

Women's Voluntary Action: Social Investigations into women's health and poverty 1900-1940 ⁽¹⁾

Alison Penn

Faculty of Social Sciences, the Open University
a.penn@open.ac.uk

1. Introduction

This chapter explores some examples of women's voluntary action around the issue of poverty and women's health in the period 1900-1940. These examples are the Fabian Women's Group, the Women's Cooperative Guild and the Women's Health Education Committee. All three involved the gathering of information about the health of women from 'working-class' backgrounds and the publication of reports with the intention of influencing the development of social policies. All three studies were in the tradition of social investigation in the late nineteenth and early twentieth centuries.

Prior to World War 1 social investigations in conditions of the poorer sections of the community – the most famous of which were the poverty studies by Booth and Rowntree – highlighted a number of causes of poverty of which low wages, large family size were most important (Gazeley, 2003:64). Women had been involved and embarked on their own investigations. Beatrice Webb (as Potter) had been an investigator on the Booth survey (ref); Lady Bell provided a qualitative study of working-class Middlesborough (1907); and Anna Martin had studied the women of Rotherhithe (1911). Eleanor Rathbone's 1907 investigation into dock worker's domestic conditions (published 1909) had been overseen by a joint research committee including the Fabian Society, National Union of Women Workers, the Liverpool Statistical Society, Women's Industrial Council, Liverpool branches of Christian Social Union and Victoria Settlement. The research entailed families preparing weekly budget books, showing income and expenditure during 1907-8. Of the 429 weekly budgets from 40 families, two thirds were living below Rowntree's most stringent poverty line (Rathbone, 1909). The research also highlighted the way homes were overcrowded, sometimes dirty; diets were meagre and almost entirely lacking in milk, green vegetables and fruit. *'Rathbone's expenditure survey is important for it provides an insight into how poor families survived from week to week, using credit to cover a shortfall in one week or 'lumpy expenditure such as clothing or shoes'* (Gazeley, 2003:21). Rathbone had also written an article on widows in Liverpool (1913), arguing for state funded pensions for widows.

The studies and reports of these three women's organisations were part of this tradition of women's voluntary action in social investigation. This paper considers the background and context for their emergence, how the investigations were conducted as well as the findings. It then considers how the results were used to develop persuasive texts and the impact of the subsequent publications.

2.The Fabian Women's Group

2.1Background

The Fabian Women's Group (FWG) was formed in 1908, frustrated at the Fabian Society's lack of support for the suffrage movement (Pugh, 1984; Alexander, 1988). In addition to work on suffrage, the FGW also focussed on the economic position of women. To this end it developed lectures, conferences and pamphlets investigating various aspects of women's work, paid and unpaid. For example, Beatrice Hutchins '*Home work and sweating: the causes and remedies*' (Tract 130, January 1907) and *The Working Life of Women*, (Tract No 157, June 1911) argued that paid employment was a vital necessity to one third of female population who were not only tending physically but also supporting financial their homes and families. Whether this was linked to Rathbone's own estimate in 1913 that one in three women wage-earners were the major contributors to the financial care of the children, parents, brothers, sisters, or disabled husbands is not clear. Women's work opportunities were more limited than men's, and they could only earn between one-third and one half of male manual workers' wages at any time before 1914' (Thane, 1978:33).

It was against this backdrop of concern about the economic dependency of women as well as the poverty experienced by many women and children, that the FWG supported a special project. Maud Pember-Reeves, one of the FWG founders, initiated the *Mothers' Allowance Scheme in Lambeth*, in 1909, run by the Motherhood Special Fund sub-committee of the FWG: '*A sum of money was placed at the disposal of this committee in order to enable them to study the effect on mother and child of sufficient nourishment before or after birth*' (Reeves, 1913:8). The funds were most probably provided by Mrs Charlotte (Bernard) Shaw and Reeves herself. Charlotte Wilson, Honorary Secretary of the FWG, sat on the sub-committee. Dr Ethel Bentham, a pioneer in social medicine, was co-opted in 1909 and Reeve's her sister in law, Effie Lascelles and her daughter Amber, assisted her as investigators. Reeves was given training by Beatrice Webb (Fry, 1992) who had, as Beatrice Potter, been one of five female investigators who helped Charles Booth in his survey of London poverty in the 1880s, (along with Clara Collet, Alice Green, Mary Tabor and Margaret Tillard) (O'Day, 1995).

This small research group set out to investigate the impact of nutrition on the health of mothers and their children because was prompted by the recognition that considerably more infants died in places like Hoxton compared to Hampstead (140 per thousand compared to 18 per thousand respectively) (Reeves, 1913:194).

2.2Methodology

The two key questions were:

- Why did more infants die in Lambeth than in Kensington?
- How did a working man's wife bring up a family on 20s a week?

They addressed these questions partly by conducting an experiment, whereby poor mothers and their babies had their diets supplemented and partly through the gathering of information on family expenditure.

Access was obtained to a list of outpatients at the lying-in hospital in Lambeth. The district selected was within reach of a weighing centre, where each infant could be

brought once a fortnight to see Bentham and have the weight recorded. Bentham interviewed each family before the visits began to ascertain their health.

Initially the aim was to exclude those suffering from pulmonary and respiratory diseases. But this had to be abandoned when it was found to be so widespread that half the families would have been ruled out. Forty-two families were selected initially, all in reasonable health: three were given up because the husbands objected to accounts being shown to a visitor; four where the babies were born too soon and lived a few hours and one family moved before the birth. So 34 families formed the basis of the study.

These mothers received fortnightly medical examinations from Dr Bentham and 5s was paid to the mother for extra nourishment for three months before the birth of the baby and for one year afterwards. The expectation was that the extra money would improve infant health and survival statistics.

In exchange for the extra nourishment the women were expected to record their weekly expenditure. Eight mothers who could not read or write dictated their sums to their husbands or children. The investigators visited the families weekly over an 18 month period, teaching mothers how to record weekly expenditure (Reeves, 1913; Fry, 1992), but also learning how to translate the local vernacular and spelling, discovering that the women were excellent at mental arithmetic, even when they were semi-literate. The families' weekly budgets were used to discover how parents and up to eight children managed to live on the men's low wage. The selection of families living on between 18s and 24s per week was deliberate – they did not select the very poor, rather those living on what was considered wages for manual workers. Indeed the area around Vauxhall would have been one largely coloured light blue in Charles Booth's 1899 Poverty Map: indicating earnings between 18s and 21s, regular for most, intermittent for the unlucky, where, in Booth's words, '*as a general rule they have a hard struggle to make ends meet, but they are as a body, decent steady men, paying their way and bringing up their children respectably.*' *Not the poorest of the poor, and most definitely not 'slum people'*(1902).

The aim was explicit – Reeves wanted to show how the general standard of living among ordinary manual workers was below a level which could support good health or nutrition; those families where the wage of the father was continuous but still precarious, that is, where families lived in fear of the wage earner being ill or unemployed or underemployed. She also wanted to challenge some of the dominant explanations for reasons families lived in poverty.

The notebooks remain, which detail the family budget (Women's Library), but no other records, for example, any record of observations, reports to the special fund committee or drafts.

2.3 Findings

The findings were published initially in 1912 in a Fabian Tract of 24 pages, then expanded in a book in 1913.

2.3.1 The impact of extra nourishment

The nourishment is never explicitly stated, but it is likely to have included a milk supplement. According to Fry *with Bentham's help, the health of the children was*

tested, and it was clear that those born in the course of the survey, when pregnant mothers had been given a supplementary diet, had a better start (1992:71).

The findings of this part of the project were not reported in the Tract but were reported in a chapter of the book.

All but one babies were normal and thriving at birth, only one weighed less than 6 lbs. This one 'was always sickly and died of diarrhoea in the hot summer of 1911' (Reeves, 1913: 177). Four weighed less than 7llbs, 15 weighed less than 8llbs, 10 weighed less than 9llbs and four weighed over 9llbs. The average weight was 7llb 10oz. *'One child 7llbs 12 oz at birth and 14llbs 14oz at 20 weeks, died suddenly of bronchitis Dec 1910. His mother's health record was bad. He was the 6th child she had lost out of 11. She was an extraordinarily tidy, clean woman, and an excellent manager; but the father had died of consumption, and she was one of those mothers who economised in rent in order to feed her flock more adequately. She paid 5s a week for very dark ground floor rooms'* (Reeves, 2013:177). With two exceptions, all babies, that is, 32, lived to be over a year. Reeves observes that the a healthy infant at birth becomes progressively less healthy at three months, *'less healthy still at a year, and often by the time it is old enough to go to school it has developed rickets or lung trouble through entirely preventable causes'* (Reeves, 1913:179).

Reeves describes the impact of the close living, poor accommodation, limited and poor nutrition and infections from older siblings. She provides case studies of three families plus examples of several individual children to describe in detail how the families lived and the impact of the conditions, noting that, *'the health of those who lived upstairs was less bad than those who lived on the ground floor, and decidedly less bad than that of those who lived in basements'* (Reeves, 1913: 193). What was striking was not *'their stupidity or lack of beauty'* rather *'their puny size and damaged health'* (193)

The babies did better compared to other children in the same area (based on observation rather than a control group) but much worse than children of the 'well to do'. Reeves' comment is that the contrasting infant death rate of Hoxton (an area similar to Lambeth) of 140 deaths per thousand compared to Hampstead (18 deaths per thousand) proves the impact of the environment. The original 42 families selected had: 201 children; 18 were born dead or died within a few hours. Of the remaining 183 children, of all ages, ranging from one week up to 16/17 years, 39 had died, (over one fifth): *'Those born during investigation were normal healthy babies who slept and fed well. But after one year the environment had left its mark. Though superior to babies of their class, who had not had special nourishment and care, they were vastly inferior to children of a better class'* (Reeves, 1913:194).

2.3.2 Weekly expenditure

The contents of the women's shopping baskets, was meticulously listed and costed, and reveal a diet that was repetitive, dull and also unhealthy. The daily allowance for women and children rarely exceeded 3d per person, dropping as low 1d or less when the man of the family was out of work, or only working limited hours. Far more was spent on bread than on any other food, followed by meat, sugar and vegetables. A little extra might go on a rasher of bacon or a piece of fish for the breadwinner. Very little was spent on milk. The results compare with those of Rathbone's study (1909).

The Fabian Tract consists of 12 pages of ten different sorts of budgets. It presents a 'typical' budget of Mrs X, whose husband was a railway carriage washer, earning 18s

for six days a week and 21s every other week when he worked seven days. He handed over all his earnings and there were three children (Reeves, 1912: 205-6).

Rent	7s
Clothing club	1s 2d for 2 weeks
Insurance (burial)	1s 6d for 2 weeks
Coal and wood	1s 7d
Coke	3s
Gas	10d
Soap, soda	5d
Matches	1d
Blacking	1d
<i>Total</i>	<i>12s 11d</i>
Food	8s 1d

The expenditure on food broken down:

11 loaves	2s 7d
1 quartern flour	5/half d
Meat	1s 10d
Potatoes and greens	9/half d
Half lb butter	6d
1lb jam	3d
6oz tea	6d
2lb sugar	4d
1 tin milk	4d
Cocoa	4d
Suet	2d
<i>Total</i>	<i>8s 1d</i>

The average per head for food was 1s 7/half pence, or less than 3d a day for the family. A working man '*cannot do on less than 6d a day, ie 3s 6d a week*' (Reeves, 1912:206). This reduced the average of the other and children to 1s 1/three quarters pence or less than 2 pence per day.

The other budgets vary according to income (18s to 25s) and family size and Reeves shows the impact in terms of amount per head for food, ranging from one and three quarters pence to four pence per head per day. The women were faced with difficult choices but ones which they regularly made: reducing amount spent on food or moving to cheaper and less healthy accommodation to save on rent; clothing and shoes were often left out. But very rarely was burial insurance left out.

Given the high infant mortality rate, saving for a funeral was deemed extremely important. During the 'deadly' month of August 1911 there was an outbreak of infant cholera and Reeves cites the case of a child of six month, insured at 2d a week, and the family received £2 payout, which did not fully cover the costs (Reeves, 1912:203):

Funeral	1s 12d
Death certificate	1s 3d

Gravediggers	2s
Hearse attendants	2s
Woman to lay baby out	2s
Insurance agent	1s
Flowers	6d
Black tie for father	1s
<i>Total</i>	<i>£2 1s 9d</i>

The book published in 1913 has a whole chapter on budgets and provides more detail – for example, the same family budget over different weeks, the impact of slack work or illness. Reeves describes five women in particular, bringing their stories to life in a sympathetic way. She describes them as *'notable managers' but also comments on their limited horizons 'the same surroundings with a little more money, a little more security, and a little less to do, was about the best their imaginations could grasp'* (Reeves, 1913:91).

At the end of the chapter on budgets there is a note: *'in dissecting budgets....the writer has not reckoned in the extra nourishment which was provided for mother and child'*. The reason given *'It is obvious that general calculations based upon such temporary and unusual assistance would be misleading with regard to the whole class of low paid labour'* (Reeves, 1913:93).

A vivid picture emerges of the families: poorly educated women, none in rude health, worn out with childbearing, child rearing, and general coping. The research revealed how little money was left for food once the rent and other necessities had been covered. Even in cases where the husband brought home his entire wage (rather than spending most of it down the pub or elsewhere) and where the mother was deemed a "good manager" the meals provided inadequate nutrition. *'Bread...is their chief food. It is cheap; they like it; it comes into the house ready cooked; it is always at hand, and needs no plate and spoon'* (Reeves, 1913:97).

2.4 Persuading the audience

The audience for the book did not comprise the subjects of the study – most were semi-literate or illiterate. Rather it was the middle and upper classes, opinion and policy makers and philanthropists. The book in particular is persuasive text, designed to challenge dominant perceptions, including those of the contemporaneous social investigators at the time, like Bell and Rowntree.

It challenged a common view that the cause of infant mortality was the result of ignorant or degenerate mothers, arguing instead that they had too little money to provide for their own and their families' essential needs. The initial aim that the extra money for nourishment would improve infant health and survival statistics appears to have worked for the sample group: all but one of the project babies was born healthy. One of the thirty-four weighed less than six pounds, the majority over seven pounds and thanks to the special nourishment provided they did better than their peers. Yet it was clear to the interviewers that infant health declined as the babies grew older. The families lacked decent housing, domestic equipment, adequate food and clothing let alone recreational facilities or opportunities.

Reeves' book expands considerably on the Tract and she uses this as a platform for challenging the view of poverty that focussed on the inadequacies of individuals.

The book recognised the intelligence and capabilities of working-class women 'so often maligned by infant welfare officials' (Ross, 2007:209). It challenged conventional views about the causes of poverty, drawing attention to the material and structural conditions within which the families had to exist. Poverty caused ill health and high mortality rates amongst children, not maternal ignorance nor degeneration (Pember Reeves 1913, Ross, 2007).

In the book Reeves uses a series of rhetorical devices to develop this argument. Firstly, she invites readers to enter a different world. 'Take a tram from Victoria to Vauxhall station....' and describes an area bounded by Lambeth Walk, Lambeth Road, Landsdown Road and Walworth Road. The area is inhabited by the 'respectable' working class: men whose occupations include, labourers for plumbers printers or printers; fish-fryers, tailors' pressers, railway-carriage washers, packers of various descriptions. The wives are quiet, decent, keep their steps clean and largely keep themselves to themselves. Reeves' is deliberately eliciting the sympathy of the reader.

Reeves repeatedly anticipates the readers' criticism by laying out the dominant view and then explaining why this had to be rejected. For example, the 'gospel of porridge'. Although porridge might be the cheapest and most nutritious breakfast and advocated (by philanthropists and health workers) as a solution to poverty, it was not a feasible option if a family lived in two rooms without a stove, the only saucepan available was burnt and it relied on milk and sugar to make it palatable. (Reeves, 1913:57-8) Milk in particular was too expensive.

She referred to the lectures of a medical man to an audience of West End charitable ladies (Charitable Organisation Society possibly), exhorting them to encourage working class women with the message 'milk is the proper food for infants': *'He was wrong in his idea that poor women do not realise that milk is the proper food for infants. The reason why the infants do not get milk is the reason why they do not get good housing or comfortable clothing – it is too expensive'*. And Reeves' analysis of the budgets provides the evidence: *Milk cost the same, 4d a quart, in Lambeth that it costs in Mayfair. A healthy child ought to be able to use a quart of milk a day, which means a weekly milk bill for that child of 2s4d – quite an impossible amount when the food of the whole family may have to be supplied out of 8s or 9s a week. Even a pint a day means 1s 2d a week, so that is out of the question'* (Reeve, 1913:99).

She defended the working class families against charges of thriftlessness, improvidence and bad management: *'Experience shows how fatally easy it is for people to label all poverty as the result of drink extravagance, or laziness. It is done every day in the year by writers, and speakers, and preachers...'* (Reeves, 1913:75). She was very critical of middle class assumptions about how the working-class should manage: *'It may be, not good management, but the only management under the circumstances'*. *The problem is that the middle classes do not understand the circumstances'* (Reeves, 2013:75-6). A middle class man might be able eat well on 3 pence a day but had the choice not to and did not have to worry about shelter and warmth or if *'when his daughter needs a a pair of 6s 6d boots he does not need to arrange an overdraft with his banker to meet the crisis, as the poor man does with his pawnbroker ... In the households of the well to do, two kinds of diet can be used, one for adults, one for children. In the household which spends 10s or even less on food, only one kind of diet is possible, and that is the man's diet. The children have what is left over'* (Reeves, 1913:143-4).

Both Bell and Rowntree put forward the view that at least some poverty was caused by lack of thrift. Reeves rejected these ideas, citing how many of the families continued to make provision for anticipated children's burial, despite their limited resources. The thrust of her argument was '*...not to inquire as to whether this mother or that mother might not do a little better than she does if she bought some skim milk; or trained her children to enjoy burned porridge. It is to inquire whether, under the same conditions and with the same means at their command, any body of men or women could efficiently and sufficiently lodge and feed the same number of children*' (Reeves, 1913:100-1). Her resounding conclusion was that it was not possible.

Reeves linked her discussion to other contemporary sources. She cites Labour MPM Philip Snowden's 1912 book, *The Living Wage*, which quoted statistician Professor Bowley and figures from the Board of Trade, indicating that 2,500,000 adult men were receiving less than 25s a week in wages and Snowden's further claim that this was an underestimate. She used this to support her claim that a significant number of people were under-fed, under-housed and insufficiently clothed. *The children among them suffer more than the adults* (Reeves, 1913:214)

Her conclusion is that the state should assume responsibility. Although she cites Rowntree, Booth and the Labour Party arguing for 25 or 30s per week minimum wage, she points out that the 'family' wages does not cover larger families. The problem with the family wage for the FWG was it continued the mother's economic dependency and Reeves' argued that the state should pay maintenance grants for each child for women, provide public feeding of infants, midwives' training, a minimum wage and affordable housing.

2.5 Impact

The Fabian Tract (162) *Family Life on a Pound a Week*, published in 1912, was 24 pages long. The references at the end include Lady Bell's study *At the Works*, Rowntree's 1901 book on Poverty as well as Board of Trade report on the working class cost of living. The book *Round about a Pound a Week*, followed a year later in 1913 and was nearly 200 pages. Reeves had expanded the detail of the findings into 16 chapters, as well as her discussion of the issues into a much more substantive text. It was published by G Bell and Co, and 'immediately became a best-seller, running into two more editions. At this time, revelations of how the poor really lived were popular, and visitors to London were taken on guided tours of the slums' (Fry, 1992:70).

It secured coverage in the national press, for example, featured in *The Times Leader*, October 7th 1913 and *The Daily Herald* reviewed the book on January 21st 1914. Pember-Reeves travelled the country giving talks, for example, at various Fabian Society meetings before and after publication (Fabian Society Manchester, November 1912; and Birmingham University Fabian Society, February 1914) and also to the Annual Association of Domestic Subjects, Hull, June 1912. Pember-Reeves also at the Women's Labour League conference in March 1912, 'The needs of little Children' which reported the findings. (Fry, 1992:72). The publication of the book generated a lot of publicity and gave Reeves a national profile and was probably the reason why she was appointed Director of Women's Services in the Ministry of Food in the First World War. She was involved in the development of National Kitchens and attempts to alleviate food poverty during the war.

This research was also used in the FWG Citizenship work, the aim of which was to get women candidates elected to the London County Council. Bentham was a LCC candidate in North Kensington. The FWG chose the demand for pure milk supply for mothers and babies as platform and the Lambeth study was used to demonstrate how necessary this was, so it was immediately comprehensible and designed to attract women's votes and brought some success to Bentham. She came last but still polled 2724 votes.

The FWG persuaded Bentham then to try to get appointed as a School Manager and in 1911 she set up a pioneering Baby Clinic in North Kensington; Mrs Niall-Smith from the FWG was elected to Board of Guardians of Poor in North Islington for the same reason. Volunteers were encouraged to infiltrate, as secretaries, the Borough Distress Committees which were then investigating the local education authorities' deficiencies in feeding school children. There is no direct archival evidence that these women used this book, but it is highly likely that the evidence gathered would have helped them in this citizenship work.

3.The Women's Cooperative Guild

3.1. Background

The Women's C-operative Guild, established in 1883, was a major organisation of working women. As Cohen (2016:11) points out, 'in this period, this term was used in a general sense, to mean women of the working-class, rather than women who worked only for pay'. The organisation grew significantly and was one of the largest membership organisations of this period. Membership in 1900 was 12,809 organised in 273 branches; by 1910 it had doubled to 25,897 in 520 branches, 1914 32,182 in 600 branches; [dipped in WW1] 1921 was 50,600 in 905 branches, 1930 66,566 in 1,395 branches; by 1939 was highest 87,246 in 1819 branches, (Scott, 1998:xii)

The Guild widened its focus from self-help into campaigning and lobbying for improvements for women. In the 1890s it had helped to provide Clara Collet Women's section of Department Labour of the Board of Trade, providing data on female employment (Gaffin and Toms, 1983:60). Under the leadership of General Secretary (1889-1921), Margaret Llewellyn Davies, and especially after 1900, the Guild extended its focus into areas of public policy: housing, divorce, minimum wages, national insurance, maternity and suffrage: 'As in its other single-issue campaigns, the Guild utilized what might be described as **'investigative agitation'** (my emphasis). Careful study of an individual subject and a survey of the views of the membership yielded both powerful Guild support for a particular reform and detailed evidence from those whose lives were mostly closely affected by the matters.' (Scott, 1988:132-3).

The Guild contributed to the 1909 Divorce Law Reform Commission (Scott, 1988:135). The evidence presented by Llewellyn Davies and colleagues presented the 'hidden suffering' of married life and was marshalled to argue for a radical change to divorce law (Scott, 1998: 135). The evidence was garnered from lengthy questionnaires sent to 124 Guild officials and personal accounts submitted by 40 Guild members. An account of the evidence given on behalf of the Guild was printed in 1911 *Working women and divorce* (David Nutt, London, 1911) and a large number of copies were sold. Appendix II of this publication provides 81 vignettes, derived from the 40 personal accounts which detailed the suffering in unhappy marriages. The accounts were grouped under headings such as adultery, poverty, cruelty, insanity, desertion, drunkenness, incompatibility, abuse of conjugal rights, maintenance. In addition, branches were

asked to pass resolutions on whether law should be same for men and women, divorce should be made cheaper and women should be eligible to serve on juries and become barristers and 344 branches comprising 19,259 members responded, mostly in the affirmative. These views were accepted by the Commission as the direct views of working women and influenced the Majority report in 1912 which recommended the extension of the grounds for divorce and making it equal and cheaper. This was endorsed by a substantial majority at the Cooperative Congresses of 1912 and 1913 (Scott, 1998; Gaffin and Toms, 1983). This model of 'investigative agitation' had proved effected and was deployed again over the issue of national insurance and maternity: the Guild had showed itself to be effective at mobilising its membership and giving them a voice.

In 1911 the government proposed a contributory health insurance bill. The problem was that it would only have applied to 10% of married women, as only a small number would qualify to join it. The Guild argued that low paid women workers and non-wage earning women should be included and that required a substantial maternity grant (Cohen, 2016:14). The Guild drew up a fully costed scheme of maternity benefit that so impressed the Treasury, that representatives from Guild invited for further discussion (Scott, 1988:133). This deputation brought the results of an extensive survey carried out among guildswomen during and after pregnancy. When Bill was published Guild opposed the proposal to pay maternity benefit to the father instead of directly to the mother. The Guild also used the Women's Corner of the Co-operative News to argue that the State should provide free medical care to low income women having babies (*Women's Corner* 15 April 1911 cited in Cohen, 2016:14). These issues were debated by Llewellyn Davies and Lloyd George in *The Times* and great energy was put into the amending bill that came up in 1913: petitions, lobbying of MPs, letters to the press and passing of resolutions:

"By her work as mother and housewife, the woman contributes equally with the man to the upkeep of the home, and the family income in reality as much hers as the man's", letter to *The Times* 24 June 1911, quoted in (Cohen 2016:14)

As a large membership organisation the Guild were effective at mobilising a large section of women, as the work on the Divorce Reform Law had shown.

Davies worked closely with Margaret Bondfield (herself an experienced social investigator, for example, she had been asked by Clementina Black of Women's Industrial Council to carry out an investigation into the pay and conditions of shop workers in 1896, published report in 1898). Bondfield who worked part time on Guild campaigns. – she was Secretary to the Guild's Citizenship sub-committee from 1912 – 1915.

3.2.Methodology

At some point during the winter and spring of 1913/14 Llewellyn Davies asked 600 current or past Guild officials 'of whose family histories nothing was previously known' (Llewellyn Davies 1915: 130) to write to her 'privately' about their own maternity experience, including how many pregnancies, miscarriages, and infant deaths they had experienced. According to Cohen, (2016:14 and 19) many letters had arrived by May 1914 [*Women's Corner* 2/5/1914].

The letters asked what they "have felt about the difficulty of taking care, the ignorance that has prevailed on the conditions of pregnancy, and how these conditions result in

lack of health and energy, meaning that a woman cannot do justice to herself or give her best to her husband and children” (Llewellyn Davies, 1915:130) The questions were

- How many children have you had?
- How soon after each other were they born?
- Did any die under five years old, and if so, at what ages and from what causes?
- Were any still-born and if so how many?
- Have you had any miscarriages and if so how many?

Replies were received from 386 Guild members (covering 400 cases and some were not Guild members). These members received a second letter, asking for details of husband's wages and occupation. 160 replies were published, 'the remainder describe similar conditions', according to the author. Unfortunately, the original letters do not remain in the archive.

What had started out as a campaign in response to the National Insurance Bill widened into Care of Maternity work, which continued into the war with the publication of these letters *Maternity: Letters from Working Women* in 1915, edited by Llewellyn-Davies (Webb, 1927:152).

3.3.Findings

The family income indicated varies considerably: some are as low as 14 or 15s, most are in the range of 20-30s. A few are £2 - £3 or even £4 or £5. However, the figure is given is not the wage rate, but rather the amount given to the wife. The majority of replies give a range, indicative of an intermittent family wage. And the replies bear out the precariousness of existence for many.

The occupations were varied including many manual workers such as weaver, cotton spinner, agricultural labourer, navy. Some were more skilled such as cabinet maker or engine driver. There were also husband's who were teacher, civil servant, clerk, shopkeeper, municipal fireman, insurance agent, naval schoolmaster

Of the 400 cases, 26 were childless and 26 did not give definite figures. The total in the end was 348. Of these:

- Miscarriages 218
- Still births 83
- Of the 348,
- 89 had miscarriages
- 37 had still births
- 22 had both still births and miscarriages
- 70 women had had 1 miscarriage and 17 had had 2 miscarriage
- 45 women had 1 still birth each

The total number of live births 1396; the number of deaths under 1 year was 122, of these 26 took place in the first week of life; 86 of the 348 women lost children in the first year of life. Nearly one in four women had lost at least one child before its first birthday, and there were high rates of miscarriage and stillbirth. Many told of chronic ill-health, and extreme fatigue; sometimes resulting from poor medical care, often exacerbated by frequent pregnancies – though some openly discussed abortion and contraception.

Although these women did not have to work regularly outside the home, and their husbands were mostly on at least average wages, those with large families still struggled to make ends meet. And, crucially, there was no safety net to protect against unemployment, short time or illness, which could and did plunge families into poverty.

Many women suffered because they had no help with heavy housework and child care. It was often difficult to pay for a doctor's visit, or for a nurse or midwife to deliver the baby; some could only afford it by taking on casual work while heavily pregnant. Some women were so malnourished that they could not breast feed. When there was not enough money to feed a family, the mother came last:

"I can say truthfully my children have died from my worrying how to make two ends meet and also insufficient food". (Llewellyn Davies, 1915: xx)

Even when they wanted to know more about how to look after themselves when pregnant, they often could not follow medical advice to rest and eat well. One in four replies had lost at least one child before its first birthday, high rates of miscarriage and stillbirth. Writers spoke of ill health and fatigue, exacerbated by frequent pregnancies and impact of power (Cohen, 2016:15)

I can speak from experience. For fifteen years I was in a very poor state of health owing to continual pregnancy. As soon as I was over one trouble, it was all started over again. In one instance, I was unable to go further than the top of the street the whole time owing to bladder trouble, constant flow of water. With one, my leg was so terribly bad I had constantly to sit down in the road when out, and stand with my leg on a chair to do my washing. I have had four children and ten miscarriages, three before the first child, each of them between three and four months. No cause but weakness, and, I am afraid, ignorance and neglect. I was in a very critical state for years; my sufferings were very great from acute weakness. I now see a great deal of this agony ought never to have been, with proper attention. It is good to see some of our women waking up to this fact. It is help and attention during pregnancy that is wanted, and I hope my own daughter, if she ever marries, will be one to benefit with others, by our experience..... Wages 25s. (Llewellyn Davies, 1915:50)

3.4.Persuading the audience

There was a conscious decision by the WCG to take into account mothers' own views and experiences, and not just rely on medical experts, health visitors and charity workers. According to Llewellyn-Davies, the women were wives of men who earned their daily bread by manual labour; the husband's trades covered over one hundred different occupations and rates of wages vary from 11s - £: *The letters show how often the nominal wages are reduced by periods of short time and unemployment, such periods constantly coinciding with childbirth. (1915:14) and of the total number of cases at least two-thirds indicate conditions of maternity which are not normal or healthy (1915:130).*

Her introduction outlined the mixture of sexual and social oppression that defined the lives of working-class women. She used a very direct style and presented detailed qualitative evidence, with quite graphic accounts of women's lives. This was done to reveal to those in power directly the experience of working-class women's lives, to people who were largely ignorant of the life experiences of a largely invisible part of the population.

The Guild did not provide a radical critique of the male breadwinner norm of family life, however it did challenge the idea that wives were somehow 'parasites' (Pedersen, 2004). It argued that the work contributed by the wife to the family was an equal contribution and so she deserved some economic independence. The Guild advocated maternity and pregnancy sickness benefits, a women's health service of better trained health visitors (called women health officers), midwives and nurses, proper care for delivery, milk depots and household helps.

3.5. Impact

When the collection was published in 1915, two editions quickly sold out to glowing reviews. According to the WCG Annual Report of 1915-16 *Maternity* went into 2nd edition within 3 months and a 3rd edition was being prepared. Over 2000 books had been sold, with very favourable reviews and the result surpassed all expectations. For example, *The Times*: 'A book of notable interest and singular distinction. The whole book deserves careful study. The letters are human documents, straightforward, outspoken and quiet'. According to the review in the Daily News: *they describe as no previous book has done the sufferings of the working class mother. The mere importance of saving life apart from the generally overlooked considerations of humanity is reason enough for urging every member of every Health committee to read this book.* In addition there were also reviews in *New Statesman*, *Yorkshire Post*, *Manchester Guardian*, *Votes for Women*. According to the *British Medical Journal*: *A remarkable book, and one which the profession in general and the obstetricians in particular will do well to ponder over.* And the *Labour Leader* commented on the authenticity of the voices of working-class women: *It is like no other book that has ever been written. It is the authentic voice of our working-women mothers, imparting to the world a knowledge which the most rigid scientist cannot affect to disbelieve, a knowledge of their suffering* (Webb, 1927: 129).

Llewelyn-Davies used the evidence which went into this publication in a paper she presented to the Metropolitan Branch of the Association of Medical Officers of Health (WCG Annual Report, 1913-14). The WCG was able to tap into the anxiety during the war about the alleged threat to the survival of the British "race" posed by high infant mortality; often blamed on working class mothers' 'ignorance' and 'fecklessness'. The publication of the maternity letters gave them a powerful voice which challenged this, and helped to shift the terms of policy debates. Publication influenced the the *Maternity and Infant Welfare Act of 1918* (Scott, 1998) and the ideas presented by Llewellyn-Davies influenced Eleanor Rathbone in her own analysis presented in *The Disinherited Family* (1924) and arguments for family endowment (Pedersen, 2004).

4. Women's Health Enquiry Committee

4.1 Background

According to Spring Rice, in a handwritten note to the book *Working-class Wives* (1939) at the Wellcome archives, the research (undertaken on behalf of this committee) was *hatched by Eva Hubback and myself after a few years' experience at the North Kensington Women's Welfare Centre (now the 'marriage' welfare centre) of the appalling ill-health of a very large number of the women who came for birth control advice.*

Spring Rice and Hubback's original intention was to give scientific birth control advice to poor women who were unable to pay the fees asked by the very few doctors who at that time knew anything about this branch of medicine:

We found to our dismay that well over 50% of patients, coming only for contraceptive advice, needed treatment for post-natal conditions of some sort or other. Moreover it was clear that their general health was extremely poor. They were often anaemic, nearly always badly constipated, often rheumatic and very seldom indeed in what could be properly termed good health. We sent them at first into hospitals or special clinics, but it became clear that we could only deal adequately with the gynaecological ailments by treating the minor ones [ie not needing operations] ourselves'. (Lancet 1940 pX)

Spring Rice was the niece of Millicent Fawcett and Elizabeth Garrett Anderson. She was involved in the Women's National Liberal Federation, and Treasurer from 1922 – 1927. She and colleagues including Margaret Pollock (later Margaret Pyke) were concerned about the conditions of poverty and overcrowding in North Kensington. They set up a birth control clinic there in 1924 (the third such clinic in the country) which later became the North Kensington Women's Welfare Centre. Spring Rice was Chairman, overseeing the work until 1958: *The Chairman, Margery Spring Rice provide to be a woman of great organising ability. Her ideas were well ahead of her time: patients were invited to be full members of the Executive committee; the scope of the centre was broadened to include advice on minor gynaecological ailments, sterility and marriage problems* (Leathard, 1980:31). Spring Rice was also involved in the setting up of satellites in Hounslow, Edgware and Hayes in the 1930s. Through her contacts in the Women's National Liberal Federation, she persuaded Lady Denman in 1930 to become the founding Chair, and she herself was a founder member, of the National Birth Control Association. Her involvement in the family planning movement continued until 1958.

Eva Hubback was Chairman of the Family Endowment Society (working closely with Eleanor Rathbone); Secretary of the Association for Education in Citizenship; and Principal of Morley College from 1927. She was a Labour member of the London County Council for Kensington (North) from 1946-8. Her interest in population questions and birth control issues led her to join the Eugenics Society in 1929; she became a Fellow in 1931, a member of the Council in 1932, and a member of the General Purposes (Executive) Committee in 1934; she was also elected to the Family Allowances Sub-Committee in 1932 and to the Birth Control Sub-Committee in 1933. (*Eugenics Review* 1949).

The WHEC emerged out of women's groups' activity around maternal health and mortality as well as campaigns for birth control, and in the general context of concern about population issues, especially the decline in the birth rate. After women achieved suffrage, many women's organisations continued to work to improve women's conditions, especially those in the labour movement, but also in the wider field of political and social action.

Women were not very visible in official statistics. Data on female sickness and morbidity rates were scarce. There were some National Health Insurance statistics, but these related to working married women and that was only 10% of all married women (Lewis, 1980:43). These made no special reference to conditions of pregnancy and refer only to women working outside the home. Despite these limitations, from the start of the 1911 National Health Insurance Scheme, the sickness rate of married women was much higher than expected and that of young married women, especially heavy (Lewis, 1980: 44).

What was very clear from the official statistics was the maternal mortality rate. Not only was maternal mortality was the second largest cause of death amongst adult women

(TB was by far the largest) but it was also the only one to show an increase in inter-war period (Lewis, 1980:36). The rate began rising in 1923, remaining over 5 per 1,000 until 1936 (Lewis, 1980: 36; Leathard, 1980: 37). 'Maternal mortality became an issue in its own right during the inter-war period because, whereas the infant mortality rate declined dramatically, the maternal mortality rate rose, making it very difficult to justify the encouragement being given to women to have more children' (Lewis, 1980:27).

The Women's Cooperative Guild (WCG) had always sought to emphasise the needs of the mother and recognised that central to child and maternal welfare were the social and economic conditions under which women lived and bore and raised children. The WCG 1917 Memorandum on Maternity had stressed that the care of the mother should have equal consideration with that of the Infant (WCG archives; Lewis, 1980:35). The WCG held a conference on the subject in 1921. Its support for the maternal and child welfare movement was based around reducing the burden of child-bearing and rearing on women (WCG archives and Lewis, 1980:36). This was in contrast to the official view which focused on maternal mortality and medical rather than social and environmental reasons.

In spring 1924 the Ministry of Health published *Maternal Mortality*. In it the then Senior Medical Officer for Maternity and Child Welfare, Dr Janet Campbell 'reported that 3000 women died in childbirth each year, induced abortion was widespread; and that pregnancy held greater risks for exhausted mothers caring for a large family' (Leathard, 1980:30). Suggested improvements did not include birth control and when later in 1924 the government circular 517 on maternal mortality specifically prevented welfare centres from giving any contraceptive information, this led to a determined campaign to remove the ban, in which the Women's National Liberal Federation was very active Gertrude Tuckwell, a former Suffragette, Secretary of the Women's Trade Union League, former President of the National Union of Women Workers, had a particular interest in the sickness rates of married working women. She had been a member of the Royal Commission on National Health insurance in the 1920s and developed an interest in maternal mortality rates. The commission published its report in 1926 and in 1927 she and May Tennant, helped found the unofficial Maternal Mortality Committee (MMC), under the aegis of the Medical Women's Federation (MWF). The purpose was to keep a watch on women's health and to lobby Parliament. Eva Hubback and Eleanor Barton (WCG) sat on this committee (Lewis, 1980:39). Maternal mortality rates were its first concern.

The Ministry of Health's Departmental Committee on Maternity Mortality was formed in 1929, and the MMC gave evidence arguing that insufficient attention was given to the general health of women (Lewis, 1980:49); the WCG was stronger in its concern about sickness and morbidity being crucial to maternal and child welfare. Indeed in 1932 the WCG sent a memo to the MWF requesting more attention be paid to issue of morbidity (Lewis, 1980: 48). The same year Tuckwell and Tennant asked the Ministry of Health for an inquiry into sickness and disability amongst women. Despite supportive intervention from Dame Janet Campbell, who argued that unnecessary sickness amongst women was a result of their being unable to afford adequate treatment, the response was that the problem was too large to address (Lewis, 1980:49). Women's groups were frustrated at the lack of recognition that sickness and morbidity was a central issue, and the emphasis on the clinical causes of mortality. The WCG view was that the numbers of maternal deaths and even infant deaths was small compared to those women experiencing ill-health as a result of child-bearing and child-rearing: 'They claimed that health officials had approached the maternal and child

welfare 'wholly from the pathological point of view; ignoring home conditions and general standards' (Lewis, 1980: 49 and 56)

Nevertheless, when the Final Report on the Departmental Committee on Maternal Morbidity was published in 1932, it said that in 45.9% of the deaths investigated a 'primary avoidable factor' could be isolated and that these deaths could therefore have been prevented. The unofficial Maternal Mortality Committee made much of the fact that nearly half of all maternal deaths were preventable. (Lewis, 1980) The MMC held a conference in November 1934, which not only criticised the report but also the Chief Medical Officer, Newman's recommended diet – which was deemed not affordable by many working class mothers, even when the husband was in regular work. Barton of the WCG was part of a deputation to the Minister of Health where she spoke about under nourishment and poverty as factors in both maternal mortality and maternal morbidity (WCG archives: WCG Annual Report 1934-5).

Working in parallel were the organisations in or supporting the birth control movement. In 1930 a conference 'Birth Control by Public Health Authorities' was organised by the SPBCC, WBCG, National Union of Societies for Equal Citizenship and the Women's National Liberal Federation and attended by delegates from local authorities, the WCG and Labour women's sections. The Chairman was Eva Hubback, who called upon the Minister of Health and Public Health Authorities *to recognise the desirability of making available medical information on methods of BC to married people who need it* (Leathard, 1980:43). The resolution sent to the Minister of Health, Arthur Greenwood resulted in Memo 153/MCW which conceded that local authorities could give birth control instruction to mothers whose health would be injured by further pregnancy.

The Women's Health Enquiry Committee was populated by women who had been long campaigning on these women's issues – access to free birth control, support including economic assistance, for mothers. Its formation was prompted by two key indicators: the Final Report of the Departmental Committee on Maternal Mortality 1932 which recognised the role of neglected health in early womanhood; and the Reports by the Government Actuary 1930 and 1932 regarding sickness and disablement benefits under the National Health Insurance Acts: *By 1931-2 married women were experiencing 140% more sickness and 60% more disablement than the insurance commissioners had anticipated.* (Lewis, 1980:44)

Spring Rice and Eva Hubback formed: 'a small representative committee to investigate the general conditions of life and health of married working class women in view of indications that ill-health was both more widespread and more serious than was generally known' (Spring Rice, 1939: 21). This committee was established in 1933, comprising many of the women involved in the campaigning work described above. Gertrude Tuckwell was Chairman and Spring Rice was Secretary. Other members included:

Mrs Eleanor Barton, Women's Co-operative Guild

Mrs Adrian Corbett, National Union of Townswomen's Guilds

Mrs Neville Dixey Women's National Liberal Federation

Mrs Ayrton Gould, Standing Joint Community of Industrial Women's Organisations

Miss Valerie Graham, Midwives Institute

Mrs Eva Hubback, National Council for Equal Citizenship

Mrs Margaret Rorke

Mrs Amy Sayle, Women Public Health Officers Association

Mrs Wheatcroft Council of Scientific Management in the House (National Council of Women)

The committee was responsible for the collection of the material but the book was written by Spring Rice.

4.2. Methodology

The research considered:

- The incidence and nature of general ill health amongst working women,
- its possible causes eg lack of medical treatment, poverty, bad housing, over-work.
- how far women observe the ordinary rules of health and hygiene and the extent to which a certain amount of ill-health is accepted as inevitable.

The aim was to survey a sample of women in different districts, social conditions and occupations, married and unmarried women, insured and uninsured.

Interestingly they initially hoped to have questionnaires filled in by better off classes to act as a control but did not get this. And they only got responses from 60 unmarried women, which were excluded from the analysis. There were however 1250 responses from married women and working class women. *'We made dossiers for 1250 women from all parts of the country and taken seriatim [taking one subject after another in regular order; point by point] so that there should be no selection of those who were known to have bad health'*. (Spring Rice, 1939: 23)

The selection not entirely random as women visited were already on a panel of the various organisations whose help was enlisted. The majority of dossiers were collected by city or country Health Visitors whose panel is not from sick women but register of recent births. Health visitors and such other investigators as WCG secretaries, University Settlement Workers, factor welfare workers, Salvation Army organisers were asked to take consecutive cases in their daily or weekly visits. Women from: Preston, Rhondda, Rochdale, Rotherham, Scarborough, Sheffield, Smethwick, Stafford, Surrey and Woolwich. The original documents appear not to have survived and Spring Rice's own handwritten note in her 1939 book says she fears 'they have all been destroyed by the war'.

The book provides an outline of the questions. Form A asked questions about where the women lived, the type of dwelling and facilities (WC, water supply, garden), husband's occupation, housekeeping money, rental costs as well as number of children, still births or miscarriages, record of health treatments. Form B asked more detail about the woman's state of health, including ailments; hours working and in leisure; housework; average day's diet; teaching about health.

It appears that the research took place from 1933-36 and it was not published as a book until 1939

4.3. Findings

The book presents the findings in chapter, appendices and with illustrated photographs. The chapters cover: The incidence and treatment of ill health; The attitude to life and health; The day's work; Housing; Diet, including Budgets. The appendices link age, number of pregnancies and income in relation to health and the incidence of special ailments in relation to housing conditions, pregnancies and income. There is

considerable quantitative evidence, but the report recognises that the evidence is for illustrative purposes and not sufficient for statistical generalisation.

The book argues that 31% of respondents were in good health, 22% in indifferent health, 15% in poor health and 31% in very poor health. Of the 1250 women: 558 said they were anaemic; 291 suffered from headaches; 273 from constipation; 258 from rheumatism; 191 from untreated gynaecological problems and a further 203 evidence of gynaecological problems but no diagnosis; 165 suffered bad teeth and 101 suffered from ulcerated varicose veins. The findings showed a large amount of minor but debilitating illness: many women did not consider their condition to be morbid as long as they could cope. The majority of women had very low expectation of health and for many 'good health' was an interval between illnesses or at best the absence of any incapacitating ailment:

[W]omen show a general disinclination to fuss about themselves, which is the result partly of their exhausting work, partly of their preoccupation with the welfare of their families and partly of ignorance, or a curious failure to apply to themselves what they do know about health in general. Advice therefore is not sought as often as it should be, or if sought is not taken. . . . The most important controlling factor in this is poverty, especially in those illnesses which the woman thinks she can fairly safely overlook, such as headaches, constipation, anaemia and bad teeth. Here is a typical example of this attitude, governed by lack of funds. . . .

Mrs. F. of Sheffield. She is 47 and has had seven children, of whom two have died. Her husband is a railway drayman. She gets £2 17s. 0d. housekeeping . . . She has rheumatism, (since she had an operation for gall-stones two years ago,) toothache, headache and back-ache. For none of these does she consult anyone. She owes her private doctor for the last five years' attendance, including the last confinement, £ 14, which she pays off in 1/- weekly instalments. (Spring Rice, 1939:40)

The book highlighted that women's ill health was more widespread than believed; most were worn down by large families, poor diet and bad housing. It provides a detailed picture of widespread poverty and poor health, much of it due to repeated pregnancies, miscarriages, and minor gynaecological problems.

As author, Spring Rice, argued that the state should remedy the situation:

- Via the extension of material and child health services,
- More government support for housing,
- The provision of family allowances and
- The extension of National Health Insurance cover to families

4.4. Persuading the audience

The book was published in 1939 with an introduction by Janet Campbell, by then a Dame and retired from the Ministry of Health. Prior to working as Senior Medical Officer, Maternity and Child Welfare from 1919 she had been Assistant School Medical Officer in the London school medical service. At the Ministry of Health she had written reports on maternal mortality, maternity services and her 1927 Report *The Protection of Motherhood*, had argued that up to half of all maternal deaths could be prevented by better ante natal care, better midwife training, improved obstetrics and antiseptic methods. So her forward added credibility to the book, as someone highly respected in public health. She was careful in her introduction: *the WHEC does not claim that the evidence collected provides sufficient material for a statistical report, but only that it is a careful and true sample of the conditions under which a very large section of the*

community would be found to be living were a wider survey undertaken...The storieshave been gathered from different parts of the country and are completed unedited. They describe in the words of the women themselves, most poignantly and movingly, the life which is the lot of many' (Spring Rice, 1939:xii).

Spring Rice spoke at the Eugenics Society in January 1940, and this was reproduced in the *Eugenics Review* and *The Lancet* and she provided a detailed and graphic description of impact of large families:

The average number of pregnancies for the 1,250 women was 4-6. For the 400 in really bad health the average was 5-6; for the 400 in apparently good health, the average was 3.6. This tells its own story.....A woman in normal health should be able to bear five or six or seven healthy children without any injury to her own health. But when the arrival of each child after the second means that everyone in the family has to do with a little less food or good clothes or warmth, and when in these respects the mother is the first sufferer, then a large family directly impairs her health. Her work grows heavier, and yet with each arrival she is able to get less rest after the birth and must get back to her daily tasks sooner. She becomes progressively less able to keep her pace. Only a very few know how to control the numbers of their children, or to provide for proper intervals between their births. We are recruiting the next generation from the poorest and weakest class, simply because the large family is frequently the direct cause of poverty, and poverty is the direct and fundamental cause of ill-health. (1940a:52)

4.5. Impact

By the time the research was done the maternal mortality rate had peaked and declined rapidly after 1936. By the time the book was published it was the Second World War. So these could be reasons why the report appears 'invisible'. It became more visible when re-discovered by feminists. It is not clear whether it influenced politicians and policy makers (for example, Beveridge) or was used by those campaigning for family allowances (Rathbone etc). The two references above indicate that Spring Rice was promoting the findings amongst the medical profession on the one hand and a specialist society which promoted the study of methods to 'improve' the human race by controlling reproduction. The Eugenics Society's heyday had been the 1930s when it had a high profile and at that time it comprised influential figures, including Maynard Keynes, Marie Stopes William Beveridge and Eva Hubback.

Conclusion

All three publications were 're-discovered' by second-wave feminists and published by Virago press in the late 1970s and early 1980s. The social investigative research has been used by historians to fill the gap in information about women's health, for example by Lewis and Roberts. Given the absence of working-class women's experience and voices generally, these are interesting and useful material. They attempted to provide insight into what their material conditions of existence were and how they coped. As Scott (1998:133) argues the letters and other pieces of autobiographical writing collected by Women's Cooperative Guild are among the earliest examples of working-class women's writing.

However social science investigations they are very unscientific and cannot be seen to be clearly 'representative' of the experience of all working-class women. They are highly mediated accounts. they do highlight women's subordinate position in the family economy and the impact on their health of lack of nutritious food, lack of access to medical care and the burden of multiple births and child rearing, in some cases. What is much less clear is how extensive this was.

Nevertheless, these investigations and associated publications contributed to the growing pressure from social reformers and the labour movement for the state to expand its role in alleviating poverty and funding improved welfare. These women-led groups identified the economic position of married women as key to understanding the health of women and their children, including the issue of maternal and child mortality. These structural explanations of the reasons for poverty and ill health challenged the dominant views of the time, influenced by individualistic views of poverty and so did not acknowledge the link between poverty and public health. The work of these women and their organisations provide interesting examples of the role of voluntary action in influencing views and debates about the causes of poverty and challenging conventional views about women's dependent status, and ultimately influencing views about the role of the state which emerged during and immediately after the second world war. As such they throw light on the moving frontier between voluntary and state action (Rochester et al, 2011)

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