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'A DANGEROUS REVOLUTIONARY FORCE AMONGST US'

CONCEPTUALIZING WORKING-CLASS TEA DRINKING IN THE BRITISH ISLES, c. 1860–1900

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ABSTRACT Historians of nineteenth-century British tea consumption have highlighted the function of the substance as an index of middle-class civility and marker of national identity. In this article, I maintain that concerns about tea drinking were equally prominent throughout the late Victorian period. As medical practitioners increasingly intervened in food matters, apprehension about the physiological and psychological consequences of increasing access to tea in working-class communities proliferated. This pessimistic discourse can be firmly situated in the context of broader debates about national decline, physical and mental deterioration, the subversion of gender roles in the domestic sphere and Imperial expansion.

Keywords: tea, working-class culture, history of dietetics, degeneration, history of medicine

'The habit of tea-drinking is becoming more and more thoroughly national in the British Islands as the century draws to a close.' So claimed the *British Medical Journal* in 1888. Eighty years earlier, the journal observed, drinking tea had been considered an effeminate pastime, while coffee was more closely associated with masculinity. Yet in the 1890s tea seemed to be universally popular, a taste for the substance having traversed gender boundaries. Curiously, however, the author continued by identifying the extension of tea drinking across the British social spectrum as a negative phenomenon and pinpointing it as a remarkably problematic element of working-class culture. The text alluded to cultures of tea dependency; dangerously excessive levels of consumption; and widespread reliance upon tea as a staple dietary article. Less affluent groups were depicted as worryingly prone to overdosing on tea, a predicament which might afflict even the most strong-stomached individual. Meanwhile, culinary habits such as consuming overly hot tea were blamed for over-stimulating the heart and irritating the stomach's mucous membrane. Overall, the editorial directly implicated tea as a leading cause of rising levels of chronic dyspepsia and crippling indigestion, perceived by medical practitioners to be afflicting working-class communities.¹

The content of this editorial raises pertinent questions about the social function of tea during the late-Victorian period. Previous histories of tea have often focused upon

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how the substance came to act as a marker of middle-class social civility and an index of polite society. Wider access to tea, it has been claimed, facilitated the dispersion of aspects of middle-class culture among citizens of a lower grade. Julie Fromer has persuasively demonstrated that tea became a shared cultural symbol emblemizing the primacy of the domestic sphere and the important moral role of women in the house. Throughout this period, tea played an important role in defining middle-class culture, as a sense of class respectability was promulgated through the adoption of certain culinary habits and displays of table etiquette.²

Accurate as this interpretation is with regard to middle-class communities, it fits uneasily with the *British Medical Journal's* pronouncements, which, contrarily, suggest that tea occupied a rather more ambiguous space on the late-Victorian social terrain. Certainly, tea was regularly discussed in the *British Medical Journal*, a publication which at this time was actively engaged in a variety of socio-medical campaigns to improve health and communal well-being.³ Sidney W. Mintz, in his seminal work on sugar, has traced the historical development of what he terms 'extensification' or the process whereby luxurious goods come into common usage. As this happens, the meanings of particular foodstuffs shift as they become enjoyed by groups lower down the social scale, sometimes losing their initial association with social prestige.⁴ The meanings surrounding tea, Mintz argues, became particularly diverse in Britain from around 1850. Rather than simply emulating attitudes towards tea shared by the classes above, working-class communities often chose not to relate their drinking habits to respectability. Instead, they associated the drink with time-saving and with the provision of physical energy which allowed them to labour efficiently in a modernizing industrial system. Working-class tastes shifted in accordance with the rise of the factory system, Mintz maintains, and these industrial considerations underpinned how less affluent communities thought about tea.⁵

Historical responses to working-class tea usage have been left relatively unexplored. Analysis of social concerns about tea is mostly absent from standard texts on tea history such as William H. Uker's seminal *All about Tea* (1935).⁶ Nineteenth-century concern about tea's apparent danger has been assessed by Erika Rappaport, although her interest lies principally with issues relating to adulteration between 1850 and 1870.⁷ Tamara Ketabgian, meanwhile, has discussed tea's relation to industrial work and leisure, but concentrates principally upon the early nineteenth century.⁸ Precisely how and why *unadulterated* tea became classified as a potentially volatile substance during the latter half of the nineteenth century has yet to be fully examined, as has the nature of responses to the matter.

Accordingly, this article maintains that a culturally visible set of concerns about the prevalence of 'tea abuse' co-existed with the rise of socially acceptable modes of tea consumption, and explores how medical discourse on this implicated the 'lower classes'. Being careful not to offend middle-class civil sensibility, medical voices chose to analyse and critique not so much the potentially unhealthy properties of tea as the manner by which it was prepared, consumed and utilized by less affluent social groups as the drink's usage extensified. Sharp binaries were constructed between the 'safe' tea-drinking practices adopted in the refined context of the middle-class home and the

indulgent, morally dangerous tea habits seemingly emerging in working-class communities. Discussion of the latter form of consumption came to be codified in such a way that a substance which, to many, represented domestic security and Imperial prowess was transformed into a dangerous, sometimes deadly, consumable.⁹ Hence, the boundaries between tea as a safe and as an unsafe substance proved to be remarkably fluid, and late-Victorian anxieties about tea drinking were thus concerned with assessing the cultural meanings of its misuse and with regulating its consumption.

This raises a further interesting question. If the cultural construction of tea was intrinsically concerned with the demarcation of both individual and collective identity, then is it possible that for medical men socially unacceptable tea customs displayed in working-class contexts symbolically disrupted preferred visions of national and social identity? Certainly, tea became presented as a substance with the potential to upset social equilibrium and to pose a threat to both domestic and national harmony by disrupting familial life, weakening individual and national health and propagating immorality. Accordingly, medical critiques of working-class dietary regimes depicted a range of subversive tea-drinking practices which not only resulted in physiological and psychological damage but also upset notions of social order. Hence, the debates discussed here were also intended to aid in 'civilizing' the 'lower orders' with reference to national well-being.

RISING LEVELS OF TEA CONSUMPTION

The *British Medical Journal* was undoubtedly correct in stating that tea consumption had risen dramatically throughout the nineteenth century. The tea trade underwent profound expansion in this period, stimulating dramatic changes in patterns of demand.¹⁰ John Burnett has ascertained that between 1800 and 1900 the quantity of tea purchased in the United Kingdom rose from 23,720,000 lb per year to 224,180,000 lb. This rise was facilitated by the ever cheaper cost of tea. Burnett reveals that the price of Congou tea was 5s 6d a pound in 1813. Yet when William Ewart Gladstone introduced lower duties in 1853, tea taxes reduced dramatically from over 2s per pound to 1s a pound. Following this, tea could be purchased for as cheaply as 1s 6d a pound.¹¹ Peter Mathias has also observed that the population of the United Kingdom rose from twenty-seven million to forty-five million between 1851 and 1911; wages doubled between 1850 and 1910; and prices of goods fell by up to 40 per cent between 1870 and 1895. According to Mathias, these factors combined to facilitate a rising demand for tea.¹² Changes in marketing and packaging also occurred. As Rappaport has demonstrated, tea began to be sold in sealed packages from 1826, following the initiative of Quaker abolitionist and parliamentary reformer John Horniman. In the 1880s packaging became especially popular once Sir Thomas Lipton began selling tea in this way. Developments such as these helped propel tea to a prominent position in late-Victorian consumerist culture.¹³

However, Oddy has also argued that, despite wage increases and lowered prices of goods, nutritional health failed to improve in the British Isles, the result being that

worries about working-class food purchasing behaviour and nutrition proliferated.¹⁴ It is therefore plausible that increased medical attention towards tea was responsive to fears of a general decline in nutritional health. But could it also be the case that increased unease about working-class tea consumption resulted from shifts in ways of thinking about food and its relationship with working-class behaviour? James Vernon has convincingly argued that the mid-nineteenth century witnessed an increasingly humanitarian approach to issues such as hunger. A lack of food became gradually perceived less as the fault of the poor who, through idleness or other factors, failed to secure food. Instead, hunger might result from social and economic forces which the poor had little influence over, while science became increasingly deployed as a tool which could identify minimum nutritional standards and make recommendations for dietetic improvement.¹⁵ Advances in nutritional science (which emerged as an offshoot from the organic chemistry of the 1840s) ran concurrently with the rise of this humanitarianism. As Mark Finlay and others have detailed, nutritional scientists were eager to present their research as a tool with potential social utility in guiding communal dietary choice and advice.¹⁶ Ian Miller, meanwhile, has argued that the scientific discipline of dietetics blossomed in Britain in this period largely in response to high communal levels of indigestion brought about in part by an increasing exposure to, and ingestion of, foreign foodstuffs across the British social spectrum. Physicians blamed a lack of dietary restraint for alarmingly high levels of dyspepsia, a gastric condition frequently presented as the national disease of Britain. Overall, medicalized food discourses praised dietary restraint and moderation as a key to navigating the problems which industrial life had brought with them, while nutritional science provided a technical basis for food recommendations.¹⁷

Overall, what these diverse arguments all point to is what might be referred to as the increasing 'medicalization' of diet in the mid-nineteenth century. Rappaport has made a similar point with specific reference to debates about tea adulteration between the 1850s and 1870s, a period when specialist scientific disciplines began to assist in defining which forms of production and consumption were safe, and in regulating food purity.¹⁸ Yet the content of debates about tea in later periods suggests that attention gradually shifted towards exploring which patterns of *unadulterated* tea-consumption practices were safe for the human body, and which were not. By doing so, the medical profession became better able to defend British society not only from unscrupulous food traders but also from poor familial purchasing and consumption decisions. These arguments also tapped into wider developments in medical circles which resulted in a closer demarcation of those foods that were safe and those that were dangerous. However, the decision-making processes which this entailed were often complex, as is evident in the debates surrounding the physiological purpose of alcohol. Temperance advocates repeatedly denounced the dangers of ingesting alcohol, yet controversies raged because alcohol also served medicinal purposes, and publications such as the *British Medical Journal* printed numerous arguments about whether or not alcohol was a food.¹⁹ To complicate matters further, alcohol, despite its obvious problems, was often a much safer, purer product than alternatives such as water, which could be contaminated or impure.

Tea was a further substance whose physiological safety was not always clear-cut, although in this instance debates centred around the manner by which it was prepared and consumed rather than the actual nature of the foodstuff itself. A contemporary source which clearly illuminates how tea was used in working-class communities is a dietary survey undertaken by Edward Smith in 1863. By this point, Smith had accrued an outstanding reputation for his research into human nutrition. By the 1860s he was acting as Medical Officer of the Privy Council and, as part of his duties in this role, was dispatched to investigate eating patterns in north-west England during the Lancashire Cotton Famine. A second dietary survey conducted by Smith, recorded in the *Report of the Medical Officer of the Privy Council of 1864*, was more extensive, investigating consumption patterns throughout the entire British Isles.²⁰ Smith's impressive dietary survey was conducted in a cultural ethos which encouraged dietary reformers to eagerly promulgate visions of scientifically defined understandings of food. This was presented as holding the potential to reform the haphazard purchasing and consumption patterns exhibited by the lower classes, a development which further highlights the extension of medical interest away from issues of purity.²¹ In Smith's findings, tea emerged as a key target of his vision of working-class dietetic reform.

Smith's investigative methods were certainly guided by a set of preconceptions about working-class tea habits. Just three years prior to conducting his survey, Smith had publicly articulated his view that tea was an unsuitable article for certain social groups. His scientific analysis of the physiological effects of the substance had indicated that, when taken in moderate doses, tea increased the vital actions, heightening nervous, mental and muscular actions. Yet when consumed in larger doses, or by individuals with certain bodily conditions, the drink was shown to develop a narcotic function, producing a temporary but distressing nausea. These observations enabled Smith to formulate a lengthy list of various physiological states where tea drinking should be discouraged. Tea was not to be taken when the stomach was 'absent of food', for instance, as it failed to supply appropriate levels of nutritive material to compensate for a lack of alternative nourishment. It was therefore presented as an unsuitable breakfast item, as the bodily system was not yet replete with food in the morning.²² Hence, by the time Smith was conducting his interviews with working-class labourers, he had already formulated a professional opinion which implied that the poorest sections of British society should be excluded from excessive tea drinking. His physiological model confirmed tea-drinking to be a safe habit only when partaken of by those who were well fed, and who could be trusted to employ self-restraint and moderation in its usage, thus in many ways affirming tea's association with middle-class culture.

In his second survey of labourers' diets, Smith revealed that tea drinking had become a universal habit throughout working-class communities, with coffee being consumed on a far more modest scale. Ninety-four per cent of his samples were determined to regularly consume the drink, with national averages varying from 99 per cent in England to 57 in Ireland.²³ As well as exploring regional differentiation, Smith's study also explored variation between the dietary habits of urban and those of agricultural labourers.

Table 1 demonstrates the weekly average quantity of tea consumed by Smith's sample families. Smith's findings indicate that tea was consumed individually in higher

quantities in female-dominated employment avenues such as needlework, and to a lesser extent individually in male-dominated professions such as farm labouring. Yet among farm-labouring families as a whole, levels of tea drinking still seemed relatively high, indicating high consumption levels among remaining members of the family who tended not to be analysed individually, namely females and children. Furthermore, while these statistics may not suggest alarmingly high levels of tea consumption by today's standards, Smith's concern as a nutritional scientist was the apparent reliance among lay communities on tea alone as a principal source of sustenance. For instance, his report lamented the manner by which tea was utilized as a hot meal in itself in many communities.²⁴ As Table 1 indicates, individual tea consumption was considerably higher among London needlewomen in comparison to other groups. Smith reported that these women typically drank tea up to three times a day for the sole purpose of ingesting a hot meal, supplementing the drink with bread and butter alone.²⁵ Hence, Smith's investigations revealed that tea was indeed being relied upon as a staple dietary article by the underfed and empty-stomached.

Smith's approach was not just analytical. It also prescribed changes in social behaviour. Hence, according to Smith's interpretation of his data, tea consumption encouraged secondary poverty, as working-class women were seen as inappropriately directing their financial resources towards purchasing tea rather than more nutritious goods. Smith apprehended that this had detrimental ramifications for the nutritional health of working-class families, asserting that one ounce of tea had an 'infinitesimal nutriment' in comparison with that of twelve pints of skimmed milk (noted as costing the equivalent amount of money in areas such as Devon).²⁶ Utilizing contemporary nutritional measurement techniques, Smith ascertained that twelve pints of skimmed milk contained 5,238 grains of carbon and 523 grains of nitrogen, while tea contained scarcely any carbon and only ten grains of nitrogen.²⁷ Hence, working-class women

Table 1 Weekly quantity of tea consumed per family and individually

<i>Occupation and location</i>	<i>Average amount consumed per family weekly</i>	<i>Average amount consumed per labourer weekly</i>
Silk weavers and throwsters (England)	2 oz	0.43 oz
Needlewomen (England)	2 oz	1.25 oz
Kid glovers (England)	1.75 oz	0.9 oz
Stocking and glove weavers (England)	2 oz	Not recorded
Shoemakers (England)	3.25 oz	0.75 oz
Farm labourers (England)	2.25 oz	0.25 oz
Farm labourers (North Wales)	3.75 oz	0.75 oz
Farm labourers (South Wales)	1.5 oz	0.5 oz
Farm labourers (Scotland)	2.5 oz	0.75 oz
Farm labourers (Ireland)	1.25 oz	0.25 oz

Source: Sixth Report of the Medical Officer of the Privy Council with Appendix, 1864.

were depicted as failing to fulfil their primary familial roles as the balance of money spent on food was tipped disproportionately towards purchasing an innutritious substance whose excessive usage ultimately resulted in detrimental health consequences.

Accordingly, Smith deployed his nutritional findings to explain shifts in purchasing behaviour. This is a notable point given the rising importance of the grocer, and his increasing tendency to sell packaged tea at a cheap cost.²⁸ Smith observed that the London poor often bought their foods in very small quantities, purchasing on average a quarter of an ounce of tea per day rather than buying in bulk at cheaper cost.²⁹ Hence, female tea-purchasing habits appeared to be subverting preferred domestic ideals as money was not being directed towards buying goods which would protect the health of the family.³⁰ From the perspective of the working-class woman herself, however, this pattern may have made sense. Less affluent families were often caught in a weekly poverty cycle where financial resources might be running low on the days immediately preceding pay-day (Friday).³¹ Hence, the purchase of consumables could be staggered to ensure that financial resources were not immediately depleted. Furthermore, issues of convenience often took precedence over nutritional concerns in modern, industrial life.

The widespread popularity of tea was rendered comprehensible by Smith in his discussion of how the drink had become a necessity in localities where milk supplies were lacking or unreliable. The product tended to be considered as a luxury item in those communities which had plentiful access to milk, while in other areas it had become a dietary necessity.³² Varying milk availability also explained why coffee was proving less popular. According to Smith, only around 40 per cent of farm labourers were reported to purchase coffee regularly, a strikingly low proportion when we consider that 90 per cent of Smith's sample regularly purchased tea.³³ This disparity was ascribed in his report to the culturally prevalent idea that coffee could not be consumed without milk or sugar, whereas tea could be. Hence, even in districts where it might be cheaper to buy coffee, tea was still preferred as it required fewer additions.³⁴ Yet tea and milk were perceived as liquids with polarized qualities: milk, when healthy, was a nutritious substance which strengthened and nourished the body, while tea was essentially a stimulant which excited the nervous system.³⁵

A further notable aspect of Smith's assessment of working-class tea-drinking habits was the regional diversity displayed in his findings. The high quantities consumed in Wales especially alarmed Smith. As Table 1 demonstrates, his analysis was separated into discussion of North and South Wales. Smith determined that tea was drunk almost universally in Anglesey and North Wales and by 84 per cent of families in South Wales, yielding an average of 90 per cent in the country as a whole. Although the quantities consumed per family were higher in North Wales, Smith recorded its usage as appearing to be increasing in South Wales, a development which he regretted given that the amount of nutriment obtained through food in Wales already appeared to him insufficient to maintain health.³⁶ Conversely, Irish farm labourers were determined as consuming smaller quantities of tea. When milk supplies were unobtainable, tea, herrings, sugar and coffee tended to act as substitutes for Irish farm-labouring

communities. Some 57 per cent of farm labourers were reported to drink tea regularly, while coffee was consumed by only around 24 per cent, although Smith did record that 'in a few instances, tea and coffee were mixed together to make them stronger!'³⁷ However, as in his discussion of other regions, Smith lamented the introduction of tea and coffee into western parts of Ireland, as he believed that it was further decreasing milk consumption.³⁸

Smith's report provides an informative snapshot of how one leading medical figure interpreted the social function of tea in the early 1860s, and how professional anxieties about the drink's impact upon communal health developed. Tea purchasing appeared to have become a necessity among the poorest social groups, and it was used to feed families frugally. Furthermore, medical investigation revealed to the public that this habit was becoming deeply ingrained in working-class culture. Yet the manner by which tea was consumed by the poor was seen as subverting cultural norms surrounding the product's usage. Rather than being utilized as a civilized addition to daily eating and drinking patterns, tea had become a staple dietary article in itself, being consumed in ways which contravened middle-class codes of consumption. Furthermore, by contrasting tea's properties with those of milk, Smith was able to suggest that many families were dependent upon a stimulant rather than a nutritious substance, a scenario which challenged the dietary rules established by the emergent sciences of nutrition and digestion.

RESPONDING TO WORKING-CLASS TEA CONSUMPTION

Drawing connections between diet and national decline was common practice during the nineteenth century. By the 1860s medical practitioners were contributing to such debates by making public statements about the dietary issues afflicting their communities, thus allowing them to connect with wider medical debates surrounding the declining health of the national body. A prime concern in this discourse was that increased access to cheaper tea had only been made possible by Imperial expansion and the associated changes in modern consumerist culture which this prompted. In this period, tea became imported in higher quantities from India (rather than from China), a country in the Imperial realm. This encouraged tea to be seen as a potential vector of unhealthy foreign influences. This theme had been apparent in eighteenth-century literature on tea, when contemporaries such as Thomas Trotter had warned of the impact of foreign teas partly contributing to the rise of a 'nervous society', in which British physical vitality would be diminished by the ingestion of foreign substances.³⁹ These concerns emerged afresh as sciences of diet accrued influence in the late nineteenth century and as the Empire further expanded.⁴⁰ Medical analyses of working-class tea-drinking habits also tended to embody concerns about the detrimental effects of industrial modernity upon the corporeal body. Apprehensions about the danger of tea drinking became entwined with wider unease surrounding the direction of societal progression in an age of industrial advancement, and were particularly concerned about the manner in which less desirable aspects of that outcome seemed to be becoming physically inscribed on the labouring body.

Edward Smith had constructed models of the nutritionally deficient working-class body based upon technical analysis. Yet even medical men not equipped with an analytical comprehension of human nutrition made frequent common-sense observations that scanty diets produced ill health among labouring communities. During the early 1860s, provincial medical practitioners repeatedly articulated apprehension about the capacity of the labouring body to protect itself from epidemic disease while subsisting on an innutritious diet. Their views were typically predicated on presumptions that epidemic disease was multi-causal in nature, and that detrimental predisposing factors, including poor diet, weakened the body's capacity to withstand illness.⁴¹ Hence, in 1861 high levels of pulmonary disease evident in Pateley Bridge, Leeds, were attributed to the diet of the locality's labouring classes, noted as consisting principally of tea and bread.⁴² Similarly, the *Report of the Medical Officer of the Privy Council* of 1865 highlighted how the dietary regimes of Liverpool's poorer classes – again composed almost exclusively of tea and bread – were predisposing large sectors of the city's community to contagious fever and typhus.⁴³ According to these accounts, reliance upon tea as a staple dietary article was lowering the health and vitality of large groups of industrial workers, rendering them vulnerable to life-threatening disease.

For medical men, the idea that the working classes were being physically weakened as a result of their dietary arrangements carried deep cultural resonance. Working-class dietetic customs became interpreted as an important factor in wider degenerative processes, a claim which held profound significance in a cultural milieu increasingly characterized by fears over national decline, physical weakness and the emergence of a decadent culture.⁴⁴ Tellingly, in 1865 Mr Poppleton, a certifying surgeon to factories in Bradford, reported to the Privy Council on how badly fed the town's factory girls and operatives appeared, observing that they rarely tasted meat and that they relied heavily upon tea for sustenance. Poppleton claimed that Bradford's local population was in a state of physical degeneration, the visible impact of which could be seen in the local populace being remarkably shorter in height than their equivalents of previous generations.⁴⁵ Poppleton's comments on physical decline are indicative of rising alarm among provincial medical practitioners about the implications of tea consumption for the labouring body and communal health.

One of the most telling articulations of the viewpoints of provincial medical practitioners on this matter can be found in a paper read to the Midland Scientific Association in 1863 by Edwin Brown. In this, Brown expressed alarm over the potential socio-physiological consequences of tea becoming a national beverage. He insisted that a dramatic change in the epidemiological spread of disease had occurred throughout the British Isles in recent years, a situation which he ascribed to shifts in working-class dietary practice. Tea was singled out by Brown as it was a substance which he believed was being consumed due to its astringent and excitant properties, and its mentally exciting and exhilarating effects. For Brown, this mental stimulation was encouraging a communal increase in mental activity, the consequence of which was the depletion of the physical energy of labouring bodies, as the body's surplus of nervous energy was directed to the mind rather than the body. Brown asserted that: 'I cannot but think we have in the excessive use of tea, possibly the key to the cause of the lowering of the vital

energies of the nation.’ Hence, Brown’s physiological model of the working-class body depicted the human system as a reservoir of energy which could be directed disproportionately to the mind, should care not be taken with dietary intake. Among individuals perceived as lacking restraint and discipline, tea was therefore presented as a highly precarious substance consumed for its excitant properties rather than for its nutritional value. Hence, ‘tea abuse’ was characterized as essentially serving decadent purposes, and tea was accordingly allocated an unfavourable position in working-class lifestyles. It was also depicted as posing a challenge to national identity, thus destabilizing more positive views on tea being a national beverage.

In Brown’s view, unhealthy dietary habits posed a distinct threat to national harmony. For him, British physical stamina risked being reduced to that of other countries which had formerly been strong but whose vigour and international presence had dramatically declined. To solidify this point, Brown reminded his audience that the Chinese of the present day were merely ‘degenerate representations of their ancestors, who, prior to their being a tea-drinking nation, carried fire and sword over large portions of Europe and Asia’. For him, the enervating effects of tea had been a prime contributor to Chinese decadence and racial decline. The key target of Brown’s concerns was theine (or caffeine, as it is now known), a substance believed to have a lowering effect, and which could even produce paralysis.⁴⁶ Brown’s account of working-class tea-drinking habits, as was the case with Poppleton’s warning, can thus be clearly situated within wider contemporary unease about moral, cultural and national decline, concerns which medical practitioners increasingly engaged with during these decades. Brown’s separation of working- and middle-class cultures of tea pointed to the existence of an underbelly population whose usage of the beverage symbolized societal regression rather than progression, thus revealing how the meanings associated with the ingestion of a once luxury drink appeared to be subverted when extended to new class contexts.

The working-class body became actualized as a site where multiple social anxieties might be played out and articulated. This perspective helps to explain why the meanings ascribed to tea operated on multiple, complex levels. Civilized tea drinking might have become a key emblem of Britain’s social modernity and a defining symbol of middle-class culture, yet it was assumed that its usage would be restrained and moderated by the refined middle-class consumer. This appeared not to be the case lower down the social strata. A suitable example of this perspective can be found in famed London physician Thomas King Chambers’ medical textbook *The Indigestions* (1870). In this, Chambers argued that:

Much ill-health arises among women of the lower orders in this country from the custom of sluicing themselves with tea ... want of appetite for the quantity of coarse albuminous food necessary to working people is induced. In the upper ranks not so much harm is done by the five-o’clock kettle-drums and similar sloppy proceedings now so common, because their bill of fare is more attractive to the palate, and they usually get more flesh food as is good for them in spite of it. Besides which, educated persons have usually the instinct to stop in time a custom which really depends on a mere whim.⁴⁷

Chambers' perspective was undeniably influenced by his social ranking. He was closely related to William Frederick Chambers who had medically attended King William IV and Queen Adelaide. Educated at Rugby School and Christ Church, Oxford, Chambers offered a defensive perspective on complaints about tea, insisting that problems in its consumption rested not so much in the consistency of the substance itself as in the manner by which it was consumed outside of refined middle-class contexts.⁴⁸ Hence, Chambers offered no practical solution or schemes to manage tea-drinking problems. Instead, he was more interested in delineating social difference.

Yet provincial doctors more familiar with the poor dietary arrangements of their districts often adopted a more proactive role. Controversially, in 1872, pioneer of occupational medicine John Thomas Arlidge, then employed as a pottery inspector in Staffordshire, went so far as to argue that the reforming zeal of the temperance movement should also be directed to the repression of 'tea-tipping' among the poorer classes. 'Bitter and strong is the agitation at the present period against beer and other intoxicating liquors as the root of all evils', Arlidge asserted, 'but in my opinion there is room for agitation against tea drinking, as carried on in the way spoken of, for I am convinced that a deterioration of health among the working classes, and a lowered vitality in the rising generation are consequences of the abuse of the beverage in question.' For Arlidge, tea was potentially just as dangerous and addictive a substance as alcohol, yet working-class communities had not been subjected to equivalent levels of persuasion to abandon this habit as had been witnessed in anti-alcohol crusades. If anything, the social programme of the temperance movement appeared to encourage tea consumption, creating a vacuum in which new liquid beverages were sought, a development which in this case raised an entirely new set of social fears. In Arlidge's opinion, if opium and alcohol were classified as narcotic poisons, then so too should tea, a liquid which ruined digestion, enfeebled and disordered the heart, and shattered the nerves, and being, according to Arlidge, 'a form of animal indulgence which is as distinctly sensual, extravagant and pernicious as any beer-swilling or gin drinking in the world'.⁴⁹ Here, tea drinking was again clearly associated with decadence, and as contributing to national decline. For Arlidge, it seemed irrational to denounce one potentially dangerous substance while ignoring the dangers of another.

Unlike Chambers, Arlidge was a figure more closely attuned to, and intently sympathetic towards, working-class culture. His public criticism of the deficiencies of the asylum system and subsequent research into occupational health had previously enabled him to adopt a protective role towards groups lower down the social strata.⁵⁰ Yet his views sparked controversy. Tellingly, on the subject of Arlidge's statement, the *Spectator* insisted that there now appeared to be nothing that a poor man or woman could drink to quench their thirst without being condemned by medical authorities, adding that 'the best thing he or she can do is to try whether, with a few years practice, he cannot live like a sheep, without perceptible drinking at all', an approach which reveals some degree of public scepticism towards medical intrusion into private eating matters.

The publication maintained that tea only acted negatively on certain constitutions. Most likely to be affected were those suffering from hysteric tendencies, people of

sedentary habits, and women worn out with city excitements, and there appeared to be little evidence that it might act upon the mass of the people whose nerves were in fact strengthened by labour. The *Spectator* concluded that 'if a few nervous women suffer, as, for instance, factory hands may suffer, they suffer; but we question if they suffer as much as they would from the want of their most innocent luxury'. 'To banish tea', the *Spectator* asserted, 'or to limit the quantity drunk, or even to create a suspicion of it, would be a real injury to English mankind. It would literally leave them nothing to drink except most indifferent water, which they will not drink, and the alcoholic draughts from which our society already suffers so severely.'⁵¹

It is notable that the *Spectator* was a highly conservative newspaper whose views were representative of upper-to-middle-class opinion. This class position renders the publication's stance clearer: what the author perceived was an attack upon a potent symbol of Victorian civility. Yet the debate which Arlidge spawned is representative of the precarious role of tea in late-Victorian cultural thought, and the complexities involved in demarcating which substances were appropriate for vulnerable groups, and which endangered their health. The *Spectator* was wary of challenges to the new-found standing of tea in British culture and ridiculed the notion that it could be a dangerous substance, presenting such views as over-exaggerations. The publication admitted the vulnerability of certain nervous groups to tea's stimulating properties, yet to propose a war on tea meant to challenge established middle-class cultural norms which had upheld the drink as a civilized substance. Alcohol could be readily accepted as the downfall of the labouring family, yet to group tea in the same problematic category as alcohol threatened the cultural integrity of the substance.

What the debates between Arlidge and the *Spectator* demonstrate is the existence of contradictory attitudes towards the same product. On one hand, tea became demonized as a likely source of national decline; on the other, it was represented as a necessity to ease the hardships of the labouring classes. Arlidge's provocative comparison of the effects of tea with those of alcohol ultimately failed to energize a national crusade against the substance. Yet his suggestions can be located in a wider trend in medicine towards determining which foods were safe and which were not, although his arguments became perceived by non-medical individuals as a step too far, not least because moderate tea drinking was such an important social signifier of middle-class culture. Furthermore, challenging tea's healthiness undermined the social validity of the temperance movement. This perspective discouraged public adherence to Arlidge's views as they clashed profoundly with a cultural ethos which chose to present alcohol as the root of innumerable societal evils. On the contrary, as late as 1893, temperance talks given throughout the country happily discussed the positive chemical properties of tea, and its utility as a wholesome stimulant and a restorative of the nervous system.⁵²

TEA AND DOMESTICITY

During 1883 the Dean of Bangor expressed fury at the levels of tea consumption prevalent throughout working-class communities in North Wales. His announcements

received high levels of publicity, sparking national controversy throughout the British Isles. In a tirade given at a meeting on domestic education, he claimed that 'if a woman does not know how to cook and to make the best of the resources within her reach, she boils the kettle forever, and enfeebles her husband and sons by drenching them with oceans of tea, morning, noon and night'. The Dean of Bangor expressed fears that a badly fed population, suffering from the effects of poor housewifery, would become subject to a sense of 'sinking'. 'Thus the tea kettle goes before the gin bottle', explained the Dean, 'and the physical weakness and nervous irritability that had their origin in the bad cookery of an ignorant, thriftless housewife ends in the ruin of intemperance and deadly disease.'⁵³ The Dean insisted that:

Excessive tea-drinking creates a generation of nervous, hysterical, discontented people, always complaining of the existing order of the universe, scolding their neighbours, and sighing after the impossible. Good cooking of more solid substances would, I firmly believe, enable them to take far happier and more correct views of existence. In fact I suspect that overmuch tea-drinking, by destroying the calmness of the nerves, is acting as a dangerous revolutionary force amongst us.⁵⁴

The Dean's exclamations clearly demonstrate that solutions to the problem might be seen as residing in the reformation and education of the working-class housewife, rather than in mass crusades against tea. He articulated not hostility towards tea itself but instead towards the ways in which it was prepared and consumed lower down the social scale. This also mirrors Edward Smith's arguments that excessive tea consumption resulted primarily from the misappropriation of financial resources by working-class women. The Dean's attack on the domestic arrangements of the Welsh poor can therefore be located as part of a wider middle-class assertion of the ideals of the family as a maintainer of morals, and was received sympathetically as his announcements did not pose such a succinct threat to middle-class behavioural norms as Arlidge's had done.⁵⁵ They formed part of a broader attempt at working-class reform, which relied upon the analysis of class, and which was willing to apply medical paradigms of health and nutrition to justify reasoning.⁵⁶ Certainly, these views were less concerned with issues of child welfare at this point and more with harmonizing the family, acting as a precursor to what Anna Davin and others have famously identified as a burgeoning concern for motherhood around the turn of the century.⁵⁷

The Dean of Bangor's pronouncements were visibly influenced by medical views about tea's potential impact upon the nervous system, and its function as a stimulant rather than a nutritious substance. His speech borrowed heavily from physiological models of the body which focused upon national decline and physical deterioration. Yet the Dean also perceived close links between physical well-being and national stability. This was particularly evident when he foresaw connections between tea drinking and political radicalism by asserting that 'the torrents of bad tea seem to me to be swelling into a flood of Radicalism. This bad housewifery is not only productive of possible revolution, but of lamentable immorality.' To qualify this assertion, the Dean insisted that the American Revolution had commenced with a revolt against tea, and that it was probable that those who flung the taxed tea into Boston Harbour were

tea-drinkers themselves. On the subject of the French Revolution, meanwhile, he enquired: 'who knows whether the secret of the great European explosion was not to be found in tea? Once nations begin to drink tea, they lose respect for the ancient constitutions, and promote eras of reform and revolution.' Finally, Gladstone, a self-confessed tea-drinker, was presented 'as the dread of every reactionary Conservative' due to his reforming zeal.⁵⁸ Underpinning the Dean's views on tea were clear concerns surrounding the relationship between the private and public body. For the Dean, the root of political and social turbulence lay in the domestic sphere, and what was required to resolve the issue was to end the ignorance of working-class housewives on dietary matters rather than to banish tea altogether. Hence, political and psychological discontent might be offset by a more rigid adherence to appropriate domestic habits more in line with middle-class dietetic norms.

As was the case with dominant strands of nineteenth-century medical thought, nerves formed a central component of the Dean's views. He dressed his thoughts on the familial function of tea in a language replete with notions of the development of a 'nervous society', the problems of which in this case stemmed from the ignorance of the working-class housewife.⁵⁹ Here, nervousness was perceived as intimately linked to consumerist culture. Furthermore, clearly defined linkage was denoted between the development of a nervous society and national regression. The Dean of Bangor, for instance, reminisced that, in earlier generations, Welsh people were 'stronger, better and happier when they fed mainly upon the old fashioned sustenance of oatmeal and milk in their various forms'. These substances had produced 'strong, hardy, muscular, contented, good-tempered men and women'.⁶⁰ A predominant concern about less affluent communities was the familial negligence of the mother, from whose teapot stemmed a range of issues threatening British societal health. Not only was her husband encouraged to subsist on an innutritious diet, but her children, so it was claimed, were introduced to large quantities of unhealthy, stewed black tea from a remarkably early age. Hence, working-class tea drinking was seen to have negative implications for the future of the nation, as bad habits were being passed on from generation to generation.

The Dean appears alone among religious figures in his public condemnation of tea, but evidence exists that medicalized perspectives on 'tea abuse' also permeated other areas of social activity. It was not uncommon, for instance, for coroners to reach verdicts of 'death by tea poisoning', as was the case in Poplar in 1869, where it was determined that a thirty-eight-year-old male furniture dealer who drank as much as eight cups of tea before leaving home in the morning had unwittingly destroyed his nervous system.⁶¹ The non-medical press also became increasingly interested in the issue. As was the case with the Dean of Bangor, such discussion focused intently upon the housewife. Given that women were widely perceived as especially susceptible to nervousness, it is unsurprising that she was targeted specifically. The constitution of the working-class housewife was seen as predisposing her to a range of nervous conditions stemming from the over-excitement caused by her tea habits.⁶²

This argument became evident in a journalistic piece published in the *Belfast Newsletter* in 1887, in which it was argued that tea, like other stimulants, should not

be abused. Over-indulgence in the substance, claimed the newspaper, was causing numerous housewives to seek solace in the outpatient departments of hospitals, where washerwomen, kitchen girls and mothers would arrive daily with symptoms including headaches, nausea, loss of appetite, physical distress after eating, and dizziness. The *Belfast Newsletter* depicted a cycle of events whereby the housewife would gradually lose her appetite due to excessive tea consumption, slowly coming to loathe food. She would then find solace in the tea-cup, although this ultimately intensified her condition. Methods of tea preparation which entailed obtaining as much tannin (or tannic acid) from the tea as possible would then be fostered to quell her physical cravings. Unlike the Chinese method of pouring boiling water onto leaves, Belfast's poorer classes were accused of keeping a pot of tea stewing on the stove all day long, and then drinking from it throughout the day. This practice ran contrary to middle-class modes of tea preparation and was seen as resulting in communal dyspepsia.⁶³

Perceived linkage between excessive tea drinking and insanity was a further aspect of medical thought which acquired socio-cultural currency in journalistic literature and legal opinion. For instance, in 1872 the Dublin newspaper the *Freeman's Journal* reported the case of a thirty-two-year-old servant girl who, despite having been in good health for years, had become irritable, suffering from laughing and crying fits, and having 'got into a state of great weakness'. The girl had attempted to conceal her problems from her mistress by continuing to work as usual, but one day, when trying to clean a grate, she collapsed speechless and senseless and had several hysterical fits. It later transpired that the servant girl had for some years become increasingly addicted to tea drinking, caring for little else so long as she could get her favourite food. The newspaper reported that her 'weakened stomach refused meat'.⁶⁴

Perceived relationships between female insanity and tea could also be adapted to explain one of the most serious expressions of the disintegration of familial life and motherly duty: infanticide. During the examination of a woman charged with the wilful murder of her two children at the Waltham Abbey Petty Sessions in 1891, it was revealed that the accused female had recently become fixated on the idea that her children were hopelessly ill, and about to perish. The doctor who examined her determined that she had a weak heart and suffered from headaches, palpitation and sleeplessness due to her persistent habit of tea drinking. Melancholia, so Dr Fulcer proclaimed, had resulted from the weakening of the constitution due to excessive tea drinking. Discussion of this was highly gendered in nature, focusing on how women, being seen as especially prone to nervousness, were more likely to becoming excited by excessive indulgence in tea not as an 'infusion' but as a 'decoction'. 'There is little doubt', explained the *Lancet* on the matter, 'that in a woman of a neurotic temperament, especially if her food were deficient in quantity and of poor quality, the use of this beverage in excess would be one of the factors in producing and perpetuating a condition of mental instability.'⁶⁵

Concerns about the impact of tea on mental health reached a crescendo when tea drinking became implicated in an apparently dramatic increase in insanity in Ireland, discussion of which reveals the extent to which medical opinion on the matter had begun to penetrate even official circles.⁶⁶ Like other countries, Ireland had suffered during the

agricultural depression of the late nineteenth century. Contemporaneously, Irish asylums reported dramatic rises in admissions, which were blamed in a special inquiry undertaken on the issue in 1894 upon a lack of nutritious food, increased vexation and worry and the gradual derangement of physical and mental functions.⁶⁷ Tea was targeted repeatedly throughout this report. It was observed that Indian tea of inferior quality was commonly consumed by Ireland's poorer classes – stewed, rather than infused – and that this caused a peculiar form of dyspepsia which in turn debilitated nervous systems and generated psychological problems. Inspectors observed that a general dietary change from oatmeal, porridge, potatoes and milk to bread and tea had occurred throughout the country. This, combined with severe mental strain, had resulted in epileptic seizures and consequent mania, noted to rapidly pass away following a period of rest and nutritious food supplied in the asylum. One inspector noted that in districts including Ballinasloe, County Galway, alcohol usage had declined dramatically, meaning that what was termed 'the insanity of malnutrition' seemed to have been a prime explanatory factor for rising incarceration levels. Special prominence was also given to the excessive consumption of stewed tea by factory workers in the industrialized region of Belfast.⁶⁸

Evidently, medicalized interpretations of working-class dietary habits had gained influence by the late nineteenth century, and were deployed by a wide range of actors to make sense of a variety of social problems ranging from murder to physical deterioration and insanity. But what purposes did this discourse on tea serve? Certainly, little was achieved in the way of collective organized action against the substance's usage. Nor were legislative measures put in place, or even contemplated, to control or regulate working-class tea intake. Instead, discussion of the negative effects of the substance was more likely to be employed to explain working-class behaviour rather than setting out ways in which to alter it, and was used to contemplate how class behaviour could be differentiated. Its inclusion in rhetorics of degeneration revealed how a substance which emblemized the precariousness of preferred visions of national domestic harmony and Imperial prowess might subvert idealized visions of Britishness. Importantly, by viewing the problems through the medico-scientific lens of nutrition, digestion and national stamina, medical authority on food matters was also enhanced and dispersed into lay discourse, an agenda which served the purpose of increasing the field's social visibility and professionalism.

Anxieties over tea were very much of their time, and mostly receded from the turn of the twentieth century. Although tea was mentioned frequently by the Inter-Departmental Committee on Physical Deterioration of 1904, its significance as a marker of national decline appeared to be receding.⁶⁹ The reasons for this are elusive. To a certain extent, increasing levels of medical attention directed to the health of schoolchildren and the provision of domestic education may have gone some way towards alleviating such concerns.⁷⁰ The provision of school meals relaxed some of the cultural anxieties specific to the *fin-de-siècle* period regarding the nutritional health of the young.⁷¹ Furthermore, professional inquiries into tea undertaken from the 1890s undermined the opinions of those alarmed by its dangers. Ernest Hart, for instance, chairman of the council of the National Health Society, refuted suggestions surrounding tea's acidity in 1894, arguing that the alleged ill effects of the tannin in tea

were probably exaggerated.⁷² Other sceptical voices began to insist that tea in fact did little physical or mental harm at all. In 1897, for instance, the *Pall Mall Gazette* maintained that ‘the public have been quite unnecessarily alarmed by certain hysterical individuals with regard to the terrible dangers which lurk in the teapot’.⁷³ Contemporaneously, tea companies made efforts to improve the public image of their cheaper products. For instance, in 1898 Messrs Martin and Co., who sold tea in Dublin and London, published advertisements which stressed the injurious effects of tannin on the digestive organs. The company claimed to have produced a tannin-free tea which restored nervous force, heightened muscular activity, did not retard digestion, brought out more the drink’s true flavours, was inexpensive, and ‘in fact it becomes a good thing altogether’.⁷⁴ Even medical publications such as the *Lancet* slowly began to encourage the drinking of so-called ‘digestive teas’.⁷⁵

CONCLUSION

This article has demonstrated that a culturally charged set of anxieties surrounding tea co-existed alongside the development of civil middle-class modes of tea consumption. The extensification of cheaper tea products throughout working-class communities during the century fostered apprehensions about the misuse of a product which acted as an emblem of middle-class civility. Tea became realized as a substance increasingly utilized as a necessity, rather than a luxury, by working-class communities throughout the British Isles. The implications of its overuse in less affluent communities became perceived as more than a threat to individual health. It was a practice with potential national ramifications. A lack of restraint in tea consumption was seen as encouraging the development of a nervous society and a corresponding national decline in health, which in its turn was perceived as impacting negatively upon national activity. Hence, apprehensions about ‘tea abuse’ were reflective of wider responses to consumerist culture and social modernity.

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