, Medical Care and the General Practitioner 1750-1850 (Oxford: Clarendon Press, 1986) 241.

¹⁹ Such as bone-setting or midwifery by a non-licensed practitioner.

In his assessment of the New Poor Law, S.E. Finer found that it "turned out to be blind and cruel and bitterly unpopular."²⁰ It was blind in the sense that its focus was fiscal restraint, not poor relief. In defense of Edwin Chadwick's vision, Finer stressed that the results of the New Poor Law were due to its administration, not its overall goal. It is this writer's opinion that Chadwick's narrow vision of poor relief contributed to the mismanagement of the New Poor Law. The "respectable" poor could slip into pauperism for a variety of reasons beyond their control, but legislators did not demonstrate an understanding of the fine line between poverty and pauperism that was reality for many working-class families. Chadwick's response to sickness as a cause for pauperism did not result in a more efficient system, but a focus on the prevention of sickness in the first place. Though prevention might produce far-reaching benefits, it could do little to palliate those already afflicted with illness. Chadwick understood the Poor Law only in terms of creating truly capitalist conditions; he attempted to use a theoretical approach to solve a human problem. In practice, the law had the effect of reducing the working poor to a "state of chronic want and humiliation" but fell short of creating a free labour market.²¹ Chadwick himself was frustrated by the cost-conscious Guardians as he attempted to implement costly drainage improvements across the country. The only buffer between the struggling poor and the harsh Poor Law were the private charities working to alleviate the misery of poverty and instill the principles of self-sufficiency

²⁰ Finer, The Life and Times of Sir Edwin Chadwick 93. Also see M.W. Flinn, "Medical Services under the New Poor Law," in Derek Fraser, ed. The New Poor Law in the Nineteenth Century (New York: St. Martin's Press, 1976) 45-66. Flinn observes that in spite of the fact that sickness was a clear cause of poverty, the problems associated with it are not dealt with in the *Report* that led to the Poor Law Amendment Act.

²¹ Finer, The Life and Times of Sir Edwin Chadwick 93.

through self-respect. Most of these charities dispensed relief with a paternalistic kind of care, trying to reform the bad habits of the poor.

The scientific understanding of health and disease in the mid-nineteenth century was beginning to incorporate contagion theories but those theories were met with serious popular resistance. In order to explain the complexity of contemporary science to the lay public, traditional models were used. One way of understanding disease held that there were laws relating to health which possessed physical, moral and religious components. Only by combining these components could one hope to lead a healthy, balanced life. The idea of balance between the moral and the physical informed the most prominent and popular disease theories at mid-century. The language used reflected humoral theory, which was a throwback to the eighteenth century, but still very influential.²² The sanitary lectures, then, not only attempted to provide visiting ladies with information about hygiene and disease prevention, but served to remind them that physical health was but one aspect of a balanced life.

The "unofficial" public health movement, carried out in part through "lectures to ladies," highlights the tension between those advocating a change in the level of government involvement in matters of public welfare and those who argued that an increase in centralization would result in the sundering of civilization as they knew it. The debate over slow growth of bureaucracy which characterized the coming of the welfare state was located even in lectures to ladies. The most visible parts of the sanitary reform movement were those efforts concerned with enacting sanitary legislation and building the costly sanitation infrastructures of waste disposal,

²² John V. Pickstone, "Dearth, dirt and fever epidemics: rewriting the history of British 'public health', 1780-1850," in Terence Ranger and Paul Slack, eds., Epidemics and Ideas: Essays on the Historical Perception of Pestilence 125-148.

ventilation improvements to homes, and clean water supplies. Another part of the sanitary reform movement was hidden from view because it operated behind the closed doors of private homes.²³ It is, at this point, impossible to find out what types of conversations occurred between working-class women and visiting ladies; those transactions belonging to the realm of private, undocumented discourse. Presumably, lady visitors took the information gathered from sanitary lectures into the working-class cottage. This prescriptive material tells us what assumptions were being made about working-class life, about the abilities of middle-class ladies, and about the relationships between women of different classes.

The lectures considered in this study were given between 1855 and 1869. They called the attention of female volunteers to the sanitary conditions of urban Britain by building on the proliferation of reports from the 1840's. In the years following Edwin Chadwick's influential *The Sanitary Condition of the Labouring Poor* (1842), the middle classes learned that inner city working-class tenements were not only the place where the poor made their homes, but the preferred domain of disease. Organizations such as the Health of Towns Association were pioneers in the "unofficial" work of sanitary reform, working to spread useful information and to improve conditions, especially among the poor. Their goal was "to diffuse among the people the valuable information elicited by recent inquiries, and the advancement of science, as to the physical and moral evils that result from the

²³ Nancy Tomes, "The Private Side of Public Health: Sanitary Science, Domestic Hygiene, and the Germ Theory, 1870-1900," *Bulletin of the History of Medicine* 64 (1990) 513-514. Tomes calls for a closer look at the drive to reform domestic hygiene in the late nineteenth century. She argues that the tendency of historians only to focus on scientific measures that "worked" or that can be quantifiably measured as doing so is to miss half of the story. She argues that the voluntary work of the 1870's and 1880's in America laid a groundwork for the public works of succeeding decades, that examining the "private side" of the public health movement will deliver a more balanced picture of the whole, and that the evidence of domestic hygiene reform is testament to the influence of medical science on popular culture.

present defective sewerage, drainage, supply of water, air and light, and construction of dwelling houses."²⁴ In order to fulfill this mission, the association held annual meetings, encouraged investigations and plans for improvement and published its findings in journals such as Liverpool's *Health of Towns Advocate*, the *Journal of the London Statistical Society*, *The Times*, the *People's* and *Howitt's Journal*. During the 1840's, the sanitary problems of poor districts were identified and the discussion of possible solutions was opened. The abundance of information connecting poverty and disease in the 1840's brought the lay public into the sanitary reform movement of the 1850's.

The distribution of general information about existing conditions was facilitated by those professional men who worked within the zones where poverty and disease were most prevalent. Dr. William Henry Duncan, Medical Officer of Health²⁵ (MOH) for Liverpool in 1847, reported that 1/3 of the population of Liverpool belonged to the labouring classes, and that a large portion of these lived in wretched conditions:

These courts are very narrow, varying from 9 to 15 feet in width, of which 629 are closed at both ends, communicating with the outer street only by a narrow passage, doorway, or arch under the houses; 875 are open only at one end, and 498 are open at both ends. There are 10 692 houses and 55 534 inhabitants in these narrow courts. . . . Each house contains three small rooms about 10 or 11 feet square, and in these narrow streets, with no access for fresh air no egress for the foul air either from the houses

²⁴ Edward Jarvis, "Review of Five Pieces on Sanitary Reform" 423.

²⁵ Dr. Duncan was the first medical officer of health appointed in Britain.

or the courts, there cannot be any sufficient ventilation, to support the respiration of the inhabitants.²⁶

The reporting of such details in the popular press²⁷ gained public sympathy for the plight of the disease-ridden slum resident, alerting people that wretched conditions existed within their cities. Such reports not only appealed to the charitable impulses of the public, but to their sense of moral repugnance. The clergymen who lectured used this sense of moral repugnance to motivate their audiences.

The sanitary lecturers gave their audiences of ladies the impetus to do some of the field work of the public health movement, yet they clearly defined the limits of that work. For example, Rev. F.D. Maurice was convinced that women had a role to play in the improvement of society, however, that involvement must be restricted to specific, well-defined feminine tasks. In his lecture concerning a plan for a women's college, Maurice is quick to stress that:

I hope, by this language, I have guarded myself against the suspicion that I would educate ladies for the kind of tasks which belong to our professions. In America, some are maintaining that they should take degrees and practise as physicians. I not only do not see my way to such a result; I not only should not wish that any college I was concerned in should be leading to it; but I should think there could be no better reason for founding a college than to remove the slightest craving for such a state of things, by giving a more healthful direction to the minds which might entertain it.²⁸

²⁶ Jarvis, "Review of Five Pieces on Sanitary Reform" 425-426.

²⁷ Henry Mayhew's survey of labour and the poor, which first appeared in the Morning Chronicle is the most notable example.

²⁸ F.D. Maurice, "Plan of a Female College for the Help of the Rich and the Poor," lecture I in Lectures to Ladies on Practical Subjects, F.D. Maurice, ed. (Cambridge: Macmillan, 1856) 13.

Maurice contends that the busy work of charity will provide an adequate substitute for any designs women might have on the professions.²⁹ Women did find an acceptable niche for themselves in the sanitary reform movement.

If working people were to become truly self-sufficient, contemporary wisdom argued that they had to learn how to prevent disease, so that illness would not interrupt the wage-earner's income. The broad reforms in national sanitary infrastructures such as the large-scale construction of sanitary sewers were not enough; they were expensive and slow to materialize. In the meantime, something had to be done. Clearly, the working classes lived in filthy conditions, and needed to be reformed themselves. To change the daily hygiene of the labouring classes meant changing their daily habits, which meant widespread education in the benefits of clean living as preventive medicine. For such an undertaking to occur, the middle-class required an education into the conditions under which working-class families lived and the challenges which these conditions created for daily hygiene. Though there already was a vague acknowledgment of urban squalor, brought to the public's attention in the form of tracts, a sense of urgency was created in the 1840's with emerging information about the relationship between unsanitary living conditions and ill-health. Middle-class awareness of the sanitary problem preceded the voluntary intervention which was to provide broad based sanitary education to the working poor.

Voluntary groups of concerned individuals formed an "unofficial" partner to the legislative and professional branches of the sanitary reform movement.

²⁹ Later in his career, Maurice becomes convinced that women are indeed suitable candidates for the medical profession. He encouraged Sophia Jex-Blake in her pursuit of an MD. Shirley Roberts, Sophia Jex-Blake: A Woman Pioneer in Nineteenth Century Medical Reform. (London: Routledge, 1993) 22.

Prominent organizations such as the National Association for the Promotion of Social Science (NAPSS) and the Health of Towns Association worked to increase middle-class concern over sanitary issues as well as working to palliate the issues themselves. Often subsumed within or forming auxiliaries to such groups were women's organizations for the promotion of sanitary reform. The National Association for the Promotion of Social Science described itself as a "parliament of social causes," and hoped to act as a "liberalizing influence" among men who would normally not associate with one another.³⁰ Listed among its achievements after only five years of operation included the establishment of local branches in Liverpool, Edinburgh, Bradford and Aberdeen; the Statistical Society of Dublin had "enlarged its field of operations in order to model them on our plan;"³¹ municipal governments were paying more active attention to sanitary and other civic duties, practical improvements were spreading, and general "impulse" was given to efforts for the "prevention of evil."³² The organization was active in petitioning the central government for sanitary improvements, and also encouraged middle-class ladies to involve themselves in the sanitary movement.

It was recognized, especially by lady reformers, that the scope of any law would fall short where changing individuals' basic hygiene was concerned. Bessie Rayner Parkes, co-editor with Barbara Leigh Smith Bodichon of the *English Woman's Journal*, pointed out in an 1859 article, "the best framed Acts of Parliament most efficiently carried out will only result in partial reforms, until the habits of the people, engendered amidst bad conditions, and rendered careless by

³⁰ The National Association for the Promotion of Social Science: History and Objects (London: Victoria Press, 1862) 5.

³¹ The National Association for the Promotion of Social Science: History and Objects 4.

³² The National Association for the Promotion of Social Science: History and Objects 5.

hopelessness, be also changed."³³ To change these habits, a large-scale education campaign was needed, but there was no effective media by which information could be disseminated. The task was taken up in various ways by groups of volunteers who visited the poor in their homes. The sanitary visitors "sought to reform family life through a moral and physical cleansing of the nations' homes."³⁴

All sorts of charitable organisations were involved in promoting health.³⁵ Anthony Wohl suggests that female sanitary societies were an outgrowth of the Bible mission societies, and like them, stressed home visiting.³⁶ Such groups dispatched middle-class ladies into the homes of the poor, where they would attempt to change the habits of the inhabitants through sound instruction in the "laws of health." Wohl argues that the sanitary societies carried on the message of their original purpose, they simply added the gospel of soap and water to their repertoire of scriptures.

One of the most extensive of the visiting societies was the Ladies' National Association for the Diffusion of Sanitary Knowledge (LSA). By 1865, the LSA had branches in Brighton, Aberdeen, Oxford, Bath, Reading, Dublin, Dundee, Glasgow, Leeds, Bristol and Manchester; and between 1857 and 1881 had distributed over 1½ million tracts. Each branch was autonomous, receiving guidance and initial

³³ Bessie Rayner Parkes, "The Ladies' Sanitary Association," English Woman's Journal 14, (April 1858) 82.

³⁴ F.K. Prochaska, Women and Philanthropy in Nineteenth-Century England (Oxford: Clarendon Press, 1980) 22.

³⁵ The Society for Visiting and Relieving the Sick Poor, Liverpool; the NAPSS; the Health of Towns Association; the Manchester and Salford Sanitary Association; the Association for the Establishment of Baths and Washhouses for the Labouring Poor; the Manchester Association for the Prevention of Smoke are a few examples.

³⁶ Anthony S. Wohl, Endangered Lives: Public Health in Victorian Britain. (Cambridge, MA: Harvard University Press, 1983) 37.

organisation from the central office in London, when needed. Branches often sprung up as auxiliaries of male-dominated sanitary societies.³⁷ The LSA's work was described in an NAPSS publication as "probably doing more, within the sphere of their operations, to increase the sum of health in the community than any legislative or official interference could effect."³⁸ The act of entering the working class home enabled visiting ladies to attack the sanitary problem by attempting to change habits, not necessarily conditions.

Where needed, visiting ladies could dispense cleaning materials and other necessities. In Aberdeen in 1880, the LSA was responsible for the distribution of 1228 supplies of soap, 203 washing powders, 30 bottles of disinfecting powder and 12 limewashing brushes. Also in Aberdeen, the "Bible women," presumably associated with Ellen Ranyard's widespread network of visiting missionaries, distributed sanitary tracts and were given whitewashing brushes to lend out in parts of town where infectious disease was most prevalent.³⁹ The LSA often joined forces with other charities and organisations to achieve effective distribution of their message. Other visiting societies concerned with health protection included the Manchester and Salford Sanitary Association which was established in 1852 by an obstetrician convinced that maternal ignorance lay at the root of high infant mortality. In Manchester, by the end of the century, health visitors were making almost 36,000 house visits and in Salford, over 23,000.⁴⁰ The scope of health visiting was enormous, but each visit was an individual event carried out by a lady visitor who had had some training.

³⁷ This was certainly the case in Manchester and Dublin.

³⁸ The National Association for the Promotion of Social Science: History and Objects 25.

³⁹ Wohl, Endangered Lives, 195.

⁴⁰ Wohl, Endangered Lives, 195.

Hoping to build up a rapport, the visitor would attempt to speak with the wife/mother in a friendly way, and influence her to institute the changes that were necessary to set the tone for everyday cleanliness. Charities contributed system to traditional casual visiting,⁴¹ dividing communities into districts, with one visitor to approximately 20-40 households. Visitors carried common paraphernalia with them: bible and sanitary tracts, blankets, food and coal tickets as well as cleaning supplies, but the purpose of carrying the sanitary message into the homes of the poor was to reach the place where habits were made. Lady visitors were well-informed "sanitary missionaries" who entered the working-class home with clear agendas. They had learned the correct information to dispense and had also learned how to deliver it in a non-threatening way. Above all, the lady visitor was a walking example of obedience to the laws of health.

As Catherine Hall suggests in her reflections on the Evangelical household, the home was an obvious place to attempt to curb sin, as the outside world had so many distractions.⁴² Hall also stresses the emphasis in the Evangelical movement for the converted to become "moral missionaries," a significant feature as many of the women associated with visiting societies came from an Evangelical or dissenting background.⁴³ Wohl notes that public health took on the banner of a moral crusade for many Victorians.⁴⁴ The focus on women as being specifically called to work among the downtrodden was not limited to Evangelical or dissenting denominations.

⁴¹ A strong tradition of casual home visiting has been documented in Prochaska, Women and Philanthropy in Nineteenth-Century England 98-101.

⁴² Catherine Hall, White, Male and Middle-Class: Explorations in Feminism and History (Cambridge: Polity, 1992) 84.

⁴³ Many of the women association with the English Woman's Journal were from Evangelical or dissenting backgrounds, such as Bessie Rayner Parkes, Barbara Leigh Smith Bodichon and Mary Merryweather.

⁴⁴ Wohl, Endangered Lives, 6.

By the 1850's, the Established Church was observed to accentuate the power of teaching by example, especially by women.⁴⁵

The work of ladies' visiting societies reflected the principles evident in predominant disease theory. The emphasis on disease prevention through clean and pious living, education and self-help represented the cultural mores which dictated that these actions were desirable in all areas of life. Emphasizing the existence of a set of rules they termed the "laws of health," visitors framed their discussion in moral terms. Mother Nature is personified as the giver of life, all the while a harsh disciplinarian; if one were to violate one of her "laws of health", then she would punish the perpetrator with swift vehemence.

The texts of the sanitary lectures reveal that, there was an underlying assumption, based on the idea that the sexes had distinct 'natural qualities,'⁴⁶ that the manager of health and hygiene in any home would be the wife/mother. Further, it was assumed that middle-class women were more naturally endowed with the qualities necessary to perform the required duties effectively. The first aim of a lady visitor was to correct the potentially abhorrent behaviour of the working-class housewife. The condescending and patronizing attitude which was fostered by the idea that the poor ought to be reformed to mimic the manners of the middle-class was partially diluted by the common sense information which health visitors dispensed.

⁴⁵ See the proliferation of literature on the subject by Rev. Charles Kingsley cited in the bibliography.

⁴⁶ Ludmilla Jordanova argues that the biomedical sciences of the eighteenth and nineteenth centuries mediated sex roles, gender differences and social stability. Ludmilla Jordanova, Sexual Visions: Images of Gender in Science and Medicine Between the Eighteenth and Twentieth Centuries (Madison: University of Wisconsin Press, 1989) 3.

In keeping with contemporary assumptions about women's "natural abilities," middle-class ladies often carried out the "hands-on" work of the health promotion initiative. Discussion which involved changing hygienic habits in the home were best conducted between the middle-class lady and working-class woman, as popular wisdom held that women, by virtue of their biology, had common concerns, even across class boundaries. It was hoped that the middle-class lady, considered to be more feminine (refined and delicate) than the working-class woman, would be able to influence her lower-class sister by the very fact of her presence. This was an interesting idea, since the working-class woman was expected to work longer, harder hours than the middle-class lady who came to her home only because she enjoyed an abundance of leisure time to devote to social issues.

"Lectures to ladies" were popular mediums of spreading the methods of domestic sanitary reform from experts to the voluntary health promotion field workers. The goals of the various lecture series were to entice women to do the work of visiting among the poor and equip them with the basic information required to impart some useful hints regarding the general improvement of everyday working-class health. Of course, the message was not simply one of disease prevention through cleanliness. Physical cleanliness was desired, but the emphasis was on "clean-living," which implied a level of simplicity and restraint in all areas of life. The layered meanings of the word "cleanliness" were compatible with the layered understanding of the word "disease."

Some women saw the growing opportunities for education and experience in pursuit of charitable goals as springboards to other exciting endeavours, or as a springboard toward more autonomy within the voluntary sector. In an article entitled, "Charity as a Portion of the Public Vocation of Women," the anonymous

author writes,⁴⁷ "It is in the power of women to become invincible agents in the work of charity. The very attributes of the feminine nature are of essential value in such a cause. Funds, programmes, and committees, indispensable though they are, form but a slender part and can only partially effect the good which results from the comprehensive sway of charity."⁴⁸ Women had gained control over some charities, and enjoyed the freedom that came with running their own associations. Though there had been considerable opposition to women's active role in the administration of charitable organisation, they gained a strong foothold within male charities due to their competence at drawing in funds.⁴⁹ Some of the ladies' auxiliaries associated with established charities eventually branched off to form a new organisation or absorbed the original charity entirely.

As mentioned above, the ladies were prepared to deliver material relief where necessary, but their principle aim was to help the poor to help themselves. The lectures they attended reinforced the idea that they, as individuals, could make a difference to the health of the families they counseled. As a group, they could influence the health of the nation. They were told that simple advice such as explaining the benefits of good ventilation and drainage, exercise and wholesome, nutritious food could change the pattern of health and disease in a working-class cottage.

Often, their expectations of the working-class families were unrealistic; the working poor possessed few resources to change the structure of their homes to

⁴⁷ It is likely that the author was Bessie Rayner Parkes, the co-editor of the *Journal* and a prolific writer on the subject of women and work.

⁴⁸ Anon. "Charity as a Portion of the Public Vocation of Women," English Woman's Journal 15, (May, 1858) 195.

⁴⁹ Prochaska, Women and Philanthropy in Nineteenth-Century England 98.

improve ventilation or drainage. They did possess the power, however, to perform some of the suggested preventive measures. In a lecture entitled, "The Two Breaths," Rev. Charles Kingsley advises lady visitors, "The poor are too apt in times of distress to pawn their bedsteads and keep their beds. Never, if you have influence, let that happen. Keep the bedstead, whatever else may go, to save the sleeper from the carbonic acid on the floor."⁵⁰ Kingsley understood foul air, the air we breathe out, to rise at first, but as it cooled, to contract and become heavier. If one was sleeping on a mattress on the floor, by the middle of the night, one would be breathing only stale air, full of the dangerous carbonic acid, and depleted in oxygen. Though Kingsley's science may not have been accurate, he was correct in his prescription; it is healthier to breathe fresh air.⁵¹

Drainage was a trickier matter. All a lady visitor could do was to explain the benefits of drainage, leaving members of the family to take whatever measures they could manage to dispose of dangerous, disease-breeding waste. Nutritious food was also a problem for families trying to make ends meet. The visitor had to help them make the most healthy choices possible within their budgets. For example, Dr. George Johnson told the ladies assembled for one of his lectures that workers will sometimes supplement their meat-poor diet with a daily allowance of beer, thinking this both meat and drink. He urges the ladies to warn the housewives that it is a

⁵⁰ Charles Kingsley, "The Two Breaths," in Sanitary and Social Lectures and Essays (London: Macmillan and Co., 1892) 57.

⁵¹ In the case of infants, we are now learning that the inability to breathe fresh air could be a factor in Sudden Infant Death Syndrome (SIDS). Health Canada's Laboratory Centre for Disease Control is distributing information which tells new parents to put babies on their backs or sides to sleep, not to let them get too hot, and to eliminate cigarette smoke from their environments.

waste of their scanty means to spend money on beer, when they are unable to obtain a sufficient supply of animal food.⁵²

Women's involvement in the diffusion of sanitary knowledge was complex and often paradoxical. Women were excluded from many scientific pursuits as it was feared that such stimulation might harm their "delicate" natures, but they were also regarded as better suited than men to perform nursing duties which involved caring and nurturing. Women got involved in the public health movement for reasons as individual as they were, but common to all of them was the will to make some kind of difference. For some, this grew into a lifetime of service to charity, for others it became involvement in the early women's movement, and for others still, visiting was a temporary portion of their lives. The information given by the lecturers was not always applicable to the situations a visitor encountered on her visiting circuit, but the lectures gave her a good idea of the broad goals of the wider public health movement, the role prescribed for her within it, and the knowledge base to move beyond that role.

⁵² Dr. George Johnson, "Overwork, Distress and Anxiety, as causes of mental and bodily disease amongst the poor, and on the means of counteracting these injurious influences." lecture III in Lectures to Ladies on Practical Subjects (London: Macmillan and Co., 1892) 87.

Chapter Two

The Sanitary Lecturers: A Who's Who Guide

In studying some of the sanitary lectures used to educate middle-class ladies, it is important to take stock of the backgrounds and biases of the lecturers and to assess their place in the wider sanitary reform movement. Discernible amongst all of the sanitary lecturers chosen for this study are some common characteristics. They all chose to give lectures aimed specifically at a non-professional, middle-class female audience and all of them deal with the one or another aspect of the health of the poor. The sanitary lecturers were not a cohesive group even though they shared some common aims and interests; they came from assorted backgrounds and had individual motives for delivering lectures to ladies and for being interested in the health of the poor. All of the lecturers hoped to affect a change for the better, to contribute to "progress," and they were all optimistic that such change could occur. In the problematic area of working-class domestic hygiene, all agreed that middle-class ladies seemed best able to affect a change.

In an early article introducing the Ladies' Sanitary Association to the readers of the *English Woman's Journal*, Bessie Rayner Parkes asked for the assistance of doctors and clergymen to "use their immense influence in founding and supporting branch associations."⁵³ From the beginning, the LSA was counting on the voluntary support of doctors and clergymen in their goal of educating widest reaches of the country in sanitary matters. Lecturers did not command a fee for their services, but

⁵³ Bessie Rayner Parkes, "The Ladies' Sanitary Association," *English Woman's Journal*, 14, (April 1859) 83.

donated their time for the greater good. The sources are scarce on the issue of how organizations selected lecturers, but as they were volunteers, it is doubtful that any qualified lecturer's offering would be refused. Often, the most popular lectures appeared in the pages of the *English Woman's Journal* and *Fraser's Magazine*, or were published as tracts or in volumes of collected lectures to encourage the widest possible dissemination of the sanitary message. It is these published lectures which were used in this study.

Several themes and images were popular with sanitary lecturers: balance, social harmony and the notion that the universe is an orderly one, ruled by law. Depending on the ideological or religious background of the lecturer, the theme of systematic organization might be discussed in terms of market forces or with reference to a "divine plan." Edwin Chadwick can be clearly identified as the one who best articulates the political economy of Jeremy Bentham among the sanitary lecturers. Though his public addresses were minimal, Chadwick's influence was wide. His work on the Public Health Commission was groundbreaking, alerting the public to the sanitary conditions of the urban poor. The LSA took enough interest in his lecture on "Physical Education," delivered at the Public Health Department of the NAPSS meeting at Glasgow in 1860 to reprint it in the *English Woman's Journal* for wider circulation.

The clergy played a crucial role in lecturing to ladies. They aimed to rouse their audiences to charitable action, were critical of the apathy demonstrated by the privileged classes, and of what they perceived to be gross inaction on the part of government. The most frequent sanitary lecturer and prolific publisher of his lectures was Rev. Charles Kingsley, a clergyman whose home parish was in Eversley. His devotion to Christian Socialism gave him a fiery lecturing style and a

fiercely critical stance with regard to the lack of government efforts to curb epidemic disease. Kingsley had little patience for the municipal governments which, in the name of protecting themselves and their constituents from centralized government, resisted the General Board of Health's efforts to install national standards and procedures for disease control. He could not fathom holding fast to a theoretical freedom in the face of what he perceived to be a national health crisis. Other members of the clergy who lectured on sanitary subjects were F.D. Maurice, and J.L.I. Davies.⁵⁴

Prominent members of the medical profession donated their time to lecture to ladies, and lectured to working-class audiences at the request of ladies' and other organisations. The medical men whose lectures were most prominent in events organised and affiliated with ladies' visiting associations were Edwin Lankester William Farr, John Marshall, Henry Acland, Dr. Chambers, William Guy and George Johnson.⁵⁵ As medical professionals, they came from disparate backgrounds and lectured in different locations. Lectures occurred across the country. The clergymen tended to lecture about the moral imperative to become involved in sanitary reform, implying that middle-class ladies had a duty to fulfill their "noblesse oblige." Medical men were more likely to focus their lectures on the more practical aspects of sanitary education. Some lecturers also organised their talks along political lines; with lecturers from both professions offering a critique of contemporary governance in the body of their lectures. The divisions between

⁵⁴ Rev. John Armistead also lectured on sanitary subjects, but his lectures could not be obtained for inclusion in this study.

⁵⁵ Other members of the medical profession whose lectures were not used in this study include Henry Roberts, W.T. Gairdner, and Daniel Hack Tuke. Mr. Tom Taylor, secretary to the General Board of Health, gave a lecture to ladies which outlined the legal precedents with regard to sanitary matters.

sanitary lecturers are fuzzy ones, as individual lecturers slid between categories. They are useful, however, to show the breadth of the political and religious opinions shared by those who lectured to ladies.

Though Benthamite utilitarians formed a minority within the diverse group who gave lectures to ladies, the ideology itself was a strong component within the Victorian middle-class world view, and as such, an understanding of utilitarian reasoning is essential to place the domestic sanitary reform movement within the grander scheme of sanitary reform. The base unit of liberal political economy is the individual. His/her fitness to survive within society/the market determines both his/her wealth and his/her fate relative to the rest of the population. This way of thinking was supported for its reputed fairness, the freedom for anyone to seize an opportunity and carve out a niche for him/herself⁵⁶ within the market economy. The Victorians embraced the concept of self-interest, holding self-help high in their value system. Chadwick's scheme of centralisation was implemented to temporarily increase government with a view to eventually reducing the need for poor relief, lessening government involvement in the market. The notion of the supremacy of the individual in society created a set of rules of social conduct which, though unwritten, were pervasive. Because the liberal ideal held that each individual's wealth and happiness were based on his/her effort, the poor, especially those reduced to pauperism, were regarded with disdain and often, disgust. Poverty indicated a lack of effort, and laziness was a primary sin within the Victorian value system. Mingled with this distaste for the poor, however, was curiosity, compassion and the charitable impulse. The Victorians were not so narrow-minded that they did

⁵⁶ Of course, this was a much easier task for a man.

not understand that unfortunate circumstances could result in destitution. Chronic illness was one such circumstance.

Chadwick was the only investigator on the Poor Law enquiry to consider the health of the pauper population. Using the new science of statistics, he demonstrated the relationship between unsanitary housing and excessive sickness and mortality.⁵⁷ Chadwick's motives always came back to reconciling public interests with private ones, as the end result of housing and sewerage reform would be national economic benefit. He translated Bentham's greatest happiness principle to national economics; the realization of greatest national "happiness" being the greatest national product or profit. Utilitarianism was not, however, the only way of looking at social organization in the mid-Victorian period.

Along with the supporters of free trade, small government and ardent individualism, a group who called themselves the Christian Socialists worked toward the goals of sanitary reform. They aimed to inspire society to strive toward the social and moral ideals which they associated with Christianity.⁵⁸ The founders of Christian Socialism, F.D. Maurice, Charles Kingsley and J.M Ludlow, also hoped to make the churches more socially responsive, partly because working people were leaving the Anglican Church for the more participatory denomination of Methodism. Additionally, the three men were frustrated by the glaring profusion of apathy amongst the privileged toward the poor.

Chadwick's Benthamism and Christian Socialism met in the sanitary reform movement. Chadwick's program of government intervention in sanitary matters to

⁵⁷ Dr. William Farr was a pioneer in the use of statistics to indicate greater social issues. He used statistics to show the correlation between poverty and sickness. John M. Eyer, Victorian Social Medicine (Baltimore: Johns Hopkins University Press, 1979).

⁵⁸ Gertrude Himmelfarb, Poverty and Compassion: the Moral Imagination of the Late Victorians (New York: Alfred A Knopf, 1991) 336.

promote independence coincided with the efforts of Kingsley, Maurice and Ludlow to draw society's attention to the plight of the working poor and to lift the bitterness of Chartism, replacing it with Christian charity. Both groups worked toward the improvement of sanitary legislation with a view to improving living conditions and lessening dependence on poor rates. It was the reasoning and emphasis of each group which marked their differences.

F.D. Maurice was the elder theologian, deferred to by both Ludlow and Kingsley.⁵⁹ He was a conservative Anglican⁶⁰ whose theology emphasized the existence of a "Divine Order." The Divine Order was characterized by harmony and cooperation in society. It held faith that society would resolve all of its problems and conflicts if human beings would only recognize it and give it a chance. Maurice was criticized for his intellectual "fuzziness,"⁶¹ but the essential idea in Maurice's theology held that the moral aspects of Christianity were more important than the doctrinal ones. For example, Maurice denied the existence of hell and eternal punishment which ultimately brought about his dismissal from King's College.⁶²

⁵⁹ Maurice was the chaplain at Lincoln's Inn, where Ludlow took his law degree. Kingsley met the two when he travelled to London on April 10, 1849 to show support for the Chartist demonstration at Kennington Common. Kingsley was also interested in making sure that the demonstration remain non-violent and convinced Ludlow to join him there. The demonstration, however, had the wind taken out of its sails when the government amassed a great show of force, and the Chartists dispersed before they began. Kingsley and Ludlow returned, disappointed, to meet with Maurice who was sick in bed. The common ground between the three men was that they all agreed that the upper classes displayed indifference toward the working classes, and all three perceived that the Chartists posed the threat of violence.

⁶⁰ F.D. Maurice took a roundabout route to his calling in the Established Church. He had been brought up in a strict Unitarian household: his father was a Unitarian minister. During Maurice's childhood, the entire family, except for his father, drifted away from Unitarianism. Young Maurice followed suit after attending Cambridge for law. He studied for Holy Orders in 1833. Janet E. Courtney, Freethinkers of the Nineteenth Century (New York: Chapman and Hall, 1921) 12-24.

⁶¹ Aubrey de Vere commented, "Listening to Maurice is like eating pea soup with a fork." quoted in John C. Cort, Christian Socialism (Maryknoll, NY: Orbis, 1988) 142.

⁶² Cort, Christian Socialism 17. and Courtney, Freethinkers of the Nineteenth Century 38-42.

Though Maurice, J.M. Ludlow and Charles Kingsley called their movement "Christian Socialism," they all enjoyed the privileges of position and did not initially involve working men in their efforts, preferring to lecture to them and write on their behalf. Maurice, the most conservative of the three, described his particular version of equality in accordance the "Divine Order' in their short-lived⁶³ weekly newspaper *Politics for the People*. He argued that political enfranchisement was not the best avenue to equality, and that organisations, political parties, trade unions and strikes were a denial of the "Divine Order." National harmony would be achieved through increased cooperation, rather than antagonism. This sort of assertion was clearly unpalatable, and was probably understood as patronizing to the Chartists, who felt they had no choice but to organize and antagonize the traditional holders of power. Christian Socialism was slow to gain support, criticized because of the elitist bias apparent in Maurice's theology.

Charles Kingsley also came from an elite background, but was a more enthusiastic supporter of working people and their struggles. He claimed to understand the issues facing the working poor and professed that it was the proper duty of the clergy to insert themselves into secular matters where the welfare of the public was concerned. In the preface to his *Three Cholera Sermons*, Kingsley writes,

let them (ministers) but read a little, a very little, on the subject . . . and see the actual practical results which have been obtained by sanitary reform, and of the providing of fit dwellings for the lower classes, not merely in extirpating disease, but in extirpating drunkenness, ferocity, and those coarser vices of which too many

⁶³ It lasted only six weeks.

preachers speak as if they were the only sins worth rebuking.⁶⁴

This was a subtle criticism of the Anglican clergy, whom Kingsley accused of hiding behind their calling, using it as an excuse not to get involved in the secular troubles of common folk. The failure of his colleagues to act against the injustices facing the poor of their parishioners caused Kingsley much concern.

Kingsley's commitment to social as well as spiritual matters involved him in many sanitary pursuits. In the year 1854 alone, he worked on establishing an Anti-Cholera Fund, wrote a sanitary pamphlet, prepared statistics for a sanitary deputation of which he was a member, went to London to give evidence before the House of Commons on sanitary matters, particularly on the insufficient pay of Parish Medical Officers. According to Kingsley, conditions for Parish Medical Officers were such that no medical man could afford to give "two of the most important but most expensive medicines - quinine and cod-liver oil - to their poor patients."⁶⁵ Kingsley also demonstrates his idealism with regard to the possibility of quick, life-saving changes in sanitary reform in a letter to his wife. He says, "I had an opportunity of telling Lord Palmerston a great deal which I trust may save many lives. Remember, it is now a question of blood-guiltiness - that is all."⁶⁶ For Kingsley, sanitary reform was a moral issue before it was a scientific one. The common ground between the Anglican-based Christian Socialists and those coming from an Evangelical or dissenting background was the emphasis on the home as the starting point for any kind of reform.

⁶⁴ Charles Kingsley, preface to the Three Cholera Sermons, reprinted as a tract early in 1854, "Who Causes Pestilence," in Charles Kingsley: His Letters and Memories of His Life, Mrs. Fanny Kingsley, ed. (London: Macmillan and Co., 1894) 317.

⁶⁵ Kingsley, Charles Kingsley: His Letters and Memories of His Life, 320.

⁶⁶ Kingsley, Charles Kingsley: His Letters and Memories of His Life, 323.

Due to his popularity as a novelist, Kingsley is probably the most famous of the three founders of Christian Socialism. He was certainly a prolific writer and the most popular lecturer with the Ladies Sanitary Association and others. In his novel *Two Years Ago*, Kingsley calls his reader's attention to the horror of the cholera, and asserts that each and every individual has some personal responsibility to take action against the onslaught of disease. A great deal of the research undertaken for this novel was facilitated by a good friend of Kingsley's, Sir Henry Acland⁶⁷, the Regius Professor of Medicine at Oxford during the 1849 cholera outbreak as well as a lecturer for the Oxford branch of the LSA. Like Kingsley, Acland believed that morality was inseparable from social welfare. Based on Acland's frustrations at "an unfortunate disagreement between the Guardians and the Board of Health,"⁶⁸ the tone of Kingsley's novel reflected the need to establish a clear line of authority and a thought-out procedure to follow in the event of future epidemics.

Kingsley's concern over the day-to-day struggles of his parishioners attests to the sincerity of his social commentary, and his condemnation of indifference and procrastination as causes of social decay provides a link to the language used by the liberals, who argued that idleness contributed to destitution; all agreed that it was the duty of the fortunate to help the poor to help themselves. The cornerstone of Kingsley's theology was his belief that "being good" meant "doing good," that it was not enough to lead a pious life; one had to take responsibility for seeing that

⁶⁷ Acland was fourth son of Sir Thomas Dyke Acland. He matriculated at Christ Church, Oxford in 1834 and graduated B.A. (1840), M.A. (1842), M.B. (1846), M.D. (1848). Here, he made the acquaintance of John Ruskin, with whom he formed a lifelong friendship. He devoted much time to the subject of state medicine, serving, in 1869, on a royal commission to investigate the sanitary laws in England and Wales. Sir Leslie Stephen and Sir Sidney Lee, eds., Dictionary of National Biography v.22 (suppl.) (London: Oxford University Press, 1960) 10-12.

⁶⁸ Allan John Hartley, The Novels of Charles Kingsley: A Christian Social Interpretation (Folkestone: Hour-Glass Press, 1977) 129.

good was done. The ideal situation would be one in which state-sponsored relief was not required.

Even though many reformers agreed that sanitary legislation was the essential foundation of a successful sanitary reform movement, they acknowledged that drains, sewers and well-ventilated houses were not enough. Nor were those costly improvements quickly forthcoming. Many thought that significant progress could be made through a systematic education of the working classes in the principles of achieving and maintaining good health; namely the benefits of altering household habits to prevent disease. Before 1870, when the Education Act was passed, schooling in Britain was carried out by a variety of organisations and attendance was not compulsory. Many working-class communities ran their own elementary schools. Anne Digby and Peter Searby argue that these community-based schools were popular because they lacked the regulations as to dress, appearance, and attendance imposed by church schools. Some cursory regulation of schools was supplied by the Education Department of which Sir James Kay-Shuttleworth was the secretary. This department's chief purpose was to dispense government grants. In the minutes of 1846, Kay-Shuttleworth laid out his vision of mass education. He proposed to make the school, "an effective paternalistic instrument by replacing the haphazard medley of untrained teachers and monitors with a disciplined corps of certified assistants and trainees, and to pay teachers and schools for helping in the process."⁶⁹ Between 1840 and 1870, however, the Education Department had to rely on the cooperation of voluntary societies in elementary schooling. Indeed, almost all elementary schooling was provided by one

⁶⁹ James Kay-Shuttleworth quoted in Anne Digby and Peter Searby, Children, School and Society in Nineteenth Century England (London: Macmillan, 1981) 7-8.

or another of the Christian denominations, who shared the opinion that denominational differences were supremely important.⁷⁰ As mentioned above, mandatory attendance at school was not legislated until 1870, and was not enforced until 1880, when local authorities were compelled to mark school attendance.⁷¹ Since no educational infrastructure existed which could efficiently carry out the widespread education of poor women in the physical and moral "laws of health," the task was taken up by female driven visiting charities.

The division of labour between public and private health was clear. Women carried out the "hands on" business of interacting with the working-class housewife, focusing their quest on the physical, moral and religious improvement of the poor.⁷² The Edwin Chadwicks and the Charles Kingsleys conducted their quest for sanitary reform in the public arena and the women (who, for the most part, remain anonymous) spread the message behind the closed door of the working-class family home. These two parts of the public health movement intersect at the moment when information is delivered from the first, expert group to the second, non-professional group. Sanitary lectures were but one of the ways in which women learned the "laws of health,"⁷³ but they are a particularly fascinating one because the delivery of information was immediate and personal. Sometimes lectures were organized into series, such as the 1856 series published under the title *Lectures to Ladies on Practical Subjects* organized and edited by F.D. Maurice. Lectures suggested the kinds of information that would be most useful to the working people

⁷⁰ Digby and Searby, 15.

⁷¹ Wohl, *Endangered Lives*, 130.

⁷² Perry Williams, "The Laws of Health: Women, Medicine and Sanitary Reform, 1850-1890," in *Science and Sensibility: Gender and Scientific Enquiry, 1780-1945* Marina Benjamin, ed., (London: Basil Blackwell, 1991) 66.

⁷³ They also read tracts, textbooks, journals, and attended discussion groups.

visited and the most effective ways to impart that information. The lecturers had the opportunity to affect and influence individuals through their performances.

The home visiting movement attracted women who chose to try to do something practical about the "great unwashed." Anna Jameson, a role model for the early organized women's movement in England,⁷⁴ was a novelist, a translator of German literature, a literary and artistic critic as well as a lecturer. She was also absolutely horrified by the contemporary trend to idealize idle women.⁷⁵ Her lectures regarding women's options for finding serious work, "Sisters of Charity," and "The Communion of Labour," were well attended and subsequently published. She called for social cooperation between men and women, calling this "the communion of labor," and stressed the idea that work, in one way or another, was a necessary activity for everyone, regardless of sex. The following is an excerpt from the "Communion of Labour," which was used in a sanitary tract entitled, "The Details of Woman's Work in Sanitary Reform: "I conclude that all our endowments for social good, whatever their especial purpose or denomination, educational, sanitary, charitable, penal - will prosper and fulfill their objects in so far as we carry out the principle of combining in due proportion the masculine and the feminine element, and will fail or become perverted into some form of evil in so far as we neglect or ignore it."⁷⁶ Many women shared Mrs. Jameson's understanding of social organisation and chose to do their part by joining and forming a strong commitment to a visiting society.

⁷⁴ Philippa Levine, Feminist Lives in Victorian England: Private Roles and Public Commitment (Oxford: Basil Blackwell, 1990) 9.

⁷⁵ Diane M. Worzala, "The Langham Place Circle: the Beginnings of the Organised Women's Movement in England 1854-1870" (PhD diss., University of Wisconsin-Madison 1982) 26.

⁷⁶ Anna Jameson quoted in Susan Rugeley Powers, "The Details of Woman's Work in Sanitary Reform," English Woman's Journal, 16 (June 1859) 217.

One of the members of the central Committee, Mrs. William Fison, was reported to have been a kind of roving resource person for the LSA. In 1860, Mrs. Fison visited Manchester and helped the Manchester and Salford Sanitary Association set up a Ladies' Auxiliary. Also in Manchester, she delivered addresses to the town missionaries, some students at the Ladies' College, and to several meetings of the working classes. From there, she set about a circuit of meetings regarding the improvement of sanitary conditions among the poor in Andover, Bradford, Brighton, Brompton, Chertsy, Darlington, Highbury, Maidenhead, Middlesboro', Oxford, Reading, Stainton, Watlington, and Wilten. She also set up a Ladies' Auxiliary in Reading and on her return to London completed another round of addresses.⁷⁷ Other ladies connected with the LSA gave addresses to mother's meetings scattered across the nation.

The idea of visiting the poor was not a scheme dreamed up by the proponents of the sanitary reform movement, but was a well-established, though informal, tradition.⁷⁸ Visiting ladies of the middle-class attempted to bring the working classes closer to their standard of acceptability by extending a hand in friendship, to teach by example, and in the case of the sanitary reform movement to convince those visited of the benefits of clean living to both physical and spiritual health. Part of the authority with which they entered the working class home was derived from the status of class, and part of it came from the scientific nature of the information they delivered. They assumed the authority of the experts who had

⁷⁷ Mrs. Georgina Cowper and Mrs. S.E. Sutherland, "Fourth Annual Report of the Ladies' Sanitary Association," English Woman's Journal 39 (May 1861) 195.

⁷⁸ F.K. Prochaska cited one of the earliest female visiting societies to leave a reliable reference as the Lying-In Charity of Tottenham in 1791, Women and Philanthropy in Nineteenth-Century England, 101.

lectured to them, the first line of scientific authority coming from the professional medical men.

The medical professionals commanded the authority of "scientific" knowledge. They brought the aura of scientific enquiry to the lecture hall; they detailed the functions of the human body and explained its weaknesses. Medical lecturers laid the epistemological foundation from which lady visitors were to work. The medical men were very important to the communication of sanitary knowledge across class boundaries as they presented a portrait of authority based on expertise. The medical professional presented reasoned, logical explanations for the puzzles that nature doles out in the form of disease.⁷⁹ The lecturers who offered medical expertise to the lady visitors concentrated on the neglected, "non-professional" area of medicine, prevention. Prevention did not demand any heroics or miraculous cures and as such, lay outside of the scope of professional interests. Prevention was slow, and as its success was the continuation of health in an already disease-free body, it was not something which could be easily measured. It was not an achievement for which one could easily claim credit.

Often, scientists were not self-interested individuals, concerned only with the heroics of medicine, but rather social activists, who strove to improve the quality of the nation's health. William Farr was one of a group of Victorian social activists who believed that social reform might be made scientific. He argued that disease and death were indices of an underlying social pathology whose quantitative measures,

⁷⁹ In contrast to the eighteenth century, the nineteenth-century physician could use a vast array of medical corporations, medical associations and government licensing to back up his claim to authority. Though the profession was still earning the respect and trust of the public, it had already come a long way. Jeanne M. Peterson, The Medical Profession in Mid-Victorian London (Berkeley: University of California Press, 1978) 231; see also Irvine Loudon, Medical Care and the General Practitioner 1750-1850 (Oxford: Clarendon, 1986).

morbidity and mortality were of political as well as medical interest. Health and disease were, in Farr's thought, a reflection of broader social and political circumstances and he proposed that statistics would become the positive science of the state.⁸⁰ Farr was extremely influential, and is most often recognized for his work as the Statistical Superintendent of the Registrar General Office. In this capacity, he contributed to increased specificity in census collection, government supervision of civil registration, a nosology which contributed to the International Classification of Disease, the use of morbidity statistics in addition to mortality figures to gauge sickness as well as death. Farr's greatest contributions, however, were in the area of public health reform, where he used statistics to illustrate the sickness of urban life, paying particular attention to the issue of urban density as a cause of disease. The public's willingness to accept the findings of the statistician reveal a society which was increasingly accepting of scientific knowledge and training. Men like Farr took inner-city squalor and translated it into a scientific language, making a seemingly insurmountable human problem into an equation which was solvable. As a service to the LSA, William Farr delivered a lecture called, "The Arithmetic of Life."⁸¹ The scientific and medical men identified a crisis in the condition of national health and offered solutions.

The sanitary lectures provide a view of domestic sanitary reform from the male-dominated arena of scientific and political learning. The lecturers identified the problems, and formulated their own solutions, without consulting the ladies who were to carry out the actual work, or the poor who were the objects of that work. Chadwick's Benthamite elitism provided the public with a way to reduce the poor

⁸⁰ John M. Eyler, Victorian Social Medicine (Baltimore: Johns Hopkins University Press, 1979) 1.

⁸¹ Unfortunately, the text of this lecture has been impossible to obtain.

rates, and also created an abundance of new challenges as the Victorian public were made aware of the sanitary condition of the labouring poor. Within the activity of lecturing as well as the texts of the lectures themselves, there are hints of slow, pragmatic change toward more open and equal ways of dealing with social problems.

The role of the medical experts was to offer solutions, it was the role of the clergy to rouse the moral sensibilities of the middle class. As mentioned above, Rev. Charles Kingsley was fond of pointing out that the real sins were indifference and procrastination. This assertion married well with the idea, popular in women's journals, that one must always find ways to employ one's time in a useful fashion. For example, in her address, "Sisters of Charity," Mrs. Anna Jameson describes the modern world as one in which, "labor of one kind or another is at once the condition of existence and the condition of happiness."⁸² To be happy, one must be productive, and what better way to achieve productivity, than to spread the good news of the laws of health to the poor?

The concept of home visiting fit in with the conviction that harmony could be achieved through goodwill. Throughout the literature of the day, one comes across testimonials to the worth of visiting on the basis of its ability to bridge the gap between the classes. Some social reformers, such as Octavia Hill, would have preferred that volunteers be more disciplined and professional, but in the end admits that "(. . .) if the poor are to be raised to a permanently better condition, they must be dealt with as individuals and by individuals."⁸³ To achieve such a task, an army of volunteers would have been required.

⁸² Anna Jameson, Sisters of Charity and the Communion of Labour 1856, reprint (Westport, CT: Hyperion Press 1976) 25.

⁸³ Octavia Hill, Homes of the London Poor 1875, reprint (London: Frank Cass and Co. 1970) 56.

Sanitary lecturing served to motivate ladies to do the work of home visiting, and educated a wide audience as to the benefits of preventive medicine in the form of cleanliness. The lecturers outlined their assumptions about working-class conditions, and the activities and actions a working class family might undertake to improve their home's sanitation. From privileged positions the lecturers identified the problems of the poor and suggested that middle-class ladies were best equipped to help to remedy them, the most effective remedy being sympathy and friendship. Though this was a paternalistic and condescending activity, the sharing of sanitary knowledge across a broad population base marks the beginnings of the inclusion of middle-class ladies, and to a lesser extent, the poor themselves in a movement dominated by men of privilege.

Chapter Three

The “Sanitary Message”

Lectures to ladies were intended to inspire middle-class women to join the sanitary reform movement. They also gave the ladies enough information to be “sanitary missionaries” in the homes of the poor. Contemporary notions of the different ‘natural abilities’ of the sexes concluded that women could gain access to the working class household more easily than could men. This assumption was mostly based on the idea that domestic sanitary reform was a female occupation, tied up with ideas such as household management. The lectures were simple, with easy to grasp “take home” messages. Some of them were intended to inspire, and some were intended to inform.

Members of the clergy used the sanitary lecture as a forum for rousing the moral sensibilities of charitably-minded ladies. They drew the ladies' attention down to the miserable living conditions of the working classes and offered up a solution in the form of sanitary reform. The women were taught that they not only had the right, but the duty to enter the homes of the poor, and to teach them how to manage their households in a sanitary fashion. Those lecturers who were members of the medical profession gave more strictly informative lectures that were intended to give the women a basic grounding in the principles of sanitary science and physiology. This essential foundation in sanitary knowledge gave the women concrete suggestions to improve everyday life in the homes of the poor. The audiences were comprised of middle-class ladies who attended for interest, the social aspect, and with a view to applying the information they gathered to a practical cause.

In the early 1850's English women heard wondrous things about the dangerous and heroic exploits of the Nightingale mission to the hospital at Scutari. They learned about the terrible sanitary conditions of the army through *The Times* correspondent William Howard Russell, who created a national uproar when he described the deplorable conditions that British soldiers had to endure, made worse by the lack of nurses attending the British troops. The British public were enraged when they learned through Russell's correspondence that the French Sisters of Charity seemed highly organized. This prompted a letter to *The Times'* editor entitled, *Why Have We No Sisters of Charity?*⁸⁴ Nightingale's mission filled this void in the middle-class perception of what should be happening in the east. According to the popular understanding of the situation in the Crimea and at Scutari, Nightingale seemed to induce order where there had been only chaos.

The angelic "lady with the lamp" was a formidable popular image, who inspired many women to attempt to follow in her imaginary footsteps. References to Miss Nightingale abound in the prescriptive literature to women of the 1850's, but, as Mary Poovey notes, Nightingale's mythic image presents two distinct, co-existent versions of the woman; the one a domestic saint, and the other a tough, patriotic administrator. At once an idealised version of femininity and a sensible no-nonsense manager, Nightingale embodied the convergence of a domestic narrative with a military narrative. Poovey argues that the military narrative might have always been implicit in the domestic one because the domestic narrative always possessed an aggressive component.⁸⁵ This image is useful in looking at the

⁸⁴ Anne Summers, *Angels and Citizens: British Women as Military Nurses 1854-1914* (London: Routledge and Kegan Paul, 1988) 36.

⁸⁵ Mary Poovey, *Uneven Developments: The Ideological Work of Gender in Mid-Victorian England* (Chicago: University of Chicago Press, 1988) 170.

sanitary lectures, as women are called to be gentle, loving and nurturing toward the poor, while keeping the best interests of the relieved at heart, which, they were told, would require a resolute self-restraint with regard to alms-giving.

Building on the reputation of Florence Nightingale and her audience's common knowledge of the events at Scutari, Anna Jameson's *Sisters of Charity* uses the name of the French sisters who so competently attended to the French soldiers during the Crimean War. Jameson, who delivered this lecture in 1855, did not take useful female employment for granted, seeing male domination of most organisations as a barrier to effective female interests. Jameson was one of the women credited with nurturing the early organised women's movement in England.⁸⁶ She is credited with mentoring women like Bessie Rayner (Parkes) Belloc, Barbara Leigh (Smith) Bodichon, Emily Davies, Eliza Fox and Anna Mary Howitt.⁸⁷ Philippa Levine describes Anna Jameson and Mary Howitt as representative of the first generation of active feminists,⁸⁸ who served as role models for the Langham Place Circle.⁸⁹

Mrs. Jameson's talks centred on charity, but framed that discussion in terms of work for women. Work is to be understood here as "useful employment," the issue of remuneration was peripheral. She argued that men and women were

⁸⁶ Worzala, "The Langham Place Circle: the Beginnings of the Organized Women's Movement in England 1854-1870".

⁸⁷ These four women formed the nucleus of the Langham Place Circle.

⁸⁸ Levine defends her use of the term "feminist" to describe women who lived before the word was in common use. She argues that these women whose "activities, philosophies and lifestyles demonstrated a powerful and thorough assessment of the gendered wrongs determining their society" represent feminism's commitment to "a thorough and holistic understanding of the pervasive and connectedness of a host of gendered subordinations." Philippa Levine, Victorian Feminism, 1859-1900 (London: Hutchinson, 1987) 6.

⁸⁹ Levine, 9.

created to complement each other and to work side by side for the improvement of society; as she put it,

there exists at the core of our social condition a great mistake to be corrected, and a great want supplied; that men and women must learn to understand each other, and work together for the common good, before any permanent moral and religious progress can be effected, and that, in the most comprehensive sense of the work, we need Sisters of Charity everywhere.⁹⁰

Mrs. Jameson preached a work ethic for women and inspired many to pursue work in the charitable sector.⁹¹ Her lectures, *Sisters of Charity* and *The Communion of Labour* were not aimed at explaining how to administer charity, but were concerned with why it was important for women to be involved in social pursuits. She was consistent in her demand that men and women were meant to work together for the betterment of society, their differences adding richness to their shared pursuit. Mrs. Jameson had many followers, and was quoted by F.D. Maurice in his *Introductory Lecture to Lectures to Ladies On Practical Subjects*. One of the most prominent critics of Mrs. Jameson's position was the *Saturday Review*. In a review of the lecture series *Lectures to Ladies on Practical Subjects*, the writer comments, "It seems very doubtful to us whether anything which draws women away from their firesides may not, in the end, be more productive of harm than good."⁹²

⁹⁰ Jameson, 8.

⁹¹ The English Woman's Journal is scattered with references attesting to the example of Mrs. Jameson in inspiring ladies to pursue work outside the home. For example; Bessie Rayner Parkes, "What Can Educated Women Do," *English Woman's Journal*. vol. III, n. 21 (December, 1859); Susan Rugeley Powers, "The Details of Woman's Work in Sanitary Reform," vol. III, n. 16 (June, 1859); Bessie Rayner Parkes, "A Year's Experience in Woman's Work," October 1860; Bessie Rayner Parkes, "Female Life in Prison," September 1862; Bessie Rayner Parkes, "A Review of the Last Six Years," February 1864.

⁹² Saturday Review, I, 116 (December 15, 1855)

Jameson was one of the first sanitary lecturers and one of the few women. Most lecturers possessed some kind of professional expertise, which gave them the authority to lecture to ladies on sanitary subjects. Members of the clergy did not possess the authority of science claimed by the medical professionals, but the authority to interpret scripture. As Charles Kingsley dominated discussions of domestic as well as public sanitary reform, he demands a great deal of attention on these pages. Kingsley's theology was grounded in the concept that in order to "be good," one must "do good." He had an unshakable faith in improvement, and to him, the worst sins were indifference and procrastination. With this in mind, his lectures to ladies laid out a groundwork of teaching first by example. Though he acknowledged that the anonymous poor did require the help and understanding of the upper classes, Kingsley was quick to urge ladies to begin their charitable activities in their own homes with their own servants. "If anyone cannot sympathize with the servants with whom she is in contact all day long, she will not really sympathize with the poor whom she sees once a week."⁹³ Kingsley argued that the lady with philanthropic aspirations must make her priority her own home, as teaching by example is the most effective way of influencing people. It would be no use to halfheartedly attempt to help people, because the poor would be able to detect insincerity. "For it is this human friendship, trust, affection, which is the very thing you have to employ towards the poor, and to call up in them."⁹⁴ It is clear that

⁹³ Charles Kingsley, "Woman's Work in a Country Parish," a lecture which formed part of a series called "Lectures to Ladies on Practical Subjects," given in London in 1855 at the Needlewomen's Institution. In Charles Kingsley, Sanitary and Social Lectures and Essays (London: Macmillan, 1892) 2. N.B. This is the same series in which Rev. F.D. Maurice, Rev. J.L.I. Davies, Dr. Chambers, Dr. Johnson, and Mr. Taylor delivered lectures.

⁹⁴ Kingsley. "Woman's Work in a Country Parish," 5.

the most prized qualities of a visitor to the poor should be her humanity and compassion.

Beginning with the servants, the lady shows a "very high standard of self-restraint and earnestness in her own life."⁹⁵ Her example of earnestness does not end there, however. She is obliged to show her devotion to their servants of her husband or her father next. "It is a mockery, for instance, in you to visit the fever-stricken cottage, while your husband leaves it in a state which breeds that fever."⁹⁶ This may seem an unreasonable request, but Kingsley's argument rests on the idea that the lady's most important skill is her ability to influence. Her very presence ought to influence the poor to emulate her, and she ought to be able to influence the man in her life, be it her father or husband, to improve the conditions in which the poor live.

This is Kingsley's opportunity to make his audience understand the importance of sanitation to comfort and health. "I entreat you to bear it in mind when you hear . . . lectures in this place upon that *Sanitary Reform*, without which all efforts for the bettering of the masses are in my eyes not only useless, but hypocritical."⁹⁷ At this early stage (1855), Kingsley stressed the point that the improvement of the lower classes cannot be achieved through token visiting, the giving of a tract here, or a shilling there. Rather, the improvement of the lower classes must begin with the improvement of the middle and upper classes in the forms of example and sincerity. The visiting lady must show goodwill by affecting what material change she can through her influence over her father or husband.

⁹⁵ Kingsley, "Woman's Work in a Country Parish," 4.

⁹⁶ Kingsley, "Woman's Work in a Country Parish," 6.

⁹⁷ Kingsley, "Woman's Work in a Country Parish," 7.

Kingsley envisions a situation in which goodwill between the classes is implicit. The goodwill begins in the homes of the middling classes where the lady shows her husband or father that unsanitary conditions are simply unacceptable.

Getting into the homes of the working-classes could be achieved by house-to-house visitation, but Kingsley discussed other methods as well. For example, charitable clubs were described by Kingsley as being peripheral to the greater part of one's parish work, but necessary nonetheless. Clubs provided a training ground to inexperienced ladies, coordinating necessary activities like fund-raising, the charity bazaar being a popular method.⁹⁸ Clubwork allowed ladies to work toward a charitable goal in the form of fundraising alongside other ladies. They were not exposed to the misery that they were working to alleviate. "They make life a little more possible, they lighten hearts, if but for a moment; they inculcate habits of order and self-restraint, which may be useful when the poor man finds himself in Canada or Australia. And it is a cruel utilitarianism to refuse to palliate the symptoms because you cannot cure the disease itself."⁹⁹ The work, Kingsley claims, was especially fitted for young ladies who might not have been mature enough to handle the "coarser forms of evil" they could have encountered in house-to-house visitation. Ellen Ross has likened charity work in the inner city to the exciting explorations into the jungles of darkest Africa, complete with wild natives.¹⁰⁰ While this work could be exciting, it could also be dangerous and intimidating. Charles Kingsley urges young,

⁹⁸ Prochaska, Women and Philanthropy in Nineteenth-Century England, 51. Prochaska found that the popularity of the charity bazaar grew throughout the nineteenth century, with The Times advertising six bazaars in 1830, fourteen in 1850, twenty-one in 1875, and sixteen in 1895. The drop in 1895, Prochaska explains, is probably due to the emergence of local newspapers which took over some of the advertising business.

⁹⁹ Kingsley, "Woman's Work in a Country Parish," 9.

¹⁰⁰ Ellen Ross, Love and Toil: Motherhood in Outcast London, 1870-1918 (New York: Oxford University Press, 1993) 12.

inexperienced women to apprentice themselves in charitable clubs before venturing into the work of house-to-house visitation. Club work could be a kind of apprenticeship program in charity, working up to visitation, which required experience and maturity, and was thus better suited to married ladies.

Working in parish schools was another way of driving the message of clean living home, literally. In this venue, Kingsley again emphasized the value of teaching by example. Denying the supremacy of learning material over quality of teaching, Kingsley favours approach over content. "The merest rudiments of Christianity, the merest rudiments of popular instruction, are enough, provided they be given by lips which speak as if they believed what they said, and with a look which shows real love for the pupil."¹⁰¹ Should the school teacher instill courtesy, love and cleanliness in her students by example, Kingsley argued that her example would be taken home with the pupil to his/her parents.

The idea that the lady could inspire a spiritual cleansing in the lower-class individual by the simple act of good example was pervasive. Kingsley uses the example of the venerated Miss Nightingale, who, through her acts of "plain outward drudgery" was effective in convincing many a soldier that, "I can believe now that Christ died for me, for here is one whom He has taught to die for me in like wise."¹⁰² Lecturers like Kingsley used Nightingale, in her incarnation as the popular hero, to inspire domestic armies of charitable ladies to follow her example of service. The example of Florence Nightingale motivated lady audiences to aspire to the level of self-sacrifice which she demonstrated in the hospital at Scutari and during her illness in the Crimea. This image of Nightingale was a one-dimensional cardboard

¹⁰¹ Kingsley, "Woman's Work in a Country Parish," 10.

¹⁰² Kingsley, "Woman's Work in a Country Parish," 11.

cut-out figure who bore little resemblance to the woman herself, or any real woman, for that matter. Though she was a cultural icon, elevated to a pedestal from which she served as a role model across the nation, she regarded the efforts of philanthropists as self-indulgent and ineffective.¹⁰³

The influence of Rev. F.D. Maurice is apparent in Kingsley's practical advice to ladies. Stressing the importance of relating to the poor as people, rather than as *things*, Kingsley alludes to Maurice's "divine order" where all classes live in harmony and cooperation. Kingsley calls on women of the privileged classes to relate to the poor not as "the poor," but on common ground, as women. "Woman's heart is alike in all ranks, and the deepest sorrow is the one of which she speaks the last and least."¹⁰⁴ If charitable ladies entered the working class home with an agenda of fixing something that was wrong, instead of attempting to understand, diagnose and cure what was brought to them, they would quickly lose respect in the eyes of the recipients of their half-hearted benevolence. Underlying Kingsley's lecture is the message that benevolence should not be undertaken to fulfill some requirement of society, but because one genuinely wants to help. The former motivation is transparent, and as a result, ineffective.

As a clergyman, Kingsley was well aware of the biblical teachings regarding physical and moral cleanliness. Cleanliness is perceived in the New Testament as an inner disposition, rather than as a physical condition. In Mark 7:15, Jesus teaches that "Nothing outside a man can make him 'unclean' by going into him.

¹⁰³ F.B. Smith, Florence Nightingale: Reputation and Power (London: Croom Helm, 1982) 130. Florence Nightingale's popularity as a 'sanitary hero' is also discussed in the context of the American Civil War by Suellen Hoy, Chasing Dirt: The American Pursuit of Cleanliness (Oxford: Oxford University Press, 1995) 30-33. See also Charles Rosenberg, "Florence Nightingale on Contagion: The Hospital as Moral Universe," Charles Rosenberg, ed., Healing and History: Essays for George Rosen (New York: Dawson Science History Publications, 1979) 116-128.

¹⁰⁴ Kingsley, "Woman's Work in a Country Parish," 15.

Rather, it is what comes out of a man that makes him 'unclean.'¹⁰⁵ One's actions are indicative of spiritual health or disease, so one must be careful to act in a sincere fashion. Also in the New Testament, cleanliness entails an affirmation of spiritual holiness, "For God did not call us to be impure, but to live a holy life."¹⁰⁶ The concept of the unclean as being something contaminated by a physical, ritual or moral impurity predominate in the Old Testament. The absence of impurity here denotes cleanliness; uncleanness is associated with the demonic. The Old Testament interpretation is useful as a metaphor, but Kingsley uses the New Testament interpretation of cleanliness to express sanitary reform efforts in terms of spiritual purity. "What you have to do is to ennoble and purify the *womanhood* of these poor women."¹⁰⁷ The theme of teaching by example is a scriptural interpretation, Kingsley's version of living a Christian life.

Two years following the "Woman's Work in a Country Parish" lecture, Kingsley dealt more specifically with the issue of sanitary reform. "Great Cities and Their Influence for Good and Evil," delivered in Bristol, recalls one of the early formative events in Kingsley's life, the Bristol Riots. Kingsley witnessed the riot, fire and aftermath while a schoolboy at Clifton and describes this event as awakening a new courage in him. It taught Kingsley a lesson, "That the social state of a city depends directly on its moral state, and . . . the moral state of a city depends on the physical state of that city; on the food, water, air, and lodging of its inhabitants."¹⁰⁸ He urges his female audience not to bother themselves with the "accident" which

¹⁰⁵ Mark 7:15

¹⁰⁶ 1 Thess. 4:7.

¹⁰⁷ Kingsley, "Woman's Work in a Country Parish," 8.

¹⁰⁸ Kingsley, "Great Cities and Their Influence for Good and Evil," a lecture delivered at Bristol, October 5, 1857 in Sanitary and Social Lectures and Essays (London: Macmillan, 1892) 190.

causes the outbreak of a disease. Rather, "our business is not with the nature of the igniting spark, but of the powder which is ignited."¹⁰⁹ Kingsley's interpretation of disease is wide: he sees the physical manifestation of disease, but sees its cause as more insidious: moral contamination. This is spread among the lower classes because they suffer from hopelessness, and it is rendered worse by the upper class' chronic indifference.

Kingsley identifies the arrival of a "dangerous class" around the middle of the sixteenth century. This class, he argues is responsible for the spread of moral contaminants. "At the dissolution of the monasteries, the more idle, ignorant, and profligate members of the mendicant orders, unable or live any longer on the alms of the public, sunk, probably, into vicious penury."¹¹⁰ These are the people Kingsley terms the "merest rascal elements," and adds that also driven to the "dangerous class" were those poor folks whom "mere penury, from sickness, failure, want of employment drove into dwellings of the lowest order."¹¹¹ Though Kingsley's quick genealogy of beggars and rogues is, at the very least, questionable, the argument that follows is more convincing.

The gathering of desperate, destitute people in one area, usually the inner city, created an environment which could only be detrimental to the health of those who lived there. For Kingsley, the root of the "dangerous class" was loss of self-respect. "When we examine into the ultimate cause of a dangerous class; into the one property common to all its members, whether thieves, beggars, profligates or the merely pauperised - we find it be this loss of self-respect."¹¹² Anthony Wohl has

¹⁰⁹ Kingsley, "Great Cities and Their Influence for Good and Evil," 193.

¹¹⁰ Kingsley, "Great Cities and Their Influence for Good and Evil," 197.

¹¹¹ Kingsley, "Great Cities and Their Influence for Good and Evil," 199.

¹¹² Kingsley, "Great Cities and Their Influence for Good and Evil," 199.

suggested that Charles Kingsley represented the conceptions of advanced clergymen at mid-century.¹¹³ Even though he placed himself in opposition to Chadwick's ideology and the motivation behind his public health plan, Kingsley's argument in favour of the expenditures necessary to expedite sanitary reform echoes Chadwick's. He emphasized how sanitary reform, including better housing, would eventually pay for itself by gradually absorbing the "dangerous classes" and increasing the goodwill of employed towards employer.¹¹⁴ Here, the influence of F.D. Maurice is apparent in Kingsley's thought as classes living in harmony implies the partial achievement of "Divine Order." Kingsley's faith in the potential of all people is apparent in his conviction that symptoms of despair such as drunkenness were not a cause of evil, but its effect. "The main exciting cause of drunkenness, is I believe, firmly bad air and bad lodging."¹¹⁵ Of course, drunkenness, in its turn, could lead to other sorts of evil.

Kingsley expressed his particular sympathy for the plight of the honest workman and his family, who, out of economic necessity, must live among the "dangerous class." This family would be in constant danger of falling into despair and losing self-respect. As for the system of corrections as it existed in the 1850's, Kingsley found it was merely treating the symptoms of a grave lack of self-respect, "reformatories, ragged schools, even hospitals and asylums, treat only the symptoms, not the actual causes of the disease; . . . the causes are only to be touched by improving the simple physical conditions of the class; by abolishing foul air, foul water, foul lodging, overcrowded dwellings, in which morality is difficult and

¹¹³ Anthony Wohl, The Eternal Slum (London: Edward Arnold, 1977) 56.

¹¹⁴ Wohl, The Eternal Slum, 64.

¹¹⁵ Kingsley, "Great Cities and Their Influence for Good and Evil," 201.

common decency impossible."¹¹⁶ The extension of his definition of disease to include any violation of spiritual purity allows Kingsley to include an immoral environment as an exciting cause of disease. An immoral environment, according to Kingsley, is fostered by hopelessness and physical misery. His remedy for spiritual disease or lack of self respect is a physical one: sanitary reform on a grand scale.

Along with the moral diseases which resulted from lack of self-respect, cholera, the more visible scourge, could also be traced back to the unsanitary conditions which excited the invisible moral ailments. One of the most serious obstacles which Kingsley had to overcome was what he termed "superstition," which was manifest in the belief that physical disease was "God's will," and therefore something to be accepted as inevitable and in accordance with a divine plan. In a tract entitled *Who Causes Pestilence?* Kingsley argued that inactivity, apathy and fear fostered the scourge. To those who contended that the pestilence was not an evil to be overcome with sanitation, but that it was a blasphemy to attempt to prevent a future Visitation of cholera,¹¹⁷ Kingsley was dismissive. Such suggestions, he argued, were transparently selfish, an excuse for lack of action. The real sins, he repeated, were indifference and procrastination.

Implicit in Kingsley's rhetoric is a criticism of laissez-faire.. He found some of the debates over centralising local powers to be transparent and blatant efforts to maintain the status quo - a grand excuse not to act on sanitary measures. The argument against centralizing power is dismissed by Kingsley in his novel *Two Years Ago*, where the fictional town of Aberalva is left to face the outbreak unassisted.

¹¹⁶ Kingsley, "Great Cities and Their Influence for Good and Evil," 204-5.

¹¹⁷ Hartley, *The Novels of Charles Kingsley: A Christian Social Interpretation* 133.

And so was Aberlva left "a virgin city" undefiled by government interference, to the blessings of the local "government," which signifies, in plain English, the leaving the few to destroy themselves and the many by the unchecked exercise of the virtues of pride and ignorance, stupidity and stinginess."¹¹⁸

For Kingsley, it is more important that policy be developed to deal effectively with the possibility of another Visitation than to cling unthinkingly to the ideal of small government. He might, in his blunt manner, remark, "What good is the greatest happiness principle if one is sick or dead?" Kingsley's critique of political economy left him open to criticism from those who associated this critique with "radical elements."¹¹⁹ Though Chadwick and Kingsley had serious political differences, they could agree that a poor environment fostered both moral and physical disease. In an address to the NAPSS, which was reprinted in the *English Woman's Journal*, Chadwick remarks, "Unsanitary conditions which enfeeble the body, and predispose it to disease, make the mind the body's slave: sound sanitary measures tend to enfranchise the mind and make it the body's master."¹²⁰

As for those who criticized Kingsley as a revolutionary socialist,¹²¹ their charges were not based on Kingsley's words or actions, which reveal his pragmatism. The foundation of the "divine order" was order itself, and the Christian

¹¹⁸ Kingsley, *Two Years Ago* (London: Macmillan, 1891) ch.xiv, 224.

¹¹⁹ Kingsley was criticized in the *Edinburgh Review* for being overly critical of the rich. "Lectures to Ladies on Practical Subjects," *Edinburgh Review* no. 209 (January 1856)

¹²⁰ Edwin Chadwick, "Physical Training," *English Woman's Journal*, 27 (May, 1860) 263.

¹²¹ Early in his career, Kingsley was misquoted and accused of encouraging firebrands. In his *Letter to Chartists No. 1*, Kingsley writes, "But my only quarrel with the Charter is, that it does not go far enough in reform. I want to see you free: but I do not see how what you ask for will give you what you want." *The Times* interpreted this as Kingsley, complaining in "burning language" that the "Charter did not go far enough." Brenda Colloms, *Charles Kingsley: the Lion of Eversley* (London: Constable, 1975) 97.

Socialists tried to affect change from within the system, instead of attempting to overthrow it. He strove, at every instance, to direct people to conduct themselves by the Christian principles which were, in his opinion, the way to liberty and equality for all. For Kingsley, a philosophy of pure self-interest was, in the end, a denial of one's humanity, as humans are social creatures.

As the costly improvements of drainage and ventilation which Kingsley calls for in "Great Cities and Their Influence for Good and Evil" were slow to materialize, an interim step to improve the condition of those living under unhealthy conditions was sanitary education. As mentioned before, this work was principally carried out by women of the leisured classes, who acquired some instruction before they entered the homes of the poor. Some lectures focused on the very delicate work of teaching sanitary reforms to the poor in their own homes. Rev. J.L.I. Davies frames his 1855 talk, which was part of F.D. Maurice's series, *Lectures to Ladies on Practical Subjects*, by saying that district visiting is all the more important now, "when we see the older forms of social organization rapidly dissolving away."¹²² This is important to note, as Davies sees visiting not only as a benevolent gesture and a means for educating the poor, but as a form of social organization.

Using the same kind of imagery used in Kingsley's "Great Cities" lecture, Davies muses on the experience of an earnest young district visitor, "She wonders how *she* should like to live there, how she *could* live there, and not begin at once to die, physically and morally."¹²³ The environment of cyclical poverty was an environment in which even hope was in decay. The visitor will feel overwhelmed by her task as she "desires to claim fellowship with the poor. She reverences them as

¹²² Rev. J.L.L. Davies, "District Visiting," lecture V in *Lectures to Ladies on Practical Subjects* F.D. Maurice, ed. (Cambridge: Macmillan, 1856) 120.

¹²³ Davies, "District Visiting," 120.

immortal beings like herself. She ought to know that in the true qualities of immortal spirits many of them may be very superior to herself."¹²⁴ Davies argues that if the visitor approaches her task as a "lady seeking to minister to the poor on the basis of Church-fellowship,"¹²⁵ then she will overcome the obstacles of the job with grace and dignity. On entering the labourer's cottage, the visitor must respect the sanctity of that home.

Davies' advice is echoed in an 1860 article in the *English Woman's Journal*. The author's argument is simple: that to enter the working class cottage with a view to finding fault and correcting it is counter-productive. She says, ". . . to enter a laborer's cottage to put the wife and mother there through a catechism before her own children as to what she has to live upon, how she manages , filled up with reproaches as to why she does not keep her children cleaner and her cottage more tidy, has always seemed to me both unladylike and uncharitable, and that it effects no good purpose."¹²⁶ The visitor, must, at every opportunity, treat the poor with respect.

Visiting, Davies acknowledges, is by nature intrusive, but that feeling might be minimized if the visitor approaches her task as a neighbour, visiting a friend. "I keep up an acquaintance, by means of calls, with many of my own class, for which I have no excuse but that of a casual introduction: why should I not have an acquaintance with poorer people as well, based upon the sincerer and firmer ground of Christian kindness and religious duty?"¹²⁷ Entry into the working-class home will

¹²⁴ Davies, "District Visiting," 121.

¹²⁵ Davies, "District Visiting," 122.

¹²⁶ Anon. "On District Visiting and the Distribution of Tracts," *English Woman's Journal* 27 (May, 1860) 328.

¹²⁷ Davies, "District Visiting," 123-4.

be achieved through an effort at Christian fellowship, and the visitor is to enter the home as a lady, showing all the respect and delicacy one would show a member of her own class.

Once inside the home, the visitor must know what to do and say. In tackling this issue, Davies reminds his audience that the district visitor should not require an excuse for entering the home, but should go there with the goal of ministering to whatever need appears on her arrival. The nervousness which could be produced by having to say something "useful" at every instance could harm the effectiveness of the visit, of which the primary goal was to establish trust. Like the visiting clergyman, the district visitor should be able to adapt her visit to the individual circumstances of the family.

When entering the working-class home without a script or even a clear agenda, the visitor may find herself questioning the usefulness of the endeavour. If she simply sat for an hour and chatted with her poor neighbour, she might not be able to measure the results of her efforts. According to Davies, this should be of no consequence. Citing competition between visiting societies who use rival statistics, he says, "they drive an eager competition in reforms and conversions; everything accomplished, or supposed to be accomplished, is tabulated with a natural allowance of exaggeration."¹²⁸ Davies dismisses such practices as burying the real goals of Christian work among the poor. The visitors' main objects was to work toward a society which could communicate across class boundaries. With the elimination of hopelessness among the poor, the need for material relief would be diminished. The visitor must resist the urge to seek results; but to walk by faith, not sight.

¹²⁸ Davies, "District Visiting," 126.

As visiting becomes familiar to the lady, it might be easy to let it slip into a kind of formal rounds. Here, Davies warns the visitor against becoming a mere dispenser of relief, especially with regard to giving out grocery tickets. Though the visitor ought not to judge her neighbours, she might make every effort to encourage them not to depend on relief. Another area in which the visitor might rely on the accoutrements of charity is the distribution of tracts. Davies has some harsh words about the quality of tracts:

. . . we must remember that tract-literature has peculiar temptations to become unwholesome. It is almost a merit in a publication of that class to be smart, violent, and exaggerated; and though it is possible that a startling address may in some instances be useful, it can hardly be supposed that a regular course of such reading can be good, even for the hardened sinner.¹²⁹

Davies' simple message is to let one's humanity shine through and not to rely on material aid like tickets for groceries or coal to replace genuine interaction. The influence of the well-mannered middle-class visitor was thought to be the best means of elevating the poor.

In addition to improving the poor by their very presence, the lady visitor was armed with information to dispense. The aim was to comfort the poor by giving them hope. This could be achieved by helping to prevent the common ailments which interfered with pursuing an income. One of these ailments was perceived to

¹²⁹ Davies, "District Visiting," 132.

be mental instability.¹³⁰ George Johnson, M.D. was Assistant Physician to King's College Hospital and gave a lecture as part of Maurice's 1855 series on the subject of "Over-Work, Distress, and Anxiety as causes of mental and bodily disease among the poor, and on the means of counteracting these injurious influences." Here, Dr. Johnson made the argument that the prevalence of insanity amongst the lower classes in London was excessively high, and that between the Hanwell Asylum and Colney Hatch, over 2000 pauper lunatics were housed. He argued that since insanity was so prevalent among the poor, it would be helpful for clergymen, district visitors and others who came into contact with the sick poor to learn about the nature and origin of mental diseases.¹³¹ Workers among the poor, he argued, ought to teach practical measures that the poor might employ to ward off mental illness. Dr. Johnson advised sedentary workers to take at least one hour a day's walking exercise. "To this it is often objected, that they cannot afford the time: and our reply is, that if they will perseveringly act upon the advice, they will save their time and their health - they will actually do more work, and they will be less fatigued and distressed by their labours."¹³² Not only would exercise improve one's long term health, but would improve short term productivity.

¹³⁰ John Walton outlines the changes in attitudes toward the treatment and care of pauper lunatics. He finds that in the first half of the nineteenth century, Evangelical and Benthamite reformers were replacing coercive measures with "moral treatment" among well-to-do patients. After the Lunatic Asylums Act was passed in 1845, requiring the provision of moral treatment for pauper lunatics, he observed a proliferation in county and borough asylums. The problem that he found was that, as a result of the Poor Law, many of the pauper lunatics who were most troublesome and expensive to maintain were sent to the workhouse. John Walton, "The Treatment of Pauper Lunatics in Victorian England: The Case of Lancaster Asylum 1816-1870," in Andrew Scull, ed., Madhouses, Mad-doctors and Madmen: The Social History of Psychiatry in the Victorian Era. (London: Athlone, 1981)

¹³¹ George Johnson, M.D. "Over-Work, Distress and Anxiety, as causes of the mental and bodily disease amongst the poor, and the means of counteracting these injurious influences," lecture III in Lectures to Ladies on Practical Subjects F.D. Maurice, ed. (Cambridge: Macmillan, 1856) 72.

¹³² Johnson, "Over-Work, Distress and Anxiety," 86.

Following the underlying theme of the series as set out by Kingsley, Johnson emphasizes the value of genuine and consistent concern, but breaks away from Kingsley's approach. Johnson begins his prevention protocol after some calamitous event has occurred.

Doubtless many a sorrowing, poverty-stricken widow and bereaved mother may be rescued from a life-long residence in a pauper lunatic asylum, by the aid of ladies who will leave their comfortable homes in order to visit these mourners in their extremity of misery; convincing them by the most persuasive testimony, that they sympathize with their sufferings, and speaking words of friendly comfort and encouragement, which go to the hearts of those who hear them with a power to calm the perturbed spirit, and to ward off the worst forms of mental disease, far exceeding that of any drug which the physician can prescribe.¹³³

Where Kingsley might have condemned the reasons that the woman described above found herself a widow or bereaved mother, Johnson deals with the situation as he finds it. Kingsley's rhetoric is highly charged with political messages, where Johnson is lecturing on a specifically defined medical problem. Still, the over-riding focus of the series is the ability of any individual to work towards the improvement of society by extending a hand in friendship, by earnestly attempting to understand the burdens of another person.

In addition to the assumption that self-help was accessible to anyone, however, was the assumption that the working-classes often found that they had to deal with rather precarious working conditions. Until something could be done about the conditions, the workers had to learn how to take preventive measures to protect themselves. Dr. Chambers of St. Mary's Hospital explained the nature of working-

¹³³ Johnson, "Over-Work, Distress and Anxiety," 89-90.

class ailments and injuries to the ladies as part of Rev. Maurice's series, and attempted to offer some advice about preventive measures for such injuries. Convinced that the universe operated along a set of well-organised and logical rules, Chambers asserted that, "The origin of injury lies (always, according to my experience) in the violation of some well-known law of health, about which there has never been any question among physiologists."¹³⁴ Chambers' message is simply that injuries are always preventable. The first thing to do is for visitors to learn basic physiology, something that Chambers says should be within the grasp of anyone wishing to learn. This is particularly important for women, as "You are, and always must be, the chief givers of elementary instruction, as mothers, sisters, teachers, as managers of households, schools, parishes, you will always do, because you do better than men, this great work."¹³⁵ The assumption that women are naturally endowed with the abilities outlined above was used by lecturers and ladies alike to justify and encourage female involvement in philanthropy.

In 1859, Rev. Charles Kingsley was invited to speak at the Second Annual Meeting of the Ladies' Sanitary Association. In the years since the "Lectures to Ladies" series, this national association had come into being and was recognized as a formidable grass roots effort. Kingsley approached this task with enthusiasm, speaking very highly of the association, describing it as, "One of the noblest, most right-minded, straightforward and practical conceptions," that he had come across for several years.¹³⁶ To this gathering Kingsley delivered an address entitled, "The

¹³⁴ Dr. Chambers, "The Influence of Occupation on Health," lecture VI in Lectures to Ladies on Practical Subjects F.D. Maurice, ed. (Cambridge: Macmillan, 1856) 139.

¹³⁵ Chambers, "The Influence of Occupation on Health," 148.

¹³⁶ Charles Kingsley, quoted in His Letters and Memories of His Life Mrs. Fanny Kingsley, ed. Vol. II (London: Macmillan, 1894) 96.

Massacre of the Innocents," in which he attacks the idea, derived from Darwin's theory of natural selection, that infant mortality could be a good and natural phenomenon. He muses aloud about how preposterous it could be that over-population might be a possibility in "a country which has the greatest colonial empire in the world has ever seen."¹³⁷ The level of rhetoric in this lecture was high; it appealed so well to the audience present that the LSA reprinted the lecture in the *English Woman's Journal* as part of the report from that meeting and on its own as a tract. One of the most important points that Kingsley made is that women have the ability to be powerful agents in the public health movement, if they would only learn the laws of nature and work to spread that knowledge. He even suggested that the women will be able to save three or four lives in the next six months, should they be earnest in their intentions.

Kingsley's admiration for women working for health promotion among the poor is evident in his commitment to supporting such endeavours. In a letter to a woman who had founded a convalescent home for children, he writes, "God bless you and all the good ladies who have discovered that human beings have bodies as well as souls, and that the state of the soul too often depends on that of the body."¹³⁸ The theme that the physical environment is essential to the spiritual health of an individual is consistent through Kingsley's collection of writings.

The ladies who formed the audience, did not seem to differentiate between the Christian Socialists or the Benthamites, attending lectures offered by anyone willing to give of their time and expertise. Middle-class ladies not only attended lectures themselves, but organised free evening lectures for the labouring poor to

¹³⁷ Charles Kingsley, "The Massacre of the Innocents," Sanitary and Social Lectures and Essays (London: Macmillan, 1892) 258.

¹³⁸ Charles Kingsley, "The Massacre of the Innocents," 258.

attend. The London branch of the LSA organised a series of sixteen lectures especially aimed at a working class audience in the early summer of 1861. The lecturers were not chosen on the basis of their theology or political economy, but were graciously welcomed, the gift of time and effort gratefully accepted. The list of lecturers reveals an abundance of prominent members of the medical profession. The likes of William Guy, William Tennant Gairdner, John Marshall, Edwin Lankester, William Farr, Henry Acland, and Edwin Hart gave lectures to ladies and/or the poor. As an unidentified Medical Officer of Health remarked to a member of the LSA committee, "You ladies will do a good work if you only bring out us medical men to lecture to the people. We certainly ought to do so, and I believe many of us are quite willing."¹³⁹ The goal of most lectures was to spread information, so the motivating principles of the lecturer were secondary to the goal of educating the public. Mrs. Cowper and Mrs. Sutherland, Secretaries to the Committee of the LSA, report that, "The lectures aimed at a simple, practical, interesting style of teaching, and in most cases the great satisfaction of the audience proved that the aim was attained."¹⁴⁰

In keeping with the theme of teaching by example, the LSA recognized that they required sanitary instruction in order to educate poor people. In the Report for 1860 of that association, the secretaries report that a request had been made to the Council of University College to institute a course of "Lectures to Ladies on Physiology applied to Health and Education." The request was met by the Council,

¹³⁹ Mrs. Georgina Cowper and Mrs. S.E. Sutherland, "Fourth Annual Report of the Ladies' Sanitary Association," English Woman's Journal 39 (May 1861) 194.

¹⁴⁰ Cowper and Sutherland, "Fourth Annual Report of the Ladies' Sanitary Association," 194.

and Mr. John Marshall¹⁴¹ had agreed to give the lectures.¹⁴² The recounting of this agreement in the annual report related the excitement at the good to be achieved by the event. The greater part of the audience for this set of lecturers were to be teachers (upwards of 40), who would bring their knowledge to their pupils, who were for the most part, children of the poorer classes. "Thus, these lectures will eventually lead to the instruction of thousands besides those attending them."¹⁴³ The writers were banking on the domino effect; they expected that the children would take the sanitary message home, and mothers would discuss it amongst themselves and with their husbands. There were many ways to get the sanitary message inside the working-class cottage. The emphasis of lectures by members of the clergy was on the act of spreading information, the ability to influence the poor.

The lectures provided by members of the medical profession were not as concerned with the motivational and moral aspects of lecturing. Their lectures were more specifically concerned with the mechanics of the human body and of disease. The medical men provided information for the use of the people, leaving the motivational work to other people. In his lecture "On Water" at St. George's National

¹⁴¹ Marshall was an anatomist and surgeon, educated at Hingham in Norfolk, apprenticed to Dr. Wales in Wisbech. In 1838, he entered University College, London. In 1844, he was admitted as a member, and in 1849 a fellow of the Royal College of Surgeons. Marshall enjoyed a reputation as an excellent lecturer, especially regarding his ability to teach anatomy in relation to art. Sir Leslie Stephen and Sir Sidney Lee, eds., Dictionary of National Biography v.12 (London: Oxford University Press, 1960) 1126-1127.

¹⁴² Cowper and Sutherland, "Fourth Annual Report of the Ladies' Sanitary Association," 195.

¹⁴³ Cowper and Sutherland, "Fourth Annual Report of the Ladies' Sanitary Association," 193.

School, Dr. Edwin Lankester¹⁴⁴, outlined his classification of food into three classes; Alimentary or Necessary Food, Medicinal and Auxiliary Food and Accessory Food. Water fell into the first class, a necessary food, but Lankester was careful to specify that pure water was better for the body than the water which found in other beverages, such as tea, coffee, cocoa, or beer, wine and spirits. "I do not think it is wise," he said, "to be dependent for the water needed by the system on beverages containing a variety of foreign ingredients; and for this reason: that the water gets its soluble powers interfered with by having things in solution."¹⁴⁵ Calculating that a human body weighing 154 pounds, contains 111 pounds of water, Lankester demonstrated to his audience that water is a vital and necessary component of everyday life.¹⁴⁶ Though pure water is more desirable than that mixed to form another beverage, Lankester warns his audience that some water is purer than others.

¹⁴⁴ Lankester articulated under several surgeons before attending London University (1834-1837) where he studied medicine and the natural sciences. Unable to afford the expense of the full course necessary for the University of London degree in 1837, he qualified as M.R.C.S. and L.S.A. In 1839, he attended Heidelberg, learning German and graduating as M.D. in six months. In 1841, he took the extra-license of the College of Physicians, but his failure in 1847 to obtain the London license of that body led to his gradual abandonment of the practice of medicine in favour of more specifically scientific work. Lankester took an active part in the microscopic study of drinking water during the cholera epidemic of 1854, and collaborated with Dr. John Snow in demonstrating the connection of the celebrated "Broad Street pump" with that epidemic. This collaboration led to his appointment as first medical officer of health for the parish of St. James, Westminster. At the same time, Lankester was involved in an attempt to spread a knowledge of the physiology and cause of disease among the lay public. Advocating the teaching of physiology in schools, Lankester produced a manual of Health or Practical Physiology in 1868. He also founded the Journal of Social Science and edited it until his death. Sir Leslie Stephen and Sir Sidney Lee, eds., Dictionary of National Biography v.11 (London: Oxford University Press, 1960) 578-580.

¹⁴⁵ D. Edwin Lankester, "On Water," in On Food. Being Lectures delivered in the South Kensington Museum (London: R. Hardwicke, 1964) 12.

¹⁴⁶ Lankester, "On Water," 7.

Three types of water are identified: rain-water, spring or well-water and river-water. Rain water is put forth as the purest water because it is "the first condensed water after it has passed from ocean to atmosphere".¹⁴⁷ However pure rain-water is, it is often polluted before it reaches one's mouth because it runs down the side of the house, collecting sulphurous acid and ammonia along the way, as well as the unconsumed carbon of chimneys before being collected in the cistern. For this reason, inhabitants of London were most dependent on well-water and river-water. Lankester's purpose was to describe these types of water, the possible dangers associated with consuming them and how to detect those dangers. This type of down-to-earth, practical instruction in some methods of safeguarding health was thought to be accessible to anyone. These lectures also formed part of Lankester's course on *Materia Medica and Therapeutics* at St. George's School of Medicine, and a course on the *Vegetable Kingdom in Relation to the Life of Man* at the Royal Institution. It was Lankester's appointment to the scientific superintendence of the food collection at the South Kensington Museum which facilitated his appearance as a lecturer to ladies and to the working classes.

Dr. W.A. Guy¹⁴⁸ was another prominent lecturer listed by the LSA. He was Professor of Forensic Medicine at King's College, London and a public health reformer. Like the more famous William Farr, Guy was a strong advocate in favour

¹⁴⁷ Lankester, "On Water," 13.

¹⁴⁸ Dr. Guy was a statistician, who came from a family of medical men. He studied at Cambridge, Heidelberg and Paris, taking his M.B. degree in 1837. In 1838, he was appointed professor of forensic medicine at King's College, London, in 1842 assistant physician to King's College Hospital, and from 1848 to 1858 was dean of the medical faculty. He was involved in the founding of the Health of Towns Association, and conducted studies in sanitary reform, particularly drawing attention to issues of ventilation, the utilisation of sewage, the health of bakers and soldiers and hospital mortality. Sir Leslie Stephen and Sir Sidney Lee, eds., Dictionary of National Biography v. 8 (suppl.) (London: Oxford University Press, 1960) 835-836.

of the use of statistics.¹⁴⁹ Guy's contribution to the LSA assembly was a lecture entitled, "On Howard, Cook, and Jenner; or the Health Reforms of the last Century." Guy uses the sanitary victories of the eighteenth century to suggest a bright future in the nineteenth. He confidently concludes, "The time is evidently approaching when the Preventive Philanthropy (as I have ventured to call it) that guided the footsteps of Howard, will fill the hearts of the people, and the Policy of Prevention become the one rule of action of the Legislature."¹⁵⁰ He was also the author of the popular works: *The Case of the Journeymen Bakers. A Lecture on the Evils of Nightwork and Long Hours of Labour*, and *The Sanitary Condition of the British Army*, especially on the *Want of Space in Barracks*, along with a few medical textbooks. Medical men were more concerned with relating the intricacies of physiology, and the social issues they discussed were matters of public policy, not necessarily moral issues.

The ladies who attended sanitary lectures were instructed in some of the political issues associated with sanitary reform by members of the clergy, however political doctrine was often lost in the pragmatic goals of health promotion. Some ladies attended only the scientific lectures, out of a pure interest in increasing their knowledge.¹⁵¹ Though a lady's scientific education was not taken very seriously, the fact that more and more women were becoming interested in problems involving scientific and social problems indicates that they were tolerated. This study is concerned with the information given to ladies who attended both types of lectures,

¹⁴⁹ Ruth G. Hodgkinson, *The Origins of the National Health Service* (London: Wellcome, 1967) 642_n.

¹⁵⁰ Dr. William A. Guy, *Public Health: A Popular Introduction to Sanitary Science* (London: Henry Renshaw, 1870) 216.

¹⁵¹ Patricia Phillips, *The Scientific Lady: A Social History of Women's Scientific Interests 1520-1918* (London: Weidenfeld and Nicholson, 1990) 207-216.

the motivational and the scientific. For them, the distinctions between utilitarian political economy and Christian socialism became blurred in the effort to educate the public (from whatever social group) about sanitary reform. The lecturing clergymen retained motivation as their main goal, and according to the records left by the *English Woman's Journal*, were quite successful in encouraging ladies to pursue charitable activities outside of the home.

Chapter Four

“Charity as a Portion of the Public Vocation of Women”

The sanitary reformers voluntarily took their cause to the people, believing that they were making some real attempts to enlighten the masses of urban poor, as well as alerting members of their own class to working-class living conditions. As people became aware of the depth of the sanitary problem, they were more inclined to support large-scale improvements such as drainage construction and housing upgrades, as well as the installation of massive sewage systems. Charitable activities concerned with the alleviation of poor sanitation also achieved a higher level of popularity and support. The involvement of the non-professional public in the sanitary reform effort recognized that legislation could not achieve the effect that was required: a fundamental change in the hygiene of the entire nation. Some social associations helped to organize and promote widespread education on sanitary matters but a large portion of the “hands-on” work fell to charitably-minded middle-class ladies.

The work conducted by ladies in the homes of the poor was orchestrated, for the most part, by professional experts. Individual experts provided middle-class ladies with the information they needed to deliver sanitary information to the poor. Women’s work would revolve around domestic activities and men felt no qualms about telling ladies how that work should be conducted and what motives should move them to tackle such work. In one of Charles Kingsley’s earliest lectures, he very carefully outlined the traps into which fickle ladies could fall, namely selfishness and vanity. In the context of a country parish, these vices could manifest themselves when ladies conducted charitable visiting to fulfill some imagined social

requirement. While the delivery of lectures was a paternalistic and condescending practice, reflecting contemporary cultural mores, the lecturers were even more paternalistic towards the poor, who were the objects of improvement, than they were to the ladies who were the method by which improvement arrived in the working-class home.

The hierarchy was simple. The lecturers were the professional experts; they had gained degrees and certificates and they worked at jobs which confirmed that status. Visiting ladies derived status from their position as middle-class wives and it was understood that they were 'naturally' endowed with the ability to teach. Middle-class female expertise was based on gender expectations, while middle-class male expertise was allegedly based on rational thought. The poor were at the bottom of the hierarchy, however active a role they might have taken in their own improvement.

As Rev. Davies explained in his lecture on "District Visiting," the divisions of class were implicit. The visitor "has knowledge, position, cultivation above the working multitude; and she discovers that these combine to give her *influence*, that she wields a certain power even without intending it, over poorer persons with whom she comes in contact."¹⁵² With the best of intentions, F.D. Maurice betrayed his elitist bias when he described his college for working men, "Our object in founding a college for working men had not been only or chiefly to give them instruction on certain subjects. We had wished to adapt them into a society with ourselves,"¹⁵³

¹⁵² Rev. J. L. Davies, "District Visiting," lecture V in Lectures to Ladies on Practical Subjects 2nd ed. (Cambridge: Macmillan, 1856) 120.

¹⁵³ Rev. F.D. Maurice, "Plan of a Female College for the Help of the Rich and the Poor," Introductory lecture in Lectures to Ladies on Practical Subjects 3.

Maurice did not want to associate with working men on their own terms, but required that they adapt themselves to fit into a society with himself.

Maurice's series, "Lectures to Ladies on Practical Subjects" was well-organised to fit with his vision of the "divine order," where there is a place for everything, and everything is in its place. This approach was criticized for being out of touch; however it did recognize that poverty was a normal but unnecessary condition for the majority of the urban population. A writer for the *Edinburgh Review* who reviewed the "Lectures to Ladies on Practical Subjects" series observes that Davies' suggestion that the visitor become like a friend, casually "dropping in" is unrealistic. The reviewer comments, "Once apportion a lady to a certain court, street or alley, and it is inevitable that the poor in that district, who perfectly understand the machinery, come to regard themselves as the inspected, and the lady as the inspector."¹⁵⁴ The reviewer accuses Davies of being overly idealistic, ignoring the possibility that the poor might manipulate the visitor, especially if her schedule was somewhat predictable. They might, for example, create the imagined degree of order or disorder required to elicit sympathy but not revulsion. Less regulated visiting, predicated by a specific purpose, such as an illness in the household, or a child's absence from school would be more fruitful, according to the reviewer.

The simplicity of the message might be explained by the audience - non-professional, middle-class ladies, and by the nature of lecturing, a fast-moving transfer of information in which simplicity is the key to effectiveness. Charles Kingsley had a knack for grabbing his audience's attention and holding it and his lectures are a good example of simple, straightforward lecturing style. Still, the

¹⁵⁴ "Lectures to Ladies on Practical Subjects," *Edinburgh Review* 209, (January 1856) 150.

reviewer makes an important point, it is not unreasonable to assume that the poor would be suspicious and possibly manipulative of the middle-class lady visiting their neighbourhood.¹⁵⁵

The sanitary reform movement's roots were grounded in Chadwick's scheme to save rate-payers' money, but it drew support from very diverse political backgrounds. Though some public health activists could be named as espousing a particular political philosophy, those philosophies were eventually subsumed in the actual work of health reform, especially that which occurred in the domestic sphere. The common cause of improving the living conditions of the poor involved rudimentary and mundane tasks, such as speaking with people about their living conditions and explaining the value of the reforms suggested in clear and plain language. Only then could a straightforward demonstration of simple domestic reforms occur.

All of the lecturers, regardless of profession or political background, were, to some degree, condescending to their audience. They were, after all, brought in as "experts" to enlighten an ignorant populace. The political bias of the lecturer would sometimes come out in the text of a lecture to ladies, but ladies did not seem to attend lectures where they might hear one political philosophy over another, preferring to accept the donations of time and effort graciously. The centrality of the cause of sanitary reform seems to have overshadowed political differences, especially when the discussion got down to the basics of domestic hygiene.

Both Charles Kingsley and Edwin Chadwick could agree that physical education was a positive step to improving the nation's health, but it was their

¹⁵⁵ Anna Davin has documented working-class reactions to middle-class interference in the early twentieth century. Though the period is different, the concept still applies. Anna Davin, "Imperialism and Motherhood," History Workshop Journal (1979) 9-65.

separate methods of arriving at such a conclusion which revealed their political differences. Though it is safe to assume that Chadwick and Kingsley, if asked to describe their "perfect world," would come up with very different scenarios, they agreed on some of the steps needed to expedite sanitary reform. Chadwick's version of political economy was based on a statistical study which pointed out in very general terms that while the population of England had increased, so had the standard of living. He explained that this had occurred because labour had become more efficient, giving the employer a better financial return and creating enough surplus to give the labourer an increase in wages.¹⁵⁶ The theoretical underpinnings of Chadwick's political economy put all of the responsibility to increase the employer's profit on the worker, so that the worker's wage might then be increased. Kingsley was by no means against the concept of hard work paying off in the long run, but had less faith than Chadwick in the good will of the middle- and upper-class employers. Both Chadwick and Kingsley applauded the efforts of middle-class ladies to educate the poor in sanitary reform.

Ladies were not silent about their role in the improvement of the health of the poor. Articulating her view of the role of women in the sanitary reform movement, Susan Rugeley Powers, who was Secretary for the Ladies' Sanitary Association in 1859, divided the field of sanitary labour into two distinct parts: the amelioration of injurious external circumstances, and the reform of injurious habits and customs. Powers argued that the second part of sanitary labour is the exclusive domain of women. "It is for her to teach and apply the laws of health in her own provinces, where man cannot act."¹⁵⁷ Powers tackles several key areas, beginning with the

¹⁵⁶ Finer, 24.

¹⁵⁷ Susan Rugeley Powers, "Remarks On Woman's Work in Sanitary Reform," (London: Tweedie, 1859) 2.

lady sanitary reformer herself. "As the teacher of Christianity should be a living illustration of the truths he inculcates, so should the woman who attempts to lead others to obey the laws of health, be herself an example of constant obedience to them."¹⁵⁸ Echoing Rev. Kingsley's rhetoric from "Women's Work in a Country Parish," Powers admonished the ladies reading her pamphlet to set a good example and suggested this might be done by rejecting "Queen Fashion," especially with regard to stays and other body-shaping devices.

The Ladies' Sanitary Association, the most extensive contemporary sanitary visiting society, was affiliated with the *English Woman's Journal (EWJ)* whose editors took care to give priority to issues which affected the social and political roles of women. The *EWJ* was also affiliated with the Society for the Promotion of Employment for Women, led by Jessie Boucherett.¹⁵⁹ The *EWJ* devoted many pages to issues concerning widening opportunities for women in the public sphere. Powers' comment that, "The noble efforts now being made for our elevation, will never be more than partially successful while, by disobedience to the laws of health, we wantonly waste our life-power"¹⁶⁰ reflects the pragmatic and cautious activism of the group of women associated with the *Journal*.

Though striving toward the improvement of opportunities for women in the world of remunerative work, the women whose voices can be heard through the *EWJ* were not radical reformers. They enjoyed the privileges of position and wanted to improve women's status from within the existing social and political system. The

¹⁵⁸ Powers, 2.

¹⁵⁹ Jessie Boucherett was a member of the Langham Place Circle and became the editor of the Englishwoman's Review of Social and Industrial Questions which was a continuation of the English Woman's Journal which ceased to exist under that title in 1865.

¹⁶⁰ Powers, 2.

obstacles that they identified in the area of paid employment were problems for those middle-class women who did not have domestic obligations. For example, the often miserable working conditions and inadequate pay for governesses were favourite topics in the pages of the *EWJ*. The editors of the *Journal* steadfastly maintained that those ladies who enjoyed the leisure-time benefits made possible by servants should contribute to social and philanthropic pursuits. Especially important were the social obligations of middle-class ladies to working-class women. These obligations kept women in the company of other women doing work which men did not want to do. While striving to improve opportunities, *EWJ* contributors never challenged the idea that any work undertaken by women would be separate from the work undertaken by men. The sanitary reform movement was no different from society at large: there was a clear division of labour, setting ladies to work in a venue deemed appropriate, the homes of the poor.

Not only did women find an acceptable feminine niche in the public health movement, but they believed that their niche was absolutely essential to the health of the nation. The construction of sanitary sewers and the implementation of sanitary legislation was an insufficient solution to the widespread problems associated with poor sanitary conditions. These problems included a high rate of infant mortality, poor nutrition, poor clothing choices, and lack of exercise - all identifiable as areas in which women might influence other women. All of the above problems resulted in part from want of education in these areas, and were, to some degree, preventable. Sanitary sewers were not going to encourage working-class people to take some form of daily exercise, teach them how to prepare both economical and nutritious meals, describe the evils of scanty clothing, or explain the

principles of healthy child-rearing.¹⁶¹ These four areas of expertise were popular topics for lectures, as they represented areas in which women were thought to excel. This kind of information was not readily available to the working poor, it had to be brought to them by socially-minded middle-class ladies.

The issue of infant mortality was a rallying cry for visiting societies, as it was often blamed on maternal ignorance. The Manchester and Salford Sanitary Association was established in 1852 by an obstetrician convinced that maternal ignorance lay at the root of high infant mortality.¹⁶² The LSA organised all sorts of activities to educate poor mothers about infant care, including the production of several tracts. Some of the tracts published by the LSA included: *Evils Resulting from Rising too Early After Childbirth*, *The Health of Mothers*, *Washing the Children*, *How to Manage a Baby*, *Hand Feeding*, *Little Mary's Illness*, *The Sick Child's Cry*, and *How to Rear Healthy Children*.¹⁶³ On infant mortality, they published the text of Kingsley's lecture on that topic, *The Massacre of the Innocents*. In this lecture, Kingsley explained why the life of a child is so precious to him:

A dying child is to me one of the most dreadful sights in the world. . . . I am not horrified or shocked at the sight of the man who dies on the field of battle; let him die so. It does not horrify or shock me, again, to see a man dying in a good old age, even though the last struggle be painful, as it too often is. But it does shock me, it does

¹⁶¹ For example, the LSA instituted a campaign against wet-nursing, explaining to working-class mothers that they were depriving their own children of much-needed nutrients by letting themselves be hired out as wet-nurses.

¹⁶² Anthony Wohl, *Endangered Lives*: 37.

¹⁶³ Perry Williams, "The Laws of Health: Women, Medicine and Sanitary Reform, 1850-1890," in Marina Benjamin, ed. *Science and Sensibility: Gender and Scientific Enquiry 1780-1945* (Oxford: Basil Blackwell, 1991) 71.

make me feel that the world is indeed out of joint, to see a child die.¹⁶⁴

Kingsley's lament was for the potential that is lost with the life of a child who dies. He conjured up feelings of patriotism by his comparison of the honourable dying soldier who exercised some choice over the circumstances of his death with the helplessness of the dying child. The soldier gave his life for the future of the country, yet, ironically, Kingsley made the point that the future of any country is its children, who, according to Kingsley's sources, were dying at an alarming rate from all too preventable causes.

One of the causes of high infant mortality was thought to be poor nutrition among children and their nursing mothers. Lady visitors learned about nutrition through lectures such as the one delivered by Dr. Lankester "On Water," and encouraged working-class mothers to attend such lectures as well. Mothers, Ellen Ross argues, occupied a special place in the Victorian world-view. If married, they held a defined place within the family hierarchy, one which was responsible for the affairs of home and hearth.¹⁶⁵ This was particularly important to district visitors, as the mothers were in a position to spread the message of self-sufficiency to the rest of the family. As well as providing lectures, the LSA produced tracts with recipes, and gave advice about food on their house-to-house visits.

On the matter of clothing, Rev. Charles Kingsley raised the issue in a lecture entitled, "Thrift" delivered in 1869 to a group of ladies at Winchester. Here, Kingsley put forth the argument that thrift is one of the laws of nature because, "The secret of thriving is thrift; saving of force; to get as much work as possible done with the least

¹⁶⁴ Kingsley, "The Massacre of the Innocents," Social and Sanitary Lectures and Essays, 263.

¹⁶⁵ Ellen Ross, Love and Toil: Motherhood in Outcast London, 1870-1918 (Oxford: Oxford University Press, 1993) 186.

expenditure of power, the least jar and obstruction, the least wear and tear."¹⁶⁶ Given this, Kingsley could not understand the physical obstacles which women inflicted upon themselves in the name of fashion. "A little knowledge of heat would teach many women not to clothe themselves and their children after foolish and insufficient fashions, which in this climate sow the seeds of a dozen different diseases, and have to be atoned for by perpetual anxieties, and by perpetual doctors' bills."¹⁶⁷ In a separate lecture, "Nausicaa in London; or, The Lower Education of Women," Kingsley described his impression of the fashionably dressed lady:

Poor little things. I passed hundreds . . . trying to hide their littleness by the nasty mass of false hair - or what does duty for it; and by the ugly and useless hat which is stuck upon it, making the head thereby look ridiculously large and heavy; and by the high heels on which they totter onward, having forgotten, or never learnt, the simple art of walking; their bodies tilted forward in that ungraceful attitude which is called . . . a "Grecian bend"; seemingly kept on their feet, and kept together at all, in that strange attitude, by tight stays which prevented all graceful and healthy motion of the hips or sides; their raiment, meanwhile, being purposely misshapen in this direction and that, to hide - it must be presumed - deficiencies of form.¹⁶⁸

The final blow to Kingsley was that these "poor little things" were not girls at all, but grown women whose bodies were distorted by their adherence to the rules of fashion. The clothing was not the only culprit, however, as poor nutrition plagued

¹⁶⁶ Kingsley, "Thrift," a lecture delivered at Winchester, March 17, 1869 Social and Sanitary Lectures and Essays 79.

¹⁶⁷ Kingsley, "Thrift," 89.

¹⁶⁸ Kingsley, "Nausicaa in London; or, the Lower Education of Women," Social and Sanitary Lectures and Essays 116.

this "cultivated" class of women as well. "For as the want of bone indicates a deficiency of phosphatic food, so does the want of flesh about the cheeks indicate a deficiency of hydrocarbon."¹⁶⁹ As women became slaves to fashion, they also neglected to feed themselves properly. Kingsley reasoned that if women looked emaciated, then they would have trouble convincing the working-class cottager to eat a more balanced diet.

In addition to infant health, adequate clothing and nutrition, exercise was a focus of ladies seeking to prevent illness among the poor. One of Edwin Chadwick's pet causes was physical education in schools, and lady visitors took this idea one step further by handing out balls and skipping ropes to working-class children to encourage active play.¹⁷⁰ Dr. George Johnson had shown them in his lecture on "Over-Work, Distress and Anxiety," that exercise may even help prevent mental breakdowns among sedentary workers.

The work of the house-to-house visitor focused on things that could be changed such as the four examples outlined above. They were fundamental to the preservation of health among any population, and therefore they included themselves in the education which they were to pass on to the poor. In those lectures whose purpose was to recruit volunteers to the task of house-to-house visiting, the working-class home was often presented as a place of physical and moral chaos. It was portrayed as a desolate place where there was little hope for improvement, a shrine to lack of self-respect. Some learned men held that the very

¹⁶⁹ Kingsley, "Nausicaa in London; or, the Lower Education of Women," 118.

¹⁷⁰ Wohl, Endangered Lives (1983) 195.

presence of the tidy, sweet-smelling middle-class visitor could have a positive effect on the inhabitants of working-class dwellings. An anonymous contributor to the *EWJ* took that basic idea and built on it. She argued that "It is in the power of women to become invincible agents in the work of charity. The very attributes of the feminine nature are of essential value in such a cause. . . . Kindly and sympathetic contact, the expression of benevolence ardent and sincere is needful and irresistible in its power to console and benefit the unfortunate and distressed."¹⁷¹ The author argues that ladies need not concern themselves with financial obstacles to involvement in charity. Sympathy and compassion, she argues, are more important assets than money. Activities such as home visiting were public contributions to the sanitary reform movement which could be cast as uniquely feminine.

This study has not singled out any one middle-class lady as a visiting "hero" for the public health movement, but rather has elected to highlight the great network of visiting societies, using the LSA as the principal example. The ladies who were involved with the public health movement did intrude upon the lives of the poor and demonstrated a paternalistic kind of care to them. It is assumed that they acted out of genuine compassion, albeit hampered by the elitist assumption that they could swoop down from an elevated social position and, by their very presence, create change in the working-class household.

¹⁷¹ Anon., "Charity as a Portion of the Public Vocation of Women," English Woman's Journal v. III, n. 15, 195.

Though sources are scarce, the pattern of women's work throughout the nineteenth century grew more and more visible and effective. Women's work on the social issues of the 1850's and the 1860's led to the female activism of the 1870's where we observe the political campaigns to abolish the Contagious Diseases Acts, to oppose to the compulsory registration of baby nurses, and to oppose protective labour legislation for women.¹⁷² It was efforts like the domestic public health movement which created both physical and psychological communities of women¹⁷³, where they could work together in the name of a cause. These communities, where women worked alongside other women for some social cause, gave birth to a dialogue of reform later in the century.

Sanitary lecturers were careful to confine their suggestions to areas in which women were expected to adapt to naturally. They assumed that class was not as significant a boundary to women as it was to men, perhaps because they thought women were closer to nature than they were. Ladies were involved in some of the most important social issues of the day. As Gertrude Himmelfarb has observed, middle-class ladies were active agents in areas beyond the private sphere of the home. She argues that even though many of the ladies who worked in areas of social concern were not feminists, or were even antifeminists, that they "went about their work, as Beatrice Webb said, with 'the dignity of habitual authority.'" And that

¹⁷² Mary Lyndon Shanley, in her book about the reform of marriage laws, argues that all of these campaigns were conceptually related as part of a multifaceted movement for women's emancipation. Mary Lyndon Shanley, Feminism, Marriage and the Law in Victorian England 1850-1895 (Princeton, NJ: Princeton University Press, 1989) 50.

¹⁷³ The Langham Place Circle is the best example.

authority, as well as the importance of their work, did as much as any feminist campaign or reform to alter the perceptions of Victorians about the proper sphere of women.”¹⁷⁴ Ladies were praised by such esteemed bodies as the NAPSS for their work, and through such associations, slowly gained more recognition and respect for their efforts. Lecturers encouraged women to expand their domestic obligations beyond their own doors, and in so doing, they encouraged women to seek fulfillment outside of the home. As is evident in the discussions between male and female members of the NAPSS, women were becoming vocal on several key social issues.¹⁷⁵ Lecturers also encouraged dialogue between middle-and working-class women. It is evident that some communication occurred because, although sources are scarce, the *English Woman's Journal* published several articles concerning the plight of working and living conditions for working-class women. The domestic sanitary reform movement in England was not dramatic or glamorous, but it was an important step in opening up communication across class and gender boundaries.

Many middle-class lady visitors received their education in sanitary matters from sanitary lectures. The lecturers had some claim to expertise in sanitary reform, be they members of the clergy, or medical professionals. Within the texts of their lectures, these lecturers from various backgrounds revealed their assumptions about the role of women in sanitary reform, their understanding of poverty and the

¹⁷⁴ Gertrude Himmelfarb, *The Demoralization of Society* (New York: Vintage, 1996) 105-106.

¹⁷⁵ Such as Louisa Twining on workhouse conditions and workhouse visiting, Mary Carpenter on the state of ragged schools and reformatories, Florence Nightingale on the health of the military, or Jessie Boucherette on employment opportunities for women

poor as well as revealing a willingness to let both women and the poor take a more active role in their own improvement. Lectures to ladies and house-to-house visiting were not activities which can be singled out as making a great change. Visiting continued a long and respected tradition, while lecturing was an expeditious way to educate visitors. In the context of the British sanitary reform movement, however, women were singled out to perform what was to become the social work of the early twentieth century. The effects of the lectures are difficult to measure, as they were only suggestive. One finds that although the lecturers were paternalistic and condescending both to their audiences and when speaking about the poor, they also assume that progress is possible. The occurrence of lectures to ladies and house-to-house visitation created a situation in which middle-class ladies had to learn how to speak with, rather than to, the working-class women on their circuits. A door was being nudged open, slowly.

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