

ROOMER

The Newsletter of the Traditional
Drama Research Group.
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OUT OF DARKNESS

PAUL SMITH

In a recent commentary, Sam Richards remarked:

"Judging by the contents of Roomer I may perhaps be forgiven for thinking that traditional drama consists entirely of matters surrounding St. George, Mummers, Fools, Robin Hood, and chapbooks, etc. Do specialists in traditional drama include any of the following in their studies?

1. Local pantomimes
2. Punch and Judy
3. Street theatre, past and present
4. Toasting contests (as with black D.J.'s)
5. Some of the more elaborate party games which involve role-playing, disguise, or representation of animals
6. Children's games which basically involve play acting, playing house, or any of the goodies and baddies range. These, after all, are improvised plays which follow patterns
7. Monologues, especially those requiring dressing up.

If not, why not?" (1).

In my editorial capacity, I am all too well aware of the problem. There are many genres of traditional drama which we have not yet explored. Likewise, many methodologies and theoretical issues still need to be faced up to. To that end, this problem is never far from my mind.

Anyone who has seen my office will know that if I describe it as a minefield, I will not fall far short of doing it justice. It is a place which deserves to be either blown up or, on the other hand, to be excavated, for you never know quite what you will find.

Half of one shelf and part of the floor is reserved for material on hand-shadows - in the erroneous presumption that I will ever finish the Dictionary of Hand Shadows which I started some ten years ago. Over the years there has been a growing accumulation of material. In part reflecting on Sam Richards' comment, I came to realise that within this corpus of material, there exists a number of descriptions of Shadow Plays. Some of these have been gathered from the oral tradition. For instance, you may remember the accounts given by Paula Brunk Kuhns in a previous issue of Roomer (2):

"...you set up a screen, set up a sheet, and got the light positioned right so that all your actions come across as shadows and that's all the people saw. The skits that were usually done in that form were surgeries, where you got a huge tinsnips and you got a bowl of spaghetti. And you performed surgery. And you'd use a hammer to knock them out. And that was all done by shadows" (3).

"There was this thing....There was like this Dr. and these people would go back behind. And there was something like a ? in their throat. And the Dr. would say, 'Oh a tooth brush', and you'd hear...It was behind a curtain. And you could see the people moving around. And he threw a tooth-brush over the top...And he'd dig in again, 'Oh, here's a paper bag'. And he kept on doing stuff like that. And people would come out and say, 'I feel much better'. And then somebody else would go in" (4).

The tradition of dramatic events performed behind a screen with backlighting is far from new and versions of this form of entertainment are similarly to be found in many parts of the world. In England the Victorians took it up as a form of domestic popular entertainment. However, many of these performances were not of shadow plays, per se, but of hand shadows (see Plate 1) (5).

Plate 1



On the stage this type of entertainment had many innovators, such as Louis Nikola (6), Professor Wynne (7), Trewey (8), and Devant (9). Within the same contexts there developed the shadow pantomime. Tony Denier suggests that it was first seen on the London stage around 1815.

"Some fifty or sixty years ago, a Frenchman, one Monsieur Lunardi, arrived in London, with the laudable intention of 'astonishing the natives', and attempting to better his wordly means and obtain a little 'Mi lor Anglais' substance, in exchange for a sight at some novel French shadow. The bait took, the thing was well managed and became a great success; and the whole population were in a furore to know 'how it was done'. The representations first took place at the Old Lyceum, or English Opera House,

as it was then termed and which place was in general request for the exhibition of any and everything pertaining to the marvellous.

...the shadows, which, as we have before intimated, were first exhibited at the Old Lyceum, and as the modus operandi and manner of carrying it out was entirely in the heads, hands and heels of the Frenchman's own family, and as all strangers were rigidly excluded from being 'behind the scenes', the secret was safely kept, and public excitement and curiosity consequently greatly increased. Monsieur realized a very handsome sum of money, and with his increased substance, but it would appear that he was less careful of his shadows; for, on the exhibition being removed to Old Vauxhall Gardens, London, as the saying is, 'the cat got out of the bag', and it was soon found out that the whole sum and substance of the wonderful illusion, 'Les Ombres Chinois', 'Harlequin in the Shades', or the 'Man in the Moon', as he termed his performance, was and is nothing more than a clever adaptation of a very simple law in optics" (10).

In addition to these stage performances, others were presenting instructions on how to perform Shadow Pantomimes for domestic consumption. Some of these were performance orientated but non-dramatic.

"SHADOW BUFF"

Shadow Buff is a game of greater originality, and may be made productive of much amusement. A smooth white sheet is hung against the wall, and near to this, on a low hassock, is seated the victim of the moment, who, in this case, is not blind-folded, but is bound by the severest penalties to look only towards the sheet, and not on any pretence to turn his head. On a table at a little distance behind him is placed a lighted lamp, the most powerful available, all other lights being extinguished. The company now pass in succession before the light but behind Buff, so that their shadows are cast upon the sheet. As soon as he succeeds in guessing the identity of any particular shadow, the owner of such shadow takes his place.

It should be understood that it is quite allowable to increase the difficulty of guessing by the assumption of any available disguise, so long as it does not conceal the whole person. Any amount of grimacing or attitudinizing is also permissible.

Where there are folding-doors, it is a good plan to hang the sheet in the opening, and to place Buff in the one room and the remaining players in the other. Our illustration depicts this form of the game [see Plate 2], Buff being supposed to be on the other side of the sheet, and therefore invisible" (11).

Plate 2



Shadow Buff.

Other versions of shadow plays, such as The Dentist (12), were far more complex and required the making of props (see Plates 3 to 4). Interestingly, The Amputation Like Winking or, The Marvelous Reviver (13) (see Plates 4 to 7), while providing a Victorian analogy to the performance described by Kuhns, also echoes the actions and text to be found in many mummers' plays.

Plate 3

8

SHADOW PANTOMIMES.

THE DENTIST; OR, TOOTH-DRAWING EXTRAORDINARY

The properties needed for this laughable sketch are very easily gotten up, and consist of a profile tooth, a lancet, a pair of pliers, a false nose, a handkerchief, and a chair.

This is commenced by Actor No. 1 jumping over the light and expressing in pantomime by putting his hands to his jaws and mouth, what a dreadful bad toothache he has got, and by stamping with his feet on the floor, calling for the doctor; then let Actor No. 2 (the doctor) appear, by jumping over the light, and taking the sufferer by the chin and nose, wrench open his mouth to have a good look in; then take a handkerchief and tie up the patient's jaw, giving him now and then some good taps on the top of his head; then leaving the toothache subject to moan, groan, and twist his head and body about, let Actor No. 2 jump back over the light, and then again jump forward over the light with a chair. Let him take hold of the patient, or Actor No. 1, and put him in the chair; then untie the handkerchief that ties up the jaw, and go through any kind of rough, comic examination that tact and fun may



Fig. 4.

suggest—always bearing in mind to have “method in his madness.” If the person who takes the part of the doctor finds himself equal to the task he can introduce a little quiet “patter,” as the professionals call it, by saying as he examines the patient's mouth: “Oh, ah, a dreadful case, my son, an awful bad tooth; one of your grinders; a regular double-pronged molar—no cure whatever for it, twenty bottles of my wonderful and extraordinary ‘Dioporeticum Bezovardicum,’ or my most astonishing cure all the renowned Lypapeodestiction-sorewarmer,’ would not cure it. It must come out and no mistake; so, here John, bring me my No. 1 lancet.” John, the assistant, (a thin tall person, if there is one among the company) now jumps over the light and presents the doctor with the lancet. [See Fig. 4] The doctor then says, “Now, John, lay hold of his head, while I lance his gums, previous to the drawing.” Then he takes the wooden lancet, and rolling up his sleeves, gives it two or three flourishes, and a grotesque sharpening or edging upon the hand, as barbers do their razors. Then, with the assistance of John, who holds the patient's head back, just insert the lancet in the mouth of the patient, and appear to lance and cut the gums. Then say, “Now, John, for the small patent pliers, or the new atmospheric extractors.” John says, “Yes, sir,” and jumps over the light, and instantly returns with the pliers. [See Fig. 5] which are simply two sticks of thin wood screwed with one screw, so that they will open like a pair of scissors—the sticks of wood to be about three feet long, and one inch and a half wide—and when inserting them in

the patient's mouth, stand off at arm's length, while John fastens to the edge of the pincers, by a small loop, a large profile tooth, (a solid one is better if it can be made) made of pasteboard or thin wood. [See Fig. 6] This he can easily do as he is "pattering" about the patient's head during the operation. The profile tooth,



Fig. 5.

which is at first concealed by the assistant in the folds of his dress, can, during the fun and struggle at the extricating, be masked by the hands of the patient and assistant, when at last with a jerk, out it comes, to all appearance, from the patient's mouth; when up he jumps, quite overjoyed, waves his handkerchief over his head, knocks the doctor and his man down and jumps over the light, the doctor in a fit of desperation seizes his man by the nose with the pincers, and in the struggle the nose drops off, when the doctor in terror jumps over the light and exits. The assistant gets up, rubs his nose, looks up to the ceiling, then seizing the chair, jumps over the light.



Fig. 6.

AMPUTATION LIKE WINKING; OR, THE MARVELOUS REVIVER.

AS ACTED BY DR. DRENCH AND HIS MEN IN THE MOON.

Properties.—A light wooden table, a profile knife, a profile saw, a cup, a bottle, a galley-pot, and a profile arm. (The knife, saw, bottle, galley-pot and arm are to be cut out of stiff pasteboard or mill-board).

In this entertainment, the frame on which the wet cloth is stretched should have a piece of pasteboard or stiff brown paper fastened at each corner. They should be cut so as to give (when put on the frame) the appearance of a circle or moon.

To enact this scene, the one who personates the character of the patient must have his genuine arm (the right will be the best, fastened to his side, so that no involuntary movement may betray it; then to his shoulder must be lightly attached a pasteboard arm. [See Fig. 7.] When he jumps over the light, he should pace once or twice

SHADOW PANTOMMES.

backward and forward across close to the sheet, being very careful not to touch the same; and give in pantomimic action, groaning, &c., the appearance of great pain; then the doctor's man, John, should jump over the light with a chair, and by force seat the patient in it, and say, "Patience, my dear sir: my master, the great Doctor Drench, will be here in the twinkling of a galley-pot." The doctor should now jump over the light, and examining the patient very roughly, exclaim, "Oh, dear, John, what's all this? a fracture! a flaw! a broken arm! Dear me, dear me, poor fellow, his right Osboxtherumgrubberumlift is severely damaged and broken." Then, taking the pastelboard arm, lift it up and down to show its broken and fractured condition, saying all the time he is doing so, "Dear me, had case—difficult job. I plainly see I must use the saw. Now, John, quick, bring the table,



Fig. 7.

and get the porter to help you, as we shall want him to help to hold the patient. John says, "Yes, sir," and jumps over the light, and instantly returns with the porter, and carrying the table. This must be neatly and adroitly managed to have good effect. The table must be placed as near as possible to the light at the back, and the two characters, John and the porter, lay hold each of one end, jump regularly and together over the light, to give the proper effect. It ought to be a very light, small pine table, made for the purpose. [See Fig. 8.] When the table is over, the doctor should still go on

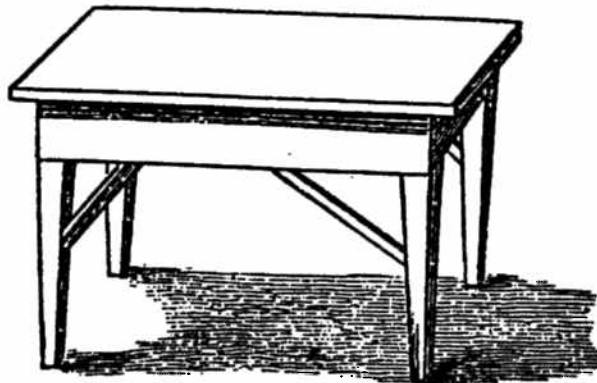


Fig. 8.

with his orders and directions, and keep the scene up by talking to the patient and ordering the assistants about, as, "Dear me, my man, how do you feel now?" and at this the patient should moan and groan, and throw up his legs as if in agony; then the doctor should take him by the leg, and say, "Ah! oh! my man, you have had some money left you lately," at which the patient should shake his head: "No, no." Then the doctor, holding up his leg, should say,

"No, no! What do you mean by no, no? when here's a good *leg i-see* (legacy)" The doctor still goes on talking— "Now, John bring the saw, my favorite *hackemoffquick*; and my large knife, the two-foot *hain carver*; and you, porter, go for the *Chloroform-nosecerumsnifferumpainstopperum*." John and the porter now jump over the light, and as quickly come back, one with a profile bottle, [See Fig. 9.] and the other with the saw and knife, [See Figs 10 and 11.] the doctor, during this, keeping up the attention of the audience in front, by his by-play, and the patient assisting in the illusion, by grunting, groaning, moaning and kicking up his *heels*.



Fig. 9.

he'll do very well; in fact, he will act with his comrades in *tactoe*, and not put his *foet* in it." (N. B. These are old jokes.) The instruments, the saw, the knife, and the bottle should be placed on the table, which table should be pushed a good deal to the side, and the patient brought as much as possible to the center; then the doctor should commence by taking the profile knife, putting it between his teeth, and then tucking up his shirt sleeves; this will give quite a *manslaughtering* aspect to the affair, and have a *killing* effect. (As our Jim says that manslaughter is the same as man's-laughter.) John and the porter should also tuck up their sleeves and take their places—one behind the patient, to hold his head; the other at his side, to hold his arm, when, after some by-play by the doctor, of moving the patient's arm up and down, examining the teeth of the saw, and sharpening the knife on his hand, he should call for the cloth; this the porter must bring from the table. Then he must call for the *Chloroform-nosecerumsnifferumpainstopperum*. The porter then gets the bottle from the table and gives it to him, and he appears to pour some of its contents on the cloth, and then pass it backward and forward under the patient's nose. The patient seems to quietly doze off to sleep, and his head falls back, and then

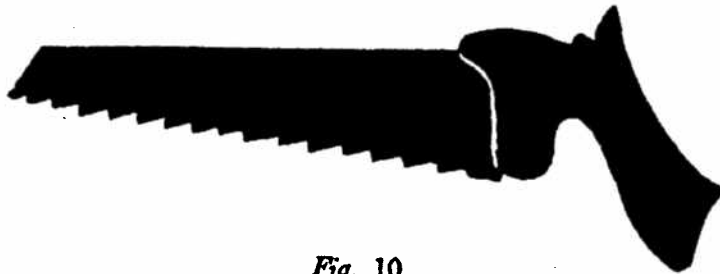


Fig. 10.

comes the final operation of taking off the arm, which must be done by the assistant holding up the profile arm, and the doctor cutting round the same with his knife; then, taking the profile saw, sawing through the bone. While this is being done, if the doctor (or any one else very sharp set) can make a noise with his

mouth like sawing wood, all would be very well, and the illusion improved. If genius of this kind is not discoverable, get some one at the side to give the effect with a real saw and a piece of wood, which *would* be much better. Behold, and see the arm is off, and held up in triumph, as a proof of the doctor's amputating will. Then he should say "Now, John, go down into the surgery for a pot of my *Reviveremlikevinkin*, my instantaneous life-restorer." John jumps over the light for the pot. [See Fig. 12.] The doctor still goes on talking: "This instantaneous composition is the greatest invention of the age. It is made from the real Egyptian mummy dust, and was invented by a mummer or a mummy, who brought himself to life again, after being defunct sixteen thousand years. It's astonishing what it will *do*, and more astonishing still, what it won't do. I'll just tell you a story of it in connection with a pig's tail. Farmer Oatstraw had a pig he called Porkibus. Now Porkibus was called Porkibus because—because he wasn't called anything else; and Porxibus, as I have said before, was a pig with a curly tail. Oh, I didn't

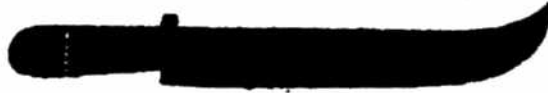


Fig. 11.

say it before, didn't I? of course not. The tail's behind, isn't it? of course it is. Very well, then to proceed with it. You must know that when Porkibus was very young, he was so frightened by a small cross dog, that he became curly-tailed ever after. Now, this same curly-tailed pig met with a sad accident; one day, jumping out of his *stye* to show his *style*, his tail caught on a *hook*, while he was *hooking* it. That hook had escaped his eye, and he didn't see it, and by this sad mischance he chanced to lose his much valued curly appendage. Now, three applications of my valuable reviver and restorer not only caused the tail to crop up again, but every morning half an ounce of pig-tail *baccy* was found growing to the end of it; in fact, as regards the *baccy*, every morning there were returns of the very finest cut, and every month a crop of half-a-dozen corkscrews; but that perhaps you'll say is a *corker*; but I really assure you I am draw-



Fig. 12.

ing it mild. So much for the pig. Now, John, where is the wonderful ointment? and now for the patient's arm, to practice my wonderful discovery." A piece of rag is taken by the doctor, and he appears to anoint the top part of the arm and shoulder, the fastening at the side of the patient that has secured the arm, is loosened by the assistant, and the patient gradually works the arm out, and waves it aloft in triumph; when the four characters, patient, doctor, assistant and the porter perform a grotesque dancy, and then exit over the light, the patient with the chair, the doctor with the saw, knife, bottle and pot, and the two assistants with the table, each taking hold of one end, as when they brought it on.

However, not only the Victorians were interested in Shadow Plays, and printed examples are also to be found in many post Second World War books of skits and stunts.

"SHADOW PLAYS

Hang up a sheet, put a strong light behind it, and you have the makings for a shadow play.

Scenery can be cut from opaque paper and pinned to the sheet, to make it more colorful. The performers must stay very close to the sheet to be seen. The sheet may be mounted in the doorway, with the actors on one side, the audience on the other.

Many skits that could be given straight adapt themselves well to shadow plays. (At Scarrit College, for Hallowe'en, a clever use was made of this idea with the witches and their boiling pot. Incidental music was added by playing a record of 33 1/3 revolutions per minute, at 78 revolutions. It gave a weird effect). Father Time, St. Valentine, St. Patrick, Uncle Sam and July 4, Hallowe'en, Thanksgiving, Christmas - all present some possibilities for this kind of presentation.

One of the favorite 'oldies' is the operation stunt.

THE OPERATION STUNT

It makes little difference how you get 'the body'. Someone might faint during a performance, or might be stricken during a meeting. But the crew has the sheet ready, and the lights and the implements.

The 'victim' is carried in, laid close to the sheet on the opposite side from the audience. An exploratory conference is held among the doctors. What do you think is wrong with him? They decide on an exploratory operation.

Using cardboard tools held close to the sheet, they start to cut him open. During the stunt some doctor may come up with an extra large knife, like a jungle knife, and say, 'May I cut in?'. Then they begin to remove internal organs. They will unwind a long hose for his intestines. They may take out something to represent his liver. A balloon may represent his lungs.

'It's a good thing we got to him in time', one doctor may remark.

Finally they discover his trouble. Someone holds up a tin can and says, 'Doctor, here's the trouble. A can, sir'.

After which another surgeon may remark, holding up two cans, 'Maybe this was the trouble. Two more! (Tumor)'.

This stunt could be coupled with the floating man trick as a way of closing the performance and getting the victim offstage.

THE FLOATING MAN

If done 'straight', this must be performed in a nearly-dark room for best effect. We saw some Vanderbilt 'theologs' do it for Hallowe'en with much success and enjoyment. They read a poem, with remarks of local interest, about Dan McGrew, and his doings around the campus. He died, and returns every year, and this was the time of his return.

The audience could see in the very dim light the outline of a man up in front, ... apparently lying on a table. When the time came, he rose, lying absolutely flat, parallel to the floor, and seemed to float - right out of the door.

The trick is to cover all but his head with a sheet. The man actually has two sticks that are the length of his body (5½' to 6' long) on which have been fixed a pair of shoes. These sticks must be padded in such a way as to look like legs. He must hold his head back, as if lying down. When it is time to go, he holds the sticks out horizontally in front of him but actually walks off, holding his head back as if looking at the ceiling. It is a wonderful stunt, if carefully worked out. Making local references in a gruesome poem helps to give the situation the proper atmosphere.

For a shadow play version, his actions would be just the same except that he would have to stay very close to the sheet. And, he might need to be covered with a blanket instead of a sheet so that the light wouldn't shine through" (14).

Shadow plays live on today and are often performed at Scout and Guide camp fires. To that end, a version of the surgery sketch appeared recently in David Saint's book Campfire Stunts (15):

"THE OPERATION"

This sketch could easily have appeared in the 'Bad Taste' section!

A large sheet is set up between the audience and the actors with a bright light behind the actors to throw their shadows onto the sheet. A table is set up behind the sheet and one actor lies on it. An operation is carried out upon this person by a doctor and nurses using standard camp equipment such as bow saws, axes, mallets, etc. A number of unusual items are produced from the patient's inside, including strings of sausages, etc. From time to time the patient will try to get up but he should be restrained by the doctors and nurses and occasionally treated by the 'anaesthetist' with a mallet! With practice, a very convincing show can be put together so that to the audience watching the shadows it really does look as if the patient is being cut open with a bow saw and that the items are actually being produced from his stomach".

So far I have, I hope, been able to demonstrate the existence of a form of traditional drama which has existed for at least a century. I also suspect that, in terms of number and variety of performances, it is realistic to consider that dramatic forms of this type have, since the early nineteenth century, played a far greater part in people's lives than such fossilised traditions as the so-called "Mummers' Plays".

In order to explore this issue further I would like to request that contributors to Roomer excavate their own minefields and I would be most grateful to receive descriptions of any kind of Shadow Play. Similarly, I throw open for debate the notion of the relative importance of this type of dramatic event - as opposed to the more conventional 'traditional' forms we usually explore. Perhaps in this way, out of darkness, there will come light.

NOTES

1. Sam Richards, [Correspondence], Roomer 3:1 (1983) p.5.
2. Paula Brunk Kuhns, 'Camp Skits: The Child's Folk Drama', Roomer 4:2 (1984) pp.11-23.
3. Kuhns (1984) p.15.
4. Kuhns (1984) p.15.
5. [Anon.] Grandma Tooley's Old Fashioned Picture Book for Boys and Girls (Scotia, New York: Americana Review, 1960) [p.29].
6. Louis Nikola, Hand Shadows: The Complete Art of Shadowgraphy (London: Pearson, 1921).
7. 'Prof. Wynne brings his Shadow-graph to the Gaiety and Star this Week', Glasgow Evening Times (10th September 1888) p.4.
8. [Felicien] Trewey, The Art of Shadowgraphy: How it is Done (London: Jordison & Co., n.d.) pp.4-16.
9. Bernard Miller, 'Hand Shadows', The Strand Magazine XXVII:1 (Dec. 1897) pp.625-632.
10. Tony Denier, The Great Secret of Shadow Pantomimes; or Harlequin in the Shades (London: Samuel French, c1868) pp.iii-iv.
11. Professor Hoffman [pseud. of Angelo John Lewis], Drawing-Room Amusements and Evening Party Entertainments (London: George Routledge, [1878]) pp.9-10.
12. Denier (1868) pp.8-9.
13. Denier (1868) pp.9-12.
14. Helen and Larry Eisenberg, The Handbook of Skits and Stunts, 7th ed. (New York, Associated Press, 1955) pp.25-26.
15. David Saint, Campfire Stunts (Sutton, Surrey: Printforce, 1986).
16. Saint (1986) p.29.

TRADITIONAL DRAMA AND THEATRE HISTORY:
SOME RECENT AND FORTHCOMING EVENTS

TOM PETTITT

Interest in traditional drama and related customs has recently increased significantly among historians of English and European theatre in the Middle Ages and the Renaissance. A degree of interest has always existed, given the belief that folk drama preserved a primitive ritual which was an important influence on the development of drama or even one of its roots. This (questionably legitimate) factor has been reinforced of late partly by the discovery of numerous local records attesting to a vigorous dramatic activity among medieval peasants and craftsmen (in England mostly Robin Hood plays and the like), and partly by a growing fashion of attributing to the more respectable dramatic traditions of the later Middle Ages and the sixteenth century some of the 'saturnalian' or 'carnavalesque' attributes and functions normally associated with folk drama and traditional customs.

These developments are amply reflected in the papers offered at the recent triennial conference of the International Society for the Study of Medieval Theatre (usually referred to by the acronym of its French title, SITM) held at Perpignan in July, 1986. Relevant contributions included the following:

Alan Harrison (Dublin): 'Disguised Entertainers in the Gaelic Tradition'

Kathleen M. Ashley (Southern Maine): 'An Anthropological Approach to the Cycle Drama: The Shepherds as Sacred Clowns'

Lawrence M. Clopper (Indiana): 'Florescence in the North: Traditions of Drama and Ceremony'

Sally Beth Mac-Lean (Toronto): 'King Games and Robin Hood: Play and Profit at Kingston-upon-Thames'

Howard B. Norland (Nebraska): 'Folk Drama in Fifteenth and Sixteenth Century England'

Meg Twycross (Lancaster): ' "My Visor is Philemon's roof" ' [on medieval and court mummings]

Sheila Lindenbaum (Indiana): 'Entertainment in English Monasteries'

Martin Stevens (New York): 'The York Cycle as Carnival'.

Publication of all the papers contributed to the conference is planned in a substantial (700 pages) volume of proceedings, at the correspondingly substantial price of 300 French Francs, although only on condition of sufficient subscriptions being received by February 1st 1987. (For further information apply to Prof. J.-C. Aubailly, Universite de Perpignan, Chemin de Passio Vella, 66025 Perpignan-Cedex, France).

The next SITM conference will be held at Lancaster University, in July 1989, and will be organised by Meg Twycross of the Dept. of English Language and Medieval Literature at Lancaster. One of the major themes of the conference will be, in the words of the preliminary announcement in French, 'Le Theatre festif (Noel, Carnaval...etc.)', and Meg Twycross has expressed the hope that this, together with the convenient venue, will provide the opportunity for the long desired and highly desirable coming together of theatre historians interested in folk traditions and the folklorists who have direct experience of recording and analysing those traditions in their more recent manifestations. Each group, I predict, will have something useful to learn from the other.

Watch this space for further information.

PUBLICATION NEWS

Barbara C. Adachi, Backstage at Bunraku: A Behind-the-Scene Look at Japan's Traditional Puppet Theatre (New York & Tokyo: Wetherhill, 1985) \$25.

Peter Bailey (ed), Music Hall: The Business of Pleasure (Milton Keynes: Open University Press, 1986) £8.95.

Michael R. Booth, Victorian Spectacular Theatre 1850-1910 (London; Routledge and Kegan Paul, 1981).

J. S. Bratton (ed), Music Hall: Performance and Style (Milton Keynes: Open University Press, 1986) £8.95.

Terry Castle, Masquerade and Civilisation: The Carnavalesque in Eighteenth-Century English Culture and Fiction (London: Methuen, 1986).

Roger Fiske, English Theatre Music in the Eighteenth Century (Oxford: Oxford University Press, 1986) 2nd Edition, £55.

Gerald Frow, "Oh, Yes It Is!" A History of Pantomime (London, BBC Publications, 1986) £12.95.

Roger DeV. Renwick, Review of Margaret R. Robertson, The Newfoundland Mummies' Christmas House Visit (Ottawa: National Museum of Canada, 1984) in Journal of American Folklore 99 (1986) 485-487.

Deborah Bowman Richards, "A Bibliographic Essay on Afro-American Folk Drama", Ohio Folklife NSVI (1979-81) 37-55.

William Tydeman, English Medieval Theatre 1400-1500 (London: Routledge and Kegan Paul, 1986) £25.

Umberto Eco, V. V. Ivanov, Monoca Rector, Carnival! (Berlin: Mouton, 1984).

ROOMER: THE NEWSLETTER OF THE TRADITIONAL DRAMA RESEARCH GROUP

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Research in any field is, as often as not, hampered by the lack of communication between individual researchers, and Traditional Drama is no exception. We are acutely aware that there are many people doing valuable work who have little or no contact with others in this field and, consequently, no opportunity to compare notes or air their views.

ROOMER then is designed to fill this gap by providing an informal forum. It includes notes and queries, details of publications, out-of-the-way texts, information on work in progress, in fact anything that may be of interest to those working in the field of Traditional Drama. As such it relies heavily on participation by subscribers. Therefore, if you have any potential contributions we would be most grateful to receive them.

Back volumes of the newsletter are currently available at the cost of the annual subscription. For further information regarding ROOMER and the work of the TRADITIONAL DRAMA RESEARCH GROUP contact:

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