Imperialism and Motherhood

by Anna Davin

POPULATION AND POWER

Around the beginning of this century infant life and child health took on a new importance in public discussion, reinforced by emphasis on the value of a healthy and numerous population as a national resource. During the 19th century most political economists had tended to believe with Thomas Malthus that excessive population was dangerous, leading to the exhaustion of resources, and consequently to war, epidemic disease, and other natural checks on growth. This argument was strengthened by
Darwinist notions of the struggle for existence as an essential part of the survival of the race.[1] In the last decades of the century it was used both by the radical neo-Malthusians, who recommended contraception as an artificial check on population and therefore a preventive of poverty (which they attributed to over-population, arguing for instance that wages were kept down by the competition for employment); and also by the advocates of what was coming to be known as eugenics, who wanted a selective limitation of population growth, to prevent the 'deterioration of the race' and decline as an imperial nation through the proliferation of those they regarded as 'unfit' (to breed).[2] There was however another view, early expressed by Charles Kingsley (in 1858), that over-population was impossible 'in a country that has the greatest colonial empire that the world has ever seen'. He believed that 'since about four-fifths of the globe cannot be said to be as yet in any wise inhabited or cultivated', 'it was a duty, one of the noblest of duties, to help the increase of the English race as much as possible', and he urged the members of the Ladies' Sanitary Association, whom he was addressing, to fight against infant mortality.[3]

Later enthusiasts for empire also tended to see population as crucial, especially after the publication of an influential work by J.R. Seeley, *The Expansion of England*, in 1883, and they were disturbed by the falling birth rate which each census after 1881 confirmed. The maintenance of empire, argued the prominent conservative journalist J.L. Garvin in 1905,

would be best based upon the power of a white population, proportionate in numbers, vigour and cohesion to the vast territories which the British democracies in the Mother Country and the Colonies control.

If the British population did not increase fast enough to fill the empty spaces of the empire, others would. The threat was not from the indigenous populations, whom he does not mention, but from rival master-races. The respective white populations of the United States, Germany and the British Isles, he said, were 73m, 61m, and 54m, and Britain's rate of increase was the slowest, as well as starting from the lowest base. And others protected their industry by tariffs, so that they could make the most of their larger labour forces:

Germany and America absorb into their industrial system year by year a number of new workers twice and three times as large as we can find employment for. These states, therefore, gain upon us in man-power and money-power alike; in fighting-power and budget-power; and in strict consequence sea-power itself must ultimately be shared between them.[4]

The birth rate then was a matter of national importance: population was power. Children, it was said, belonged 'not merely to the parents but to the community as a whole'; they were 'a national asset', 'the capital of a country'; on them depended 'the future of the country and the Empire'; they were 'the citizens of tomorrow'.[5] This appreciation of their value was certainly strengthened by concern as to their supply. From the mid-seventies the birth rate had been declining, and this trend once recognized caused much anxiety, especially when it was realized that a substantial proportion of those born did not survive. The infant mortality rate for England and Wales in 1899 was 163 — that is, out of every 1,000 children born, 163 died before reaching their first birthday. This was higher than the average for the decade (154),
which in turn was higher than the average for the 1880s (142). Rates were highest in the poorest, most populous districts.[6] And as Alexander Blyth, Medical Officer of Health for Marylebone, pointed out in 1907:

Over-production lessens, under-production enhances the value of commodities. Considering the life of an infant as a commodity its money value must be greater than 35 years ago. It is of concern to the nation that a sufficient number of children should annually be produced to more than make good the losses by death; hence the importance of preserving infant life is even greater now than it was before the decline of the birth rate.[7]

The influential author of the first comprehensive and authoritative treatise on infant mortality (*Infant Mortality: a Social Problem*, 1906), George Newman, who at this point was also a London Medical Officer of Health (for Finsbury), expressed similar concern in its preface:

there is an annual loss to England and Wales of 120,000 lives by the death of infants. In past years there has been a similar drain upon the national resources of life. But it should not be forgotten that this loss of life is now operating in conjunction with a diminished income.[8]

Similar statements (and metaphors) abounded at that time.

Infant mortality was not of course a new problem: Sir John Simon in his reports as medical officer to the Privy Council had already in mid-century identified it as an index of the general sanitary condition; and in the 1890s, when unlike other indices of health it seemed to be getting worse (although the new theories of bacteriology offered fresh hope of solution), Medical Officers of Health were anxiously observing and analyzing it: as the new local monitors of public health they were in the best position to collate statistical information and to compare different factors and attempts at prevention.[9] Some municipalities were already in the 1890s distributing leaflets on infant care, and providing instruction to mothers through visits to their homes. Such efforts were given new impetus not only by the epidemics of infant diarrhoea during the hot summers of 1898-1900, but also by the climate of opinion in the 1900s, when in the wake of the disastrous Boer War fears for national standards of physique reached a peak.[10] Concern for the health of older children (which again had begun to preoccupy some doctors and teachers in the 1880s and 1890s) also greatly intensified, and the official investigations which resulted brought no reassurance.[11] Various measures followed, both at national and local level. Laws designed to improve the conditions of infancy and childbirth were passed: midwives were required to have training (1902 — though with delayed execution), local authorities were empowered to provide meals for needy children (1906), and obliged to organize medical inspection (though not treatment) in schools (1907), births had to be notified within six weeks so that health visitors could be sent round (1907), while the Children Act of 1908 made detailed provision across the spectrum of child welfare. Municipal authorities experimented with schemes to supply hygienic milk cheaply for weaned infants (at risk from the contaminated and adulterated milk normally on sale in working-class districts), and with prizes for healthy babies or for babies which survived their first year; they distributed endless leaflets and sent out battalions of health visitors. The Local Government Board organized two conferences on infant mortality, in 1906 and 1908, and conducted
enquiries (through its medical department under Arthur Newsholme) into different aspects of infant mortality.[12]

Besides all this official activity, voluntary societies for the promotion of public health and domestic hygiene mushroomed in these years: the Institute of Hygiene (1903), the Infants’ Health Society (1904), the National League for Physical Education and Improvement (1905), the Food Education Society (1908), the National League for Health, Maternity and Child Welfare (1905), the Eugenics Education Society (1908), the Women’s League of Service for Motherhood (1910), and so on.[13] The officers and members of such societies were overwhelmingly ladies and gentlemen, sometimes of some prominence, who gave financial support, their names, and often their time and energy. Local branches would unite the socially conscious gentry of a neighbourhood—doctors, clergymen, social workers, medical officers of health, councillors, teachers, nurses and health visitors, but most of all ladies whose work was voluntary and who would have no other job. Membership of such societies often overlapped with local authorities, and they would be called on to give evidence to official enquiries and also advice in the formation and execution of social policy. Their influence, in spite of their voluntary status, should not be underestimated. These new organizations, along with the older established societies of medical, social, statistical, and sanitary bent, were all in the 1900s eagerly taking up the issues of child welfare and domestic hygiene.

Their debates (reported in the national press, the medical press, and the journals of the societies) present immediate clues to all the interest and activity, in their constant references to national and imperial interest. The crucial factors seem to be that competition (both economic and political) from recently industrialized Germany and the United States appeared more and more threatening, and Japan too loomed as an impending rival. A poor military performance in the Boer War had dramatized fears of national inadequacy and exposed the poor health of the working class in Britain, from which were drawn both soldiers and sailors to defend the empire, and workers to produce goods with which to dominate the world economically. At the same time the findings of the 1901 census confirmed that the birth rate was still falling, and medical statistics suggested that infant mortality was actually rising. The result was a surge of concern about the bearing and rearing of children—the next generation of soldiers and workers, the Imperial race.

MOTHERHOOD

Middle-class convention of the time took for granted that the proper context of childhood was the family, and the person most responsible the mother. So if the survival of infants and the health of children was in question, it must be the fault of the mothers, and if the nation needed healthy future citizens (and soldiers and workers) then mothers must improve. This emphasis was reinforced by the influential ideas of eugenists: good motherhood was an essential component in their ideology of racial health and purity. Thus the solution to a national problem of public health and of politics was looked for in terms of individuals, of a particular role—the mother, and a social institution—the family. This obscured to an extent which now seems astonishing the effects on child health of poverty and environment. It also contributed substantially to a shift in the dominant ideology. The family remained the basic institution of society, and woman’s domestic role
remained supreme, but gradually it was her function as mother that was being most stressed, rather than her function as wife. (Even the recommended reasons for marriage changed: in a manual of the 1860s the young woman was advised to seek as partner for life someone able to support her, willing to protect her, ready to help her, and qualified to guide and direct her — no mention of children — while a 1914 book on young women and marriage gave as the three main objects for marriage the reproduction of the race, the maintenance of social purity, and the mutual comfort and assistance of each married couple.)[14]

Moreover the relationship between family and state was subtly changing. Since parents were bringing up the next generation of citizens the state had an interest in how they did it.[15] Child-rearing was becoming a national duty not just a moral one: if it was done badly the state could intervene, if parental intentions were good but there were difficulties the state should give help, and if it was done well parents should be rewarded at least by approval for their patriotic contribution. Arguments of this kind were gaining weight, over-riding the old individualist protests about parental rights (already undermined by compulsory education) and the danger of ‘demoralizing’ people by helping them. They were used to justify not only contemporary measures such as the power given to Poor Law Guardians to remove children from unsuitable parents (Poor Law Act 1899) or the provision of school meals, but also the campaigns for maternity insurance (benefit to help with the expenses of childbirth, which was included in Lloyd George’s 1911 Health Insurance Act) and for ‘the endowment of motherhood’, the forerunner of family allowances. State responsibility was however a generalized supervision, very much in the background as a safety net. The real everyday responsibilities belonged to the mother.

Because of the declining birth rate motherhood had to be made to seem desirable; because high infant mortality was explained by maternal inadequacy the standards of mothers must be improved. A powerful ideology of motherhood emerged in relation to these problems of the early 20th century, though it was firmly rooted of course in nineteenth-century assumptions about women, domesticity and individualism. Motherhood was to be given new dignity: it was the duty and destiny of women to be the ‘mothers of the race’, but also their great reward. But just as it was the individual mother’s duty and reward to rear healthy members of an imperial race, so it was her individual ignorance and neglect which must account for infant deaths or sick children. Thus moral blackmail, exploiting the real difficulties and insecurities of many mothers, underpinned their new lofty status. Nor did their elevation mean an end to subordination. To be good mothers they now needed instruction, organized through the various agencies of voluntary societies and local government, in the skills of what came to be known as mothercraft, as they were being defined by the medical profession. Doctors, district nurses, health visitors, were all asserting their superior knowledge and authority, establishing moral sanctions on grounds of health and the national interest, and denigrating traditional methods of child care — in particular care by anyone except the mother: neighbours, grandmothers, and older children looking after babies were automatically assumed to be dirty, incompetent and irresponsible. The authority of state over individual, of professional over amateur, of science over tradition, of male over female, of ruling class over working class, were all involved in the redefining of motherhood in this period, and in ensuring that the mothers of the race would be carefully guided, not carried away by self-importance.

The ideology of motherhood transcended class, even though its components
had different class origins. Emphasis on the importance of women not ‘shirking’ motherhood related to the belief that middle and upper class women were pursuing new opportunities in education and employment rather than marrying, or were marrying but restricting the number of their children, either tendency boding ill for the race. Emphasis on maternal ignorance related more to working-class women, who must by definition be ignorant, or at the very least irresponsible, since it was taken for granted that if you knew what you should be doing you would do it, and if in spite of that knowledge you didn’t, it must be from fecklessness. It is perhaps significant that doctors were such prominent exponents of the ideology. On the one hand their experience of normal working-class life was usually minimal, since doctors’ fees were beyond the working-class budget except in case of emergency. On the other, as guardians of health they appeared to have some responsibility for such problems as the preservation of infant life, and mothers made useful scapegoats, relieving them of blame. Failure to breastfeed, taking an infant to the minder in the cold early morning before clocking in at the mill, going out to work at all, were all signs of maternal irresponsibility, and infant sickness and death could always be explained in such terms. Even as careful a statistician as Arthur Newsholme, in his report on infant mortality for the medical department of the Local Government Board in 1910, ended up ignoring the evidence of his own tables as to regional variation and the excessive incidence of infant mortality wherever particular features of working-class urban life were concentrated (most of all overcrowding and the failure of local authorities to introduce a waterborne sewage system in place of middens and ash privies), and sounding off interminably about the ‘ignorance and fecklessness of mothers’.[16]

This article, then, is an attempt to explore the context in which a new definition of woman’s role developed in Britain in the early years of this century, and to suggest some of the pressures which contributed to the formation of an ideology of motherhood whose influence still touches us today. The ramifications are many and complex, and to follow them all is impossible in this space, but in the final section I do try to draw some of them together. I hope readers will take this as a starting point for further debate, rather than any sort of final word.

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A MATTER OF IMPERIAL IMPORTANCE

For many doctors and medical officers in the 1900s the saving of infant life seems to have become ‘a matter of Imperial importance’. [17] At the very least, this became the normal rationalization for any discussion or concern in the area of infant mortality. Perhaps some went along with the rhetoric because it was catching, or thought their ideas would get more support if they could say the national interest was at stake. Some probably opposed it without getting much of a hearing, or kept quiet on any but strictly medical questions. But some were ardent propagandists for ‘the future of the race’; and some really shared the fears of Garvin, quoted above, as to depopulation both at home and in the Dominions, which ‘if not . . . occupied by people of British stock would sooner or later be occupied by other people’. Such
apprehensions, according to G.F. Mc Cleary, in a book he wrote in the 1930s, were an important consideration with ‘those of us who over 36 years ago began to work for the preservation of infant life’. [18] His testimony — on what appears to have been a life-long obsession — might not carry much weight on its own, but it is continually confirmed by reading medical journals and discussion of the 1900s.

Short supply of the commodity was not the only problem: there was the question of quality as well as quantity. It was argued that the quality of survivors of infant disease was likely to be impaired: that ‘the conditions to which one in five or six of the children born are sacrificed, have a maiming effect upon the other four or five’, [19] and that this too should be of national concern. The outbreak of the Boer War in 1899 was the occasion for a wave of jingoistic propaganda and enthusiasm, which brought a great many young men to offer themselves as recruits. (Two further factors, then as now, affected their choice: namely unemployment and the hope of travel and adventure — ‘a man’s life.’) Their eagerness was not however enough to qualify them: a great many of them were found to be physically unfit for service — too small for instance, or too slight, or with heart troubles, weak lungs, rheumatic tendencies, flat feet, or bad teeth. In 1899, out of every 1000, 330 were rejected on such grounds; in 1900, 280. (The apparent improvement is probably because the standard was lowered as the war went on.) [20] But it was later estimated, in an influential article by Major General Sir Frederick Maurice KCB, [21] that if initial rejections and also subsequent losses through failure of health were both counted, only two out of every five volunteers remained as effective soldiers. Considering this ‘disproportion between the willing and the physically competent’ appalling and disastrous, he argued that the crucial question was not how to improve the recruiting system (a subject much under debate just then), for:

Whatever steps are taken . . . to raise the standard of the Army either in numbers or physique seem to me to be only like more careful methods of extracting cream from milk. The more carefully you skim the milk the poorer is the residue of skimmed milk. I think it is safe to say that no nation was ever yet for any long time great and free when the army it put into the field no longer represented its own virility and manhood.

If, as it seemed, these puny young men were typical of their class (‘the class which necessarily supplies the ranks of our army’), the problem was to discover why, and to change things. Proceeding to speculate on possible explanations, he accounted for the prevalence of bad teeth among recruits by unsuitable food in childhood (‘the universal testimony that I have heard is that the parents give the children even in infancy the food from off their own plates’), and decided at once that ‘the great original cause’ (of bad teeth at this point, but subsequently, and with as little evidence, of all the ill-health) was ‘ignorance on the part of the mothers of the necessary conditions for the bringing up of healthy children’. He referred rather doubtfully to Rowntree’s recent enquiry into poverty in York, but shied away from accepting general validity for its conclusions (though he quoted them), ‘that the wages paid for unskilled labour in York are insufficient to provide food, shelter and clothing adequate to maintain a family of moderate size in a state of bare physical efficiency’, and that ‘in this land of abounding wealth, during a time of perhaps unexampled prosperity, probably more than one-fourth of the population are living in poverty’. York, he felt, must be exceptional:
if this be true for the whole country, then the impediment to the rearing of healthy children is not the ignorance of the mothers so much as... that the conditions of modern life do not enable them to supply their children with sufficient sustenance.

This conclusion was unacceptable; and he preferred to plump for ‘at least attackable causes such as the early marriages and the want of knowledge of the mothers’. I quote his conclusions at length, and in spite of his repetition, because these themes recurred throughout the 1900s in the continuing and ramifying debate on ‘physical deterioration’ set off by the unfit recruits.

Whatever the primary cause... we are always brought back to the fact that... the young man of 16 to 18 years of age is what he is because of the training through which he has passed during his infancy and childhood. ‘Just as the twig is bent the tree’s inclined’. Therefore it is to the condition, mental, moral, and physical, of the women and children that we must look if we have regard to the future of our land. ... Mr. Barnett in Whitechapel ... found that the health and long life of the Jews, whose women did not go out to work, compared most favourably with that of the Christian population, the women of which worked without adequate regard to their function as mothers. It does not follow that a stereotyped copying of the habits of the Jews would be desirable, but it may explain and justify the view of the Emperor of Germany that for the raising of a virile race, either of soldiers or of citizens, it is essential that the attention of the mothers of a land should be mainly devoted to the three Ks — Kinder, Küche, Kirche. [Children, Kitchen and Church.]

The General’s call to arms found a ready audience. Alarmist cries of urban degeneration had been heard already, and invoked to explain city poverty, though as Gareth Stedman Jones points out they are better seen as ‘a mental landscape within which the middle class could recognize and articulate their own anxieties about urban existence’.[22] And appeals for working-class girls to be taught the theory and practice of housekeeping were not new either: indeed by the turn of the century such lessons were becoming more and more general.[23] ‘Physical Degeneration’ (or ‘Race Degeneration’ or Deterioration) now became the order of the day, stimulating much debate, some research, and a parliamentary enquiry or two, most importantly the Physical Deterioration Committee, which reported in 1904. The problem was constantly linked with the question of child bearing and rearing, and with the ‘ignorance’ of working-class mothers; and it was invoked to justify a wide variety of campaigns and reforms: on physical education, feeding of schoolchildren, pure food, clean milk, hygiene and cookery classes for schoolgirls, workgirls, and mothers, temperance, education for parenthood, refusal of marriage licences to the ‘unfit’ or ‘degenerate’ or even their sterilization. (These included alcoholics, the tubercular, vagrants and the chronically unemployed — and more or less anyone who counted as mentally sick or physically abnormal.)

In many cases the terms in which reforms were proposed also involved reference to the nation, the empire, or the race, and in this way measures might be rendered acceptable which otherwise would have smacked of socialism. So T.J. Macnamara (ex-schoolmaster and Liberal MP for North Camberwell, in London) writing in the Contemporary Review in 1905, after making a whole series of proposals, culminating
in school canteens and free transport and baths for school children, concluded confidently:

All this sounds terribly like rank Socialism. I'm afraid it is; but I am not in the least dismayed. Because I know it also to be first rate Imperialism. Because I know Empire cannot be built on rickety and flat-chested citizens. And because I know that it is 'not out of the knitted gun or the smoothed rifle, but out of the mouths of babes and sucklings that the strength is ordained which shall still the Enemy and the Avenger'.[24]

Comparisons could also be made with imperial rivals, who without accusations of socialism had successfully turned the attention of the state to national and particularly children's health. Japan (a very recent newcomer to the club of imperialist powers) was often quoted in this context, as at the annual congress of the Sanitary Institute in 1904, where members were told (apropos of the medical inspection of schoolchildren) that in Japan every schoolchild was under medical supervision, and that first aid and hygiene were taught in school. Japan also was 'in no danger of race-suicide', mothers there were not 'shrinking from maternity as in other lands'.[25] Germany was still more often compared, very directly in *The Improvement of the Dwellings and Surroundings of the People: the Example of Germany*, a book published by T.C. Horsfall in 1904. German provision of baths at school, and food and medical supervision, strongly influenced English reformers, sometimes simply as an example, sometimes as one explanation of Germany's success as the 'country which has increased most rapidly in wealth and has become our most formidable industrial rival'.[26]

Of course socialists were indeed pushing for these reforms, though in the interests of the working class and the community, rather than the Empire. In some cases, as with school meals, they had been demanding them for 20 years already.[27] But there were many views, even among those who called themselves socialists, as to what should be done and how. Some favoured state or municipal action and collective solutions, some the one but not the other. They were not likely to work in the voluntary societies which were so active, because their tendency was too individualist. Much of their effort went into attempts to improve the conditions of children of school age, rather than infants, perhaps because local school boards (before their abolition) and local councils were the points at which they could most easily exert pressure, and were more receptive to projects which could be organized through the existing institutions of schools. Work of this kind was especially successful in Bradford. The socialist sisters Margaret and Rachel McMillan, both there in the 1890s and in London later, were very active in campaigning for more municipal and state concern for the health of children, but interestingly according to Margaret McMillan, they did not always have the support of their comrades:

Even the Labour Party outside Bradford was cold. It was the old, old story that always brings a feeling of despair. 'Mothers and fathers', it is said, 'have a divine instinct out of which they produce everything that is needed.' They have no such instinct. New help does not rise out of these dim underworlds. It comes always from another source. The infant death-rate was appalling.[28]

In the south both sisters made the health and happiness of children the main focus of
their activity, putting into practice new ideas about nursery education, the benefits of open-air teaching (and even sleeping, in their Deptford ‘camp school’), and of school clinics. Margaret McMillan’s writings on children, though suffused with a slightly cloying idealism, are notably free of reference to empire or race, or even to the next generation: children were important in themselves and as future citizens. Her main emphasis was humanist.[29]

But sometimes socialists too — or some kinds of socialists — became infected with the rhetoric and even the assumptions of the empire-builders and the eugenists. Ramsay MacDonald in his Socialism and Government (1909) tried to distinguish a socialist position on the problems, without abandoning the rhetoric. ‘Eugenics . . . is a matter of State concern — not the whole field of Eugenics, but part of the field.’ He regarded race deterioration as a social phenomenon, the result of general ill-health, ‘an organic disease undermining the system’; but saw a real conflict for socialists between their duty ‘to protect the weak because our sentiments will not allow us to sacrifice them’, and the risk for society ‘of their deteriorating the stock’.

He rejected the proposals of ‘the individualist and the reformer’ for ‘changed systems of Poor Law administration, segregation of the unfit, the lethal chamber and similar things as preventives’ without particularly discriminating between the first (presumably dismissed as tinkering with the system instead of transforming it), and the rest. His own rather vague solution lay in ‘mutual aid’ and also in education ‘to secure such personal tastes regarding beauty and strength as to guarantee that the race is being propagated by healthy and comely men and women’. [30]

MacDonald was one of those who resigned from the Fabian Society when it split over the question of support for imperialism, in 1900 during the Boer War. In this ‘socialist’ organization a poll showed that 259 supported George Bernard Shaw and Sidney Webb’s argument for ‘a lofty and public-spirited Imperialism’, and only 217 voted for the anti-imperialist position. The majority Fabian line thus became support for imperialism and the congenial doctrine of national efficiency, in alliance with the Liberal-Imperialists, Rosebery, Asquith, Grey, Haldane, and so on.[31] Webb quoted Asquith approvingly in his proclamation of the new position, an article in The Nineteenth Century and After published in September 1901. A programme based on National Efficiency was needed:

Here Mr Asquith is on the right track. What is the use of an Empire (he asks) if it does not breed and maintain in the truest and fullest sense of the word an Imperial race? What is the use of talking about Empire if here, at its very centre, there is always to be found a mass of people, stunted in education, a prey to intemperance, huddled and congested beyond the possibility of realizing in any true sense either social or domestic life?

And he called for a raising of standards of wages, education, and sanitation, because the Empire was ‘rooted in the home’. [32] The Fabian imperialists, with their demands for greater state responsibility and planning, but their emphasis also on Britain’s imperial role (which tended to go with ideas about the ‘imperial race’ and the threat of its diminishing vitality), were easy prey to the racist ideology of eugenics.
EUGENICS

The advocates of eugenics, whose influence in this period was pervasive, strongly believed in the importance of the family and especially the mother, because improving the racial stock was partly a question of breeding and partly of rearing, and in both her health and her role were essential. Although there was overlap between their ideas and those of other people concerned with infant mortality and child health, the priority they set on actually improving the race, and their assumptions about the importance of heredity, involved certain important differences. The more extreme of them argued that preventive medicine and injudicious state aid interfered with natural selection and would lead to 'retrogression' and the multiplication of the unfit.

Of far more importance to a people than a declining infantile mortality is the preservation of the national stamina. A multitude of weaklings is less to be preferred than a handful of virile men, and a healthy people pruned of its decadents by a high mortality amongst its children is better than a degenerate race weakened by the survival of its effete progeny.[33]

They mustered their evidence through a research group at the University of London, the Galton Laboratory, set up for 'the study of agencies under social control that may improve or impair the racial qualities of future generations, either physically or mentally'; they believed that:

To produce a nation healthy alike in mind and body must become a fixed idea — one of almost religious intensity — . . . in the minds of the intellectual oligarchy, which after all sways the masses and their leaders.

Their command of genetic theory and the currency that their catchwords and indeed their ideas obtained, gave them a great sense of power or even mission: they were preparing for the approaching time when

we must consciously carry out that purification of the state and race which has hitherto been the work of the unconscious cosmic process.[34]

The Darwinist and utilitarian origins of their arguments (and later their claims of statistical proofs) gave them an appearance of scientific and pragmatic authority. This no doubt strengthened their influence among those involved in theoretical or practical 'social engineering' — Fabians of course, social scientists (they founded the Sociological Association), administrators and social workers, and also doctors and Medical Officers of Health. Such influence was reinforced through their elitist and managerial attitude to politics. In their journal, The Eugenics Review, in the Sociological Society and its journal, through the meetings and publications of the Eugenics Society, and wherever else they could get a hearing, they zealously defended the cause of 'nature against nurture': the influence of environment, they claimed, was 'not one fifth that of heredity, and quite possibly not one tenth of it'.[35]

Not surprisingly, they held strong views on marriage, in particular that it should only be permitted where there was nothing nasty to be passed on. At a time of
increasing anxiety about the spread of syphilis and other venereal diseases this demand would no doubt have had its attraction for doctors and medical workers, though they held heredity responsible also for a wide range of other ills. In an exposition of eugenics published in 1904 the eugenic marriage is explained as follows:

When a young man and a young woman, offering themselves for marriage, can produce certified records of their ancestry back for three or four generations, showing that their progenitors have been entirely, or largely, free from nervous prostration, sick headaches, neurasthenia, hysteria, melancholia, St Vitus' dance, epilepsy, syphilis, alcoholism, pauperism, criminality, prostitution and insanity — when they can further show that their ancestors have been free from all other inheritable forms of nervous disorders, including certain forms of deafness, colour blindness and other indications of defectiveness and degeneracy, then it may truly be said that such a union may be correctly styled a EUGENIC MARRIAGE.[36]

If alcoholism, pauperism and criminality, which traditionally were blamed for poverty and the miseries of working-class life, could be attributed to heredity, by implication they could be ended if marriage and procreation by the poor were controlled. Conversely, failure to limit their multiplication would carry the risk of disaster: 'the urban proletariat may cripple our civilization, as it destroyed that of ancient Rome'.[37]

For those of 'superior stock', whose marriages were not doom-laden, there lay a great future. Motherhood was to be made in every way desirable: its status raised, its supremacy acknowledged, its economic security assured, for 'the elevation of motherhood' was 'the one fundamental method by which infantile mortality may be checked'.[38] 'Let us glorify, dignify and purify motherhood by every means in our power', demanded John Burns (once a militant socialist engineer, and by this time Liberal MP and President of the Local Government Board), in his presidential address at the Infant Mortality Conference in 1906,[39] and his words were often quoted by eugenists and other 'maternalists'. But it had to be informed and dedicated motherhood, and it was threatened by recent developments opening education and sports to middle-class girls. Karl Pearson, one of the eugenist founding fathers, was among those who believed with Herbert Spencer that individual intellectual development (especially in women) might impair the reproductive powers: in 1885 he wrote that 'if child-bearing women must be intellectually handicapped, then the penalty to be paid for race predominance is the subjection of women', and such ideas continued to be held and voiced in the 1900s.[40]

The 'new women' of the 20th century, in spite of their 'larger outlook on life', wrote a doctor in the Eugenics Review in 1911, were less fit than their predecessors 'to become the mothers of a stronger and more virile race, able to keep Britain in its present proud position among the nations of the world'.

There is no doubt that the new woman is a more interesting companion than her predecessors, and that she has made great progress in the arts and sciences, in trades and professions, but the question of questions is — is she a better mother of the race? Does, for instance, her knowledge of mathematics, or even her efficiency in athletics, make her intrinsically a better mother than the natural, bright, intelligent girl interested in frills, dances and flirtations?...
Womanliness is disassociated in men’s and also in most women’s minds with either intellectual power or physical development, but is...rightly or wrongly associated with certain passive qualities, such as sympathy and tenderness...which best find their expression in the domestic sphere and more particularly in the roles of wife and mother...may it not be that the manliness of men and the womanliness of women...but the modern expression of Natural Selection?[41]

Others maintained that a woman’s health and child-bearing capacity would be damaged by excessive activity (physical or intellectual) in adolescence, and advised against any but the most desultory occupations.[42] Mary Scharlieb, an influential eugenist doctor, would not go so far (perhaps because her professional status made her something of a ‘new woman’ herself). She feared that excessive athletics and gymnastics would be harmful both to the individual and to the race, tending to produce what she called ‘the “neuter” type of girl’, whose boiyish asexual figure was matched by disinclination for maternity. But she recommended general ‘physical culture’ (especially dancing) for its moral and physical effects, and because:

Ours is a people which has been commissioned to carry the lamp of light and learning to the uttermost ends of the earth, and it will neither fail as long as it is worthy, nor cease while aught remains to be done. That we may be worthy, it behoves us to perfect the spirit, mind and body of every man and every woman by our imperial race.[43]

Of course the discussion of the value of exercise for adolescent girls was concerned only with the daughters of the well-to-do. Working-class girls at puberty worked in factories and laundries and in service with no reduction of the demands made on their strength.[44]

Woman must be taught how ‘to exercise her great natural function of choosing the fathers of the future’, and to understand ‘the age at which she should marry, and the compatibility between the discharge of her incomparable functions of motherhood and the lesser functions which some women now assume’. [45] Motherhood though a destined and natural function nevertheless needed to be taught; there were skills to be learnt so that the eugenically conceived baby would also be reared to its best advantage. The responsible mother would study expert opinion and put herself and her family under the supervision of a doctor, preferably a specialist, whose instructions she would then execute. Teaching was desirable in ‘the subjects of food and dietetics, the physiology of nutrition, and the effects of proper sanitation’, for in this way:

by instruction leading to the improvement of the individual we shall aid in preserving women for their supreme purpose, the procreation and preservation of the race, and at the same time promote that race to a better standard, mentally and physically.[46]

But this emphasis on the functions of motherhood was not to be thought belittling or confining: the thoughtful woman would realize that ‘upon womanhood largely depends the standard attained by the world’s ethical code’. Entrusted with the greatest of all human assets, the child, she would respond to the need for skillful care
and guidance during ‘those impressionable years consecrated to character formation and physical development’, for was it not:

a trumpet call to awaken woman to her weighty obligations, as much imperial as domestic or social, and to arouse her to the imperative necessity of preparation, intelligent and sustained, for their fulfilment?[47]

Eugenics propaganda was directed mainly at the middle and upper classes, partly because they tended to believe that even in an apparent democracy there was an elite who in fact were the only ones whose opinion counted, and also because in their analysis the poor were almost inevitably ‘dysgenic’ (the opposite of eugenic), so there was little point in teaching them how to choose noble mates or rear little imperial assets. Indeed there was a class fear that the middle classes, who clearly were now beginning to limit their families, would limit themselves out of existence. The choice of abstinence from marriage was also more feasible for middle-class women, who were starting to have greater possibilities of economic independence without social stigma. So the reason for the trumpet-call was partly to remind women that ‘the sacred duties of motherhood must not be shirked’[48] and the constant emphasis on the moral reward was perhaps necessary to offset the increasingly recognized advantages of the single life or the small family. Doctors too were seen to have a responsibility in this direction, presumably in discouraging their patients from restricting their families. (Bertrand Russell in his autobiography recorded the opposition of the family doctor to the decision he and his wife made to use contraception, though this was slightly earlier.)[49] At the inaugural meeting of the British Gynaecological Society in 1904 the assembled gynaecologists were warned that marriages among the better classes were now so sterile ‘that a quite undue and dangerous proportion of the rising generation was recruited from the lower, the more ignorant, the more vicious, and semi-criminal population’. The speaker went on—invoking the full authority of his position as president—to adjure his audience in these words:

I would like to sting my fellow countrymen into some proportionate sense of shame and duty...as the temporary head of a great British society which may well claim to be the greatest British authority on such questions, I am surely not overstepping my province if I ask for the grave interest of every fellow in this subject. ... For with us lies a great responsibility, and ours will be to a very large extent the blame if in after years the lamp of the Anglo Saxons is found to be burning dimly.[50]

FABIANs AND THE ENDOWMENT OF MOTHERHOOD

In his pamphlet on the declining birth-rate, published as a Fabian tract in 1907, Sidney Webb presented a more sophisticated argument, but with some of the same assumptions. He drew together various findings on the fall in the national birth-rate over the previous two or three decades, and suggested some likely consequences. His deductions were based not only on the clearly proved decline in births in all classes, but also on the assumption — for which statistical evidence of the same quality was
not available — that the phenomenon was more marked among ‘the self-controlled and foreseeing members of each class’, and was the result of intentional ‘regulation of the marriage state’. He had no moral objections to such regulation, regarding it as rational and prudent under the prevailing social conditions, since in four-fifths of the nation’s households the birth of children was ‘attended by almost penal consequences’. (He meant the cost of rearing children.) But he regarded its implications for the nation with anxiety. In his view the argument that excessive population led to increased poverty no longer held, since collective bargaining and state control should between them make it possible to secure a national minimum standard of living. Population increase on the contrary must be encouraged, especially among those groups which were now limiting their families. Decline would be nationally disastrous, as the less provident, and therefore less desirable and fit, section of the population would go on breeding, which would lead to racial deterioration, and any vacuum would be filled by ‘freely-breeding alien immigrants’, which would involve the country ‘gradually falling to the Irish and the Jews’.

But he saw hope in the fact that the decline in births resulted from voluntary restriction rather than degeneracy of the national fertility. ‘A deliberately volitional interference, due chiefly to economic motives, can at any moment be influenced.’ The answer was to ‘alter the balance of considerations in favour of the child-producing family’. This would involve a change of perspective, the realization for instance that:

the most valuable of the year’s crops, as it is the most costly, is not the wheat harvest or the lambing, but the year’s quota of adolescent young men and women enlisted in the productive service of the community.

The state would therefore have to recognize its responsibilities and encourage the rational choice to have children by ‘the systematic “endowment of motherhood”’, and place this most indispensable of all professions upon an honourable economic basis’. He anticipated such measures being proposed as ‘the municipal supply of milk to all infants, and a free meal on demand to all mothers actually nursing their babies’, the feeding of schoolchildren, and maintenance scholarships for secondary education to encourage middle-class parents.[51]

‘Endowment of motherhood’ was a demand for financial recognition by the state that mothers’ work rearing children contributed to the good of society. Alys Russell was speaking on it in 1896 during a visit to the United States; it was a major demand in a French pamphlet published in translation by the Independent Labour Party in the 1890s as Woman and the Suffrage; and it was a common feature of socialist programmes. Dr Alice Drysdale Vickery, balancing between socialism, feminism and eugenics, argued in 1906 for its importance to women’s economic independence, and feminists and socialists stressed this aspect. Eleanor Rathbone was to be its best-known and longest-persevering proponent, using every possible argument, including that it would give the state the power to ‘manipulate the birth rate’. [52] As proposed in the 1900s by Webb and the Fabians it was effectively an economic version of the eugenists’ ‘elevation of motherhood’ (although not to be applied selectively, so not meeting their criteria); and indeed demands for improving the economic and the moral standing of motherhood often went together. A more moderate proposal, for maternity insurance, was also commonly put forward at this
time, and was incorporated in the 1911 health insurance provisions: this was intended simply to help with the expenses of confinement, and in fact scarcely covered them. One doctor, C.T. Ewart, suggested in the Empire Review that such a scheme combined with ‘lactation premiums to those mothers who feed their own babies’ would be ‘of greater vital importance to the race than old age pensions’. [53]

EDUCATION FOR MOTHERHOOD

Emphasis on motherhood was by no means confined to the eugenists and their closer followers. It was the common feature in all the discussion of infant mortality and child welfare, whether the focus was on quality or quantity, on the encouragement and nurture of the fittest, or the preservation of all infant life. Eugenists talked also about education for parenthood; occasionally someone might recommend involving fathers in the upbringing of their children; [54] but overwhelmingly (and especially in the medical press) it was maternal ignorance that was blamed, not parental — ‘faulty maternal hygiene’, or the mother’s neglect, intemperance, employment, early marriage, and so on. From ‘the physiological law that infant life is dependant upon the mother from nine months before birth until nine months after birth’, [55] from the recognition that in pregnancy ‘the mother’s well-being and the child’s well-being are inseparable’, [56] from the discovery that mortality was lower among breast-fed babies, [57] came the argument ‘in dealing with infant mortality it is the mothers we must go for not the babies’, [58] and this was extended to mean far more than the mother’s health. Biologically based reasoning was used to justify a social construct, motherhood. And the ideology was passed on to mothers along with practical advice in the newly proliferating manuals on child care, even those intended for the working class.

If every woman who takes upon herself the sacred relationship of motherhood could be led to realize how she is responsible for the future of the baby-life, and how the true greatness of the individual constitutes the true grandeur of nations, we should have healthier babies and happier homes, and the disintegration of family life would be a menace no more. [59]

Nineteenth-century criticism of mothers had dwelt most often on the iniquity of their going out to work. [60] Working mothers of the early 20th century did not escape similar denunciation, but as 10 years of legal restriction on the employment of mothers in the first month after childbirth had not lowered infant mortality, and as investigations showed that infant mortality rates were extremely high in some areas (Tyneside and South Wales particularly) where mothers rarely went out to work, it was increasingly recognized that other factors must be involved. Maternal ignorance provided an acceptable alternative explanation. It could include all the mother’s failings, including going out to work, yet by stressing knowledge rather than necessity, it made the problems seem soluble. Mothers would want the best for the babies, therefore all that was necessary was to educate them in what they should be doing. So for example the British Medical Association in 1904, on the recommendation of its public health committee, launched a petition (for which they collected 1400 signatures in the first week) representing to the Board of Education:
A Group of Mothers and Babies.

London County Council Lecturer giving a Cooking Lesson.
that it is of urgent importance that elementary instruction in health subjects, including temperance, should be provided in all primary schools in order that the conditions which lead to deterioration of the national physique may be understood and as far as possible prevented.[61]

Special attention to the care and feeding of infants was to be taught to future mothers, which it was assumed meant all girls and young women. Mrs Bosanquet, a well-known social worker and commentator on social problems, advocating what she called 'a woman's remedy', in an article entitled 'Physical Deterioration and the Poverty Line', enjoined:

Begin with the girls in school, and give them systematic and compulsory instruction in the elementary laws of health and feeding, and care of children, and the wise spending of money. Go on with the young women in evening classes and girls' clubs; and continue with the mothers wherever you can get at them . . . . It has been possible to awaken an intelligent interest in window gardening in the very poorest quarters of our towns, and it ought not to be impossible to awaken a similar intelligent pride in the care of children . . . . What we want is a reform which will provide suitable food and care for the children from the first day of their lives, and continue to provide it throughout manhood and old age; and there is no way of securing that except through the mothers and wives.[62]

It is interesting in this passage that not only is all domestic instruction and responsibility relevant only to girls, but it is assumed that the babies are male — they are to be cared for as children and 'throughout manhood' and old age. This was in fact quite often implied in the rhetoric of these discussions, and points to the very direct connection with concern about the 'material of Empire', as Masterman put it in his denunciation of conditions At the Heart of the Empire (1901) — 'the future colonizers and soldiers, not to mention the traders, who hold the Empire together'. [63] The word virile was constantly used, even when the issue was not specifically the health of recruits. 'Future citizens', in those days when women did not vote, were men of course; and the eugenist Karl Pearson defined the desirable characteristics of good English stock entirely in terms of the 'typical Englishman of the past'. ('A clean body, a sound if slow mind, a vigorous and healthy stock, a numerous progeny' were 'the essentials of imperial race', the ideal of all 'who have the welfare of the nation and our racial fitness for the world-struggle at heart'.)[64] Mothers thus became responsible to the nation above all for the production and rearing of healthy sons; in spite of 'the elevation of motherhood' the production of healthy future mothers was much less commonly demanded.

The focus on mothers provided an easy way out. It was cheaper to blame them and to organize a few classes than to expand social and medical services, and it avoided the political problem of provoking rate- and taxpayers by requiring extensive new finance.[65] And there seemed more chance of educating individuals, future or present mothers, than of banishing poverty. So even those who recognized — or paid lip-service to — the importance of environment were liable to fall back on such measures as more domestic science in schools, and education for motherhood, and banning the employment of mothers. The parliamentary committee investigating physical deterioration in 1904, deciding that while actual deterioration remained unproven working-class health nevertheless left much to be desired, made 53
recommendations. Many of them dealt with the environment (overcrowding, open spaces, smoke, pollution, houses in bad repair, insanitary conditions, cooking facilities, milk supply, etc), or with other aspects of working-class life (unemployment, the provision of creches, work conditions, over-fatigue, the employment of young persons and of women in factories, adulterated food, insurance for sickness, for unemployment, and particularly for childbirth). Others dealt with the powers and organization of local and health authorities. But overwhelmingly, in the discussion which followed publication of the report, most of that range was ignored. The recommendations which were quoted and endorsed were those concerning the instruction of girls and women in cooking, hygiene, and child care. These were more acceptable than for instance the registration of landlords with a view to enforcing repairs and the provision of decent living conditions.

But there were in fact considerable problems in implementing the catch-all solution of teaching future mothers. Provision for further education of girls who had left school (at 13 or 14 usually) was not widespread, was organized much more around commercial skills, and would not necessarily attract girls who had been at work all day and might well have their share of chores to do at home in the evening. (In fact it’s likely that many of these ‘little mothers’ who already had a great deal to do with child care would have felt they had little to learn.) Girls’ clubs, another of Mrs Bosanquet’s suggestions, were unevenly distributed and sometimes irregularly attended; in any case they reached only a few girls. In schools the syllabus of girls was already overloaded: to their original handicap of needlework had been added (in the big cities at least) classes in cookery, laundry and housewifery, but with no very satisfactory results. It was expensive to provide the necessary equipment, and what was provided bore no relation to what they were used to, being too up-to-date and probably too large-scale. In cookery classes the dishes cooked were supposed to be paid for to cover their cost, but often the girls could not afford them and they might end up eaten by the teachers. Nor could the girls get much practice at home, even if any of the dishes they were taught were within the family’s means: few mothers felt they could risk experiment with the carefully rationed supplies. There were complaints that laundry work was taught by giving the girls their teachers’ washing to do; or that they were learning skills only relevant to domestic service, not to their family needs.[66] To set up classes in infant care was even more tricky — what could they practise on? Dolls were proposed, or borrowed babies, but one was too unrealistic, and the other was difficult to organize. Nevertheless, at the Board of Education, on the instigation of its president Walter Runciman, with the strong support of Robert Morant, its secretary, and of the Chief Medical Officer, George Newman (all gentlemen without school-teaching or presumably domestic experience), a circular was prepared by Janet Campbell urging on local education authorities and teachers ‘the great importance of increasing and improving the present inadequate provision in our schools for instructing the girls in the care and management of infants’. The hope was that by teaching girls and women how to take care of infants both mortality and ill-health in infancy and childhood might be diminished.[67] All girls were to learn it, including the duller ones, who might well discover they could for once do something as well as the brighter ones, and who would learn ‘with their brighter comrades’ that

intellectual attainment is not the only issue of true education, and that in learning the art and practice of infant care they are helping to secure for themselves their true place in the future of the state.[68]
They were, of course, ‘the mothers of the next generation’.[69]

MATERNALISM

In 1906 the first National Conference for the Prevention of Infant Mortality took place, under the auspices of the Local Government Board.[70] The papers read at the conference explored some of the possible factors and ways of countering them. Like the recommendations of the Physical Deterioration Committee they went into possible administrative measures: the appointment of qualified women health visitors, public provision of pure milk, earlier notification of births, the regulation of child-minding, the amendment of the Infant Life Protection Act, the powers of local authorities, the operation of the Midwives Act. But there was nothing on the environment, unless one counts the two papers on the milk supply; and the aspects of working-class life discussed had little to do with economics or work or poverty — there were two papers on infant life insurance, two on alcoholism,[71] and one on the employment of married women in factories. Only two examined health in childbirth (one on premature birth, one on ante-natal causes of infantile mortality, including alcoholism),[72] though one by Sykes touched on this area (‘The Teaching of the Hygiene of the Expectant Mother’). The first paper was an address by the influential Dr James Niven, Medical Officer of Health for Manchester, on ‘The Teaching in Schools of Elementary Hygiene in Relation to the Rearing of Infants’.

The presidential address was given by John Burns, in his capacity as President of the Local Government Board. He began by suggesting that ‘in equal parts the mother, society and industry’ were to blame for high infant mortality. But his discussion of the problem was in fact couched entirely in terms of mothers. He blamed their delinquency in giving birth outside wedlock (the mortality rate was substantially higher for illegitimate children, probably because the economic situation of a woman on her own was so bad); their intemperance with alcohol; their employment (disastrous for moral training and discipline as well as health); even their alleged interest in physical exercise. (This is of course another example of the way that the rhetoric of motherhood ignored class difference.) He believed that:

at the bottom of infant mortality, high or low, is good or bad motherhood. Give us good motherhood, and good pre-natal conditions, and I have no despair for the future of this or any other country.

(This statement was to be quoted again and again.) The contributions of industry and society had disappeared: he attributed preventible death to ‘cruelty, over-feeding, under-feeding, ignorance, stupidity, or improper feeding’. [73]

The next conference, in 1908, developed this emphasis on the mother still further: its programme, as one of the participants (an enthusiastically eugenist doctor called Caleb Saleeby) later wrote, ‘proceeded upon a principle — the principle of the supremacy of motherhood’. [74] Saleeby’s subject, ‘The Human Mother’, set the tone. Another eugenist, Alice Ravenhill (who in 1897-8 had written three pamphlets for the Women’s Co-operative Guild, and later a special report for the Board of Education on domestic science teaching in the United States), [75] spoke on ‘The Education of Girls and Women in the Functions and Duties of Motherhood’. Alderman Broadbent of Huddersfield, where for several years a
scheme had been operating to encourage breast-feeding and provide support in child-rearing through regular home-visits (to which Broadbent’s contribution during his year as mayor was a system of vouchers to the mothers of newborn babies which they could redeem for a sovereign if the infant survived its first year), spoke on ‘Education and Instruction for Mothers’ (not on bribery).[76] There were two papers on the best way to help mothers below the poverty line, two on parental neglect, and one demanding controls on the sale of infant foods. The only other paper was on ‘The Powers of Boards of Guardians in Relation to the Parents and the Need of Further Extension’: this presumably dealt with the alternatives when mothers ‘failed’.

Saleeby and Ravenhill, whose names crop up continually in these years, were ardent proponents of what Saleeby called ‘maternalism’, as well as of eugenics. Saleeby saw himself as a follower of his ‘august master’ Francis Galton, the father of eugenics, who apparently had said that ‘his disciples must instil these principles into the public mind like a new religion’. [77] Both however were on the humane wing of eugenics; they were concerned with actual infant and child life as well as the eugenic ideal. Saleeby was against the so-called negative eugenic methods (sterilization or the lethal chamber, or opposition to preventive medicine): he argued that intervention to improve the race could only take place before conception: ‘from the moment of conception a new individual has been formed’, and its destruction ‘except to save the life of the mother’ would be murder.[78] He did not oppose preventive measures like creches and the provision of pure milk, though he regarded them as stopgaps and disliked them because they ‘infringed the maternalist principle’, that is, they encouraged substitution for the mother. The hardline eugenist might believe ‘that in the present unorganized state of society, in the present dethroned state of motherhood, it were vastly better had many even of the healthy majority never been born’, but in Saleeby’s view since the children existed there was no choice but to do the best for them.[79]

Belief in preparation for parenthood, the strand in eugenic thinking which both Saleeby and Ravenhill most strongly propounded, and also concern for existing infants and children (‘to stop this child slaughter and child damage’), led them to the mother. Woman was ‘Nature’s supreme instrument of the Future’, Saleeby wrote in the introduction to his book Parenthood and Race Culture (1909);[80] and he devoted a further volume entirely to Woman and Womanhood (1912), in which his ideas are set out at length. He seems to have been a popular speaker, certainly his turns of phrase in the books are often memorable; his criticism of municipal milk depots for instance ends up: ‘There is no State womb, there are no State breasts, there is no real substitute for the beauty of individual motherhood’. [81] Marie Stopes, in the preface to Married Love, quoted him approvingly on the difference between the mother cat (instinctively expert) and the human mother (needing to be trained).[82] His flair for putting across the arguments is well illustrated in this passage:

The history of nations is determined not on the battlefield but in the nursery, and the battalions which give lasting victory are the battalions of babies. The politics of the future will be domestics.[83]

But it was also no doubt important that what he was saying, especially on the subject of maternalism, was well within the mainstream of discussion.
NEWMAN AND NEWSHOLME

Even those who were most expert in the field of infant mortality were liable to succumb to the rhetoric of maternalism. George Newman, for instance, in *Infant Mortality*, analyzed the causes of death and their variations, and recognized environmental factors of all kinds, yet still gave them second place or expressed them in terms of motherhood:

This book will have been written in vain if it does not lay the emphasis of this problem upon the vital importance to the nation of its motherhood.

It becomes clear that he is including the physical state of the mother under this heading: deaths of premature infants are the result of the mothers' debility, and external conditions of poverty are mediated by the mother: their effects on her health as well as on how she manages to run the household all seem to count as motherhood.

The problem of infant mortality is not one of sanitation alone, or housing, or indeed of poverty as such, *but is mainly a question of motherhood*. . . . Improved sanitation, better housing, cheap and good food, domestic education, a healthy life of body and mind—these are the conditions which lead to efficient motherhood from the point of view of child-bearing. They exert but an indirect effect on the child itself, who depends for its life in the first 12 months not upon the State or the municipality, nor yet upon this or that system of creche or milk-feeding, but upon the health, the intelligence, the devotion and the maternal instinct of the mother. And if we would solve the great problem of infant mortality, it would appear that we must first obtain a higher standard of physical motherhood.[84]

This confusion between motherhood in the ideological sense and the health of the mother was presumably the result of over-exposure to the endless mystification and rhetoric about motherhood, so that his actual observations of the role of maternal ill-health and the conditions of poverty got overlayed. Elsewhere however the contributions of poverty and ill-health were left out altogether, and the responsibility is once again placed on maternal ignorance and negligence.

Death in infancy is probably more due to such ignorance and negligence than to almost any other cause, as becomes evident when we remember that epidemic diarrhoea, convulsive debility, and atrophy, which are among the most common causes of death, are brought about in large measure owing to improper feeding or ill-timed weaning; bronchitis and pneumonia are due not infrequently to careless exposure (indoor or outdoor); and death from measles and whooping cough is largely caused by mismanagement of nursing. To remedy this condition of things three measures need to be carried out: (a) instruction of mothers, (b) the appointment of lady health visitors, and (c) the education of girls in domestic hygiene.[85]

Newman was a lifelong Quaker whose career suggests a strong sense of public responsibility. After qualifying (in 1892) he specialized in public health, and with 10
years’ experience as a Medical Officer of Health (for Bedfordshire and for Finsbury) he became the first Chief Medical Officer of Health to the Board of Education in 1907, and organized the medical inspection of schoolchildren, continually pressing in his annual reports that it should be extended to all areas. Perhaps his Quaker background and his own childless marriage made him particularly susceptible to the ideology of domesticity and motherhood; in any case he believed that homes were the vitals of a nation, and that the British Empire depended ‘not upon dominions and territory alone, but upon men, not upon markets alone, but upon homes.’[86] Certainly his position in the Board of Education and his close working relationship with its secretary, Sir Robert Morant, gave him the opportunity (as we have seen) to press his views on the usefulness of education for motherhood.

His older colleague, Arthur Newsholme, had also early turned his attention to infant mortality. In the tradition (as he pointed out in his autobiography many years later) of Simon and Farr, the mid-nineteenth-century pioneers of public health, Newsholme was a careful statistician, and already in the 1880s was collecting data on the incidence of infant mortality in Brighton, where he was Medical Officer of Health. He saw the conditions of poverty as having a large influence, and argued against simple generalizations about the incapacity of working-class mothers. He refused to associate himself with those who used the argument of race deterioration (as for instance in the British Medical Association’s 1904 petition for hygiene lessons in school, which he would not sign though he partly agreed with the demand), on the grounds that urbanization and the current social arrangements had for some decades resulted in deplorable health for the working classes, and there was no evidence of recent changes for the worse, only a new awareness.[87] He almost never used the vocabulary of empire and nation: generally he took for granted that infant mortality deserved attention as a major health problem. Where he did introduce a political justification for health measures, in arguing the case for medical examination of schoolchildren, he talked of the ‘social value’ of each scholar, and of safeguarding their health ‘in the interests of the community’. [88] He even countered eugenic allegations that the birth rate was declining fastest in the classes whose contribution to the race and the nation was most important, by arguing that ‘special fitness to replenish the world is not a monopoly of class, but occurs in stocks which are found in every social stratum’; or again that a distinction must be drawn between intrinsic inferiority and ‘inferiority associated with present social circumstances’. While accepting that the children of the poor were handicapped in their potential achievement, he was ‘satisfied that no sufficient evidence has been produced to show that there is innate inferiority in a large proportion of the wage-earning class’. [89] (On the question of race and empire, unfortunately, his views though cautiously expressed seem more dubious: it could not be ‘a matter of indifference’ what races peopled ‘the unfilled portions of the world’, and every Briton would ‘wish that his race may have the preponderant share in shaping the future destinies of mankind.’)[90]

Newsholme’s approach to the question of infant mortality (like Newman’s) involved close examination of causes. Yet like Newman he sometimes let bias against mothers prevail, as in his 1910 report to the Local Government Board on infant and child mortality. [91] Nevertheless, his constant awareness of the context of poverty made him relatively realistic about working-class life, its problems, and its endless variation with region and community. In his autobiography, written it is true in the 1930s, he largely escaped the influence of maternalism. Maternal ignorance, he
tartly observed, provided a convenient explanation of excessive mortality, it was 'a comfortable doctrine for the well-to-do person to adopt' since it led to 'the notion that what is chiefly required is the distribution of leaflets of advice, or the giving of theoretical instruction in personal hygiene'. Mothers in all classes, he pointed out, might be ignorant but 'the mother in comfortable circumstances' was able 'to ensure for her infant certain advantages which the infant of the poorer mother often cannot obtain'. These included relief from other household duties and help with the infant itself; access to the most hygienically obtained milk, and good conditions — a pantry or a cool place — in which to store it; alternative care for the child in case of the mother's illness ('if the working-class mother is ill the child must often suffer with its mother'); good nursing and medical attention for the child if sick; rest, so that her milk would be more plentiful and richer, and her relationship with the child under less stress than if she was overworked and suffering from chronic fatigue; a healthy environment as regards space, ventilation, sanitation and so on. The ignorance of the working-class mother, he concluded, 'is more dangerous, because associated with relative social helplessness'.[92] Or again he stressed the need to foster the health of the mother, 'aided by hygienic and medical help for her children'.[93] He did however attach importance to education, though of the public mind and conscience in general as well as of mothers. In trying to explain the plummeting of infant deaths in the 20th century (1900: 154 per 1000 live births; 1920: 105 per 1000; 1920: 80 per 1000; 1930: 60) he suggested as one prime factor the influence of elementary schools, with their 'constant stimulus of emulation towards tidiness and cleanliness', and pointed out that the girls in the first generation of compulsory schooling were the mothers of infants in the 1900s.[94] He also remarked that the declining birth rate (which in his view had affected the wage-earning classes as well as the better-off) meant smaller families, and therefore 'for the working-class mother, more time and an improved exchequer to devote to the care of each child', which would be likely to improve 'each child's prospect of life and health'. (This however, like the improvement in living standards for most people over the last decades of the 19th century, could not, he argued, have been a chief factor in the decline of infant mortality, since both developments preceded it.)[95]

WORKING-CLASS FAMILY LIFE

This is not the place for a detailed discussion of the causes of infant mortality, but it would perhaps be useful to give some idea of the conditions of working-class family life in the 1900s, and in that context to look at the explanations which were given for the 'annual holocaust'. The problem, as Newsholme remarked of infant diarrhoea, was an urban one, and one mainly 'of the artisan and still more of the lower labouring classes'.[96] The working-class family at this time varied considerably, according to wage level, local employment opportunities and rents, and custom. As a general rule in the towns and cities, the better and more certain a wage a man could earn, the less likely his wife was to go out regularly to work, provided he remained in health and employment. Among artisans especially, where an adequate and regular wage was most usual, the way of life of the family would frequently approximate to the middle-class ideal: breadwinner, housekeeper, and dependent children. A better standard of living — more space, more furniture, more clothes, more food — tended also to mean more housework, so that the mother who could afford to stay at home
would also be the one for whom the housewifely role was becoming more and more full-time. Her children would be regular at school, so she would not have their help during the day; she would have higher standards as to their appearance and the state of the home, so there would be more washing and ironing and mending to do, and more cleaning and scrubbing and polishing. The care of infants and toddlers would be entirely in her hands. With money for food beyond bare essentials she would probably cook more. In short she would be fulfilling the functions which she ought — she would be a proper housewife and mother by the definitions implicit in the exhortations to motherhood, though sometimes with quite a struggle.

At the other extreme of the working class would be families where the father was absent, dead, ill, or out-of-work, or where the wages that could be earned by him or other members of the family (including the mother) never quite stretched to meet their requirements. Rowntree's 1900 survey in York suggested that nearly 10% of the population were living in poverty with such causes, which he called primary causes, and another 18% in secondary poverty, where other reasons also operated: in short, that over a quarter were living at a standard 'insufficient to maintain mere physical efficiency'. He regarded the overcrowding which resulted from high rents and low wages, and the poor nutrition which inadequate budgets made almost inevitable, as responsible for the generally poor level of health in the working class (with the exception of the artisan sector). [97] In these poorest families the woman's wage might be the only income, and certainly was essential. Space and possessions would be minimal, so that housework in the sense of daily maintenance was less, though a great deal of 'transformation' work might be needed, making over old clothes to fit current needs, mending and washing frequently because there were no spares, and so on. Childcare would be improvised — now a neighbour would help out, now an older child would stay home from school, now the baby would be taken along to the mother's cleaning job, or would crawl around the mother's feet as she sat pasting paperbags or seaming trousers. Such a mother, however hardworking, would not appear as a model housewife, or as one properly dedicated to motherhood.

Between the very poor and the artisans was a shifting stratum where circumstances would determine everything — the number and ages of the children in particular, but also the husband's work and conditions in his trade, and of course his health. Here a mother with young children might not have to go out to work, but sometimes it might be necessary, or she might take in homework on a regular or an occasional basis. A mother whose children were older might well take casual or regular employment. (Most working-class children started full-time school at three, though in 1906 an adverse report by the inspectors on infant education led to attempts to end or at least limit school provision for children under five: one of the arguments was that they ought to be with their mothers anyway, but the economic strain put on the family by withdrawal of infant school provision was the main reason why it was not in fact abolished at this point.) [98] When times were difficult relatives or friends might take care of a child or two for a while, or even permanently; or it was not unusual for a family who were not in difficulties to take a girl cousin, say, perhaps from the country, to help the mother with children and housework, or for a local school-leaver to come in regularly and give a hand, for a small wage, but often in a relationship closer to that of daughter than of servant.

In all of these groups breast-feeding would be normal at least at first, if it was physically possible. It did not require a cash outlay, and it was thought to postpone
conception. But of course mothers who went out to work were unlikely to be able to suckle at work (though sometimes it was possible for the child to be brought in the dinner hour and put to the breast); and many mothers were not in a good enough health to sustain the flow, their own nutrition being the worst in the family. Sometimes the better-off mothers may perhaps have succumbed to the claims of the patent baby-food manufacturers (who were expanding fast and advertising heavily), and weaned their babies prematurely so as to give them these new ideal products.

Eric Pritchard of the St Marylebone Health Society, an influential figure in the infant mortality movement, had very strong views on the subject of infant feeding. Denouncing the wide popularity of 'those infant exterminators known as infant foods', he emphasized that the ambition of maternity should be 'not to make a fine fat baby, but to make a fine useful man', so that the starchy patent food preparations were useless, and what was needed was protein, or as he called it, nitrogenous food:

We have been taught in this country . . . to think imperially. If our mothers could only be taught to think nitrogenously of infants, what an imperial asset this would be for the empire.[99]

But many babies being 'brought up by hand' would be bottle-fed with the cheapest condensed milk, diluted with hot water. This was made from skimmed milk, so nutritionally it was almost useless, with less than a quarter of the fat content of breast milk, although it was often advertised with pictures of fine healthy babies. One kind had the brand name 'Goat' and benefited from the common belief that goat's milk was the best substitute for breast milk. But it was skimmed cow's milk like the rest.[100] The bottles used were still occasionally the old-fashioned long-necked kind, whose long rubber tube was almost impossible to clean and which
was always denounced by the health authorities. On bacteriological grounds this was closely right, but they also criticized it because it was possible to leave it with the baby so that it would suck when it wanted (and so require less attention), whereas they advocated regular feeding even if the child had to be woken. This was not popular: one doctor writing to the *British Medical Journal* complained that he had great difficulty in working-class families ‘persuading mother or nurse to take up the child every two or three hours in the daytime, when the baby is asleep. To these people it seems wrong to disturb a child out of its sleep’. [101]

But the practice most commonly denounced was that of giving the baby a sup of whatever the other members of the family were having. On this point ‘expert’ opinion since then has swerved more than once from opposition to tolerance: at present in baby clinics (or at least in the one I attend with my daughter) it is recommended from quite an early age to give them a little mashed-up adult food — potatoes and gravy for instance — which is probably pretty much what was happening in the period under discussion, and what so much displeased the new professionals of child health. Babies in most working-class families were great pets, and a common expression of affection would be to take a child up during a meal and feed it titbits. How far totally unsuitable foods were fed in a quantity sufficient to do damage is perhaps open to question.

The major killers for babies were, according to Newman, ‘prematurity, pneumonia, and diarrhoea’. Prematurity clearly had to do mainly with the mother’s health: it might have been considered preventible, but received relatively little attention. The other two were open to differing interpretations. Stomach ailments could be attributed to infection (as they had to be during the regular summer epidemics), or they could be blamed on unsuitable feeding and lack of cleanliness over the bottles and so on. It seems all too likely that inadequate sterilization would have been a real problem, especially in the earliest months, when it would matter most. Insufficient knowledge, badly designed bottles and teats, and lack of facilities in the kitchen would all have contributed. And condensed milk would have been particularly attractive to the numerous and lethal flies, because of the sugar in it, as well as being excellent ground for bacterial multiplication. Unsuitable feeding may be more dubious (apart from the skimmed milk problem), though where the baby shared food with the rest of the family it will of course have shared the inadequacies of that food, both hygienic and nutritional, and its resistance would be lower. Family food was designed simply to satisfy hunger at the least cost, and would often have fallen well below the optimum ‘nitrogenous’ level. Babies who were not breast-fed were very much more susceptible to infection; it was claimed especially of those fed on condensed milk that they had all the appearance of health, but no resistance. But working-class mothers who could not breast-feed, whether for physical reasons or because their wage was needed, had little choice: condensed milk was cheaper than fresh, and condensed skimmed milk cheapest of all; their budgets were already stretched beyond the possible, and if the baby appeared to flourish how could they know this was ‘unsuitable feeding’?

Chest infections too could be given different causes. The proponents of the maternal ignorance explanation would assume that they were caused by injudicious exposure: mothers were accused of not dressing the infants warmly enough (though in the context of older children and summer it was frequently said that they overdressed them), and of taking them out at all hours and in all weathers. Here the difference between middle-class and working-class attitudes to children has to be
borne in mind. In the middle classes children were segregated and different, especially babies. They had special clothes, special food, special furniture, special rooms, sometimes special attendants. (The popular print of ‘His Majesty King Baby’, the frilled infant in a regal perambulator with a uniformed nurse, conveys the image.) In the working class until very recently childhood had been a much briefer, less differentiated affair. Compulsory schooling over the previous two or three decades had extended children’s period of dependence and reduced their economic role, but they were often still to middle class outsiders ‘little adults’ and ‘old before their time’. Children — and babies — were much less excluded from adult life. Crowded homes and economies of fuel and light made separation at home impossible except perhaps for sleeping; many leisure activities would include children, and they were only to any extent excluded from the sphere of work. (And this would be less true of work in home workshops or kitchens.) It was shocking to the middle-class to see this difference, and most of all so when they saw a shawled infant in the street at night, on the way home from pub or music-hall or other adult resort. (This gulf would also of course have affected their perception of the infant’s being fed titbits from the adult plate.) But bronchitis and pneumonia could as well be caused, and certainly would be much worsened in their impact, by cold damp homes, with leaking roofs, broken windows, illfitting doors, damp walls, cold floors, and insufficient heat. Such conditions — or not much better — would have been common among Rowntree’s poverty-stricken 28%.

INSTRUCTING THE MOTHERS

With hindsight, the conditions imposed by poverty seem likely to have been significant factors in infant mortality, to be ranked at least alongside ‘maternal ignorance’ perhaps.[102] A great deal of effort was nevertheless put into advice and instruction on motherhood — as we have seen these were measures very frequently proposed. The most general method was through leaflets on infant management handed out to mothers: this was sometimes organized by local authorities, sometimes by societies like the Ladies’ Sanitary Association or the Infant Health Society, and was already an established method by the beginning of the century. How far they were read or followed is impossible to say. Dr Sykes, in St Pancras, received a shock when he tried to find out the impact of a leaflet he’d been circulating, which while recommending breast feeding if possible, also gave details on ‘the best method of bottle feeding’: he found that the leaflet was being misinterpreted, and ‘mothers were sedulously weaning their babes in order to follow the detailed advice of the medical officer of health in the method of hand feeding’. [103]

Lectures to mothers were also tried, especially by the National Health Society, whose Homely Talks included ‘How to rear our little ones’, [104] but it was difficult to assemble the appropriate audience except where a mothers’ meeting or a girls’ club was prepared to listen, or perhaps a Women’s Co-operative Guild group. In some cases however they were able to secure a captive audience. In Portsmouth Prison in 1904 women prisoners were being given a fortnightly series of lectures on sanitary subjects. The listeners were selected for good behaviour; the prison was one ‘to which many women are sent for various petty crimes which in the richer classes would be expiated by a small fine’; and the women, it was claimed, were ‘responsive to teaching as to the dignity of housekeeping and the efficient discharge of the duties
of wife and mother'. (Or it might be more true that 'in a gaol such lectures are attractive as a relief from the monotony of ordinary life'.)[105]

Infant consultations, the forerunners of today's baby clinics, were set up, on the pattern of those already existing in France. Another French initiative was also imitated, the 'hygienic milk depot' whose aim was to provide sterile milk for bottle-fed babies. (The standard of hygiene in the sale of milk was not very high, in spite of inspection.) These were set up by various progressive local authorities, starting with St Helen's in 1899.[106]

Many local authorities appointed lady health visitors. The Ladies' Health Society of Manchester and Salford had started home instruction in domestic hygiene back in the 1860s. In 1892, on the suggestion of Florence Nightingale, Buckinghamshire County Council engaged full time health visitors; Newsholme had one in Brighton in 1894; five 'lady health missioners' were taken on in Worcestershire in 1897 to give instruction in child welfare; but in the beginning of the 20th century the movement really got under way. Huddersfield had a well-organized system co-ordinating the efforts of two female assistant medical officers of health with a corps of about 80 voluntary visitors.[107] Birmingham appointed four lady health visitors in 1899. Their duties were:

- to visit from house to house in such localities as the medical officer of health shall direct; to carry with them disinfectant powder and use it where required; to direct the attention of those they visit to the evils of bad smells, want of fresh air, and dirty conditions of all kinds; to give hints to mothers on the feeding and clothing of their children, and use their influence to induce them to send their children regularly to school; in case of sickness to assist in promoting the comfort of the invalid by advice and personal help; to urge, on all possible occasions, the importance of cleanliness, thrift and temperance.[108]

It is not perhaps surprising to find that their visits were not always welcome, or that George Newman urged that besides being trained they should above all 'have insight and tact'.[109] The reaction recorded by Somerset Maugham in his novel Of Human Bondage rings true. It will have been drawn from his experience as a medical student in Lambeth doing midwifery practice in people's homes in the 1890s.[110]

The district visitor excited their bitter hatred. She came in without so much as a 'by your leave' or a 'with your leave'... she poked her nose into corners, and if she didn't say the place was dirty you could see what she thought right enough, 'an' it's all very well for them as 'as servants, but I'd like to see what she'd make of 'er room if she 'ad four children, and 'ad to see to the cooking, and mend their clothes, and wash 'em'.

But such intrusions were part of a general invasion of working-class life by the authorities and their well-intentioned supporters. Consider this complaint from a mother whose child's hair had been shorn after a school inspection for headlice:

I should like to know how much more spite you intend to put upon my child, for it is nothing else. First you send the Sanitary Inspector and I have my home taken away, then my husband has to get rid of his few rabbits and chickens, and now you cut the few hairs my girl was just beginning to get so nice. ... I know she had
no need to have her hair off as it was washed with soft soap last night. The child is thoroughly heartbroken.[111]

School was of course an important component in the campaign to transform working-class life, teaching the ideology as well as the skills of domesticity, and more generally instilling habits of regularity, obedience, punctuality and discipline. [112] As we have seen, Newsholme rated highly the effects of school influence on domestic hygiene and therefore infant mortality. In some cases the exercise of power might go beyond intrusion: if there was any question of children being taken into the care of the local authority, then one criterion — contributory rather than basic — will no doubt have been whether the family, and the mother in particular, met requirements. The less housewifely activity, the more likely the family to be considered inadequate. The poor law authorities too had the power to make outdoor relief conditional on approval of the home: they wanted to be sure the mother fulfilled her functions, and felt it should not be necessary for her to go out to work.[113]

THE ST PANCRAS SCHOOL FOR MOTHERS

One attack on the problem of infant mortality, though it too was defined in terms of education, and though it did very much focus on the mother, was nevertheless based on a more comprehensive approach and firmly rooted in the realities of working-class life. It is however an illustration of the ideological basis of even humane and perceptive reformism. This was the St Pancras School for Mothers.[114] Although it was simply one institution with a local impact that may well have been fairly limited, its influence in the growing infant welfare movement was considerable. This was partly because Dr Sykes, (the Medical Officer of Health for St Pancras) one of its founders, was an admirable and articulate advocate of its merits, partly because of influential support, and partly because it appeared to succeed in diminishing infant mortality by going for the mothers. Thus in its practice as well as in the theory expounded by Sykes and others it conformed with — and indeed strengthened — the ideology of motherhood. Sykes was quite explicit on the key role of the mother. She was to be made ‘the centre round which all the agencies revolved for the protection and preservation of the health of both mother and child’. [115] She was also fundamental in his view of society. ‘Urbanization and subdivision of labour’, he said, must if carried to the ultimate extremity,
terminate in the subdivision of the family and the consequent destruction of family life and home, which are the basis and incentive of labour itself. The management of the home and the tending of the family, essentially women's work, if not maintained, must end in moral disaster. [He calls it moral: as so often in these pronouncements, political might be substituted.]

Labour-saving methods and appliances, he continued, 'provided they do not destroy family life and the home, are worthy of serious consideration'. Dr Sykes is said to have invented the word 'mothercraft'.[116]

After his unfortunate experiment with the leaflet on infant feeding, Dr Sykes continued to study 'social conditions and statistical facts', and concentrated on expanding a system of local weekly visiting of all infants, as far as they could be traced through midwives, baptisms, and so on, at the same time trying to direct people in need of help to the appropriate agency so as to treat some of the difficulties behind health problems.[117] His recognition that there were other difficulties made him receptive to ideas which went beyond instruction and advice, though he regarded milk depots as likely to be counter-productive (like his leaflet) because they might encourage early weaning.

In 1906-7 reports came through of the success of experiments in the feeding of pregnant and nursing mothers. Alys Russell, after a visit with members of the Women's Co-operative Guild, described enthusiastically the working of such a scheme in Ghent, and a Mrs Gordon gave an account of her own initiative in a poor West London district.[118] With the support of the St Pancras Mothers' and Infants' Society a committee was formed; it received much publicity and support from members of the upper and middle classes who found it a worthy (and perhaps a fashionable) cause; and in June 1907 a centre was opened in Chalston St, Somers Town (behind St Pancras station): the Babies' Welcome and School for Mothers. The official inauguration followed a few weeks later, with a conference on infant mortality organized by Sykes at St Pancras Town Hall. Sir Robert Cecil was in the chair, and resolutions (on breast feeding, maternal instruction, and the new project) were moved and seconded by prominent speakers who included two doctors well-known in the movement against national deterioration and infant mortality, Sir Thomas Barlow and Mary Scharlieb, the author and anti-suffragist Mrs Humphrey Ward, the Liberal temperance campaigner Lady Mary Henry Somerset (founder of Woman's Signal, the temperance organ), Alys Russell (who through her marriage to Bertrand Russell was part of that aristocratic family, but whose own ideas and activities were radical), Countess Russell, George Alexander from the London County Council, and the Reverend C. Ensor Walters.

The new centre provided:
1. Consultations and weighings (of babies and mothers)
2. Dinners for suckling mothers
3. Lessons on food and food values and prices. (Especially the feeding of suckling mothers.)
4. Classes on simple cookery. (For young wives and all mothers.)
5. Lessons for mothers and young wives:
   — In the cutting out and making of babies’ clothes
   — In the preparation for and care of babies
   — In housewifery and domestic health
6. Provident Maternity Club. For (1) doctor or midwife; (2) baby clothes; (3) extra help during confinement; (4) extra nourishment

7. Fathers’ Evening Conferences on the duties of the father to the mother, the babe, the children, and the home. (Coffee handed round; smoking allowed.)

Outdoor — Visits to the homes of mothers attending the Welcome.

It was co-ordinated with municipal provisions, where Sykes, as local Medical Officer of Health, was of course also influential. These included notification of births, followed by advice cards on infant feeding (telling the mothers to breast feed or if they couldn’t to consult their doctor or come to the Welcome); comparing registered deaths of infants with the notified births, for statistical purposes; and visiting ‘the most suitable cases’, which were selected from the list of notified births on the basis of ‘the poorest houses in the poorest streets’. Co-ordination with the local authority must certainly have helped the School workers to reach a wider range of people than was usually possible for a voluntary organization.

In spite of its name, one of the first priorities of the School was the very practical one of feeding the mothers. This blended interestingly into a rather different version of the argument that women needed to feel that motherhood was a noble and valuable function. The School’s Medical Officer, Dora Bunting, started her account of the Welcome dinners by justifying the attempt to improve women’s nutrition in terms of avoiding infant mortality and the deterioration of the race. She then suggested as a reason for their poor nutrition that working women didn’t think themselves worth cooking for, and only cooked if husband or children would also be there to eat. From this she concluded that women ‘don’t think enough of themselves’.

They never treat themselves, either in the home or in public affairs, as of any importance, and consequently no-one else thinks them important. One of the first steps needed to effect the political and social emancipation of women is a crusade on the part of man calling upon her to eat. And there never can be a really strong race of Britons until she does.[119]

Economy was of course a further reason why women stinted themselves, but this does not disprove her point, since it is clear that women did give themselves less of whatever the rest of the family were having, as though will-power would be enough for them to live on but others were weaker.[120] The dinners were well-patronized, and the informal atmosphere of ‘the cheerful dining-room’ gave ‘the greatest opportunities for unobtrusive teaching’. They rightly recognized that didactic methods were far less effective than friendly conversations.

During the dinner time we discuss things both great and small, from threatened strikes to baby’s ‘comforters’ (dummies), and the constant personal intercourse gives a privileged position which is also a great responsibility. We try not to forget that the Welcome is primarily a ‘school for mothers’, and just as we know that the set lessons of school are the least, and the atmosphere the most important part of the education of the child, so we desire that our mothers may unknowingly breathe in more than they consciously learn.[121]

Another important factor in the success of the School for Mothers was probably that its workers did assume goodwill in the mothers. The accusations of maternal
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ignorance often carried with them implications of wilful neglect, assertions that anyway poor parents would just as soon their infants died — it was one less mouth to feed and they might make something on the insurance.[122] Comments over a dead baby that it had gone to a better place, that maybe it was better off dead, which we might see as an attempt to make the loss less painful (and as a bitter reflection on how they saw their own lives), were quoted against mothers to illustrate their heartlessness. Advice and help from people with so little comprehension or sympathy can never have been easily accepted. At the School on the other hand it was considered that ‘mother-love is the greatest power in the world, and we may still reckon on it’. True, from our point of view they were manipulating that love, towards concern over the infant’s weight for instance:

As we turned away last week from a girl-mother sobbing over her baby’s loss of weight, we felt that even though the grief was probably shallow and transient, yet it was well it should be there. And when we go day by day and find her struggling with all the odds against her, to follow out the instructions given her to the very letter, and hear her earnest ‘Don’t you think he looks a little fatter?’ we begin to question the ephemeral nature of her affection, and to take fresh courage for our work. For she is only a rather ‘low’ working girl, married just in time for her child to be born in wedlock. Not a high type — no, but capable of ‘growing up’ nevertheless, because of her love for her child.[123]

This attitude, though still patronizing and class-bound, was at least relatively sympathetic and tactful. The fact too that the Welcome existed, and was more a club than a school, with instruction almost incidental to other activities, and with an emphasis on practical help (like making a cheap cradle out of a banana box), immediately distinguished it from the intrusions of authority, or even from parish mothers’ meetings. Visits to the home were acceptable because they developed out of an initiative originally the mother’s, and an actual relationship with the social worker, instead of having a bureaucratic origin and involving the arrival of a strange visitor, walking in ‘without so much as a “by your leave”’. The individual approach of workers would be likely to have a considerable effect on the success of any project. Those who saw themselves too much as representatives of authority, supervising and directing, would surely get on less well than those who made some effort, however self-conscious and clumsy, to develop understanding and sympathy. This was the advice of Emilia Kanthack, a St Pancras midwife and health visitor:

You will not be a scrap of use to them or their babies unless you understand them and they understand you. So you must do your level best to make yourself acquainted with their habits of mind and modes of speech and their code of manners, as well as with their physical and economic conditions. . . . If they like you, and if you can succeed in impressing them with your air of experience, you can do anything with them.[124]

The St Pancras School for Mothers seems to have had a success out of proportion with its scale. (Its local effectiveness either in terms of attendance or of changes in local attitudes and practice is difficult to measure, and of course no correlation can be proved with the actual decline in the birth rate.)[125] As McCleary pointed out in his history of the infant welfare movement, work on
similar lines was going on elsewhere in 1906-7, for instance in Glasgow and in St Marylebone; but it was always the example of the School for Mothers which was quoted, and that was the name which caught on. As the movement grew it was the work of 'Schools for Mothers' that was praised and credited with influence even when many other kinds of centre were involved

the School gave a conspicuous example of a many-sided well-considered, co-ordinated, and effective body of preventive efforts. It was launched under distinguished auspices, had considerable social prestige, and was conducted with much enthusiasm and elan. And its position in the capital assisted in making it widely known and helped to expand the field over which the influence of the School was felt.[126]

Its reputation was certainly encouraged by the enthusiastic and detailed accounts of its work and its intentions which were published early on. *The School for Mothers* (1907), edited by Evelyn Bunting (joint Hon. Secretary with Sykes), gave both the history and ideology of the institution (mainly in the introduction by Sir Thomas Barlow and in Sykes's contribution), and a vivid account of its daily working. *The Pudding Lady* (1912) described an extension of their work: cooking lessons given both at the centre and in women's own kitchens, with the aim of giving help and advice that was realistic under the actual living conditions of local women. And in other articles and books, as well as at conferences and meetings, the School became an example of what could be done. Similar initiatives multiplied and federated; and an Association of Infant Consultations and Schools for Mothers was set up, co-ordinating statistics, promoting new branches, encouraging competitions in mothercraft, spreading literature, and so on.[127]

From 1907 Schools for Mothers could qualify for official subsidy in respect of class teaching in domestic subjects.[128] 27 were receiving such grants in 1912, 150 in 1913, 290 in 1918.[129] But there were many more establishments, both Schools for Mothers and Infant Welfare Centres, which did not qualify. Probably they found class teaching less popular and less effective than informal methods such as the dinnertime conversations described by Dora Bunting, or remarks while a baby was being examined and weighed. Centres with and without grants numbered some 400 by 1914, according to Eric Pritchard at the Liverpool Infant Mortality Conference that year.[130] (At the time of the Maternity and Child Welfare Act in 1918 there were well over 1000, more than half of them voluntarily supported.)[131] From 1914 the Local Government Board co-operated with the Board of Education on grants, and their circular on the subject recognized other activities than class teaching, though the object of these 'institutions of the nature of Schools for Mothers' was still expected to be 'primarily educational'.[132] But in the following year it was made clear that no grant was available for the provision of food ('except patent foods or milk for infants whose cost was incurred before 1 April 1915').[133] This explicit exclusion suggests that in official quarters it was above all the instruction of mothers that was thought useful, not attempts to improve their nutrition. The 'Welcome' aspect of the St Pancras School was not the one regarded as most important by the authorities, though one may suspect that it had considerable influence on its popularity with the mothers.

This educational focus presumably accounts for the way in which Schools for Mothers caught on. Just as maternal ignorance had most frequently been made the
sacpegoat for infant mortality by the expanding health profession, so education for mothers had been the universally demanded solution. A ‘School for Mothers’ in its very name proclaimed itself the perfect answer. Of course there were other tries — Babies’ Welcomes, Infant Consultations, Schools of Mothercraft, Infant Health Societies — but in the lists of these organizations it is the School for Mothers which stands out as recurring most often;[134] and it was the title School for Mothers which stood for the others in official mention.

WORLD WAR I AND CANNON FODDER

It is significant that the number of these centres more than doubled during the war years. War gave new stimulus to the question of child welfare, especially perhaps as it became clear that the methods of modern warfare required cannon fodder in even vaster quantity.[135] In the preface to a new publication, Child Welfare Annual, its editor Dr T.N. Kelynack held forth in familiar phrases:

For long we have been accustomed to speak of the children as the most valuable of Imperial assets. Now it is for us to realize fully that the future of our existence is wrapt up in the well-being of the children of the present... War has forced child welfare work into the forefront of national responsibilities. The problem of the conservation of child life is of paramount importance. The child of today... will be the citizen of the coming years and must take up and bear the duties of statesmanship, defence from foes, the conduct of labour, the direction of progress, the maintenance of a high level of thought and conduct, and all other necessities for the perpetuation of an imperial race.[136]

In the monthly Maternity and Child Welfare, which started to appear in 1917, the same themes recur, along with much detailed information on projects all over the country, and correspondence. (A letter from a ‘materfamilias’ proposed ‘motherships’ — allowances for deserving widows of ‘our fallen fighting men’, to be conditional on good mothercraft as approved by supervisors.)[137] Its advertisements also evoke the climate of concern: the Shaftesbury Society solicits money for its work with ‘A GOOD PATRIOTIC INVESTMENT TO HELP MOTHERS AND SAVE BABIES’; Glaxo, makers of a patent baby food, ask for the attention of welfare workers aware of the terrible obstacle of ignorant mothers (‘perhaps the chief contributing cause of infant mortality’), point out how war-work means more babies have to be artificially fed, and name some of the many Official Bodies continuously using Glaxo; the British Commercial Gas Association recommends gas cookers (‘Practise Thrift by using Gas Properly’, and ‘Simple Cookery for the People’ were free handouts which they offered) and gas washing coppers to schools for Mothers and Welfare Centres, for teaching mothers with; children’s hospitals declare that ‘The Children of Today are the Citizens of Tomorrow’, and ask ‘Help us to Care for the Children and thus ensure a Healthy Race’. There was a National Baby Week in 1917, with exhibitions, lectures, and competitions for the bonniest infant,[138] and the National Baby Week Council was founded, followed in 1918 by the Mothercraft Training Society.[139] Then the state took on altogether more extensive responsibility, with the 1918 Maternity and Child Welfare Act, which envisaged the provision of a network of infant welfare centres: the multifarious

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Schools for Mothers, Babies' Welcomes and the rest were thus absorbed into the
new comprehensive system. That official sanction was given under the name 'Infant
Welfare Centre' rather than School suggests that other factors than maternal
ignorance were now being given more importance.

MATERNITY — LETTERS FROM WORKING WOMEN

In spite of the mobilization of married women for warwork and the temporary
expansion of creches, motherhood remained a central preoccupation during the war.
But behind the rhetoric was developing a deeper recognition of the handicaps of
working-class motherhood, which strengthened the case for greater support for
mothers from local and national authorities. A major part in this was played by the
Women's Co-operative Guild and its secretary, Margaret Llewellyn Davies. After
successfully campaigning for maternity benefit to be included in the 1911 National
Insurance Act (and in 1913 for it to be paid to the woman not the man), they
brought pressure on the Local Government Board and its new president, the Fabian-
influenced Liberal, Herbert Samuel, to adopt a series of proposals 'to insure
effective care of Maternity and Infancy'. Mothers with babies lobbied the offices of
the Board, and Guild branches forcefully put the case to their local authorities.[140]
Then in 1915 the Guild published a collection of letters from its officials (present
and past) recounting briefly — even baldly — their experiences of pregnancy and
childbirth. It had a short preface by Samuel, arguing that it was the duty of the state
to act, both because unnecessary suffering should where possible be avoided, and
because numbers were indispensable to a strong state — 'In the competition and
conflict of numbers it is the mass of the nations that tells' — yet a large part of the
possible population was being wasted. The excess of infant mortality in poor
districts was due, he argued, 'to ignorance, to malnutrition, to all the noxious
influences that go with poverty'. It was clearly the duty of the community and the
state 'to relieve motherhood of its burdens' through mothercraft teaching and
medical aid.

The infant cannot indeed be saved by the State. It can only be saved by the
mother. But the mother can be helped and can be taught by the State.[141]

Samuel's brief preface recapitulated and redefined some of the old arguments,
perhaps stressing poverty more, but still ending up with the mother and motherhood
in relation to the state. The letters themselves made a very different impact. Here for
the first time were working women speaking out on the subject of maternity, and
emerging as women, as people in their own right, not just mothers or suppliers of
population, not even just wives. ('We must let the men know that we are human
beings with ideals, and aspire to something higher than to be mere objects on which
they can satisfy themselves', wrote a mother with seven children, three of them
consumptive.)[142] The letters were vivid, convincing, and harrowing. They demon-
strated how common were the experiences of miscarriages, stillbirths, and infant
mortality: nearly half the writers had had stillbirths or miscarriages, and almost a
quarter had lost children in their first year;[143] yet these women were not the most
poverty-stricken and resourceless by any means. Time and again they describe
pinching and scraping throughout pregnancy, stinting themselves to save up for
attention at the birth and for help after it, struggling with heavy housework long before they were fit because they couldn't afford another week of help from someone who cost 10s a week and who could not spin out the household budget as they did; ‘...the strain to keep up to anything like a decent standard of housing, clothing, diet, and general appearance, is enough to upset the mental balance of a Chancellor of the Exchequer. How much more so a struggling pregnant mother', wrote a mother of five, and added that 'preventives' (contraception) were largely used: 'Race suicide, if you will, is the policy of the mothers of the future. Who shall blame us?'[144] Their health suffered of course, and also their morale, even where the relationship with the husband was a source of strength. Too often it was not. One woman had seven children in 10 years, during which time her husband was earning 30s a week of which he claimed 6s. 6d (a fifth) 'as pocket-money', leaving her to manage on the rest.

When at the end of 10 years I was almost a mental and physical wreck, I determined that this state of things should not go on any longer, and if there was no natural means of prevention, then, of course, artificial means must be employed, which were successful, and am happy to say that from that time I have been able to take pretty good care of myself, but I often shudder to think what might have been the result if things had been allowed to go on as they were.[145]

Women with considerate husbands eagerly give them credit; others were all too aware that 'when you have got an unkind husband it is a terrible life',[146] particularly of course if he drank, as a few husbands in this collection did, or if 'he had not a bit of control over his passions'. A writer who had seven children and two miscarriages, always getting pregnant too soon so that she was very weak and had much suffering from varicose veins, wrote:

I do wish there could be some limit to the time when a woman is expected to have a child. ... Practically within a few days of the birth, and as soon as the birth is over, she is tortured again. If the woman does not feel well she must not say so, as a man has such a lot of ways of punishing a woman if she does not give in to him.[147]

The women often talk of their own ignorance upon marriage, but the knowledge that would have been most use to them was obviously that of birth control, as some of them say. Knowledge that in pregnancy you need rest and good food was not enough to enable them to take proper care. 'My husband was out of work during the greater part of the time, and I was not only obliged to work myself, but often went short of food and warm clothing when I was most in need of it.'[148] Even without unemployment, how could you stretch a normally inadequate wage any further? The women's experiences often illustrate this dilemma, and some of them are very frank in their conclusions. 'I feel sure it is not so much lack of knowledge as lack of means that entails so much suffering', wrote one woman. She argued for State Maternity Homes, because there was 'no peace for the wife at home'. She also advocated contraception:

I know it is a delicate subject, but it is an urgent one. ... All the beautiful in motherhood is very nice if one has plenty to bring up a family on, but what real
mother is going to bring a life into the world to be pushed into the drudgery of the world at the earliest possible moment because of the strain on the family exchequer?

She went on to quote the recent comments of ‘Kitchener boys’ billeted on her, who said her nine-year-old was as big as 13-year-olds where they came from, ‘But then, ma, you’ve only one to keep, which is different to seven or eight’; and ended with an appeal for the nation to wake up to the needs of the mothers of the future race.[149]

Margaret Llewellyn Davies, in her introduction, quoted from the letters and drew general conclusions. She noted that suffering and motherhood were commonly supposed to be inseparable, and denounced the resultant fatalism, of doctors and others, which allowed ‘unnecessary and useless suffering’. She saw ‘the roots of the evil’ as lying in ‘the conditions of life which our industrial system forces upon the wage-earners’—irregular and low wages, insufficient medical care, poverty in pregnancy resulting in undernourishment and overwork.

Writers on infant mortality and the decline of the birth-rate never tire of justly pointing to the evils which come from the strain of manual labour in factories for expectant mothers. Very little is ever said about the same evils which come from the incessant drudgery of domestic labour. People forget that the unpaid work of the working-woman at the stove, at scrubbing and cleaning, at the wash-tub, in lifting and carrying heavy weights, is just as severe manual labour as many industrial operations in factories. It is this labour which the mother performs often up to the very day on which the child is born, and she will be at it again perhaps six or eight days afterwards.

Although she dealt with the same problems as the infant welfare campaigners of the preceding decade, her starting point was different, as she remarked—they started with the infants and ended up at the mother, she started with the mothers and their actual experiences. This gave her a more realistic perspective. Familiarity with women’s whole lives, instead of just the moment of childbirth and crises in the health of infants, enabled her to see more clearly the contribution of ante-natal factors. Her proposals were for the improvement of the economic position of the family, and for specific measures to ‘bring specialized knowledge, adequate rest, nourishment and care, medical supervision and treatment within reach’. The Guild’s scheme included more realistic maternity benefits, to be paid over the weeks before and after confinement, improved midwifery and nursing provision, more maternity beds in hospitals for difficult cases, maternity homes, milk depots, household helps, more participation of women in local government, and public health maternity sub-committees, to include representatives of women’s and working-class organizations. Maternity and Infant Centres should be able to provide meals for mothers. It looked forward to the establishment of a Ministry of Health, with a Maternity and Infant Life Department, partly staffed by women. Its concluding paragraph stressed that government departments and public health committees should be in constant contact with working women:

It is by a partnership between the women who are themselves concerned, the medical profession, and the State that the best results of democratic government can be secured for the mothers and infants of the country.[150]
BETWEEN THE WARS

The letters in Maternity, and the campaigning of the Women's Co-operative Guild at every level, must certainly have helped to turn attention more towards the mother's health and conditions of life. The cult of motherhood lost some of its force when confronted with the actuality, and maternal ignorance and neglect became increasingly insufficient explanations of infant mortality. (George Newman however continued to stress unenlightened motherhood as the all-pervading influence in the annual loss of 52,000 infants which impoverished the nation.)[151] Prospects improved with the establishment of the Ministry of Health in 1919 and greater awareness of the importance of maternal health,[152] but the cuts and restrictions on local spending between the wars were a brake on development; and the democratic partnership recommended by the Guild hardly developed. The most important influences on the experience of motherhood between the wars were probably not state attempts to improve the conditions of maternity, but the spread of contraceptive information and the steady shrinking of the average family, and the rise — at least for a proportion of the working class — in the standard of living. In the distressed areas maternal health, infant mortality, and child health all remained major problems,[153] although in national terms the infant mortality rate continued to decline.

In the comparatively prosperous new estates of the Midlands and the south motherhood was entering a new incarnation.[154] It was increasingly unusual for married women to go out to work, but their children were fewer, their health was likely to be better, and their housing conditions were much improved. This made room for a more intense and home-based family life, with much closer involvement of mother and even father with their children and home-centred activities like gardening, repairs, and improvements. Ideologically it was expressed through an emphasis on the interest and value of careful home management, and the fulfilment to be found in efficient and loving care of husband, children and house. It fitted nicely with the new orientation of British industry towards production for a home mass market, and laid the foundation for the consumer housewife of post-war Britain. Home-making and child care were a staple topic in the magazines which avidly reached out to the new market of housebound and literate women; experts expounded and exhorted, or answered queries; new products were recommended, tips collected on how to do this job or brighten up that corner.

The theoretical underpinning for much of the advice on childcare was provided by Dr Truby King, the Spock of that generation, though one may doubt how faithfully some of his precepts could be followed in working-class homes even on the new estates: they involved extreme separation of child from adult — the more a baby was left alone the better — and rigorous adherence to a regular (four hour) feeding schedule, with no indulgent picking-up of a child howling for no good reason. This would require not only more housing space than most working-class families had, but also more distant (or tolerant) neighbours, and no-one in the family to whom undisturbed sleep was important. Truby King, like Marie Stopes, the evangelist of birth control whose influence in these years was of even greater importance, was much influenced by eugenic ideas. (His theories on infant-rearing developed out of his experience as a stock-breeder in New Zealand, which presumably made him particularly open to the notion of scientific management of breeding.) With mass unemployment the arguments in favour of boosting population might have been
expected to weaken in favour of a eugenic emphasis on quality, but in fact both positions still had their followers. Eugenics was only gradually discredited by its abominable application in Nazi Germany; but the growing strength of the labour movement in Britain was a serious obstacle to extension of its influence. The plummeting birth rate led to doom-laden prophecies of national decline (in books like *The Twilight of Parenthood* and *The Menace of British Depopulation*)[155] and old imperialists like Leo Amery called for family allowances to encourage procreation.[156] In Germany similar fears combined with expansionist and racist ideology to stimulate a whole range of measures to encourage and support large families of Aryan stock, and to develop an extreme cult of motherhood.[157] (Today John Tyndall of the National Front advocates similar policies: cutbacks in family planning, a ban on abortion, resources devoted to the prevention of infant mortality, and reorientation of state policy to favour large (white) families, to halt decline in the numbers and the racial quality of the ‘White world’.)[158]

By the time of the Beveridge Report (1942), wartime labour and military requirements had reasserted the value of numbers. Moreover Beveridge, in his comprehensive survey of social provision and his scheme ‘to abolish want’ (without abolishing capitalism) was conscious that the falling birth rate combined with increasing life expectancy would mean an increasing imbalance between people of an age to be employed and productive, and people who were too old to work and dependent on the state. His three main proposals were for a comprehensive health scheme, avoidance of mass unemployment, and family allowances. The first two were designed to minimize the waste of resources involved in bad health and unemployment. The third aimed to reduce the ill-effects of low wages on the children of large families, and to encourage parents to have more children, both aims relating to concern about labour power and population. Following the recently accepted doctrines of Keynes, Beveridge allowed that government intervention was permissible in the interests of fuller employment and other requirements of a healthy economy, but in relation to the family it had to be most cautious: the family must be strengthened, not replaced. So Beveridge’s report, which was the basis for the ‘Welfare State’ provisions brought in by the post-war Labour Government, was an extension of the old ‘national efficiency’ arguments, still firmly limited by Liberal ideas of individual responsibility. No allowance was paid on the first child of a family, whose maintenance was to be wholly provided by the parents; and the payments on subsequent children were contributions, not full support. The state was admitting an interest rather than a responsibility. Nor was it paying a wage to the mother. The family allowance was a contribution to the family budget, designed to offset the effects of low wages on large families so that parents wouldn’t be discouraged from having children, it was not an endowment of motherhood or a wage for housework.[159] Housewives and mothers had ‘vital work to do in ensuring the adequate continuance of the British race and of British ideals in the world’, [160] but that contribution would not be officially rewarded, they were to remain dependent on their husbands. Although many aspects of the experience of maternity had changed in the first half of the century, the mother’s role was still essential, and the provisions of the Welfare State both expressed and reinforced the ideology of motherhood.[161]
CONCLUSIONS

How then do we explain the over-riding importance of the mother—or of motherhood—in these developments of the early 20th century? And what was the general context for the preoccupation with infant mortality and domestic management? Neither question is easily answered in a definitive way, though I have tried to sketch out some possibilities. It is much harder to prove connections than to suggest them, and these conclusions will be partly speculative.

The connection between ‘the health of the nation’ and ‘the wealth of the nation’ is nowadays comparatively easy to accept, since it has become a basic political tenet in contemporary Britain, so much taken for granted that it is seldom even articulated. But the timing of its emergence is significant, as is its particular focus. The recognition that population was power, and that quality—the standard of physique of that population—was also important, are clearly part of that background. Speculative connections may indeed be made between on the one hand these two partly contradictory requirements, and on the other different ruling-class views on empire and defence. Imperial domination (and or exploitation) of a peopled country by a British military and administrative elite (India, Africa, China), perhaps with the aid of ‘native’ soldiers from another territory (Ghurkas and Sepoys are the obvious example), would require officers and officials rather than men, and would fit nicely with the emphasis on stimulating the middle-class birth-rate. Conversely, preoccupation with settler territories like the white Dominions (McCleary’s great interest), would favour an emphasis on saving the lives of ‘all’ infants, that is working-class ones. Anyone examining future roles for the Army, especially in the context of new imperial rivalry, would have been likely to think about not only the fitness of recruits, but also the question of numbers. The much higher casualty rates of war conducted with machine guns (already starting to be used in the Boer War) would carry a double implication for the general health: the carefully skimmed cream of the nation’s young men would be at great risk, and their inferiors who stayed at home unscathed would father the next generation, presumably to its detriment. Such considerations carried great weight in the context of general anxiety about national deterioration, particularly when economic competition from America and Germany and the addition of Japan to the imperialist powers were undermining Britain’s world pre-eminence.

Healthier babies were required not only for the maintenance of empire but also for production under the changing conditions made necessary by imperialist competition. The old system of capitalist production (which itself had nourished imperial expansion), with its mobile superabundant workforce of people who were underpaid, underfed, untrained and infinitely replaceable, was passing. In its place, with the introduction of capital-intensive methods, was needed a stable workforce of people trained to do particular jobs and reasonably likely to stay in them, neither moving on, nor losing too much time through ill-health. This was the context of efforts to reduce casual labour (as in the docks) and to lessen the burden (on ratepayers at this point) of unemployment. It also involved a continuation of the separation of skilled and unskilled, and progressive exclusion of women from any footholds in the skilled sectors. Attempts to force married women out of employed work through legislation had failed; but the limited opportunities and inadequate training of girls combined with increasing ideological pressures about the responsibilities of motherhood certainly operated as a brake on married women’s work, and
helped to confirm women as the casual workers, the labour reserve to be summoned (as in wartime) or sacked (as in unemployment, when men are considered to have first right to whatever jobs are going), according to the convenience of employers and the state. Probably too the pressure on married women to stay at home, where it was combined with real economic need for their money as well as their labour contribution to the family’s survival, helped to confirm outwork as an integral part of capitalist production, not a survival from a pre-capitalist past.

In the early 20th century the doctrine of ‘laissez-faire’ was losing credibility: state intervention was becoming more and more acceptable. Statistics were being collected on a whole range of social trends, administrative agencies were proliferating, and scientific planning of society was beginning to seem a possibility. This explains the Fabians’ social engineering approach, and also eugenists ideas of selective breeding. It had been established through legislative measures like compulsory schooling (introduced in the 1870s) and the Prevention of Cruelty to Children Act (1889) that the state could intervene in relation to children, that parents’ rights could be over-ridden; and it was even being said in some quarters that the rearing of children was ‘a co-operative undertaking, in which there are three parties—the father, the mother, and the State’. [162] But effectively, in the matter of preserving infant life only one of those parties, the mother, was considered, and the solutions attempted were not collectivist but individualist, and based very much on the approach and structures of voluntary organizations. Although creches were well-established and might have been much extended as a form of child-care and for supervision of infant health, yet they and even kindergartens were objected to as ‘infringing the maternalist principle’. Exceptional local authorities administering very poor districts did expand creche provision, recognizing that poor mothers did go out to work, but the prevailing idea among those in positions of power (medical, administrative, legislative or whatever) was that mothers should be at home and children should be with their mothers. This is the assumption behind all the talk of motherhood. But it fitted well in other ways.

The association between woman and home was of course an old one, and it had already led to attempts by sanitary reformers to enlist her. ‘Long before the word sanitation was heard of, or any other word that conveyed the idea of a science of health, the good, trained, thrifty housewife was a practical sanitary reformer’, wrote B.W. Richardson in 1880. Preventive medicine was to be her sphere (rather than curative, to be kept for the professional men), ‘not simply because women can carry it out, not simply because it pertains to . . . their special attributes, their watchfulness and their love, but because the whole work of prevention waits and waits until woman takes it up and makes it hers’. [163] The Ladies’ Sanitary Association (founded 1857 and increasingly active in house visiting and leafleting) saw infant mortality as particularly a woman’s concern; in their tracts of advice and moral stories the importance of being a good mother continually recurs. Sanitary progress showed that infant deaths were not necessary: not to learn and obey the laws of health was a sin; mothers were responsible to God for the lives of their children. This argument was combined with the middle-class ideal of a mother, home-keeping helpmeet as opposed to wage-earner, which was also being imposed through the fact and the content of compulsory schooling. By the 1900s ignorance is stressed rather than sin, but woman’s moral strength, an almost mystical power for good (which of course was easily identified with health), is invoked more than ever. This is perhaps surprising: the concern in the 1900s was a political and economic one, and might
therefore have been expected to produce solutions of the same kind rather than the moralistic ‘elevation of motherhood’.

In parallel with the insistence on motherhood, complementing though apparently contradicting it, was the development of employment and even careers for single women in the expanding field of health. Saleeby in Woman and Womanhood, is at pains to explain that while ‘racial motherhood’ is essential, ‘individual motherhood’ is not, and to expatiate on the potential usefulness of single women.

Everyone knows maiden aunts who are better, more valuable, completer mothers in every non-physical way than the actual mothers of their nephews and nieces. This is woman’s wonderful prerogative, that, in virtue of her psyche, she can realize herself, and serve others, on feminine lines, and without a pang of regret or a hint anywhere of failure, even though she forego physical motherhood. This book, therefore, is a plea not only for Motherhood but for Foster-Motherhood — that is Motherhood all but physical. In time to come the great professions of nursing and teaching will more and more engage and satisfy the lives and the powers of Virgin Mothers without number.[164]

Not only nursing and teaching, in which women were already well-established, but all the new services arising out of greater official and voluntary preoccupation with childhood, family, and things domestic, provided work for women. This was justified ideologically by their greater suitability; it also made the new provisions less expensive. Women were even becoming increasingly acceptable in administration.[165] The Times in 1906 carried an article on ‘Home Economics as a Career for Women’, which drew an analogy between administration and housekeeping (‘all institutions are but homes on a large scale, and many philanthropic undertakings resolve themselves into a complicated form of housekeeping’), and argued that trained intelligent women would ‘prevent much waste of public money’. By taking seats on boards of hospitals and of guardians, as well as on philanthropic committees, and by becoming paid officials in various institutions and organizations, women would ‘take their place not only as Empire-builders, but above all as Empire-conservers’. At the same time they would ‘add immensely to the permanent stability of the country’, since no nation could have surer foundations than that ‘in which the most capable women, those most highly trained, are the housekeepers and mothers’. [166] Thus no woman was to escape motherhood: surrogate vocations of equal importance to the nation were to be found even for those who remained single. (An alternative sometimes argued was that they should emigrate to improve the balance between the sexes — among whites — in the colonies, and also of course to breed there.)[167] But in the home or out of it, mothers and ‘Foster-mothers’ would have male superiors to defer to: at a time when in some areas women seemed at last to be making gains, motherhood confirmed their subordination. A class difference may also be seen in the future postulated for these ‘Foster-mothers’: the professional ‘housekeepers’ sitting on boards were no doubt to be from the middle and upper classes; womanly drudgery on the hospital floor and elsewhere would be the lot of poorer women.

Exhortation of working-class women on the duties of motherhood did not bear much relation to what was actually possible, at least for the majority, outside the artisan sector. In most cases if they went out to work their wage was indespensible; and the more flexible child-rearing arrangements (depending particularly on the help

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of older children) although they had been undermined by compulsory schooling, still had a function in enabling the family to cope with varying demands in the labour and time of its adults. Unless a mother could afford to stay at home it would be very difficult for her to continue breast-feeding after the first few weeks, and in any case poor nutrition might well have made the milk inadequate. The great need 'to bring home to the matrons of the nation the few homely truths which formed the basis of all true sanitation'[168] in fact involved the creation of a scapegoat. Of course knowledge of basic sanitation was a good thing, though it is ironical that as health consciousness increased at the level of individual and family, so capitalist development (which had required the growth of that health consciousness) imposed new patterns of living which (insidiously perhaps) were more and more unhealthy — atmospheric pollution by industrial and household smoke, and later by exhaust fumes from innumerable motor vehicles, or over-refined, over-preserved, over-prepared food. (Nineteenth century food was often and notoriously adulterated by dilution or substitution for profit; today our food is adulterated by 'additives' supposed to preserve it or make it more acceptable, again in the interests of profit not health.) But the standards of hygiene set up by those who were calling for education of mothers often confused habit with hygiene: middle-class ritual and custom were advocated (with minor modifications perhaps) because they must be right. So for instance with the separation of adults and children: it must be wrong for children, especially infants, to be taken wherever adults went, because their place was in the nursery, eating childish food and keeping childish hours. If an infant died in its parents' bed it must have been 'overlayed' because it was in the wrong place: it should sleep in a separate cot. (The 'cot deaths' of today were still to be identified, let alone explained.) But space for a cot might be a problem; and in densely inhabited houses a baby crying would disturb everyone, so of course tired parents would prefer to let it snuggle in with them, and would assume that they'd wake as usual if it was at risk.

The standards set up for motherhood were unrealistic in the context of much working-class accommodation. No amount of instruction and advice, whether from a Medical Officer of Health's leaflets, or a district visitor's calls at the house, could remove the basic handicaps of overcrowding, of damp, ill-drained, airless, bathless, tapless lodgings, of shared and filthy ash closets and middens.[169] No training for motherhood would ensure a supply of fresh uncontaminated milk, or provide food when there was no money. Edward Cadbury and his colleagues, in their enquiry into women's work and wages in Birmingham, remarked that 'even where the mother is a good manager many children are enfeebled for life by recurrent periods of underfeeding'.[170] Many of the mothers they visited took in homework (sewing hooks and eyes on to cards for instance), and 'apologized for their untidy rooms... cleaning and washing must be indefinitely postponed, for as they say, "It's either wash the children or feed them, and it's better to earn the few pence for a bit of bread"'.

[171] At best, education in thrift — tips in cooking and sewing and managing, perhaps how to budget — such as was advocated, would enable housewives to spin out further the inadequate weekly income. (Presumably thrift was so often recommended by the employing classes because it meant wages could be kept lower.) But writers with a real and close acquaintance with working-class life, like Margaret Loane, for many years a district nurse, often commented on the amazing capacity of poor women:
Would-be reformers of the culinary art among the poor cooly take for granted that the women who for countless generations have kept their men-kind more or less contented, have brought up to maturity a large proportion of their offspring, and have done this on sums ranging from 10 shillings a week upwards, are, nevertheless, absolutely ignorant of their business... The first thing that the instructors need to grasp is, how admirable are the results of a poor woman's cooking when compared with her means, and how much of value can be learnt from nearly every decent workman's wife.[172]

Those who were campaigning against infant mortality seem frequently to have been carried away by their own rhetoric. Motherhood was so powerful a symbol that often class differences disappeared, along with the realities of working-class life. All the individual real mothers were subsumed into one ideal figure, the Queen Bee, protected and fertile, producing the next generation for the good of the hive.[173] The home was 'the cradle of the race... Empire's first line of defence',[174] not a cramped cottage in Merthyr Tydfil or a squallid slum room. The family was such an accepted symbol for the state that its actual disparate identities were forgotten. Of course many of the campaigners (doctors especially) came from families on the middle-class model, and were likely to assume that anything else was all wrong, deviant rather than different. Fathers should be breadwinners, and 'failed' if they were not — probably they must be good-for-nothing layabouts living off their wives; children should be dependent, so the 'little adults' of the working class whose work might still provide a significant contribution to the family budget, even though it had to be combined with school, and whose responsibility for their younger brothers and sisters might still be extensive, were in their eyes tragic, neglected, and proof of dangerous inadequacies in the home life of the poor. They expected mothers to spend their days at home, so going out to work, whether full-time or for odd days at washing or cleaning, was immoral, even selfish — not provident, self-sacrificing, and necessary for the survival of the family as a group. Doctors and many of the other campaigners were also men, with their own interest in preserving the conventional family form. Although they may not have been much aware of this bias, it is likely to have coloured their attitudes to the rearing of children and reinforced the idealization of motherhood. An unusually explicit expression of such bias is to be found in an article on the recruiting problem in 1903:

The tendency of the times is too much in favour of girls being educated in accomplishments in which only the few can excel. What is wanted for the comfort of their husbands and the proper rearing of their children is the knowledge of the duties of everyday life. To darn a pair of socks or to make an appetizing meal is far better than to strum the piano.[175]

His perspective is that of the well-to-do; from John Burns (once an engineer) we get a picture of the artisan ideal, the 'kindly figure in a white apron' who should be there with 'willing waiting hand' when her man comes home from work, 'the mother at the head of the table, and her children around her, and the father coming home regularly to his meals'. Married women's employment was to blame for their husband's drinking and for street gangs of 'anaemic, saucy, vulgar, ignorant, cigarette-smoking hooligans'.[176]

The inadequacy of individuals — mothers — and perhaps of the particular
family, was a more acceptable explanation of infant mortality and ill-health than the shortcomings of society. It seemed more ‘attackable’. And it was the established response of the ruling class to poverty itself, reinforced by the protestant ethic of the individual’s power to prosper or to fall. There were the few ‘deserving poor’ who had had bad luck but really tried to live right (that is by middle-class standards) and be respectable; and there were the many ‘undeserving’ poor, who were poor by their own fault. Small wonder if the attribution of personal fault continued: infant mortality was clearly connected to poverty, as the statistics showed; but poverty was the fault of the individuals, not an intrinsic part of a class society. And although in relation to poverty itself this attitude had been forcefully challenged by the 1900s, not least in the surveys of Booth and Rowntree, with their evidence of the structural character of poverty as well as its extent, nevertheless the frame of mind seems to have lingered strongly enough to support the doctrine of maternal fault. At the same time, for those who acknowledged state responsibility and interest even in territory (like the family) still largely considered to be the domain of individual right, emphasis on the individual — the mother — and on her education was a good way to reduce the opposition: it could justify intervention, and also through rhetoric obscure it. (The family as well as the mother could be used in this way.) School dinners, whose provision by local education authorities was resisted (before and after the 1907 Education Act legalized it at local discretion) by those who cried faulty motherhood and feared the ‘demoralization’ of parents if their functions were fulfilled for them, were defended in one report as furnishing instruction and safety for the future, not just nutrition:

As regards the children, who will be mothers and housekeepers of the future, the school dinner itself may be made to serve a valuable object lesson and used to reinforce practical instruction in hygiene, cookery and domestic economy.[177]

And they were also to provide an example of the civilized behaviour which the mother ought to be inculcating — politeness, nice manners, using knives, forks, plates, and mugs correctly, and not spilling things.[178] For the mother’s responsibility was moral as well as physical. Her offspring were not only to survive and be healthy, they had also to learn how to behave. This was partly a question of manners, but also of character building, that is learning class and sex roles. Pritchard, in Infant Education, argues emphatically for the importance of maternal firmness in ‘educational motherhood’ for the good of society:

Many mothers seem to imagine that children should be coaxed and wheedled and cajoled into doing what is good for them, but there never was such a mistake. . . . When you find a mother of this invertebrate type you must in the first place impart a little artificial stiffness to the moral backbone, if you wish the infant to be a credit to our society. If the child has to learn how to obey, the mother must know how to command. . . . If you find a child wilfully disobedient, dirty, untidy, slovenly or obstinate, and you wish to trace these results to their ultimate source, cherchez la femme — study the mother.[179]

It is not unusual to find references to the failure of working-class mothers to teach their children disciplined habits (as in their reluctance to wake a sleeping baby for ‘feeding-time’), but this passage suggests a particular interest in the connections
between child-rearing and society. It may reflect Pritchard's involvement with the Child Study Society, an organization of teachers, doctors, and some parents, whose field of study was mainly child development and psychology (without apparently any acquaintance with the work of Freud).[180] In their journal the importance of the mother to the character formation of the child not infrequently crops up, as in an article on 'The Cultivation of the Mind in Children', by H. Davy (then president of the British Medical Association) in 1908. He advocated that for the good of the nation children should have implanted in them from the earliest age, by their mothers, the importance of self-control, of obedience, and of patriotism. (He cited the upbringing of Japanese children in devotion to family and country as a model.)[181]

* * *

Problems like infant mortality were defined, described and 'explained' by the new professionals of public health. By the turn of the century their numbers and their influence were fast expanding; they were in a position of power as regards both the development and the dissemination of ideology. Although increasing knowledge of, for instance, bacteriology was enabling them to understand such problems better, the contribution of infection was still under-estimated or at least under-blamed, as was the role of maternal health and malnutrition. It is significant that it was maternal not medical ignorance that always received the blame, and that the minimal access of the poor to medical help in this period is never mentioned. Doctors and the rest created out of their own assumptions a set of explanations which over-rode scientific observation and analysis. They knew at one level that 30% of infant deaths were related to the poor health of the pregnant and parturient mother; they knew that environmental factors and infection played a part in both stomach and respiratory infections; yet only the mothers' ignorance and neglect were stressed.

The vocabulary of concern also reflects their views of the world around them: the anxiety to build a race of strong men, to promote virility, and so on; and also the capitalist terminology of commodities, assets, and the rest. One striking example of this differentiates interestingly between women and men:

If men represent the income to be used and spent freely by each succeeding generation, women must be considered as capital to be spent sparingly in the present and to be husbanded carefully for the future and for the welfare of the race.[182]

The use of 'husbanded' nicely fuses the ideologies of class and sex domination. Racist assumptions are also implicit or sometimes explicit throughout the discussion of racial stock: it is always clear that the only desirable stock is white, European and preferably Anglo-Saxon. And of course imperialism itself was often presented in terms of the superiority (and therefore right to rule and mission to guide) of the British 'imperial race' over the rest.

In the context then of racism and imperialism at one level, and of class exploitation and sex prejudice at another, we come back to the mothers. The
mothers’ role in the creation of a healthier workforce, as of a virile army and navy, was crucial. In the fixing of the workforce, the development of a new kind of family, with head and housewife and pride in possessions, bound to one place and one job by a new level of emotional and financial investment in an increasingly substantial ‘home’, was also to play a central part. The ideological approach to the question of infant mortality and domestic life can be seen therefore to have a close connection not only with the economic and political problems posed by falling birth rates, but also with new developments in industrial capitalism, in Britain. The barrage of propaganda on the importance of child health, with its bias about motherhood, did provoke official action, enquiries, modest legislation, and various provisions by local authorities. It also helped to confirm or create attitudes about the relation between child and family and state, and most of all about the role of women; the influence of such changes was probably more far-reaching than any measures at the time. Where the solutions offered for improving national health were more concrete than the simple exaltation of motherhood, they were generally ones which tended to confirm the family in its bourgeois form and to consolidate the mother’s role as child-rearer and home-keeper, as also did improvements in male wages — the family wage — and perhaps eventually family allowances.

This in turn served the interests of industry and of empire in a number of ways: by increasing the ties and the responsibilities of male workers, and enabling them through the unpaid services of thrifty, conscientious and hard-working wives to survive and keep better health without the need for industrial or state provision of maintenance; by ensuring that children — the next generation of workers and of soldiers — would be raised at minimum cost to the state and in serviceable condition; and by setting ideological barriers to married women’s work outside the home, which where possible would keep women as a reserve labour force, available in emergency (as in two world wars), but not clogging the labour market in normal times, nor requiring state subsidy when not employed. At the same time contradictions in the ideology have enabled it to be adapted to changing circumstances: whether married women’s work is tolerated or denounced depends on whether it is needed. The unpaid housekeeper performing miracles on a low budget, the ideal housewife putting her energies (and her money) into careful shopping to make and maintain the ideal home for her family, the office cleaners or the twilight shiftworker adding low-paid wage-labour to her domestic shift because money is needed for the children’s clothes, shoes or food, or for holiday or toys, but she can’t leave them in the daytime — all these are incarnations of motherhood.

This article originated in work with the Women against Population Control group in the early 1970s. Since then it has drawn so much on the reactions and suggestions of various people, both individually and in discussions when I have presented its earlier versions at History Workshop, Feminist History Group seminar, and on other occasions, that it is impossible to give credit wherever it is due. In drafting this latest version I am above all grateful to Walter Easby and to my comrades on the editorial collective of History Workshop Journal. I also wish to thank the librarians of the Fawcett Collection (now housed at the City of London Polytechnic) for their help with the illustrations, which are taken from School for Mothers (see below) and the monthly Progress — Civic — Social — Industrial, which was the organ of the British Institute of Social Service.

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In the footnotes below works and sources referred to only once or twice are given in full on the first occasion. Those referred to frequently are abbreviated as follows:
School for Mothers — Evelyn Bunting ed., The School for Mothers, 1907.
Rearing an Imperial Race — C. E. Hecht ed., Rearing an Imperial Race, 1913, proceedings of National Food Reform League conference on Diet, Cookery, and Hygiene in Schools.
BMJ — British Medical Journal (the authoritative weekly publication of the British Medical Association (BMA), voice of the medical establishment).
PP — Parliamentary Papers (printed government papers available in research libraries).
PRO — Public Record Office (now at Kew).


2 The eugenists drew both on ideas of ‘the survival of the fittest’, as developed by Francis Galton and Karl Pearson, and on Mendel’s theories of heredity as they came into currency at the turn of the century.

3 Charles Kingsley, The Massacre of the Innocents, address given at the first public meeting of the Ladies’ National Association for the Diffusion of Sanitary Knowledge in 1858. Printed as a Ladies’ Sanitary Association pamphlet.


6 McCleary, Infant Welfare Movement, p.146.

7 Alexander Wynter Blyth, preface to Eric Pritchard, Infant Education, 1907. Pritchard was a prominent St Marylebone doctor whose energies and powers of propaganda were devoted to saving infant lives for the nation through the mothers; he believed that infants could ‘live and thrive in spite of poverty and bad sanitation’ but would not ‘survive bad mothercraft’. Eric Pritchard, ‘Schools for Mothers’, Proceedings of Infant Mortality Conference at Liverpool, 1914, p.54.

8 Newman, Infant Mortality, p.v. George Newman (1870-1948) became first Chief Medical Officer to the Board of Education 1907; during World War I served on various important health committees; from 1919 was first Chief Medical Officer at new Ministry of Health. Married but no children. See Dictionary of National Biography, and text throughout.

9 Jeanne Brand, Doctors and the State, 1965, is a useful text for the history of Medical Officers of Health.


Century Aug 1897. Also J.C. Browne, Physical Efficiency in Children, 1902; Royal Commission on Physical Training (Scotland) PP.1903, xxx; Interdepartmental Committee on Physical Deterioration PP.1904, xxxii.

12 See McCleary, Infant Welfare Movement, 1933, and Development of the British Maternity and Child Welfare Services, 1945, and (less detailed) George Newman, English Social Services, 1941. For results attributed to the young infant welfare movement by John Burns and his assurance of the Local Government Board’s ‘paternal interest in milk, the mothers and the babies’, see Proceedings of National Conference on Infant Mortality 1908, p.12, and compare p.28.

13 There is a useful list of voluntary societies ‘engaged in health propaganda of a public nature’, with a few details in each, in Newman’s Public Education in Health, 1924, pp.18-22.

14 J.W. Kirton, Cheerful Homes: How to Get and Keep Them (undated) pp.11-12; Mary Scharlieb, What it Means to Marry or Young Women and Marriage, 1914, pp.36-7. (Kirton devotes only 23 out of 288 pages to children—‘Our Precious Darlings’; Annie S. Swann in Courtship and Marriage, 1894, gives them 38 out of 144 pages; and Scharlieb 60 out of 140, besides frequent mention.)


16 PP.1910, xxxix (Cd. 5263) pp.71-3. Arthur Newsholme, (1857-1943) was Medical Officer of Health for Brighton from 1888; then from 1908 till he retired in 1919 Principal Medical Officer to the Local Government Board, appointed by John Burns. He was an accepted authority on medical statistics and believed strongly in state medicine. Married but no children. See Dictionary of National Biography, and text below throughout.


18 G.F. McCleary, The Menace of British Depopulation, 1937, p.9. McCleary was Battersea Medical Officer of Health in the 1900s, with the support of John Burns, and an enthusiast for hygienic milk depots (see note 106 below), quoting the experience of the pioneer one at Battersea. He wrote several Fabian Pamphlets—‘Municipal Bakeries’ and ‘Municipal Hospitals’ in 1900, and ‘Life in the Laundry’ in 1902. Later he was Chief Medical Officer to the National Insurance Commission, Chairman of the National Council for Maternity and Child Welfare, and Chairman of the National Association of Maternity and Child Welfare Centres and for the Prevention of Infant Mortality. His last book, Peopling the British Commonwealth, was published in 1955.

19 Report by Dr James Kerr, Medical Officer for Education, in Medical Officer of Health for London’s Annual Report, 1904, Appendix III. The point was frequently made in discussion in the medical press: see for instance, Practitioner, Feb. 1905, p.217; and was generally accepted (except by eugenists) as confirming the need for action over infant health. See also Newsholme, 1910 report, Part 1.

20 It should also be noted that urban recruits were particularly unfit. See Arnold White, Efficiency and Empire, 1901; Annual Reports of Inspector General of Recruiting, 1900-3 (PP.1901, Cd.519, ix; PP.1902, Cd.2175, xxii; PP.1903, Cd.1496, xxviii; PP.1904, Cd.1778, viii); Report of Interdepartmental Committee on Physical Deterioration. For wider issues see Anne Summers, ‘Militarism’, History Workshop 2, 1976.


22 Gareth Stedman Jones, Outcast London, 1971, p.151; and see chapter 6 for fears of urban degeneration in the second half of the 19th century. The prospect of ‘Deterioration of the Race’ according to Samuel Sneade Brown in 1870 would bring the health of towns into the province of imperial care and control. ‘The Health of Towns’, in his Notes on Sanitary Reforms.

24 T.J. Macnamara, ‘In Corpore Sano’, Contemporary Review, Feb. 1905, p.248. (Macnamara was a lifelong supporter of Lloyd George, became parliamentary secretary to the Local Government Board in 1907, and in 1920 was first Minister of Labour under Lloyd George.) For the party politics of social reform in this period see for example G.R. Searle, The Quest for National Efficiency, 1971; Bernard Semmel, Imperialism and Social Reform (which does not deal with the area discussed in this paper); and Maurice Bruce, The Coming of the Welfare State, 1961. A. Watt Smyth, Physical Deterioration, 1906, covers the range of provisions and reforms which were being considered by non-socialists.


27 Already in 1885 the platform of Amie Hicks, SDF candidate in the Marylebone School Board election, included the demand for at least one free meal a day in every Board School. Justice, 3 Oct. 1885, p.1.


29 See for instance, Early Childhood, 1900, Infant Mortality and Labour and Childhood, both 1907, and even The Child and the State, 1911.


31 See A.M. McBriar, Fabian Socialism and English Politics, 1962, chapter 5; Semmel, Imperialism and Social Reform, chapter 3.


33 William Butler, Presidential Address to Willesden and District Medical Society, read by request before Home Counties branch of Society of Medical Officers of Health, Dec. 1899 and reprinted in Public Health, 1899, p.326. See also in same issue J. Howard Jones (Medical Officer of Health for Newport and President of West of England and S. Wales branch of Society of Medical Officers of Health), ‘The Influence of Preventive Medicine upon the Evolution of the Race’.


36 The Science of Eugenics and Sex Life — Regeneration of the Human Race, ed. Charles H. Robinson, from the notes of W.J. Hadden, 1904, p.ii. This appears to be an American publication, but the statement would have been altogether acceptable to British eugenists. According to J.R. Rumsey, (Essays in State Medicine, 1856), a legal ban had even then been proposed on the wilful transmission of hereditary disease through marriage.

37 J.R. Inge (later Dean Inge), ‘Some Moral Aspects of Eugenics’, Eugenics Review, Jan. 1909, p.30, demanding ‘any legislation’ which would reduce the slum dwellers’ desire to breed. Comparisons were frequently made with past empires, whose fall was equated with degeneracy: Sir George Kekewich, former Secretary to the Board of Education, when opening a conference on Diet, Cookery and Hygiene in Schools, in 1913, actually quoted in Latin several lines of Horace on the way each generation is worse than the next, though he declared with optimism that he thought the opposite was going to be true. Rearing an Imperial Race, 1913, p.7. Sparta was also occasionally quoted for its practice of exposing weakly infants to preserve national fitness.

38 Saleeby, Race Culture, 1909, p.32.

39 Speech given in full as appendix to McCleary, Infant Welfare Movement.

40 Pearson, lecture on The Woman Question, 1885 (in The Ethic of Free Thought 1901). Herbert Spencer in vol. ii of his Principles of Biology had suggested that intellectual development of the individual — especially the female — impaired reproductive powers, and this seems to have been fairly commonly taken as a real possibility. See also Mrs. Arthur Philip, ‘Are recent developments in women’s education in favour of the best preparation for Wifehood and Motherhood?’, Parents Review, 1906 (the answer was no); and Dyhouse, ‘Social Darwinistic Ideas...’.

42 For an extreme statement of this position see R.R. Rentoul's pamphlet 'for women and girls', *The Dignity of Woman's Health and the Nemesis of its Neglect*, 1890, especially p.xxviii. (Rentoul was generally regarded as an extremist, and his views on sterilization provoked hostile reactions in the medical press. See BMJ 12 March 1904, and subsequent correspondence (12 March, 19 March, 2 April, 9 April, 2 July, 30 July, 13 August).), and his *Race Culture or Race Suicide*, 1906; and P.Z. Hebert, *The Killing of the Unfit and the Transmissibility of Acquired Characters*, 1907, (reprints from Practitioner attacking Rentoul).

43 Mary Scharlieb, 'Recreational Activities of Girls During Adolescence', *Child Study*, 4, 1911, pp.9, 14. Others were less cautious: 'If we make our girls strong' (through athletics) 'the mothers of future generations will be strong and the stronger will our nation become'—report of Tottenham Branch conference, *School Attendance Gazette*, Dec. 1902.

44 For interesting recent work on the effect of social class on doctors' perceptions of their patients' health see Karl Figlio, 'The Social Structure of Disease' (typescript), and abstract in Society for the Social History of Medicine *Bulletin*, 21 Dec. 1977.


47 Alice Ravenhill, 'Eugenic Ideals for Womanhood', *Eugenics Review*, 1909, p.267. C.T. Ewart in 'Parenthood', *Empire Review*, xix, 1910, p.320, has a very similar phrase about a trumpet call, as well as a similar general argument. (For Ravenhill see below notes 75 and 180).


50 Taylor, 'The Diminishing Birth-rate', as in note 25.


54 See for instance *School for Mothers*, pp.51, 53; or Louise Creighton, 'Women's Work for the Church and for the State', *Anglican Papers*, 1908, p.3.

55 Sykes intro. to *School for Mothers*, p.8.


57 This had been observed for many years (see *The Lancet* in the 1870s for instance, or indeed the 'great reputation' of Pip's sister in *Great Expectations* for her success in bringing him up 'by hand'), but the statistics collected in the 1890s and 1900s brought dramatic proof. Newman summarized the state of information in the chapter on infant feeding in *Infant Mortality*. George Sims, in *The Cry of the Children*, 1905, p.7, commented that 'Back to the Land may be a good cry for the community, but Back to the Breast is a better cry for the race'. Patent baby foods and condensed milk were much advertised at this time, and their use was thought to be increasing.


59 Introduction, Cassell's *Penny Book for Mothers*, 1911; compare Edith L. Maynard, *Baby—Useful Hints for Busy Mothers*, 1906, especially pp.30-1. This was aimed at 'busy women who have no time to read long books or attend lectures, and yet who are very anxious to do the best for their babies'.

61 BMJ, 23 Jan. 1904, p.201, resolution of BMA Council; names of petition committee pp.212-3; leader with information on 14,000 signatures 30 Jan. p.261; presentation of petition 16 July pp.129-30. By 1913, after some years of such teaching seemed to have made little difference, it was argued that the hours spent on domestic subjects were still insufficient, and at a National Food Reform Association conference Lady Meyer, Chairman of the St Pancras School for Mothers, even proposed that the school-leaving age should be raised to give more time 'for the study of a subject of such consequence to the future mothers of the race'. See Rearing an Imperial Race, pp.xxxix and 180-1.


64 Pearson, Scope... p.41.

65 The system of local option meant that measures sanctioned by Parliament were not necessarily compulsory, and whether they were put into practice depended on the local political and financial position and the attitude of the local authority. Gorst suggested that much more could be done than was. See review of his Children of the Nation, in Progress, 1907, p.63.

66 Marion Phillips, a vigorous Australian socialist (Fabian and later Labour Party) and historian voiced some of these criticisms at a meeting of the Association of Teachers in Domestic Subjects: reported in The Times, 29 Jan. 1913.

67 R. Morant, Prefatory Note to Board of Education Circular 758 (1910), Memorandum on the Teaching of Infant Care and Management in Public Elementary Schools. For origins of circular see PRO file. ED/11/51.

68 Janet Campbell, Circular 758, conclusion, p.10.

69 Janet Campbell, Circular 758, p.1.

70 See Report of Proceedings of National Conference on Infantile Mortality with address by... John Burns MP, 1906, and PRO Home Office File HO 45 10335/138532/6 for list of resolutions. (This may also be the reference for an application for Royal Patronage of the conference made by John Burns on the grounds of the national interest being involved, but I've lost the relevant note.)

71 Drink was another widely-quoted cause of infant mortality — parents drinking away the children's food money, mothers drinking away their health and crippling their infants were thought by some to be the chief cause of infant death. There was overlap between those involved in temperance and in infant welfare campaigns. See George Sims, The Cry of the Children, 1907, account of conference 25-36.

72 Ballantyne's paper on ante-natal causes was a rare example of realism. He ignored problems of heredity, since he 'did not regard them as solved to such an extent as to come within the range of the practical', described the problems of pregnancy, and urged greater care of the pregnant woman, including the provision of pre-maternity wards and hospitals. (McCleary, Infant Welfare Movement, pp.109-10). Sykes of St Pancras also saw that health in pregnancy was important, which led to the provision of meals for mothers at the St Pancras School for mothers (see text below), but he fused such perceptions with rhetoric about motherhood. Ballantyne concentrated on the medical treatise.

73 Burns, Presidential Address to the Infant Mortality Conference 1906, see McCleary, Infant Welfare Movement, Appendix.

74 Saleebey, Race Culture, p.32.

75 Ravenhill, The Health of the Community and How to Promote it, 1897, How the Law Helps to Healthy Homes, 1898, Our Water Supply, 1898; 'The Teaching of Domestic Science in the United States of America' Board of Education Special Reports. PP.1905, xxvi. Ravenhill was also active in the Child Study movement: see articles on children's hours of sleep, Child Study 2, 1909, and on play, Child Study 3, 1910; also expression of regret at her proposed emigration to Canada, Child Study 3, 1910, p.84. (Also note 47 above).

76 107 mothers claimed their sovereign — see Newman, English Social Services, 1941, p.20; and McCleary, Infant Welfare Movement, pp.90-3. A similar scheme of vouchers was tried in Glasgow by the Anderston and District Health Association: Progress, April 1907, p.113.

77 Saleebey, Methods of Race Regeneration, 1911, p.8.

78 Others were prepared to go further: see Butler and Jones articles in Public Health, Feb. 1899, (referred to in note 33), Rentoul, (note 42) and Proposed Sterilization of certain Mental and Physical Degenerates: an Appeal to Asylum Managers and others, 1903; Chatterton Hill, 'Race Progress and Race Degeneracy', Sociological Review, 1909, p.257; Arnold White,
Efficiency and Empire. Pearson advocated 'the expatriation of confirmed criminals' for eugenic reasons, as well as the exclusion of 'undesirable aliens' and reduction in Poor Law assistance to paupers and the insane — *National Life from the Standpoint of Science* (lecture 1900), 1905, 104-5, and argued that racial and medical progress were incompatible in *Darwinism, Medical Progress and Eugenics*, 1912.

79 Saleeby, *Race Culture*, p.29.
80 Saleeby, *Race Culture*, pp.21, 19, xiv.
81 Saleeby, 'The Human Mother', Infant Mortality Conference, 1908, p.32.
88 *Fifty Years*, quoting editorial article he wrote for BMJ, 14 Nov. 1903, on The Organization of Medical Inspection in Schools.
89 Newsholme, *Declining Birth-rate*, 1911, p.44, and *Fifty Years*, pp.406-7 (quoting speech in 1904).
90 *Declining Birth-rate*, pp.57-8.
91 PP.1910, xxxix (Cd. 5263) pp.70-3.
92 *Fifty Years*, pp.372-4.
93 *Fifty Years*, p.321.
94 *Fifty Years*, p.333.
95 *Fifty Years*, pp.330-1.
98 PP.1906, xc Cd. 2726, Reports on children under Five in Public Elementary Schools, (especially Miss Munday's and Miss Bathurst's reports); PP.1908, lxxxii Cd.4259, Report of Board of Education Consultative Committee on School Attendance of Children below Five.
102 Poverty was occasionally invoked. See BMJ, 27 Aug. 1904, p.439, contribution by McCleary to discussion on Poverty and Public Health.
104 *Progress*, April 1907, p.117.
106 The principle of the milk depot was to provide milk suitable for infants whose mothers were unable to suckle them. (In France the bottles bore the motto 'Faute de Mieux' — 'for want of better'.) The milk in poor districts was often very unsatisfactory: even if it had come from cow to shop without contamination or delay, it was often sold in very unhygienic conditions, and sometimes diluted with water. So to provide milk less likely to convey infection to susceptible infants was certainly a good idea. Unfortunately they were fairly expensive to run, and some local authorities thought it either too great an expenditure, or beyond their powers anyway; while for the purchasers it was not as cheap as the treacherous condensed milk, so demand was sometimes unexpectedly low. See McCleary, *Infantile Mortality and Infants Milk Depots*, 1905, and *Infant Welfare Movement*; also BMJ, 9 Jan. 1904, p.97 (Belfast Public Health Committee refusing a donation to help establish one); BMJ, 9 April 1904, p.848 (The London Milk Supply); BMJ, 16 April and 13 Aug. 1904, for depots projected in Lambeth and Shadwell, London; 27 Aug. 1904, (criticisms by Newman as tending to lessen maternal responsibility); 17 Sept. 1904, p.693 (discussion at Sanitary Inspectors' Association);
Imperialism and Motherhood


107 McCleary, Development of British Maternity and Child Welfare Services, 1945, p.10; Newsholme, Fifty Years, p.335.


110 Somerset Maugham, Of Human Bondage, 1915, p.560. In Huddersfield however they were not supposed to enter unless invited, nor come inside to sit down without being asked. See McCleary, Infant Welfare Movement, p.264.

111 Thomas Gautrey, Lux Mihi Laus, 1937, p.91.

112 See Anna Davin, Board School Girls, forthcoming.

113 See Local Government Circular to the Board of Guardians on the Administration of Outdoor Relief, 1910, pp.34-5; and Pat Thane, 'Women and The Poor Law' History Workshop forthcoming. See also her point that the 1908 Children's Act was opposed by working-class organizations because it 'licensed intrusions into the working-class family which would not have been countenanced by or for the better-off'.

114 This account is based mainly on Dora Bunting, 'Schools for Mothers' in ed. Kelynack, Infancy, and McCleary, Infant Welfare Movement, pp.123-30. For detail on the School for Mothers in Birmingham see Dyhouse, 'Working-class Mothers and Infant Mortality'.

115 Sykes, School for Mothers, p.8.

116 Sykes, preface to Miss Bibby, Miss Colles, Miss Petty and Dr Sykes, The Pudding Lady: a new departure in social work, 1912, (reprint 1916 by National Food Reform League), p.13; Infant Welfare Movement, p.35. (Lady Meyer was quoted as using 'mothercraft' in 1911 [Progress, 1911, p.52], which is the earliest mention of the word I have found, but as she was closely involved in the School for Mothers that does not disprove McCleary's attribution.)

117 The importance of the Notification of Births Act (1907) was that it made it much easier for the local authorities (if they wanted) to trace newborn babies and send out visitors. Saleeby after its passage 'occupied himself in various parts of the country in the efforts which were necessary to persuade local authorities to adopt' its provisions. See Woman and Womanhood, p.132.

118 See Alys Russell, 'The Ghent School for Mothers', The 19th Century and After, Dec. 1906; and Infant Welfare Movement, p.126. She and Mrs Gordon spoke on 1 May 1907 to a meeting of people interested in developing something similar in St Pancras.

119 School for Mothers, p.39.


121 School for Mothers, p.39.

122 Such accusations provoked the submission of the Infant Life Insurance Bill in 1890, and they are plentiful in evidence of doctors and coroners to the Select Committee of the House of Lords set up to report on the bill. See PP.1890, xi minutes of evidence throughout. D.L. Thomas, Medical Officer of Health for Limehouse, in a detailed analysis (1899) of infant mortality there, felt constrained to discuss the possible role of insurance, though he felt unable to prove or to disprove it. The other factors he considered were Poverty, Illegitimacy, Overlaying, Unhealthy Surroundings, and Hereditary Diseases (not maternal ignorance). 'On Infantile Mortality', Public Health, Sept. 1899, pp.810-17.

123 School for Mothers, pp.38-9.


125 As the infant death rate was declining quite sharply in these years it was always tempting to attribute the fall to the strenuous efforts being made. Sykes was already in 1907 claiming that the reduction of infant deaths that summer was the result of their system of visiting. Progress, 1907, p.56. In retrospect Newman, McCleary and even Newsholme all explain the twentieth-century decline by the rise of the infant welfare movement. See especially Newman, Building of a Nation's Health, p.244, English Social Services, p.19.

126 McCleary, Infant Welfare Movement, p.129. For comparable but less publicized work in neighbouring St Marylebone see Pritchard, Infant Education, introduction.

127 Eric Pritchard, Proceedings of the Infant Mortality Conference, Liverpool, 1914, pp.51-9. The word 'mothercraft' was being freely used at the conference. Besides the usual papers (and an evening lecture by Saleeby on 'The Nurture of the Race') a competition in
mothercraft was judged and prizes presented.

129 Newman, Building, 247.
130 Pritchard, as note 127, p.51.
132 LGB Circular, 30 July 1914, quoted in Infant Welfare Movement, p.142.
133 Board of Education yearly regulations for Grants to Schools for Mothers, in PP.1914, Cd.7534, lxiv; PP.1914-6, Cd.7985, 1; PP.1918, Cd.9154, xix.
134 See for example PP.1917-18 (86), xxv, Return of Grants from Board of Education 1916-7 to voluntary schools for mothers in London, Birmingham, Manchester, Liverpool, Leeds and Bradford.
135 The Maxim gun, introduced into the British Army in 1889 (after it had been tried out on a punitive expedition in the Gambia), and by World War One being used in an improved version by both British and German troops, was vastly more lethal than previous weapons, and along with high explosive shells and mines was responsible for the unprecedented casualties of 1914-18.
138 Maternity and Child Welfare, April 1917, ('How the National Baby Week can be made a Success'); June 1917, ('National Baby Week'—three articles including 'A Justification of Baby Week' by Mrs. A.E. Barnes).
140 Glden Dallas, introduction to 1978 ed. Maternity.
141 Herbert Samuel, preface to Maternity.
142 Maternity, letter 41, p.68.
143 Maternity, figures bearing on infant mortality, pp.194-5.
144 Maternity, letter 20, p.46.
145 Maternity, letter 33, pp.60-1.
146 Maternity, letter 63, p.91.
147 Maternity, letter 21, pp.48-9.
149 Maternity, letter 62, pp.89-90
150 Maternity, p.212.
152 Three reports on Maternal Mortality and Morbidity by Dr Janet Campbell were issued by the Ministry of Health in 1924, 1927 and 1932; and there was an Interdepartmental Committee on the same subject whose interim report in 1930 considered half of maternal deaths to be preventible, and stressed the role of anaemia and malnutrition in the mother.
153 Margaret Balfour and Joan C. Drury, Motherhood in the Special Areas of Durham and Tyneside, 1934.
154 See Catherine Hall, 'Married Women at Home in Birmingham in the 1920s and 1930s', and Diana Gittins 'Women's Work and Family Size between the wars', both in Oral History 5, Autumn 1977 (Women's History Issue).
155 Enid Charles, 1934 (and her Menace of Underpopulation 1936); McCleary, 1937.
157 See Tim Mason 'Women in Nazi Germany' History Workshop 1 Spring 1976 and 2 Autumn 1976.
158 There is a useful article on women and the Front by Richard Marlen in the Leveller, March 1978.
159 M. Bruce (The Coming of the Welfare State p.314) points out that family allowances were nearly paid to the father rather than the mother: only a last minute vote in the House of Commons secured them as primarily the mothers' right.
161 This is discussed in Elizabeth Wilson, Women and the Welfare State, 1976; and in the work of Hilary Land: 'Women, Supporters or Supported?' (see note 160), 'Who cares for the family?' Journal of Social Policy, July 1978, 'Income maintenance systems and the division of labour in the family', Social Security Research, (DHSS Report) HMSO, 1977, and 'The

162 R.A. Bray, The Town Child, 1907, p.116. Compare L. Haden Guest, London County Council doctor, on the necessity of feeding hungry schoolchildren—‘We must insist on parental responsibility, but we must also insist on our responsibility as members of the big family of the State, for the feeding of all our children’. Rearing an Imperial Race, p.35. See also opposing view of Miss Elliott from Southwark Health Society, p.47, and discussion pp.71-3.

163 B.M. Richardson, ‘Woman as a Sanitary Reformer’, Fraser’s Magazine, Nov. 1880, pp.669-71. Richardson, a well-known and authoritative ‘sanitarian’, was vice-president of the Education Society and very much opposed to women’s education (see Journal of Education 1 Feb. 1880, p.34).

164 Saleebey, Woman and Womanhood, p.18-19.

165 Burns, as Chairman of the Local Government Board, had prescribed that the local committee which arranged the fostering of children should be at least one third women (Boarding Out Order 1911). For a detailed account of the expansion see Edith Maynard, Women in the Public Health Service, 1915.

166 The Times, 4 May 1909, (quoted in Rearing an Imperial Race, p.xxxviii).

167 Saleebey, Woman and Womanhood, pp.269-271, quotes approvingly a correspondent to The Times on 24 Dec. 1909, Sophie Bevan, who had pointed out the imbalance created both in the colonies and at home by the emigration of young men but not young women. Her letter emphasized that one result was ‘the appalling number of half-castes, a blot on the civilization of the States . . . the very worst type of population’. Saleebey was anxious about the low (white) birth rate in the colonies, and the ‘surplus’ of women at home; and points out that the emigrant woman would be better placed to exercise her ‘rightful function of choosing the best man to be her husband and the father of the future’.

168 Sir William Church, at a meeting of the National Health Society, reported BMJ, 2 July 1904, p.32.

169 Rachel McMillan, as a travelling teacher of hygiene for Kent County Council in the 1890s, realized ‘that fragmentary help was almost useless’: Margaret McMillan, Life of Rachel McMillan, p.94. The books of Margaret Loane, district nurse, give a vivid picture of the way in which working-class housewives struggled against almost impossible conditions. See for example An Englishman’s Castle, 1909, pp.75, 140-1, 167, 224-5; Neighbours and Friends, 1910, p.294; and also T.C. Horsfall, The Improvement of Dwellings and Surroundings of the People, 1904, p.167 and throughout.


172 An Englishman’s Castle, p.64.

173 A not infrequent metaphor: see for example ‘Child Feeding, Motherhood and National Well-being’, Progress, April 1907 (where in spite of the stress on the mother the actual suggestions made cater only for her children); and Saleebey, Woman and Womanhood, p.323.

174 Elizabeth Sloan-Chesser, Perfect Health for Women and Children, 1912, p.54.


176 McCleary, Infant Welfare Movement, Appendix pp.159, 158. The socialist Robert Blatchford idealized home and mother in much the same way.


178 See discussion on tablecloths versus easily-cleaned oilcloth, at National Food Reform Association Conference. Rearing an Imperial Race, pp.88-9, and also pp.17, 29-30.

179 Pritchard, Infant Education, p.133.

180 For origins of society see address by Sir J.A. Cockburn, Child Study 1, April 1908; for its composition see reports from branches, Child Study 3, July 1910, p.80. Besides Pritchard, Alice Ravenhill (see note 75), Mary Scharlieb (eugenist doctor with strong line on women, author of a number of manuals on problems of infancy, girlhood, motherhood, venereal diseases etc, and see above notes 14 and 45), and James Crichton Browne (a doctor with a long-standing interest in child health and national efficiency, and a firm belief in the powers of motherhood; see above notes 3 and 11), all addressed meetings of the society and contributed to the journal.

181 H. Davy, ‘The Cultivation of the Mind in Children’, Child Study July 1908, pp.51-2. (He also recommends the mother of Little Lord Fauntleroy as ideal.)