



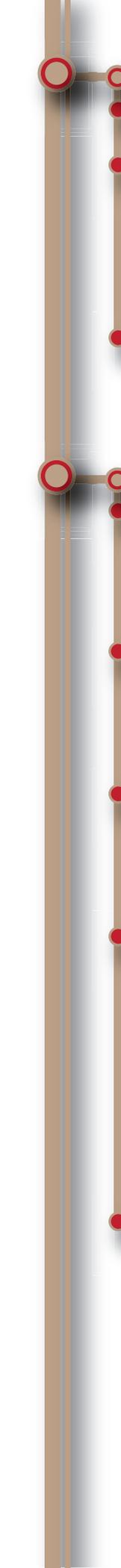
THE GHOST MAP

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The Ghost Map and Social Class

ENGL 100 Curriculum - Fall 2014

SWBAT:

- Identify issues of socioeconomic class in *The Ghost Map* and connect those themes to current socioeconomic class problems and students' own experiences
- Engage with a common text to build community and develop critical thinking and reading skills

The Ghost Map - Pages 10-11

For many Londoners, the financial cost of removing waste exceeded the environmental cost of just letting it accumulate— particularly for landlords, who often didn't live on top of these overflowing cesspools. Sights like this one, reported by a civil engineer hired to survey two houses under repair in the 1840s, became commonplace: "I found whole areas of the cellars of both houses were full of night-soil to the depth of three feet, which had been permitted for years to accumulate from the overflow of the cesspools.... Upon passing through the passage of the first house I found the yard covered in night-soil, from the overflowing of the privy to the depth of nearly six inches and bricks were placed to enable the inmates to get across dryshod." Another account describes a dustheap in Spital-fields, in the heart of the East End: "a heap of dung the size of a tolerably large house, and an artificial pond into which the content of cesspits are thrown. The contents are allowed to desiccate in the open air, and they are frequently stirred for that purpose." Mayhew described this grotesque scene in an article published in the London Morning Chronicle in 1849 that surveyed the ground zero of that year's cholera outbreak:

We then journeyed on to London-street.... In No. 1 of this street the cholera first appeared seventeen years ago, and spread up it with fearful virulence; but this year it appeared at the opposite end, and ran down it with like severity. As we passed along the reeking banks of the sewer, the sun shone upon a narrow slip of the water. In the bright light it appeared the colour of strong green tea, and positively looked as solid as black marble in the shadow— indeed, it was more like watery mud than muddy water; and yet we were assured this was the only water the wretched inhabitants had to drink. As we gazed in horror at it, we saw drains and sewers emptying their filthy contents into it; we saw a whole tier of doorless privies in the open road, common to men and women, built over it; we heard bucket after bucket of filth splash into it; and the limbs of the vagrant boys bathing in it seemed by pure force of contrast, white as Parian marble. And yet, as we stood doubting the fearful statement, we saw a little child, from one of the galleries opposite, lower a tin can with a rope to fill a large bucket that stood beside her. In each of the balconies that hung over the stream the self-same tub was to be seen in which the inhabitants put the mucky liquid to stand, so that they may, after it has rested for a day or two, skim the fluid from the solid particles of filth, pollution, and disease. As the little thing dangled her tin cup as gently as possible into the stream, a bucket of night-soil was poured down from the next gallery.

Victorian London had its postcard wonders, to be sure—the Crystal Palace, Trafalgar Square, the new additions to Westminster Palace. But it also had wonders of a different order, no less remarkable: artificial ponds of raw sewage, dung heaps the size of houses.

Keywords:

Landlords/slumlords; water availability for the poor

Connection Questions:

1. What examples do you see in Manhattan of landlords not fixing problems because they do not live with the inconvenience/hazard every day?
2. What current Kansas problems are similar to these? For example, does social class ever determine who gets access to quality housing and clean water? What other resources does socioeconomic class influence?

The Ghost Map - Pages 20-21

This economic discontinuity is still encoded in the physical layout of the streets around Soho. The western border of the neighborhood is defined by the wide avenue of Regent Street, with its gleaming white commercial façades. West of Regent Street you enter the tony enclave of Mayfair, posh to this day. But somehow the nonstop traffic and bustle of Regent Street is almost imperceptible from the smaller lanes and alleys of western Soho, largely because there are very few conduits that open directly onto Regent Street. Walking around the neighborhood, it feels almost as if a barricade has been erected, keeping you from reaching the prominent avenue that you know is only a few feet away. And indeed, the street layout was explicitly designed to serve as a barricade. When John Nash designed Regent Street to connect Marylebone Park with the Prince Regent's new home at Carlton House, he planned the thoroughfare as a kind of cordon sanitaire separating the well-to-do of Mayfair from the growing working-class community of Soho. Nash's explicit intention was to create "a complete separation between the streets occupied by the Nobility and Gentry, and the narrower Streets and meaner houses occupied by mechanics and the trading part of the community.... My purpose was that the new street should cross the eastern entrance to all the streets occupied by the higher classes and to leave out to the east all the bad streets."

This social topography would play a pivotal role in the events that unfolded in the late summer of 1854, when a terrible scourge struck Soho but left the surrounding neighborhoods utterly unharmed. That selective attack appeared to confirm every elitist cliché in the book : the plague attacking the debauched and the destitute, while passing over the better sort that lived only blocks away . Of course the plague had devastated the "meaner houses" and "bad streets" anyone who had visited those squalid blocks would have seen it coming. Poverty and depravity and low breeding created an environment where disease prospered, as anyone of good social standing would tell you. That's why they'd built barricades in the first place.

Keywords:

Barricades between rich and poor

Connection Questions:

1. Consider your hometowns. Were there streets or areas of town that separated the "good" part of town from the "bad" part of town?
2. Was social class connected to these definitions of "good" and "bad"? Or did some other factor (race, country of origin, etc...) determine "good" and "bad"?
3. How about in Manhattan? Do you know of any similar areas here? If so, how do you know?

The Ghost Map - Pages 47-51

The prominence of quack cures also had an unexpected side effect: it helped create an entire rhetoric of advertising— as well as a business model for newspapers and magazines— that has lasted for more than a century. By the end of the 1800s, patent-medicine manufacturers were the leading advertisers in the newspaper business, and as the historian Tom Standage observes, they were “among the first to recognize the importance of trademarks and advertising, of slogans, logos. . . . Since the remedies themselves usually cost very little to make, it made sense to spend money on marketing.” It has become a cliché to say that we now live in a society where image is valued over substance, where our desires are continually stoked by the illusory fuel of marketing messages. In a real sense that condition dates back to those now quaint notices running in the columns of Victorian newspapers, promising an endless litany of cures bottled in one marvelously inexpensive elixir.

Not surprisingly, the patent-medicine industry was eager to provide a cure for the most menacing disease of the nineteenth century. A naïve reader of the London Times classifieds in August of 1854 might have naturally assumed that the cholera was on its way out, given all the cures that seemed readily available:

FEVER and CHOLERA.— The air of every sick room should be purified by using SAUNDER’S ANTI-MEPHITIC FLUID. This powerful disinfectant destroys foul smells in a moment, and impregnates the air with a refreshing fragrance.— J.T. Saunders, perfumer, 316B, Oxford-street, Regent-circus; and all druggists and perfumers. Price 1s.

As laughable as the patent-medicine adverts seem to us today, they nonetheless provoked irate letters complaining about the injustice of keeping these expensive cures out of reach of the lower classes:

Sir,— I have observed lately several letters in your influential journal , treating upon the present much-talked-of subject— the enormous price of castor oil as retailed by the druggists. . . . One man in this town [has] boldly come forward and made a public announcement, in the shape of placards upon the walls, that he is prepared to sell the finest cold-drawn castor oil at 1d. per ounce, and it is to be hoped that his example will be universally followed. Sure, Sir, when a druggist himself is candid enough to publish to the world that he can afford to sell this article at 1d. per ounce instead of 3d. and by so doing have a sufficient profit thereby, can there now be any doubt whatever in the minds of the people that this class of tradesman have for many years past been reaping a great harvest by retailing castor oil to the poor at such immense gains.

You can see in these sentences the beginning of another modern sensibility: the outrage that is now directed against the price gouging of multinational drug companies. But at least Big Pharma is, more often than not, selling something that actually works. It is hard to say which would be a worse offense: selling castor oil with such high profit margins, or giving it away as a charitable act. At least the high prices discouraged people from employing the noxious stuff. One step up the food chain were the letters to the Times, often written by accredited medical men, offering up their remedy (or disputing another’s) for less obviously commercial ends. In the late summer of 1854, the surgeon-in-chief of the city police, G. B. Childs, had taken to writing the Times with descriptions of his fail -safe remedy for cholera’s most telltale symptom : diarrhea. This is his letter from the eighteenth of August:

Will you. . . kindly allow me a space in your columns, not only to reiterate what I have already with reference to ether and laudanum , but to explain how, in my opinion, these remedies act when taken into the stomach? If any corroborative testimony of its efficacy be further required, I would ask those who might be skeptical of its merits to call at any one of the police stations in the city of London, where a supply of the medicine is kept and satisfy themselves of the estimation in which it is held by the members of the force You want something which will act immediately without

requiring the slow, and in these cases uncertain, process of digestion. If the properties of opium are valuable, and they are acknowledged to be such by all authorities, the sooner these properties are brought into active operation the better. . . . In conclusion, Sir, I beg to observe that in submitting these remedies to your numerous readers I feel that, as a public officer, I am only discharging a public duty.

Formally, those closing solemn statements are typical of the genre, and of course their solemnity plays against the modern reader's amusement at the remedy itself. After all, we have here a chief law enforcement official writing into the daily paper essentially to encourage people to ingest heroin to treat their upset stomachs—and if the readers don't believe him, they should head down to the nearby squad house to hear firsthand how highly regarded the "medicine" is by the police force. Not exactly a "war on drugs" sentiment, although not entirely without merit medically: constipation is a reliable side effect of opiate abuse. Cholera remedies were a running dialogue in the papers of the day, a source of endless debate. One M.D. would write in endorsing his cocktail of linseed oil and hot compresses on Tuesday, and by Thursday another would be running off a list of patients who had died after following precisely such a treatment.

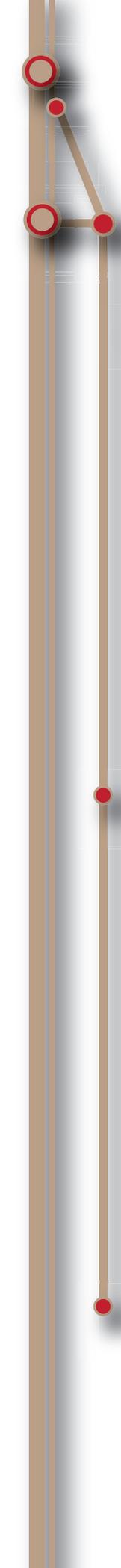
Sir,— Induced by the very favourable results of the use of castor oil in cholera, as reported by Dr. Johnson, I have just put his practice to the test of experience, and I regret to say with signal failure. . . .

Sir,— Let me entreat your metropolitan readers not to be led by the letter of your correspondent into the belief that smoke is in any way a preventative of cholera, or can in any degree influence the prevalence of epidemic disease. . . .

The constant squabbling between medical authorities in the papers eventually hit a point of self-parody. The week of the Broad Street outbreak, *Punch* went to press with a lacerating editorial titled "Who Shall Decide When Doctors Disagree?"

It really is nauseating to witness the quantity of doctor's stuff that is allowed to run down the columns of the newspapers. It will be necessary at last to proceed against the public press as a public nuisance if we have much more of the "foul and offensive matter" circulating under our noses every day at our breakfast tables to an extent highly dangerous to the health, the patience, and the nerves of the reading community. If the doctors who write to the papers would agree in their prescriptions for cholera, the public might feel grateful for the trouble taken, but when one medical man's "infallible medicine" is another man's "deadly poison," and the specific of to-day is denounced as the fatal drug of tomorrow, we are puzzled and alarmed at the risk we run in following the doctors' contradictory directions.

Ordinary doctors possessed no less unanimity in their treatment of cholera than the patent-medicine impresarios or the newspaper letter-writers. Sometimes the cholera was treated with leeches, based on the humoral theory that whatever seemed wrong with the patient should be removed from the patient: if the cholera sufferer's blood was unusually thick, thanks to dehydration, then the patient needed to lose more blood. Contrary to G. B. Childs' advice, many doctors prescribed laxatives to combat a disease that was already expelling fluids from the body at a lethal rate. Purgatives like castor oil or rhubarb were widely prescribed. Physicians were also inclined to recommend brandy as a treatment, despite its known dehydrating effects. While these were not quite examples of the cure being worse than the disease—cholera set the bar quite high, as diseases go—many of the proposed remedies exacerbated the physiological crisis that cholera induced. The few positive effects, such as they were, were mostly placebo in nature. And of course, in this elaborate mix of homespun remedies, commercial elixirs, and pseudoscientific prescriptions you would almost never find the real advice that the patients needed to hear: rehydrate.



Keywords:

Credibility; health care & social class

Connection Questions:

1. Why did people believe these contradictory accounts?
2. What is the danger of weak credibility in writing? How can you make sure your own writing is credible?

The Ghost Map - Pages 83-85

But not all the locals had succumbed to abject fear. As he made his rounds, Whitehead found himself musing on an old saying that invariably surfaced during plague times: “Whilst pestilence slays its thousands, fear slays its tens of thousands.” But if cowardice somehow made one more vulnerable to the ravages of the disease, Whitehead had seen no evidence of it. “The brave and the timid [were] indiscriminately dying and indiscriminately surviving,” he would later write. For every terrified soul who fell victim to the cholera, there was another equally frightened survivor. Fear might not have been a contributing factor in the spread of disease, but it had long been a defining emotion of urban life. Cities often began as an attempt to ward off outside threats— fortified by walls, protected by guards— but as they grew in size, they developed their own, internal dangers: disease, crime, fire, along with the “soft” dangers of moral decline, as many believed. Death was omnipresent, particularly for the working class. One study of mortality rates from 1842 had found that the average “gentleman” died at forty-five, while the average tradesman died in his mid-twenties. The laboring classes fared even worse: in Bethnal Green, the average life expectancy for the working poor was sixteen years. These numbers are so shockingly low because life was especially deadly for young children. The 1842 study found that 62 percent of all recorded deaths were of children under five. And yet despite this alarming mortality rate, the population was expanding at an extraordinary clip. Both the burial grounds and the streets were filling up with children. That contradictory reality explains, in part, the centrality of children in the Victorian novel, particularly in Dickens. There was, for the Victorians, something singularly charged about the idea of innocent children being exposed to the diseased squalor of the city, a notion that is, interestingly, almost entirely absent from French novels of the same period. When Dickens introduces the vagabond child Jo in *Bleak House*, his language implicitly references the dismal child-mortality statistics of the day: “Jo lives— that is to say, Jo has not yet died— in a ruinous place known to the like of him by the name of Tom-all-Alone’s. It is a black, dilapidated street, avoided by all decent people, where the crazy houses were seized upon, when their decay was far advanced, by some bold vagrants who after establishing their own possession took to letting them out in lodgings.” The phrasing captures the dark reality of urban poverty: to live in such a world was to live with the shadow of death hovering over your shoulder at every moment. To live was to be not dead yet.

From our vantage point, more than a century later, it is hard to tell how heavily that fear weighed upon the minds of individual Victorians. As a matter of practical reality, the threat of sudden devastation— your entire extended family wiped out in a matter of days— was far more immediate than the terror threats of today. At the height of a nineteenth-century cholera outbreak, a thousand Londoners would often die of the disease in a matter of weeks— out of a population that was a quarter the size of modern New York. Imagine the terror and panic if a biological attack killed four thousand otherwise healthy New Yorkers over a twenty-day period. Living amid cholera in 1854 was like living in a world where urban tragedies on that scale happened week after week, year after year. A world where it was not at all out of the ordinary for an entire family to die in the space of forty-eight hours, children suffering alone in the arsenic-lit dark next to the corpses of their parents.

Keywords:

Fear; working class mortality rates; magnitude of epidemics in Victorian times

Connection Questions:

1. Does socioeconomic class impact life expectancy? Why? Compare life expectancies today with Victorian life expectancies.
2. How does growing up in poverty or lower working class impact your opportunities in life?

The Ghost Map - Pages 132-134

Raw social prejudice also played a role. Like the other great scientific embarrassment of the period—phrenology—the miasma theory was regularly invoked to justify all sorts of groundless class and ethnic biases. The air was poisoned, to be sure, but the matter of who fell ill, and what disease they suffered from, was determined by the constitution of each individual breathing in the air. So went Thomas Sydenham's internal-constitution theory of the epidemic, an eccentric hybrid of weather forecasting and medieval humorology. Certain atmospheric conditions were likely to spawn epidemic disease, but the nature of the diseases that emerged depended partly on a kind of preexisting condition, a constitutional susceptibility to smallpox, or influenza, or cholera. The distinction was often defined as one between exciting and predisposing causes. The exciting cause was the atmospheric condition that encouraged a certain kind of disease: a specific weather pattern that might lead to yellow fever, or cholera. The predisposing cause lay in the bodies of the sufferers themselves. That constitutional failing was invariably linked to moral or social failing: poverty, alcohol abuse, unsanitary living. One alleged expert argued in 1850: "The probability of an outburst or increase during [calm, mild] weather, I believed to be heightened on holidays, Saturdays, Sundays, and any other occasions where opportunities were afforded the lower classes for dissipation and debauchery."

The idea of one's internal constitution shaping the manifestation of disease was not just useful for affirming social prejudices about the moral depravity of the lower classes. It also helped paper over a massive hole in the theory itself. If the miasma seemed unusually capricious in its choice of victims for poison allegedly circulating in the atmosphere— if it killed off two housemates but left the remaining two unscathed despite the fact that they were all breathing the same air— the miasmatisms could simply point to the differences in constitution between the victims and the survivors to explain the disparity. Although the poisonous vapors were distributed equally through the environment, each inner constitution possessed its own distinct vulnerability.

Like much of the reasoning that lay behind the miasma theory, the idea of an inner constitution was not entirely wrong; immune systems do vary from person to person, and some people may indeed be resistant to epidemic diseases like cholera or smallpox or plague. The scaffolding that kept miasma propped up for so long was largely made up of comparable half-truths, correlations mistaken for causes. Methane and hydrogen sulfide were in fact poisons, after all; they just weren't concentrated enough in the city air to cause real damage. People were more likely to die of cholera at lower elevations, but not for the reasons Farr imagined. And the poor did have higher rates of contagion than the well-to-do, but not because they were morally debauched.

Yet miasma had just as much to offer the liberals as it did the conservatives. Chadwick and Nightingale and Dickens were hardly bigots where the working classes were concerned. Miasma, for them, was not a public sign of the underclasses' moral failing; it was a sign of the deplorable conditions in which the underclasses had been forced to live.

Keywords:

Social prejudice; impact on treatment and prevention of cholera

Connection Questions:

1. How do we see social prejudice influencing policies in the United States and Kansas?
2. What makes people poor in *The Ghost Map*? Is it individual or societal? Would a Londoner in 1854 London agree with you? Did they think poverty was individual or societal or something completely different?

