

Note de recherche — Research Note

Notes on the Medical Examination of Provincial Applicants to the London Metropolitan Police on the Eve of the First World War

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Analysis of a survey on the age and physical condition of London Police recruits based on data gathered by recruiters in the English countryside between 1909 and 1913. The lack of information on the anthropometry and medical condition of the population of this era justifies our investigation. The subjects in question are males between 20 and 27 years of age, primarily from rural areas and in relatively good health. Nevertheless, a significant number had to be turned down for health reasons, failure to meet height or weight requirements or inadequate education. The survey is also interesting in light of the geographic distribution of the data it contains.

Analyse d'une enquête sur l'âge et l'état physique des recrues de la Police métropolitaine londonienne à partir des données des recruteurs dans la province anglaise entre 1909 et 1913. Le manque d'information sur l'état anthropométrique et sanitaire de la population de l'époque justifie l'intérêt de cette note. Il s'agit ici d'hommes jeunes de 20 à 27 ans, surtout ruraux, dont l'état de santé était relativement bon. Néanmoins, on dut en rejeter une partie notable pour raison de santé, faiblesses de taille ou de poids, ou encore, pour insuffisance d'éducation. L'enquête nous intéresse aussi à cause de la répartition géographique des informations.

The Metropolitan Police of London has never experienced a shortage of men who wanted to join the ranks. However, not all applicants who met the entry criteria were equally acceptable to the authorities. The policy makers of the Metropolitan Police, especially at the turn of the nineteenth century, expressed a clear preference for provincial recruits, particularly with an agricultural background.¹ This preference reflected the common belief that although “the physique of the agricultural labourer had deteriorated owing to the depletion of the rural population by the exodus of the best types into the towns,” he was still superior to others both in physique and character and with his co-labourers made up an important ‘reservoir of national strength’.² Upon

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1. See opinion of Sir Edward Bradford, Chief Commissioner of the Metropolitan Police during the 1890s and early 20th century, *Police Review*, 1 September 1899, p. 415.

2. *Report of the Inter-Departmental Committee on Physical Deterioration* (henceforth *RIDCPD*), vol. 32, p. 40.

realising at the beginning of the twentieth century that the number of recruits from the country was decreasing, the police authorities decided to change the system of recruitment and instead of relying on a single recruiting centre in London, sent a recruiting team to country areas to make the process of application and examination more accessible to those they most wanted. After prior notification and advertisement, the team visited various provincial centres and conducted the bulk of the selection procedure locally, a selection which relied heavily on a physical examination of candidates. This system of provincial selection was in force between 1909 and 1914.

Documentation concerned with the new arrangements contains details of the procedure and the results of the physical and educational examinations.³ This set of documents consists of correspondence between the Metropolitan Police and the Home Office, between the various police officials responsible for the scheme and annual reports monitoring its progress. The reports provide general information and commentary about the age and physical characteristics of those who had applied in provincial centres and were accepted and about the reasons for rejecting the others. The appendices to the reports give detailed statistics on the average age, height, weight and chest measurements of those accepted in each provincial centre and the distribution of causes of rejection each year. Of particular importance for this study are the medical causes of rejection of candidates.

Information about recruits to the Metropolitan Police prior to the First World War is limited. Data about the age and physical qualities of recruits were entered in their service records. Unfortunately, the only surviving service records are for the period of 1889 to 1909.⁴ The data contained in the documents discussed here are, therefore, the only source of evidence about the age and physical qualities of recruits to the Metropolitan Police in the years leading to the First World War. Furthermore, the set of documents relating to provincial recruitment contains detailed information on the state of health of applicants, information which had not previously been preserved by the police authorities.⁵ The accumulated information can throw some light on the stature and state of health of provincial men who applied for police service in London as well as on the screening procedures and medical considerations guiding the police authorities.⁶

The relevance of the data is not confined to the study of the Metropolitan Police, but has wider implications. There was a growing awareness after the Boer War of the need "to furnish the Government and the nation at large with

3. P.R.O., MEPO 2/8124.

4. P.R.O., MEPO 4/361-477.

5. *RIDCPD*, p. 672.

6. For instance, it is now well accepted that data on heights can be used as a measure of living standards, particularly the quality of nutrition, and social class differences. See Stephen J. Kunitz, "Making a Long Story Short: a Note on Men's Height and Mortality in England from the First Through the Nineteenth Centuries", *Medical History*, 31 (July 1987), p. 269.

periodical data for an accurate and comprehensive comparative estimate of the health and physique of the people", as the Inter-Departmental Committee on Physical Deterioration (1904) made clear.⁷ This desire for a systematic monitoring of the physical fitness of the population and for anthropometric surveys was the result of the alarming revelations about the high rejection rate in the army during the South African War, due to "defective physique" and "physical disabilities", and of the pervasive feeling that empirical evidence was necessary to judge what measures to take to improve the state of health of the nation at all levels.⁸ Such evidence was scarce and patchy. Only very few anthropometric surveys had been published prior to the Boer War, and these were restricted to certain years and to limited sections of the population, such as textile workers (1873) or school children.⁹ Even fewer attempts had been made to investigate the state of health of the population. Empirical evidence had been collected by public services, such as the armed forces, the police and the Post Office, who conducted systematic and detailed physical and medical examinations of applicants. While the army usually left good written records, the Royal Marines, the Royal Navy, the various police forces and the Post Office were less careful in preserving data.¹⁰ Moreover, despite the Committee's recommendations, no serious study of the physical and medical state of the population was undertaken before the First World War. Consequently, any further information on these subjects contributes towards making an assessment of the physical character and state of health of the population during those years. The information contained in the police documents is a valuable addition to the limited surviving evidence.¹¹

The group of people under investigation was not representative of the entire population in the provinces. The fact that entry was limited to British-born men between the ages of 20 and 27 had a priori confined the applicants to a certain stratum of the population. The age statistics of those who were accepted reveal that most men did not delay after becoming eligible for police service. On average, the recruiting age in all provincial centres was 22 years

7. *RIDCPD*, p. 13.

8. *Ibid.*, pp. 19, 101.

9. *Ibid.*, p. 9. For a list of some of the groups which had undergone an anthropometric examination between 1883 and 1903, see *ibid.*, p. 676.

10. See evidence of the medical officers of the Royal Marines and Royal Navy, *ibid.*, p. 667.

11. The statistics provided by the various public services is not entirely comparable. Geo. H. Gardner, a senior police officer, pointed out the difficulties involved in comparing data supplied by the War Office and by the Metropolitan Police. He explained, for instance, that while the army might "utilise practically all the material which offers itself, providing it comes within a minimum physical standard", the police selected only the best of those offering to join, and their physical examination was, therefore, much stricter. (Memorandum and Tables Furnished to the Committee by the Metropolitan Police Commissioners, *ibid.*, p. 672.) A large proportion of those rejected by the Metropolitan Police would have been accepted by the army, whereas candidates unacceptable to the army were "physical degenerates unfitted for ordinary avocations". Moreover, the minimum height requirement in the police was much higher (*see later*).

and five months, ranging from 20 years and 11 months in Lincolnshire to 23 years and 2 months in Devonshire. The individuals whose physical state is discussed here were, therefore, mostly young men in their early twenties. Furthermore, the regulations restricted entry to men who were healthy, robust and at least 5 feet 9 inches high, and although candidates presented themselves even when their qualifications were below these required standards, on the whole, they must have been well above the average for young adults in terms of health and constitution.¹² Indeed, as the recruiting board emphasized, the bulk of the numbers rejected on physical and medical grounds were not necessarily “physically unfit for ordinary vocations”.¹³ The group was distinct in yet another way. Although it was necessary to hold most of the examinations in large towns, the utmost care was taken not to approach town-bred men.¹⁴ The data do not tell us the annual proportion of town dwellers among the applicants, except for the two examinations held in May 1914, which reveal a ratio of about four to seven in favour of country candidates. This figure, together with reports about the various devices used by the recruiting board to reach farm people, such as not advertising in urban centres, suggest that the majority of applicants were indeed from rural districts.

These constraints on candidates effectively limit the sample to mainly rural men who were in their prime of life and in relatively good health. Therefore, the particular state of health of this group probably constitutes an upper limit on the state of health of the population at large. The physical measurements and prevalence of certain ailments in this group provide at least a partial profile of the state of health of young country men.¹⁵

The total number of men who took the examinations in these years was 8,092, of whom only 2,365 were selected as suitable (29.2 percent). The large rejection rate does not necessarily reflect a poor state of health and was principally the result of a tendency of many applicants to ignore the minimum standards of age and height demanded by the Metropolitan Police. Of the total, 32.6 percent were rejected for being under height, 2.2 percent for being under or over age, and 1.4 percent were found unsuitable, mainly on grounds of character and low level of education. As the recruiting board commented, even

12. Compare with stature of other professional groups in J.M. Winter, “Military Fitness and Civilian Health in Britain during the First World War”, *Journal of Contemporary History*, 15 (1980), p. 237. The minimum height requirement in the army at the beginning of the twentieth century was 5 feet 3 1/2 inches, declining to 5 feet 3 inches thereafter (Alan R. Skelley, *The Victorian Army at Home*, [London: Croom Helm, 1977], p. 238).

13. P.R.O., MEPO 2/8124, Report of working of the scheme for the examination and selection of Provincial Recruits with results obtained and the cost to 31 December 1912, 7 January 1913 (henceforth Report... (1913)).

14. P.R.O., MEPO 2/8124. Draft letter of Geo. H. Gardner to E. Henry, 26 July 1909.

15. The report on the examinations conducted in 1914 was scanty and inconsistent with previous reports. Our analysis will, therefore, cover the period from October 1909, when the first examination took place, to the end of 1913.

the high rate of rejections due to insufficient robustness (17.5 percent) did not invariably imply physical unfitness since the bulk of those rejected on this ground were “young men not yet fully developed”, many of whom would reapply within a year and be accepted.¹⁶

Omitting those who were rejected on grounds of age, height, unsuitability and insufficient robustness, the proportion of rejections due to medical problems was 46.3 percent. This percentage and the distribution of the medical causes of rejection should be treated with caution considering the difficult conditions under which the medical judgements were made — a rented room in each provincial centre and up to 150 men examined in one day by one doctor — and the limited nature of the current diagnostic practices.¹⁷ The doctor used a stethoscope, but had no other serious means at his disposal, such as a urine test.¹⁸ Yet with all the limitations of the data as a source for the level of health among applicants, there is value in the information provided. All applicants to the Metropolitan Police were subjected to a rigorous medical examination, which, apart from the one conducted by insurance companies, was probably “the severest examination of the present day”, certainly “very much more severe than in the army”.¹⁹ The standards of acceptance at provincial centres were “appreciably higher”, even than in London.²⁰ The medical examination was conducted by a qualified practitioner with knowledge and experience of police requirements, who was assisted by experienced police officers who measured the “weight and dimensions” of candidates and tested their vision.²¹ The team was to make sure that candidates passing the tests would be accepted on their arrival in London. Failure in London not only meant the loss of all costs incurred by the selection procedure, but also the non-recovery of the railway fare to London which the recruit was to repay fully by weekly instalments after he had joined the service. This the authorities tried to avoid as part of their policy to bring expenditure down to a minimum. In addition, the police not only needed healthy and well-built men to perform daily police functions, but they were also determined to recruit men who were likely “to remain fit and sound for 25 years”, so as to limit the costs of early pension.²² Even if the candidate had satisfied the examining board that he was fit, he would not have been accepted if his future health was in any doubt. It was hoped that a rigid enforcement of these standards would “enhance the reputation of the Force and possibly deter unsuitable men from the district from applying in future at C.O.”²³ The fact that, in contrast to the army, one

16. P.R.O., MEPO 2/8124. Report... (1913).

17. Winter, p. 227.

18. P.R.O., MEPO 2/1823. Chief Surgeon to Chief Commissioner, 5 December 1912.

19. P.R.O., MEPO 2/8124. Draft letter by E. Henry, 10 August 1909.

20. *Departmental Committee of 1889 upon Metropolitan Police Superannuation* (henceforth *DC of 1889*), vol. 59, pp. 396, 417.

21. P.R.O., MEPO 2/1823. Chief Surgeon to Chief Commissioner, 5 December 1912.

22. P.R.O., MEPO 2/8124. Report... (1913).

23. *Ibid.*

doctor examined all candidates whose inspection, therefore, was conducted to similar standards makes comparisons valid.

Health was defined in terms of police purposes. The medical examination was primarily designed to check whether the men were fit for the most common and arduous police work of patrolling the streets day and night, in all weather and with no shelter over them. The police doctor was interested in the specific disabilities and deformities which could interfere with this job, and these were the medical causes of rejection which the board registered. Among them, we note bad feet, flat feet, varicose veins and injuries, all of which did not lend themselves to regularly walking long distances. Varicose veins indicate some measure of circulatory problems which could further inhibit the ability of the individual to pound the beat. Impaired vision was incompatible with total alertness, and heart defects constituted a serious limitation on physical fitness. Obviously, candidates were rejected on the ground of venereal diseases. The W.A.R. (Wassermann Agar Reaction) was used in the diagnosis of syphilis, hence the linkage with groin disorders, such as hernia (*see below*). Varicocele, which causes discomfort in the groin and, therefore, interferes with free movement, may have also been taken as symptomatic of existing or previous venereal disease.

Police doctors were aware that they could not detect all weakness, but they aimed to choose the men who had "the broadest chests, the best built spine and trunk, the most healthy limbs, vigorous heart, clear brain, and acute senses" and exclude "many who never imagined they had a flabby heart, or muscles which would not bear a strain, or legs which would soon become diseased from eight hours per day spent on foot."²⁴ Their belief in their ability "to detect constitutional tendencies to infirmity" was, therefore, of utmost importance.²⁵

Table 1 provides the distribution of the medical causes of rejection among those who had undergone the medical examination. These were men who were at the right age and sufficiently tall and robust.

Table 1

Cause	%	Cause	%
Defective teeth	32.1	Bad feet	4.0
Varicose veins	15.5	Cutaneous disorders	2.2
Defective vision	14.8	Varicocele	1.5
Cardiac affections	13.7	Injuries	0.6
Flat foot	9.5	Other causes	0.5
Hernia and W.A.R.	5.7		

24. *Once a Week*, 2 June 1860, p. 523.

25. *DC of 1889*, p. 422.

Studying the causes of rejection of recruits, we find that the army looked for similar disabilities in its selection procedure.²⁶ Furthermore, the principal causes of rejection in both services were similar. Comparing the motives for refusal of candidates to the army in 1902 with our data reveals that in both services, the largest number were refused due to “want of physical development” — under-developed chest, under weight and under height — and that the next common cause was loss or decay of teeth. In the police, the next most prevalent defect was varicose veins, which was not as prominent in the army. This probably reflects the greater importance the police attached to the exclusion of men with such a disorder. Consequently, candidates with light cases of varicose veins who were rejected by the police may have been accepted by the army. It may be that using army records alone results in underestimating the prevalence of this disease among young males. Defective vision and diseases of the heart were also among the principal causes of rejection in both services. It obviously would be instructive to examine the causes of rejection on medical grounds in each region. Unfortunately, the information available is aggregated on an annual basis, lumping together examinees from different parts of England and Scotland. Consequently, it is impossible to differentiate the state of health of the applicants from the various regions. Nonetheless, the examinations in 1909 were restricted to Cumberland and Westmorland and Perth, in Scotland, and it is possible to identify the breakdown of the causes of rejection in three distinct areas in 1913, namely, Hereford, Worcester, Shrewsbury and Staffordshire (1913a); Banbury, Warwick, Derby and Chesterfield (1913b); and Cornwall (1913c). We, therefore, can attempt a certain classification according to region. Table 2 provides the percentage of the various causes of rejection due to ill health in each year as well as the percentage of those who had passed the medical examination and were accepted into the Metropolitan Police (the proportion is calculated with respect to those examined medically).

Table 2 seems to confirm the impression, current at the time, that the Scots' level of health was superior to that of Englishmen.²⁷ Though it is not possible to isolate the Scottish candidates in our study, we know that they formed a large proportion of the applicants both in 1909 (54 percent) and 1910 (25.5 percent), years of recruitment with the highest health record. Furthermore, no Scots were examined in 1911 when the record of health was at its lowest. A comparison between the causes of rejection in 1909 and each region examined in 1913 (West Midlands, East Central England and Cornwall) shows that the smallest percentage of bad feet, flat foot, hernia, varicose veins and

26. See the table of causes of rejection of recruits to the army 1891-1902 in *RIDCPD*, p. 101. One of the reports presented to the Committee revealed that “many of the grounds of physical disqualification for the English Army, such as defects of vision, weight and teeth, would in countries where conscription obtains be much less important factors in judging of the fitness of men for military service.” *Ibid.*, p. 104 (Reports to the Home Office by the Royal Colleges of Physicians and Surgeons, 4 August 1903).

27. *Ibid.*, p. 236.

defective vision occurred in the Lake District and Perth. However, the areas examined in 1909 had the highest rate of teeth decay (almost 30 percent). This comparison also reveals that the incidence of cardiac affections were twice as frequent in East Central England, a region in which the percentage of varicose veins was also particularly high. Defective vision was most prevalent in West Midlands. Cornwall had the highest rejection rate among the three regions examined in 1913 and the highest proportion of flat foot, varicocele, hernia and W.A.R.

Table 2

	1909	1910	1911	1912	1913a	1913b	1913c
Defective teeth	28.0	10.7	26.9	11.9	11.3	7.1	18.7
Varicose veins	2.9	2.4	12.9	11.4	9.4	12.2	10.7
Defective vision	3.9	5.2	6.6	10.2	12.3	10.3	4.0
Cardiac affections	6.0	7.0	6.4	5.8	6.1	11.5	5.3
Flat foot	1.6	3.8	2.9	7.7	3.8	3.9	10.7
Hernia and W.A.R.	1.8	2.2	3.2	3.4	1.9	3.2	5.3
Bad feet	1.6	0.8	3.0	2.3	2.4	5.8	4.0
Cutaneous disorders	0.5	0.5	1.2	2.1	1.9	0.0	0.0
Varicocele	0.8	0.5	1.7	0.3	0.5	0.0	2.7
Injuries	0.0	0.2	0.5	0.4	0.5	0.0	0.0
Other medical causes	1.3	0.1	0.1	0.2	0.5	0.6	1.3
Passed	51.6	66.8	34.8	44.2	49.5	45.5	37.3

Note: In 1909, examinations were conducted in Cumberland, Westmoreland and Perth; in 1910, in Somerset, Scotland (Borders), Yorkshire, Scotland (North East), Scotland (North), Severn Valley and Devon; in 1911, in Worcestershire, Cheshire, Derbyshire, Leicestershire, Cambridgeshire, Huntingdon, Bedfordshire, Northamptonshire, Norfolk, Suffolk, Wiltshire and Dorset; in 1912, in Lincoln, Carlisle, Scotland (East), Scotland (North East), West of England, Yorkshire and Northumberland; in 1913a, in Hereford, Worcester, Shrewsbury and Staffordshire; in 1913b, in Banbury, Warwick, Derby and Chesterfield; in 1913c, in Cornwall.

Further insight into the state of health of candidates and into police considerations can be gained from the actual reports. A comparison made between London, on the one hand, and Penrith (Lake District), Perth and Taunton in Somerset, on the other, revealed to the recruiting board that the causes which had led most frequently to the rejection of large numbers of men at the usual weekly examinations in London — namely, cardiac murmur, varicose veins, varicocele, flat and bad feet, recurred “with much less frequency amongst the men examined in the country.”²⁸ Particularly revealing were the reports about the state of the candidates’ teeth and the attitude of the police authorities to the issue. According to the board, approximately one in eight

28. P.R.O., MEPO 2/8124. Report of the Recruiting Board on the results and cost of the first three examinations, 15 March 1910 (henceforth Report... (1910)).

men were rejected on this ground (12.3 percent of total rejections).²⁹ It was revealed that the dental problems were particularly prevalent in the Lake District (74 out of 216 rejections) while in Perth, the majority of candidates had possessed "exceptionally good teeth".³⁰ The local medical officers of health and medical practitioners attributed the prevalence of defective teeth in the Lake District mainly "to the chemical action of the local water and partly to defects in the modern dietary of the young in consequence of which tea has almost entirely superseded porridge and milk as a breakfast diet."³¹

The preoccupation with dental problems shown by the police authorities reflected a widespread concern. The fact that the poor state of candidates' teeth was a major obstacle to the recruitment of men to the army and navy rendered the subject a focus of attention, particularly during the debates on the physical state of the nation following the Boer War. Highly worrying was the observation of army officials that the state of candidates' teeth was not only bad but deteriorating.³² So troubled were the military authorities by this situation that they convened a special conference of representatives from the War Office and Admiralty to consider the question "with the object of reporting as to any steps which may be desirable to take in the matter."³³ The Board of Education, in co-operation with the local authorities, was to act on these recommendations to ensure a reservoir of healthy young men for national service. The conference's report suggested that the deterioration of the teeth was "intimately connected with a variety of intricate causes affecting the general health of the nation", primarily "improper or insufficient nutrition during infancy and childhood", "unhealthy environment", the "use of articles of food which readily undergo acid fermentation" and "neglect to keep the mouth clean".³⁴ While indicating the factors affecting the generally poor state of teeth, the report also revealed the difficulty in interpreting data provided by public bodies such as the army and the police. According to the report, "the increase in the number of rejections among recruits for the Army" was also the result of the adoption of a stricter attitude by the recruiting medical officers when examining the recruits' teeth. While changes in policy did not seem to have occurred during the Metropolitan Police's provincial recruitment, trends

29. P.R.O., MEPO 2/8124. Report showing results and cost of working for 1913, and summary of operations from October 1909 to the completion of extra "rest day" augmentation, 6 May, 1914.

30. *Ibid.*, and Report... (1913).

31. P.R.O., MEPO 2/8124. Report... (1910).

32. *RIDCPD*, p. 89.

33. *Ibid.*, p. 760. (Report of the War Office and Admiralty Inter-Departmental Conference on the Teeth of Recruits, 25 August 1903).

34. *Ibid.*, p. 153. In his evidence to the Inter-Departmental Committee on Physical Deterioration, Sir W. Taylor, the Director-General of the Army Medical Service, showed special concern with the effects of impure beer and raw spirits on the men's teeth, and added his fear that in addition to damaging their teeth, impure drinks caused lunacy, the rate of which was increasing in the army at the time.

detected by other bodies could reflect changing standards of examination rather than changes in the population.

The reasons the police authorities placed such a high value on soundness of teeth in their entry examinations were not recorded in the set of documents about provincial recruiting. The objections the army had to enlisting men with decayed teeth probably shed some light on these reasons. The military authorities had become more stringent in their attitude to bad teeth due to the negative effect of decayed teeth on soldiers' performance during the Boer War. W. Taylor, the Director-General of the Army Medical Service, complained that the affected soldiers were "unable to masticate the service ration" and had to be sent back.³⁵ Others lost their false teeth and used this excuse to leave the battlefield. In addition, "the expense of fitting in false teeth, as was done during the War, considerably raised the expenditure on the medical vote." The inconveniences caused by dental problems during the war resulted in sufficient difficulties to lead the army authorities to regard bad teeth as a serious disability during peace time. However, both services were greatly concerned at the high rejection rate due to defective teeth. The army's way of meeting the difficulty was to adopt a more lenient attitude towards robust men whose teeth were affected and reject men "of indifferent constitution" with identical dental problems.³⁶ The heads of the Metropolitan Police acted differently. In order not to lose potential recruits whose only disability was bad teeth, it was decided that since a large proportion of those rejected for decayed teeth (80 percent in the case of Penrith) "were otherwise physically eligible" for police service, remedial cases would be reconsidered after the defects were made good (like the removal or stopping of decayed stumps).³⁷

An examination of the physical measurements of those who were accepted reveals that they were on average 5 feet 10.1 inches in height, 11 stone 8.9 lbs. in weight and their chest measurement ranged between a minimum of 34.93 inches and maximum of 37.58 inches.³⁸ If there was little variation in age of recruits between the regions, the variations with respect to physical measurements were meaningful.³⁹ This is true, in particular when comparing recruits from Scotland with those from England. The tallest group selected came from north-east Scotland (5 feet 10.58 inches on average), though Scots from other regions figured among those closest to the minimum height required. The Scots were also prominent among those with the highest record of

35. *Ibid.*

36. *Ibid.*, p. 760 (Report of the War Office and Admiralty Inter-Departmental Conference on the Teeth of Recruits, 25 August 1903).

37. P.R.O., MEPO 2/8124, Report... (1913).

38. In a survey conducted in pre-war Glasgow, professional men had the most impressive height and the strongest constitution — 5 feet 7 inches in height and 10 stone 11 lbs. in weight (Winter, p. 237). In 1889, the English recruit to the army averaged 5 feet 5.6 inches in height, 124.5 lbs. in weight and his chest measurement was 33.6 inches (*RIDCPD*, p. 274).

39. The group recruited in Lincoln was omitted from the discussion due to their small number (6).

average weight. The group which came top was again from north-east Scotland with an average weight of 11 stone 13.74 lbs. The second heaviest group consisted of those who were examined in Perth (average weight 11 stone 13.46 lbs). It is, therefore, not surprising that Scots formed the group with the best record of Body Mass Index, which incorporates height and weight into a single measure.⁴⁰ Following the same pattern, the Scots had the largest chest measurements, particularly those examined in Perth and north Scotland (minimum 35.67 inches, maximum 38.22 inches). These findings are compatible with the superior physical measurements of the Scottish applicants reported above. They also confirm the assumption of the Metropolitan Police administrators, before the initiation of the scheme, that the Scots had “the best physique”.⁴¹ At the lower end of the scale, the following groups had the least impressive physical measurements: Devon in terms of height and Hereford, Worcester, Shrewsbury and Staffordshire in terms of weight and chest expansion. It is interesting that recruits from Norfolk and Suffolk — both regions predominantly agricultural — who constituted the second tallest group, had relatively small chest measurements.

It should be noted that physical measurement was not only used with view to ascertaining minimal height and robustness — considered essential for ordinary police work —, but also to assist the diagnosis of particular ailments. For instance, the chief surgeon of the Metropolitan Police claimed to be able “to estimate the probability” that a candidate would be affected with varicose veins “from the height of the man, the character of his limbs and from the general tonicity of his system”.⁴² The tendency to phthisis, tuberculosis and other diseases in the chest was mainly deduced from “the flat chest, and want of expansion about the chest”.⁴³

40. The Body Mass Index is equal to weight divided by squared height.

41. P.R.O., MEPO 2/8124, Eric Thesiger to Commissioner of Police, no date.

42. DC of 1889, p. 417.

43. *Ibid.*, p. 422. See also *RIDCPD*, p. 228.

Call for Papers

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Proposals for individual papers and complete sessions (two/three papers and commentator) are invited for an international conference on marriage in Western History that will be held at Carleton University, Ottawa, from 13 to 16 May 1992. Among prominent scholars expected to participate are John Gillis, Tamara Hareven, Peter Laslett, Lawrence Stone, and Louise Tilly.

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Subject areas include: marriage formation, stability and dissolution; remarriage; celibacy; gender issues; widowhood; law and institutions; ideology; nuptiality; the family economy; marital relations (emotions, violence); sexuality; and the regulation of marriage. Proposals on these and other aspects of marriage, from any perspective, are invited. Proposals for comparative papers and sessions are especially welcome.

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