

## Lessons from a forgotten disaster

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# Lessons from a Forgotten Disaster: The Queen Victoria Street Fire, 1902

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On 9 June 1902, a fire at the General Electric Company offices in Queen Victoria Street led to the deaths of ten employees, including nine young women aged between 14 and 18. A coroner's inquest was immediately organized to ascertain the cause of death and a number of witnesses were called to give evidence. This article explores the evidence gathered at the inquest, focusing on the testimony of four witnesses: the spectator, employee, survivor and fireman. Their testimony exposed defects in the company's attitude towards fire safety, London's building bye-laws and the capital's fire protection. It subsequently weighs this evidence against other accounts of the fire as featured in newspapers and other contemporary texts. Our conclusions reveal significant variations between the coroner's verdict and the media's analysis of the fire, with particular focus given to accounts that sought to identify and hold to account those who were deemed publicly responsible for the failings to rescue the victims.

**KEYWORDS** General Electric Company, Fires, Fire-fighting, Disaster, Rescue, Identity, Learning

## Introduction

On 9 June 1902, a fire started on the second floor of the General Electric Company (GEC) offices at 67 Queen Victoria Street, London. As makers of 'all things electric', including fire alarms, and possessing its own fire brigade, the GEC must have appeared better prepared than most employers for this sort of emergency. Indeed, the firm's brigade immediately began fire-fighting operations, while

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members of its 'fire police' commenced clearing the building of approximately 200 employees. Unfortunately, more than a dozen 'girls', as the young female workers were referred to in the coroner's inquest and newspaper coverage, found themselves trapped on the building's top floor. They had been engaged only a few weeks previously to fulfil special orders for the forthcoming Coronation.

When the officers of the Metropolitan Fire Brigade (MFB) and London Salvage Corps (LSC) arrived, the fire had assumed a spectacular appearance, with members of the public and police officers holding a tarpaulin in the street beneath the fourth-floor windows where the workers, aged 14–21, had assembled to escape the rapidly ascending smoke and flames. Three females and a male jumped, two other females were rescued, while eight suffocated on the top floor. Mabel Amos, aged 17, and Arthur Paget, the eldest fatality at 21, died indirectly from the fire, Amos from a weak heart, while Paget missed the tarpaulin after leaping from the top floor.

An inquest was opened in the coroner's court in Golden Lane, Barbican, within two days of the fire in order to ascertain the cause of death and offer closure to survivors and the bereaved. As an ancient medico-legal tribunal, the inquest can also restore public faith in the ability of public bodies and industry to anticipate and prevent future events from occurring. The first day, coming so soon after the disaster, involved the last bodies being identified, while the final day involved the presentation of a final verdict. Among other things, the 1,000-page document includes the testimony of 65 witnesses to the fire. The majority were employees of the GEC (25), another 13 represented the MFB and 12 were drawn from the many eye-witnesses who watched the spectacle unfold. Another handful worked as policemen, district surveyors, and the factory inspectorate, while three were medical practitioners who performed first-aid treatment on the injured. This article explores the testimony gathered on the occasion of this inquest, held over 12 days between 12 June and 29 July 1902 as well as the coroner's verdict.<sup>1</sup>

The inquest was led by Frederick Joseph Waldo, Coroner for the City of London and Borough of Southwark. Appointed coroner in 1901, Waldo was educated at Cambridge and St Bartholomew's Hospital, obtaining the Membership of the Royal College of Surgeons (1879) and graduated MD in 1884. Before commencing private practice in Kensington and working as medical officer of health for Southwark, he spent time in Berlin and Paris in the laboratories of Koch and Pasteur. Waldo clearly would have made a distinguished name for himself had he remained in bacteriological and research work, but instead brought to his medico-legal work thoroughness and keen investigation skills which characterized his previous activities.<sup>2</sup> As independent authorities on risk, coroners were either medically or legally qualified (or both) and contributed to greater understanding of risk in the workplace, raising public awareness of everyday risks and recommending central and local governments to create tighter regulations to protect against fire.<sup>3</sup>

Under the City of London Fire Inquests Act (1888), Waldo assumed the unique power to hold inquests on cases of fire in the capital, a power he consistently argued should be extended to coroners throughout the country. This power, coupled with his experience and professional expertise, elevated his authority and public status above that of his counterparts in the national coronial system. The LCC promoted this discretionary law to combat a growing number of fires from unknown causes, thereby formalizing channels of communication between the

MFB and the city coroner. Waldo claimed that his insistence on holding an inquest into each fire had brought about a reduction in City fires and the certainty of an inquest being held had deterred arsonists in particular.<sup>4</sup> If his inquiries seemed prolonged to contemporaries, his love of detail and conscientious investigation is of great benefit to historians, providing an official version of events and opening a window onto coronial practice as it pertains to London's fire inquests. Though able to reproduce only a fraction of that detail in his inquiry, we posit that, by drawing on four unique perspectives from Waldo's inquest, that of the spectator, the GEC employee, a survivor of the fire and one of her rescuers from the MFB, we can both resuscitate a relatively unknown metropolitan fire and demonstrate its significance within a capital city that was becoming more fire conscious in the early twentieth century.

Given the GEC premises' proximity to Fleet Street, the fire was a mass media event. Journalists were alerted to the unfolding disaster, arriving on foot in minutes, while the inquest filled considerable column inches. 'Accident news' became a staple feature of local and national newspapers during the early nineteenth century. Reports on fatalities involving fires, murder, suicide and traffic collisions regularly informed readers about the growing number of violent hazards in everyday urban life, whilst providing a medium through which readers 'browsed' the increasingly unfamiliar city.<sup>5</sup> Waldo, in featuring consistently in London's turn-of-the-century 'accident news', was the glue that linked the growing number of reports, becoming a recognizable expert on death to readers. Meanwhile, the inquest served as a medium through which the final movements of victims were traced and the collective identities of affected groups shaped. Moreover, lengthy reports on destructive fires, which were often accompanied with melodramatic and heroic narratives of rescue, injury and death, remained a staple feature of newspapers in London and elsewhere well into the twentieth century.<sup>6</sup>

This article thus examines press coverage of the fire, inquest and subsequent investigation by the LCC alongside the inquest papers. Popular national daily newspapers, in particular the recently launched *Daily Mail* (1896) and *Daily Express* (1900), took a broader remit than the coroner in seeking to apportion blame for the disaster. Popular newspapers framed disaster reporting as part of what Mervi Pantti calls an 'emotional public sphere', mediating the emotions of their readers alongside the more objective reporting of casualties and other particulars.<sup>7</sup> London's daily newspapers, we shall see, did not shy away from criticizing public servants where it was felt that the story was in the public interest and would aid sales.

## The spectator

The first witness who provided evidence as part of Waldo's twelve-day inquest was Dr John Samuel Hudson, one of three medical practitioners. Hudson's practice was in Leadenhall Street, which, ironically, was also in the City's insurance district. He first spotted the fire shortly after five o'clock in the evening while approaching Mansion House Station. On hearing a cry of 'Fire', Hudson turned to see smoke rising from the windows of the GEC building. He also noticed a girl standing at

the top of the building at No. 67. At that moment, he saw the first fire escape arrive at the fire from nearby Watling Street fire station.

Unfortunately, the escape that arrived was only 50 feet in length, too short to reach the top floor. Instead, a rescue would have to be improvised by the 'firemen', as firefighters were commonly known at the time in a widely held recognition of the gendered requirements of the dangers associated with fire-fighting and rescue work.<sup>8</sup> In the excitement, a bystander removed a tarpaulin from a fruit merchant's cart. Held by approximately two dozen people, the improvised jumping sheet was ready for those brave enough to leap from the top floor. A young woman jumped soon after, and Hudson saw three more descend in quick succession.

Being a qualified physician, Hudson volunteered his services and treated the injured for shock at a building across the street. Hudson ordered stimulants, a brandy bottle being obtained from the nearby Skinner's Arms. He subsequently ordered a police officer to accompany the injured to St Bartholomew's Hospital, and continued to make himself useful. By this time, a 70-foot escape had arrived from Southwark station, and a fireman rescued a young woman who appeared unconscious from the building's top floor, which was now burning more intensely.

Unlike the first people who leaped from the burning building, this young woman was insensible when placed on the pavement. Hudson, therefore, ordered artificial respiration to be performed. Once revived, she too was given stimulants. After directing a fireman to commence artificial respiration, Hudson requested members of the crowd around them to obtain stimulants with the intention to disperse them. Soon after, the patient was also dispatched to Bart's on a hose cart. When a second person was rescued from the burning building, she was placed under the care of Dr Bynoe, another medical practitioner in attendance. Bynoe had the harder task on the day because the patient he was treating, Mabel Amos, was believed dead when placed on the pavement by her rescuers. She was immediately administered strychnine, which one of two nurses assisting the doctors had fetched, while artificial respiration was continued. Dr Hudson suspected Amos died of heart failure, the court being told of her weak heart. The jury also considered death by suffocation, including the time and amount of smoke, but five minutes was generally judged as potentially fatal.

Hudson left once the fire was under control. Although he claimed his last words were to encourage Bynoe to continue emergency treatment, it was discovered on further questioning that artificial respiration was performed by a member of the St John Ambulance, Edward Flowerday, who was based at the organization's post at St Paul's Cathedral. In all likelihood, those performing artificial respiration employed Dr Sylvester's technique, as advertised in the St John Ambulance Brigade's manual.<sup>9</sup> When asked whether he heard spectators in the street encouraging those trapped to 'jump', Hudson claimed he heard nothing, as there was simply too much noise in the street. Based on the collective testimonies, few people discerned official instructions or exclamations, as a result of many factors, including the general tumult of the crowd, the sound of steamers and police whistles.

## The staff

Charles Frederick Trippe was one of 25 GEC employees interviewed by Waldo, and his testimony illuminates activities inside the building on the day of the fire. Employed by GEC since 1896, Trippe was an electrical engineer, whose expert testimony was also used to explore the potential causes of the fire. As one of the company's most skilled engineers, he had been sent to assist at its South African branch for three months in 1898, and again in 1900.<sup>10</sup> As a member of the company's fire brigade, Trippe responded immediately on hearing the alarm sound outside his office in No. 71 Queen Victoria Street. Given its novelty, Trippe described the mechanism to the coroner's court in detail, GEC having been one of the first firms to install these on its premises. Instructions near the alarms, which were presented to the court, directed employees to 'Break the glass and press the button'. Whilst it was described as a complete system, it was never connected with the switchboard at the local fire station, as initially promised by Pearson's, the installers.

On hearing the alarm, Trippe left his office for the engineering showroom on the first floor of 69 Queen Victoria Street, the company brigade's agreed assembly point. Trippe was the second officer of the 25-person brigade, the members of which were paid extra to engage in drills held after normal working hours. Its Captain was Max Byng, manager of the Queen Victoria Street branch. Before Trippe reached the assembly point, however, someone yelled 'engineering stock room' to indicate that the fire was on the second floor of No. 67 Queen Victoria Street, the most recent building to be added to the premises. When Trippe passed through the double door connecting Nos. 67 and 69, he saw and stamped on what appeared to be decorations, before noticing that the fire had already spread further. The decorations, comprising leaf sprays and baskets of flowers, were manufactured off-site and used to decorate lights as part of the Coronation orders that the company was preparing for the forthcoming celebrations. As more of the decorations ignited, the fire became more serious, but those in the building also smelled something unusual, resembling naphtha or cordite, which burned quickly.

Trippe secured a fire hose and told Byng to contact the MFB at Watling Street. Attaching the hose to an internal hydrant, Trippe was able to play on the flames given the 'splendid pressure'. The first external organization to arrive was the LSC, which worked for the City's 36 insurance companies to protect insured property from fire damage, and whose headquarters was adjacent to the MFB station. The insurance companies also contributed up to one-sixth of the cost of the MFB from 1866, calculated as a proportion of its insured property within the Metropolitan area.<sup>11</sup> The members of the Corps wore black leather helmets in order to distinguish them from the brass helmets of the MFB. At this point, Trippe handed his hose to the professional men, and after approximately 20 minutes, the fire was said to have been extinguished 'like a candle'.<sup>12</sup>

Given his electrical knowledge, Trippe was requested by Waldo to elaborate on the wiring of the store room and the storage of flammable items there in order to determine a possible cause of the fire. He described the room's electrical circuit, which passed through tubes running along the ceiling. The possibility of a short circuit was explored, as was the proximity of the Coronation decorations to the

wiring. The sprays were made from linen and wax, and Trippe was handed some celluloid with which to compare the leaves, before subjecting them to a number of flame tests in the court. Touching them with a cigarette and a cigar did little more than burn a dark hole into the cloth leaves, but when exposed to an open flame, the decorations flashed like gunpowder. Upon questioning, Trippe admitted to occasionally smoking a pipe in his office after hours, as did many senior managers in the firm. Other than the lights in the room, there were no other heat sources present.

The company's fire brigade had been reorganized the year previously and was drilled for such an event on a weekly basis. The 30 female typists occupying the third floor had not been told how to evacuate in case of fire.<sup>13</sup> Neither had the dozen or so staff on the top floor of the building, because drills were held outside of normal working hours given the disruption they were thought to cause. In case of fire, it was the job of eight staff designated as 'fire police' to clear individuals from each floor and the different buildings. John Tyndall was the employee responsible for clearing the fourth floor of No. 67. However, on the day, he went as far as the third floor, tried to climb the stairs another floor, but only ascended the second step before reversing his course. Instead of climbing further, he merely shouted up the stairs. Before exiting, he assisted other staff in removing ledgers from the firm's counting house and storing these in the City and Midland Bank across the road, making this journey three times, before being pushed into the crowd gathering outside the offices by a police officer. It was at this point that he saw the girls trapped on the top floor, but he could not make it back into the building. Upon further questioning, Tyndall claimed that the saving of books was not prioritized above saving lives. He simply followed the example of others.<sup>14</sup> The inquest was then adjourned until the following Monday.

## The survivor

The inquest resumed on 23 June with Alice Thompson's testimony. Three weeks earlier, fifteen-year-old Alice had been the first person to jump from the top floor of No. 67. Living in Stockwell, Alice had been in the employment of the firm for 18 months. She was a holder fitter, which involved assembling electric light holders, including screwing together three brass and porcelain parts before packaging a dozen complete lamps in each cardboard box. Alice estimated that the assembly work she and the other girls were engaged in had been interrupted by the alarm bell at around 5:15 pm, shortly after they commenced their afternoon tea.<sup>15</sup>

The room where eight women died was a large open space with windows in front and back, with a wooden spiral staircase emerging into the middle of the room, and a skylight above the stairs. Before the Coronation work commenced approximately six months earlier, there were eight women working there, equal to the number of men employed there, but Alice saw only one male employee on the day of the fire. This was David Eveson, who managed the thirteen women in this department. The other men there worked separately and packed hardware, such as cut-out boards, switches, instruments for electrical work, indicators and bells. Five of the thirteen



females based on this floor had been hired specifically to undertake the extra Coronation work. Gladys Chambers, aged 14, wrapped the sprays of leaves around the assembled lamps. She also often moved between the store room on the second floor and the top floor where her colleagues worked, but this entire group was unfamiliar with the building given the short periods they had worked at GEC. For example, Alice did not know of a trapdoor in the ceiling of the top floor room, but knew there were three ladders in the room for getting holders out of pigeon holes. One ladder was stored under a bench in the middle of the packing room, around which the girls worked while seated on benches.<sup>16</sup> There was also a closed stove in the workroom, located in front of the bench, but this was used for heating only in the winter. The fire alarm was located near the stairs, where it had been installed two years previously.

When the bell sounded, Alice and her colleagues did not know it was a fire alarm, having never heard it before. David Eveson, however, recognized the bell and immediately fled the room, followed by fourteen-year-old Stanley Chapman. The female staff subsequently approached the stairs, but thick smoke blocked their exit. According to Chapman, they appeared frightened by the smoke and returned into the room.<sup>17</sup> Cecil Jones, an eighteen-year-old packer, froze briefly on hearing the alarm, until he saw smoke coming up the stairs. Jones recalled Alice leading the girls to the stairs from the other side of the room and asking if they could get down. When Jones said 'no', and told them the smoke was too dense, the others screamed and diverted to the window furthest from the Mansion House side of the room. Albert Tomlinson, manager of the Invoice Department, who meant to exit the building on the third floor and accidentally carried on up the stairs, encountered Jones and asked if there was an escape from the top floor.<sup>18</sup> Jones showed him a trap door in the ceiling. Jones told the girls to follow them to the roof, but, not being on speaking terms, they remained by the windows. Expecting the fire police to come for the girls, he ascended the ladder with Tomlinson.

Alice opened the window nearest St Paul's Cathedral, which caused smoke to enter the room. Ignoring calls from others to shut the window, Alice climbed onto the ledge and saw a tarpaulin held by members of the fire brigade, police, and bystanders. From her elevated perch, Alice realized that jumping was her best option to escape the flames. She turned into the room, sat on the ledge and rolled out backwards. Alice could remember little else before reviving in St Bartholomew's Hospital in the evening. She had a bruised head and ear, hurt her eye and back, which still ached as she delivered her testimony. At almost the exact time the rescuers were placing Alice on a stretcher, Cecil Jones had emerged on the street, after escaping the building through the roof.

After Alice leaped from the window, she was followed by others. The next to jump was Paget, who missed the tarpaulin and hit the pavement. He was followed by Norah Jones, Emmeline Ambrose and Dora Cutter, the fire burning so fiercely that the girls found it too hot near the windows. A couple of the girls jumped together, their bruises and cuts the result of mid-air collisions and landing on each other in a tarpaulin that had filled with broken glass. Although the girls had little memory after jumping, Cutter recalled seeing a man on a ladder that was nearly two stories beneath them. She also recalled Jessie Hastie holding her

blouse from behind and telling her not to jump, and saw Phyllis Elliot faint just before she leaped. Rather than jump, Cutter leaned forward and somersaulted out the window. Having wrapped a serge lunch bag around her face to protect it from the flames, Dora burned her face on the descent. As temporary employees, working in a room that was not officially designated as a workspace and subject to inspection by the Factories Inspectorate, the girls were kept in the dark about evacuation procedure; the printed guidance about the brigade hung throughout the buildings was not even displayed on their floor. As a result, none had ever heard of Tyndall, the fire officer responsible for clearing their floor. According to Norah, the men had not helped any of the girls escape, and some newspapers made much of their admission that they felt expendable.<sup>19</sup>

## The fireman

Station Officer Joseph Henry West was not the first fireman to arrive at the scene, but he became the face of the brigade in both the inquest and newspaper coverage. At the time the alarm was raised, West was off-duty, having just returned from fighting another fire at Bankside. Instead of ending his shift, West was one of five men who travelled to the fire on an oil steamer from Southwark.<sup>20</sup> In total, 29 men made the same journey from his station, operating a longstanding system of continuous duty introduced in the mid-1860s.<sup>21</sup>

When West arrived at the GEC offices, he entered the burning building through the basement of No. 71. He climbed the spiral staircase of No 67 and ordered the iron doors between Nos. 67 and 69 to be closed. He then proceeded to the roof where members of the LSC had assembled. It was there that he learned about the trapped staff. At this point in the testimony, West noted that he felt the 'girls' could use the assistance of 'strong men', thereby articulating contemporary prejudices held by many in the fire service that rescue work was the preserve of a particular type of male with the physical and mental capacity for working under extreme pressure. For many chiefs, the most suitable men for rescue work were those who acted on life-determining orders without panicking and put the safety of more vulnerable groups ahead of their own.<sup>22</sup> Although the officers of the brigade carried pocket lines with them, they were not strong enough to lower a person of his weight. Several men were therefore dispatched to obtain a stronger line, and a piece of insulated wire was attached to West and he was lowered on the parapet of No. 69. From there, he leapt to the window-sill of No. 67 in order to attempt a rescue.

Conditions deteriorated after the first group jumped. With the intense heat and fading oxygen supplies, West was only able to crawl a few yards on his hands and knees. Visibility was so poor he had to rely on his sense of touch, felt someone's face and brought the body to the window.<sup>23</sup> He attached a line to the body, which was later identified as Emily Johnson, being careful not to 'squeeze life out of her'. A 70-foot long ladder had by this time arrived, and a fourth-class fireman from Southwark, Alfred Richards, removed her to the roof, before carrying her down the ladder on his shoulders. Richards had also climbed into the building and described

how the smoke had a taste, resembling cordite.<sup>24</sup> West re-entered the building and, again using his hands, located a second body. This was Mabel Amos, aged 17, whose legs were entangled with those of another, who had either fainted or succumbed to the smoke. Amos was handed to another Southwark man, third officer Tudor Roberts, who was unable to get the seventeen-year-old properly onto his shoulders due to the speed the fire entered the area.<sup>25</sup> West returned a third time just as the flames burst out in the room and the skylight was beginning to collapse. Faced with an advancing fire, West tried to move another body, but was by this time exhausted. He lay over the windowsill, bystanders witnessing his gasps for breath, before being hoisted onto the roof. West recalled little else until he was back on the roof of No. 69 and revived with brandy.

In his testimony, West claimed that he did not regard himself 'as anything exceptional'. All of the men in the MFB, he reassured his listeners, were 'of the same pluck as myself'. Every one of them was ready to risk their lives in order to save lives at a fire. While others providing testimony agreed with West, some were more critical of the firemen, and West and his superiors soon found themselves defending their efforts. For example, West's own testimony ended by stating that there was no truth in the statement that the firemen had climbed the ladders 'as if we were men going to thatch a stack and paid by day work'.<sup>26</sup> He also defended the importance of rope work in saving lives, while Roberts emphasized that they were drilled monthly in rescue work.

By the inquest's ninth day, 21 July, much of the testimony had shifted to focus on the deficiencies of the fire brigade. Initially, discussions focused on the failure to use the MFB's own jumping sheet. Senior members of the brigade were asked about the absence of a long ladder at Watling station. Captain Wells, chief of the MFB since 1896, responded defensively to suggestions that no one appeared in charge of operations on the day. Wells claimed that a total of 148 men from the brigade attended the fire, and just because many of these men were standing idle does not mean there was no supervision. Wells brusquely said that it appeared the public wanted to see him 'on a horse in a cocked hat with a speaking trumpet'.<sup>27</sup> According to Wells, the MFB had been improved considerably since its inception in 1865, views supported by Eyre Massey Shaw, its first Chief, who was also called to provide evidence. In Shaw's opinion, the responsibility for building control rested with the owners of buildings rather than the fire brigade, whose hands were tied by the technology available at their disposal. Indeed, the responsibility to provide external escapes for tall buildings had been stipulated under the Factory and Workshop Act of 1901. Shaw and Wells also argued that the London Building Act (1894) needed to be amended to apply retrospectively to existing buildings such as the GEC premises so that the brigade could enforce the provision of external exits in the interests of public safety.<sup>28</sup>

## The verdict

On day 12, 29 July, Waldo presented his verdict. Given that the inquest was held under Coroner's Law, and not the Fire Inquests Act (1888), its main function

was to determine the cause of death of the ten victims of the fire and whether they were preventable. Eight of the deaths occurred as a result of suffocation on the top floor of No. 67 Queen Victoria Street, two others were deemed indirectly related to the fire, Arthur Paget from internal injuries after he missed a jumping sheet, and Mabel Amos due to a weak heart.

Waldo also opened the door to further scrutiny with his statement that he found much of the evidence to be ‘inaccurate and in some instances plainly at variance with the facts’ of the case as he had established them, although he noted that mis-statements were ‘unintentional’.<sup>29</sup> He mentioned the illegal stock of a patented, flammable fluid, ‘Commudine’, found on the premises that Byng described as small, but actually amounted to 168 pounds. Nevertheless, the discussion quickly shifted to the courage shown by Alice Thompson, who was the first to jump and thereby encouraged others to follow her into the tarpaulin. Her actions raised many questions about the company’s responsibility towards its most vulnerable staff, who were expected to work in tolerably dangerous conditions with minimal protection. In terms of the company fire brigade, Waldo indicated that some members appeared unwilling to take measures ‘above their rank’. Tomlinson summarized this most succinctly by stating that it was ‘not my place to offer assistance’.<sup>30</sup> That there was little communication between staff on the top floor was also evident. However, while it was clear that the men employed on this floor did little to assist the young women, Waldo chose to record the fact that it was girls in such emergencies who ‘lose their heads’, despite Alice’s testimony challenging this popular misconception.<sup>31</sup>

Waldo also made a number of recommendations for the MFB leadership and the LCC’s oversight of the building regulations. Watling Street was described as ‘old fashioned’ while the MFB’s equipment and appliances were in urgent need of updating. Finding the London Building Act (1894) to be inadequate, Waldo recommended that its provisions should be retrospectively applied to existing buildings. Exits to the roof would have provided a safe way for those on the top floor to escape, but the law required amending in order to give the LCC authority to enforce such changes to buildings which pre-dated the 1894 Act. Although an electric alarm had been installed in the premises, notice of the fire was sent unnecessarily late to the brigade. This did not stop the Pearson alarm company from capitalizing on the fire; not only were their advertisements prominent in London newspapers in the weeks that followed, but they directly referenced the Queen Victoria Street fire and the verdict that the alarm was given late. GEC’s directors presumably did not share this view as they switched providers later that year.<sup>32</sup> The iron doors, which might have been regarded as safe, were also found to be illegal. In terms of whether GEC’s offices were a warehouse or ‘factory’ according to the Factory Acts was a borderline issue, which the company’s board disputed at its annual shareholder meeting.<sup>33</sup> The remainder of this article will examine the responses to the verdict, especially as it pertained to the Metropolitan Fire Brigade and its perceived failings during the fire. An inquiry might give closure to the bereaved and the survivors, but the process of learning does not end with the verdict; rather, it opens a new chapter in which blame is publicly allocated

and contested, and lessons keenly debated. Some of these lessons, we shall see, were easier to swallow than others.

## Learning about leadership

The fire occurred at a crucial moment in the evolution of a publicly funded fire service in Britain, but also within London itself, which was seen within the service as lagging behind some of the professional provincial brigades. This was despite claims to the contrary made by Captain Wells at a recent Select Committee investigation into the organization of fire brigades across the country.<sup>34</sup> The inquest papers, as well as newspaper coverage of the proceedings, reveal a tension between how Wells and others interpreted the verdict compared with more critical external voices. Whilst there are many readings of the lessons of the fire, newspapers overwhelmingly focused on the performance of the MFB and alleged failings in its leadership. Journalists paid little heed to the failings of the GEC or of the building regulations, which were of secondary significance to the story despite clearly being in the interests of readers. Little coverage addressed the need for businesses to drill their employees in fire safety during working hours, and there was as of yet no national coordination of safety education. Meanwhile, only specialist first-aid magazines drew links between the uncoordinated emergency medical response and the need for a publicly controlled ambulance service.<sup>35</sup>

Time and again newspapers returned to the leadership of the fire brigade, subjecting it to closer scrutiny than any other organization implicated in the fire. As studies of media coverage of mass fatality disasters have shown, tabloids frame their journalism around human interest stories rather than forensic investigations into legal or systemic failings; this is as true for the early twentieth century as it is for more recent tragedies. They also mediate their readers' emotions by focusing on more popular and palatable narratives of heroes and villains, including pointing the finger of blame at a responsible individual. Furthermore, national journalists often lose interest in reporting on such incidents after a few days, only returning sporadically to cover newsworthy developments such as an inquest or public inquiry.<sup>36</sup> Whilst the inquest jury were careful not to blame any single individual for the deaths at Queen Victoria Street, Captain Wells was readily adopted by prominent national newspapers, particularly the *Daily Mail*, as the villain in the story. Earlier criticisms of the brigade following the Cripplegate fire in November 1897, were reprinted to show how little had been learned from that inquest. Responsibility for preventing this and other large fires from growing into conflagrations was placed upon Wells' shoulders; the *Mail* even went so far as to claim that the brigade was 'headless'. London had a 'deplorable lack of equipment', including no big steamers, chemical or motorized engines, water-towers, hook ladders, jumping sheets, large hose branches, and fewer stations than under Wells' predecessor.<sup>37</sup>

Whilst national newspapers interpreted his 'stoutly maintained' defence of the brigade as arrogance, in truth Wells had to tread a fine line when publicly commenting upon desired improvements. As he diplomatically noted at the inquest when

probed on the extent to which his brigade was well-equipped, 'the appliances are the best I can get for London at present'.<sup>38</sup> As a public official, Wells had to take care not to bite the hand that fed him. Although, then, the LCC declared its 'utmost confidence' in Wells, rumours of his departure persisted, stoked by tabloids.<sup>39</sup> The *Daily Mail* announced his impending resignation in September 1902, which Wells grumpily dismissed as an 'unfounded statement'.<sup>40</sup> The press's main problem with Wells was his suitability to lead the largest fire brigade in the country. As a former naval officer, Wells had no prior experience in commanding fire-fighting operations. Instead, his appointment reflected a long-standing preference for appointing naval officers to senior ranks of the brigade from its inception in the mid-1860s. With a reputation as a strict disciplinarian, Wells was appointed to continue the regime created by his predecessor, Captain Shaw, not least in quelling a growing groundswell of rank-and-file firemen seeking to unionize during the 1890s. As one anonymous Committee member put it, 'We must have an officer who has been trained to discipline and command the men ... By all means, let the second officer be an experienced fireman, but the best head man is he who is a thorough disciplinarian.'<sup>41</sup>

Wells' appointment coincided with a cultural shift within the service. The era of senior officers running into burning buildings was anachronistic to modern leadership. Wells had himself narrowly avoided serious injury early in his command when a plate-glass light fell on him during an incident. Several experienced chiefs had established the principle that leadership would be separated from fire-fighting practice, with second officers, and a third officer in London, appointed to provide operational command at large fires; in this regard, London was following the lead set by larger provincial brigades such as Birmingham and Manchester.<sup>42</sup>

Yet press coverage of fires indicates that tabloids still equated leadership with the traditional image of a chief putting his own body at risk in order to protect others. As Robyn Cooper has shown, the fireman was 'increasingly the object of public attention and popular appeal'. This was dominant in factual as well as fictional accounts of fires, which equated the fireman with the universally lauded traits of manliness, chivalry and heroism, and that by extension placed the chief officer on a pedestal above those under his command.<sup>43</sup> Consequently, contemporary accounts of fires frequently emphasized the bravery and leadership displayed by Wells' Second Officer, Sidney Gamble. London's firemen were repeatedly described as being 'under the command' or 'under the direction' of Gamble.<sup>44</sup> The recipient of numerous accolades, Gamble was the public embodiment of the heroic fireman at the turn of the century as one who 'daily performed acts of courage and daring, risking his life fighting fires, endeavouring to save victims or endangered colleagues'.<sup>45</sup> Such was the public admiration of him that, although in attendance at the inquest, no blame was ascribed to him.

This attitude helps to explain why individual firemen were singled out for praise by commentators; they embodied contemporaneous understandings of hegemonic masculinity and civilian heroism as a series of actions that reinforced masculine superiority as well as gendered difference in roles. The young women, or 'girls' as they were commonly described, were helpless victims, dependent for their safety upon the firemen who regarded risk-taking as one of the ordinary tasks of

fire service work. Commanding the fireground, as Wells defined his role during the fire, did not equate with the social and cultural elevation of manliness as a series of moral actions, even if it did represent good professional practice.

If Gamble was the public face of the MFB, Major Fox of the LSC was probably the second most respected fireman in the capital. Newspapers frequently cite Gamble and Fox's joint leadership at incidents, with Wells absent from such stories. In one case, occurring only a couple of weeks after the Queen Victoria Street fire, Gamble and Fox received minor injuries at a factory fire in Whitechapel. Newspapers even reported rumours of their deaths before describing their daring escapes, particularly Fox who 'had to literally rush through the fire and get down the staircase' before it collapsed.<sup>46</sup>

The LSC featured prominently in the evidence presented at the inquest and its men were praised by the jury. As a private body managed by the insurance companies, the Corps' main responsibility was to protect insurable property at fires, leaving the task of fire suppression and rescue to the MFB. Fox was a popular appointment in 1895, having prior experience as chief of an army barracks brigade. He was also a reminder of the tradition of leading from the front, which elevated him in public notoriety, not least following several narrow escapes from serious injury.<sup>47</sup>

The LSC's men were celebrated as the 'Heroes of the city fire', shifting the official narrative away from the victims who were quietly removed from the public memory of the fire in a conscious act of forgetting. In a ceremony held in its Watling Street headquarters, Fox, his foreman H. R. Hillman and three men Charles Allison, John Shepherd and William John Ball, each received the Society for the Protection of Life from Fire's Silver Medal (SPLF) for rescuing two people, Alice Morris (14) and Mabel Amos (17), even though the rescues were the result of joint effort between the LSC and MFB.<sup>48</sup> Initially formed by the insurance companies in 1836 to assist with fire rescues in the capital, the SPLF was reformed in the mid-1860s when it transferred its fleet of fire escapes and staff to the newly established MFB. It subsequently operated a subscription-funded model of rewarding civic duty across the country, offering recompense, in the form of gratuities, watches, medals or certificates, to persons 'who shall have distinguished themselves or received injury while engaged in the rescue of life from fire'.<sup>49</sup> In his history of everyday heroes, John Price reveals the diversity of recipients of the SPLF's medal, with police constables making up the largest group, followed by labourers and firemen. One of the firemen recorded in Price's sample was a member of the LSC.<sup>50</sup> Fox and his men, therefore, were just the type of individual likely to be nominated to the SPLF. The fact that none of the MFB's men appeared before the Society between 1892 and 1908 reflected the LCC's policy of not recommending cases of fire rescue to the SPLF. Instead, the LCC preferred to reward exceptional cases of bravery itself. Thus, in an effort to counter negative press coverage following the Queen Victoria Street fire, the LCC singled out specific firemen for praise. At the brigade's annual parade in Victoria Park later that year, the LCC awarded its prestigious silver medal — 'the firemen's V.C.' as it was described — to West for his 'extraordinary bravery' in rescuing Emily Johnson and Mabel Amos, alongside certificates of commendation to Firemen Roberts and Richards. West may not have



regarded his actions as ‘anything exceptional’, but it was anticipated that newspaper coverage of his actions would deflect attention away from criticisms of the LCC’s management of the brigade. This was not to be, however, as the occasion merely reinforced the *Daily Mail*’s critical stance: ‘And it is because of this that we have deplored the fact that our gallant brigade should be hampered in its fight with fire by the sheer inadequacy of its equipment.’<sup>51</sup>

## Learning through comparison

The MFB’s shortcomings were brought into stark relief through comparisons with other brigades. Fire departments were part of an increasingly connected municipal world at the turn of the twentieth century: specialist congresses and exhibitions shared the latest innovations, whilst no civic visit was complete without a fire engine demonstration.<sup>52</sup> Newspaper readers devoured the melodramatic stories of conflagrations at home and abroad, including the heroic rescues of Paris’s Sapeurs-Pompiers, with their hook ladders which allowed them to scale tall buildings and make daring rescues, as was noted by witnesses at the inquest.<sup>53</sup>

Anonymous critics made comparisons to highlight London’s deficient fire protection. For example, the *Daily Mail* gleefully quoted one such expert in describing London’s fleet of steam engines as

the laughing stock of provincial, American, and Continental firemen. Their pumping capacity is about 500 gallons a minute. Liverpool has engines with a capacity of over 1,200 gallons a minute. Almost every big town has engines of much greater capacity than London’s.<sup>54</sup>

The *Daily Express* published a commentary on the fire from ‘An American’, who similarly ridiculed the standard of protection in London, claiming that ‘Any museum in the United States would be glad to get London’s archaic fire-fighting appliances.’<sup>55</sup>

For North American correspondents, whose observations were grounded in their own experiences of destructive fires, there were two main lessons for London: first, investment in modern forms of transit and electrical communications under public control. State-of-the-art appliances were clearly important, but these were ineffective without highly trained firemen capable of using them. Second, rigorous building laws made the provision of external fire escapes compulsory:

Such an emergency stairway ... could have prevented the Queen Victoria-street tragedy. And a few modern appliances — an adequate ladder corps, a proper life-net, and a handful of well-trained, experienced firemen — might have saved the London Fire Brigade from well-deserved censure and ridicule.<sup>56</sup>

Lessons were also offered by the larger provincial fire brigades, many of which were led by officers who had left London frustrated by the barriers to promotion. From 1866–99 over 90% of new recruits to the MFB were ex-sailors. In his evidence to the 1899 Select Committee on Fire Brigades, the MFB’s former chief Captain Shaw had described the sailor as ‘the most efficient



man for a fire brigade', and Wells shared his predecessor's view. Whilst undoubtedly inured in the traditions of military-style discipline that many leaders wished to replicate in fire stations, a dominant naval culture proved resistant to change and was regarded as old-fashioned elsewhere in the country. Provincial chiefs balked at Wells' proposal to reorganize the brigade into three divisions, each headed by its own chief with a naval background. Instead, they favoured a diverse recruitment policy, including men from the building trades who knew their way around modern buildings. 'Surely it is possible to get a man who is a disciplinarian and a practical fireman as well', claimed Manchester's chief superintendent. Not so in London where there were limits to what senior figures like Wells were prepared to learn and which the 1899 Select Committee declined to condemn.<sup>57</sup>

For the majority of expert critics, the most obvious lesson from the fire concerned the yawning need for the MFB to adopt hook ladders for use in tall building rescues.<sup>58</sup> Even some of the more muted critics, such as the St John Ambulance Association, reported that the adoption of continental-style ladders would make 'our hotels and high buildings ... safe to sleep in, and recent disasters would be entirely avoided'.<sup>59</sup> The main obstacle to their adoption was Wells who, when pressed at the inquest, claimed that they were unsuited in the City due to the large number of buildings with sill projections that interfered with ladder rescue. Some weeks after the fire and bruised by criticism, however, Wells accepted the value of hook ladders for suburban fire rescues, but continued to insist that they were no substitute for long escape ladders and rope rescues. Asked by Waldo whether a 70-foot escape ladder would have made the difference, he replied candidly, 'I do not think all those girls could have been saved, but happier results might have been attained'.<sup>60</sup>

Eventually, the pressure became intolerable. Following a short illness and frustrated by sustained criticism, Wells resigned to become Chief Agent to the Conservative Party in July 1903. The LCC was subsequently presented with the opportunity to implement its biggest lesson from the Queen Victoria Street fire; that is, to appoint an experienced professional to lead the brigade, thereby aligning the London Fire Brigade, as it would henceforth be known, with provincial practice. Gamble was the overwhelming favourite amongst rank-and-file firemen, but he never even made the shortlist. Instead, the six shortlisted candidates were all external men with backgrounds in the armed services. An anonymous officer in the brigade was quoted in the *Daily Express* as saying, 'I never saw the men take anything worse. If another naval officer is put in command of the fire brigade he will find it a hard task to cure the disaffection prevailing among the men.' Ignoring the firemen's complaints, the LCC appointed Rear-Admiral James de Courcy Hamilton, about whom Sally Holloway wrote, 'he knew little about the fire brigade when he arrived in July 1903 and about the same when he left in 1909'.<sup>61</sup> Some lessons, it would appear, were harder to swallow than others and it would be some years still before the MFB modernized.

## Memorializing and forgetting the victims

For the ten victims of the fire and their families, little is known beyond the events recorded in the inquest papers. Whilst London's Lord Mayor sent a letter of regret and sympathy to the parents of the victims, official attention quickly shifted to alleged failings in the MFB's leadership and equipment. This was likely due to two main reasons: firstly, since the building did not suffer serious structural damage, and work quickly resumed following the fire investigation, there was greater support to return to normality. Secondly, since the young victims were temporary staff, there appears to have been no interest within the GEC to formally remember them; nor was there any requirement for the LCC to do so. One can only speculate that the gender, age and class identities of the victims disqualified them from any formal remembrance. Indeed, newspaper accounts generally referred to the victims not by name but collectively as 'girls' or 'young girls', neglecting the fact that one of the victims was male. The failure to remember or indeed acknowledge uncomfortable truths about the low value of the lives lost represents a conscious act of forgetting by the LCC and GEC, the latter of which appointed new staff and resumed operations without admitting culpability.

Nor are there records of spontaneous shrines of flowers or other informal methods of memorialization mentioned in press coverage of the fire. Indeed, newspapers reported that, on the morning following the fire, the drama of the previous night was 'hardly noticeable' apart from the presence of police officers directing pedestrians away in order to protect them from any risk of structural collapse. It would appear, then, that the victims were being forgotten almost from the moment that the fire was extinguished and their names and ages printed in the earliest newspaper accounts. One of the victims, Ada Steel, 'aged about 15', was particularly susceptible to being written out of the historical record as she was a new employee at the company and was 'not well known'.<sup>62</sup>

The popular media interpretation of the fire, in emphasizing the 'progressive narrative' of the rescues and learning lessons from leadership failings, consciously shifted the focus onto the heroes and villains of the incident.<sup>63</sup> As a result, the ten victims were quickly forgotten and eradicated from the written record. Station Officer West — 'the hero of the City fire' — was pictured in profile in the *Daily Mail*, but no images of the victims were ever printed.<sup>64</sup> Even then, the actions of West and the LSC's crew only struck a fleeting public interest and it fell upon their employers and other 'official' bodies like the SPLF to formally mark their bravery. Indeed, this incident occurred less than two years after the unveiling of George Frederic Watts' Memorial to Heroic Self-Sacrifice in Postman's Park, to commemorate civilians who died saving the lives of others. In an era where sacrificing one's life to save another was considered a pre-requisite for appearing on a memorial tablet, it was unlikely that the tales of rescue and loss that were shared from the Queen Victoria Street fire would attract significant support for more permanent methods of memorialization.<sup>65</sup>

The only known memorial was the dedication of a stained-glass window placed in St. Paul's Church in Homerton to the memory of two fourteen-year-old victims of the fire, Phyllis Elliott and Gladys Chambers. Both girls resided in the parish, and

Phyllis had been a member of the Church's Sunday School for some years and was described by the Vicar as 'one of the best children we ever had in our care'. The window included the inscription 'Jesus raising the daughter of Jairus', and was paid for by public subscription. The editor of one local newspaper described it as 'eminently suited to the sad occasion'. The memorial service, held in October 1904, was performed by the Bishop of Stepney, who shared words of comfort for the mourners in attendance, including a large number of 'work-girls' as well as the family and friends of the victims.<sup>66</sup> Whilst there is no record of how Phyllis and Gladys' families felt about the memorial, it illustrates how the victims were remembered within their local neighbourhood, providing some degree of 'comfort culture' within which bereaved communities and families could channel their feelings of loss and grief.<sup>67</sup>

## Conclusion

Many lessons can be drawn from an inquest totalling nearly a thousand pages. In this instance, we have established the link between the fire, the inquest and lessons learned from the incident, filling the evidential holes in the official narrative, as Waldo concedes, with newspaper coverage, which carried weight beyond the verdict by identifying those responsible and holding them to account.

Coroner Waldo's search for the truth served its dual purpose, firstly in ascertaining the official causes of death of the ten victims, and, secondly, in providing the impetus to the LCC's Building Act Committee to amend its 1894 Building Act in order to compel firms like GEC to take health and safety more seriously. Even then the process was fraught with delays. In 1903, a draft Bill was withdrawn following fierce criticism from hoteliers who baulked at the cost of installing fire escapes. A revised Bill was passed two years later, extending the means of escape provisions of the 1894 Act to all tall buildings over 50 feet above street level, or any building in which more than twenty persons may be employed or live. Twenty was not chosen arbitrarily; 20 or 22 persons were employed in the top floor room of No. 67 Queen Victoria Street on the day of the fire. As Captain Hamilton put it in his evidence to the Select Committee on the Bill, 'structural means of escape, were ... more important than Brigade appliances' to force negligent employers like GEC to take action. Only then would the ten victims not have died in vain, even if their names were forgotten.<sup>68</sup>

This article has also revealed a disjuncture between the official narrative provided by the inquest and other readings of the fire. Some of the leading protagonists in Waldo's account — the firm and its company brigade, for instance — featured sporadically in newspaper commentaries, whilst the survivors were silenced other than during their testimony. No account even mentions their return to work, presumably to complete the firm's orders, or whether their safety was taken more seriously, though compensation was paid to those who, like Alice Thomson, suffered injuries. Yet the company persistently rejected claims of negligence during the inquest and its aftermath. Indeed, in his annual report to the shareholders later in 1902, the chairman of the board of directors defended the firm's safety record:

Whatever responsibility may be fastened upon us by the interpretation of one Act or another, we directors feel that to the best of our ability we have taken every reasonable precaution for the safety of those in the midst of whom we ourselves are working daily.<sup>69</sup>

Yet there is no record of how the female survivors who gave evidence at the inquest felt about returning to work or the attitude of their employers towards their safety. Indeed, their vulnerability was previously ignored until it was exposed in the most horrific manner. Even then, the fact that no legal action was taken against the company for neglecting to provide appropriate means of escape proves that young women like Alice were right to feel expedient, and also that it would be at least another two years before their safety would be enforceable.

Finally, while the Queen Victoria Street fire was in its day iconic, it has not been remembered in the way that, for example, the Triangle fire in New York, which occurred approximately a decade later, has. Londoners inevitably moved on; the victims and survivors were sadly forgotten. In a city replete with visible memories of its fire heritage, the collective memory of the Queen Victoria Street fire is notable by its absence from London's built heritage. Memory studies reveal that the act of forgetting is as much the outcome of social, cultural and political decision-making as the act of remembering. Indeed, in forgetting to remember the victims, the GEC and LCC revealed their prevailing values. There were multiple reserves of memory, including ideas, places and stories, but possessing little or limited historical capital. It was to these that the fire's victims belonged, and it is here that the fundamental opposition of memory and history that Pierre Nora identified, are evident.<sup>70</sup> But that is not to say that the entire episode went unremembered.

Certain individuals, notably named members of the MFB and LSC, were remembered for their heroics. Such decisions helped to deflect attention away from Captain Wells and his failed leadership, but they also reflected social hierarchies evident at the time, both in terms of gender (male heroes vs female victims) and the desire to forget the uncomfortable truths about the unimportance of the young casualties. In truth, the building was quickly restored and reopened, so as not to disrupt business at this important time in the GEC's affairs. Nationally, citizens were preparing to mark the Coronation of a monarch, which involved the construction of a monolithic national memory and coincided with significant changes in technology and society. New staff were hired to succeed those on short-term contracts who had been lost, and orders for electric lights commemorating the Coronation fulfilled. Forgetting was built into the capitalist process of production itself.<sup>71</sup>

The absence of the fire from the collective memory of Londoners poses a significant if painful lesson for communities whose identities have been forged by fire. This uncomfortable truth re-entered the 'emotional public sphere' following the multi-fatality fire at Grenfell Tower in West London in June 2017. Whilst the public inquiry is ongoing, and local communities and housing activists are pursuing social justice as well as safer homes, there have been tentative moves to ensure that the 72 victims are not forgotten.<sup>72</sup> In 2018, central government announced the creation of a community-led Grenfell Tower Memorial Commission, whose role it is to ensure that the local community's views determine the future of the Grenfell Tower

site. The news was welcomed by local activists keen to lead in the ‘momentous task’ of commemorating the 72 victims and the many hundreds of people directly and indirectly affected by the tragedy. As a spokesperson for the Grenfell United activist group noted, only with full consultation with bereaved families, survivors and residents would the Commission be able to create ‘a fitting memorial to remember the lives lost, ensure what happened is never forgotten and be something this community can hold in their hearts for generations to come’.<sup>73</sup> Remembering may be more painful than forgetting, but it helps to build resilience into affected communities as well as resistance to efforts to marginalize or eradicate traumatic memories.

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