Essay Review

An Inspector Calls: Perspectives on the History of Occupational Diseases and Accident Compensation in the United Kingdom

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The health of labourers has attracted only a fraction of the attention which medical historians have devoted to such specialist treatment as psychiatry, childbirth and cholera. Even at the end of the twentieth century occupational health remained under the intellectual shadow of early modern and modern medical classics, composed by those regarded as the “founding fathers” of industrial medicine, including Thomas Oliver, Thomas Legge and Donald Hunter. In the past two decades researchers have undertaken a more critical scholarship of workplace illness and medicine, galvanized in part by the global controversies which have erupted over the toxins, dusts and chemical poisons that have damaged the environment as well as killing thousands of employees and their families. Peter Bartrip has remained a leading contributor to debates about corporate responsibility of British business for industrial illness, as well as developing a formidable expertise in the history of compensation law since 1880. In these two books, Bartrip consolidates and extends his earlier published work in regard to state regulation of the industrial workplace during the nineteenth century and the culpability of the world’s largest asbestos manufacturer for industrial disease during the twentieth century.

Both of these books are significant scholarly texts which offer a considered interpretation of the behaviour of politicians, civil servants and labour organizations as well as British industrialists in framing state controls of dangerous trades. In his account of the Home Office, Bartrip dedicates his six descriptive chapters to an examination of four dangerous agents: lead (and white lead), arsenic, phosphorous and the anthrax bacillus. Illness associated with the manufacture of pottery and earthenware, largely based on an earlier article, takes up another essay. The three toxins and single bacterium discussed in the text were those included in the important Workmen’s Compensation Act of 1906 as scheduled diseases.

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for which financial redress could be claimed, along with mercury and ankylostomiasis. It is surprising that the author offers virtually no discussion of that legislation, or the legal controversy on the definition of accidental injury which had preceded the reform. The discussion of lead and arsenic is well organized, and a considerable advantage of *The Home Office and the dangerous trades* is that Bartrip provides a valuable summary of medical knowledge in each field, without diverting the reader into an elaborate discussion of the complex epidemiological debates which so often surrounded the discovery of the dangerous nature of different minerals and organic substances which made up so much of the raw material of industrial production during the Victorian and Edwardian decades. Perhaps the strongest feature of the study is the clear-handed delineation of the features of the leading personalities employed at this key ministry during the two decades before 1914.

The method adopted throughout is that of careful empirical investigation and deliberate summary of relevant facts from contemporary sources. The study is clearly a strong example of the virtues of British historical scholarship. Therein lie also many of the weaknesses which can be detected in Bartrip’s account. For the text makes virtually no attempt to engage with the theoretical and conceptual debates which have defined the scope of medical history for at least three decades, including the important discussions in socio-legal history to which many of the issues raised in *The Home Office* clearly lend themselves. The introductory chapter holds up research completed some time ago by Anthony Wohl and a volume edited by Paul Weindling (to which Bartrip contributed) as models for further research, though important recent accounts of Victorian sanitary reform by Christopher Hamlin and others go unnoticed. There is no attempt to frame the reform of workplace disease in the larger discussions of the changing character of the British state during the nineteenth century. The only serious effort made to explore the cultural construction of illness and medical treatment comes in a brief, unexpected comparison of the anthrax scares in the United Kingdom with Susan Sontag’s contemplation of the nature of the AIDS epidemic in the United States. At various points Bartrip flirts with the possibility of understanding the progress of reform in terms of “moral panics”, though these do not lead to any engagement with the rich literature on the history of science and medicine and the creation of collective orthodoxy on diseases. The broadest question ventured in the conclusion is actually posed in terms of moral responsibility: that is, whether industrial casualties were the victims of ignorance, carelessness or exploitation? Perhaps predictably, the author suggests that this question can only be sensibly answered in reference to particular trades at specific periods and any general conclusion is impolitic.

Concerned to avoid a “presentist” understanding of contemporary medical knowledge, Bartrip offers us a limited insight into the ways in which medical controversies around, say, anthrax, were related to struggles for power and prestige within the medical profession or how the ambitions of doctors were advanced or retarded by the influx of medical expertise to the Home Office after 1893. The value of the Home Office study lies in the work completed on published government sources and unpublished archival sources, which have been mined and processed without the reader being blinded by the dust of the archives. In the tradition of administrative history, we are given various insights into visionary figures such as Herbert Asquith, Malcolm Delevingne and Emilia Dilke, who are portrayed as heroic individuals with a deeper understanding of the possibilities of political action as they responded to the pressures of external forces. In avoiding more contentious political and conceptual debate, however, Bartrip provides us with only a partial understanding of contemporary as well as scholarly controversy. The important feminist account of women in the dangerous trades completed by Barbara Harrison is largely ignored until the concluding chapter, with the result that the analysis of the terms in which the industrial body was gendered and politicized is again abbreviated and impoverished. The role of lady inspectors in pressing the claims of female pottery workers is
well drawn, though there is little context by which to understand the terms in which the Women’s Trade Union League and others pressed for greater rights and citizenship at the workplace for both women and men.

Perhaps more fundamentally, this book suggests that the structure of administration which was adopted by the British state was heavily influenced not only by the understanding of hazard but also by the capacity of government to secure a consensus within industry on the nature of the risks which existed and also on what legal redress might be offered to those who suffered from disease as a consequence of their employment. It is remarkable that Bartrip’s study provides so little discussion of the impact of compensation provision on the ways in which occupational hazard was conceived and investigated in the years before 1914. For it could be argued that the political decisions made between 1897 and 1906 to compel employers and workpeople to undertake legal action to secure compensation for injury exercised a profound effect on the course of state regulation of occupational accidents and illness during the remainder of the twentieth century. After 1918 there was some attempt to move away from legal contest and towards a system of collective insurance and voluntary arbitration in the award of compensation, though the refusal of the British state to integrate the arrangements for industrial injury within the collective provision for sickness and unemployment insurance before 1914 became one of the defining features of the development of state welfare in the United Kingdom.

In emphasizing some of the limitations of The Home Office and the dangerous trades, it is important to acknowledge the value of this book in taking the reader beyond the familiar spectacle of “industrial labour as victims and women as particular victims”, which have characterized many earlier accounts. A similar concern is apparent in the major study of the asbestos industry which Bartrip published shortly before his account of British regulation of occupational disease (The way from dusty death). The asbestos industry has proved the most tragic and controversial episode of industrial disease in the past five decades. Not only have thousands suffered respiratory illness as a consequence of breathing the microscopic fibres of blue, brown and white mineral which were mined, mashed and woven into hundreds of fire-retardant products. Thousands more continue to fall victim to the highly malignant tumour of the pleura known as mesothelioma. The number of casualties from this extremely painful and usually inoperable cancer are likely to peak only in the next two decades. As litigation against the manufacturers of asbestos goods began in earnest after 1975, millions of documents have been collected by prosecutors and defenders of those charged with wilful negligence. Most famously, the case brought by Chase Manhattan Bank resulted in the microfilming of a voluminous amount of paper relating to the British firm which dominated world production by the middle of the twentieth century, Turner & Newall. These materials have provided much of the substance for the scholarly debates, mirroring the legal contests undertaken in the past three decades on behalf of those suffering the loss of life, health and resources as a result of the toxic properties of this “magic mineral”.

Bartrip’s study of the firm is a lengthy, detailed analysis of the policies pursued by Turner & Newall during the twentieth century. His primary concern is to refute “most UK histories of asbestos and occupational health”, which he considers to have been composed by “one-eyed” scholars and documentary-makers whose monocular vision has been trained by hindsight rather than engaged in an accurate survey of a complex historical terrain. The result of their unbalanced views has been not so much a rounded history of the asbestos industry and the health of its workers as “caricatures, not to say travesties, of the past.” In the hands of such incompetents, the history of a serious subject has been reduced to an absurd melodrama of heroes, victims and villains where the minor inconvenience of accurate evidence is overlooked or disregarded in the determination of these authors to prove a wicked conspiracy (Dusty death, pp. 265–6). These misconceptions of our industrial yesterdays have led to ridiculous conclusions being drawn from human tragedy.
It will be apparent to the most detached reader that this book is designed as a detailed defence of the asbestos employers against the distorted and unfounded accusations which they have faced. The pursuit of a scapegoat for the onset of industrial cancer has persuaded historians and medical scientists to lay blame on Turner & Newall for failing to disclose the true extent of the risks associated with the dangerous dust, resisting tighter regulation of the workplace, and limiting the compensation which victims of asbestos could receive. Few commentators on the industry escape withering criticism, though Morris Greenberg, David Jeremy and Geoffrey Tweedale attract detailed refutation. Throughout the text Bartrip adopts the kind of forensic empiricism that is well suited to legal methods of establishing proof on the balance of evidence available. He finds Turner & Newall quite clearly not guilty as charged. The reliability of the witnesses for the prosecution is discredited to varying degrees by their failure to take into account the available knowledge of the time and because of misunderstanding or misuse of facts available. More generally, Bartrip argues that the relatively recent discovery of the calamitous consequences of asbestos manufacture has literally clouded the enormous benefits gained from use of this life-saving substance in every area of economy and society.

Bartrip’s account can be welcomed as a substantial contribution to the growing literature on the neglected history of occupational health, though there are also significant flaws in the claims made for the book and the interpretation offered by the author. Much longer than many comparable texts which deal with a larger subject, the study delivers rather less than it appears to promise at the outset. Its title suggests a survey of occupational health in the asbestos industry from the closing decade of the nineteenth century until 1970. In fact, The way from dusty death begins with a discussion of the 1931 Regulations, already foreshadowed in articles published by the author, and half of the six substantive chapters are devoted to an examination of the origins and impact of reforms introduced in the 1930s. Most of the evidence is drawn from the microfilm archive on which Jeremy and Tweedale worked, along with a range of parliamentary and other printed sources. The most interesting and original parts of the text are those dealing with the growing medical knowledge of the disease and, in particular, the vital link made with the onset of mesothelioma, first suggested in Richard Doll’s famous article of 1955. The story of the 1969 Regulations is also well told and provides a useful account of an episode that has not been as vigorously and acrimoniously debated as the 1931 measures. Bartrip again defends the employers against the suggestion that they sought to suppress Doll’s findings, largely on the basis that the testimony of a distinguished authority, Richard Schilling, was recalled much later and should be considered unreliable.

The legal-oriented approach adopted by Bartrip is valuable in correcting a tendency to conclude from the undeniable sufferings of thousands of injured workers and consumers that the employers should bear the historical blame for this hazard. Too often occupational health historians have portrayed a moral economy of suffering which assumes a moral calculus of callous capitalism and powerless workers. Bartrip’s response is to provide a countervailing analysis which frequently strays into an apologia for the employers and seeks to undermine the credibility of earlier studies by polemics. One example occurs when he seeks to question the veracity and competence of another scholar by showing that he mistook the age at which one important early victim (Nellie Kershaw) left school. A more valuable contribution lies in Bartrip’s dissection of the debate around the seminal Price-Merewether study of the industry produced in 1930 and the subsequent reforms agreed. The author argues fairly persuasively that neither employers nor civil servants were culpable in framing safety measures, though he has less to say about the complex role of medical referees which featured in recent discussions of

1 Another example of the author’s excursions into historical controversy and polemic can be found in PW J Bartrip, ‘Irving John Selikoff and the strange case of the missing medical degrees’, J. Hist. Med. Allied Sci., 2003, 58: 3–33, and the responses by Greenberg and others in this and later issues of that journal.
the limited certification of workers as eligible for compensation.

It is apparent in this book as well as his Home Office study, that Bartrip denies the value of explicit models of government growth, yet the asbestos account implicitly provides the reader with a pattern of state intervention in occupational health. In this pattern we find an expression of concern by courts or campaigners being followed by serious investigation. The scientific work then gives rise to consultation, a consideration of practical solutions compatible with the interests of the industry and its workforce, and the introduction of sensible measures which avoided destructive confrontation and safeguarded the longer term future of the interested parties (Dusty death, for example, pp. 27–30, 216–21, 259–63). Bartrip’s discussion of various scientific and official reports again suggests that scientific and technical knowledge is largely neutral, even where the weight of evidence may be contested. Here again he meticulously examines particular kinds of documentary sources and avoids the kind of methodological discussion of how facts may be constructed which other historians of science and medicine have provided.

This book suggests that the historical evidence does not provide a decisive victory for either critics or defenders of corporate capitalism. Bartrip rejects the charges frequently made against Turner & Newall by arguing that these criticisms have been motivated by moral and political empathy for the casualties of occupational injury rather than a dispassionate review of the evidence. His detailed response to such attacks on the asbestos companies understates the degree to which scientific and technical debates are informed by contemporary political and moral concerns, and by the global markets in which firms such Turner & Newall were predominant. For no scholar seriously contests the evidence that employees of this and other asbestos companies who laboured under less rigorous regulation in Africa were at significantly greater risk than they were in Britain or Canada. Such calculations about the welfare of its labour force had less to do with the balance of scientific truth than the degree of power which the labourers and citizens of different countries could bring to bear on the sovereign states responsible for the protection of those working with the deadliest of minerals.

Both of these books make a significant contribution to our understanding of the illnesses which workers have encountered in British industry since the Victorian period. The author is usually meticulous in his handling and summary of evidence derived from published and archival sources. His coverage of the secondary literature and of scholarly research which does not conform with his own narrative of government regulation is much less comprehensive and he is frequently dismissive of work which adopts a more critical approach to business and civil servants than his own studies. More importantly, these accounts would gain from being read within a more conceptual understanding of capital-labour relationships, the evolving structure of British government, and the complex composition of medical and scientific orthodoxy at different points in the history of health reform. For the development of occupational health policies has to be understood not only in relation to the changing concepts of workers’ welfare but also in terms of the different forms of statutory rights gained by employees within the larger fabric of the modern welfare state.