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Book Review of The Home Office and the Dangerous Trades: Regulating Occupational Disease in Victorian and Edwardian Britain

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This book—part of The Wellcome Series in the History of Medicine—imparts Dr. Bartrip's most recent research into socio-legal aspects of occupational injury and illness in modern England. As with his previous scholarship, the volume is meticulously researched, clearly written, and makes a fine contribution to a relatively under-examined field.
Rather than providing an exegesis of what follows, chapter one ("Introduction") sets forth the central question of this study: namely, why did occupational diseases receive attention relatively “late” by comparison to other workplace hazards? A number of reasons, which reappear later in greater detail, are then provided. Occupational diseases differed from workplace accidents and other disasters in that they were insidious, their victims suffering “in silence and anonymity”, and therefore did not induce much public attention, sympathy, or moral outrage. As well, “it was the poor, the unenfranchised, the unorganised, the politically impotent and the inarticulate who suffered” most, and who had the least wherewithal to change their condition. Moreover, even when recognised by individual medical researchers, the subject of occupational illness was itself considered as an undesirable vocational pursuit for medical practitioners. The Introduction also provides an overview historiography of British occupational health scholarship, with an emphasis on post-1982 developments. The seven chapters that follow each address a specific occupational disease, and their respective roads to recognition and regulation.

Chapter two ("Lead: The Road to Regulation") describes how lead poisoning, although “both statistically and politically, one of the most significant occupational diseases” of Victorian Britain, did not receive governmental attention until the last quarter of the nineteenth century. As an occupational illness, lead poisoning was especially prevalent among pottery workers. Nevertheless, appropriate regulatory response was delayed due to a combination of little empirical study in Britain, a laissez faire influenced official report, and limited enforcement of factory-related legislation. The lag in formal action is explained mainly as the result of employers and inspectors being ignorant of lead poisoning as a specific cause of illness, and workers acquiescing in its effect. Chapter three ("The White Lead Trade") recounts that, by the last quarter of the century, white lead poisoning was a comparatively well-recognised phenomenon, receiving the attention of both Charles Dickens and factory inspector Alexander Redgrave. Redgrave’s proposals for workplace rules followed a typical pattern of advocating the exclusion of child workers (since adults could, according to notions of political economy, fend for themselves), and was reflected in the Factory and Workshop Act 1878, which banned their employment. Sponsored by Home Secretary Harcourt, Redgrave’s further recommendations impelled 1883 legislation requiring employer safety certification, a significant event as the “first attempt to suppress” industrial illness through legislation. Subsequent acts increased the scope of certification as a means of controlling the workplace. By contrast, chapter four ("Pottery and Earthenware") tells of the much slower road taken in regulating the ill effects of lead on pottery workers. Recognised as early as 1842, the problem was “virtually untouched by regulation” until the 1890s, and dealt a critical blow by Home Secretary Asquith’s 1892 declaration of pottery manufacture as a danger to health. That pronouncement was influenced by the path-breaking work of physician Thomas Arlidge’s 1892 book *The Hygiene, Diseases and Mortality of Occupations*, empirical reports by a Labour Commission and by factory inspector William Dawkins Cramp on the harm engendered in factories, and a much publicised exposé in the *Daily Chronicle*. Following Asquith’s declaration, the pottery and earthenware industry was subject to increasingly greater restriction. The
ability of these industries to avoid legislation far longer than the analogous white lead trade is attributed to the latter lacking equivalent "economic power and cohesion."

Chapter five ("A Kind of Dread: Arsenic and Occupational Health") utilises the case of arsenic toxicity to exemplify very different responses to illness. Long recognised as a lethal poison, arsenic's retail availability was proscribed in 1851, and thereafter caused periodic public unrest as an unwholesome consumer good. By comparison, despite the effect of arsenic on exposed workers being known as early as the 1830s, "no one who worked with arsenic enjoyed any legal protection" until 1892. Aiding the eventual conversion of the hazards of arsenic exposure into a workplace concern was feminism, which raised social consciousness about arsenic's toxicity by influencing women's choices as consumers of textile products, and in doing so afforded workers limited protection. Despite this positive development, while public distress at the dangers of certain colourings derived from arsenic curbed its use, laissez faire notions of caveat operarius, unchallenged expert evidence as to employee safety, and limited legislative intervention ensured a sluggish governmental response towards workers. Late century exposés in the Star of manufacturers having purposefully concealed the effects of arsenic on labourers provoked Home Office-sponsored legislation beginning in 1895, by which time "the worst was probably past". The contrast in responses to public versus occupational hazards is further illustrated in chapter six ("The Poorest of the Poor and the Lowest of the Low": Lucifer Matches and 'Phossy Jaw"), which relates the treatment of the perils caused by the presence of phosphorous in commonplace matches. While public danger in the form of arson incited provocative press coverage, the known and dangerous effects of contact with phosphorous vapours to workers in the form of phosphorous necrosis ("phossy jaw") were largely ignored. Despite both available medical evidence in the United Kingdom and strict regulation of the industry by continental countries, the Home Office took few steps to counter this occupational disease. Once again, press coverage of manufacturers having covered up the known deleterious effects of exposure to toxins goaded a complacent Home Office into regulation that eventually banned the manufacture of phosphorous matches. Chapter seven ("A Huge Bacterial Bubble: Anthrax in Industry") demonstrates how anthrax regulation was motivated more by widespread "scars" that these illnesses had invaded England from foreign shores to endanger an unwitting public, than by concerns about the workers who were exposed to this hazard on a daily basis. Chapter eight ("Conclusion") emphasizes the complexity of factors contributing to the diverse treatment of public and occupational illness, including the role played by women, responds to some recent treatments of this topic by other commentators, and puts forth some thoughts on the future study of occupational diseases.

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