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The city of evil and the great outdoors: the modern health movement and the urban young, 1918–40

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ABSTRACT: Professionals and volunteers in inter-war England and France advanced a ‘modern’ health movement, placing particular emphasis on children’s physical condition. The use of the urban clinic in this process has been considered. However, the mass relocation of young people to the countryside and attempts to generate intra-urban spaces of ‘nature’ for the young were also integral to this movement. Surprisingly, the pioneers of modern urban healthcare supported a ‘return to nature’ by mobilizing anti-urban and pro-rural discourse. Comparing Nottingham and Saint-Etienne, this article addresses the politics that produced this paradox.

Historians have identified the inter-war period as a ‘new era’ of public health in England and France.¹ In this period medical professionals emphasized the need to augment the quality and quantity of the rising generation by expanding healthcare for the urban young. Histories of this movement have centred on providers’ efforts to create new networks of provision using school medical inspections and clinics.² However, the extension of health services was part of a broader ‘modern’ movement led by a combination of medical professionals, municipal councillors and volunteer workers with the aim of improving urban conditions. Much more remains to be said of the related and concurrent movement to resituate the young in ‘spaces of nature’ inside and outside the city. A powerful impulse to extricate adolescents, youths and (in particular) children from the urban core was made manifest in organized holiday and school camps, emigration schemes, and clubs offering outdoor pursuits in this period. Lost elements of the ‘natural’ were also reintegrated into the city in specially-designed spaces such as ‘open-air’ schools,

¹ B. Harris, *The Health of the Schoolchild: A History of the School Medical Service in England and Wales* (Buckingham and Philadelphia, 1995), 6; F. Thébaud, *Quand nos grand-mères donnaient la vie: La Maternité en France dans l’entre-deux-guerres* (Lyon, 1986).

² R. Cooter, *In the Name of the Child: Health and Welfare, 1880–1940* (London and New York, 1992); H. Hendrick, *Child Welfare: England 1872–1989* (London and New York, 1994); W.H. Schneider, *Quality and Quantity: The Quest for Biological Regeneration in Twentieth-Century France* (Cambridge, 1990).

gardens and playing fields. By comparing the expansion of urban clinics and school medical inspection services with the 'return to nature' in one English city (Nottingham) and one French city (Saint-Etienne), this article will provide a broader view of how the janus-faced modern urban health movement developed in two different cultural contexts.

The inter-war period was a time of innovation and expansion in medical provision. Historians have highlighted medical professionals' emphasis on the individual and heredity in new explanations of disease and urban degeneration. However, as this article will illustrate, negative perceptions of the city and romantic pastoral ideals continued to inform the actions of health providers throughout this period in both countries.³ Through the analysis of discourses and provision formats this article will go beyond the identification of superficial similarities to illustrate and explain the influence of a malignant anti-urban and romantic rural sentiment amongst the very groups committed to improving the urban environment for the young. In explaining disparities in the relative importance and the amount of resources assigned to intra- and extra-urban health services the social background of the healthcare providers and the political perspective which informed their decisions will also be considered.

Though this discussion aims to demonstrate cultural difference at a national level, the cities of Nottingham (in England) and Saint-Etienne (in France) provide the specific comparative parameters for study. These cities have not been selected as exemplars of the health movement. Rather, by focusing on two unexceptional, provincial urban centres it is hoped that conclusions of more general applicability may be drawn. Commonalities in the status and structure of these two cities justify their selection. Both had more than 100,000 inhabitants and were therefore situated within the same rank of European urban centres. Their local economies were similar, both being founded on coal, textile production and metalworking, and diversifying into comparable new industries in the inter-war period. Similar status brought common problems for urban authorities and experts aiming to improve standards of living. They faced the challenge of providing modern amenities and adapting the urban form to solve problems of overcrowding and unsanitary dwellings. The comparison of cities with similar demographic and industrial structures will therefore provide a stable basis for the study of the cultural phenomenon of healthcare.

The democratization of health and the modern movement for healthy living

Throughout the inter-war period the debilitating demographic performance of England and France was elevated to the status of a national

³ H. Cunningham, *The Children of the Poor: Representations of Childhood Since the Seventeenth Century* (Oxford, 1991); J. Lewis, *The Politics of Motherhood* (London, 1980), 66.

threat.⁴ Losses incurred during the First World War exacerbated what were perceived as dangerously slow rates of population growth. The local newspaper press in Saint-Etienne raised fears of a 'Land of the Childless' and anxious census officials purposely distorted the statistical record.⁵ In Nottingham the birth-rate displayed an uneven but persistent decline from 1918 to 1938 while infant mortality remained stubbornly high.⁶ The onset of the World Economic Depression after 1929 was a further stimulus to concerns over health. With population size considered to be an indicator of national vitality the 'menace' of an 'ageing population' seemed to jeopardize the future security of both nations.⁷ The desire to increase the quantity and quality of the rising generation led to young people being 'invented as objects of medical interest' as their health and welfare was 'fused with the broader political health of the nation'.⁸

In both cities a key response to these demographic weaknesses was to improve young urban dwellers' access to healthy living. In Nottingham and Saint-Etienne medical doctors committed to a 'modern' health movement drove this process. Using school clinics and treatment centres, they oversaw the induction of larger numbers of young people into a regime of examination, prescription and treatment.⁹ The efforts of the medical professionals were advanced with state support. Consequently, different levels of state intervention in Nottingham and Saint-Etienne produced local variations in healthcare.

Medical professionals had held a prominent position within the machinery of the English state for some time. The codification of sanitary legislation in the late nineteenth century produced a solid political and legal framework for action.¹⁰ In Nottingham, professionals and the relevant municipal boards worked in tandem to build on these existing traditions in extending healthcare.¹¹ Thus when new clinics were opened

⁴ R. Nye, *Crime, Madness, and Politics in Modern France: The Medical Concept of National Decline* (Princeton, 1984); P.M. Thane, 'The debate on the declining birth-rate in Britain: the "menace" of an ageing population, 1920s–1950s', *Continuity and Change*, 5 (1990), 283–305.

⁵ In 1955, the municipality admitted that inter-war censuses had been falsely augmented. The population increase of 20,000 recorded between 1921 and 1936 was reassessed as one of less than 1,000: Archives Municipales de Saint-Etienne (AMSE) 2F17, 'Compte rendus globaux des recensements de la population depuis l'année 1901', 26 May 1955, 1; 'Le pays des sans enfants', *Le Mémorial*, 14 Apr. 1926, 3.

⁶ In 1937 the Medical Officer of Health admitted that 'Nottingham's [infant mortality] rate does not compare very well' with other large cities. The only large provincial city with a higher rate was Liverpool: Nottinghamshire County Archives (NCA), Health Committee, *Annual Report*, 1939, 24; NCA Health Committee, *Annual Report*, 1937, 51, 53; NCA Health Committee, *Annual Report*, 1938, 23.

⁷ Thane, 'The debate', 292.

⁸ H. Hendrick, *Children, Childhood and English Society, 1880–1990* (Cambridge, 1997), 5, 13.

⁹ Thébaud, *Quand nos grand-mères*, 49.

¹⁰ J. Brand, *Doctors and the State: The British Medical Profession and Government Action in Public Health, 1870–1912* (Baltimore, 1965), 14–21.

¹¹ Nottingham's Medical Inspection Subcommittee referred in 1930 to the 'close coordina-

in 1926 and 1931 'arrangements [were] in force for the mutual information and conjoint action of the Health and School Medical departments'.¹² In Nottingham medical professionals were well established within a cohesive and relatively progressive system of local authority-run healthcare. Though it operated an official 'anti-socialist' electoral pact with the Liberals from 1918 to 1940, Nottingham's Conservative-dominated council forged a strong basis for multi-party collaboration through its committee structure.¹³

In France the position of the medical profession within the political system was not as clearly defined. While a minority of doctors served on municipal Bureaux d'Hygiène many more sought to secure their rights *against* a more socially active state. These practitioners feared that the state would threaten their autonomy by undermining the contract between the doctor and the individual.¹⁴ As Jack Ellis has pointed out, 'the drive to write public health laws ran up against the indifference and ... the hostility of the medical profession'.¹⁵ This antipathy was particularly evident between the wars, when the profession generally showed a tendency towards caution and conservatism. The municipal council of Saint-Etienne was reluctant to expand direct intervention in healthcare beyond the school inspection service, preferring to leave this burden to the voluntary sector wherever possible.¹⁶ Only in the 1920s did intervention come to be accepted more fully as a municipal responsibility and a 'new style', of provision 'run by technicians' emerged.¹⁷ A collaborative approach flourished in the climate of consensus that emerged from the wartime *union sacrée*, and was sustained into the 1920s by concern over depopulation.¹⁸ Medical professionals and municipal councillors served on the committees of a web of local voluntary associations providing

tion of school medical services and the health services of the city': Nottinghamshire County Library (NCL) L37.2 Education Committee, Medical Inspection Subcommittee, *Annual Report*, 1930, 103.

¹² NCA Education Committee, *Annual Report upon School Medical Inspection and Treatment*, 1926, 13.

¹³ By 1938 Labour possessed 7 aldermen and 21 councillors to the Conservatives' 8 and 26, respectively: N. Hayes, *Consensus and Controversy: City Politics in Nottingham, 1945–66* (Liverpool, 1996), 17.

¹⁴ Though the law of 15 Jul. 1893 established a communal *assistance médicale* service through the Bureaux d'Hygiène, national legislation in this period failed to underpin the principle of municipal intervention: AMSE 5112 *Compte rendu du bureau municipal d'hygiène et de statistique pour les années 1904, 1905, 1906, 1907* (Saint-Etienne, 1908), 239.

¹⁵ J.D. Ellis, *The Physician Legislators of France: Medicine and Politics in the Early Third Republic, 1870–1914* (Cambridge and New York, 1990), 183.

¹⁶ 'En faveur de l'enfance', *Le Mémorial*, 14 May 1934.

¹⁷ S.A. Thornton, 'L'essor de l'hygiène sociale à Rouen, 1880–1930', in J.-G. Petit and Y. Marec (eds), *Le Social dans la ville en France et en Europe, 1750–1914* (Paris, 1996), 160, 164.

¹⁸ As Timothy Smith notes, 'the old passions were, to a large extent, put aside ... and a relatively concerted movement including the old Republican and Catholic foes emerged to champion national social programmes in order to address the depopulation issue': T.B. Smith, 'Republicans, Catholics and social reform: Lyon, 1870–1920', *French History*, 12, 3 (1998), 249.

medical care.¹⁹ A report from one of these organizations, the Oeuvre Stéphanoise de Preservation de l'Enfance contre la Tuberculose (OSPECT) in 1936 spoke of the 'powerful *friendship* amongst political men, philanthropists and doctors'.²⁰ However, in Saint-Etienne, a city where inter-war municipal councils were dominated by Socialist and Radical Republicans, the more conservative medical profession made common cause with other like-minded groups such as the clergy and elements of the traditional industrial elite. With little power in local government these interest groups preferred to work in the voluntary sector to advance the health of the urban young.

The establishment of urban clinics formed a key part of the 'modern movement' to sanitize the city, as it was proudly described by the Medical Officer of Health in Nottingham.²¹ Medical professionals confidently expressed the benefits of this movement through their mantra of 'space, light and air', and claimed responsibility for the positive results. In 1929 local improvements in health were considered to be due 'more than anything to the work of our health visitors and clinics'.²² Health providers perceived themselves to be 'maintaining the whole environment of human life in these crowded communities' through the rational and modern reorganization of urban space.²³ They hoped to achieve an ideal urban environment in which 'crooked places will be made straight and all the old purlieus shall bloom in healthy and spacious dwellings'.²⁴

In Saint-Etienne the extension of medical provision was accompanied by similarly confident discourse. 'Our city has every right to claim to be at the forefront of the movement to create services for children,' crowed the *Loire Républicaine* in 1933.²⁵ 'Satisfying' results were underlined by claims that the 'children are cleaner, their health is better, [and] the mortality rate for schoolchildren has fallen by half'.²⁶ However, it is notable that allusions to the 'modernness' and effectiveness of this service were less commonly heard and experts' claims were less strident than in Nottingham. Furthermore, on closer inspection the statements of

¹⁹ Archives Départementales de la Loire (ADL) 15J384 Newspaper Extract, 'L'assemblée générale de la fédération des œuvres de l'enfance de la Loire', *Le Mémorial*, 1935; ADL 15J384 Report (Supplement), *Fédération des œuvres publiques et privées de protection de l'enfance du département de la Loire, guide des œuvres et institutions publiques et privées*, 1937.

²⁰ ANSE 5M78 Oeuvre Stéphanoise de Préservation de l'Enfance contre la Tuberculose (OSPECT), 'Les vingt-quatre premières années', 1936.

²¹ NCA Health Committee, *Report of Medical Officer of Health as to the Tuberculosis Problem*, 22 May 1920, 2.

²² NCA Health Committee, *Annual Report of Medical Officer of Health*, 1929, 69–70.

²³ NCA Health Committee, *Advanced Summary of Annual Report*, 1928, 5.

²⁴ NCA Boots, *Fine Art Views of Nottingham and Environs: Photographed and Published by Boots* (Nottingham, n.d.).

²⁵ ADL 15J384 Newspaper Extract, 'Semaine de l'enfance', *La Loire Républicaine*, 5 May 1933.

²⁶ AMSE 5147 Report, Director, Bureau d'Hygiène, 'Amélioration du service de l'inspection médicale scolaire', 8 Jul. 1936.

the very individuals at the forefront of the health movement in both cities also reveal a surprising apprehensiveness about this urban project.

Health, the young and discourses of anti-urbanism

In spite of their achievements, health providers continued to identify the urban environment as a key factor in diagnoses of chronic health problems. 'Progress' was slow enough in Nottingham, for example, to prompt the Medical Officer to comment that 'we are not making the headway ... which might reasonably have been expected as a result of the concerted efforts directed by modern science'.²⁷ The School Medical Service report for 1927 established a direct link between the *enclosure* of urban living and poor environment with the 'fatally easy descent into physical degeneracy'.²⁸ A.A. Newth, the School Medical officer, also suggested that disease was 'frequently ... due to bad environment'.²⁹ The very fabric of the city and the *enclosure* of young bodies was criticized in accounts of 'children condemned to spend their lives among bricks and mortar'.³⁰ By 1938 officials characterized their work as an assault on the urban environment. According to Cyril Banks, the Medical Officer of Health, 'two areas of the city are in the process of being attacked. These areas have given us many of our infant deaths.'³¹

In Saint-Etienne such antipathy was also pronounced. Even before the First World War voluntary organizations made reference to Saint-Etienne as a 'child-eating city'.³² In 1930 a report was published on 'the great social afflictions, tuberculosis, [and] alcoholism,' against which 'the most effective preventive measure is the war against the slums'.³³ It was declared that all 'unhealthy lodgings must be mercilessly destroyed'.³⁴ OSPECT, whose members kept abreast of scientific advances, made the link between the city and disease clear when commenting that 'it is absolutely necessary to uproot the little ones from an almost certain death'.³⁵ The particular vulnerability of the *young* was accentuated in claims that it was 'children, principally [who] suffer' when 'crammed into the slums'.³⁶ Before these puzzling discursive inconsistencies can be explained, their practical corollary, the provision of services removing

²⁷ NCA Health Committee, *Report of Medical Officer of Health as to the Tuberculosis Problem*, 1920, 2.

²⁸ NCA Education Committee, *Annual Report upon School Medical Inspection*, 1927, 51.

²⁹ *Ibid.*, 1927, 51.

³⁰ *Ibid.*, 1927, 38.

³¹ NCA Health Committee, *Annual Report*, 1938, 40.

³² ADL PER 13/1 Oeuvre des Enfants à la Montagne de la Région Stéphanoise (OEM), *Rapport sur la marche de l'œuvre*, 1904.

³³ P. Ronin and L. Greppo, *La tuberculose, l'alcoolisme, le taudis vaincus: Comment résoudre la crise du logement?* (Saint-Etienne, 1930), 23.

³⁴ *Ibid.*

³⁵ ADL 5M78 OSPECT, *Compte rendu des vingt-quatre premiers années* (Saint-Etienne, 1936), 4.

³⁶ AMSE 2R7 Letter, Committee, OEM, to Mayor of Saint-Etienne, 17 Feb. 1937.

the young from urban centres and resituating them in contact with the 'great outdoors', must first be considered.

Rural romanticism and the extrication movement

Anxieties over the continued negative impact of urban living upon young people were made manifest in anti-urban sentiment and, significantly, in calls to extricate the young from the city. This impulse emanated from precisely those groups of medical professionals and volunteers that had championed the modern drive to make the city liveable. A range of organizations emerged between the wars devoted to removing young people from the city and exposing them to the beneficial influence of nature. This (mainly) took the form of camping, although hiking, youth hostelling, and emigration schemes were also part of the movement of young people into 'natural' spaces. In support of the drive to remove the young from the city health providers mobilized a discourse of nature as educator and regenerator with renewed vigour.

In England and France the belief that contact with rustic life would bring powerful benefits had already been established before 1919.³⁷ This belief motivated some volunteers to pioneer rudimentary extrication services. Saint-Etienne's Oeuvre des Enfants à la Montagne (OEM), founded by the protestant pastor, Louis Comte, in 1893, was at the forefront of a national movement to remove the young from the city during the summer to spend up to a month at *colonies de vacances* (holiday camps) in the countryside, at the seaside, or in the mountains.³⁸ Local Catholics established the Oeuvre des Colonies de Vacances Catholiques (OCVC) in 1903. In 1912, OSPECT established a camping wing. In the 1920s and 1930s the number and effectiveness of these services grew. So too did the number of campers (or *colons*). Children were placed in large groups at *colonies* or in twos and threes with peasant families. From the early 1930s *centres d'élevage* introduced opportunities for direct twenty-four-hour surveillance of larger numbers of children.³⁹

In Nottingham one of the first voluntary extrication services to be established was the Nottingham Poor Boys' Camp Society, set up in 1889. Camping was extended to 'poor girls' in 1906 and both strands of the service were amalgamated in 1924.⁴⁰ In the 1920s the Nottingham

³⁷ In 1902, for example, Saint-Etienne's councillors heard that in nature the young could 'find ... the germs of the healthy and normal life which, happily ... offers a moral as well as physical cure': AMSE 22F50 *Extrait des registres des délibérations du conseil municipale de Saint-Etienne, Loire, séance extraordinaire*, 10 Jul. 1902.

³⁸ In 1904 the OEM claimed to be 'by far the most important of all the *colonies de vacances* which operate in France': AMSE 22F50 Programme, 'Premier congrès national des colonies de vacances, Saint-Etienne', 1904.

³⁹ At Chambon sur Lignon (Haute-Loire) the OEM even opened clinics in the countryside for the young: ADL 5M78 Report of AGM, 'Le fonctionnement de l'œuvre stéphanoise de préservation de l'enfance contre la tuberculose pendant l'année 1936', 4 Jun. 1937, 3.

⁴⁰ From this time it became known as the Nottingham Poor Girls' and Boys' Camp Society.

Board of Education also began to experiment with school camps in the countryside.⁴¹ In spring 1925 a Camp Management Committee was formed under the Education Committee. It ran camps which offered pupils a chance of 'living the simple life'.⁴² In 1926 the Education Committee asserted that, 'were it not for these annual camps, but very few of the city's children would ever know the joy and romance of a life close to nature'.⁴³

Uniformed groups for young people also contributed to this centrifugal phenomenon in both cities. Thus in 1913 the newly-founded Eclaireurs de France, the multi-denominational wing of the French Boy Scout movement, took adolescent males to the countryside to 'learn the secrets of the simple life'.⁴⁴ Leaders of three co-existing bodies which formed the Scouting movement in the *stéphanois* region were dedicated to providing extra-urban activities. They shared the belief that 'the growing taste for life in the open air, renders the practice of Scouting one of the most effective and valid activities'.⁴⁵ The Scouts left the city and 'set up in nature to live as much as possible by their own means'.⁴⁶ The educative value of these visits was emphasized by the pro-Catholic newspaper, *Le Mémorial*, which declared 'the birds and the flowers' encountered at camps 'better teachers . . . than the severe [school]masters'.⁴⁷

The Boy Scout and Girl Guide leaders in Nottingham were also involved in the removal of the young from the city. The Nottingham Girl Guides Association aimed 'to promote . . . health by physical training games [and] camping' and made regular 'expeditions into the country'.⁴⁸ The Scouting Association meanwhile organized camps in neighbouring counties and in 1938 purchased a campsite at Walesby, so as to 'have adequate facilities for camping' which, they declared, was at 'the forefront of our programme'.⁴⁹

The Youth Hostel movement formed the third branch of the extrication services in Saint-Etienne. By 1936 the service, pioneered by Marc Sangnier, had become so widely respected that Léo Lagrange's Popular Front Ministry for Sport and Leisure extended its availability. Lagrange informed the Prefect of the Loire in 1936 of 'the particularly important role that must be given . . . to the Youth Hostels where, for a very modest

⁴¹ NCA Education Committee, *Scheme Of Education* (Nottingham, 1923), 6.

⁴² 'Holiday school', *Nottingham Evening News*, 17 Sep. 1920, 2.

⁴³ *Ibid.*

⁴⁴ 'Eclaireurs de France', *Le Mémorial*, 14 Jun. 1913, 4.

⁴⁵ 'Scouts de France. Troupes de Saint-Etienne, 13 avril', *Le Mémorial*, 14 Apr. 1938, 3.

⁴⁶ *Ibid.*

⁴⁷ 'La leçon des scouts', *Le Mémorial*, 12 Aug. 1931, 5.

⁴⁸ NCA DD1663/57/5 Booklet, Nottingham Girl Guides, 'Grand demonstration in the Empire', 28 Mar. 1936; NCA DDCC3/12/2. The Nottingham Poor Girls' and Boys' Camp Society, *Annual Report*, 1927, 13.

⁴⁹ NCA DD1544/13/10, 'Rover scouts', *Nottinghamshire Boy Scouts Gazette*, 10, 5 (May 1925), 5; 'Camping ground for Nottingham scouts', *Nottingham Evening Post*, 4 Nov. 1938, 10.

price, young tourists can stay for a few days'.⁵⁰ By 1939 three hostels had opened in the Loire area; at Ambière, Chabouret (near Bessat), and Périgneux. A fourth, in Boën, was being planned.⁵¹ In 1939 the Prefect reported that the 'number of users of the hostels is progressively increasing'.⁵²

While most of the rural relocation services offered only temporary respite from the city, emigration was a more permanent solution made available to boys in Nottingham. In the early 1920s an emigration centre was set up in the Dakeyne Street Boys' Club. Oliver Hind, a local lawyer and founder of the club, purchased land in Nova Scotia, Canada. He selected boys from amongst those attending his club for emigration. As he saw it, for these children 'it would be an advantage to emigrate to a country such as Canada, with its boundless possibilities'.⁵³ By 1924, nearly three hundred Nottingham boys had 'successfully taken up farming in Canada during the past decade' with 'scores now on their own farms'.⁵⁴ With the assistance of the tobacco magnate, J.D. Player, 'boys who may otherwise have been wandering an industrial cul-de-sac at home' were 'placed, trained, and well-equipped to make for themselves a career in a country which offers unbounded opportunity to the hard worker and trier'.⁵⁵

Although the discourse used to legitimate extrication services reinforced the powerful belief that the rural environment was healthier than the urban, officials struggled to provide firm evidence to support this assumption. Indeed, this 'common-sense' conviction was contradicted by the very statistical evidence upon which medical professionals based their claims for authority. In the French case, departmental statistics for 1920 revealed that the surplus of births over deaths was 792 for the predominantly industrial Loire, and only 668 for the predominantly rural Haute-Loire.⁵⁶ In 1938 the death-rate for the Haute-Loire (183/1,000) was higher than that of the Loire (173/1,000).⁵⁷ In 1930, according to statistics published by the Office National d'Hygiène Sociale, the death-rate had fallen to 14.3 per cent in urban centres while in the countryside the rate was only one percentage point lower.⁵⁸ In

⁵⁰ ADL 8M190 Letter, Léo Lagrange, Under Secretary of State for Leisure and Sport, to Prefect of the Loire, 17 Jun. 1936.

⁵¹ ADL 8M190 Letter, Lyotard, President, Comité Départementale des Auberges Laïques de la Jeunesse, to Prefect of the Loire, 20 Apr. 1939; ADL 8M190 Circular, Jean Zay to Prefects, 4 Apr. 1939.

⁵² ADL T2035, Prefect of the Loire to Lyotard, President, Comité Départementale des Auberges Laïques de la Jeunesse, 12 Apr. 1939.

⁵³ NCL L36.88 Newspaper Extract, *Football News*, 22 Apr. 1922; NCL L36.881 Newspaper Extract, 'Dakeyne farm', *Nottingham Journal*, 22 Feb. 1927.

⁵⁴ 'Nottingham boys' success in Canada', *Nottingham Evening Post*, 15 Sep. 1924, 5.

⁵⁵ NCL L36.881 Newspaper Extract, 'J.D. Player and O.W. Hind farm in Windsor, Nova Scotia', *Nottingham Journal*, 22 Feb. 1927.

⁵⁶ *Annuaire statistique de la France*, vol. 37, 1921 (Paris, 1922), 13.

⁵⁷ *Ibid.*, vol. 54, 1938 (Paris, 1939), 13.

⁵⁸ Ronin, *La Tuberculose*, 23.

Nottingham, though the Senior Medical Officer, Wyche, was adamant that 'rural conditions are more healthy than urban conditions' he was forced to admit in 1928 that 'at the present time ... the death rates are almost equal'.⁵⁹ National statistics also followed this trend. Health was actually poorer in the countryside according to Ministry of Health reports in 1932 and 1933.⁶⁰ Nevertheless, providers were prepared to overlook the scientific proof of statistical evidence in order to validate the work of the extrication services and to facilitate the transfer of increasing numbers of young city dwellers into the countryside.

From 1919 to 1940 a shift from curative to preventive treatment occurred which also raised the number of young people involved. Early in the period Saint-Etienne's OEM attempted to 'provide for *debilitated* children' and the 'anaemic'.⁶¹ However, by 1934 the Comité National des Colonies de Vacances et Oeuvres de Plein Air indicated that 'all those in the condition of not suffering from any contagious malady' would be eligible to camp.⁶² Although the qualification for admission to camp in Nottingham remained 'physical ill health' the target demographic was gradually redefined more broadly in the late 1920s as 'habitually delicate children, so many of whom are to be found in the schools of a big town'.⁶³

The age range of young people targeted was also extended. New opportunities to escape the city were afforded to adolescents and youths (in addition to those provided by Youth Hostels and uniformed groups). In Saint-Etienne a *colonie* for factory and workshop workers providing 'holidays for sixty to seventy *stéphanois* adolescents' was formed in Montaud.⁶⁴ In 1938 a national federation of the *œuvres laïques* claimed to cater for 'children and adolescents'.⁶⁵ The 'Home Gerrard' set up in 1934 by the Comité National des Colonies de Vacances et Oeuvres de Plein Air catered for girls 'in full bloom'.⁶⁶ In both cities flourishing Scout and Guide movements (which also included Brownie, Cub and Rover

⁵⁹ NCA Health Committee, *Annual Report*, 1928, 5.

⁶⁰ Gillian Cronjé has noted that, even before 1914, 'in the country, the men and women who died of tuberculosis generally did so at an earlier age than in towns': Public Record Office (PRO) MH132/13 Ministry of Health, *Thirteenth Annual Report of the Ministry of Health*, 1932, 54; PRO MH132/14 Ministry of Health, *Fourteenth Annual Report of the Ministry of Health*, 1933, 32-3, 48, 276; G. Cronjé, 'Tuberculosis and mortality decline in England and Wales, 1851-1910', in R. Woods and J. Woodward (eds), *Urban Disease and Mortality in Nineteenth Century England* (London, 1984), 95.

⁶¹ My italics. AMSE 22F50 Letter, Committee, OEM, to Mayor of Saint-Etienne, 20 Jul. 1896; ADL PER 13/1 OEM, *Rapport sur la marche de l'œuvre*, 1904, 6.

⁶² AMSE 2R7 Comité National des Colonies de Vacances et Oeuvres de Plein Air, *Rapport de l'exercice*, 31 Jan. 1934.

⁶³ NCA Education Committee, *Annual Report upon School Medical Inspection*, 1927, 33; NCA Education Committee, *Annual Report upon School Medical Inspection*, 1929, 25.

⁶⁴ AMSE 2R7 Letter, Abbé Martin to Mayor of Saint-Etienne, 15 Jul. 1938.

⁶⁵ AMSE 2R7 *Extrait des registres des délibérations du conseil municipal de Saint-Etienne, Loire*, 30 Jun. 1939.

⁶⁶ AMSE 2R7 Comité National des Colonies de Vacances et Oeuvres de Plein Air, *Rapport de l'exercice*, 1934.

sections in Nottingham) further extended extrication services up the age spectrum for both sexes. However, while the age range, social background and physical condition of those experiencing provision expanded in both cities from 1918 to 1940, careful analysis reveals that there were quantitative and qualitative differences between Nottingham and Saint-Etienne not only in terms of the tone of anti-urban discourse but also in terms of the resources assigned to extrication.

A greater number and range of *stéphanois* young were involved in longer and better-funded camps than their counterparts in the English context. In Nottingham, camps were never more than fourteen days long. In Saint-Etienne the city children spent up to a month at *colonies* in the countryside, at the seaside, or in the mountains. While the NPGBCS and the Scout and Guide troops continued to move young people from Nottingham in their hundreds and school camp attendance peaked at 921 pupils in 1938, the camps run from Saint-Etienne accommodated thousands.⁶⁷ By 1935 the OEM alone sent 3,514, with the OCVC and OSPECT sending hundreds more. The total number of days young people spent camping rose from 63,859 in 1903 to 170,075 by 1935. When Nottingham's absolute numerical advantage over Saint-Etienne in terms of young people (under twenty-one) is considered the disparity becomes even more striking.⁶⁸

The different approach to funding in the two cities is also remarkable. In spite of demands that children 'be rescued, *now if ever* from the industrial scrap-heap which otherwise awaits them', financial backing for Nottingham's extrication services fell through in times of economic downturn.⁶⁹ During the General Strike of 1926 parents found it difficult to finance their children's sojourn. The NPGBCS reported that the 'general strike accounted for eighty children less being sent' and the camp was closed early.⁷⁰ The Camp Management Committee also attributed lower attendance to 'industrial trouble'.⁷¹ Effectively, if parents could not pay, their children could not stay.⁷² In contrast the number sent by the OEM, OSPECT and OCVC from Saint-Etienne *increased* in the mid-1930s. At a time when the World Economic Depression and a wave of industrial militancy hit France, Saint-Etienne's extrication services recorded their highest inter-war levels of funding.⁷³

⁶⁷ NCA DDCC3/12/1 The Nottingham Poor Girls' and Boys' Camp Society, *Annual Report*, 1926.

⁶⁸ There were approximately 45,000 young people under twenty-one in Saint-Etienne in 1911, compared with approximately 70,000 in Nottingham.

⁶⁹ My italics. 'Poor girls' camp', *Nottingham Guardian*, 16 Apr. 1921, 10; NCA Education Committee, *Annual Report upon School Medical Inspection and Treatment*, 1927, 33.

⁷⁰ NCA DDCC3/12/1 The Nottingham Poor Girls' and Boys' Camp Society, *Annual Report*, 1926, 6.

⁷¹ NCL L37.2 Education Committee, *Annual Report*, 1927, 50.

⁷² Attendance at elementary school holiday camps rose by a third in the early 1930s on the figures for the late 1920s but fell away again as the depression wore on.

⁷³ The Camp Management Committee gave a nominal annual grant of only £100 to the

While the age range of participants was extended in both contexts it was comparatively less well developed in the English context. A prime example of this was the Youth Hostel movement. In 1940 the president of the departmental committee of *auberges* in Saint-Etienne observed that, 'we have created a number of *auberges* which facilitate the practice of tourism and satisfy the desires of student and working youth in our department'.⁷⁴ In contrast, the movement in Nottingham was stunted by a lack of available premises. In 1931 the author of a review of the 'Hiking and Camping' scene in Nottinghamshire wondered 'how it is that the Midlands Centre [of the hostelling movement] has not made a move towards the establishment of hostels on the various tramping routes'.⁷⁵ As late as 1938 the opening of a new hostel in Sherwood was described as 'not only highly desirable but long overdue'.⁷⁶

Urban politics and the health movement: towards an explanation of disparity

Two key questions arise from the disparities revealed in this comparison of Nottingham and Saint-Etienne. First, the problem of why medical professionals sustained anti-urbanism and its practical corollary, the extrication services, at a time when the modern movement was apparently improving standards of city living requires explication. Second, the question of why so much more importance appears to have been assigned to organizing extrication services for far larger numbers of young people in Saint-Etienne than in Nottingham must also be resolved. Both issues can be addressed through reference to the cultural context in which these problems were situated and, in particular, to the political motives of the providers.

In Nottingham, health services for the young were mostly under the control of the local authority, though some extrication services were maintained by a cohesive combination of the state and the voluntary sector. Significantly, these groups worked in a climate of relative political tranquility. Political strife in the city peaked in 1926 with the General Strike and, although the onset of the depression after 1929 gave rise to fears of further industrial conflict, in the 1930s the local political situation was relatively peaceful. As a consequence a confident, progressive and successful health movement was able to develop in the city and its leaders were able to identify and claim responsibility for the results.

The willingness of medical professionals to voice anti-urban sentiment owed much to the success which they and the local authority had

NPGBCS, even in the depression years. The OEM received FF10,000, the highest level recorded for in the inter-war period, in 1936, the trough of the depression in France.

⁷⁴ AMSE 2R23 Letter, President, Comité Départementale des Auberges de Jeunesse, to Mayor of Saint-Etienne, 1 Apr. 1940.

⁷⁵ 'Hiking and camping', *Nottingham Evening Post*, 4 Sep. 1931, 9.

⁷⁶ 'Youth hostels', *Nottingham Evening Post*, 1 Sep. 1938, 3.

already achieved. Having secured a network facilitating access to the young *in the city* a frank debate on the continued weaknesses of urban healthcare could take place between concerned individuals of all political persuasions. A stable basis of cross-party consensus on the council's committees underpinned this *œuvre* and prevented the damaging politicization of the issues of healthcare and housing. Professionals felt confident enough to continue their discursive attack on 'the city'.

However, the real target of their venom was not the city as a whole, but the 'slum' areas and working-class homes within them which experts continued to identify as blameworthy sources of ill-health. In the 'early days' the School Medical Inspectors' advice was 'very often ignored and not infrequently rudely rejected by the parents', but while officials were still struggling to expand their capacity to provide for their children complaints were infrequently heard. By the late 1920s the treatment network was fully functional and the 'unfortunate attitude' of the parents had been 'replaced ... by one of trust and confidence'.⁷⁷ Experts felt secure enough to seek further advancement by attacking the capacity of the urban working class to care for their children. Thus in 1928 the Medical Officer announced his regret that 'it is not possible to supervise [the children's] feeding and care out of school hours', as, 'often this is far from satisfactory'.⁷⁸ In 1933 high infant mortality rates in poorer areas of the city were attributed to the 'lack of knowledge of mothercraft' amongst working-class mothers.⁷⁹ The problem of unclean children was associated with 'uncleanliness in the household'.⁸⁰

In the late 1920s and 1930s, then, the discursive construct of 'the city' was used as a shorthand for these negative elements of urban living. Medical professionals employed it, with apparent success, to draw more young people away from dangerous influences. Health providers never lost confidence in their capacity to bring space, light and air to the young *inside* the city. The ambit of their work remained urban and the mobilization of anti-urban discourse was, in many ways, another expression of their belief that the city could be regenerated. The strength of this conviction undoubtedly weakened the impulse to evacuate the young from the urban core.

However, the establishment of a successful inspection and treatment network was only part of the reason for the relative underdevelopment of extrication services in Nottingham. This was also influenced by the establishment of purpose-built 'natural' spaces of health for the young

⁷⁷ Claims that 'the clinics are appreciated by both children and parents' were evidenced by the 'steadily increasing attendance of children for treatment' and 'remarkably few refusals of operative treatment': NCA Education Committee, *Annual Report upon School Medical Inspection and Treatment*, 1928, 13; NCA Education Committee, *School Medical Service, Annual Report upon School Medical Inspection and Treatment*, 1927, 13, 24.

⁷⁸ NCA Education Committee, *Annual Report upon School Medical Inspection*, 1938, 29.

⁷⁹ 'Child mortality duel at city clearance inquiry', *Nottingham Evening Post*, 8 Mar. 1933, 7.

⁸⁰ NCA Education Committee, *Annual Report upon School Medical Inspection*, 1939, 16.

inside the city. In England at this time Garden City principles were influential. So too was the belief that the industrial city could, through modern planning, be made aesthetically beautiful and its environment life-enhancing rather than degenerative.⁸¹ Sir William Crane, head of Nottingham's Housing Committee from 1920 to 1939, adhered to the tenets of the Garden City movement. As a result Nottingham 'acquired a national reputation for its low-density suburban housing'.⁸²

The corporation was also active in sequestering open spaces for use by young people. In such oases of 'nature' as open-air schools and playing fields concerns over the health of the rising generation were given physical form. The Corporation was aided in these efforts by the legacy of the city's late enclosure and boundary extension.⁸³ According to the Medical Officer of Health the construction of open-air schools constituted 'one of the most important steps taken by Local Authorities in connection with the modern movement'.⁸⁴ From 1920, councillors gave 'very serious consideration to the question of the provision of suitable accommodation for the treatment of tuberculous children'.⁸⁵ To the experimental unit dating from 1913 at Sneinton Dale the city added official schools on Victoria Park, King Edward Park and Bulwell Forest (in 1922) and on the Forest recreation ground (in 1924).⁸⁶

Open-air school design resonated strongly with the imperatives of the Garden City movement. Belief in the effectiveness of these new facilities led to the broader application of this architectural style in the construction of 'normal' elementary schools.⁸⁷ Open-air techniques were implemented in the construction of schools in Nottingham from the late 1920s. 'Every effort' was made to 'secure hygienic conditions'.⁸⁸ Each classroom could be opened 'so that the maximum amount of sunlight and fresh air is obtained'.⁸⁹ Manning School (opened in 1931) was also planned on

⁸¹ R. Unwin, *Nothing Gained by Overcrowding! How the Garden City Type of Development May Benefit both Owner and Occupier* (London, 1912); H.E. Meller, *Towns, Plans and Society in Modern Britain* (Cambridge, 1997), 51.

⁸² Hayes, *Consensus and Controversy*, 26.

⁸³ This occurred in Nottingham relatively late in the nineteenth century. The enclosure commission agreed to set aside the 'Forest', the Arboretum (opened in 1852) and walks at Elm Avenue, Corporation Oaks, Robin Hood Chase and Queens Drive for public recreation.

⁸⁴ 'Open air instruction', *Nottingham Evening Post*, 27 May 1912, 4; NCA Health Committee, *Report of Medical Officer of Health as to the Tuberculosis Problem*, 22 May 1920, 2.

⁸⁵ NCA Education Committee, *Report of the Education Committee as to Open Air Classes*, 17 Mar. 1920; NCA *Report of the Health Committee as to Alterations to Bulwell Hall for use as a Sanatorium for Tuberculous Children*, 19 May 1920, 351.

⁸⁶ 'Compared with many towns of similar size' the provision in Nottingham was 'relatively generous': NCA Education Committee, *Annual Report upon School Medical Inspection and Treatment*, 1926, 32; 'Open-air schools', *Nottingham Evening Post*, 24 Jul. 1913, 4; NCL L37.2 Education Committee, *Annual Report*, 1927, 48.

⁸⁷ The influence of Raymond Unwin, planner of Letchworth and Hampstead Garden suburb, in his capacity as Chief Architect to the Ministry of Health helped to facilitate the dissemination of 'open-air' school architecture.

⁸⁸ NCA Education Committee, *Annual Report upon School Medical Inspection*, 1929, 10.

⁸⁹ *Ibid.*

'open-air lines' to ensure that the 'whole front of each classroom can be opened out' and that cross-ventilation was secured.⁹⁰ Having viewed these facilities during his *English Journey*, J.B. Priestley asserted that, 'thanks to a most progressive and energetic Director of Education . . . the children, amply provided with open air schools, are better off now than they have ever been before'.⁹¹

Alerted to an 'acute shortage of playing spaces' the local authorities in Nottingham also moved to increase access to playing fields.⁹² In 1925 the Education Committee claimed to be 'fully aware of the value of properly organized games' and to be 'taking steps to secure as many playing fields as possible' for use by schoolchildren.⁹³ One year later, 'the great effort made to secure playing fields' had ensured that 'few senior departments are now so far from a playing field that they cannot include games in the curriculum'.⁹⁴ By 1930 three new playing fields helped to 'reduce the deficiency of playing facilities in the city' to the extent that this problem had been 'very largely overcome'.⁹⁵ Thus the weaker official impulse towards extrication in Nottingham can largely be explained by the effective provision of natural spaces as well as clinics within the city. However, a third factor further stymied the removal of young people to the countryside.

The limitations of the extrication service in Nottingham must be considered in relation to the problem that moving large numbers of urban working-class children and youths to the countryside conflicted with deeply-held, class-related beliefs about access to rural space. Even before the First World War, workers' organizations such as 'Clarion' had reignited the debate over who could claim access to 'national' space by organizing excursions to the countryside.⁹⁶ In the 1920s and 1930s the growing popularity of working-class excursions brought city dwellers into conflict with landowners more regularly. This contest culminated in protest tactics such as the famous mass trespass on Kinder Scout in 1932. Patrician fears of the democratization of rural space ensured that the voluntary sponsorship of extrication services could only ever entail the transportation of small numbers of city children, and a brief stay. Notably, providers usually preferred the seaside resort to the country camp as an ideal destination for the children of the urban workers. Skegness, for example, a resort with working-class connotations, was a

⁹⁰ NCL 37.3 The Manning School, Gregory Boulevard.

⁹¹ J.B. Priestley, *English Journey* (Harmondsworth, 1977; 1st pub. 1934), 130.

⁹² NCL L37.2 Education Committee, *Annual Report*, 1926, 30.

⁹³ NCA Education Committee, *Annual Report*, 1925, 33.

⁹⁴ NCL L37.2 Education Committee, *Annual Report*, 1926, 30; *ibid.*, 29.

⁹⁵ *Ibid.*, 30.

⁹⁶ In 1898 Robert Blatchford, the founder of Clarion, declared that the 'land, which is now the private property of a few, should become the common property of all': H. Taylor, *A Claim on the Countryside: A History of the British Outdoor Movement* (Edinburgh, 1997), 259; R. Blatchford, *Land Nationalisation* (London, 1898), 1.

popular camp destination for Nottingham children in spite of its remoteness. Those among the landed elites who did give their support preferred to utilize open space on the periphery of the city. Hence, Colonel Pearson's 'Fresh Air Fund' provided outings for schoolchildren not in the countryside but in Colwick Park, on the south-eastern boundary of the city.

A distinction must be drawn here between the attitude of the rural elites to extrication services in general and to the uniformed groups' visits to the countryside. The Scouts and Guides, in effect, performed a counter-attack on Clarion, the mass trespassers, and the litter-strewing day trippers. They reclaimed the countryside through the practice of acceptable forms of rural conduct. These uniformed groups were believed both to imbibe and to embody 'good citizenship' through the practice of outdoor living under the watchful eye of middle-class camp leaders. Although it was the avowed aim of the Scout movement in Nottingham to 'give the boy, every boy, the poorest as well as the boy who is better off, his chance of success in life', the expense involved in membership of the Scouts largely prevented its achievement.⁹⁷ Therefore, although the Guide and Brownie movement was, perhaps, more socially diverse, it was the sons and daughters of wealthier urban dwellers, on the whole, who were trusted with opportunities to move in rural space.

In Nottingham, class-specific ideas of city and countryside cut across provision. Though Scout and Guide camps were presented as a democratization of space, they were nothing of the sort. They were, rather, a response to the incursions of those who had invoked the question of access to national space. The middle-class experts, medical professionals and voluntary workers did not seek to implement the permanent implantation of working-class young people in the English countryside. For the children of the urban poor long-term access to Arcadia was attainable only through emigration. They were fit only to become patients in urban clinics or rural labourers on colonial farms. In the English countryside their stay was hardly essential and never more than temporary.

In Saint-Etienne anti-urbanism was less prevalent than in Nottingham but extrication services received more resources. This conundrum can also be explained through recourse to the political context in which it occurred. While Nottingham's health service was cohesive, stable and state-oriented, in Saint-Etienne it was split between the conflicting interests of the city government and the private sector. Nevertheless, as in Nottingham the *stéphanois* health authorities identified the success of their efforts. Early reports that parents would 'too often ignore the

⁹⁷ NCA DD1544/13/8 'Scouters wanted', *Nottinghamshire Boy Scouts Gazette*, 7, 3 (March 1923), 6.

advice given to them' gave way by 1928 to claims that, 'mothers seem to understand better the value of the advice that they can receive'.⁹⁸

The need to furnish the city with modern amenities, and in particular open spaces, was also recognized at a time when Garden City principles were being articulated and given form in French cities.⁹⁹ As early as 1912 Councillor Louis Souleuc had declared that 'this city has the right to all the advantages of other large cities; it has the right to be well maintained, to have squares, gardens'.¹⁰⁰ Between the wars the municipality acted upon these demands, purchasing the Parc d'Etivallière from the Baron de Rochetaillée, and transforming it into a sports ground. This acquisition made, 'with the municipal stadia of La Terrasse and of La Chaléassière, a sum of sports fields having a total surface area of 100,000 metres square'.¹⁰¹ The council made clear its goal of developing sports provision, which it considered 'an important aspect of public health with regard to the future of the race and the improvement of hygiene and health of residents of Saint-Etienne'.¹⁰² The councillors hoped that it would be 'our youth [who] will . . . derive the greatest benefit, physically and morally, from the installations which the town puts at their disposal'.¹⁰³ The newspaper, *Le Mémorial*, joined this debate, demanding new facilities in order that 'children . . . be physically formed to be armed for life'.¹⁰⁴ In July 1935 a *jardin d'enfants*, specifically designed to reintroduce city children under the age of thirteen to elements of the 'natural', was created at the *rond point*.¹⁰⁵ Plans detailed the need to promote 'life in the open air [through] the creation of a *jardin d'enfants*'.¹⁰⁶ Two years later a second *jardin d'enfants* was installed in the city.

Though Saint-Etienne did not lack exponents of modern city planning, the prospects of generating significant provision of intra-urban 'natural' space here were undermined by topographical, climactic and political obstacles. The first impediment was the city's meagre inheritance of open space. While Nottingham's late enclosure had facilitated the

⁹⁸ AMSE 5I14 Rapport annuel du bureau municipal d'hygiène, année 1935 (Saint-Etienne, 1936); AMSE 5I15 Compte rendu du bureau d'hygiène et de services médicaux statistiques. Rapport pour insérer au compte administratif, 'Le fonctionnement de la consultation pendant l'année 1928', 1929.

⁹⁹ Henri Sellier's *cité-jardin* in Surèsnes, which combined open space around factories, crèches for working parents, sports facilities and open-air schools provides one example: H. Sellier, *Une Cité pour tous* (Paris, 1998), 218.

¹⁰⁰ 'Républicains progressistes', *Le Stéphanois*, 20 Apr. 1912, 2.

¹⁰¹ AMSE 4R15 Memorandum, Municipality of Saint-Etienne, 'Création d'un comité des sports', 1926.

¹⁰² AMSE 4RI Minutes, Comité des Sports, 12 Aug. 1931.

¹⁰³ AMSE 4R15 Memorandum, Municipality of Saint-Etienne, 'Création d'un comité des sports', 1926.

¹⁰⁴ 'Une salle de culture physique à Saint-Etienne', *Le Mémorial*, 31 Jan. 1936, 4.

¹⁰⁵ ADL 15J384 Newspaper Extract, 'Exposition de l'enfance. Une belle œuvre', *Le Mémorial*, 16 May 1933; AMSE 1O412 Report, Commission de la Voirie, des Eaux, et de l'Eclairage to Municipal Council, 'Places et promenades', 28 May 1934.

¹⁰⁶ ADL 15J384 Newspaper Extract, 'L'assemblée générale de la fédération des œuvres de l'enfance de la Loire', *Le Mémorial*, 1935.

retention of 'green lungs', in Saint-Etienne the barely-regulated sprawl of industrial and residential construction outside a compact centre (coupled with its restrictive valley-bottom situation) left little room for manoeuvre. Second, pollution levels were high. Emissions from industrial units situated close to housing covered the city in a black pall and justified its depiction as a *ville noire* into the second half of the twentieth century.¹⁰⁷ Although the Ligue pour l'Education en Plein Air had contacted the municipality as early as May 1925, these conditions precluded the establishment of open-air schools in the city.¹⁰⁸

Third, towards the end of the 1920s the radical and socialist republican municipalities of Louis Soulié and Antoine Durafour became mired in difficulties related to the provision of urban amenities. The staunch anti-interventionist line adopted by important sections of industry and the clergy undermined the potential for consensus over reform. This retarded much-needed improvements in the quality of the urban environment. In 1940 school inspectors still regularly reported the standard of city schools as 'deplorably unhealthy'.¹⁰⁹ Housing problems remained serious. In 1923 the Prefect described the 'deplorable state of the building stock, particularly in the workers' quarters'.¹¹⁰ The twenty-third congress of the Alliance d'Hygiène Sociale, which took place in Saint-Etienne in 1936, identified the housing situation in the host city as a 'crisis'.¹¹¹

The poor record of the local government did not stimulate the same confidence in the possibility of regeneration in Saint-Etienne as in Nottingham. Indeed, these shortcomings actually discouraged public debate as successive municipal councils strove to downplay their failure to improve the urban infrastructure. In this city, with its large worker movement, moderate councillors feared that a public debate about these problems would only produce a haemorrhage of votes towards the extreme left. Conservative elements had little desire to raise the spectre of intervention and its attendant cost by making an issue of such inadequacies. The social ambition of the municipal governments was too limited and the *stéphanois* cultural context too fragmented for the *theorization* of a coherent response to city living in terms of 'modernization' to

¹⁰⁷ Miners in the north-eastern quarter of Saint-Etienne named their district 'Le Soleil' as a black-humoured joke. In reality the neighbourhood was 'one of the most sombre in the city': J. Gabriel, *Ville noire* (Saint-Etienne, 1948), 3.

¹⁰⁸ AMSE 40K47 *Extrait des registres des délibérations du conseil municipal de Saint-Etienne, Loire*, 'Colonies scolaires et de vacances de Montbarnier', 28 Jul. 1937; AMSE 25O47 Letter, Ligue pour l'Education en Plein Air to Mayor of Saint-Etienne, 17 May 1925.

¹⁰⁹ ADL T1357 Letter, School Inspector of the Loire to Prefect of the Loire, 8 Feb. 1940; ADL T1357 *Extrait des registres des délibérations du conseil municipal de Saint-Etienne, Loire*, 'Construction d'une école primaire supérieure et pratique de commerce', 31 Jan. 1940.

¹¹⁰ Centre d'Accueil et de Recherche des Archives Nationales (CARAN) F1/c /III/1129 Report, Prefect of the Loire to Minister of the Interior, 'Esprit sociale, politique, et économique, Loire', 19 Mar. 1923.

¹¹¹ ADL 15J384 Newspaper Extract, 'XXIIIe Congrès de l'alliance d'hygiène sociale à Saint-Etienne', *Tribune Républicaine*, 17 Sep. 1936.

occur. Paradoxically, for this reason, anti-urban discourse in Saint-Etienne was less prevalent in the 1920s than in Nottingham.

Facing political and spatial gridlock in the city it seems easy to understand why the powerful axis of medical personnel and voluntary workers in Saint-Etienne opened and maintained supply lines out of the city with energy and vigour. However, the polarization of local politics during the economic depression of the mid-1930s was a crucial additional influence upon the history of the *stéphanois* health movement. Depression conditions hit Saint-Etienne later than Nottingham, in the mid-1930s. As diverse interest groups and professions struggled to defend their share of diminishing economic wealth their conflicting interests produced political polarization. In April 1935, Saint-Etienne became the first large city to elect a Popular Front municipality. The Communist Party share of the vote in Saint-Etienne was high in comparison with other large French cities. Legislative and cantonal elections in 1936 and 1937 produced further evidence of the flight of voters from the centre.¹¹² The elections of the mid- to late 1930s occurred against a backdrop of politically motivated street violence. Riots involving police, anti-fascists and extreme right-wing elements in 1934 created such damage that the Mayor, Vernay, was forced to make an appeal to the people.¹¹³ Exposed to these tensions the common ground established by exponents of public and private assistance immediately after the war withered away.¹¹⁴

It was no coincidence that the extrication of the young from Saint-Etienne intensified amidst economic turmoil and growing fears for their political radicalization. This response was inspired by a powerful belief in the negative impact of not only the urban environment but of extremist politics upon the young. This view gained ground amongst those who felt most threatened by instability. As the economy contracted many of those involved in small-scale production and artisanal work criticized the threat to their livelihood posed by what they perceived as the 'Americanization' of industry.¹¹⁵ Theories of scaling down industry, saving the worker from the 'all-consuming machine', and re-establishing equilibrium between city and countryside were well received by such groups during the Great Depression. Supported by traditional social elites, the Catholic Church, medical professionals and small busi-

¹¹² In 1931 five candidates from 'moderate' parties won most votes in the cantonal elections. By 1937 four of the nine highest-polling candidates in the cantonal elections were communists, three were from the traditional right and one was from the extreme right-wing Parti Populaire Française: AMSE 9K10 Newspaper Extract, 'Les résultats de Saint-Etienne', *La Tribune Républicaine*, 18 Oct. 1937, 1.

¹¹³ AMSE 2I34-5 Poster, 'A la population', 15 Jun. 1934.

¹¹⁴ Though Timothy Smith contends that, in nearby Lyon, 'by the early 1920s ... the animosity between radical republicans ... and conservative Catholics had subsided, if not disappeared altogether', in Saint-Etienne, and elsewhere, this spirit of concord evaporated in the 1930s: Smith, 'Republicans', 274.

¹¹⁵ A. Fisher, *American Red Cross Work Among the French People* (New York, 1921), 143.

nessmen, this 'malthusian' approach found fertile ground in a society sustained by generations of peasant in-migration.¹¹⁶

In this climate these groups began to voice their anxieties using more stridently anti-urban discourse than had been heard in the 1920s. Their shared vision of a utopian rustic society governed by traditional forces (the family, the church and a stolid, apolitical peasantry) came into sharper focus when viewed in the light of increasingly difficult urban conditions. Health providers drawn from or backed by these groups identified the placement of urban children in the countryside as a means of remedying 'one of the most serious maladies of the French nation', namely, 'the abandonment of the village and the exodus of the rural population towards the great cities'.¹¹⁷ The imbalance between city and countryside would be remedied by the children's 'return to the land' and the consequent 'revitalisation of rural life'.¹¹⁸ The countryside, one report suggested, 'inspires in them a love of the land and working the fields and thus fulfils the economists' and hygienists' desires for a return to the soil'.¹¹⁹ OSPECT stated its desire to remove children from 'their slums in the smoke-ridden core' and instead to offer them 'health and joy on the sunny hills of our beautiful countryside'.¹²⁰

In Saint-Etienne, as in Nottingham, the negative portrayal of the working-class family supported this *œuvre*. However, while in the English context such rhetoric had been utilized to draw the young from their homes and into the urban clinics, in Saint-Etienne it had an extra-urban orientation. The maladroit working-class family was contrasted with the venerable peasant family. Compared to the urban mother, the farmer's wife was an icon of maternal perfection. Thus, while urban working-class parents could not 'exercise the necessary surveillance' over their children, 'the brave women' of the countryside could 'care for them with such devotion'.¹²¹ The peasant mothers' 'healthy and abundant' cooking compared favourably with, and replaced 'with great advantage the reheated food that they are usually offered in the workers' households'.¹²² In attempting to persuade poor city dwellers to accept the long-term relocation of their offspring to the countryside providers in Saint-Etienne utilized an ideal of healthy and moral rural family life. Thus placement in a farming family could enable peasant families to

¹¹⁶ E. Fournial, *Saint-Etienne: Histoire d'une ville et de ses habitants* (Roanne, 1976), 269–70.

¹¹⁷ ADL 5M78 OSPECT, *Compte rendu des vingt-quatre premiers années* (Saint-Etienne, 1936), 7.

¹¹⁸ *Ibid.*, 9.

¹¹⁹ A survey of 1932 claimed thirty children placed with farmers became farmers themselves. ADL 15J384 Report, 'Oeuvres de protection de l'enfance', 10 Jun. 1932.

¹²⁰ ADL 5M78 OSPECT, *Compte rendu des vingt-quatre premiers années*, 10.

¹²¹ AMSE 22F50, *Extrait des registres du conseil municipal de Saint-Etienne, Loire, séance ordinaire*, 10 May 1901; ADL 5M78 Report, Annual General Meeting, 'Le fonctionnement de l'œuvre stéphanoise de préservation de l'enfance contre la tuberculose pendant l'année 1936', 4 Jun. 1937, 3.

¹²² *Ibid.*; ADL PER 13/1 OEM, *Rapport sur la marche de l'œuvre*, 1903, 12.

implant a 'higher morality' [in the child] through their 'daily example'. As Ayez, the secretary of OSPECT, insisted:

We are certain that the majority of our pupils ... will stay in the countryside where they have discovered robust health and are raised by solid, vigorous peasants for the greatest well-being of the French race and of the much deserted land.¹²³

OSPECT claimed that many of its young *colons* did remain in the country after the age of thirteen to become farm labourers.

In contrast to the situation in Nottingham the children of the *stéphanois* workers formed the vast majority of the camp organizers' target demographic throughout the period.¹²⁴ The Catholic camp providers' statistics suggest that they achieved most success in peripheral parishes characterized by poorer housing.¹²⁵ In addressing the question of why working-class children from Saint-Etienne were trusted with prolonged access to rural space while those from Nottingham were not, the greater sense of crisis and the protracted difficulties in improving urban conditions in Saint-Etienne are important. However, it is also clear that, in contrast to Nottingham, there was no dominant association of rural space with the elite in the *stéphanois* context. Though travel as a leisure activity had come within reach of a larger number of French urban dwellers in the inter-war period, for most this occurred late on, with the Popular Front reforms, if at all. As a result there was not the same sense amongst French landowners of a workers' invasion of the countryside as in England. While in the English context the children of the workers were encouraged to emigrate to colonies overseas, perceptions of rural depopulation precluded the execution of similar measures in France. And while the English elites' fears of a democratization of rural space restricted the movement of young working-class people to rural areas, in France fears of urban radicalism and rural depopulation prompted the evacuation of this group to *colonies* in the French countryside.

Although the French farmers and landowners welcomed city children, the Catholic Scouts in Saint-Etienne fulfilled a no less adversarial role to that of their equivalent in Nottingham. In the face of urban radicalism and the accession of communists to power in the municipal government these youths, drawn from the local *lycées*, the Ecole Primaire Supérieure and the Ecole Professionnelle, were represented as protectors of the health providers' interests and as exemplars of pro-rural values. On 28 May 1939, two thousand scouts from the Lyonnais, Foréz, Dauphiné, Drôme, and Ardèche area camped on the property of Colonel de la Croix-Laval at Charbonnières for the rally at Pentecost. Saint-Etienne's mass-

¹²³ ADL 5M78 OSPECT, *Compte rendu des vingt-quatre premiers années*, 7.

¹²⁴ AMSE 22F50 Report, Morgan, Police Commissioner (6th *arrondissement*) to Nonon, Central Police Commissioner, 'Oeuvre catholique des vacances à la campagne', 26 Feb. 1934.

¹²⁵ ADL 15J2550 Oeuvre Catholique des Vacances à la Campagne, *Rapport de l'exercice*, 1935, 8.

circulation pro-Catholic daily newspaper, *Le Mémorial*, marvelled at the 'constant discipline', 'ardour for action' and 'dignified and eloquent piety' of this 'beautiful youth'.¹²⁶ Amidst the deteriorating economic and international situation these young people offered new hope. They were represented as an eternal force, 'a youth which has decided never to age'.¹²⁷

The Catholic Scouts were reconstructed as the shock troops of a spiritual wave beginning in the countryside and breaking back on the cities. *Le Mémorial* found comfort in the image of a 'conquering youth' dedicated to 'rechristianizing the land'.¹²⁸ These 'valiant young people' were seen as the leaders of 'a crusade against the evil city'.¹²⁹ While the *colonies* provided hope for a future in which the children of the cities would repatriate the land, uniformed youths provided a more immediate promise of salvation. The representation of young middle-class males as a conservative force backed by tradition, faith and nature was readily taken up again by those who perceived their livelihoods to be threatened by the 'Americanization' of industry and left-wing political extremism. They ranged these pious, morally pure youths of the countryside against their terrifying counter-image, the autonomous, radical, working-class youth whose (un)natural constituency was the 'evil city'.

Conclusion

The many studies of healthcare for young people between the wars have failed to do justice to the full diversity and complexity of this service. Alongside the expansion of clinic-based healthcare the simultaneous movement to introduce spaces of 'nature' into cities and to extricate the young from the urban core must also be considered. By comparing these forms together with the discourses mobilized by those who worked to implement them the broader impact and implications of the modern health movement can be laid bare. The forms taken by the health movement owed much to the urban cultural context in which they were generated, as this study of two broadly comparable cities in England and France has shown. Different patterns emerged in Nottingham and Saint-Etienne as volunteers and health professionals produced new spaces of treatment in both the countryside and the city.

In England the evidence from Nottingham suggests that the emphasis remained on improving the health of the urban young within the city. In comparison with France extrication movements in England remained underdeveloped and under-funded. Camps were less significant in

¹²⁶ 'Fête annuelle des scouts de France', *Le Mémorial*, 28 Jan. 1936, 4.

¹²⁷ *Ibid.*

¹²⁸ *Ibid.*

¹²⁹ The theme of the Scout rally at Charbonnières was the 'crusade against the evil city' (*la cité du mal*). 'Rallye de pentecôte, 1939', *Le Mémorial*, 29 May 1939, 2.

terms of number, length and attendance. Though the leaders of a confident, cohesive and state-run health movement disseminated pro-rural discourse their sharp criticism of 'the city' reflected, paradoxically, the belief that their work could salvage it. The professional classes and municipality established an interconnected urban infrastructure using clinics, open-air schools and playing fields, and the extrication of the young ran up against patrician fears of rural democratization.

In France, evidence from Saint-Etienne suggests that administrative and spatial obstacles hindered the regeneration of the urban environment, muted the expression of anti-urbanism and gave a greater stimulus to extrication services. The health movement was divided between the state and the voluntary sector. Unable and unwilling to rely on an urban treatment network, voluntary providers turned their backs on the city. By the mid-1930s social tension, political crisis and economic depression led the conservative coalition behind the extrication movement to eulogize 'nature' in reaction to what they perceived as a morally bankrupt urban civilization. Health providers redoubled their efforts to reverse centuries of in-migration and to repatriate rural space with the urban young.

The specific histories of healthcare for young people in these two cities illustrate conclusions with broader relevance. That providers in both contexts ignored statistical evidence to pursue their own political agenda through health provision seems to bear out Henning Eichberg's claim that 'views on what sort of space is healthy ... turn out to be socially relative'.¹³⁰ In articulating such views representations of the city and the countryside were fundamental. As Raymond Williams has suggested, ideals and images of 'urban' and 'rural' are 'one of the major forms in which we become conscious of a central part of our experience and of the crises of our society'.¹³¹ However, the discursive and material forms which the health movement took in both England and France were not only constructed at the interstices of the 'modernizing' medical, educational, architectural and planning professions. More 'traditional' social elements such as the landed gentry, the clergy, the peasantry and the *artisanat* were also centrally implicated in their development.

In both contexts purpose-built spaces were constructed in both the countryside and the city, exposing the young to space, light and air. Structures designed to accommodate young people exploded the binaries of 'artificial' and 'natural' and opened a third space *between* the urban and the rural. In these spaces of observation and regulation, science fused with a reverence for nature. Through such forms two 'ageing' societies showcased the health and vigour of the urban young and made manifest the anxieties they shared over their rising generations.

¹³⁰ H. Eichberg, 'The enclosure of the body. On the historical relativity of "health", "nature", and the environment of sport', *Journal of Contemporary History*, 21 (1986), 112.

¹³¹ R. Williams, *The Country and the City* (Oxford, 1973), 289.