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PROBLEMS
OF
SOCIAL POLICY

BY

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PREFACE

THE range of the present volume is extensive. There is no single or simple pattern of social policy, but a variegated mosaic of services, detailed, dispersed and complex, all varying in character and importance. These services are for the most part operated by a large number of local authorities acting under the oversight of various central departments. They are also the concern of numerous voluntary agencies which interest themselves in many problems of social welfare. The activities of all these public and private institutions are continuously intermingled. Their deposit of record is immense. It includes, for the period of the Second World War, several million files in Government Departments in England, Wales and Scotland, the records of thousands of local authorities and voluntary agencies, and countless reports, surveys, books, journals and newspapers.

Within this mass of material there lie the essential facts for a history of the social services during the Second World War. Some of these services existed before the war and were adapted to meet the expected war strains; others were specifically created for the emergency. The historian will find himself compelled to investigate the origin of these adaptations or creations and to explain the policy pursued for meeting each specific need. Finally he will have to assess the results achieved. This means that he will find himself writing social history. But the writing of social history is a difficult task, particularly when the author is standing so close to events. Among the many dangers to be avoided is the production of a series of cross-sections of social life in which the movement and feel of events are buried in a mass of descriptive and administrative detail. A second danger is an excess of generalisation and a deficiency of concreteness. The writer has endeavoured to escape this danger by selecting a number of significant problems for exact investigation. The main themes of the book are pursued by the method of selective illustration.

In selecting his problems, the writer has had in mind both the emphasis of governmental preparations before the outbreak of war and the development and growth of the social services during the war. From a list of twenty or more important topics three were finally selected for inclusion in this book; evacuation, the hospital services and the care of homeless people. To a large extent these topics, studied in a series of chronological chapters, dominate the book. They have been treated, however, not in any narrow sense, but against the background of the established social services. From time

to time it was necessary to study the relationships between certain of these services and the new—or emergency—welfare measures. Moreover, towards the end of the book the residual problems of high mobilisation and war strain replace in importance the earlier emphasis on the consequences of air attack; greater attention is accordingly given to the development of social policies in general.

Part I of the book opens with two chapters which make plain the effect of the threat of air bombardment on the planning of evacuation schemes and other emergency services for the civilian population. The scope of these chapters is strictly limited; for it is impossible in this book to explain the functions of the Committee of Imperial Defence, why the Governments of the day were forced to consider the eventuality of war and its possible character, how the Air Staff estimated the possible scale of air attack on the civilian population, and many other related problems. All that is necessary in this book is to explain these problems as they were seen in the Health Departments before the war. The remaining chapters of Part I describe the preparations made before the war for civilian evacuation, the care of people made homeless by air attack and an emergency medical service.

Part II broadly covers the period from the outbreak of war to May 1940. It is concerned with the first big evacuation of mothers and children; with the social problems that arose in consequence, and with the initial disturbances of the war to the working of the social services and to the development of the emergency hospital scheme. A concluding chapter breaks the chronological treatment with a digression on the problems of local government boundaries.

In Part III the story of evacuation is continued amidst the crisis of threatening invasion and actual air bombardment. The social consequences of these bombardments and the Government's efforts to control them are discussed. An attempt is made to sum up the effects of the battles, to measure the stresses within civilian society and to contrast, but in no doctrinaire spirit, the war that was expected with the war that happened.

The last Part of the book carries the histories of evacuation and the hospital services from 1941 to the end of the war. Within these themes we see, with increasing clarity, the strain of the war on family life. The story of strain eventually becomes the dominant theme, for the needs that arose challenged the existing character of social service, shifted the emphasis in policy, and called into play new instruments of welfare. The final chapter of the book surveys these developments in perspective and ends by examining the effects of the war on the people's health.

It is proposed in a later volume to publish some studies focused upon problems of the family in Britain during the war.

The author wishes to thank the many officials of local and central government and of voluntary organisations who have helped him in his work. He also wishes to acknowledge the aid in research given to him at different times by Mrs. B. E. Pollard and Miss R. Hurstfield and particularly by Mrs. H. Fitzgerald for her work on the preparation of draft narratives for chapters XXII–XXIV.

The rubric printed opposite the title page summarises the conditions under which this book has been written. The practices that have been followed in documentation and in the printing of references as well as in some other matters of craftsmanship have been described at greater length in the preface to the first volume in this series of histories.[1]

RICHARD M. TITMUSS.

London, June 1949.

[1] *British War Economy*, Hancock, W. K. and Gowing, M.M., H.M.S.O., 1949.

PART I

The Expected War

CHAPTER I

THE EXPECTED ATTACK

THE wide range of emergency services, which came into operation in the early days of the war or were in various stages of growth in 1939 and 1940, had behind them a long history of ministerial and departmental planning and discussion. The process of thinking out the kind of services that would be necessary for the care and protection of the civilian population depended upon the kind of war in which these services would have to function. At all levels of planning—in specialist sections within departments, in interdepartmental conferences and in sub-committees of the Committee of Imperial Defence—the same set of questions continually recurred, in one guise or another, during the leisurely stages of drafting schemes in the nineteen-twenties and early nineteen-thirties, and the more hurried planning of 1938 and 1939. If and when the next war came, what would be its character and how would it affect the civilian population?

Attention was concentrated upon the newest and therefore the most uncertain factor in modern warfare—the damage likely to be inflicted upon civilian society by attack from the air. Those who were charged with the drafting of plans for the relief of distress, the dispersal of mothers and children, the provision of health services and other forms of assistance, were moved by two strong influences. First, there were the estimates of the possible weight of enemy attack provided by the Air Ministry and passed through the machinery of the Committee of Imperial Defence to the Government departments concerned; secondly, there was the general tone of public thought, which was strongly affected by publications of self-styled strategists in military matters, by the prevailing political climate, and by the current of world events. It must not be assumed that these two influences worked contrariwise; departmental officials, since they were also citizens, were by no means immune from the moods and vague anticipations of the general public.

Even rough estimates were difficult to frame in answer to such questions as how much distress would occur, what groups of people should be evacuated, and how many hospital beds would be needed for civilian casualties. Little could be learnt from previous wars. There had to be hypothetical calculations of the unknown or the partly known. It was the duty of official calculators to envisage the most sombre possibilities. If statements of possibility came sometimes to be accepted as statements of fact, this was understandable. It will be readily understood that the experts who produced estimates of the

bombs that might be dropped on British cities and of the casualties they would cause were well aware of their speculative character; but there was no escape from them; some quantitative measures had to be given. And, however much they may have been qualified in the minds and in the reports of those who made them, these estimates tended to acquire a natural authority—indeed, almost an inviolability—in the minds of those who had to use them. The Ministry of Health, for instance, could not dispute these estimates with the Air Staff.[1] It had to accept the figures given and attempt to work out their consequences in terms of social damage and the measures appropriate for mitigating or repairing the damage.

It was in this way that a general picture of a possible future war was formed in the minds of administrators in the social service departments. And it was this picture, blurred in places but growing in precision with the passage of time, that became the most important single factor in deciding the character of the emergency social services.

The first shadowy outlines began to emerge in the early nineteen-twenties. In the background was the experience gained from the eighteen German air raids on London during 1917–18, when a total of about 128 aeroplanes reached the metropolitan area. During the whole war, about 300 tons of bombs were dropped by the Germans on the British Isles. These raids caused 4,820 casualties including 1,413 killed. The casualty ratio for the whole country thus worked out at sixteen per ton of bombs. For London, with its concentrated population, the ratio was much higher. It was estimated that for the two day raids the ratio was 121 and for the sixteen night raids fifty-two per ton of bombs. On the basis of these figures the Air Staff considered that it would be 'fair to assume that, in densely populated areas such as London, there will be fifty casualties per ton of bombs dropped. Of these casualties, one-third will be killed and two-thirds wounded'.

Sixteen years were to pass before the estimated number of casualties per ton of bombs fell below fifty. Meanwhile, estimates of the total tonnage an enemy air force might drop on British cities grew with the years. '. . . We must not suppose', Lord Balfour wrote in 1922,[2] 'that the possibilities of an aerial attack in 1922 stand where they did in 1918'. After recalling that in the worst German raid only three tons

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[1] Estimates of four kinds had to be made:
(1) Of casualties per ton of bombs. These were made in 1924 by the Air Staff and, later, by the Home Office.
(2) Of the operational strength of the probable enemy. This was a matter for the Air Staff.
(3) Of the strength of British defences. This also was an Air Staff matter.
(4) Of the rate of enemy output. In the nineteen-thirties, this was estimated by the Industrial Intelligence Centre.

[2] Lord Balfour was presiding over the Committee of Imperial Defence in 1922.

were dropped on London, Lord Balfour pointed out that a continental enemy could 'drop on London a continuous torrent of high explosives at the rate of seventy-five tons a day for an indefinite period'. 'Day after day, and night after night, the capital of the Empire would be subjected to unremitting bombardment of a kind which no city effectively acting as the military, naval and administrative centre of a country engaged in a life and death struggle, has ever had to endure . . .'

This view of what a future war might be like may not have been held by everyone; but it was representative of many statements which appeared, year after year, in many documents and reports issuing from the Committee of Imperial Defence and its sub-committees, and from departmental bodies concerned with civil defence and emergency services.

As has been seen, the starting point was the experience of 1918: three tons of bombs dropped in a single raid. The estimate[1] made for the Air Raid Precautions Committee in 1924 increased the quantity that might be dropped on London to 100 tons in the first twenty-four hours, seventy-five in the second twenty-four hours, and fifty tons thereafter. Three-quarters of these quantities (including both high explosive and incendiary bombs) were allocated to day raids.

In June 1934, a year after Hitler seized power in Germany, the Chief of the Air Staff furnished a new estimate. This was framed on the air expansion programme which the German Government was at that time known to be contemplating. It was calculated that, by 1942, the maximum daily weight of bombs which might be dropped during the first few weeks of war would be 150 tons, on the assumption of aircraft operating from bases in Germany.

But this estimate was soon out of date. The evidence which Germany had given of 'her ability to create a comparatively powerful air force "*de novo*" within a remarkably short space of time' led the Air Staff, in 1937, to scale up its appreciation in a drastic fashion. It pushed up to 644 tons its estimate of the weight of bombs which might be dropped in a twenty-four hour period,[2] and it put forward to April 1939 its estimate of the date when the Germans would be ready to launch an attack on this scale. Moreover, it made some special

[1] This estimate, like all subsequent ones, was subject to various qualifications which cannot be discussed here—size of the enemy air force, location of its bases, the type of bombs employed, strength of the defences, whether or not the country had allies, etc., etc.

[2] This was based on an estimated German first-line strength by April 1939 of 2,520 aircraft, of which 1,710 would be bombers. The total weight of bombs which these bombers could drop would be 2,250 tons a day. This, it was said, was a conservative estimate since no allowance was made for technical improvements. The figure of 2,250 tons was reduced by one-third as it was assumed that this proportion of bombers would be directed to France. Other deductions were made for the effects of counter offensives, fighters, ground defences, weather conditions, forced landings and other forms of wastage, thus bringing the daily tonnage down to 644.

allowance for the Germans' love of the '*Kolossal*'; they might endeavour to drop as much as 3,500 tons in the first twenty-four hours.

Two years later, in March 1939, the Ministry of Health, in making estimates of the number of hospital beds that might be required for casualties, was informed by the Air Ministry that the possible weight of attack might now average 700 tons each day for the first fortnight.

This was part, but not all of the background to the planning of care and protection for civilians in time of war. It was not merely a matter of so many tons a day; there were also such questions as the explosive and penetrative power of bombs, the use of incendiary and delayed action bombs, and the problem of gas and bacteriological warfare. The geographical distribution of different forms of attack, and whether they would come by night or day, were other factors which had to be considered.

In these approaches to the problem of civilian protection there was a pronounced emphasis on anti-gas measures. During the five years preceding the war it was believed in the Home Office that Great Britain was always ahead of other European countries in expectation of, and preparation against, gas warfare. No doubt this was also known to the enemy. The first circular on civil defence issued to local authorities in 1935[1] and put on sale to the public by the new Air Raid Precautions Department of the Home Office (established in April 1935) had much to say on anti-gas equipment, gas masks and the setting up of a gas school to train instructors.[2] By as early as 31st December 1937, 19,500,000 containers and 1,500,000 face pieces for masks had been manufactured and stored, and assembly of the complete mask was, by January 1937, running at the rate of 150,000 a week.[3]

Anti-gas defence had, by 1936, been the subject of continuous investigation by the Chemical Defence Research Department for a number of years. The amount of information available was therefore much in advance of that for incendiary and high explosive bombs. Little, in fact, was known at this time about the effects of these types of bombs. Researches had not been undertaken, primarily because the Government had not been willing to sanction the necessary expenditure. In these circumstances, it would have been poor tactics to arouse in the public mind a vivid apprehension of dangers against which the Government was able as yet to offer little protection. But this is not the whole explanation of the early emphasis on gas attack. The influence of the psychological factor during the nineteen-thirties cannot be lightly dismissed. In the public mind—for reasons which

[1] Home Office circular 700216/14, 9th July 1935.

[2] Five of the eight handbooks and memoranda issued by the Department in 1935–6 were concerned with some aspect of gas defence.

[3] A detailed account of these matters is the concern of the War History of Civil Defence.

need not be discussed here—gas warfare and air raids were vividly linked. Gas seemed the great unknown factor in a war against civilians. It was sound judgment which prompted the Air Raid Precautions Department to spread among the people the conviction that they could do a great deal to protect themselves against gas. Nor was it unreasonable to hope that a similar spirit of self-help would be called forth when the time should come to warn them of other dangers.

By 1939, the emphasis on anti-gas measures had somewhat receded. The setting up by the Home Office of two committees[1] in 1935 and 1936 to consider the problems of high explosive and incendiary bombs no doubt helped towards a more balanced appreciation. In addition, voices had been raised, both inside and outside the Government, to stress the danger of the fire bomb, used singly or in combination with other forms of attack. One of the earliest of these warnings was uttered by Mr. Churchill who, in November 1934, told the House of Commons: 'The most dangerous form of air attack is the attack by incendiary bombs'.[2]

In 1938 the Air Raid Precautions Department was basing its plans for civil defence on the assumption that the tonnage to be dropped would comprise fifty per cent. high explosive, twenty-five per cent. incendiary and twenty-five per cent. gas; '. . . but the use of gas,' the Department believed, 'remains problematical. If it were not used it is probable that its place would be taken by high explosive, and for the calculations for services other than special anti-gas services it seems best to assume that seventy-five per cent. of the load is high explosive'.

In this very bare summary of the efforts which were made before 1939 to estimate the scale and character of air attack, mention has still to be made of two other matters—first, the precision of bombing, and secondly, the use of delay action fuses. The estimates of probabilities made under these two heads were bound to have important effects upon plans for evacuation and for the care of homeless persons.

The Air Ministry made generous allowance in its calculations for the increasing precision of bomb aiming. When, for instance, the first evacuation report was being written in 1931 by a special sub-committee of the Committee of Imperial Defence an attempt was made to plot the fall of bombs on London. The report assumed a scale of attack in which 300 aircraft (250 by day, 50 by night) would drop 100 tons of bombs in the first twenty-four hours. Thereafter, the weight of attack would decline. It was considered that this attack might paralyse London's public services, putting out of action all the

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[1] The Structural Precautions Committee and the Incendiary Bomb Committee

[2] H. of C. Deb., 28th November 1934, vol. 295, col. 858.

main line railway termini and a considerable part of the gas, telephone and water services, closing the underground railways, and destroying or damaging half the important electric power stations.

By 1939 a still higher degree of accuracy was being accorded to the bomb aimer. The view then held by the Air Ministry was that the largest formation of aircraft likely to release its bombs simultaneously was a squadron of twenty-seven. These aircraft might drop as much as forty tons over any one place at any one moment. The pattern on the ground formed by these bombs, when dropped from a height of 20,000 feet, would be in the nature of a square with quarter mile sides. This was the basis on which the Air Raid Precautions Department was estimating the requirements of different branches of the civil defence services.

The requirements of various emergency services were likely to be determined in large measure not only by the pattern of bombing but also by the enemy's use of delayed-action bombs. To mention one problem, which was not clearly foreseen: considerable numbers of people would have to leave their homes and be accommodated temporarily elsewhere if the enemy were to employ these bombs in quantity. In 1934 the Air Staff suggested that he might employ them up to fifty per cent. of the tonnage of high explosive bombs he dropped. Would they be difficult to cope with? Reports which came from Spain in 1938 declared that they 'presented no problems'. This was too optimistic. But, since the enemy's intentions could not be surely known, the problems were hard to foresee. Perhaps too little study was given to the different social consequences that would follow from different kinds of air attack. The problem of the unexploded bomb is a case in point.

Here it is convenient to record the main phases in the organisation of official study and planning. First, from 1924 to 1935 there was central co-ordination by the Air Raid Precautions Committee of the Committee of Imperial Defence, while each of the interested departments retained responsibility for planning the measures which it would itself have to carry out if air attacks were launched against the country. Secondly, from 1935 to 1938 there was a phase in which responsibility for planning and executive preparations was concentrated in the Air Raid Precautions Department of the Home Office. Thirdly, after Munich, when preparations entered into an advanced executive stage, a process already begun during the preceding nine months of re-distributing functions among the departments which would have to exercise the functions in war was completed—Sir John Anderson, as Lord Privy Seal, retaining a co-ordinating responsibility over the whole field. This was the method which Sir John Anderson himself had emphatically recommended in 1929. However, since the other departments were deeply immersed in peace-time problems,

the Government hoped that a centralised organisation within the Home Office might for the time being make more rapid progress in preparations for the war-time job. But the Government did not provide the finance that was requisite if the job were to be tackled in all sectors. The Air Raid Precautions Department was pitifully understaffed. Nor was it effectively linked with all the specialist branches of the local authorities, whose full participation would be essential both in civil defence and in many emergency social services.

Finance was one barrier to rapid progress; secrecy was another. It was not only the local authorities that would have to participate, but the civilian population at large. Nevertheless, for reasons of international and domestic politics, the Government thought it necessary, until late in the nineteen-thirties, to keep within Whitehall most of the information about its plans. A Cabinet ban on a full disclosure of information concerning war-time measures, which would of course have involved naming the enemy, was not lifted—and then only partially—until after the Munich crisis.

In Britain, as in other countries of Western Europe, the public painted its own picture of the future. As the threat of war developed, with preliminary outbreaks in China, Abyssinia and Spain, the design of things to come was foreshadowed in a constant flow of books and articles in the press of Europe and America, while the cinema, the wireless and the theatre all played a part in shaping public opinion. To the speculations of the layman, Mr. Baldwin had added the weight of his authority when he warned the House of Commons '. . . the bomber will always get through . . . I think it is well also for the man in the street to realise that there is no power on earth that can protect him from being bombed'.[1] Two years later, another public statement, which also made a lasting impression, came from Mr. Churchill.

> Not less formidable, he said, than these material effects are the reactions which will be produced upon the mind of the civil population. We must expect that, under the pressure of continuous air attack upon London, at least 3,000,000 or 4,000,000 people would be driven out into the open country around the metropolis. This vast mass of human beings, numerically far larger than any armies which have been fed and moved in war, without shelter and without food, without sanitation and without special provision for the maintenance of order, would confront the Government of the day with an administrative problem of the first magnitude, and would certainly absorb the energies of our small Army and our Territorial Force. Problems of this kind have never been faced before, and although there is no need to exaggerate them, neither, on the other hand, is there any need to shrink from facing the immense, unprecedented difficulties which they involve.[2]

[1] H. of C. Deb., 10th November 1932, vol. 270, col. 632.
[2] H. of C. Deb., 28th November 1934, vol. 295, col. 859.

There were, of course, a great many forces, social, political and scientific, which contributed to the acceptance of this concept of what the next war would be like. Among these, psychological factors played an important role. What ordinary people feared—the loss of home, of relations, of security; what statesmen and service chiefs feared—national defences broken and public morale weakened; all these fears tended to magnify the threat.

During these years there was not, in essential outline, any substantial difference between the views held by the man in the street and by the officials in the social service departments as to the character of a future war.[1] Perhaps the latter were more deeply conscious of the possibilities because they had the task of devising schemes to meet the social consequences of such a war. And they, after all, had seen something of what the Air Staff had written.

The general view which had emerged by 1938, and then became the most important single factor in determining the form of the wartime emergency services, contained the following basic features. At the outset (and perhaps without any declaration of war) London would be subjected to concentrated and intensive air attack by bombers operating from Germany. In the first twenty-four hours the Germans might attempt to drop as much as 3,500 tons. Subsequently, and for a period of weeks, the daily weight of attack might average 700 tons. A high degree of accuracy might be achieved by the enemy in bombing specific targets and areas. It was thought that the bulk of the raiding would be in daylight. It was thought that high explosive would be employed to a greater extent than incendiary bombs, while the use of gas was considered possible. The introduction by the enemy of bacteria directed against human life, animals and crops was believed to be unlikely—but 'we must expect,' said the Government's Bacteriological Warfare Committee, 'a serious dislocation of our sanitary system and the resultant increase of disease'.[2]

The enemy was expected to launch attacks on the chief provincial centres of industry and on the ports (particularly on the east coast).[3]

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[1] A pamphlet *The Nature of the Air Threat* (June 1939), published by the Air Raid Defence League and quoted in the *Report of the Royal Commission on the Distribution of the Industrial Population* (1940, Cmd. 6153), estimated that '200 bombers per day, each carrying 1½ tons of bombs, would drop 3,000 tons of bombs in 10 days. In congested districts such raiding might cause at least 200,000 casualties . . .'

[2] First Report of the Bacteriological Warfare Sub-Committee of the Committee of Imperial Defence (March 1937). This Committee was set up in November 1936 by the Minister for Co-ordination of Defence. In addition to recommending the purchase of, for instance, gas gangrene and tetanus anti-toxins and anthrax vaccine, it was responsible for the establishment of the Emergency Bacteriological Service (afterwards re-named, as 'less disturbing to the public mind', the Emergency Public Health Laboratory Service).

[3] A Government comittee on the distribution of imports in wartime made the assumption in 1935 that seventy-five per cent. of the capacity of the ports between the Tees and Southampton might be put out of action.

The most vulnerable areas were considered to be those lying south-west, south and south-east of a line drawn from the Humber to the Bristol Channel. In preparing schemes for civil defence the Air Raid Precautions Department, with the advice of the Air Ministry, accordingly classified provincial cities and towns in Britain by order of vulnerability, while the Health Departments, for purposes of civil evacuation, zoned the country into evacuation, neutral and reception areas. But overwhelming all else, during the period of active planning, was the problem of London. This concentration in 750 square miles of about 9,000,000 people, or one-fifth of the population of Britain, was expected to be the target of massed assault by the enemy's bombers. The theory of a 'knock-out blow' which the enemy would aim at the country's nerve centre influenced many of the early plans, and explained much of the birth and development of the war-time emergency services.

CHAPTER II

THE EXPECTED CONSEQUENCES

FROM these anticipations of the character of the attack that might be launched against the civilians of Britain there flowed the question: what kind of consequences will follow and how will the people react?

The problem was rarely, if ever, put as comprehensively as this. But it arose, in one form or another, as each separate welfare or civil defence scheme was considered before the war. And it was stated, not in such general terms, but in more specific ways. If hospital beds and ambulances were needed, how many casualties would there be? If provision must be made for mortuaries and coffins, how big must the provision be? If evacuation was necessary, what was the number to be catered for?

These were but a few of the issues that had to be faced. The major consequences that were envisaged, and for which (as subsequent chapters show) plans were prepared, may roughly be grouped under the following heads:

(*a*) physical casualties (including effects on health),
(*b*) material damage,
(*c*) social distress, disorganisation and loss of morale.

These immediate considerations dominated all else; for this reason, little thought was given before the war to the social problems that would arise later on from a full mobilisation of manpower and woman-power.

PHYSICAL CASUALTIES

In 1924, the Air Staff had arrived at the assumption of fifty casualties per ton of bombs. This calculation, as chapter I has shown, was based on the experience derived from the raids during 1917–18. As the estimated scale of risk, or tonnage of bombs that might be dropped, rose in magnitude throughout the nineteen-thirties, a straightforward multiplication by fifty produced, on each occasion, a new and higher figure of estimated casualties. This simple, and easily remembered, multiplier soon acquired a validity to which, in statistical theory and for other reasons, it was hardly entitled.[1] By 1937 its

[1] The use of this multiplier of fifty casualties per ton can be criticised on several counts. First, it might reasonably have been argued that such a casualty rate could not continue to operate for long. With several thousand tons of bombs being dropped every twenty-four hours, the population of London was, in such circumstances of damage and destruction, bound to diminish as a result of (*a*) evacuation (*b*) the number killed and (*c*) the number injured and removed to hospitals outside London. Thus, within a few days of the first raid the population would be smaller and the density of

origins were unknown to the majority of senior officials in the civil departments. Nevertheless, it was still applied in these departments to revised estimates by the Air Staff of the weight of bombs that might be dropped.

As different questions arose, in the planning of a variety of emergency services, the use of the multiplier of fifty casualties per ton of bombs gave to each problem a grim aspect. When the Committee of Imperial Defence was considering in 1937 compensation to civilians for loss of life or injury from air attack it assumed that the attack would continue for sixty days and that the total number of casualties might amount to 600,000 killed and 1,200,000 injured. The capital cost involved, on the basis of a given scale of compensation, was then estimated at £120,000,000. When the Ministry of Health, in 1938–9, was trying to compute the number of hospital beds required to deal with civilian air raid casualties, its translation of the Air Ministry's 1937 and 1939 estimates led to figures ranging from 1,000,000 to 2,800,000 beds according to length of stay in hospital. Similar proportions were reached when other problems were investigated. The number of graves and coffins required was so great that the Home Office envisaged mass burials and the burning of bodies in lime. This was thought to be unavoidable, as otherwise 20,000,000 square feet of seasoned coffin timber would be needed each month at a cost of approximately £300,000.

The reports that reached the Government about air raid victims in the Spanish war did nothing to discredit the use of the multiplier of

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population per acre thinner. The ratio of casualties to tons of bombs would continue to decline as the ratio of population to the land area of London declined. For this reason, it was not valid to use a fixed and constant ratio of casualties per ton. A second criticism of this ratio derives from the sketchy and unreliable character of the statistics on which it was founded. It was based on the casualties caused by the sixteen night raids by enemy aeroplanes on London (metropolitan police district) during 1917–18 in which 270 people were killed and 818 injured. The Air Staff, in calculating the ratio of fifty-two (rounded off to fifty) on the basis of the total of 1,088 casualties, employed an estimate that twenty-one tons of bombs had been dropped during these raids. On the other hand, the Official History of the War (*The War in the Air*, Jones, H. A., vol. V, 1935, appendix 1) states a figure of approximately twenty-four-and-a-half tons, thus giving a ratio of 45. The casualty statistics themselves are also open to criticism. Over forty per cent. of the total casualties occurred during two raids in which seven-and-a-half tons of bombs were dropped by only seventeen aeroplanes. One extraordinary catastrophe at Odham's Printing Works at Long Acre resulted in thirty-eight persons being killed and eighty-five injured. More serious still is the fact that the ratio of fifty casualties per ton is based on figures which include 130 casualties (thirteen killed and 117 injured) caused by A.A. shells, and a further twenty-eight casualties (fourteen killed and fourteen injured) which resulted from a rush of people to an air raid shelter in the East End of London. A competent statistician might find other faults in these statistics; he would undoubtedly notice, for instance, two errors in certain of the casualty figures used by the Air Staff in calculating various ratios for raids on London during 1917–18 (a figure of 532 injured was used whereas the true figure is 432, and the sum of 270 killed and 818 injured was printed as 1,098—both these errors appeared in the Air Staff's report to the Committee of Imperial Defence).

fifty casualties per ton.[1] The Air Raid Precautions Department substituted, in fact, a higher ratio of seventy-two. This figure was derived from a number of raids on Barcelona in March 1938 when forty-two tons of bombs caused—it was reported—3,000 casualties. Of this number, 1,000 were killed and, as to the remainder, the Department arbitrarily divided them between the 'badly injured' and the 'slightly injured'. Thus, one ton of bombs would mean twenty-four persons dead, twenty-four seriously injured and twenty-four slightly injured. Of the injured, it was assumed that thirty-six would require hospital treatment.[2] These speculative estimates had practical importance; they provided a formula from which was calculated the original yardstick of requirements for first aid parties and posts, rescue parties and other sectors of civil defence.

Such estimates of the number of civilians who might be killed and wounded[3] in the first month or two of war provide a partial explanation of the reason why questions of civilian health remained in the background. The slower and more subtle effects of war were overshadowed. Those diseases which were considered as possible dangers were generally the cruder and more violent expressions of a disrupted society. There was some fear that a broken sanitary system and the pollution of water supplies would lead to outbreaks of such diseases as typhoid fever. Typhus and tetanus were others which were envisaged in this drastic picture of social disorganisation.

A large-scale movement of population constituted, according to some medical authorities, another threat to the health of the nation. The mixing of different strains of infection following upon mass evacuation from the towns and, as one medical journal warned, the 'danger of serious disturbance of the epidemiological balance of the districts into which these town dwellers are introduced, arising from the difference between the immunity values of town and country

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[1] There were a number of such reports but not all interested divisions of different Ministries saw the same reports. The Air Raid Precautions Department apparently worked to a different appreciation from the reports which reached the Poor Law Division of the Ministry of Health concerned with plans for the relief of homeless people. No arrangements were made until November 1938 for the regular transmission of Spanish reports from the Home Office to the Ministry of Health.

[2] These figures were first used by the Home Office at the end of 1938. About six months later it received further data on the Barcelona raids. Excluding the last two days of the war, the total tonnage of bombs reported to have been dropped on the city was 730. The number of persons killed and injured per ton worked out at: killed 3·5, injured 13·7. This casualty ratio of 17·2 for practically the whole of the war was much lower than the figure for the March 1938 air raids. It is not clear from the files whether this information was made available to all interested divisions in the Ministries concerned and, if so, what value was placed on it.

[3] All the figures quoted in this chapter refer to casualties from high explosive bombs. According to many estimates an unspecified number might have to be added for persons injured or killed by incendiary bombs and gas.

populations',[1] were expected to lead to more infectious disease. Anxiety about the insufficient amount of accommodation in infectious disease hospitals in reception areas was accordingly expressed by the Ministry of Health in July 1939. The shortage of hospital space in general was probably a more immediate cause of anxiety; nevertheless, there was some apprehension of what might follow a mass exodus from the towns. But this fear, whatever its scientific basis in the light of contemporary knowledge of immunity, never reached the point of materially influencing official policy. It was submerged, along with other fears, by the more dramatic threat of attack from the air.

MATERIAL DAMAGE

The Government was not alone in regarding the prospect of damage to property with alarm. The conclusions it reached were withheld from publication, in order to avoid dismay among the public or for other reasons; but unofficial views often matched or exceeded those held by the authorities. The approach to the question of war damage insurance was a significant index of the trend of opinion. As early as October 1936, Lloyd's and the insurance companies had decided to refuse to accept war risks insurance. Compensation, it was held, was no longer a matter for private enterprise; the problem was now so vast that only the Government could shoulder the risks.

But the Government felt that the job was too big. The profit made by the state scheme during 1914–18 was not thought to be any guide to future contingencies and, in April 1937, the Cabinet decided that insurance against air risks was impossible.

At the same time as this decision was taken, a committee was set up to consider whether any form of compensation was feasible. This committee, employing the Air Staff estimates, concluded that it would be necessary 'to envisage the possibility of damage amounting to £550,000,000 in the first three weeks of war'.[2] In reaching this figure another multiplier was brought into play. As in the case of physical casualties, this also was derived from 1914–18 experience. During these years the material damage caused by air raids was estimated at £14,250 per ton of bombs, and over the period of twelve months ended 20th May 1918 at £35,000 per ton. This latter figure was chosen, and it became the multiplier.

The report of this committee, which was accepted by the Cabinet in October 1938, embodied the general principle that in the event of

[1] *The Medical Officer*, 'Epidemiological Aspects of A.R.P. Evacuation Schemes', 6th May 1939, LXI, p. 174. It was suggested that evacuated children should be kept apart from local children for a period.

[2] This amounted to saying that five per cent. of property (buildings and contents) in Great Britain might be destroyed within the first three weeks of war. The value of all such property insured against fire damage was estimated, at that time, at approximately £10,000 millions.

a major war 'nothing more could be attempted than a scheme of partial compensation at the end of hostilities'.[1] Nevertheless, the report served a useful purpose because it drew attention, for the first time, to the problem of damage to houses. This subject is discussed in a later chapter; here it is only necessary to give some indication of the scale of damage envisaged.

A new committee was established to study this problem. There is no need to report again on the method of estimation; it is sufficient to mention that the committee was led to state that, in the first twelve months of a major war, at least 500,000 houses might be totally destroyed or so badly damaged as to call for demolition, and at least 1,000,000 to 2,000,000 houses might be substantially damaged. The scale of damage to industrial property and public utilities was drawn to the same order of magnitude as for private houses.

The depressing conclusions reached by the Government whenever it considered war risks insurance simply endorsed such reports,[2] while an attempt to plot the fall of bombs on London conjured up a picture of crippled public services and widespread disorganisation.[3]

SOCIAL DISTRESS, DISORGANISATION AND LOSS OF MORALE

It followed inevitably that problems arising from confusion and disorganisation were emphasised as part of the expected consequences of air war upon civilians; a war to be conducted by the enemy first and foremost upon the unorganised, un-uniformed and undisciplined section of the nation with the object of breaking its morale to the point of surrender. From this war there would ensue financial distress, difficulties of food distribution, breakdowns in transport, communications, gas, lighting and water supplies and, with all these strains, large numbers of people struggling to escape into the country. 'This vast mass of human beings,' to quote Mr. Churchill again, 'without shelter and without food, without sanitation and without special provision for the maintenance of order, would confront the Government of the day with an administrative problem of the first magnitude.'[4]

The coming of the aeroplane added many new and unforeseeable problems to the task of administering the country in time of war. If disorder was to be prevented the chain of civil command on the home

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[1] A Government scheme of war risks insurance for stocks of essential commodities was introduced in 1939. The details are not, however, the concern of this volume.

[2] Government statements before 1938 rejecting any scheme for war damage insurance aroused general dissatisfaction and resulted in the growth of various mutual insurance schemes. Continual pressure on the Government led to the appointment, in July 1939, of the Weir Conference. This body, after consulting 'the Service Authorities', reported that it had failed to 'find or to devise any scheme . . . which would be practicable or justifiable'. (Cmd. 6116, 3rd October 1939).

[3] See above, p. 7

[4] H. of C. Deb., 28th November 1934, vol. 295, col. 859.

front would have to be kept intact. It is easy to understand therefore, why, during the pre-war years when civil defence and allied questions were being studied, the importance of communications and administration was repeatedly emphasised. The regional system arose from such considerations; hence the appointment of regional commissioners, supported in each region by miniature home departments, to take over complete control of the area in the event of a breakdown in communication from the centre.

Another argument for decentralisation was the possibility that the seat of the Government with the main Departments of State might have to be moved from London. This was one of the gravest of issues, and not the least of the difficulties involved was the problem of deciding whether any such move of departments should take place before or after the attack was made. There were some doubts whether, if the move was delayed, it could be accomplished satisfactorily after the attack had started. The Admiralty, in a memorandum to the Cabinet after the Munich crisis in September 1938, thought that there was a real danger of air attacks on London producing 'a temporary paralysis' of some parts of the administrative machine.

For the limited purposes of this volume sufficient has been said to show that the Government was viewing with much concern the problem of maintaining communications and administrative control.[1] About the question of public morale a good deal more must be said. In planning the emergency social services the Government thought it necessary to bear constantly in mind the possibility that civilian steadfastness might fail. For the war that threatened was seen to be something new. That this was recognised, and recognised many years before it came, was unprecedented. Never before, in the history of warfare, had there been so much study and so many plans which were concerned with the protection and welfare of the women and children of the nation.

A war of armies and navies was understood; discipline and behaviour were under control, the individual took from the group a recognised and accepted standard of conduct, and behaviour was within certain limits predictable. But how would civilians behave? They could not be put into uniform, neither given the same group loyalties nor controlled and led in the same way as an army.

Military authorities, when considering the problems that might arise in a future war, were rarely led to contemplate the contingency of wholesale neurosis and panic in the armies under their control. But this was a possibility which was never far from the minds of the civil authorities when they considered the need for emergency services to provide for the social consequences of a war on civilians.

[1] Some elements in the problem, including the organisation of civil defence regions' are the concern of the History of Civil Defence by Mr. T. O' Brien.

It seems sometimes to have been accepted almost as a matter of course that widespread neurosis and panic would ensue.

In sifting the many thousands of papers, which passed through Governmental agencies during the nineteen-twenties and nineteen-thirties, it is difficult to find even a hint that this fear of a collapse in morale was based on much else than instinctive opinion. Occasionally the searcher is rewarded by a reference to behaviour in the First World War; sometimes with a comment or two on the experience of the Spanish people during the civil war. But the value of even this scanty material was lessened, partly because morale is so insusceptible to measurement, and partly because the evidence had passed through a dense and reduplicated veil of human interpretation.

There were for instance some records from the First World War of London's reaction to attacking aircraft. It was said that during the winter of 1917–18 over 10,000 people packed themselves into one underground station and that, night after night, more than 100,000 people (as many as 300,000 on one occasion in February 1918) took shelter in the tubes. This behaviour was produced by perhaps half-a-dozen slow moving aircraft carrying somewhat primitive high-explosive bombs, a large proportion of which failed to explode.

These reports, which were accepted by the Committee of Imperial Defence, together with evidence supplied by the railways and certain industries on the effect of raids and rumours of raids on their work-people, led the first committee on air raid precautions to conclude that the moral effect of air attack in a future war would be 'out of all proportion greater' than the physical consequences. This committee, which it must be remembered was reporting in 1924, even went so far as to suggest that the 'most probable cause of chaos in the community will be the moral collapse of the personnel employed in the working of the vital public services'. Statements such as these cannot of course be properly interpreted if they are divorced from the public temper and the time when they were written. And this was when doubts about the permanence of world peace were gathering force; when men like Marshal Foch were speaking of the 'crushing moral effect on a nation . . . to the point of disarming the Government' of the air weapon in a future war.

So far as the Government's study of civil defence problems was concerned, these speculations in 1924 seem to mark the beginning of the fear that morale might break. This fear remained as a hideous question-mark to plague one planning committee after another throughout the nineteen-thirties. It led the first evacuation committee in 1931 to visualise its task not as a problem of getting people away from London but of preventing 'a disorderly general flight'.[1]

[1] To prevent this panic flight it was suggested that the police force should be enlarged and a cordon thrown round London. This suggestion was made by an Evacuation Sub-Committee of the Committee of Imperial Defence in 1931.

The emphasis did not change materially during the following eight years. From December 1937 to the period of the Munich crisis in September 1938, discussions proceeded between the War Office, the Home Office and the Commissioner of Police about a request by the latter for some 17,000 regular troops. These troops were wanted, in addition to the recruitment of 20,000 reserve constables, to control the exodus from London and to prevent panic at stations, at the entrance to tubes and at certain provincial centres.[1] The problem was stated in a letter from the War Office to the Home Office in December 1937 as 'comparable to the duties undertaken by the Army in aid of the civil authorities after the Quetta earthquake in 1935'. The method by which military assistance was to be invoked was laid down in the Government War Book, while in the instructions issued by the Army Council to General Officers Commanding-in-Chief it was stated that the 'initial preoccupation' of the troops would be 'to sustain public morale'. 'The public should be aware', continued these instructions, 'that there are available formed and disciplined bodies of troops ready to assist in minimising the effect of air raids'.

The same underlying anxiety about public behaviour no doubt prompted the Ministry of Health, when it was considering in March 1939 the problem of relief for air raid refugees, to ask the India Office to recommend for inclusion in its committee an official experienced in the 'management' of large masses of people.[2] In the preparations, too, for the hospital care of civilian casualties the Ministry of Health thought that cases of neurosis were 'not only inevitable' but 'a probable menace' unless adequate arrangements were made, and treatment restricted to severe cases, 'in order to prevent the organisation from being swamped'.

Official persons were not the only ones to hold these beliefs. Views that were often expressed by unofficial authorities on mental health were gloomier still. A few characteristic examples may be selected from an abundance of material. In the middle of 1938 a number of eminent psychiatrists from the London teaching hospitals and clinics formed a committee to consider the mental health services in time of war. A report was drawn up and presented to the Ministry of Health

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[1] An instruction from the War Office to General Officers Commanding-in-Chief on 26th April 1939 explained in more detail the way in which the Army should help. Its primary role, it was stated, would be to restore order. Its presence would help to prevent panic, and particular attention had therefore to be paid to march discipline and to the execution of orders. Examples were given of the tasks which troops might be called upon to perform; for instance, 'Crowds without food have taken refuge in open land in the suburbs. The civil authorities have organised soup kitchens which are being rushed by hungry people. Troops are required to restore order and organise queues'.

[2] As a result a retired Inspector-General of Police was added to the Ministry of Health's Relief in Kind Committee.

which envisaged a large and elaborate organisation providing immediate treatment centres in the bombed areas, out-patient clinics running a twenty-four hour service on the outskirts of cities, special hospitals, camps and work settlements in safer areas,and mobile teams of psychiatrists and mobile child guidance clinics. It was suggested that psychiatric casualties might exceed physical casualties by three to one.[1] This would have meant, on the basis of the Government's estimates of killed and wounded, some 3–4 million cases of acute panic, hysteria and other neurotic conditions during the first six months of air attack. In September 1938, the medical director of one well-known London clinic thought that it was 'clear to everyone that there must be an immediate inundation with cases of neurosis on the declaration of war—and certainly after the first air raid',[2] while in April 1939, the Mental Health Emergency Committee informed the Ministry of Health that the number of sufferers from mental and nervous disorders would, in the event of war, 'increase to an extent never before experienced'.[3]

And what was the answer? The psychiatrists had recommended a large and elaborate mental health service; the Government had looked to the Army and to the police to stiffen public opinion. This belief in the stabilising value of bodies of uniformed men was, however, difficult to reconcile with the size of the problem. There were not enough policemen and, in any event, the force would have innumerable new tasks to tackle in time of war. The Army, conscious that its job was to fight the enemy, did not take kindly to the proposal that part of its strength should be engaged on keeping order among nervous civilians or in disciplining the civil defence services. It was, therefore, quite early in the nineteen-thirties, when official thinking began to reach the stage of administrative detail, that the Government had to give up the idea of using the military to control civil defence personnel.[4] This meant that the question mark about civilian behaviour under air attack became even more crucial. The discipline of the people would have to be stiffened without the aid of

[1] Report signed by eighteen authorities and sent to the Ministry of Health, 11th October 1938.

[2] Letter to Ministry of Health, 28th September 1938.

[3] The director of another institute warned the Ministry in December 1938 that there were 'not enough trained psychiatrists in London to deal with more than a few teaspoonfuls of the casualties that would undoubtedly occur', while many psychiatrists and neurologists wrote in the same strain and offered their services to the Government in the event of war. Spanish experience was sometimes quoted in support of these statements. But information obtained by the Ministry of Health in May 1939 from Professor Mira (Professor of Psychiatry in Barcelona) showed no marked increase in the acute psychoses or neuroses during the civil war, while hysteria and severe anxiety states were said to be very rare. Professor Mira did, however, draw attention to a large increase in physical casualties in Barcelona caused by the wild and careless driving of motors cars, and to the great importance of sleep and restful nights.

[4] The emphasis on a military organisation, particularly for the first-aid services, persisted until about 1933.

soldiers. When a special committee was established in 1937 to review the air raid precautions, hospital and fire brigade schemes, the maintenance of the morale of the people was stated to be the first aim of these services. To the House of Commons, the Home Secretary described this objective in stronger terms when he said, in moving the second reading of the Air Raid Precautions Bill, that its primary job was to 'ensure the country against panic'.[1]

These fears about public order, which expressed themselves in the autumn of 1938 by concern at the inadequate number of troops and policemen in London, were deepened by the Air Staff's estimates of the rapidly growing striking power of the German Air Force. Anticipations of the mental strain were linked with anticipations of the physical ordeal. There were some officials who had spent many years in grisly intimacy with the most sombre problems, such as the disposal of the dead.[2] One of the earliest acts of guidance about war measures given by the Ministry of Health to local authorities was the issue, in April 1939, of 1,000,000 burial forms.[3]

It is uncomfortably easy for the historian to look back on this period and to imply criticism of the temper and mood which Ministers and officials brought to their task of planning the war-time social services. For this mood, this fear of a war which might end civilisation, was something which infected both Government and people. 'We had entered a period', wrote Mr. Churchill, 'when the weapon which had played a considerable part in the previous war had become obsessive in men's minds, and also a prime military factor. Ministers had to imagine the most frightful scenes of ruin and slaughter in London if we quarrelled with the German dictator'.[4]

It was the duty of the Government to envisage the consequences to the civil population of air warfare; of necessity, therefore, it had to consider the worst that might happen. As things turned out, the worst did not happen. The enemy air force launched its mass attacks on London not in September 1939 but in September 1940, and, even then, the weight and destructiveness of its attack proved to be far less than the experts had believed likely.[5] The men who held responsibility for planning civil defence and the emergency services could not have known these facts in advance. To the limits of administrative practicability, they had to make what provision they could to cope with the sombre possibilities which were presented to them.

[1] H. of C. Deb., 15th November 1937, vol. 329, col. 42.

[2] As early as 1925 the problem of mortuary accommodation and mass burials, as well as the question of apportioning the cost between the Treasury and local authorities, was being considered by the Ministry of Health for the Committee of Imperial Defence. The subject was again discussed in 1931, 1935 and 1937–9.

[3] Circular 1779 on arrangements for the burial of the dead was sent out on 28th February 1939, and the forms were distributed on 13th April 1939.

[4] Churchill, Winston S., *The Second World War*, Vol. 1. *The Gathering Storm*, 1948, p. 115.

[5] **See chapter XVI.**

If the attack had come as soon, and had been as devastating, as they feared, their anxiety on the score of public morale might not have been refuted so emphatically as in 1940 it seemed to be. That anxiety, in any case, was fully shared by the country's unofficial experts in mental health.

But were not the experts perhaps too remote from the ordinary people of Britain, who in dangerous times of the past had usually shown no lack of defiance and steadfastness? Would Londoners behave in a future war as it was said they had behaved in 1917–18? Would not the passage of twenty years of acquaintance with the aeroplane make a difference? And, even more to the point, was a nightly trek to the tubes by thousands of people an index of panic at a time when air raid precautions and evacuation had hardly been thought of?

There were observers who found little that was alarming in the conduct of the British people during the First World War, and much that might have given comfort twenty years later. An American historian quoted an observer of 1916: 'Great Britain has been acquiring a unitary aim of purpose. The aim itself is warlike; but it has been attended with some increase of mental peace'.[1] The War Office Committee of Inquiry into Shell Shock concluded that the war had produced no new nervous disorders; those which did occur had previously been recognised in civil medical practice.[2] A British civil servant and historian, looking back on what he called 'the years of collective endeavour', remembered how the war had provided many people with a purpose and a sense of usefulness, which were the basis of high morale.[3] Similar testimony had been given contemporaneously by a social psychologist who recognised in the British nation the homogeneity, endurance, enterprise and all the other qualities of a 'warrior' people.[4] 'The history of England', he wrote, 'seems to show with remarkable constancy that the national consciousness has been in its most effective action limited to those elementary conceptions which have been simple and broad enough to manifest themselves in a common purpose of great strength and tenacity'. As he saw it in 1916, the form of social organisation represented by England contained a strength not possessed by her enemy, a resistant nucleus of moral power capable of intense growth.

Admittedly, other observers found it difficult to discern these reserves of strength and moral power in the Britain of the nineteen-thirties. Yet they were still there, in the same people, waiting to be summoned.

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[1] Lasswell, H. D., *Propaganda Technique in the World War*, New York, 1927, p. 58.
[2] Report published in 1922. H.M.S.O.
[3] Lloyd, E. M. H., *Experiments in State Control*, 1924.
[4] Trotter, Wilfred, *Instincts of the Herd in Peace and War*, 1916.

CHAPTER III

PREPARATIONS: EVACUATION

THE preceding two chapters have attempted to explain the starting point of the Government's preparations for a variety of emergency social services. This chapter concentrates attention on the progress of preparations for an evacuation scheme in the event of a war which might open with the bombing of London and other centres of population.

The idea of evacuation, of a planned and orderly transfer of people from vulnerable cities to safer areas in the country, grew out of contemporary theories about the character of a future war. It was regarded simply and solely as a military expedient, a counter-move to the enemy's objective of attacking and demoralising the civilian population. The Government thought that a large exodus from London and other cities was inevitable; panic would send the people out and unless the Government took firm control chaos and confusion were bound to ensue.

It was in this spirit that the first committee[1] set up to consider the problem approached its task. This was in 1931, after some intermittent discussion by the Committee of Imperial Defence between 1924 and 1929. In its deliberations, the question was viewed not as a problem of getting people away, but as a problem of preventing panic flight. This led to the assumption that the police were the appropriate organisation to control evacuation, and to the suggestion that the force should be enlarged and a cordon thrown round London.

So convinced was the committee that 'a disorderly general flight' would take place that it felt it could not carry its study further until a decision had been reached on 'how control of the population was to be exercised'. To enable the committee to continue its work it was agreed—after consultations with the Commissioner of Police and the Home Office—that a scheme should be prepared on the assumption of police control.

While the committee was sitting, arrangements were being made by the Committee of Imperial Defence for work on the preparation of a plan for the passive defence of London against air attack. At the same time, the secretary of the Air Raid Precautions (Organisation) Committee (Wing Commander E. J. Hodsoll) was compiling a detailed handbook covering every aspect of civil defence. By 1933, therefore, evacuation was being studied not simply in isolation, but

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[1] Evacuation sub-committee of the Committee of Imperial Defence. Appointed on 16th February 1931.

as part of an integrated system of civil defence.[1] In November 1932, Mr. Baldwin informed the House of Commons that this work was going on. 'I will not pretend,' he said, 'that we are not taking our precautions in this country. We have done it. We have made our investigations, much more quietly and hitherto without any publicity, but considering the years that are required to make your preparations, any Government of this country in the present circumstances of the world would have been guilty of criminal negligence had they neglected to make their preparations.'[2]

In June 1933 the air raid precautions handbook was presented in draft to the Organisation sub-committee; a few months later the London passive defence plan was completed, and in June 1934 the Evacuation sub-committee completed its report. None of these documents questioned the need for evacuation from London. They assumed, without argument, that dispersal on a large scale would take place. Once the Government had accepted this fact, it only remained, according to these reports, for agreement to be reached on the many practical issues.

The first attempt to translate the principle of evacuation into detailed plans resulted in a comprehensive report. Railway timetables were worked out—a lengthy and complicated process—and the cost to the Government of an extensive measure of evacuation was computed to be in the neighbourhood of £920,000 a week. The report concluded that some 3,500,000 persons living in inner London, or approximately seventy-five per cent. of the population, would require to be evacuated. It proposed that control should be exercised by the police, that evacuation should be voluntary, that complete families—fathers, mothers and children—should wherever possible move together, and that all these persons should be accommodated in billets within fifty miles from London.[3]

In this scheme, almost all the attention was focused on arrangements for an orderly exodus from London. Less attention was given to the other, and administratively more difficult, task of receiving the migrant Londoners. To a large extent this was inevitable because of the rule of secrecy. In July 1934 Mr. Baldwin stated the issue as follows: 'We feel with regard to the protection of the civil population that our plans have been carried as far as is possible without wider publicity than has hitherto been deemed to be in the public interest. The next stage involves communications with local authorities, with public utility companies, and so forth, and with all those on whom

[1] Between 1924 and 1933 sub-committees concerned with air raid precautions held eighty-six meetings and considered, between them, over 400 memoranda. A full account of all these studies by committees of the Committee of Imperial Defence is the concern of the War History of Civil Defence.

[2] H. of C. Deb., 10th November 1932, vol. 270, col. 633.

[3] It was optimistically assumed that most of the Home Counties could absorb a number of refugees equal to their existing populations.

responsibilities for action would fall in the emergency contemplated, and before long steps will be taken to communicate the necessary instructions to the public generally'.[1] Mr. Baldwin then informed the House of Commons: 'so far as I know every country in Europe has carried its work a great deal further than we have carried ours'.

It was not until the establishment of the Air Raid Precautions Department in April 1935 that public education in civil defence began in earnest. Even then, the department was mainly preoccupied with anti-gas precautions. In its first circular to local authorities on civil defence no reference was made to evacuation.[2] When questions were asked in the House of Commons in July 1935 and again at the end of the year, members were told that the problem of evacuation was being considered.[3]

During 1936 the subject continued to crop up in the new department and in the various sub-committees of the Committee of Imperial Defence. It arose, for example, when food problems were under discussion. '. . . The evacuation of London needs to be thought out in terms, not of transport only but of reception, housing (by compulsory billeting if necessary) and feeding—probably on a free communal basis at first. Adequate emergency stocks of food in a transportable form will be as necessary as gas masks. No doubt those who are concerned with evacuation are making plans about food as well.'[4] All the same, little progress was made as yet towards a comprehensive and realistic operational plan.

The drastic scaling-up, in January 1937, of the Air Staff's estimate of German striking power[5] provided a fresh stimulus to the study of evacuation. 'This increase,' remarked a Home Office memorandum, 'strengthens the case for evacuating non-essential persons from areas exposed to heavy attack, so as to prevent avoidable loss of life and lessen the danger of panic and stampeding.' But by this time—the middle of 1937—the 1934 report and time-tables of the evacuation committee were getting out-of-date; nor had any discussions taken place as yet with the local authorities. Moreover, the problem was seen to be more complicated than had at first been thought. It was not enough to think only of London, and of a total indiscriminate mass of refugees. The time had come to ask more exact questions. What groups should be sent to safety? From what areas of danger? Where should the boundaries be drawn? And would the police—burdened as they were with many other tasks of civil defence—have enough men to control the exodus? The answers to these questions were by no means clear.

[1] H. of C. Deb., 30th July 1934, vol. 292, cols. 2335–6.
[2] Home Office circular 700216/14, 9th July 1935.
[3] H. of C. Deb., vol. 304, col. 1850 and vol. 307, col. 563
[4] Appendix by Sir William Beveridge to Committee of Imperial Defence report, Food Supply in Time of War, November 1936.
[5] See chapter I, p. 5.

That the Government had not yet made up its mind about the wider issues of policy was indicated to the House of Commons in July 1937, when a questioner was told that the 'possibility that it might be necessary to evacuate persons from densely populated areas' was under examination.[1] This answer was too indefinite to satisfy some members. In November 1937, when the Air Raid Precautions Bill (which placed the onus for preparing air raid precaution schemes on the local authorities) was introduced, there was some pressure in the House of Commons for the inclusion of evacuation. The text of the bill did not refer to the subject; but an amendment was moved to place upon local authorities the responsibility for preparing evacuation schemes. In resisting this amendment, the Home Secretary declared that the matter must be left to the Government to decide. 'The Committee of Imperial Defence,' he said, 'is actively engaged upon this problem. We already have certain plans in existence. We intend to make them more comprehensive, and we shall have them ready for the emergency.' Finally, '. . . we have the question of evacuation very vividly in our minds . . .'[2]

When the committee stage of the bill had been reached, and further questions had been asked, the Home Secretary made a concession. He introduced a new clause which laid a duty on all local authorities to provide information to the Government for the purpose of assisting the preparation of evacuation plans.[3] 'We regard the question as very urgent,' he said, '. . . we intend that the local authorities should draw up their schemes and that those schemes should be based, as far as possible, upon local administration, but that the Government should come in as the co-ordinating body . . .'[4]

This position was maintained in a circular from the Board of Education to local authorities in January 1938.[5] It was stated that in areas which were so exposed to danger that it would be decided to close the schools during the whole period in which raids might be expected the ideal solution would be evacuation, and the difficulties of such a scheme should not prevent its consideration. The authorities were therefore told to approach the Home Office for advice on the preparation of schemes. Later on, however, it became clear that the method of allowing each local authority to draw up its own scheme would create confusion. So, four months after the debate, these

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[1] H. of C. Deb., 20th July 1937, vol. 326, col. 1985. The subject was still 'under careful examination' on 11th November 1937. H. of C. Deb., vol. 328, col. 1832.

[2] H. of C. Deb., 25th November 1937, vol. 329, col. 1447.

[3] Clause 6. 1 and 2 Geo. 6, c.6.

[4] H. of C. Deb., 7th December 1937, vol. 330, cols. 231 and 258.

[5] Board of Education circular 1461, 3rd January 1938. This circular had been before the Cabinet for approval on 7th July 1937, but its issue was postponed until the question of A.R.P. finance had been resolved.

authorities were told by circular not to prepare plans until directed by the Home Secretary.[1] The House was assured that the wording of this circular did not represent a change of policy.[2]

From the foregoing it will be plain that plans of action were still in a rudimentary state early in 1938. In April of that year, the Home Secretary told a restless House that the problem was being 'studied very carefully', and that it was necessary 'to have some idea of the shelter provision before giving any direct guidance to local authorities with regard to the question of evacuation'.[3] By this time local authorities were also getting restive. On 10th May 1938 the London County Council passed a resolution approving the principle of evacuating schoolchildren. Two days later, however, the Home Secretary refused a request for a billeting survey and repeated that the problem was being 'actively studied'.[4] As a result of this further study, the Government decided to appoint a committee, under the chairmanship of Sir John Anderson, to 'review the various aspects of the problem of transferring persons from areas which would be likely, in time of war, to be exposed to aerial bombardment'.[5]

The Anderson committee examined fifty-seven witnesses and received evidence from the Air Ministry, the Health Departments, the Board of Education, the Ministry of Labour and the Home Office. The last prepared a comprehensive memorandum, reviewing developments since the 1934 report and drawing attention to issues which that document had left unsettled. The Home Office believed that a great deal still awaited settlement. It summed up the situation thus: 'It remains broadly true that, apart from certain major issues of policy, any evacuation scheme depends upon the practicability of its detailed arrangements. Until these details can be examined and tested by public discussion and consultation with the authorities concerned, no real evacuation scheme can be said to be planned'.

During the months of June, July and August 1938, the subject of evacuation, in common with other questions of civil defence, was being anxiously discussed by the public and the press. The Anderson

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[1] Home Office circular 701262/8 (para. 16), 28th March 1938. 'Authorities will recognise that no single or comprehensive plan for evacuation is practicable. If the necessity arose for evacuation on any large scale, it would be carried out in co-operation between the Government and the local authorities. The matter is under examination by the Department who will be able, at a later date, to arrange for the subject to be considered in co-operation with the authorities who may be concerned. In the meantime authorities need not take action on this matter in respect of their schemes unless and until specific directions have been issued by the Secretary of State.'

[2] H. of C. Deb., 28th March 1938, vol. 333, col. 2162.

[3] H. of C. Deb., 14th April and 28th April 1938, vol. 334, col. 1296 and vol. 335, col. 291.

[4] H. of C. Deb., 12th May 1938, vol. 335, col. 1703.

[5] 24th May 1938. The other members of the committee were: Sir P. Harris, M.P., Dr. Haden Guest, M.P., and Lt.-Col. G. Doland, M.P.

committee, realising the need to hurry forward with plans, completed its report on 26th July 1938.[1] In presenting the report to Parliament, the Home Secretary declared that the Government accepted its main principles and laid particular stress upon the following:[2]

(*a*) That, except in so far as it may be necessary for military or other special reasons to require persons to leave some limited area, evacuation should not be compulsory.

(*b*) That, for the purpose of supporting the national war effort and supplying essential civilian needs, production in the large industrial towns must be maintained, but it is desirable to provide organised facilities for the evacuation of substantial numbers of people from certain industrial areas.

(*c*) That arrangements for the reception of persons who become refugees should be mainly on the basis of accommodation in private houses under powers of compulsory billeting. These arrangements will require very detailed preparation in order to avoid unnecessary hardship either to the refugees or to the persons who receive them.

(*d*) That the initial cost of evacuation arrangements should be borne by the Government, but that refugees who can afford to contribute towards the cost of their maintenance should be expected to do so.

(*e*) That, to meet the needs of parents who wish to send their children away, but cannot make their own arrangements, special arrangements should be made for schoolchildren to move out in groups from their schools in charge of their teachers.

Here at last, after many years of study and postponed Ministerial decision, were the firm outlines of the scheme which became effective in September 1939. There were still many details to be settled, and a vast amount of operational planning to be done, but the basic principles were now firmly established.

The Anderson report laid particular emphasis on the limiting factor of billeting in any scheme of evacuation. This, it said, was especially true of the North of England and Scotland, where overcrowding was already very serious. As regards billeting payments—a matter which was destined to become controversial—the committee did not attempt to work out the monetary cost of a scientific standard of board for children of different ages, but confined itself to stating: 'we are informed that the London County Council pay 10s. 6d. per week for children boarded out'. Nor did the report offer any detailed proposals about feeding arrangements beyond pointing out the need for large-scale plans for communal feeding. Finally, the report recommended that the local authorities should be instructed to make a survey of accommodation. It concluded with this warning: 'The

[1] Cmd. 5837. The report was not published until 27th October 1938.
[2] H. of C. Deb., 28th July 1938, vol. 338, col. 3283.

whole issue in any future war may well turn on the manner in which the problem of evacuation from densely populated industrial areas is handled . . . the task appears to us to be one of great urgency'.

After the Munich crisis, when the Government decided to publish the report, its recommendations were well received. The *Economist* wrote: 'The Committee have done a good job of work, but it ought scarcely to have taken two years for the Government to find itself in agreement with its many earnest and sincere critics who urged the need for evacuation plans long ago'.[1]

In the two months between the completion of the Anderson report and the Munich crisis, overworked staffs in the Home Office who had many other tasks to perform did their best to translate the principles of the Anderson report into plans. The plans were inevitably incomplete and it was perhaps as well that they were never put to the test. Full-time planners for evacuation were appointed on the very eve of the Munich crisis.[2] But before this the London County Council had become alarmed, and pressed the Government to reach certain decisions in order to allow transport planning to begin. On 5th August, the Clerk to the Council (Sir George Gater) saw the Home Secretary and offered the services of members of the Education Officer's staff. This offer was not accepted. With political tension increasing by 12th September, Mr. Herbert Morrison (Leader of the Council) urged upon Sir Samuel Hoare the need for immediate decisions.[3] The Council then drew up plans, necessarily of a primitive and faulty nature, for the removal of some 637,000 children from London.[4] Plans for the transfer of schoolchildren were also hastily improvised in Birmingham and other areas. The conclusions reached as early as 1933 that improvised schemes by a variety of local authorities would lead to trouble were now amply justified. While children were to be evacuated from East London to the area of Essex bordering on the Thames estuary, the Essex authority was arranging to evacuate its children from that area. While King's School, Canterbury, was moving to Scotland, the Canterbury City Council took over the school buildings for the reception of children from London.

A little later in September the Home Office began making arrangements so that anyone—man, woman or child—could turn up at an

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[1] *Economist*, 29th October 1938.

[2] The report was not considered by the Committee of Imperial Defence until 15th September 1938. Of the three officials appointed to run a new evacuation section in the Home Office, one did not commence duty until 5th September 1938, the second on the 12th and the third on the 23rd.

[3] Parliament had adjourned on 29th July 1938 and did not meet again until 28th September.

[4] The Council actually evacuated on 28th September 1938, 1,200 nursery schoolchildren and 3,100 physically defective children. These children were brought back to London after the crisis.

entraining station in London and be decanted into some other part of the country.[1] Hasty discussions were held on the question of drafting regular troops into London to keep order and prevent panic in the event of a public announcement of these arrangements.[2] Fortunately, the signal for this mass evacuation was cancelled at the last moment.

On the day that Mr. Chamberlain travelled to Berchtesgaden (15th September) the subject of evacuation was reviewed by the Committee of Imperial Defence. Sir Samuel Hoare took the view that 'in existing conditions' it was 'not desirable to publish the Anderson report',[3] but he agreed that no time should be lost in preparing a detailed plan. A new Evacuation sub-committee of the Passive Defence sub-committee of the Committee of Imperial Defence was set up to consider the matter further. Events, however, overtook this sub-committee, and with the immediate crisis at an end by October the inevitable *post mortem* began.

The House of Commons reviewed the working of the civil defence services in a censure debate on 3rd November 1938. Members were in a worried and critical mood, and among the charges made it was maintained that the Government had neither policy nor plans for evacuation when the country was on the verge of war. To this Sir Samuel Hoare replied: 'On the broad question of evacuation I claim that the plans were laid on a sound foundation, and further that if we had been compelled to bring them into operation, they would have worked not unsatisfactorily'.[4] Despite this confident answer, there was much uneasiness in Whitehall.

Immediately after the Munich crisis the Committee of Imperial Defence called for a review by heads of departments of measures taken during the period of tension. The Ministry of Health and the Board of Education presented a joint report, the main conclusion of which was that the Home Office was not the appropriate department to handle evacuation. It was pointed out that the reception of refugees was primarily a matter of housing, education, health and the poor law services, and that therefore the administration of evacuation

[1] After the crisis the Air Raid Precautions Department reported: 'under the *ad hoc* arrangements proposed, no restrictions were placed on the evacuation of anybody who wished to leave within the numbers which it was possible to transport in a given time'. These arrangements were described by Sir W. Eady (then Mr. Eady, Permanent Secretary of the Air Raid Precautions Department) in a lecture to officers of the Services in the following words: 'I do not want you to think that that was an evacuation scheme; it was an emergency scheme for getting refugees out of London and bedding them down that night while we tried to sort out what was going to happen afterwards: and it would just about, and only just about, have stood up to those requirements'. (*Journal of the Royal United Service Institution*, Vol. LXXXIV, February 1939.)

[2] See chapter II, p. 19.

[3] The Anderson report was eventually published on 27th October 1938. (Cmd. 5837.)

[4] **H. of C.** Deb., vol. 340, col. 446

schemes should rest in the hands of the departments supervising these services. At the local level, it followed that the main burden of work would fall upon the non-county boroughs and urban and rural districts—authorities which had no direct relations with the Home Office.[1]

The behaviour of the public during the Munich crisis did not apparently allay the Government's fears of a break in morale. There were symptoms of instability which were interpreted unfavourably, such as the 'premature panic migration' of 150,000 people to Wales, and a continuous rush of cars from London. (These and other disquieting phenomena were referred to in a report by the Home Defence sub-committee of the Committee of Imperial Defence.) The lack of any Government announcement about evacuation plans until the evening of 29th September—when the worst of the crisis was over—did not ease the state of tension that prevailed. The hurried distribution of 38,000,000 gas masks and the digging of 1,000,000 feet of trenches also did not conduce to mental peace. One result of all this was an abnormal rise in the sale of grocery and provisions in the West End of London.[2] Curiously, however, the conception rate did not fall[3]—as it did after the outbreak of war.

The Government may have felt, when it reviewed the events of the crisis, that these signs and symptoms supported it in thinking that public morale could not be relied upon. But the relations between Government and people were not at their best during this period; there was a lack of guidance on some essential matters, and a general feeling of uneasiness that the Government's plans for civil defence and other emergency services were not fully developed.

As a result of the Government's review it was decided to transfer responsibility for evacuation schemes to the Health Departments. This was part of a general re-distribution of the functions of the Air Raid Precautions Department taken, as chapter I has already recorded, at the instance of Sir John Anderson, who, as Lord Privy Seal, had recently been made responsible for co-ordinating the whole field of civil defence. The reasons which led to this re-allocation of responsibilities among various departments will be fully dealt with in the War History of Civil Defence. Here it is only necessary to record that the Health Departments took over on 14th November 1938 the duty of preparing evacuation schemes, and that henceforward Sir John

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[1] Considerations of morale played a part in the early association of evacuation with the department responsible for public order. The first committee on evacuation (1934) had recommended that county councils and county boroughs should be the receiving authorities. These authorities were responsible for maintaining police forces and were therefore in contact with the Home Office.

[2] *The Times*, 27th October 1938. The rise amounted to twenty-seven per cent. and was much higher than in the rest of the country.

[3] Inferred from the level of the birth rate nine months after September 1938.

Anderson continued to be responsible for the direction of policy as Minister for the co-ordination of the civil defence services.

In the Ministry of Health, work began immediately on the task of translating the principles of the Anderson report into a practical plan. A new division was established and staffed jointly by the Ministry of Health and the Board of Education. This division, later strengthened by the addition of a member of the staff of the London County Council, was responsible for the detailed working out of plans. Other departments, such as the Board of Education and the Ministry of Transport, as well as the London County Council and other local authorities were continually consulted during the planning period. Soon after taking over the work, the Ministry of Health appointed an Advisory Committee on the Evacuation of Schoolchildren composed of representatives of the associations of local authorities and local education authorities and of the several branches of the teaching profession. This committee met regularly and was of real value to the officials of the Ministry in advising on the many difficult human problems that arose. In Scotland, the Department of Health was responsible for evacuation, and organisation was on much the same lines as in England. There also an advisory committee was appointed to assist the department.

The plans that were built up and put into operation on the outbreak of war were largely based on the recommendations of the Anderson report. The detailed application of the Anderson principles was a formidable undertaking. One of the first tasks was to draw new boundary lines throughout Britain and divide the country into three zones—evacuation, neutral and reception. This was accomplished by January 1939, but not without much firm decision by the Health Departments. Over 200 local authorities in England and Wales graded as reception asked to be ranked as neutral,[1] and another sixty authorities wanted to be scheduled for evacuation. It is significant of the temper of the country at that time that no authority zoned as evacuable disputed the Ministry of Health's decision, and no authority asked to be a reception area.

Most of these representations for a change in status had to be rejected. The classifications by the Health Departments were settled with the advice of the Defence Ministries, and with the predominant aim in mind that somehow or other accommodation had to be found for 3,500,000 persons in England and Wales, and 400,000 in Scotland. It was thought that if many concessions were made resulting in a larger number of sending, and fewer receiving, areas, then the problem of accommodation would become insoluble.

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[1] Including one rural district authority for the reason that two main roads ran through its area.

Owing to the backwardness of evacuation plans at the beginning of 1939[1] the Health Departments were faced with a two-fold task. They had to prepare short-range, and admittedly defective, measures to be put into operation should the situation deteriorate suddenly, and while they were thus fighting against time, they had to prepare a long-range and more detailed plan for the dispersal of nearly 4,000,000 persons. This scheme was known as plan 2.

Under this plan 13,000,000 persons in Britain were in areas scheduled as evacuation, 14,000,000 in neutral areas and 18,000,000 in districts classified as reception. Some changes were subsequently made, as a result of local representations, and the additions—known as plan 3—increased the numbers to be evacuated by ten per cent. Both schemes—plans 2 and 3—were operated in September 1939.[2]

At the centre of this problem of 'thinning out' and dispersing to safer areas the inhabitants of the vulnerable and congested cities of Britain was the question: who should be evacuated? What groups should be given Government assistance to move? It was clear from the experience of the Home Office in the autumn of 1938 that no plan would be workable if facilities were thrown open to all and sundry who chanced to arrive at entraining stations. The Government therefore decided, partly for this reason and partly because accommodation was considered to be the most important limiting factor, that the scheme would have to be restricted to certain defined groups. These —officially described as priority classes—were:

1. Schoolchildren, removed as school units under the charge of their teachers.[3]
2. Younger children, accompanied by their mothers or by some other responsible person.

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[1] A report to the Home Defence sub-committee of the Committee of Imperial Defence in January 1939 on the 'State of Readiness' of the civil defence services concluded that 'Evacuation plans are at present very backward'.

[2] The main evacuation areas were:

1. London and outer metropolitan areas.
2. Medway Group (Chatham, Gillingham and Rochester).
3. Southern Ports (Portsmouth, Southampton and Gosport).
4. Midlands (Birmingham, Smethwick, Coventry, Derby, Nottingham, Walsall, West Bromwich and Oldbury).
5. Merseyside (Liverpool, Bootle, Wallasey, Birkenhead, Manchester, Salford, Crosby, Stretford, Widnes, Litherland, Runcorn, etc.).
6. Yorkshire and Lincolnshire (Bradford, Leeds, Sheffield, Kingston, Grimsby, Cleethorpes, Middlesbrough and Rotherham).
7. North-East Group (Newcastle, Gateshead, South Shields, Sunderland, Tynemouth, West Hartlepool, Jarrow, Wallsend, Felling, Hebburn and Whickham)
8. Scotland (Glasgow, Edinburgh, Dundee, Clydebank and the Rosyth area of Dunfermline).

Note: In England, only in a few cases outside London was the whole area scheduled as evacuation. Most boroughs and urban districts included both evacuation and neutral zones, and only those parts considered most vulnerable were zoned for evacuation. In Scotland, the whole of the five areas mentioned in 8 above were scheduled for evacuation.

[3] In Scotland, schoolchildren did not go out in school parties, but were evacuated with their mothers.

3. Expectant mothers.
4. Adult blind persons and cripples whose removal was feasible.

Would all the members of these groups wish to be evacuated? Although the scheme was restricted to these classes, evacuation was still to be voluntary. In the words of the Anderson report:

> Whatever the Government's plans, it is to be anticipated that there would be an exodus, on a scale which cannot accurately be foreseen, from any area which had been subjected to repeated air attack. Men and women engaged on work of an essential character would in the great majority of cases be moved by a sense of public duty to remain at their tasks, and the Government of the day may be expected to exhort them to do so, as their contribution to the national effort. The tendency to migrate would accordingly be found more especially among those whose presence could be spared. We have assumed that the Government would not normally attempt forcibly to restrain persons from leaving a vulnerable area. If large numbers of persons are determined to leave a district, it does not seem to be practicable, even if it were desirable, to prevent them from doing so.
>
> We have also assumed that as a general rule compulsion would not be exercised to require persons to leave a vulnerable area if they desired to stay. Limited areas might have to be completely evacuated for military reasons or on such grounds as the risk of flooding, but apart from these special cases we do not believe that public opinion would accept any scheme for the compulsory transfer from their homes of vast numbers of town dwellers.

To build an evacuation plan on this voluntary principle was an immeasurably harder task than if a measure of compulsion had been put behind the scheme. It meant that concrete plans, worked out to the smallest details, had to be created on the basis of a number of unknown and variable factors. Assumptions had to be made about the probable mental reactions of over 10,000,000 individuals living in, and conditioned by, widely differing environments who, historically, had shown a marked affection for individuality.

In arriving at estimates about the numbers who would wish to be evacuated the Health Departments were strongly influenced by the considerations discussed in the preceding chapters. Their reading of how the public might react to air attack, and the London report of an eighty-three per cent. registration for evacuation at the time of the Munich crisis,[1] led to an estimate that plans would have to be made for eighty per cent. of the eligible classes. This proportion was applied to Glasgow, Edinburgh, Liverpool, the midlands and all other areas, as well as to London. It meant arranging transport, food, accommodation and a host of other things for, in round figures, 4,000,000 persons—a community more than half the size of the population of

[1] In the autumn of 1938 the London County Council reported that the parents of eighty-three per cent. of the school population desired their children to be evacuated.

Australia. Of this number, 1,400,000 were to be evacuated from the Greater London area.

The question raised by the Anderson report of evacuating other groups of the non-essential adult population was not forgotten. But, although there was considerable pressure upon the Government before the war to extend the scope of its schemes, it was thought that no decision could be taken until the priority classes had been dealt with. 'It is clear,' said Mr. Walter Elliot (Minister of Health) 'that the evacuation of a considerable section of the adult population must in any case come subsequent to the evacuation of the priority classes.'[1] The Government was right in this decision, for any substantial extension might have jeopardised the whole scheme. Dispersal was being considered in terms of 4,000,000 persons, and those responsible for planning did not know how much more time they had in which to prepare.

From the beginning it was foreseen that billeting in private houses provided the only answer to the problem of finding accommodation for 4,000,000 persons. In the first place, the standard for mothers and children would have to be a reasonable one; it was no use thinking of rough and temporary accommodation. At that time no one envisaged the evacuees returning—or even wanting to return—to the target areas. Secondly, even if camps and hostels on a large scale were desirable—which, for young children, was a debatable question—it was believed in January 1939 that there was insufficient time to build a vast network of camps in rural areas. Thirdly, the expense of such a scheme, in addition to the difficulties of labour and materials at a time when the Government's rearmament programme was expanding, added a further prohibition.

Both before, and during the war, the Health Departments consistently maintained that billeting was the main solution. It was realised that the invasion of family life on such a scale was unprecedented, and that such a policy would have to fight in every village and town of the country a centuries-old dislike of billeting in private homes.

Even before evacuation had begun antagonism showed itself, and the Health Departments were strongly pressed to abandon or modify their policy. The campaign was particularly vigorous shortly after the Munich crisis, when a large number of M.P.s representing rural areas in the south of England urged the Lord Privy Seal (Sir John Anderson) and the Minister of Health to embark on a grandiose scheme of camps. One M.P. wrote to say that 'compulsory billeting would be far worse than war'. Similar proposals were showered on the Ministry by teachers, housewives, local authorities, church bodies and conservative and labour associations. One county council

[1] H. of C. Deb., 4th May 1939, vol. 346, col. 2059.

protested that householders would not take 'the dregs of London', while members of the Government's Advisory Panel of Industrialists suggested that evacuees might be accommodated on Ascot racecourse and in golf club houses.

The Government resisted these proposals. Only one small concession was made to public opinion. In February 1939 it was agreed to construct a limited number of camps. Plans drawn up by an inter-departmental committee recommended the building of 100 camps, a number which was halved at the instance of the Treasury when the matter came before the Cabinet. On 25th May the Camps Act was passed entrusting the work to two non-profit making public corporations, the National Camps Corporation Ltd. for England and Wales and the Scottish Special Housing Association. A sum of £1,200,000 was provided for the construction, maintenance and management of approximately fifty camps, each designed to accommodate about 300 persons. It was hoped to complete construction of them all by March 1940, and it was thought that they might be used for three purposes: school camps and camps for holiday makers in peacetime and, in the event of war, to provide accommodation for 'difficult' billeting cases and homeless refugees. They were designed almost entirely by reference to their peace-time use and, consequently, for short periods of occupation. Considerable alterations were therefore necessary when they were used for permanent residence.

It was after evacuation—at the end of September 1939—that it was decided to use these camps for the purposes of the evacuation scheme. The London County Council, concerned because of the unsatisfactory condition of some of the buildings in which its parties of physically handicapped children had been placed, and unable to find other accommodation, was allowed to use one of the camps for permanent occupation by these children. More of the camps were subsequently taken over to accommodate parties of evacuated school-children. It was in this way that the camps came to be called in to assist the evacuation scheme.

The decision in May 1939 to build these camps did not, however, alter the fundamental fact that billeting in private houses would have to be the foundation of evacuation policy. And even then, it was thought, there would be a serious shortage of houses in many of the reception areas. Some of these areas—Scotland, the north of England, Wales and many rural districts—had benefited least from the house-building of the nineteen-thirties. A great number of the houses which were built in this period were in precisely those areas vulnerable to enemy attack and, consequently, of little help to the evacuation scheme.

As about ninety per cent. of the billets would have to be provided by private houses it was decided to make a survey and collect the

facts for all the reception areas. On 5th January 1939 local authorities were asked to make arrangements and complete the work by the end of February. The object was not only to obtain a comprehensive picture of the housing situation, but to ascertain the number of householders who would be prepared to receive children and mothers into their homes. 'It is obviously desirable,' emphasised the Health Departments, 'that so far as possible, children should be accommodated in homes where their presence would be willingly accepted.'[1]

To measure surplus accommodation, the housing standard used for England and Wales was one person per habitable room; but in Scotland, where the housing shortage was serious, a lower standard was adopted of one person per room over the age of fourteen and two in the case of children under fourteen. The survey had also to take into account the fact that a proportion of the accommodation available would not be suitable for the billeting of unaccompanied schoolchildren. There would, for instance, be the cases of old or infirm householders and of people living alone whose employment required them to be absent all day. These and many other factors, such as the adequacy of water supplies, had to be noted by the investigators and reported to the Health Departments.

Not only was the survey the basis of policy in making allocations to local authority areas, but its results were of value in showing the geographical distribution of the available housing accommodation. The investigation covered over 5,000,000 houses, concerned 18,000,000 people and engaged 100,000 visitors. It was an undertaking of magnitude, but one which was soundly conceived and carried through.

For reception areas in England and Wales, the results of the survey showed, on the basis of one person per habitable room, that there was accommodation available for 6,050,000. But not all this accommodation could be used. Unsuitable houses and rooms, billets required by the Service departments, houses too near aerodromes and military establishments, inadequate water supplies and other factors made it impossible to use 1,250,000 rooms. The figure of available billets was thus reduced to 4,800,000.

But, as the next few months were to show, the most important factor in reducing the quantity of billets that could be used for the Government's scheme was the accommodation declared by householders to be reserved for friends and relations. In February 1939 over one-sixth of the surplus accommodation in receiving areas—or 1,100,000 rooms—had been 'privately' reserved.

A statistical study, by geographical areas and size of house, of the distribution of 'private reservations' shows, among other things,

[1] Ministry of Health circular 1759 and E.V.1, and Scottish Department circular D P.6, 5th January 1939.

where over a million persons had decided to go in the event of war; the distances they proposed to travel, and the areas they considered 'safe'. By way of illustration one or two results of this study may be introduced here.

Over 130,000 persons had, by February 1939, made private arrangements to go to five south-western counties (Cornwall, Dorsetshire, Somerset, Wiltshire and Herefordshire). This represented the addition of one person to every ten living in these counties. On the other hand, in relation to the resident population, only half this proportion had made arrangements to go to eastern counties. This suggests that these private reservations were not all made for friends and relatives, for Londoners are unlikely to have had, in proportion to the populations involved, twice as many friends and relatives in the western—and more distant—areas of England as in the eastern—and nearer—areas. This heavy volume of private reservations presaged the 'flight to the west' which grew in importance as the war approached. It imposed limitations on the official evacuation scheme, and it continually worried the Government through the anxious spring and summer of 1939.

The percentage of available accommodation which was privately earmarked by February 1939 was highest in Buckinghamshire (twenty-seven per cent.), West Sussex (twenty-six per cent.), Berkshire, Herefordshire and Oxfordshire (twenty-five per cent.), East Sussex (twenty-four per cent.) and Dorsetshire and Westmorland (twenty-three per cent.). The lowest proportions were in Northamptonshire and the Isle of Ely (ten per cent.), Bedfordshire, Lincolnshire (Kesteven) and East Suffolk (eleven per cent.). In general, private reservations were highest in those counties with the largest proportions of big houses, and lowest in the counties containing more small houses.

The contribution that could be made to the housing of 3,500,000 persons in England and Wales by the use of hostels, camps and empty houses was not substantial. Accommodation in hotels and boarding-houses amounted to 207,700 rooms, of which eight per cent. had been privately reserved by February 1939. Camps and hostels supplied only 50,400 billets, and empty houses 626,000. But the latter figure was deceptive. Many of these empty houses could not be made suitable for the reception of children, and large numbers of those which might have been adapted had been booked by London business firms evacuating to the country.

It was the view of the Health Departments that, in the interests of the children, the solution lay in billeting in private homes. This opinion was overwhelmingly supported by the results of the survey. By using all the accommodation that had not so far been privately reserved there was room for 3,700,000 persons in private homes. On

the assumption that eighty per cent. of those eligible to be evacuated would in fact take part in the scheme they would absorb 3,200,000 billets. The margin left would thus be small, and would become smaller still as more persons earmarked rooms in the reception areas.

In Scotland, the problem was worse. Even with the use of a lower standard of houseroom per person the Department of Health found itself with a very small margin of accommodation. Nearly twenty-one per cent. of all the available room had been privately earmarked by February 1939 as against a proportion of eighteen per cent. in England and Wales. This higher figure was probably due to numbers of English people arranging temporary accommodation in Scotland.

The Government was concerned about the way in which billets were being reserved. But, after much discussion, it was decided that nothing could be done to prevent this development beyond moral appeals aimed at persuading people not to take up accommodation before the Government's scheme had been completed. Although these limitations were important, they cannot obscure the first generous response by householders to the Government's request for billets for mothers and children. This direct approach through the local authorities, asking in a practical way for practical help, met with a sound and warm-hearted response. Offers were made to receive and care for 2,250,000 unaccompanied schoolchildren in England and Wales, and 300,000 in Scotland. And these offers were given with the knowledge of what was to be paid for board and lodging—amounts which later on were admitted to be inadequate.[1]

With the housing survey completed, the Health Departments proceeded to make allocations to the receiving areas.[2] Local authorities were told the numbers to be sent them, these being based on the results of the survey and on such factors as the probable billeting requirements of the Army, Air Force and Government Departments. The task of justly allocating nearly 4,000,000 persons among hundreds of local authorities was not made easier by the geographical distribution of surplus accommodation revealed by the survey. Thus, over one-half of the surplus was in the area south of a line drawn from the Wash to the Bristol Channel. This meant, for instance, that some evacuees from Liverpool would have to be sent south to such counties as Glamorgan and Hereford.

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[1] As originally fixed, these allowances were, for full board and lodging, 10s. 6d. a week in cases where only one unaccompanied child was taken and 8s. 6d. a week for each child where more than one was taken. For lodging alone (children under school age accompanied by their mothers) payment was made at the rate of 5s. a week for each adult and 3s. a week for each child. A lodging payment was also made of 5s. a week where accommodation was provided for teachers and helpers.

[2] No English children were to be sent to Scotland and *vice versa*.

Another important factor which influenced the allocations was the distribution of railway facilities from the different sending areas. This was a difficulty which was encountered in Scotland as well as in England. But, after a careful balancing of all the factors, detailed time-tables were worked out by April 1939. The Traffic Commissioners then arranged for the necessary road transport from the detraining stations to the agreed points of dispersal in the surrounding villages. This was particularly important in the rural areas of Wales and Scotland, where many of the detraining stations were situated at a considerable distance from the billeting districts.

During the period from January 1939 onwards the Health Departments, the London County Council and the local authorities were hard at work identifying problems and drafting plans to meet all manner of contingencies that were expected to arise in the evacuation of nearly 4,000,000 persons. It was the movement from London which dominated these preparations and infused into all the work a note of urgency. The evacuation division of the Ministry of Health was driven by a fear that the London plans would not be ready in time. The character of a war on civilian society, for long speculated about in a leisurely way, now seemed to acquire concreteness as principles began to be clothed with detailed plans. All the estimates of damage, of casualties and panic now looked more menacing, where hitherto they had often seemed but vague and unpleasant conjectures.

This transition from leisureliness to urgency was sudden, and it affected not only the evacuation scheme but the plans for civil defence, hospital treatment and other emergency measures. Up to a certain point in time in the autumn of 1938 everything had seemed possible; any kind of policy or plan. And then, almost over-night, attitudes changed, and in one departmental minute after another and in innumerable committees first one policy and then another were immediately discarded because they would take too long.

Time became important. It began to shape policy. The speed with which the entraining movement could be accomplished, for instance, over-shadowed other considerations. When, in the planning of evacuation from London alternative policies presented themselves—as they often did—that which promised greater operational speed and brought nearer the completion of plans generally gained the day. There were fears that if the London movement occupied four days it might be cut in two by massed air attacks. The officials of the London County Council, occupied with entraining and transport preparations, shared these fears. This dominating concern to get mothers and children out of London at all costs, and as quickly as possible, meant that problems at the other end—of reception, billeting and welfare—were obscured and neglected.

While the Evacuation divisions in the Health Departments in London and Edinburgh planned and directed the schemes, the local authorities were responsible for applying and working out much of the detail. In evacuating areas, these functions and the actual operation of plans became the task of the town or district council; in London the county council was asked to co-ordinate schemes for the whole of the metropolitan area. A great deal of overlapping and confusion, always threatened by the complexity of London local government, was thus avoided. The council was made responsible, not only for the county area, but for co-ordinating transport and other arrangements for eleven contiguous boroughs and, in July 1939, for a further nineteen boroughs and district councils in surrounding counties.

In other parts of the country, where the evacuation zone extended similarly beyond the boundaries of a single local government authority, plans were worked out in unison and, in such matters as transport, one officer was appointed to co-ordinate arrangements. In the work of reception, the main burden in England and Wales was placed on the town councils and district councils.[1] This reversed the policy of the Home Office in 1938, when the county councils had been designated as the receiving authorities. The Ministry of Health maintained that the problem of reception was primarily a problem of housing and that, in consequence, the housing authorities were the appropriate bodies.

In England and Wales the county councils were brought in mainly as co-ordinating bodies.[2] They were concerned with many aspects of reception by virtue of their responsibilities for education, health and public assistance. In some counties a great deal of thoughtful co-ordination was required, as for instance in Leicestershire which was scheduled to receive evacuees from London, Sheffield and Birmingham. After the housing authorities had been sent a provisional estimate of the number of persons they were likely to receive, the two authorities—sending and receiving—were put in touch with one another for the purpose of settling many matters of detail. At the same time, the Ministry of Health asked the county councils to arrange conferences of all receiving authorities in their areas and to invite the sending and transport authorities concerned. Again, the purpose here was to fit closer together all the reception plans in each county. In England and Wales alone there were more than 1,100 reception districts, each with its own peculiarity, and over eighty evacuation areas.

[1] In Scotland, the housing authorities (the town and county councils) were responsible for the work of reception.

[2] In Scotland, the county councils as housing authorities took a full part in the reception arrangements. The Department of Health did not, therefore, ask them to convene co-ordinating conferences, but organised regional conferences instead.

The progress of these plans was reported by the Minister of Health to the House of Commons when the Civil Defence Bill was debated in April 1939. Demands were made for an extension of evacuation facilities to adults—not in the priority classes—living in particularly vulnerable areas such as the East End of London. The Minister, however, emphasised the limiting factors of accommodation and transport, and refused to interfere with the preparations that were going forward for mothers and children.[1]

The Government's financial policy on evacuation was again stated during the debate. No additional burden of expenditure, it was said, would fall on the local ratepayer. Provision was made in the Civil Defence Bill for the repayment by the Exchequer of approved additional expenditure by local authorities.

This important measure, passed in July 1939, made it obligatory for local authorities to act in preparing and carrying out any plan of evacuation under the authority of the Minister of Health and the Secretary of State for Scotland; it gave authority to these Ministers to require private houses for billeting purposes and to stipulate the extent to which the occupiers of such houses should be responsible for feeding and caring for any children who were billeted on them.[2]

To be successful, the evacuation of nearly 4,000,000 persons required, in the planning stage, the highest degree of co-operation between the central and local authorities. It was therefore fortunate, particularly in view of the ordeal that London was expected to endure in the event of war, that throughout the spring and summer of 1939 there was close contact between the Ministry of Health and the London County Council.

From the early part of the year the Council was actively engaged in planning the entraining movement. A complete system of control of all parties from the points of assembly to the main line entraining stations was vitally necessary. So far as London was concerned, central control, including liaison with the railways, was retained by headquarters staff at County Hall. Divisional dispersal officers were appointed to act as local controllers. These officers were, in London, the educational divisional officers, of whom there were twelve, and, in each of the contiguous boroughs, the directors of education. Each officer was responsible for the arrangements and operations within his division or borough. They had under their charge, in all, 20,000 teachers, about 1,000 official staff and over 20,000 voluntary helpers. A continual flow of instructions had to be issued to these 41,000 workers concerning the tasks of party leaders and escorts, station and exchange station marshals, control point officers, nurses and others.

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[1] H. of C. Deb., 5th April 1939, vol. 345, cols. 2870–5.
[2] Civil Defence Act, 1939, 2 & 3 Geo. 6, c.31, s.56.

Throughout the war this organisation was maintained, the divisional dispersal office being the 'front line' of operations. The remarkable efficiency and freedom from accidents of evacuation movements (even during air raids) was due, in great measure, to the work of the dispersal officers and their colleagues.

The sending authorities were also responsible for organising the registration of mothers and children for evacuation. In London, registration was dealt with on a divisional basis and each dispersal officer was generally responsible for all action in his area. Mothers with children were advised to call at the nearest elementary school to register. All council and non-provided elementary schools in London were used for this purpose, and teachers volunteered in large numbers to act as registrars. A handbook containing eighty-four questions with model answers was printed for the guidance of registrars. A form was completed in duplicate for each adult applicant; one copy was retained for the party roll, the other copy, containing advice on the back, was handed to the mother.

All this work went hurriedly on, in one form or another, not only in London but in Glasgow, Edinburgh, Liverpool, Hull, Birmingham, Southampton and many other cities. There was of course much local variation in detail. There had to be, if only because of the way transport facilities, and the nearness or otherwise of reception areas, shaped local schemes. With the threat of war approaching closer (after the seizure of Prague in March 1939) attention was increasingly focused on planning the exodus, on getting the mothers and children away to safety.

The emphasis shifted further in favour of this part of the plans. In many instances it dominated the detailed planning. And the details themselves were, apart from the size of the expected movement, immense in number, novel in content, and subject to all the moods and responses of a large proportion of the population. How much food would be wanted on the journey? How many corridor trains should be run and where to? How many postcards should be printed and distributed so that children could write to their parents at once and tell them of their arrival? These were a few of the questions: others are listed, by way of illustration, in Appendix I. They form an interesting collection, and their interest lies partly in the fact that servants of central and local government had to sit down, months before the war and under the forbidding influence of the Air Ministry's estimates, not only to think out the questions but to find answers to them.

By May 1939 the Government had decided that it was time to publicise in more detail the evacuation scheme, and local authorities were asked to ascertain how many of those in the priority groups desired to be evacuated in the event of war. To the surprise of the

authorities the response was leisurely and, as the Minister of Health said, disappointing.[1] Despite Government appeals, the organisation of parents' meetings and much propaganda, registrations were very low not only in London but in other areas. What was the explanation of this apparent change in public opinion? Did the people still believe that war had been or could be averted?

The Health Departments, worried by the absence of any definite reaction to their appeals by the end of July 1939, asked the local authorities to try again, and this time to embark on a house-to-house canvass. This campaign, which had to be completed by the middle of August, resulted in some improvement in the registration of school-children. In London the figure rose to sixty-nine per cent. (compared with eighty-three per cent. at the time of the Munich crisis); Liverpool registered sixty-five per cent., Newcastle and Gateshead just under eighty per cent., while, by the end of the month, Glasgow reported a percentage of sixty-two. There were still, however, disturbing and unaccountable variations. While seventy-five per cent. of the school population of Manchester had registered by April, and seventy per cent. in Leeds by August, the figure for Sheffield was only fifteen per cent. For the other main priority group—mothers and children under the age of five—the response for all evacuating areas amounted to only one-third. In Glasgow it was somewhat higher at forty-three per cent.

When this situation was reviewed in the middle of August it was decided not to scale down the evacuation time-tables and train schedules. It was realised that these registrations were peace-time responses; the reaction might be very different on the outbreak of war. It was, moreover, thought possible that the demand might even exceed the proportion of eighty per cent. on which the plans were based—particularly as there was evidence that the private earmarking of billets in reception areas was steadily mounting. Should the Government then prohibit private evacuation? During August, as tension in Europe increased, the Government decided that it could not do so. Last minute appeals were made to the public not to upset the plans which had been carefully prepared; nearly 4,000,000 mothers and children were to be sent away and it was essential that accommodation in the reception areas should not be encroached upon.

[1] Ministry of Health circular 1841, 28th July 1939.

CHAPTER IV
PREPARATIONS:
THE CARE OF THE HOMELESS

THE purpose of the service, first known by the name 'Relief in Kind'[1] and later called 'The Care of the Homeless', was eventually defined in the following words: 'to give practical help, as quickly and as smoothly as possible, to those who are made homeless by enemy action'.[2] This conception of the nation's responsibility for those who suffered as a result of enemy air attacks was slow to develop; it struggled painfully to emerge during the winter of 1940–1, and it did not gain full acceptance until after the main attacks had ceased.

Schemes for giving financial aid were settled long before clear-cut plans were made for relief in kind. These took two forms; pensions for civilians injured by enemy action, and cash grants for those who were unemployed or in distress as a result of industrial changes produced by war, air attack and evacuation.

The chief stimulus for a scheme of compensation for personal injuries resulting from enemy action was the Government's fear that workers would not stay at their jobs unless some such scheme was provided. It was thought that if vital public services were to be kept going in London and other cities some payment for death or injury would have to be made. The principles of a scheme, first discussed by the Committee of Imperial Defence in 1924, were translated into a detailed plan by June 1937, and on the outbreak of war the Personal Injuries (Emergency Provisions) Act was passed.[3]

The idea of a scheme for relieving financial distress received its initial inspiration from the First World War. The memory of widespread industrial dislocation and unemployment in the early part of the war played an important role, while another factor was the recognition that financial responsibility for social distress arising directly from the war should not devolve upon the poor law authorities.[4] With these lessons in mind, the Ministry of Health prepared, in October 1936, a report on the relief of financial distress in time of war. This was later considered by the Committee of Imperial Defence.

[1] The expression 'Relief in Kind' originated from Section 17 of the Poor Law Act, 1930.

[2] Ministry of Health booklet, *The Care of the Homeless*, 1944 edition.

[3] 2 & 3 Geo. 6. c. 82. This scheme was administered by the Ministry of Pensions and the work of investigating and paying claims was undertaken by the Assistance Board.

[4] The National Relief Fund of the First World War was launched partly because of public antagonism to poor law relief. Indeed, the Local Government Board directed that the Fund should repay some of the amounts granted by Boards of Guardians who were asked to expunge from their records the names of recipients of poor law relief.

The report did not, however, arouse any ministerial interest in the subject of the circumstances of people made homeless by air attack. 'Ministers who spoke,' it was said, 'were all concerned with temporary monetary relief to persons thrown out of employment.'

This report led, in February 1937, to the setting up of a committee at the Ministry of Health to formulate proposals for the prevention and relief of distress. The conclusions of this committee, which completed its report in July 1938, will not be discussed in detail here.

It is sufficient to record that they were accepted, and that provision was made on the outbreak of war for the administration of a cash-aid scheme through the machinery of the Assistance Board. The Board was made responsible for cash assistance; the people it was chiefly expected to help were, first, those temporarily unemployed as a result of industrial dislocation and air raid damage to factories and others who were in distress because of war circumstances and, second, evacuated women with their children who were temporarily in need of help as a result of being cut off from their husbands.

For both these emergency social services, pensions for civilians injured by the enemy and cash grants for certain groups of people in financial distress, the State assumed complete financial responsibility. The acceptance of this principle of national responsibility in time of war was important, for it will be seen later that the proposals for relief in kind were very different.

In the period before the war, there were roughly three phases in the development of the Government's proposals for the care of homeless people. During each phase the hammering out of a policy depended, not only on the realisation that a problem existed, but on the views that were formed about the effects of air attack in creating a need among homeless people for temporary shelter, housing, food, clothes and other essentials.

During the first phase, covering the period up to the establishment of the Air Raid Precautions Department in 1935, only brief and casual references were made to some of the needs of victims of air attack. These took place in discussions by the Committee of Imperial Defence on the subject of air attack and its consequences, and were generally concerned with the desirability of communal feeding services in areas likely to be bombed.

A wider awareness of some of the problems was evident during the second phase, which lasted from 1935 until the Munich crisis in the autumn of 1938. A minute in October 1936 by an official in the Air Raid Precautions Department referred, for instance, to rehousing, feeding and clothing needs and to the tasks which local authorities might have to undertake. This showed that the social problems of air attack were being recognised. There was, however, a barrier to further understanding in the fact that no department had as yet been

specifically designated by Ministers as responsible for the preparation of plans. The Air Raid Precautions Department had, of course, a general authority for planning over all aspects of civil defence, but it was preoccupied with the size and complexity of its task. It was, too, understaffed, and its small band of officials were, in consequence, greatly overworked.[1]

During these three years when the Air Raid Precautions Department was regarded as the authority on all matters relating to the preparation of schemes for the protection of the civilian population, a number of issues were raised which had an important bearing on the problem of homeless people. A report was prepared on structural precautions and damage to buildings by high explosive; a committee was set up to consider financial distress in time of war, and information was received from Spain on the relevance of the problem of homeless people to civil defence.

The report on damage by high explosive, which was available in the Air Raid Precautions Department in September 1936, was in some respects a remarkable document. It portrayed, with uncommon foresight, the effects that might be expected to follow the fall of a 500-lb. bomb in the centre of a street of middle-class houses.

> Three to four houses on either side of the street might be blasted down and would be penetrated by splinters. About 100 houses might suffer minor damage such as spattering with splinters, falling plaster, falling pieces of chimney stack or masonry, damage to doors and windows, and a general shattering of glass. Despite the intensive damage, the occupants of the three to four houses blasted down might quite reasonably escape with their lives and even without injury, provided they were sheltering below ground level before the explosion of the bomb.

This description bore a close resemblance to what happened during the air raids of 1940–1. But the significance of this report passed unnoticed before the war, with the result that the size and nature of the problem of homeless people came as a surprise to the authorities when the raids began.

There were several reasons why the social consequences of air attack were not properly considered before the war. No money was made available by the Government for carrying out experimental work on the effects of high explosives in relation to problems of this kind. The terms of reference of the committee mentioned above limited its task to collating information 'already available'. This

[1] After the passing in 1937 of the Air Raid Precautions Act, the department 'was overwhelmed with a flood of applications on a whole multiplicity of subjects, and, as the department was not equipped or staffed to deal with a volume of such unprecedented dimensions, the machine nearly broke down'. This was the conclusion of a report in 1944 by an official committee on the machinery of government. The history and responsibilities of this department are the concern of the volume relating to civil defence.

restriction was discouraging to further study; it did not stimulate the kind of questions that might have been asked about housing damage and homeless people, and, as the War History of Civil Defence will show, it handicapped the development of policy on shelters. Moreover, the importance of the report on structural precautions and damage by high explosive bombs was not appreciated in the Ministry of Health, for the reason that the report was circulated two years before the responsibility for the welfare of homeless people was placed upon the poor law division of the Ministry.[1]

The information that reached the Government on the social effects of air attacks in Spain was, on the whole, rejected as irrelevant to British conditions. It was thought that the different standard of life, structure of buildings, lay-out of towns and other factors made it unsafe to accept Spanish experience without many qualifications. This was the argument advanced in some departments, while in others not all reports on the Spanish war were available.[2] The Air Raid Precautions Department appears, however, to have been impressed by an essay by G. T. Garratt on civil defence—an essay based partly on Spanish experience.[3] This observer, writing of the organisation of 'clearing houses' for homeless people in some areas of Spain, remarked of British civil defence plans that the vital problem of the homeless refugee 'seems to have been completely neglected'.[4]

Nor did the work of the committee on pensions and cash assistance (referred to at the beginning of this chapter) lead to the preparation of schemes for the care of homeless people. The chairman of the latter committee did, in fact, draw the attention of the Committee of Imperial Defence in July 1937 to 'the neglected problem of homeless persons'. But, again, the significance of the problem was missed by Ministers.

Thus, for a variety of reasons all these studies and plans for civil defence and other services in the event of war did not lead to any specific proposals for the care of homeless people. While there was, during this second phase—from 1935 to 1938—when the Air Raid Precautions Department was generally responsible for preparatory work, more awareness of the problem it was not sufficient to encourage the drafting of proposals.

In addition to the lack of ministerial direction on departmental functions as they concerned the preparation of emergency measures,

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[1] The only interest of this report by the Structural Precautions Committee to the Ministry of Health lay in its recommendations concerning precautions to hospitals and other public buildings. The Ministry was not, however, represented on the Committee.

[2] See chapter II, p. 14.

[3] This, however, was in November 1938, after responsibility for policy in relation to the care of homeless people had passed to the Ministry of Health.

[4] *The Air Defence of Great Britain*, Penguin books, 1938.

the creation of a special department to cover the whole field of air raid precautions did not help forward the study of this particular problem of homeless people. There was at the time no compelling sense of urgency, and other departments (such as the Ministry of Health) were preoccupied with their ordinary day-to-day work. Rightly or wrongly, they tended to regard the Air Raid Precautions Department as the authority for all these matters. Thus, the Ministry of Health, which ultimately was to be responsible for the services for homeless people, civilian casualties and evacuated mothers and children, left these problems to an over-burdened Air Raid Precautions Department. As a result, this department was led into trying to formulate by itself plans which might be executed in the event of war by other departments. This was one of the consequences of separating the peace-time functions of departments from the planning of the services they would have to operate in the event of war.[1] Vague ideas about social distress resulting from air attack tended therefore to remain vague, especially when they seemed more appropriate to the functions of other departments.

Departmental responsibility for the welfare of homeless people was not finally settled until the Munich crisis was upon the country. The decision to transfer responsibility to the Ministry of Health was taken at about the same time as the Committee of Imperial Defence set up a committee of officials under the chairmanship of Sir George Chrystal (Permanent Secretary of the Ministry) to make proposals on relief in kind. Even then, this re-distribution of departmental functions was not a ministerial decision. Agreement was reached among senior officials of the Home Office and the Ministry of Health that the latter department should undertake the work.[2] This decision, and the establishment of the Relief in Kind Committee in October 1938, marked the opening of the third phase in the difficult and novel task of identifying the kind of social problems that would arise as a result of intensive air attack.

During this phase, when progress was made in planning a new service, some of these problems were recognised and provided for in the schemes put forward to local authorities. But there was still, however, little appreciation of the magnitude of the task. The high estimates of the committees concerned with compensation to owners of property and with the repair of air raid damage do not seem to have influenced the work of the poor law division of the Ministry of Health and the Relief in Kind Committee. These estimates

[1] Some further reference to this matter is made in chapter V, and a full account will be given in the War History of Civil Defence.

[2] A similar situation arose in January 1939 when officials of the two departments decided that responsibility for the burial of the dead in the event of war should rest with the Ministry of Health.

(summarised in chapter II[1]) suggested that there might be a great amount of damage to houses and other buildings in the early stages of a war. Even more alarming estimates were made about the number of casualties. But how and where would these casualties occur? It appears to have been assumed without question that, for instance, all slightly injured persons would, after treatment, have homes to return to at once.[2]

The explanation may lie in the fact that the needs of the individual were hidden from view by the sheer mass and crudity of the problems that were expected to result from an attack on civilian society. The more menacing the picture became, the less was seen of the simple, domestic needs of each individual and family, dazed by bombs and worried about relations, home, clothes and furniture.

The conscious and deliberate recognition of the individual as the focal point of all the services for homeless people was eventually found to be an indispensable condition of efficiency. But the lesson was only learnt by experience. And it was learnt, not in any nation-wide revelation, but separately and piecemeal as one area after another—from London to Clydeside and Coventry to Belfast—came under attack.

The Relief in Kind Committee, which was set up in October 1938, but which did not hold its first meeting until February 1939, started its work, like so many of its predecessors, by asking questions about the character of a future war. In the records it has left, there is little to suggest that its general approach differed from the outline sketched in the first two chapters of this book. It was preoccupied with two fears: a mass flight to the country, and the danger of a breakdown in public order.

It was this committee which asked the India Office for the name of someone experienced in the management of large masses of people,[3] and which, in the interests of public order, endorsed a suggestion that people leaving their houses empty in London should deposit the keys with the police. The committee's discussions, which were not completed by the time war was declared, were coloured throughout by expectations of a mass exodus from London. Naturally, they were influenced by the work that was going forward in another part of the Ministry of Health for the evacuation of 3,500,000 persons from areas in England classed as vulnerable. The committee delayed drawing up plans for the welfare of those fleeing to the country and concentrated on schemes for homeless persons remaining in urban areas.

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[1] Chapter II, pp. 15-16.

[2] The Ministry of Health advised that 'all patients manifesting acute emotion or fear or suffering from other neurotic conditions arising from shock, or slight bodily injuries', should, after treatment, be returned to their homes. Ministry of Health, E.M.S. Notes. E.M.S./Gen./205. May 1939.

[3] See chapter II, p. 19.

At the end of July 1939 the committee produced an interim report. This outlined a skeleton scheme for dealing with the first stage of the problem of homeless people—with the need for food and shelter. Feeding arrangements were to be simple: 'emergency stations on soup kitchen lines at which food and hot drinks could be served to persons in distress'.[1] The responsibility for manning and running these stations was placed on the public assistance authorities. It was not contemplated that people would stay long in the stations for no seating accommodation was to be provided.

In addition to the feeding stations, there were to be temporary shelters for the homeless in halls, schools and similar buildings. Their stay was again expected to be short as no seating or sleeping arrangements were made. The second stage of dealing with homeless people centred round the problem of rehousing. Here, the committee expressed the hope that 'large numbers of those whose homes have been destroyed or rendered temporarily uninhabitable will speedily find more permanent accommodation with friends and neighbours'. But for those who needed help, the committee relied much more on the device of compulsory billeting powers than on the method of re-establishing families in fresh accommodation of their own. And, at the back of the committee's proposals, there was the belief that large numbers of those who were made homeless would find their way to the country. In its report it was stated that authorities in neutral areas would have to provide accommodation for 'the people leaving the cities in panic after air attack'. This recommendation was founded partly on suggestions received by the Ministry earlier in 1939 from house agents and local authorities who, in drawing attention to the problem of homeless persons, proposed that each borough should maintain a register of empty properties, and should provide furniture and bedding for those rehoused. The committee deferred consideration of a register—but war was declared before it met again—and its report made no reference to the subject of furniture.

The translation of the committee's interim report into detailed local authority plans was beset with a number of difficulties. Early in April 1939 discussions had been opened with the public assistance department of the London County Council. By the end of the month the Council, with commendable speed, had produced a scheme for forty-three feeding centres to cater for 150,000 people in a period of twenty-four hours. In addition to these 'first line' centres, other premises were to be held in reserve and brought into use as required. For the most part, the centres were to be organised in relief offices and other properties held by the public assistance department.

[1] For adults, meals were to consist of tinned food, bread and margarine, and for children, bread and margarine, jam, biscuits and milk if available. This diet was indistinguishable from that authorised for casual wards.

With these proposals available, the Ministry of Health and the Department of Health for Scotland made a confidential approach in June 1939 to fifty-four other public assistance authorities asking for their co-operation in setting up similar schemes. The chief obstacle, however, to the conversion of these plans into the provision of staffed and equipped feeding stations and shelters was finance. There was a natural disinclination to spend money on services which would not be required if the war did not materialise, and the problem of expenditure became far more complicated when it was decided to entrust the care of the homeless services to the public assistance authorities. The lesson of the First World War, that it was socially undesirable to allow the war distressed to become clients of the poor law, was apparently forgotten.

Thus, while cash-aid was placed on a national foundation under the ægis of the Assistance Board—the State assuming a hundred per cent. financial responsibility—the provision of relief in kind, such as emergency feeding, rest centres and so on, became a local responsibility. The first service was therefore financed out of general taxation, the second out of local rates. This distinction immediately added to the work of administration; it multiplied accountancy, and it imported local inequalities.

It led inevitably to discrimination, savouring strongly of the ancient law of settlement, between natives and immigrants. When questions of responsibility and finance were first discussed in the spring of 1939, the Treasury stood firmly on the principle that it was the statutory duty of public assistance authorities to relieve destitution. It was argued that ordinary public assistance expenditure might be expected to decrease in wartime, and the Treasury 'objected to any arrangement which would enable the London County Council's public assistance funds to profit at its expense'. Confronted with the problem of the movement of dispossessed people from the area of one authority to that of another, it was accepted that such people should be regarded as evacuees and therefore the financial responsibility of the Exchequer.

The distinction between natives and immigrants arose in this way. Under the scheme, local authorities were to be responsible for their own residents—a duty that under poor law doctrine it was difficult to define with precision—while the Treasury was to pay for the homeless and panic-stricken who crossed the boundaries of public assistance authorities. When it became clear that local authorities were reluctant to accept this arrangement and embark on expenditure before the war, the Ministry of Health was empowered to give a general assurance that if the burden on the rates became too heavy some financial assistance would be forthcoming.[1]

[1] Confidential letter to local authorities, June 1939, and Ministry of Health circular 1860, 2nd September 1939.

But the local authorities were not satisfied with this assurance. Their attitude did not improve when they realised that they were expected to distinguish, before the war, between the cost of black-out material, crockery and other equipment incurred on behalf of local inhabitants, and that incurred on behalf of homeless refugees from other areas who would use the same furniture and the same crockery. This arrangement meant, apart from other complications, that for most items of expenditure sanction would first have to be obtained from the central department. In July 1939 the London County Council asked to be allowed to purchase blankets, but its request was refused on the ground that blankets would tempt people to remain in the rest centres for longer than was necessary. The Council was, however, permitted to spend up to a maximum of £4,000 for other equipment on the understanding that it acted as a purchasing agency for the Ministry of Health in order to equip other local authorities. The Scottish Department of Health was authorised by the Treasury to spend up to £1,000 on equipment for rest centres.

On 1st September 1939, when war seemed certain and the evacuation movement had begun, a hasty meeting was called by the Ministry of Health to consider the state of the arrangements for the care of homeless people. It was decided to expand the schemes already set on foot. In conditions described as 'hectic', a circular was issued on the following day to 101 public assistance authorities in addition to those who had been approached in June.[1] All were asked to establish feeding stations—if they had not already done so—and to consider the desirability of 'improvising temporary shelter of some kind'.

[1] Circular 1860, 2nd September 1939. A similar circular was sent by the Health Department for Scotland to all poor law authorities.

CHAPTER V
PREPARATIONS: THE EMERGENCY MEDICAL SERVICE

(i)
Introduction

THE direct and indirect consequences of war have, in the past, profoundly influenced the development of the nation's medical services. War in general, not just one particular war, has provided clinical and surgical material for experimentation on a grand scale, and has imbued society upon each outbreak with a fresh interest in health.

Because war means the organisation of killing and wounding it must also mean the organisation of services to repair and heal. In the early campaigns of the Roman Empire sick soldiers were sent home for treatment. But as the frontiers spread wider this became impossible, and military hospitals were founded at strategic points.[1] The Crimean War led, through the work of Florence Nightingale, to the creation of a nursing profession and to improvements in hospital administration;[2] recruitment for the Boer War revealed defects which directed attention to the physique and health of children and stimulated the provision of school meals and a school medical service, while the First World War gave birth to the Ministry of Health, spurred on the movement for the care of mothers and young children, and led to a scheme for the diagnosis and treatment of venereal disease. These were not new ideas; the momentum of war spread and quickened a trend towards social altruism, and crystallised within the nation demands for social justice.

The accumulated lessons, both good and bad, which emerged from the experience of war to shape in peacetime the structure of medical care, had been generally acquired after war had broken out and in the process of fighting it. But this is by no means true of the Second World War. The frame and pattern of the hospital services at the end of the war were due as much—if not more—to the kind of war that was expected as to the kind of war that happened.

This is an important historical fact. The estimates of the Air Staff, the translation of these into figures of casualties and hospital beds, and the prevailing mood of fear and alarm about the character of a future war had largely determined, by the end of 1938, the way in

[1] Singer, C., *A Short History of Medicine*, 1928.

[2] Fisher, H. A. L., in his *History of Europe* (1936), considered that the work of Florence Nightingale in the relief of human suffering, the raising of the status of nurses, and the improvement in the standard of hygiene was 'one of the few compensations for the waste and havoc of the Crimean War'.

which the medical services of the country were to be organised eventually. The outline of Britain's first attempt to create a national hospital service was clearly pictured before the war began.

The Medical History of the War will tell, at greater length and in much more detail, the story of this service; the administrative and technical questions that arose, and the clinical problems that were encountered. It is only intended to give in this book a general sketch of the service in its social bearings. The scientific aspects of medical care, including the diagnosis and treatment of disease, belong to the clinical volumes of the Medical History. There, too, will be found full accounts of the war-time casualty services, the emergency laboratory service, the blood transfusion service, the organisation and deployment of medical, nursing and technical staff, the development of convalescent homes and special centres for certain types of injury and disease, and the relationship of all this work to the care and treatment of the sick and wounded of the Armed Forces. The reader who notices in the following pages that a particular problem has not been discussed or has been inadequately investigated should therefore turn to the Medical History.[1]

(ii)

The Central Problems of Planning

The present chapter is concerned with the central problems of planning which faced the Government up to the outbreak of war. It deals, first, with the preparatory work which led, in June 1938, to the Ministry of Health being charged with organising a national service for air raid casualties and, secondly, with the form of the service itself. From this point the narrative proceeds to ask the question: how many hospital beds should the Government provide? This immediately raises a number of issues: what was the existing hospital service like? how much accommodation was there? where was it, and could it be used? A study of the resources available before the war throws light on the problems which the Government had to meet, and helps to explain the methods adopted to expand the quantity of accommodation and to raise the quality of hospital service. The chapter ends by describing in broad outline the organisation of the emergency hospital scheme on the outbreak of war.

The early period—up to the middle of 1938—in the history of preparations for an emergency hospital scheme was characterised by the now familiar processes of analysis and discussion which went on

[1] Certain subjects, such as treatment at first aid posts and the ambulance services, are also the concern of the War History of Civil Defence.

in the planning of evacuation and other measures. The shifts in emphasis from this to that point of view, the changes in departmental responsibilities, the transition from leisurely speculation to urgent administrative activity and, finally, the hurried execution of policy are just as much a part of the history of the hospital scheme as they are of other war-time services.

The first important event in the story of preparations was the establishment of the Air Raid Precautions Department in April 1935. Before this, it had been thought that the Health Departments were the appropriate agencies to organise hospital and other casualty services. The Ministry of Health had, in fact, prepared—as early as 1926—a report for the Committee of Imperial Defence on a casualty scheme for the London area. It was concluded that 36,000 beds would be required at the outset on the basis of current Air Ministry estimates. It was proposed that there should be casualty clearing hospitals in the target areas and base hospitals in the country. This conception of two types of hospitals with different functions, which owed its inspiration to military experience during the First World War, dominated the approach to the problem for several years, and introduced a number of administrative and financial difficulties. It was some time before these were overcome.

In April 1935 the responsibility for planning a casualty service passed to the newly-created Air Raid Precautions Department, and in the following July the first circular was issued to local authorities outlining in some detail the kind of services that would be needed. It was suggested that preparatory work should begin on the planning of first aid, hospital and ambulance schemes.[1] The principles of decentralised administration and divided responsibility were thus established by the decision to graft these services onto the existing system of local government.

For three years, from July 1935 to June 1938, the conception of casualty clearing and base hospitals administered by different authorities remained part of official policy. The first were intended to form part of an air raid precautions medical organisation, they were to be run by local authorities under the direction of the Air Raid Precautions Department, and part of the cost was to fall on local revenues.[2] The responsibility for organising and financing the second type—base hospitals in the safer areas—was not finally settled by Ministers until December 1937. The Ministry of Health then became

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[1] Home Office circular 700216/14, 9th July 1935.

[2] In common with other civil defence services as laid down in the Air Raid Precautions Act of 1937. The Government offered a fifty per cent. grant when financial negotiations were opened with local authorities in the middle of 1937. The history of these negotiations and the settlement of the grant question are the concern of the Civil Defence History.

the department responsible for base hospitals, the cost falling entirely upon the Exchequer.[1]

While the Air Raid Precautions Department was strongly in favour of two types of hospitals, it soon became apparent that the division of functions was leading to departmental competition, for the air raid precautions organisation wanted all existing and equipped beds for the reception of casualties, thus leaving the Ministry of Health to provide base hospitals in tents and improvised premises. The idea of a unified national hospital service, providing for soldiers and civilians and the sick as well as the injured with the object of utilising to the full all hospital beds and staff, had not therefore been accepted by the beginning of 1938. There were many reasons for this. The creation of a separate department which, whatever the original intentions of Ministers may have been, came to be regarded as the central authority for all aspects of the problem of protecting the civilian population and maintaining the nation's vital activities, led to an unfortunate divorce of the peace-time responsibilities of certain departments from the functions they would have to assume in the event of war. One department for civil defence planning meant, during the period from 1935 to 1938, two departments interested in hospitals. Confusion and delay in the drafting of schemes and in the formulation of policy was, therefore, inevitable, as the preceding chapter has already pointed out in another connection.[2]

A second reason was the under-staffing of the Air Raid Precautions Department and its inexperience in hospital matters. At no time did it have more than three medical officers on its establishment to deal with the planning of hospital, first aid and ambulance schemes.

A third obstacle to unity of policy and management was the problem of treating sick and injured soldiers. Awkward questions of discipline and administration were involved, and the War Office had grounds for believing that Service patients would not be returned to duty from civilian hospitals as quickly as if they were in hospitals under military control.[3]

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[1] These arrangements followed the recommendations of a sub-committee of the Committee of Imperial Defence appointed in May 1937. The sub-committee did, however, express a doubt as to the feasibility of maintaining a distinction between base and casualty hospitals, and suggested that Ministers should reconsider the question.

[2] Chapter IV, pp. 48-9. Sir John Anderson had warned the Committee of Imperial Defence, as early as 1928, that 'if any attempt was made to create *ad hoc* machinery with its own personnel and with a separate Minister to deal with the problem little if any progress would be made'.

[3] The first committee set up by the Committee of Imperial Defence to consider 'the co-ordination of medical arrangements in war' recommended that casualties from the defence forces should, 'as far as practicable, be admitted to service hospitals and remain under service control'. It was proposed that the Army and the Navy should make their own arrangements for additional hospital accommodation while, owing to the wide disposition of Air Force units, provision for their casualties should form part of the general hospital services. These proposals were endorsed by the Committee of Imperial Defence in 1937.

A fourth and stronger obstacle was the doctrine of local responsibility. It led to the splitting of the cost of hospital care for air raid casualties and thus strengthened the conception of two types of hospitals; one financed by the Treasury, the other partly by the Treasury and partly by local authorities. This division in terms of finance was made before the functions of a war-time hospital scheme had been clarified. For long, the Treasury clung tenaciously to the principle that ratepayers should bear at least a part of the cost of the medical care of their neighbours injured by air attack.[1] Agreement with the Treasury on central responsibility was not obtained until local authorities had been persuaded to meet certain initial expenditure on the ground that they were being relieved of their duty under the Air Raid Precautions Act to provide casualty clearing hospitals. The terms of the *quid pro quo* were not settled with local authorities until December 1938. Finally, the complicated pattern of the hospital systems, and the multiplicity of local authorities and voluntary agencies concerned, did not make for clarity of thought and did not encourage acceptance of the principle of unified control.

Eventually, some of these barriers to unity were lowered. But this was not until the estimates of civilian casualties had reached an alarming figure, and war seemed imminent. Only then was logic sufficiently impressive to overcome, at least for a time, the resistance of many interests.

On 1st June 1938 a big advance was made. The Government decided to abolish 'the unworkable distinction'[2] between base and casualty hospitals. The Health Departments were henceforward to be responsible for the organisation of a national hospital service for civilian victims of air attack. The task of providing an immense number of additional beds, staffed and equipped to receive the expected civilian casualties, made it impossible any longer to regard the problem as a local responsibility. It was a national problem; all medical resources would have to be pooled, and every available bed might have to be called into use.

The question of divided responsibility also affected the organisation of the casualty services—first aid posts and parties and ambulances. After the duty of directing the hospital scheme had been transferred to the Ministry of Health in June 1938, it was realised that injured civilians who received treatment at hospitals would come under the jurisdiction of one department, while those who found their way to

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[1] When discussions were held with the Treasury, the Permanent Secretary of the Air Raid Precautions Department minuted in February 1938, 'political difficulties might arise if there were much delay in getting arrangements for hospital accommodation settled, more especially as the public would soon realise that little had been done as regards bomb-proof shelters'.

[2] *Annual Report of Chief Medical Officer of the Ministry of Health*, 1938, p. 58.

first aid posts would be the responsibility of another—the Air Raid Precautions Department. Where should the line now be drawn between, on the one hand, the casualty services and, on the other, the hospital scheme? For many months the two departments disagreed; one stressing the need for a unified civil defence and casualty service, the other emphasising the importance of a single department being responsible for the continuous treatment of all injured civilians. In addition, different views were held about the functions of first aid posts and parties. The Ministry of Health believed, unlike the Home Office, that a doctor should be in attendance at the post, and it placed much more emphasis on first aid treatment as a protection against the danger of hospitals being swamped with tens of thousands of slightly injured people.

The Munich crisis in September 1938 helped to bring these problems into focus, and in December it was decided to transfer the responsibility for first aid posts, points, mobile units and the ambulance service from the Home Office to the Ministry of Health.[1] The provision of such services remained the task of local authorities.[2] It became the duty of the Ministry of Health—instead of the Home Office—to direct and approve the arrangements they made. This change brought about a closer relationship between the hospital and first aid services.

Some measure of dual control remained, however, as the Home Office continued to be responsible for first aid parties, the recruitment of personnel and their preliminary training in first aid.[3] A number of local authorities, whose task it was to organise these services with the approval of the two departments, found these arrangements irksome. A year later, in December 1939, a further transfer of duties to the Ministry of Health took place, when responsibility for the supervision of collective training and exercises for first aid was passed to the Director-General of the emergency medical service. Thus, in piecemeal fashion, certain responsibilities which the Air Raid Precautions Department had held for over three years were transferred to the Ministry of Health.

By the outbreak of war, the relationship between the hospital and the first aid post, and between the first aid parties and the civil defence organisation, had become clearer, while the principles on which the emergency hospital scheme was to rest had been settled. Treatment at hospital, either in-patient or out-patient, was to be the basis for dealing with air raid casualties. The scheme was to be

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[1] Home Office circular 701649/4, 23rd December 1938.

[2] Apart from the organisation of inter-hospital transport. This was in the hands of the Ministry of Health and was not delegated to local authorities.

[3] Excluding doctors and nurses for whom the Ministry of Health was responsible.

controlled and directed by the Ministry of Health.[1] Unlike, therefore, the civil defence and first aid services, administration was not delegated to local authorities. There were good reasons for this difference in policy. The voluntary hospitals would not have agreed, while the magnitude of the expected number of civilian casualties, uncertainty as to where they would occur, the shortage of beds and medical and nursing staffs, and the mal-distribution of specialists, consultants and technical equipment, made it virtually impossible to delegate executive control to hundreds of separate local authorities and individual voluntary hospitals.

The general principle underlying the arrangements was that all existing hospital accommodation, and such expansion as could be provided, had to be pooled and co-ordinated on a regional basis. The great majority of hospitals were therefore expected to treat or give first aid to casualties resulting from air raids in their locality, while those outside the dangerous areas were expected, in addition to carrying on their ordinary work, to receive for further treatment both casualties and other patients transferred from the towns.[2] Each hospital authority or governing body continued to be responsible for the maintenance of its service, while the Government assumed power to determine the type of work for which each hospital could best be used, including the reception and transference of both casualties and ordinary patients.[3]

This was the plan for dealing with air raid casualties. In drawing it up, and in working out the structure of the organisation, the Ministry of Health was worried because one important question had not been settled: the problem of hospital treatment for sick and wounded servicemen. This chiefly concerned the Army whose needs were expected to be far greater than those of the other two Services. When the problem was considered by the Committee of Imperial Defence in 1937 it was decided that the Army and the Navy should make their own arrangements. Servicemen and women needing hospital treatment should, 'as far as practicable, be admitted to Service hospitals and remain under Service control'.[4] The Ministry of Health, after it had been given the task of organising a hospital

[1] The organisation of the scheme was, in some essential respects, different in Scotland from that in England and Wales. The Scottish Department of Health was not only responsible for controlling the scheme but, during the war, it had the task of directly administering a number of State hospitals. Because of this and other special features the history, in this book, of the emergency medical service relates only to England and Wales. A detailed account of Scottish experience will be found in the Medical History of the War.

[2] Memorandum 2, Emergency Hospital Organisation, Ministry of Health, 1939.

[3] These functions were provided for in the Civil Defence Act, 2 & 3 Geo. 6, c.31, and under Defence Regulation 32 (made under the Emergency Powers (Defence) Act, 1939) the Minister of Health was given power to issue directions to hospitals in connection with the treatment of casualties and other classes of patients.

[4] See footnote on p. 57.

scheme for civilian casualties, thought that if this arrangement was not modified it would lead to an unseemly and wasteful competition for hospital space, equipment, doctors and nurses.

The Ministry first took action in September 1938 when it put before the Minister for Co-ordination of Defence the suggestion of a unified hospital service. This was not accepted. The Ministry was left to argue it out with the War Office. During the stress of the Munich crisis an agreement was reached that, for the time being, the War Office would take over only four hospitals in Britain, instead of the twenty-nine previously contemplated. In return for this undertaking, the Ministry of Health and the Department of Health for Scotland agreed to hand over whatever future hospital accommodation was required within forty-eight hours, in addition to taking military casualties into civil hospitals.

Five months later, however, the War Office obtained Treasury approval for twelve new hospitals and began earmarking buildings. The Ministry of Health again raised the question of a combined service. The Cabinet was asked to approve the principle of unified control of all emergency hospital accommodation in the country—both for civilian and Service needs. But the War Office objected because it felt that the Ministry of Health had not appreciated all the Service problems involved. This was probably true. A little later, an understanding was reached between the two departments, and the War Office agreed as a temporary measure not to mobilise fully the hospitals it required on the outbreak of a war. By September 1939 it had not been possible for the War Office to develop the additional hospital accommodation it required, and it thereupon asked the Health departments to allot for Service needs a certain number of hospital beds.

From this point there developed, during 1940–1, a state of affairs which approximated fairly closely to the Ministry's proposals for a unified service. The emergency hospital scheme ultimately provided a large proportion of the hospital accommodation required in Britain for military casualties. A great saving of hospital space, equipment and manpower was thus effected. Military patients were admitted to emergency scheme beds as and where they were required, and in the main base hospitals blocks of 300 or more beds were allotted for military needs. These hospitals were organised and equipped for civilian casualties and staffed by civilian doctors. As a result, when the Army had to expand greatly in numbers, and very rapidly, it was largely relieved of the burden of matching this expansion with an equal growth in hospital services.

This position, whereby in Britain economic use was made of the available pool of hospital resources, was not the result of any clear-cut decision by the Government. It was the kind of war that was

expected that led to this development. The immense hospital provision thought necessary for civilian casualties contributed to holding up the pre-war Army programme for hospitals, and when the war did come, and there were no civilian casualties but a considerable number of sick soldiers, it was only reasonable to place empty beds and unoccupied staffs at the disposal of the Service departments. The development of hospital arrangements from 1940 onwards for the Armed Forces—abroad as well as at home—is, however, the concern of the Medical History. This brief reference to the subject has only been made to explain how it happened that sick and wounded soldiers came to be admitted to hospitals provided for civilian casualties.

At this point it is necessary to restate in broad terms the main hospital problem. It has already been shown that the kind of war that was expected moulded the size and structure of the emergency hospital scheme within the limits prescribed by available resources. It also determined the purposes of the scheme, the way in which it was administered, and the nature of its relationship to the civil defence organisation. By the end of 1939 a large measure of unity had already been achieved; that is, unity of direction from the centre of Government, unity of regional and local operational control through medical officers and, in certain respects, a common policy throughout the whole country concerning the admission of civilian victims of air raids, other patients transferred to keep beds free for casualties, and the sick and injured from the Armed Forces. These were substantial achievements by Government departments who, apart from the Ministry of Pensions and the Service Ministries, were unversed in the problems of hospital management.

But, from a practical angle, these gains were not worth much without the concrete provision of three elementary needs: adequate quantities of hospital beds available in the right areas and in the right numbers; a sufficiency of medical and nursing staff distributed in relation to the beds; a satisfactory supply of hospital furniture, bedding and equipment. Before these needs could be properly met there was one vital question which had to be answered. How many hospital beds would be required for the victims of air raids? Or, to put it in another way, how many casualties would need treatment in hospital beds?

This question is, in effect, a repetition of similar ones asked in chapters I and II. It was there shown that several departments and an assortment of committees made a variety of estimates during the nineteen-thirties. They all employed a simple but, it seems, a fallacious multiplier,[1] and all the sums reached astronomical proportions.

[1] See chapter II, pp. 12-13.

One Committee of Imperial Defence sub-committee assumed (in 1937) that if air attacks lasted sixty days there might be 1,200,000 injured persons.[1] Other calculations, made in the Home Office and the Ministry of Health, led to an estimated need of 1,000,000 to 2,800,000 beds according to the length of stay of patients in hospital.[2]

Such figures as these simply had to be rejected as wildly impracticable by the Ministry of Health when that Department assumed, in 1938, the responsibility of organising a hospital scheme. In rejecting them, not only because of the physical impossibility of providing an immense number of additional hospitals, but because of the limitations imposed by the existing pool of trained doctors and nurses, disbelief of the Air Ministry's estimates was, for the first time, frankly expressed in the new hospital division. It was asked whether, with casualty lists of this order, it would be possible to continue a war. These views were not communicated to other departments, nor did the hospital division feel competent to dispute with the Air Ministry. But the advice of the Minister for the Co-ordination of Defence was sought, and his answer was to repeat the latest Air Ministry calculations of Germany's striking power, and to report that the Home Office was working to an assumption of seventy-two casualties per ton of bombs.[3]

The employment of this ratio in 1939, when translated into hospital provision, meant an enormous number of beds. Even when it was assumed that each bed would not be occupied for very long, the total number of beds required for air raid casualties alone reached 430,000 by the fourth week of war. If several areas of the country were attacked at the same time as London this scale of provision might have to be repeated more than once. It was also realised that war on civilian society would not take the form of an organised battle front with lines of communication and 'back areas'. The recognition of this fact caused much anxiety in the Ministry of Health and the Home Office. It made it difficult to decide where to start planning, and in practice it usually meant that departments found it easier to concentrate exclusively on the problem of London.

Moreover, this estimate of 430,000 beds by the fourth week of a war left out of account the needs of the normal sick, and the demands of the Armed Forces for hospital accommodation for their sick and wounded. A review of the situation prepared for the Cabinet in March 1939 showed that there were only about 80,000 beds in England and Wales which could be used for the prolonged treatment of casualties. In Scotland, the position was more unsatisfactory. By various expedients; the ruthless ejection of the sick, the crowding and

[1] See chapter II, p. 13.
[2] See chapter II, p. 13.
[3] The 'Barcelona' ratio. See chapter II, p. 14. This was in March 1939.

transference of existing patients, severe restrictions on fresh admissions of sick people, and by improving institutions not at the time equipped for surgical work, perhaps 200,000 to 300,000 beds could, it was thought, be temporarily provided.

In March 1939 the Government's reaction to the dilemma was something like this: it is an unmanageable problem; it is no use aiming too high, however, because even if sufficient beds were provided there are not nearly enough trained doctors and nurses and, in any event, only a little money can be spent. Therefore, the best that can be done in the time available is to provide as many beds as possible, and to employ a variety of expedients to increase and improve hospital accommodation.

A special Cabinet committee, established to consider emergency hospital organisation, decided in April 1939 that the maximum effort of which the country was capable was the provision of 300,000 beds for air raid casualties in Great Britain. This was the target, the first specific one set, at which the Ministry of Health and the Department of Health for Scotland had to aim.[1]

How was this need to be met? In what way, and how soon, could these beds be made available? Behind these questions there were, it was seen, two main tasks: to expand the *quantity* of hospital accommodation in the country, and to raise the *quality* of the services provided. But before these could be successfully tackled it was essential to know a great deal about the country's existing hospitals; how many beds there were in different classes of hospitals, how they were staffed, what needs there were and so forth. The Ministry of Health lacked much of this information. Very little was known, for instance, about conditions in voluntary hospitals. In other respects, the department's knowledge about hospitals was scattered and inadequate. In August 1939 the Director-General of the emergency medical service wrote: 'Prior to the repeated surveys which have been made by the Ministry of Health during the past eighteen months there was little appreciation of the low standard of hospital accom-

[1] This was not the first committee to consider the problem. But this narrative would have been rendered unreadable if it had been burdened with a review of the activities of numerous committees, the results of whose work were largely inconclusive. Various committees set up by the Committee of Imperial Defence had considered the size of the hospital problem in 1926–8, 1936–7 and 1937–8. But they were all handicapped—like the Ministry of Health—by not knowing with any accuracy the amount of hospital accommodation in the country, its quality, and what scope there was for expansion and improvement. The Air Raid Precautions Department had attempted to collect information, by means of questionnaires, during 1936. But this yielded little that was useful. The Ministry of Health carried out a survey during January to May 1938, but the results were later found to be unreliable and far too optimistic. A separate London survey was made by the Wilson Committee during May to July 1938 which also proved to be of limited value. Another national survey was initiated in September 1938 of voluntary, local authority and mental hospitals and institutions, and this, together with supplementary data from the Ministry's hospital officers, formed the basis of the case put before the Cabinet in March 1939.

modation in the country as a whole. Even those institutions, that are wont to be regarded as the centres of enlightened treatment and teaching in our large cities, are with few exceptions structurally either unsafe or woefully antiquated'. There were some very good reasons for this lack of knowledge, and some not so good. The multiplicity and types of voluntary hospitals was one for which the Ministry could not be blamed. Nearly 200 out of approximately 1,030 of these hospitals did not even furnish *The Hospitals Year Book* for 1939 with elementary information.[1] The results of the public health surveys of municipal institutions carried out by the Ministry during the nineteen-thirties were never centrally collated or systematically recorded. At many hospitals of all classes, clinical records and collected statistics were either 'sadly lacking'[2] or 'so perfunctory as to be practically worthless'.[3] A report published just before the war summed up the position quite bluntly. After describing the attempts made by an inter-departmental committee to find out what happened to certain types of patients in hospitals and after they were discharged, it was said that the 'difficulty of obtaining exact statistics of the cases treated in our hospitals is somewhat remarkable'.[4] 'If it has been difficult,' the report went on, 'to obtain accurate information with regard to the number treated, it has been even more difficult to obtain information as to the results of treatment'. The Ministry of Health, when it took on the task of organising a hospital service for air raid casualties, was greatly handicapped by the lack of much vital information about hospitals and their patients.

Surveys were therefore carried out during 1938–9 by medical officers of the Ministry which aimed at filling some of these gaps in knowledge. The collection of the facts was an essential prerequisite to the planning and organisation of the emergency scheme. At the time, however, these surveys were made the problem of quantity overrode other considerations. Before the war, the Ministry did not fully realise all the implications of the second task—the problem of quality —that lay before it. There were at least four reasons for this. First, the sheer physical problem of providing 300,000 beds for air raid casualties dominated the picture. Second, the Ministry could not know that

[1] The Year Book was published in 1941. Seventy-eight voluntary hospitals in Britain did not provide an annual report, while a further 120 failed to 'comply with certain minimum requirements in uniform accountancy' laid down by the British Hospitals Association. In 1938, 1940 and 1941 much the same kind of situation obtained.

[2] *Hospital Survey of Berkshire, Buckinghamshire and Oxfordshire* reporting on the 1938 position, Ministry of Health, 1945.

[3] *Hospital Survey of South Wales and Monmouthshire* reporting on the 1938 position, Ministry of Health, 1945.

[4] *Final Report of the Inter-Departmental Committee on the Rehabilitation of Persons Injured by Accidents*, 1939. Other writers had also drawn attention to the failure of voluntary hospitals to keep adequate records, namely, the *Report of the Voluntary Hospitals Commission* (1937) appointed by the British Hospitals Association, and the editor of the *Hospitals Year Book* in 1940.

the war—if and when it came—was going to develop in the way it did. Third, the voluntary hospitals were self-governing institutions, and the Ministry knew very little about their work. Fourth, the department, because hitherto it had been a supervisory and not an executive department, set out with only a limited knowledge of how hospitals worked and how they should be run.

(iii)

Hospitals before the War

What were, then, the standards prevailing before the war? What was the size, as well as the character, of the problem that confronted the Ministry of Health during the fifteen months before the outbreak of war when the emergency hospital scheme was being planned? In the following pages an attempt is made to answer these questions. The information possessed by the Ministry in 1939 is reviewed, and to this is added some new material gathered from research and from the results of investigations undertaken between 1939 and 1945. Against this background of the hospital situation before the war it will be possible later on to get a clearer idea of what was involved in the planning and development of a war-time hospital scheme. And, later still, it will also be possible to measure some of the achievements of the Government during the war in improving and extending the hospital resources of the country.

The dominant feature of the pre-war situation was the existence of two distinct and contrasting hospital systems—voluntary and municipal. Both had grown up without a plan. Their origins and histories were dissimilar; they were differently organised and financed and, in some respects, they catered for different sections of the population. Of all hospitals in England and Wales,[1] less than half the number, and less than one-third of the total beds, were under voluntary management; the rest were controlled by local authorities.

The Ministry faced a rigid and conservative social institution. First, on the one hand, there existed a multiplicity of individualistic voluntary hospitals, ranging from the great teaching hospitals to the small, debt-ridden institutions sometimes over-proud of their operat-

[1] Excluding mental and convalescent homes and hospitals run by the Defence Services.

ing theatres but often short of surgical specialists.[1] Secondly, on the other hand, there were the local authority hospitals, tied to out-worn boundaries, receivers of all the unwanted and uninteresting 'chronic' cases, still flavoured with the stigma of the poor law, and often badly equipped and accommodated in large, prison-like buildings. Somehow or other the Ministry had to bring together these rival systems, and to create, out of 'the varying and independently provided hospital facilities',[2] a national organisation for the care and treatment of air raid casualties.

Within each of these systems there were remarkable differences. The ancestry of a few of the voluntary hospitals could be traced back to medieval ecclesiastical foundations, but the great majority had come into being during the last two hundred years. Some were largely charitable, while others were chiefly financed by weekly contributions from certain groups of workers; the miners of South Wales, for example, mainly provided some of the hospitals in that part of the country. The evolution, then, of a thousand and more voluntary hospitals was very diverse, their standards of performance, their staffing and equipment, and their debts and endowments varied immensely in 1939. They included both the relatively few world-famous teaching hospitals with 800 or more beds and a complete armoury of special departments and the tiny cottage hospitals with next to no specialist staff. Of about 700 general (all-purpose) voluntary hospitals only some seventy-five were equipped with over 200 beds, some 115 provided between 100–200 beds, over 500 had less than 100 beds, and more than half of these had less than thirty beds. Even in the counties of London and the south-east forty-four per cent. of the voluntary hospitals had fewer than fifty beds.[3]

Because of their larger size and greater number of beds the general hospitals and institutions provided by local authorities formed—in terms of accommodation—the backbone of the emergency hospital

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[1] See Hospital Survey reports on conditions in 1938 (published by the Ministry of Health in 1945–6), especially that for the Sheffield and East Midlands area: '. . . a striking feature has been the preponderance of surgical work'. 'The Annual Reports of the small hospitals contain lists of visiting consultants and one is led to believe that they all undertake regular work there. It was apparent that the visits of consultants to these small hospitals were relatively infrequent, and some specialists, whose names appeared in the Annual Reports, were never asked to see patients at all', (*Hospital Survey of the South-Western area*, reporting on the 1938 position, Ministry of Health, 1945). This survey also showed that in many of these hospitals the matron was expected to act as the radiographer, to carry out the work of almoner, and to be midwife and cook, in addition to her work as matron.

[2] Cmd. 6502, *A National Health Service*, p. 56. 1944.

[3] The proportion of small voluntary hospitals was much more marked in the provinces. Before the war there were, in all, 49 voluntary hospitals in South Wales and Monmouthshire of which five had over 100 beds, 21 had 31–100 beds and 23 had less than 30 beds. In Berkshire, Buckinghamshire and Oxfordshire there were 75 hospitals of all types (voluntary and municipal), 41 of which had less than 50 beds. In addition, there were 89 private nursing homes with an average of less than nine beds apiece.

scheme.[1] A substantial number of these institutions had developed from the early poorhouses where those without means were made to work under harsh conditions. Originally, these institutions had not been provided for ill people; but with the passage of time they became more and more responsible for the old and destitute sick, for chronic, incurable and senile patients. This, their main function in 1939, was left to them by the voluntary hospitals.

There is much evidence concerning the selection of patients by voluntary hospitals, the resulting accumulation of particular types of sickness and groups of people in publicly owned institutions, and the ill-effects of this segregation.[2] A report issued by King Edward's Hospital Fund and the Voluntary Hospitals Committee for London drew attention to the practice whereby voluntary hospitals exercised 'their discretion over the admission of these patients (the chronic sick) and having admitted them transfer them to municipal hospitals'.[3] During 1935–7 some 27,000 patients were transferred by voluntary hospitals to general hospitals provided by the London County Council.[4] This practice meant for many old people—particularly in the provinces where hospitals rarely touched the high standards achieved by London—a sentence of death. The municipal hospital or institution often became known as a receiver of incurables, and those that entered its doors felt that they were being 'put away'[5]. They were certainly neglected in many instances, for the hospital survey report for Eastern England spoke of 'the masses of undiagnosed and untreated cases . . . which litter our public assistance institutions',[6] while from South Wales it was reported that 'many are bedfast for lack of attendants'.[7] Almost without exception, accommodation for these chronic sick (including large numbers of people with cancer) was available only in public assistance hospitals and institutions which often did not provide 'either the physical or mental amenities to be found in even the most ordinary well conducted domestic

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[1] The next few pages refer mainly to general hospitals and not to special institutions such as infectious diseases hospitals, tuberculosis sanatoria, maternity homes, mental hospitals and mental deficiency institutions. All these contributed in varying degrees to the emergency hospital scheme. The problems of adapting, equipping and staffing a mental hospital or infectious diseases hospital, for instance, were just as difficult—if not more so—as converting and improving a general hospital or a public assistance institution. The pre-war inadequacies of many of these special hospitals were not markedly different from those to be found in the "all-purpose" hospitals.

[2] This question is further discussed in chapters XXII and XXIV.

[3] *Some Aspects of the Post-War Hospital Problems in London and the Home Counties.* King Edward's Hospital Fund for London and the Voluntary Hospitals Committee for London, July 1945. See also references in the Hospital Survey reports published by the Ministry of Health in 1945–6.

[4] Annual Reports of the Council for 1935–7, Public Health, vol. IV, part I.

[5] *Memorandum on the Care of the Chronic Sick.* The Institute of Almoners, May 1946.

[6] Reporting on the 1938 position, Ministry of Health, 1945.

[7] *Hospital Survey of South Wales and Monmouthshire* reporting on the 1938 position, Ministry of Health, 1945.

dwelling'.[1] A departmental survey of public assistance institutions in a county within fifty miles of London described them, just before the war, as 'pesthouses'.

After the passage of the Local Government Act of 1929 empowering the major local authorities to appropriate public assistance institutions and to enter the field of general hospital provision, the differences in standards and performance of work among municipal hospitals widened considerably. This new function was not a statutory duty. In consequence, some authorities forged ahead and provided first-class hospitals with a complete range of specialist departments and staff, while other authorities were content to maintain their institutions as poor law infirmaries. In one county near London, described in an official report as feudal and parsimonious, the word of one or two local people was often more powerful than the council itself, while in a south-western county the nursing staff of public assistance institutions had to start washing the inmates at three to four o'clock in the morning because they were so short-handed. In seven out of fifty-two institutions admitting sick persons in the south-west region not one trained nurse was employed.[2] Over the whole of England and Wales some 70,000 beds in 140 hospitals were being maintained under public health powers just before the war, while nearly 60,000 more in 400 hospitals and institutions were still administered under the poor law.[3]

These were some of the factors which had to be taken into account when the emergency hospital scheme was organised. But they were by no means the most difficult ones. The age, structural condition and equipment of a large number of municipal—and voluntary—hospitals was unsatisfactory. 'Considering the high place which England takes in the medical world, perhaps the most striking thing about them is how bad they are in this respect.'[4] Many of the country's hospitals were erected for other purposes and at a time when ideas about the treatment of disease were quite different from those prevailing in the nineteen-thirties. This fact was not disputed by the hospital surveyors. One report after another spoke of large old-fashioned wards, out-of-date kitchens, poor and insufficient equipment, inadequate or non-existing laboratories, ugly prison-like

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[1] *Hospital Survey of the Yorkshire area* reporting on the 1938 position, Ministry of Health, 1945.

[2] *Hospital Survey of the South-Western Area* reporting on the 1938 position, Ministry of Health, 1945.

[3] Cmd. 6502, *A National Health Service*, 1944.

[4] *Hospital Survey of the North-Western Area* reporting on the 1938 position, Ministry of Health, 1945.

buildings and old and dilapidated structures.[1] Complete statistical evidence is hard to come by since—so far as the writer is aware—no systematic or comparative survey has been made of the age, layout and design of the nation's stock of hospitals. However, for South Wales a good deal of data is available, and although it may not fit the facts of some other areas, it may be accepted as significant. Of twenty-one institutions for the chronic sick existing on the eve of war in South Wales and Monmouthshire, nine were over 100 years old, eight over fifty years, two more than forty years old, while the remaining two were put up in 1904 and 1908. All were built as workhouses for paupers. The surveyors classified all hospitals (voluntary and municipal but excluding tuberculosis and mental institutions) and found that, out of a total of 7,945 beds, 3,855—or nearly one-half —were in premises graded as totally unfit to be used as hospitals.[2]

But these considerations of structure, condition and equipment were overshadowed by the crucial problem: the number and quality of the medical and nursing staff. For a good doctor can, in an emergency, overcome material deficiencies, while a bad doctor will still be a bad doctor however excellent the hospital and its equipment. The organisers of the emergency medical service foresaw in 1939 an acute shortage in quantity; there would not be, if the expected number of air raid casualties materialised, enough doctors, specialists, nurses and hospital technicians. There was less recognition then of shortages in relation to the existing needs of the sick population. By 1945, however, there had developed a keener perception of how serious had been the medical and nursing deficiencies before the war.[3]

Part of the explanation of these pre-war shortages was to be found in the way medical resources were distributed. A few areas of the

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[1] These reports applied not only to all types of voluntary hospitals and to general hospitals provided by local authorities but to mental hospitals, mental deficiency institutions, infectious diseases hospitals, tuberculosis sanatoria and maternity homes. The emergency scheme included all types and particularly the larger institutions whether voluntary or municipal. The Ministry of Health's survey of January–May 1938 revealed great inadequacies in equipment, the South Wales survey showed that only three out of 141 hospitals had staffed and equipped laboratories, while the Eastern and London and South-Eastern area surveys, and many of the Ministry's public health surveys before the war, reported meagre or non-existent rehabilitation and convalescent facilities, inadequate pathological and X-ray provision and other widespread deficiencies. The Goodenough report, in reviewing the state of voluntary hospitals, called attention to serious deficiencies in accommodation and equipment in many of the teaching hospitals, (Hospital Survey reports, 1945, and *Report of Interdepartmental Committee on Medical Schools*, H.M.S.O., 1944).

[2] *Hospital Survey of South Wales and Monmouthshire* reporting on the 1938 position, Ministry of Health, 1945. 'We have seen', wrote the surveyors of the hospital services in Sheffield and the East Midlands area, 'far too many examples of dark, overcrowded, ill-equipped infirmary blocks in which the chronic sick drag out the last days of their existence with few of the amenities of civilised life' (Survey Report on 1938 position, Ministry of Health, 1945).

[3] Illustrated, in this instance, by a comparison of the language and the standards employed in the White Paper *A National Health Service* (Cmd. 6502–1944) and in the Ministry of Health's pre-war Annual Reports.

country and a small section of the people were abundantly served with medical and nursing skill, but in many places, especially the economically depressed areas, there were widespread shortages. This was very true of expert medical skill.[1] 'The tendency for consultants and specialists to congregate in the county of London is largely a by-product of the past practice of unpaid hospital work, though strengthened in this instance by the standing of the principal London hospitals and the popular respect for a Harley Street address.'[2] The 'gross overcrowding'[3] of the London specialist population was also accompanied by an abundance of general practitioners in the well-to-do and supposedly healthier districts. Before 1939 there were, for example, proportionately seven times as many general practitioners in Kensington as in South Shields.[4]

The uneven distribution of medical skill in relation to needs was made worse by another characteristic of the pre-war hospital services: an uneconomic distribution of cases to beds. A complicated case would often receive treatment in a hospital with neither the staff nor the equipment to treat it, while a simple case would occupy a bed in a hospital with a high standard in staff and equipment. The tendency of some consultants to maintain personal waiting lists while others had vacant beds presented a problem of a rather different order.[5] There was indeed much misdirected and unutilised skill and devotion. The co-existence of two hospital systems was one of the fundamental causes; others can be sought in the way voluntary hospitals selected their sick people and municipal hospitals rejected patients living outside their districts. Yet another was traceable to an unco-ordinated and parochial ambulance service composed of many different types of ambulances equipped with stretchers which were not interchangeable.

All the evidence that had accumulated by 1945 showed that there was a general shortage of hospital beds for sick people before the war. The deficiencies were even more serious in respect to certain groups of patients and for particular diseases and injuries. Many of these

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[1] Before the war some counties were without a single gynaecologist; the Eastern counties had no thoracic surgeons, dermatologists and pædiatricians and only two hospitals with psychiatrists on their staff; in South Wales and Monmouthshire only five out of 56 acute general and acute special hospitals had specialists in continuous charge of patients; in the Sheffield and East Midlands area covering a population of 4,000,000 'pædiatrics is a relatively undeveloped subject', plastic surgery was not organised at all, while less than six doctors restricted their work to the administration of anæsthetics. (Hospital Survey reports and Ministry of Health Public Health Survey files).

[2] *The Hospital Services of London and the surrounding area* reporting on the 1938 position, Ministry of Health, 1945.

[3] *Lancet*, 'A Plan for British Hospitals' by its special commissioner, 28th October 1939, ii, 945.

[4] *Planning*, P.E.P. Broadsheet No. 222, 30th June 1944.

[5] Hospital Survey reports published by the Ministry of Health in 1945–6.

special needs were precisely those which became important during the war, for instance, chest surgery, orthopædic and fracture cases, plastic surgery, skin cases, tuberculosis and maternity provision. From the survey reports of 1945–6, initiated by the Ministry of Health as an aid to reconstruction and supplying for the first time a comprehensive view of the nation's hospitals, there emerged a total retrospective assessment of the needs that had existed in 1939, though many of them were not recognised then. When war broke out, the civilian population were short of hospital beds by about one-third—or roughly 98,000 beds for acute general, maternity, tuberculosis, infectious disease and chronic sick needs.[1] It was on top of this 'normal' shortage that the abnormal war-time shortage—an immense one, according to all current forecasts—would be imposed.

Pre-war deficiencies in hospital accommodation—both for general and special needs—were due to a variety of causes. Some of these, such as the maldistribution of consultants and the restrictive practices of voluntary and municipal hospitals, have already been mentioned. Others were to be found in a shortage of nursing staff, to defects in the organisation of hospital work, to lack of proper equipment, and to the tendency for beds in large hospitals to be allocated to separate units or firms, working more or less independently.[2] Above all, many voluntary hospitals were facing financial crises, while local authorities had entered the field of general hospital provision at a time when financial economy was the watchword. Apart, therefore, from a few of the wealthier local authorities, municipal hospitals were, up to the outbreak of war, short of money. That is one reason why, when the time came to organise the emergency scheme, many municipal hospitals and public assistance institutions were found to contain in their general wards an unholy and unhygienic collection of nursing mothers, infants with gastro-enteritis, healthy new-born babies, and aged and chronically sick women.[3]

These then were the kind of problems which the Government faced when the planning of a war-time hospital service began. This was the basic stuff, which could not be swept away overnight and replaced with brand new hospitals, new equipment and new staffs.

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[1] A summary of the conclusions of the ten Hospital Survey reports issued by the Ministry of Health appeared in *The Hospital Surveys* (1946), published by the Nuffield Provincial Hospitals Trust.

[2] Gardner F., and Witts, L. J., 'Length of Stay in Hospital', *Lancet*, 1946, ii, 392.

[3] A great amount of evidence of these conditions is scattered among thousands of Ministry of Health files, particularly the reports of surveys by medical officers and inspectors from the Ministry. An article in *Lancet* (1946, i, 841) quoted a description of conditions observed by Dr. M. Warren in one public assistance infirmary: 'In the same ward were to be found senile dements, restless and noisy patients who required cot beds, incontinent patients, senile bedridden patients, elderly sick patients who were treatable, patients up and about all day, and unmarried mothers and infants'.

All these problems, the inconsistencies, the rivalries, the boundaries and the defects had first to be studied and understood if, out of the medley, a nationally integrated hospital service for casualties was to be created.

Six years later, a survey of the hospital services covering only the best equipped and wealthiest third of the country's hospitals summed up by saying: 'The general conclusion to be drawn from all this evidence can only be that either in quantity or quality deficiencies in all types of accommodation were widespread in 1938'.[1] So far as the whole of the country was concerned, it is highly probable that, on any given day during 1938–9, there were over 100,000 people waiting admission to voluntary hospitals.[2]

(iv)

From Plans to Preparations

From what has been said it should be clear by now that up to the outbreak of war the hospital services were, to use the words of the 1944 White Paper, 'many people's business but nobody's responsibility'.[3] In accepting the task of organising a national hospital service for air raid casualties the Government had now to take a hand in the business. How was it to be done? To put the question more concretely, and to deal first with the problem of quantity, how was it proposed to provide 300,000 beds?

Broadly, the problem was attacked in four ways:

1. By the clearance of patients from some existing hospitals.
2. By crowding beds together and by providing additional beds in some existing hospitals.
3. By improving ('up-grading') many hospitals through the provision of surgical appliances and other equipment.
4. By the erection of new accommodation in the form of hutted annexes or hospital hutted units.

The accomplishment of this programme meant telling each individual hospital—and there were 2,378 in the scheme on the

[1] *The Hospital Services of London and the surrounding area* reporting on the 1938 position, Ministry of Health, 1945. The survey covered London and twelve south-eastern counties with a total population of over 14,000,000.

[2] Apart from mental hospitals and mental deficiency institutions. This estimate is derived from summarising the waiting lists reported by the hospital surveys, and by then applying the resulting ratio of waiting lists to population to the whole of the country. The figure of 100,000 is probably an under-estimate if reliable figures of length of stay in hospital were known. What pre-war data do exist show that length of stay was often very short, patients being discharged as soon as the acute phase of their illness had passed. Had they been retained, waiting lists would have been longer. See, for example, 'Length of Stay in Hospital', Gardner F., and Witts, L. J., *Lancet*, 1946, ii, 392.

[3] *A National Health Service*. Cmd. 6502. 1944.

outbreak of war[1]—exactly what its functions were to be in relation to the purposes and organisation of the scheme. Each hospital had to be fitted into the general plan. The main burden of prolonged care and treatment of patients was to fall, first, on advanced-base hospitals on the outskirts of London and other large cities and, second, on base hospitals in the country. The chief duty of hospitals in London and other vulnerable areas would lie in the initial reception and classification of casualties. Patients would then be transferred to hospitals further out. At all hospitals concerned a large number of sick people would, therefore, have to be transferred or ejected on the outbreak of war. Medical and nursing staff, as well as some of the X-ray and therapeutic equipment, would also have to be moved away from hospitals in the vulnerable areas.

These hospitals in the centre were accordingly affiliated to others outside the towns for the double purpose of mutual assistance and to facilitate the transfer of patients. At the same time, all voluntary and municipal hospitals were classified and graded according to the way in which they could best serve the scheme.[2] This was important, for it

[1] England and Wales. As previously stated, this account excludes Scotland. A separate place is given to Scottish experience in the Medical History.

[2] Briefly, existing hospitals were classified into the following groups:

Class 1A hospitals. These included all the larger hospitals, whether in inner or outer areas, which had, or could be given without great difficulty, facilities for dealing with both medical and surgical cases. These constituted the principal casualty hospitals. To reach this standard some hospitals were up-graded by the provision of equipment and, where necessary, by structural adaptation.

Class 1B hospitals. This group comprised small hospitals and certain special hospitals. They were to be used principally for giving treatment to the less seriously injured, and not as a rule for in-patient care. Many were designated by local authorities as first aid posts.

Class 2 hospitals. These hospitals were not considered suitable for the initial reception of casualties. They were to be used for convalescent and chronic cases, and for patients not requiring special treatment.

Class 3 hospitals. Infectious diseases hospitals made up this group. Those not in the areas to be evacuated were to be left to carry on their normal work. This decision was taken because of the fear that the evacuation scheme would place a heavy strain on these hospitals in the receiving areas.

Special hospitals. These were divided between classes 1 and 2 according to their facilities and the type of work done. In general, they were, as far as possible, to continue with their work while, at the same time, making a contribution to the provision of treatment for casualties.

Maternity hospitals. These hospitals in outer areas were to be retained for maternity work. In the danger zones, however, it was considered that only emergency and difficult cases could be admitted. As soon as the ordinary work of these hospitals decreased or came to an end they were to be used for the reception of casualties.

Children's hospitals. It was assumed that evacuation would leave hospitals of this type in the inner areas without much work to do. Therefore, they were to be used for the reception of casualties. Children's hospitals in the outer areas were to carry on with their normal work which would, of course, include the care of child patients transferred from inner areas.

Mental hospitals. It was decided that mental hospitals and mental deficiency institutions would have to make a considerable contribution to the scheme. Many of these hospitals in country areas were to re-arrange the accommodation for their ordinary patients by crowding-up to make room for casualties in one wing or block which could be fitted to receive them. Certain hospitals were to be completely cleared of their patients—who would be transferred to other institutions—thus providing a number of large hospitals for the reception of casualties and for other purposes.

determined how far up-grading or crowding could provide improved services or make room for more patients.

When the target of hospital accommodation had been set, the purposes of the scheme laid down, and a policy of hospital classification settled, the next stage began of building up the organisation to control and direct the service. To do this meant, in effect, lowering the barriers between the two hospital systems. One of the earliest steps taken by the Ministry of Health was the appointment, in June 1938, of regional hospital officers. Their chief duties were to plan, co-ordinate and organise the hospital services in the region and, in the event of war, to exercise general control over operations. In each county and county borough medical officers of health were asked to act as their agents. These medical officers were also to be responsible for the administration and operational control of the casualty services[1] under the general direction of the air raid precautions controller.

During 1939 the hospital officers were busy on the work of classifying, grouping and up-grading hospitals. In affiliating hospitals to each other, and in grouping them geographically for making easy the flow of patients, the Ministry tried, as far as possible, to ignore differences in hospital government. The basis of the scheme was the linking of casualty hospitals in the danger areas to each other and to appropriate institutions outside these areas. This would make it possible to send air raid victims to any of the inner casualty hospitals irrespective of their voluntary or municipal status and, subsequently, for patients to be evacuated to affiliated institutions in outer areas again regardless of hospital ownership.

For London, this plan was carried further, partly as a result of recommendations made by a special advisory committee. This body, set up in May 1938 under the chairmanship of Sir Charles Wilson (later Lord Moran), produced in circumstances of urgency an interim plan for a London scheme.[2] The Ministry, in formulating its scheme, adopted some of the committee's proposals. London region was divided by the Ministry into ten sectors radiating from the centre, the idea being to evacuate casualties outwards along each sector. The boundaries of these sectors were drawn far beyond the boundaries of the London defence region because it was considered that to drain casualties away a wider area was essential. The hospitals in the inner part of each sector were affiliated both to each other and to the hospitals in the outer part.

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[1] Principally, the ambulance service and first aid parties, posts and mobile units.

[2] The scheme was submitted to the Ministry of Health on 20th July 1938. This committee, like so many others, was much influenced by the threat of air attack on London. A great shortage of hospital accommodation was feared, and it was therefore proposed that hotels, schools, private houses and a large number of tents should be used.

The London hospital region, unlike the other regions, was administered directly from the Ministry of Health's headquarters. Each sector had at its apex one or more of the teaching hospitals, and each had its own sector group officer who was responsible to the hospital officer for the whole region. Representatives of the London teaching hospitals—nominated by the hospitals themselves—were appointed sector officers. They were later joined by lay sector officers and sector matrons from the voluntary hospitals. The task of the lay officers was to organise non-medical matters involved in the dispersal of hospitals, and the task of the matrons was to plan the distribution of nursing staffs. On the local government side, hospital liaison officers (including lay officers and matrons) were appointed by the authorities concerned. Each London sector, with its own office and clerical staff provided by the Ministry, was organised in this way. For the rest of the country the arrangements in each region were less complicated, control of operations resting with the regional hospital officer.

Apart from these hospital officers who were officials of the Ministry, most of the other controllers and administrators (both medical and lay) were not permanent civil servants. They were selected from, or nominated by, the voluntary and municipal hospitals, and many were distinguished consultants and specialists. They were not in any sense mere figure-heads or formal advisers. To a large extent they exercised control and helped to shape policy. The appointment of such medical men to share in the work of organising and operating a State service was, at that time, a novel development. But, in the circumstances of the day, no other course was open to the Government, short of taking over all the hospitals in the country for the duration of the war and turning doctors and nurses into salaried officials.

At the time, the Ministry of Health simply had not a sufficient number of qualified people on its establishment to run the emergency hospital scheme. There was, it was admitted, an 'acute shortage of medical staff' in the Ministry.[1] Therefore, the trade, so to speak, had to be brought into the department—just as it was in other Ministries, like Food and Shipping. This was, perhaps, the only way in which the co-operation of the voluntary hospitals could be quickly secured. The result was an elaborate administrative structure for London, somewhat out of keeping with the kind of war that was expected, embodying as it did a dual system of voluntary and municipal representation, a nicely calculated balance of medical, lay and official interests, a multiplicity of committees and several complicated chains of responsibility.

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[1] This statement was made in the Ministry at the end of 1938 in connection with the analysis of confidential reports on maternal deaths.

To sum up, the emergency scheme, as it finally emerged by the end of 1939, was so arranged as to disturb the *status quo* as little as possible, while aiming at the maximum pooling and redistribution of hospital resources.

Formulating a scheme was one thing; to get it understood, approved and operated was another. To illustrate from London: the London sector plan took shape only by slow degrees, for it first had to be acceptable to the voluntary hospitals. These institutions were nervous of the Government's intentions, for they had never before been organised on a national basis, and they feared that their independence might be jeopardised if they took part in the scheme. To complicate negotiations further, it was some time before various jealousies among the hospitals themselves, particularly a conflict of views between the lay and medical elements, were resolved. The question of finance, of how much the Government was to pay the voluntary hospitals for their services, was also a sore point. There was a delay—which naturally invited criticism—before the Ministry of Health received Treasury authority to announce its financial proposals. And when the Ministry did open negotiations with the British Hospitals Association in June 1939 the terms put forward were not generally welcomed.[1]

It has been shown that the Government proposed to find the vast majority of beds for air raid casualties by discharging patients to their homes, and by crowding other patients together and thus giving room for extra beds to be introduced. This apparently easy task was not as simple as it looked on paper. It demanded a great deal of work before an emergency hospital service could be said to exist. At the time of the Munich crisis in September 1938, three months after the Health Departments had been put in charge of hospital organisation, detailed plans—quite apart from the actual provision of all the extra equipment that was needed—had not been made. A number of officials were at work, there was some hurried ordering of beds, mattresses, blankets and other equipment, some stretchers and pillows were borrowed from an army depot,[2] railway parcel vans were turned into ambulance trains and a start was made in converting coaches into ambulances.

Even after the crisis was over it was some months before the main principles of the scheme had been agreed with all the interests concerned. Then began the stage—from about March 1939 onwards—

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[1] The financial arrangements with voluntary hospitals are discussed in chapter XXII.

[2] The shortage of stretchers in 1938 recalls a similar experience in 1914. The failure to order this equipment before the outbreak of war, commented the medical historians of 1914–18, re-emphasised a lesson which had been learnt at the time of the first Egyptian campaign in 1882 (*Official History of the War* 1914–18, Medical Services, vol. I).

of working out their practical application. Viewed as a whole, this was a heavy task the detail of which is described at length in the Medical History of the War. The following list of the more important items of work serves to indicate, however, the formidable nature of the problems which faced the organisers of a hospital service for air raid casualties:

1. The carrying out of protective measures at hospitals, such as the provision of shelters, the bricking-up of operating theatres, sandbagging and the improvement of fire-fighting appliances.[1] By the end of 1939 work of this kind had been authorised—and in many instances completed—for some 650 hospitals.
2. The adaptation and improvement of hospital buildings, including the installation of operating theatres, X-ray rooms, laboratories, dispensaries and stretcher lifts, and the improvement of sanitary and kitchen facilities, lighting and heating. By the outbreak of war about 150 hospitals had been selected for this work of up-grading, and much of the essential engineering had been done, but more than half the programme remained to be completed.
3. The organisation of a centrally directed transport service for moving patients from hospital to hospital. This meant the provision of a new inter-hospital ambulance service and, for moving patients long distances, casualty trains.
4. The organisation of a network of casualty bureaux throughout the country for the collection and circulation of information concerning admissions, casualties, deaths, discharges, vacant beds, classes of patients and so forth. Casualty record forms were not, however, distributed to hospitals until the end of August 1939, and the bureaux were not completely established until after the outbreak of war.[2]
5. The provision of an emergency public health laboratory service, and the expansion and improvement of pathological laboratories in many areas of the country. The task of organising the emergency service was assigned to the Medical Research Council.[3]

All these measures were vital parts of a war-time hospital service, made all the more necessary because of the deficiencies revealed by the Ministry of Health's surveys and inspections during 1938–9. There were, in addition, a variety of ancillary services, no less difficult to

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[1] Ministry of Health E.M.S. Memo. No. 1, January 1939.

[2] Ministry of Health circular 1847, 25th August 1939, E.M.S. Memo. No. 3, 6th October 1939, and Ministry of Home Security circular 52/140, 21st March 1940.

[3] An account of this service is contained in the *Report of the Medical Research Council for* 1939–45, Cmd. 7335. See also *Report of the Chief Medical Officer of the Ministry of Health*, 1939–45.

organise and no less essential, which were either in process of formation during 1939 or else came into being later. Advances in the technique of transfusion, and the knowledge derived from the use of the blood bank in Spain during the civil war, made possible the organisation of a blood transfusion service, for instance, as part of the emergency scheme. It was estimated from experience in Spain that some ten per cent. of casualties might need blood transfusions. The immense number of expected casualties made it imperative therefore to resort to the storing of blood. The London area was the first to benefit, for the Medical Research Council began to organise a service of stored blood in 1939. Extensions to other parts of the country, through the setting up of regional centres, came later.[1]

The development of the hospital scheme and its ancillary services during 1939 was fashioned by expectations of the kind of war that might be unloosed on civilian society. This was clearly reflected in the early establishment of neurosis centres and the emergency laboratory and blood transfusion services for London; in the importance given to the organisation of inter-hospital transport, casualty trains and casualty bureaux, and in the issue of burial forms and advice on the disposal of the dead. In conformity, too, was the emphasis on first aid, with doctors in charge of posts and mobile units, to prevent the hospitals from being swamped with patients, on the provision of special services for gas decontamination, and on the organisation of over one hundred ambulance ships, patrol craft and speedboats for the purpose of picking up casualties in the Thames riverside areas and conveying them to the nearest point at which treatment was available.[2]

All this did not represent a comprehensive medical service; in the beginning the scheme was an elaborate organisation for collecting a large number of casualties, giving first aid, blood transfusions and surgical treatment to the wounded, cleansing the gassed and burying the dead. It was believed that in the first few weeks of a war it would not be possible to sort out and classify patients according to the type of injury sustained; mass handling with no differentiation would have to be the rule.[3] Only one exception to this principle was admitted. Certain hospitals and institutions around London were to be emptied so that special centres could be set up to deal with the hysterical and the neurotic. These centres, where the practitioners in neurology and psychiatry could work, were planned and brought into operation in

[1] An account of the blood transfusion service is given in the *Report of the Medical Research Council for* 1939–45, Cmd. 7335.

[2] Plans for a River Emergency Service were prepared early in 1939 by the Port of London Authority to provide a casualty service from Hammersmith to Canvey Island—a distance of 44 miles.

[3] *Statement Relating to the Emergency Hospital Organisation, First Aid Posts and Ambulances*. Cmd. 6061. July 1939.

advance of other special centres such as those providing treatment for fractures, burns, and head and chest injuries. And in addition to the neurosis centres, mobile teams of 'neuro-psychiatrists' were to visit any casualty hospital to which a specialist had not been attached. The deeply held fear that public morale might crack under the strain of air bombardment was responsible for the early preparation of these services.

The point has now been reached where it becomes necessary to look at the totals of estimated demand and supply for casualty beds, and then to consider the special measures taken during the last few months of peace to staff and equip the hospitals in preparation for war.

A target of 300,000 beds for air raid casualties had been set by the Cabinet in April 1939.[1] When this decision was reached, it was estimated that there were, in England and Wales, approximately 500,000 beds (or room for beds) in existing hospitals and institutions which could be used as hospitals.[2] It was further estimated that, of this number, 100,000 beds could be provided for casualties by upgrading hospitals, by sending home patients fit to be discharged in an emergency, and by the use of the margin of empty beds which normally existed. Another 100,000 were to be provided by crowding and the introduction of additional beds, while a further 50,000 could be obtained in an acute emergency, it was thought, either by another measure of crowding or by the use of hospitals in the inner areas of London which could be emptied of their existing patients.

By these measures, which, incidentally, entailed the use of much inferior accommodation, it was calculated that 250,000 beds would be available—about 200,000 of them in the first twenty-four hours of war. But even this number, inadequate as it was judged to be by the volume of casualties expected, could only be purchased at the cost of ejecting some 100,000 patients and removing to other hospitals a further 40,000 or so.[3] To make up the deficiency of 50,000 beds it was decided to embark on a programme of hutted annexes. As far as possible the huts were to be attached to existing hospitals in order to share administrative quarters and to economise in staff and equipment.

The first practical step towards providing these hutted annexes was taken in March 1939 when the Ministry of Health approached the Treasury. The Ministry thought that at least 80,000 beds in hutted hospitals should be budgeted for, partly to allow for some accom-

[1] See above, page 64. The figure of 300,000 beds included provision for Scotland. For England and Wales alone the aim was to provide 290,000 beds.

[2] Including mental hospitals.

[3] In the absence of accurate statistics before the war it was guessed that the hospital population of England and Wales on any given day was about 300,000 (exclusive of mental patients and mental defectives).

modation for sick civilians after the outbreak of war. Despite a reluctance to spend money on schemes which would not, it was thought, be required if the war did not materialise the Treasury agreed to a start being made on a programme of hutted accommodation to provide 40,000 beds.[1] By July 1939 the Ministry had decided on the sites for the huts, and it was expected that the scheme would be completed by the end of October.[2]

The problem of staffing all these extra beds in the casualty hospitals, the up-graded and crowded institutions, and in the new hutted annexes was a formidable one. Additional numbers of doctors and nurses could not be produced at once, nor could they be moved about the country as easily as surgical equipment or bedsteads. Medical and nursing manpower was seen as the central problem and, in many ways, it was the chief factor in determining the size of the Government's programme of hospital care for air raid casualties. It was evident that there would have to be a considerable diversion of staff from the work of treating sick people, especially as there was a call for doctors and nurses from many quarters—the Armed Forces, medical boards under the Military Training Act, and first aid and ambulance work. All this was abundantly clear many years before 1939,[3] but no concrete steps were taken to enlarge the professions either on account of future needs or to meet the shortages that existed at the time.

A study of the policies adopted during the war for distributing doctors among the various claimants demands careful treatment including an analysis of the use of doctors in the Services and elsewhere. The present book cannot, however, undertake this highly technical task. What it does offer is the bare minimum of fact necessary for understanding the staffing of the hospital scheme.[4]

To provide doctors for the scheme, sufficiently mobile for the purposes of casualty work, it was decided in 1938 to enrol a corps of medical men to be known as the Emergency Medical Service. These doctors, ranging in status from house officers to specialists, were to serve in voluntary hospitals and were also to reinforce the full-time salaried staffs of local authority institutions. The proposal of full-time employment in voluntary hospitals raised many difficult issues, as most of the existing staffs were honorary and part-time. After protracted discussions with the representative bodies the salary and grading of full-time officers was worked out by August 1939. Despite the difficulties of employing these officers in voluntary hospitals it was decided that the terms of service should require whole-time work. It

[1] In addition, 9,000 beds in hutted hospitals were to be provided in Scotland.
[2] *Statement Relating to the Emergency Hospital Organisation*. Cmd. 6061. July 1939.
[3] The first sub-committee of the Committee of Imperial Defence to consider the need for doctors in time of war reported in July 1924.
[4] For further details see the Medical History of the War.

was thought essential, in the conditions envisaged, that the majority of the doctors enrolled should—as in the Armed Forces—be employed on this basis. Moreover, uniform conditions were necessary as those who enrolled would be liable to serve in any hospital in the country irrespective of whether it was a voluntary or municipal institution. Whole-time officers were also under an obligation to serve, if required, for the duration of the war, and an undertaking was given to guarantee them employment for one year (subject to approved service and the continuation of air hostilities). Although employed and paid by the Ministry of Health these doctors were to work under the general administrative control of the hospital where they were stationed, and their clinical work would not be directed or interfered with in any way by the Ministry.

These terms did not survive for very long. For many reasons, principally aversion to whole-time salaried appointments, they were generally unpopular. The absence of air attacks in the opening months of the war decided the issue, and eventually the Ministry of Health accepted the proposals of the profession itself. The changes, generally from whole-time to part-time status, are discussed in chapter XI alongside the re-organisation of the emergency medical service which took place at the end of 1939.

In addition to the arrangements for doctors to staff the emergency hospitals, the Ministry also appointed the group officers and a number of consultant specialists in various branches of general medicine and surgery to advise the department on the development of schemes for special treatment centres. Plans, similar to those made for doctors, were also worked out for dentists, pharmacists and opticians.

While these preparations were being made, steps were taken to build up a Civil Nursing Reserve.[1] This organisation, established by the Health Departments at the end of 1938, had as its aim the recruitment of at least 100,000 nursing auxiliaries to provide extra staff for the services handling air raid casualties. Those who were not already employed in essential nursing services were asked to join the reserve, and any who lacked experience were given training. By 30th August 1939 nearly 60,000 had enrolled, although only a small proportion were fully trained. In addition, some 24,000 members of voluntary aid detachments were released by the War Office from their Service obligations to help with nursing air raid casualties.

Operational orders for the emergency hospital scheme were drafted by the Ministry of Health as soon as preliminary arrangements could be made for allocating staff to hospitals. On 24th July 1939 instructions were sent out describing the action to be taken on the declaration of a 'state of tension' and a 'state of emergency'.[2] On the first

[1] Only brief reference is made in this volume to the problems of the nursing services. The subject will be treated at length in a second volume.

[2] Ministry of Health E.M.S./Gen./231.

warning, the admission of patients was to be restricted to urgent cases requiring in-patient treatment, daily records were to be started of vacant beds and patients who could be sent home within twenty-four hours, patients fit to be moved to hospitals in the country were to be selected, the additional beds were to be set up and other measures put in hand. On a state of emergency arising, the patients selected were to be sent home or transferred immediately, and staff were to move and report for duty in accordance with arrangements already made.

While all this work of planning hospital accommodation, organising the ancillary services, allocating staff and drafting operational orders was being hurriedly pushed forward during the spring and summer of 1939, attempts were being made to speed up the distribution of extra equipment to the hospitals in the scheme. After hospital space and staff, this was the third of the big problems.

The quantity of equipment needed was immense. Nearly 1,000 completely new operating theatres were installed by October 1939. By the same date, some 48,000,000 bandages, dressings and fitments had been ordered. Close on a million surgical instruments were said to be wanted. The estimated number of artery forceps required represented, for instance, over thirty years' demand for the whole country. The size of the casualty lists that were expected was the factor in creating these great demands. But there were additional reasons, some of which were obvious to the Ministry of Health in 1939, while others did not become apparent until later when Britain's manpower had to be carefully husbanded. Much of the accommodation, and most of the emergency hospitals outside the evacuation areas, such as public assistance institutions, were not equipped to handle surgical cases. This was recognised before the war. To equip them all at once was, therefore, a formidable task. And equipment meant, not only surgical instruments, theatre and X-ray apparatus, drugs and dressings, but beds, blankets, clothing and an immense range of ward, domestic and kitchen appointments. In addition to these institutions and the new hutted annexes which had to be fitted out, it was later found that over a large proportion of the country's hospitals the standard of equipment and furnishing was poor, inadequate and often out-of-date.[1] This realisation came just at that particular point in the nation's history when the physical difficulties of making better provision were at their greatest.

But this was chiefly a problem of quality. What came first in time, and what distinguished the planning of 1939, was the emphasis on quantity. To the demands that followed from the Government's

[1] Some indication of the range and character of these deficiencies has already been given—see pp. 69-76 above.

decision to provide 300,000 beds for air raid casualties, there had also to be added the large quantities of equipment and materials needed for first aid posts, ambulances, casualty trains, laboratories, emergency maternity homes and nurseries, and many other services in England, Wales and Scotland. At the same time, the Armed Forces were also out to buy medical supplies and equipment, as well as millions of beds, blankets and items of clothing.

This sudden and vast invasion by many agencies of Government into a variety of trade markets cannot be examined critically in this volume. But it is necessary to point out here one or two difficulties which affected the Ministry of Health and the Department of Health for Scotland. Neither were purchasing departments. Nor was there functioning—at that time—any Ministry of Supply to which these departments could turn for their requirements. At first, in January 1939, it was proposed that the contracts branch of the War Office should undertake the task of obtaining all medical and surgical equipment. But this idea soon had to be abandoned, as the branch was heavily engaged in providing for the expansion of the Army Medical Service.

Eventually it was decided that the bulk of this class of equipment should be purchased through the medical supplies branch of the London County Council.[1] It was in this way that the necessary experience of the different trades and the technical knowledge of medical equipment were obtained quickly. Hospital beds, bedding and many miscellaneous items were bought through the Office of Works, nurses' caps and overalls through the General Post Office, towels through the Admiralty and X-ray units and tetanus antitoxin through the War Office.

It cannot be said that the use of the London County Council and other agencies by departments in London and Edinburgh was the speediest or most effective way of obtaining equipment. But it had one advantage, even at the expense of some failure in co-ordination. It meant that the technical knowledge and experience (which the Health Departments lacked) of one of the largest hospital authorities in the world was immediately available to the Government. Defects in co-ordinating orders for equipment arose both within the Ministry of Health and between certain departments.[2] This was to some extent inevitable. It was part of the price that had to be paid by these Ministries in the process of growing up to become departments fully armed with the knowledge of how hospitals worked.

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[1] This arrangement held until November 1941 when the Directorate of Medical Supplies in the Ministry of Supply took over the work, and combined the purchasing of medical and surgical equipment for the emergency medical services, the civil defence services and the Armed Forces.

[2] An illustration of this is given in the next chapter concerning the demand for blankets by various departments.

In addition to these arrangements for central purchasing, quantities of equipment for the hospital scheme were bought locally. Under the provisions of the Civil Defence Act the authorities of certain hospitals were obliged to hold, at their own expense, specified reserves of medical stores, beds and other articles.[1] Also, those hospitals where accommodation was to be greatly increased were asked to purchase locally certain items. The cost of most of the additional equipment was met by the Exchequer, either by the provision of equipment on loan or by the reimbursement of approved expenditure. Hospital authorities were expected to arrange, without cost to the Government, for the storage, custody and preservation of a great part of the medical stores and equipment supplied to them.

These authorities were told in detail what reserves to acquire, what should be purchased locally and what items the Government would supply. All this information was contained in circulars issued five days before the outbreak of war.[2]

Before these circulars were sent out a considerable quantity of equipment had already been distributed to hospitals by the Ministry. There were delays, however, before the machinery of supply was functioning satisfactorily. It took time for a decision to be reached to use the London County Council as a purchasing agency. And it was necessary to survey the hospitals and plan many details of the scheme before starting to work out equipment schedules. Yet another factor, and probably the most influential, was the reluctance to spend money on services which, it was considered, would not be needed if war did not materialise. This attitude, whether justified or not in the political and economic circumstances of 1938–9, affected preparations for evacuation and civil defence just as it impeded the development of the emergency hospital scheme. It did not of course always square with the views that were held of what the war would be like if and when it came.

The first approach to the Treasury for sanction to buy surgical instruments, ward furniture and X-ray apparatus was made by the Ministry of Health in February 1939. On 4th April approval was given for initial purchases amounting to £230,000, or one-fifth of the total sum authorised by October 1939. As regards the equally important matter of beds, 50,000 had been ordered in the middle of the Munich crisis in the autumn of 1938, a second order of 50,000 was made at the end of March 1939, another 50,000 were asked for on 1st June and a further 100,000 on 4th August. This made a total of

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[1] Civil Defence Act, 1939. Sections 51(c) and 55. The requirements amounted to about four weeks' reserve of drugs and other medical stores, one-tenth reserve of beds and mattresses and one-fifth reserve of bedding and ward equipment.

[2] Ministry of Health circulars 1849–50, 29th August 1939.

250,000—all of them iron bedsteads. Only 50,000 had been delivered by August.[1] Despite the timber shortage,[2] a wooden bed was therefore hurriedly designed for quick production, and contracts were signed for 100,000 five days before war was declared.[3]

The situation as regards many other items of equipment was much the same. In some instances, such as blankets, the total demand for a variety of emergency services ran into millions. In the early days there was some failure to co-ordinate all these requirements. Orders were not spaced out evenly, most of them being rushed out during August 1939. One result was that in the first few days of war 100,000 blankets were being hurriedly cut from stocks of men's overcoating.

This last-minute rush for equipment was not exceptional. Under almost every head of preparation, something similar occurred. There had been, first of all, the years of leisurely study which led to very little action. There followed, from about 1935, the phase of planning which lasted until June 1938, and culminated in the decision to place responsibility for an emergency hospital scheme on the Health Departments. Even then, many facts still had to be collected before the principles of organisation and action could emerge. The Munich crisis revealed how rudimentary and inadequate the organisation was, and in the last year of peace there ensued a rush to make things ready.

Yet it has been necessary to pay full attention to the early and middle phases of preparations. In no other way would it have been possible to understand how the emergency scheme took form and the strength of the ideas about the character of a future war which decided its shape. In a later chapter—Chapter XI—the organisation is studied as a going concern before it had to meet the test of air attack. First, however, the following chapter takes a brief look round at the state of preparations for various emergency services on the eve of war.

[1] H. of C. Deb., 1st August 1939, vol. 350, col. 2278.

[2] See *British War Economy* (1949), Hancock, W. K., and Gowing, M. M., chapter IV, section iii.

[3] The figures given in this paragraph include Scottish requirements.

CHAPTER VI

AUGUST 1939

UNTIL September 1939 few people in Britain believed that a second world war was inevitable. There was still hope, springing perhaps from the need of human beings to go on, from day to day, thinking, reasoning and believing. There was, too, insensibility and inertness, sometimes caused by fear and sometimes resulting from a desire to lessen anxiety or avoid thought. There was also deception: self deception, social deception. How much blindness there was, what produced it, and why it spread among so many peoples and invaded so many spheres of human activity, is no part of the task of the present writer to assess. Future historians will have to try to understand the hearts and minds of the generation between the two wars.

The point has been made, and deserves fresh emphasis here, that no one, in or out of the Government, knew that another world war was inevitable. The record of the discussions, the plans, and the preparations, that has filled the early chapters of this book, needs to be read with this in mind. Unless it is so read the nature of the problem of preparing for a possible future war in the circumstances of the nineteen-thirties will be misunderstood. It was of course relatively easy to draw plans on paper. What was not so easy was to translate these plans into reality which, more often than not, meant requisitioning buildings, directing men and women to various duties and buying equipment. The task of expanding, in peacetime, the Armed Forces of the Crown was not intrinsically so difficult as that of switching a large section of the nation's social institutions and social services on to a war footing before war had broken out. The Government had not, neither did it seek, the necessary powers of compulsion and direction. The absence of certain legal sanctions handicapped the preparation of the emergency services. The passage of the Civil Defence Act in July 1939 did indeed allow more progress to be made, but the testing time followed within a few weeks of this extension—itself severely limited—of the Government's planning powers.

The Government's plans were based on the widely held belief that the war would open with an immediate onslaught by the enemy's air arm. The objective would be to attack civilian society and undermine the nation's will to fight. It was expected that London, the nerve-centre of Government and the home of one-fifth of the people, would suffer first.

No longer would there be, as in past wars, an interval of time in which the nation, without hindrance from its enemies, could mobilise,

build up its war-time services, gear up the production of stores and equipment and switch its economy to a war basis. The bomber had abolished this period. Hospitals, ambulances, casualty trains, evacuation hostels, shelters, rest centres, mortuaries, relief offices, feeding centres, all fully equipped and manned, would be needed by civilians immediately the attack began.[1]

To provide all these new services, ready to go into action at once, would create in peacetime a great deal of disruption—even if the necessary powers of compulsion were granted by the nation. If both Government and people had accepted the inevitability of war and if they had known when it was due to start, the task would have been infinitely easier.

But this was not to be. Plans and preparations had to be built up in quite a different fashion. The preceding chapters on hospitals, rest centres and evacuation have illustrated some of the difficulties, and have shown how plans were developed in a piecemeal way, and why progress was often slow and faltering. These measures to help and protect civilian society against a new form of warfare were not directed by a 'General Staff'. No Cabinet committee maintained a continuous watch over the social services. No research was conducted into the effects of bombing on the apparatus of civilian life. No comprehensive study was made of the social consequences that might flow from the kind of war that the Government expected. Inadequate factual knowledge and an inadequate endeavour to acquire it, a deep ignorance of social relationships and a shallow interest in social research—these things were later to handicap the work of Government Departments. By the middle of 1939 these departments were already committed to undertake, in the event of war, some novel tasks. Within eighteen months they were to enter many other provinces which, in peacetime, had been curtained off from any intrusion by the State.

The passing of the Civil Defence Act in July 1939 was the signal for greater progress to be made in the practical working out of plans. During August, many central departments were feverishly engaged in assembling the machinery of war-time administration. The Ministry of Health and the Department of Health for Scotland, hitherto concerned with watching and supervising the work of local authorities, were now faced with the possibility of having to administer and operate a large range of emergency services. Moreover, in certain fields, such as evacuation, they would now have to exercise much closer control over the work of local bodies. A start was therefore

[1] The contrast with the First World War is striking. In 1905 the War Office decided that there was no need to prepare in advance any expansion of hospital accommodation in the United Kingdom. There would be time enough, it was considered, to begin building hutted hospitals when mobilisation was ordered. (*Official History of the War* 1914–18, Medical Services, vol. 1, chapter I.).

made in selecting staff to strengthen existing regional offices, or to establish such branches in the defence regions as part of the Government's arrangements for regional commissioners.[1] The Ministry of Health had to set up a small replica of itself in each region, composed of administrators, doctors, architects, and specialists in housing, accountancy, water supplies and other matters. A large number of civil servants were now to be sent out of their offices and into the field to acquire personal experience of local conditions, to meet and talk to local government officers, and to see hospitals, maternity homes, welfare clinics and other social services in action.

The Unemployment Assistance Board (later renamed the Assistance Board) was also busy during August in planning the movement of staff. In the event of war, many of the Board's local offices would require strengthening, while plans had to be made for the opening of 605 new offices in various parts of Britain. Arrangements were made for about 2,400 of the Board's staff to be transferred to new stations to cope with emergency work. The responsibility for administering a national scheme of cash aid for certain classes of the war distressed had been placed on the Board, which was also charged with investigating and paying claims for personal injuries due to air raids.[2] A rush of work under both schemes was expected on the outbreak of war.

Similar problems of creating a war-time administrative machine were also affecting those two departments which were to become known, on the outbreak of war, as the Ministries of Food and Home Security. Ration books for 45,000,000 people had already been printed and, during August, iron rations for 4,000,000 evacuees were being distributed. At the end of the month the machinery of food control was ready, but no decisions had by then been taken by the Cabinet on what was to be rationed, and how soon control was to operate after the outbreak of war. It was, however, fully expected within the departments and by the general public that rationing on an extensive scale would operate immediately hostilities began.

August was a month of intense activity for the local authorities. Their heaviest tasks were plans for sending or receiving mothers and children and organising civil defence. By the 2nd, 1,000,000 steel shelters had been distributed. By the 8th, the strength of the civil defence organisation had reached 1,493,000, though by the Government's calculations it was still short of over 430,000 volunteers. The biggest deficiency, however, lay in quality. The training and equipment of this army of volunteers was still far from adequate, while the casualty services, particularly the first aid parties, were reported to be 'the weakest link in the whole chain'.

[1] The subject of the regional system is the concern of the civil defence volume in this series of histories.

[2] See chapter IV, p. 46.

In contrast to September 1938 there was, however, more public confidence in the state of the Government's preparations on the home front. When, for instance, the last peace-time debate on the civil defence and emergency services took place in the House of Commons on the 2nd August 1939, relatively little criticism was heard.[1] The vital question of equipment was not generally raised. No one wanted to know anything about the Government's plans for helping those who might be bombed out of their homes. The press, too, was much less critical than it had been for many months. At the end of August, *The Times*, in a special article, wrote enthusiastically of a vast civil defence organisation, standing ready, equipped and trained. The evacuation and hospital schemes were also, it was said, fully planned and prepared.[2]

On 10th August a trial black-out was held in London and South-East England. It was not very successful in central London. At 1.30 a.m. there were 'almost rush-hour conditions' in Piccadilly Circus.[3] Vast throngs of cars and sightseers turned out to experience, and partly ruin, the trial. The following day *The Times*, which also carried a report on the opening of the Nazis' war of nerves on Poland, remarked that London was 'unruffled'.[4]

Neither *The Times* nor the sightseers in Piccadilly accurately reflected the mood of the nation. The fear of war, and especially the kind of war that had for so long been foreshadowed, manifested itself in many ways, though it affected some people more than others. The attitude of 2,000,000 to 3,000,000 people, struggling along from hand-to-mouth on public relief or unemployment pay,[5] and living—as most of them were—away from the dangers to which Londoners felt they were exposed, was probably very different from that of men and women with a definite and more respected place in society. But there was no panic rush from London. A steady stream of people left by road and rail, many of them presumably to take up the accommodation they had reserved months before.[6] By 1st September, when Scotland Yard obligingly issued a list of routes out of London for people leaving by car, the stream was considerable. From Southampton, it was reported that 5,000 people had left within forty-eight hours for America.[7]

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[1] H. of C. Deb., vol. 350.
[2] 30th August 1939.
[3] *The Times*, 10th August 1939.
[4] 11th August 1939.
[5] In July 1939 the number of unemployed in Britain stood at 1,256,000. For the year 1938–9 the average number of persons in England and Wales in receipt of institutional and domiciliary relief totalled 1,050,000. For Scotland the figure was 226,000.
[6] See chapter III, pp. 37-8.
[7] *The Times*, 1st September 1939. Further reference to the movement of population from the United Kingdom during 1939–40 is made in chapter XIII.

Despite the exodus of private persons and business firms, there was great activity in London. The work of sand-bagging, shuttering and blacking-out was being energetically pushed forward. In the North, the textile trade was experiencing its greatest boom since the First World War. The Government had suddenly ordered millions of blankets.

One social phenomenon which passed unnoticed at the time was the rush into marriage. Perhaps fear precipitated many of these marriages; if so, it was quite a different kind of fear from that caused by economic hardship during the early nineteen-thirties when marriages were postponed and even avoided. The months of August and September 1939 saw the greatest flood of marriages ever counted in British statistics. No comparable rise had occurred in 1914; it was not until the end of 1915 that the highest rate of the First World War was recorded—22·5 marriages per 1000 population. For July, August and September 1939, the astonishingly high rate of 29·3 was reached.[1]

Did these differences reflect the ordinary man's feeling that the margin of safety by which civilisation survives was wearing thin? Or did they only mean that family separation was destined to become a more potent cause of mental distress than the enemy's bombs?

With the signing of the German-Soviet pact of non-aggression on 23rd August, the sense of an impending disaster spread rapidly. Behind the confident assurances of preparedness by Government spokesmen there were anxieties in Whitehall and Edinburgh about the emergency services. One particular anxiety of the Health Departments was the state of the arrangements for receiving evacuated mothers and children. Plans for sending them out of the target areas were, by mid-August, nearly complete. But local authorities had not been allowed to spend any money on services to receive them. These authorities had been asking, from early in 1939, for sanction to extend accommodation in infectious diseases hospitals, to adapt premises as maternity homes, and to buy such equipment as furniture, crockery and bedding. The resources available in the reception areas to provide certain welfare services for nearly 4,000,000 refugees were quite inadequate.

The Ministry of Health had applied, at the beginning of 1939, for permission to approve expenditure on various items. These items, which it was thought essential to provide in advance, such as the adaptation of premises for use as hostels and maternity homes, were estimated to cost £405,000. But the Treasury questioned the need for much of this expenditure. The provision of temporary sanitary conveniences at rural railway stations and dispersal points was considered 'a waste of money'. 'It is impossible to maintain all the decencies of

[1] England and Wales. The figures for Scotland were similar.

life under war conditions.' The supply of clothing and equipment for necessitous children was thought to be unnecessary. There was, continued the Treasury, 'little justification' for the extension of hospital accommodation for cases of infectious disease in the reception areas. The argument went on until the middle of August. By the 17th, when only £22,500 had been sanctioned, the Ministry of Health was thoroughly alarmed and demanded from the Treasury freedom to work out the evacuation scheme which had been authorised by the Cabinet. The dispute was not referred to the Cabinet by the Minister of Health. Assent was given to another instalment of expenditure on 23rd August.

The Health Departments then authorised local authorities to incur 'such reasonable expenditure as is necessary for the reception of evacuated persons'.[1] Regional medical officers were told to approve such expenditure as the cost of adapting premises as maternity homes, and local authorities were informed that they could buy without approval such articles as crockery and cutlery. Authorities who were responsible for evacuating children were authorised to make purchases locally of boots, clothing and knapsacks up to £1 for every 200 children, on the understanding that no publicity was given to such assistance.[2] All this information was conveyed in circulars which did not reach most of the local authorities until 28th August—six days before the outbreak of war.

At the same time local authorities were asked to set up casualty bureaux for the purposes of the hospital scheme, and four days later hospital authorities were told to buy locally certain items of equipment.[3] On 2nd September a large number of local authorities were asked to establish emergency feeding stations, and to consider the desirability of 'improvising temporary shelter of some kind' for homeless people.[4] This circular did not, however, reach the authorities concerned until after the outbreak of war.

One result of this abrupt removal of the ban on expenditure as it affected evacuation, the hospital scheme and other services, was an immense buying rush during the last week of peace. The staffs of local authorities all over Britain hunted feverishly for crockery, furniture, children's boots, clothing, bedding and hundreds of items. In addition, large orders were placed at the last minute by the Health Departments, some instances of which have already been given in the chapter on the hospital scheme.[5] A particular example of the general equipment problem which arose at the end of August 1939 was the purchase of blankets and other items of bedding.

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[1] Ministry of Health, G.E.S.10. 25th August 1939.
[2] Ministry of Health, G.E.S.13. 25th August 1939
[3] Ministry of Health circular 1849, 29th August 1939.
[4] See chapter IV, p. 53.
[5] See chapter V, pp. 83-6.

When the billeting survey for the evacuation scheme was carried out early in 1939 the offers of accommodation that were made were conditional on the Government supplying to householders 4,200,000 blankets and 1,470,000 mattresses or beds.[1] In addition, 1,000,000–2,000,000 blankets were needed for the hospital scheme,[2] first aid posts, ambulances, casualty trains and stretchers,[3] while the Army required 4,500,000–6,000,000. These figures, big as they were, did not represent the total of probable demand. No authority was given, before the war, for the provision of blankets for homeless people in rest centres and shelters, or for warden's posts.

Action to make provision for the demand came in driblets. By the end of April 1939 contracts had been signed for 300,000 blankets for hospitals and 165,000 for first aid posts and ambulances. The first order for the evacuation scheme (for 500,000) was not placed until May. Because of the delay in ordering, and the congestion in the trade which resulted from the failure to co-ordinate demands, only 29,000 blankets for the evacuation scheme had been received by 21st August. The position with regard to mattresses and mackintosh overlays was very similar, while the first order for camp beds for the evacuation scheme was not placed until 15th August. Later in August, when Government departments became very anxious about the equipment situation generally, large additional orders were placed by the Ministry of Health for beds, mattresses and pillows, and the first contracts were signed for many items, including 260,000 night-shirts for hospital patients. On the 25th the Ministry, in desperation, asked local authorities to buy blankets locally.[4] Orders were also given for 100,000 blankets to be cut from stocks of men's overcoating. On 29th August, Lord Woolton broadcast a national appeal for the loan of 3,500,000 blankets. By begging, borrowing and buying, local authorities obtained about 789,000 blankets and 20,000 camp beds for the evacuation scheme.

The alarm that impelled these last minute attempts to bring the emergency services to a state of readiness affected many agencies of Government. Large numbers of shrouds and papier maché coffins were ordered by local authorities, who were also busy requisitioning cars and about 6,000 trade vehicles as ambulances, and furniture vans for the removal of dead bodies. Tents were hired by the Ministry of Health to provide cover for 10,000 extra beds for air raid casualties, as none of the hutted hospital units were ready. A circular on the setting up of these tents was rushed out on 1st September 1939, and the tents were hurriedly distributed round

[1] England, Wales and Scotland.

[2] On the basis of three blankets per bed.

[3] On the basis of two blankets per stretcher.

[4] Ministry of Health, G.E.S.12. 25th August 1939.

the country. By November 1939 many of them had been blown down. Those still standing were soon removed, however, because their startling whiteness was said to have made the local inhabitants 'panic-stricken'.

Buildings of all kinds were in great demand. Many schools, for instance, were seized by the Army and the civil defence authorities. The story of August 1914 was repeated. Then, large numbers of schools had been invaded by voluntary organisations, school equipment turned out, and the buildings converted into auxiliary hospitals long before the military authorities required them.[1] In August and September 1939 the need was different, the victim the same. This was particularly true of the evacuation areas where many schools were suddenly requisitioned to serve as first aid posts and for other civil defence purposes. For the invasion in 1939 there was, however, more excuse, as it had been assumed by the Education Departments that all schools in these areas would remain closed for the duration of the war.

The policy of dividing the country into evacuation, neutral and reception areas, and the decision that shelter protection was not required for schools in the evacuation areas[2] (since the children would have been shifted to the country) led naturally to a wholesale requisitioning of school buildings in these areas. The demand, indeed, was so great, and the number of requisitioning authorities involved so many, that a system of earmarking buildings on a central register maintained by the Office of Works virtually broke down. Even in the neutral areas, where local education authorities had been advised that shelter protection, generally in the form of covered trenches, should be provided, there was a considerable amount of commandeering of schools by the military and other authorities.

In the evacuation and neutral areas of England and Wales some 2,000 elementary and secondary schools were wholly or partly occupied by various authorities. Civil defence accounted for 1,692, the military for 213, and the remainder were requisitioned for a variety of other reasons. In addition, a number of schools were seized in reception areas.[3] This question of the use of school buildings for defence purposes was part of the wider problem of a nation, endeavouring by any and every means to protect the civilian population against a new form of warfare. It involved, throughout the period of hostilities, an increasing diversion of social equipment to

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[1] *Official History of the War* 1914–18, Medical Services, vol. 1.

[2] Board of Education circular 1467, and Scottish Education Department circular M.136, April 1939.

[3] These figures, which are known to be incomplete, were obtained in December 1939 by the Board of Education when the first attempt was made to review the problem of schooling in the evacuation and neutral areas. A fuller account of this matter is the concern of the education volume in this series of histories.

meet the growing demands of war, both in its defensive and aggressive phases. Some of the social consequences, which often inflicted more lasting damage than reductions in civilian consumption of domestic goods, form the background to later chapters.

While the requisitioning of schools and other buildings went on apace at the end of August 1939, the enrolment and allocation of staff for the emergency services was speeded up. On the 24th, school teachers were asked to return from holiday and report for duty, part of the staff of the Education Departments were earmarked for transfer to other ministries, and doctors and nurses were enrolled in the emergency medical service.

Parliament re-assembled on 24th August and at once enacted the Emergency Powers (Defence) Act, 1939.[1] This empowered the King, by Order in Council, to make such Defence Regulations as appeared to him to be necessary or expedient for securing the public safety, the defence of the realm, the maintenance of public order and the efficient prosecution of the war, and for maintaining supplies and services essential to the life of the community. This Act was followed, within the next nine days, by an unprecedented volume of emergency legislation, all of which had been carefully drafted and prepared by the Government many months earlier. These measures were concerned with a variety of war-time problems such as the repair of war damage, the restriction of rents and mortgage interest, liability for war damage, compensation for air raid injuries, the relief of distress and the working of the courts.[2]

These Acts, and the Regulations and Orders that issued from them, provided the authority for the early development of many of the war-time social services. The State was assuming new, and in many respects wide responsibilities for the well-being of individual members of society. From its initial pre-occupation with the cruder manifestations of total war, expressed in such defensive policies as removing the injured to hospital, the frightened to safety, and the dead to mortuaries, the Government was to turn, under the pressure of circumstances and the stimulus of a broader conception of social justice, to new fields of constructive welfare policies.

[1] 2 and 3 Geo.6, c.62.

[2] In later chapters reference will be made to some of this legislation. The Acts which were placed on the statute book during the last week of peace, and which are relevant to the history of the social services, are listed below:—

Housing (Emergency Powers) Act, 1939. 2 and 3 Geo.6, c.73.
Essential Buildings and Plant (Repair of War Damage) Act, 1939. 2 and 3 Geo.6, c.74.
Rent and Mortgage Interest Restrictions Act, 1939. 2 and 3 Geo.6, c.71.
Landlord and Tenant (War Damage) Act, 1939. 2 and 3 Geo.6, c.72.
Compensation (Defence) Act, 1939. 2 and 3 Geo.6, c.75.
Courts (Emergency Powers) Act, 1939, 2 and 3 Geo. 6, c.67.
Administration of Justice (Emergency Powers) Act, 1939. 2 and 3 Geo.6, c.78.
Unemployment Insurance (Emergency Powers) Act, 1939. 2 and 3 Geo.6, c.92.
Unemployment Assistance (Emergency Powers) Act, 1939. 2 and 3 Geo.6, c.93.
Personal Injuries (Emergency Powers) Act, 1939. 2 and 3 Geo.6, c.82.

But while much was to be gained before the war came to an end, much of value was to be interrupted or lost. There were to be fewer homes in Britain. About 3,500,000 dwellings were to be damaged by enemy action, 222,000 were to be completely destroyed or damaged beyond repair,[1] house-building was to slow down and stop, and the 2,000,000 new houses which might have come into existence but for the war were still, six years later, items in a plan. The raising of the school-leaving age to fifteen years, first provided for in 1918, had eventually been timed to take effect on 1st September 1939, but the war was to mean postponement for another eight years. The 2,000,000 children in classes exceeding forty in elementary schools in England and Wales were to find themselves, by 1946, further squeezed for space and attention, despite a decline in the child population, and a reduction in the elementary school population by over 420,000.[2] The provision of a cancer service was to be deferred for nine years, the Criminal Justice Bill of 1938 was to be pigeonholed for longer, while the building of welfare clinics, sanatoria, maternity homes, schools and other institutions was to come to an end for the best part of a decade. Meanwhile, a mass of social equipment in the shape of hospitals, schools, village institutes and halls, swimming baths, playing fields and public transport was to be diverted from civilian use. The claims of the war machine, in an armed operational base like Britain, made large inroads upon the services, institutions and equipment originally provided for the civilian population.[3] But all these subtractions and losses, though serious in their cumulative effects on physical and moral standards, were to be judged of little account when measured against the lists of disorganised and separated families.

These separations began at the end of August 1939. As the movement from London of private evacuees steadily increased, the first preparatory measures were ordered to bring the emergency services into action. The Government decided that the machinery for evacuation, and for putting the hospitals in a position to receive air raid casualties, should begin to operate. On 26th August, hospitals were told to set up the additional beds they had received and to restrict the admission of patients to acute cases. On the following day, billeting and requisitioning powers were delegated to the clerks of local authorities, along with power to appoint billeting officers.[4] Evacuation rehearsals were held at the schools on the 28th, and, on the same

[1] For details see chapter XVI.

[2] The number of children attending public elementary schools in England and Wales fell from 4,942,000 in March 1939 to 4,520,000 in November 1944.

[3] For some discussion of the economic costs of the war see *British War Economy*, Hancock, W. K., and Gowing, M. M., 1949.

[4] For the purposes of the evacuation scheme. Requisitioning powers were limited, in the case of private dwellings, to unoccupied houses. (Ministry of Health circular 1857, 27th August 1939.)

day, a start was made in clearing patients from some of the hospitals included in the emergency scheme.

On the 30th, the day when the evacuation of children from Paris began, stand-by orders were issued in London. The next morning, the Cabinet decided that the exodus from all evacuation areas in Britain should start. The Government's order was received at the London County Council's headquarters at 11.7 a.m.; the transport authorities confirmed that they were ready, and from 11.19 a.m. onwards signals and instructions were sent out to executive officers. For the rest of the day the press and the wireless were flooded with pre-arranged notices and announcements. 'All those in the priority classes may go even if they have not registered.' 'Do nothing to impede the working of the Government's plans.' 'If you have work to do remain at your post.' 'Women and children first.'

On Friday, 1st September 1939, the transport arrangements to evacuate nearly 4,000,000 mothers and children from the vulnerable areas of Britain began to operate. The next prepared stage in the hospital plan was also put in motion; some tens of thousands of patients were turned out and sent home, others were removed by rail and ambulance to hospitals in safer areas. Simultaneously, thousands of converted coaches, cars and other vehicles took up their ambulance stations; thirty civilian casualty trains were staffed and sent to their berths; some 2,200 doctors and 15,000 nurses were called up and posted to casualty hospitals, and the civil defence organisation was mobilised. At sunset, the country was blacked out. Nearly six years were to pass before the evening lights were again to stream unchecked from British homes.

PART II

The Invisible War

CHAPTER VII

EVACUATION: THE EXODUS

In the early hours of 1st September 1939 the carefully devised machinery under evacuation plans 2 and 3 began to operate. The Government's scheme, prepared in expectation of massed air attacks, moved, in three days, 1,473,000 persons from the crowded cities of Britain. The majority of these mothers and children were transferred, with teachers and escorts, to safer areas before war was declared on 3rd September 1939. The whole operation was completed without a single accident or casualty.

This movement was part of an immense shifting of population which took place during the summer of 1939. In addition to the evacuation scheme, other Government plans involved the migration of large numbers of people. Civil servants were transferred from London to country branches or to establish new regional and local offices, old people and other poor persons were turned out of public assistance institutions, young people were shifted from remand homes and approved schools, some 5,600 prisoners, convicts and Borstal inmates were suddenly given their freedom,[1] hospital staffs and patients were moved to safer areas, and about 140,000 other patients were sent home.[2] Few places in Britain were immune from this upheaval. Even in the remote areas of Wales over 1,000 patients were ejected from tuberculosis sanatoria to make way for air raid casualties.[3]

All these movements of population happened in accordance with Government plans drawn up before the war. In the aggregate, and apart from the mobilisation of the Armed Forces, they probably involved some 1,600,000 to 1,750,000 persons. But the unofficial, or private, migration, that had been a source of much anxiety to the Government, was even more extensive. This unofficial exodus was mainly composed of individuals and family groups who left London and other supposedly vulnerable areas. It was supplemented by a large-scale migration of private and public institutions, such as schools, universities, nursing homes and a variety of charitable institutions. There was also a big exodus of business firms and offices to safer areas.

It is impossible to compute with precision the total number of people involved. However, in appendix 2, *Voluntary Evacuation on the*

[1] *Report of the Commissioners of Prisons and Directors of Convict Prisons* 1939–41, Cmd. 6820.

[2] Further reference to this figure of 140,000 is made in chapter XI, pp. 193–4.

[3] From hospitals and sanatoria belonging to the Welsh National Memorial Association.

Outbreak of War, an analysis has been made of the available statistical material for England and Wales. The figures take no account of the number of people who went to Scotland, Ireland or abroad,[1] nor do they include those people who moved from Scottish evacuation areas to other parts of Scotland.[2] The conclusion of this study can be summed up in a few words. Between the end of June and (say) the first week of September 1939, approximately 2,000,000 persons privately evacuated themselves to safer areas in England and Wales. Of this number, it is known that over half had earmarked accommodation at least seven months before the outbreak of war.[3]

So great was the flight to the western half of England that, in the reception areas of Devonshire, private evacuees outnumbered official evacuees by roughly seven hundred per cent. Yet not until the fifth year of war, when this analysis was made by the historian, did the Health Departments know that whereas they had evacuated nearly 1,500,000 mothers and children, about 2,000,000 people had evacuated themselves. It is astonishing that such a large number of people could, within a short period of time, leave the vulnerable areas without the Government being aware of the fact. If private moves to, and within, Scotland are included, the total must have exceeded 2,000,000. In all, therefore, the total population movement in Britain (both official and private) may be estimated at between 3,500,000 and 3,750,000. This history is concerned with 1,500,000 of these evacuees —the mothers and children who voluntarily took part in the Government's scheme and who, presumably, had no friends or relatives in the country to whom they could turn when war came, or no money to buy or hire safety for themselves and their dependants, or no inclination to spend their money this way. About the 2,000,000 'private' evacuees, the historian knows nothing.

The Government's pre-war plans had envisaged the transference of nearly 4,000,000 persons—mainly mothers and children. Although the combined total of official and private evacuees fell not far short of this, it cannot be assumed that many of those who were eligible to move under the official scheme did not do so because they had made

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[1] Precise statistics showing the number of British subjects who left the United Kingdom are not available. It appears that 5,000 persons embarked for America at the end of August 1939 (see chapter VI, p. 90), while *The Times* (15th October 1941) referred to a report of a banking business in Bermuda experiencing an embarrassing glut of funds which were 'almost entirely the property of temporary residents from abroad'. Further reference to the movement of population abroad is made in chapter XIII, pp. 247–8.

[2] When the billeting survey was carried out early in 1939 it was reported that eighteen per cent. of the available accommodation in England and Wales had already been earmarked by private evacuees, while the proportion in Scotland was higher at twenty-one per cent. The Scottish proportion may have been higher because of the migration of English people to Scotland (see chapter III, p. 39).

[3] See chapter III, pp. 37–8.

their own arrangements. The statistics derived from national registration at the end of September 1939[1] provide local population data by age and sex, and it is apparent from these that a high proportion of the private evacuees were adults, that at least 150,000 people moved into or out of the neutral areas surrounding London (not included in the evacuation scheme), and that a considerable proportion of children remained in London and other evacuation areas after the outbreak of war.

The total number of official evacuees was made up as follows:

	London and metropolitan area	Other evacuation areas in England	Evacuation areas in Scotland	Total
1. Unaccompanied schoolchildren	393,700	371,200	62,059[2]	826,959
2. Mothers and accompanied children	257,000	169,500	97,170	523,670
3. Expectant mothers	5,600	6,700	405	12,705
4. Blind persons, cripples and other special classes ...	2,440	2,830	1,787	7,057
5. Teachers and helpers ...	89,355		13,645	103,000
				1,473,391[3]

The response to the scheme varied widely among the different evacuation districts. So far as schoolchildren were concerned, the most successful areas were Manchester and Salford, Newcastle and Gateshead, Liverpool, Bootle and other Merseyside districts. In these places the proportion taking part in the scheme ranged between sixty-one per cent and seventy-six per cent. In London, practically half the number of schoolchildren went, while in Glasgow the proportion was forty-two per cent. The least successful areas were Sheffield (fifteen per cent.), Nottingham (twenty-two per cent.), Bradford (twenty-five per cent.), Derby (twenty-seven per cent.), Edinburgh (twenty-eight per cent.), while the total for Birmingham, Coventry, Smethwick, Walsall and West Bromwich amounted to twenty-four per cent. The combined proportion for all English county boroughs and London county was less than half (forty-seven per cent.), and for all Scottish evacuation areas it was thirty-eight per cent. The figures for a large number of areas are given in appendix 3.

[1] *National Register: Statistics of Population 29th September* 1939 (1944).

[2] In Scotland, schoolchildren did not go out in school parties but were evacuated with their mothers.

[3] This total includes a number of evacuees who left London and other areas under supplementary schemes which were put into effect soon after the outbreak of war.

When the test came, and parents had to decide whether or not to break up the family, the proportion who did part with their children was, in the Government's view, unexpectedly low. The response where mothers and young children were concerned was, however, much lower still. The two largest areas, London county and Liverpool, evacuated thirty-five per cent. and twenty-four per cent., respectively, of the numbers eligible. Over the whole of the country there were striking differences in the response by the priority classes. Appendix 4 shows that the proportion of all those eligible to go under the Government scheme who actually went ranged from two-thirds in Gosport and Bootle to six per cent. in Rotherham.

The factors responsible for these differences were no doubt as varied and inexplicable as human behaviour in general. Some of the variations do, indeed, defy explanation. Why, for instance, was Leeds twice as successful as Sheffield, and Manchester more so than Portsmouth and Southampton? Why was the proportion for all Scottish areas higher than that for outer London? Why were two-thirds of the evacuable population of Bootle willing to leave their homes, while only one-third were prepared to do so in Hull? It is difficult to believe that in August 1939 the apprehension of risk was twice as great in Bootle as in Hull, or that it was keener in Dundee (which evacuated thirty per cent. of those eligible to go) than in the suburbs of London.

The amount and intensity of poverty in some of the evacuation districts may have contributed to this confused statistical pattern. Those parents who were poor in material things and handicapped by lack of education may have been more easily persuaded (or told) by local government officials that they must evacuate, or that the Government would look after all their needs if they left their homes. Moreover, it is unlikely that there were many families living in the poorer areas who were able to make their own arrangements outside the Government's scheme. But this hypothesis cannot be stretched too far; indeed, to identify in order of importance the motives which led parents to keep their children at home or send them away would be as difficult as to try and find out why people want to make money.

One or two surveys, particularly a Scottish study of evacuation,[1] have suggested that the smaller the family the tighter the grip the parents keep on the children. Many only children, it seems, either stayed at home, or were evacuated privately. Those parents, who kept one or two children of school age at home, cannot however be regarded as improvident or selfish. They were anxious, perhaps excessively anxious, about their children, but they reflected in their attitude the revolution in standards of child care which divides the nineteenth from the twentieth century.

[1] Boyd, W. (edited by) *Evacuation in Scotland*, 1944.

To be successful, the Government's scheme for the evacuation of schoolchildren without their parents demanded a high degree of confidence in the efficiency of the arrangements that were being made. The Government was asking a great deal; it was asking parents to send their children for an indefinite period to an unknown destination, there to be committed to the care of strangers.

In helping parents to make up their minds, much depended, therefore, on the efficiency of local preparations in each evacuation area and particularly on the quality of the relationship between those responsible for preparatory work—from councillors to teachers—and the parents. The art of democratic persuasion, of making people feel confidence in the Government's plans, had to be practised at the local—as well as the national—level. Those authorities, such as Manchester, whose plans had been efficiently laid, were able to report the evacuation of about seventy per cent. of their schoolchildren. Other authorities, inadequate in their preparations, bureaucratic in their methods and remote from the people, were less successful. Another group of authorities, whose areas were not scheduled for evacuation until late in the day, were handicapped by insufficient time in which to prepare. All these factors contributed in varying measure to the differences in the response to the evacuation scheme.

In addition, there were many other dissuading factors, trivial and unimportant perhaps to the world at large but of vital consequence to each family. It is easy to visualise the kind of situations that could have arisen. It may have been that an older child was needed at home to do certain tasks for a younger brother or sister while the mother went to work to supplement Service pay. One or other of the family may have been ill at the time, the mother may have been expecting another baby and have been unable to spare the help of an older child, the father may have been unemployed or waiting to be called up for the Army. Any one of these factors may have temporarily overshadowed the family's assessment of the degree of risk from air attack in a particular district. And even if the danger to life was rated highly, there often intervened a stoical indifference, expressed in the words: 'If one of us is going to die, it would be better if we all died together'.

It was some time before the Government knew that it had not moved 3,500,000 persons but that less than 1,500,000 had travelled under the scheme. *The Times*, which presumably obtained its figures from official sources, announced on 4th September that 3,000,000 mothers and children had been evacuated. One result, however, of the fact that a much smaller number took advantage of the official scheme was that the problems of reception were greatly eased. On the other hand, some local authorities were handicapped in the work of

billeting by the influx of large numbers of private evacuees who encroached on the accommodation reserved for mothers and children.

Apart from a few areas, however, the number of official evacuees was within the capacity of the accommodation available. Even so, a substantial amount of redistribution and 'thinning out' took place within the first few weeks, partly with the object of attaching pupils to more appropriate schools. This was not an easy task in many rural areas with a school population temporarily swollen by about forty per cent. In some places, for instance the reception districts of Surrey, the evacuee school population was equal to ninety-three per cent. of the native schoolchildren.

Appendix 5 lists for all counties in England and Wales that were wholly receiving areas (*a*) the total accommodation available on 1st February 1939, (*b*) the percentage privately reserved, (*c*) the number of evacuees received, (*d*) the percentage of evacuees received to total accommodation and (*e*) the percentage of numbers received to numbers expected, *i.e.* the Ministry's allocation after taking into account private reservations and other billeting requirements. The appendix shows that there were wide variations in the experience of different reception counties. While Suffolk (East), Westmorland, Sussex (East), Huntingdonshire, Sussex (West), Cumberland and Berkshire received between fifty per cent. and sixty per cent. of the numbers expected, Cornwall received only three per cent. and various other counties less than one-third. Some of these discrepancies were due to changes in the railway programme—referred to below.

Administratively, the evacuation movement of nearly 1,500,000 mothers and children was a success: it was an excellent illustration of co-ordinated planning tested in action. The careful organisation of the entraining arrangements—particularly in London—was aided by the exercises and rehearsals carried out earlier in the summer designed to familiarise those concerned with the mechanical operation of the scheme. When it began, the children were guided by an array of banners, labels, armlets and other devices, and marshalled by an army of teachers and voluntary helpers. Over 40,000 of these helpers accompanied the children and were billeted in the reception areas, and 127,000 members of the Women's Voluntary Services assisted in smoothing the journey from the evacuation to the reception areas.

The Government's call to 'get the children away', the tension provoked by the nearness of war, and the urge to subdue anxiety by physical action, led a large but unknown number of men and women to help in the work of evacuation. Unsuspected, and hitherto unused resources of leadership were thrown up in the back-streets of Stepney, in the more sedate suburban avenues and in isolated rural villages.

The work of assembling the mothers and children, moving them to

the stations and getting them into the trains, complete with teachers, helpers, food, luggage and labels, was helped by the fact that only forty per cent. of the scheduled numbers turned up, despite a Government announcement that those who had not registered would still be allowed to take part. But the non-appearance of more than half the mothers and children for whom transport had been arranged led, in many evacuation areas, to extensive changes in train schedules and destinations. This meant, in most receiving areas, the arrival of groups different from those expected. Secondary schoolboys of seventeen were presented at billets in place of mothers with young children, while mothers in the last weeks, and even hours, of pregnancy, arrived instead of unaccompanied schoolchildren. The confusion that ensued is described in the next chapter.

The reason for all these difficulties was—so far as London evacuees were concerned—twofold. The arrival at the entraining stations of less than half of those eligible to take part in the scheme was one. The second was a problem in time and distance, and was peculiar to the movement from London and other metropolitan areas. The children were first collected at some 1,600 assembly points, and the distance of these points from the entraining stations made a double journey necessary. Those to be evacuated had, therefore, to travel chiefly from 172 tube entraining stations to ninety-eight main-line entraining stations. To avoid congestion at the latter, it was arranged that the evacuees should be cleared as quickly as possible as soon as they arrived. This meant that they had to fill waiting trains irrespective of their destination. It also meant that school groups were broken up.[1] The Ministry of Health was not able to give, therefore, guarantees to the areas receiving from London about the number and composition of the parties to be sent them. To have done so would have meant a considerable slowing down of the whole entraining movement. It was decided that it was more important to get the mothers and children out of London as quickly as possible, and great efforts were, therefore, made to reduce to the minimum the time occupied in entraining all London evacuees.[2] Moreover, the train schedules had to be co-ordinated with other priority movements, such as the evacuation of hospital patients and staff from London and the mobilisation of the Armed Forces.

[1] A great deal of thought had been given before the war to the question of maintaining school units, and to the possibility of matching particular schools in the evacuation areas to corresponding types of schools in the reception districts. But these important educational considerations were overborne by the emphasis on speed and the requirements of the transport authorities. The consequences that followed are the concern of Dr. Weitzman's education volume in this series of histories.

[2] One device that was adopted to lighten the strain on a particular railway was evacuation by sea. Some 23,500 persons—mostly children—were taken by boat from the Thames to Norfolk and Suffolk, disembarkation taking place at East Anglian coast towns.

When it was realised on the first day of the London exodus that evacuees were not arriving in the numbers that were expected, the second day's schedule was brought forward, and a process of telescoping train programmes was thus begun.[1] With all these transport problems in London being decided by the Government's anxiety to get the evacuees away as speedily as possible, there was bound to be confusion at the receiving end. The situation would, no doubt, have been accepted if, at the time, London had been bombed. But, in the absence of raids, the Government, the Ministry of Health, the London County Council and bureaucracy in general, were all blamed for the confusion that ensued in the receiving areas with the arrival of mixed and unexpected groups of evacuees.

In Scotland, transport was also a difficult problem for the administrators, mainly because of the distances to be travelled, the large number of wayside halts to be made to allow a few evacuees to alight, and the importance of so arranging the schedules that mothers and children arrived before nightfall. On the other hand, many of the difficulties peculiar to London did not arise in the provincial and Scottish moves. The numbers to be evacuated were smaller than for London and there were not the same problems of entraining. But, despite these advantages, there were mistakes and delays in some of the transport arrangements. They came to light because certain of the sending authorities had told the receiving areas the composition of the parties to be sent them. When different groups turned up, the local people, after making careful reception plans, were naturally upset. For instance, in Kilmarnock, the chief reception officer reported the non-arrival of some trains from Glasgow, alterations in the times of others and many vexatious delays. Reports from other areas stated that some of the trains lacked proper conveniences for long journeys and adequate supplies of water. As many of the trains contained children under the age of five, the absence or insufficiency of lavatories was particularly depressing, especially when six to seven hours were required for a journey normally occupying only one to two hours. Some 400 mothers and children under five were, for instance, sent from Liverpool to Pwllheli—a distance of about 120 miles—in a non-corridor train. In another case, where two departments of a West Ham school had been provided with a non-corridor train for a journey to Somerset, the needs of nature proved too strong and the children were deposited at Wantage in Berkshire.[2] But not

[1] Another complication in London was the sudden and (to the London County Council) unexpected closure of eight underground stations. This involved, among other changes, the transfer of over 1,000 children, already travelling, to other stations, without delaying the main operations.

[2] *Evacuation in Practice: Study of a Rural Reception Area.* Evacuation Committee of the Association of Architects, Surveyors and Technical Assistants, 1939. For other evidence, see *Evacuation in Scotland*, edited by W. Boyd, 1944, especially pages 53–4 and 55–7.

all the trains were stopped and destinations changed in this way. It was not surprising, therefore, that many of the evacuees arrived in a dirty, uncomfortable and unco-operative state.

The provincial evacuation operations were complicated—as in London—by the failure of a large number of mothers and children to present themselves. The extent of the failure is given more precise form in appendices 3 and 4. This contributed to the difficulties of the railway companies but did not, of course, account for the absence of corridor trains for journeys occupying many hours. The confusion at the receiving end was further added to by the lack of imagination shown by some local authorities in failing to sort out parties on their arrival, and by indiscriminatingly loading the buses bound for surrounding villages.

If the opening phase of the war had been different, if it had followed the course which the Government expected and which shaped the general character of the evacuation scheme, many of these difficulties would have been seen in a wider perspective. The scheme was not planned to operate in peaceful conditions. The physical safety of mothers and children from all-out, intensive and prolonged air bombardment by day and night was the first and dominant concern. Inevitably, the effect on the sensitive mechanism of the child's mind took second place. To be torn up from the roots of home life and to be sent away from the family circle, in most instances for the first time in the child's life, was a painful event. This was no social experiment; it was a surgical rent only to be contemplated as a last resort. The whole of the child's life, its hopes and fears, its dependence for affection and social development on the checks and balances of home life, and all the deep emotional ties that bound it to its parents, were suddenly disrupted. From the first day of September 1939 evacuation ceased to be a problem of administrative planning. It became instead a multitude of problems in human relationships.

CHAPTER VIII

EVACUATION: THE RECEPTION

THE first task of the receiving authorities was to find accommodation for the mothers and children before nightfall. The methods used to obtain billets varied from place to place and depended, to a large extent, on the preparations made beforehand. In some areas rehearsals had been held, billets selected, communications tested, local transport planned, food supplies arranged, talks given to householders on the care of children, while questions of education had been discussed between the billeting and the education authorities. In these instances, where imagination and planning had marched together, the local workers were better able to cope with the problems set by the arrival of groups of evacuees different from those expected. Over many parts of the country, however, reception arrangements had been incompletely organised. Not only had the inability of the Health and Transport Departments to guarantee the composition of the evacuated parties been a serious impediment to planning, but it had sometimes been used as an excuse for inaction until the arrival of the evacuees was imminent.

The conferences which the county councils had been asked to convene several months before the war were chiefly preoccupied with transport arrangements. They did not stimulate much discussion on welfare. The Ministry of Health representatives who attended and addressed these conferences aroused little interest in the human side of the reception plans. As the Department had only four women inspectors at the time, this may have contributed to the failure to foresee the conditions in which the mothers and children would arrive, and the kind of services they would require. The evacuating authorities too were not helpful; they either failed to volunteer information or else they sent reassuring statements. Some instances of lack of co-operation are given later.

In addition, however, to these reasons the ban imposed on advance expenditure by reception authorities generally explained, if it did not wholly justify, the absence of adequate reception arrangements. It will be recalled[1] that local authorities had been asking for months to be allowed to spend money on preparing maternity homes and hostels, and for the purchase of various items of equipment. All these applications had been refused until six days before the outbreak of war. Local authorities then received permission to incur 'such reasonable expenditure as is necessary for the reception of evacuated

[1] See chapter VI, pp. 91–2.

persons'.[1] The operation of this ban during the period of evacuation planning from January 1939 onwards probably made some local authorities think that they need not take the matter very seriously, for surely a Government in earnest about evacuating 4,000,000 persons (including a large number of young children and expectant mothers) would allow reception authorities to make some preparations in advance?

When the order for evacuation was given by the Cabinet on 31st August there were, in the reception areas, no reception hostels or sick bays; maternity accommodation was quite inadequate in most places; none of the camps was ready; beds, blankets, crockery, black-out material, furniture, lighting, heating, cooking and many kinds of equipment and categories of staff were either insufficient or in the wrong places. Moreover, as was only to be expected, the standard—in quantity and quality—of the social services in the rural areas was inferior to that in London and other big cities. Even so, there was at least one county authority which proceeded to curtail its maternity and child welfare activities in the belief that such things were unnecessary in wartime.

Many reports testify to the general confusion and unpreparedness which characterised the reception of the mothers and children in September 1939.[2] All the troubles caused by lack of pre-knowledge about the evacuees, train delays, the ban on spending and other factors, were piled higher when many of the parties, travelling in crowded trains, sometimes without lavatories and adequate water supplies, arrived in a dirty and unco-operative state. It was not a good start. Town and country met each other in a critical mood.

The war-time guests of the country were further aggrieved when, in many areas, they were walked or paraded around while householders took their pick. 'Scenes reminiscent of a cross between an early Roman slave market and Selfridge's bargain basement ensued.'[3] One boy likened it to 'a cattle show',[4] for farmers picked strong-looking lads, and the presentable, nicely dressed children were quickly chosen. The method of billeting seems generally to have been either direct selection by householders or haphazard allotment. Mothers were not in demand, and there were many who gave advice similar to that received by Lady Stanley in 1854—'I hope you will be more lucky in your attempt to get soldiers' children than us. Don't

[1] Ministry of Health circular G.E.S.10, 25th August 1939.

[2] Ministry of Health regional office reports; local authority reports and letters to the Ministry of Health and the Department of Health for Scotland; Boyd, W. (edited by) *Evacuation in Scotland*, 1944; Padley, R., and Cole, M., *Evacuation Survey*, 1940, and memorandum 'Evacuation 1939' prepared by the Charity Organisation Society for the War History.

[3] Monograph by G. M. Lindsay, deputy evacuation officer to the West Hartlepool local education authority, 'The Physical, Social and Educational Effects of Evacuations upon West Hartlepool Evacuated Schoolchildren', 1942.

[4] Boyd, W. (edited by) *Evacuation in Scotland*, 1944.

get a mother anyhow—it is that which has overset us'.[1] The indiscriminate handing round of evacuees in the billeting of 1939 inevitably resulted in every conceivable kind of social and psychological misfit. Conservative and Labour supporters, Roman Catholics and Presbyterians, lonely spinsters and loud-mouthed, boisterous mothers, the rich and the poor, city-bred Jews and agricultural labourers, the lazy and the hard-working, the sensitive and the tough, were thrown into daily, intimate contact. The hardest group of all to billet were the mothers with several children. Such difficulties often occurred among Roman Catholic parties from Liverpool and Glasgow,[2] for the mothers refused to be parted from their children. Attempts were made to install them in empty and unfurnished houses. Not infrequently they took the next train home.

It was some days before any authority knew how many evacuees had been received either in particular areas or in the country as a whole. While the last trainloads of evacuees were arriving, small groups of mothers and children were waiting on opposite platforms to return home and, in most areas, a great deal of reshuffling and redistribution was taking place. School units had been completely broken up and scattered over wide areas,[3] particular groups had arrived in the wrong places or had temporarily got lost, expectant mothers and nursery parties had to be found, sorted out, accommodated afresh, and a host of such difficulties had to be handled without delay. Emergency services of many kinds had to be hastily improvised. Empty houses were requisitioned and adapted in a few hours for maternity cases; hostels, nurseries and sick bays were hurriedly organised, and country towns and villages were ransacked for medical equipment, furniture, beds, blankets, crockery and black-out material. Town clerks, directors and inspectors of education, medical officers, teachers, civil servants and voluntary workers

[1] This was written in connection with the activities of the Patriotic Fund of the Crimean War period. It was part of a voluntary scheme whereby the wives and relations of officers gave help to soldiers' families (Mitford, N. (edited by), *The Ladies of Alderley*, 1938).

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[3] 'Many a school party was discovered to be dispersed in half-a-dozen to a dozen villages scattered over many miles of countryside. "One headmaster", wrote a correspondent to *The Times Educational Supplement*, "has about 100 children billeted in six small villages in the south of the county, while 70 more are in a county town 20 miles to the north". One half of a girls' senior school was spread over thirteen villages. Such cases were frequent—one had almost said typical.' (Dent, H. C., *Education in Transition*, 1944.) A mass of reports to the Board of Education and to local education authorities gave similar instances of the breakdown of school organisation and the loss of the identity of evacuated schools. The chief inspector to the London County Council, in reviewing these educational problems in a report in December 1939, quoted many examples; thus, one London school in Norfolk was spread out in villages over an area of about 400 square miles, and another was distributed over no less than 23 villages. The effect of all this disorganisation, central to a study of the educational system during the war, is the concern of Dr. Weitzman's education volume in this series of histories.

scoured the market places and assumed the roles of carpenters, electricians and general handymen. Treasury edicts and departmental circulars were temporarily forgotten in the presence of sick children and mothers in a late stage of pregnancy.

The provision of maternity services for these mothers was one of the most difficult and serious problems, although the number of expectant mothers electing to be evacuated was relatively small (12,300 in England and 405 in Scotland). Before the war, plans had been drawn up for sending the mothers out; but little had been done to provide for them in the reception areas. By July 1939, arrangements had been made for the transfer of about seventy-five per cent. of the midwives in London municipal and voluntary hospitals to casualty work, while two-thirds of the maternity beds in London had been earmarked for air raid casualties; but when the Ministry of Health inquired on 4th August if it might sanction expenditure on emergency maternity homes in the country the Treasury was not very helpful. '... there is obviously a danger that enthusiasts will tend to magnify the need ... not all expectant mothers will have babies in the first weeks of a war, and if a war should occur there should be time after the outbreak to make reasonable provision in most areas since I gather that nothing very elaborate is contemplated and makeshift arrangements would have to suffice in the early days.'[1] There followed, during the first week or two of war, a desperate search for suitable buildings, equipment and midwives.

In the eastern region, which received some 1,900 expectant mothers, improvised accommodation included a unit of two beds in an occupied private house, four beds in a midwife's house, while such buildings as a farmhouse, a boys' club, and a disused block of a public assistance institution were hurriedly acquired and equipped. In setting up a maternity home, the shortest time taken from the first inspection to readiness for use was five days. The kind of work which had to be done to make these buildings fit for use included the installation of bathrooms, lavatories, sinks, sluices and cooking facilities. In all, 100 units comprising 1,385 beds were provided in the eastern region during September and October 1939. Similar feats of improvisation were achieved in other parts of the country. A detailed account of these developments, which later grew into the emergency maternity scheme—one of the most successful war-time social services—will be contained in a second volume.

All this work of improvising a variety of services and of rebilleting mothers and children had to be carried on in an atmosphere which, from being friendly and compassionate at the start, rapidly deteriorated until, in some areas, it became openly hostile. It did so, partly

[1] Letter from the Treasury to the Ministry of Health, 8th August 1939.

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because of the complications and irritations that have already been described, partly because of bad manners and behaviour and for other reasons which will become apparent later, and partly because both parties had rarely met before and knew little about each other's way of life. But the absence of air attacks, and—in the West—the undramatic opening phase of the war, were perhaps the chief reasons for the rapid change in mood from sympathy to hostility.

The excitement and tension aroused at the end of August, the sense of momentous events, the dissemination of rumours and the distribution of gas masks; these were the things which made many people in country districts ready to cast themselves for the role of comforter and friend to the refugees who were expected to pour out of the cities. While the countryside was thus preparing itself, the adult refugees were giving rein to self-pity, getting tired and despondent on their journeys, and consoling themselves with thoughts of ease and comfort at the end. Both sides were, when they met, expecting too much. Disillusionment set in from the first day, and the local and national press were soon filled with protests from indignant householders. Instead of the expected stories of bravery and endurance under air attack, the newspapers (with less news than in peacetime to report) carried thousands of articles on the condition of the evacuees, while the post-bags of two ministers and many M.P.s were loaded with complaints of dirt, lousiness and immorality.

All the evidence that accumulated in the Health Departments led the Government to change its policy on evacuation. That is one reason for studying closely the question of social conditions. Another is that, so far as the social services were concerned, evacuation dominated social policy for at least the first nine months of the war. The debate on the condition of the people continued much longer, though on a quieter note. It was heard again—but in a minor key—when the second great migration took place in the autumn of 1940; it affected in various ways the development of certain welfare services, while the Education Act of 1944 and other legislation bore witness to its deep influence. At no time, however, was opinion so vividly, and so freely voiced, as in the autumn of 1939. The subject is therefore confined to this chapter, and will not be discussed in detail again.

The complaints that were made about the evacuees took various forms. It was said that the children's clothing was generally inadequate and, very often, in a filthy condition: that many of the mothers and children were dirty, verminous and affected with scabies, impetigo and other skin troubles: that a large proportion of the children wetted their beds and soiled their clothes, and that many mothers were feckless, irresponsible, ungrateful and deplorably mannered. To what extent were these statements true? Did they apply to five per cent., fifty per cent., or one hundred per cent. of the

1,500,000 mothers and children? Sifting the evidence to answer this question has been a heavy task. Fortunately, a great deal of it may be discarded as merely repetitive, or obviously coloured by resentment, by the sharpness of what the anthropologists call 'culture-contact', or by the sudden consciousness of things neglected. Even so, the bulk of relevant material is formidable. In the present chapter, only a small part of it has been used for purposes of illustration.

As soon as the evacuation movement was completed the Health Departments began to receive a stream of appeals, resolutions and complaints about clothing and footwear conditions from local authorities, voluntary agencies, civil servants and private individuals ranging from Lord Derby to the wives of agricultural labourers. Newcastle reported that of 31,000 children registered for evacuation thirteen per cent. were deficient in footwear and twenty-one per cent. were deficient in clothing. In Manchester it was said that about twenty per cent. of the children arrived for the evacuation rehearsals in plimsolls. A large number of Welsh local authorities who received evacuees from Liverpool spoke of 'children in rags', in a condition which 'baffles description', and of clothing which was so dirty and verminous that it had to be destroyed. Liverpool became known, in the early months of the war, as 'the plimsoll city'. 'It is all wrong', commented one report, 'that a rich city like Liverpool should look to Welsh peasants and labourers to clothe and shoe its children'. Merseyside was not, however, the only target for criticism. Other areas were named in reports alleging that quantities of clothing had to be burnt, that no change of clothing had been brought by the children, that footwear was cheap and shoddy, and even that some children arrived sewn into a piece of calico with a coat on top and no other clothes at all.[1]

It is highly probable that most of the children were sent away in the best that their parents could provide. Apart from the question of pride—and the clothing of children plays an important role today in matters of social status—it is unlikely that the children were sent to safety while their best clothes were kept at home. Much depends on the criterion by which the adequacy of a child's clothing is judged. It turns upon not only such matters as town and country and summer and winter wear, but quality, durability and fit. The question of standards in relation to the economics of children's clothing was curiously neglected in all the social surveys of the nineteen-thirties. Little is known, for instance, about the number and cost of different sizes in shoes that a child needs during its years of rapid growth.[2]

[1] See, for instance, Women's Group on Public Welfare, *Our Towns*, 1943.

[2] In this connection it is interesting to note that a new national cost of living index, introduced in June 1947, allows for more expenditure by working-class families on wines and spirits (excluding beer) than on children's shoes (*Industrial Relations Handbook* 1944, Suppl. No. 2, 1948).

Yet this appears to be one of the most burdensome items in a family budget, as the records of relieving officers and case-work agencies such as the Family Welfare Association amply testify. It is not wholly surprising, therefore, that full employment and regular incomes from about 1942 to the end of the war presented the Board of Trade with one of its most baffling problems—an immense, unsatisfied demand for children's shoes even though production increased.[1]

The war-time experience of the Board of Trade suggests that a large number of parents would have preferred, in 1939, to have sent their children away better equipped. They may be criticised for not doing so; but their failure may also serve as a reminder that evacuation followed a long period of widespread unemployment. During 1939 the average number of insured persons unemployed in the United Kingdom was 1,480,324, and there were 1,049,718 persons in receipt of poor relief in England and Wales. These figures did not represent a standing army of permanently poor, long-unemployed persons. The number who experienced some spell of unemployment in a year was not generally known. But it was probably very considerable. If, therefore, the above figure is multiplied several times, and account is also taken of the dependants and relatives who shared in the consequences of this unemployment, then it may reasonably be assumed that a high proportion of the fathers of the evacuated children had experienced unemployment during 1937–9. This unemployment bore much more heavily on the cities than on the rural areas. One city alone, which was severely criticised for the condition of its children's clothing, spent over £5,000,000 on public assistance during the three years preceding the war.[2]

It has been estimated that before the war there were about 4,009,000 families in Britain living from hand to mouth or from pay-day to pay-day.[3] Of this number, one-half were continually in and out of debt. For all these families, the purchase of boots and clothing often meant a capital outlay beyond their immediate resources. Many of them therefore had to buy cheap and generally shoddy equipment. Besides a widespread use of pawnbrokers, secondhand dealers and jumble sales, there grew up, partly in response to demand and partly because the housewives were easy to exploit, a vast instalment purchase organisation—the clothing clubs of the poor.[4] Apart, however, from the question of poor quality and high costs—for clothes bought by hire purchase were often expensive—these clubs and check traders represented an important material bond which tied

[1] For details see chapter XX.
[2] Report of the Public Assistance Committee, Liverpool, 1939.
[3] Hilton, J., *Rich Man, Poor Man*, 1944.
[4] Exact data on the ramifications and turnover of clothing clubs and check traders are not available. These institutions have not been studied by economists or sociologists. For a general description of the methods employed by the clubs, see *Our Towns* (1943), pp. 54–65 and 124–6.

mothers to their homes in the cities. They were therefore one in a multitude of influences which led many mothers to return home.

When all these factors are considered—the problem of capital outlay for clothes when income is low, irregular and insecure, the different needs of town and country life, the close relationship between poverty and large families, and the complexities of varying social standards—it is not surprising that the clothing of a considerable proportion of the evacuated children was found to be inadequate.[1] The commonest complaints were that some of the children had no spare underclothing and nightclothes, that mackintoshes and overcoats were unknown to a proportion, that some boys wore no underclothing at all and that boots and shoes were generally defective. A typical report to the Ministry of Health stated: 'The town standard and requirements are much lower than that of the reception areas—especially in the small county towns—many Manchester and Liverpool little girls have never worn knickers, a fact that distresses and horrifies the foster-parents. A large percentage have never possessed sleeping suits, but take off the outer clothing and sleep in their underwear (the latter frequently being father's old shirt pinned and/or stitched to fit its new purpose). Few have ever possessed a "best" outfit'.

Shortly before the outbreak of war, the Ministry of Health realised that something would have to be done to provide extra clothing for children from very poor families.[2] But it was thought that there would be only 'a relatively small number of necessitous cases'.[3] The annual reports of those local authorities who, in the course of school inspections, classified the condition of children's clothing supported this belief; but the worship of the statistical average made the classifications meaningless. Thus, in 1938, the London County Council's school nurses found that the clothing and footwear of elementary schoolchildren was 54·6 per cent. good, 45·1 per cent. fair and 0·3 per cent. poor. A study of the returns for individual metropolitan boroughs discloses a very low proportion of 'good' ratings in certain areas, notably, Bethnal Green seven per cent., Poplar thirteen per cent. and Stepney thirteen per cent.[4] These individual returns were not published.

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[1] Further information on the matter of family economics is available from the results of an analysis of the recovery of billeting charges from the parents of evacuated schoolchildren—see chapter X, pp. 159–61.

[2] Ministry of Health Memo. E.V.4, July 1939. The proposal to supply clothing only applied to unaccompanied children. Children evacuated with their mothers were excluded. Families on public assistance and unemployment pay were eligible to apply for help. The Ministry of Health hoped that the needs of others would be met by charitable agencies.

[3] Ministry of Health circular 1871, 12th September 1939.

[4] These figures were supplied to the historian by the Public Health Department of the London County Council.

Among other large cities, only Glasgow appears to have referred to the subject in its annual reports. In the last pre-war statement of the public health department,[1] it was reported that out of 46,325 children examined only fourteen had insufficient clothing, while thirty-five were 'ragged' and another thirty-five 'dirty'. In addition, twenty-two children had no footwear and in sixty instances boots or shoes were judged to be in an unsatisfactory state. Although these assessments only applied to conditions considered inimical to health, they seem surprisingly few in number when compared with the reports on clothing from the areas to which Glasgow children were evacuated, and with the fact that the same department supplied boots or clothing, or both, to 32,842 children during the year ended July 1939. Moreover, when evacuation took place a month later, Glasgow education authority spent £6,500 alone on the provision of overcoats for evacuated children.

In Scotland, local education authorities had received statutory powers, as early as 1908, to provide boots and clothing for necessitous schoolchildren.[2] But no such powers were given to local authorities in England and Wales. The Ministry of Health, conscious of the need to make some provision in the event of evacuation, approached the Treasury in the spring of 1939. But a request for 'a concealed subvention' of £40,000 for any necessitous cases among some 2,000,000 children was turned down. 'On present evidence', it was said, there was no justification for spending Government money in this way, 'except insofar as the Board of Education give a grant in respect of the material used in needlework lessons'.[3] This grant was, however, very small and, moreover, sums of ½*d.* a week or thereabouts were recovered by some local authorities from the children who wanted the garments they had made. The usual policy of most authorities was that needlework and cookery should pay their way, and that any outlay on materials should be recovered from sales. In practice, this meant in some poor areas that girls were not given material for needlework because they were not capable of making garments which could be sold. Ordinary domestic articles—such as aprons—could be sold only with great difficulty 'even at cost price'.

The Ministry of Health continued to press the case for a clothing grant and at the end of August 1939 assent was given. On the 25th, a confidential letter was sent to evacuating authorities authorising the purchase locally of boots and clothing up to a limit of £1 for every 200 children. A condition was attached to the grant: the use of Government money for this purpose was not to be made known.

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[1] Education Health Service Report for year ended 31st July 1939.
[2] Section 6 of the Education (Scotland) Act, 1908.
[3] Letters from the Treasury to the Ministry of Health, 2nd May 1939 and 28th July 1939.

When evacuation took place the number of 'necessitous cases' proved to be exceptionally large.[1] Much of the burden of cost therefore fell onto the shoulders of the foster-parents, who felt that it was not possible—or desirable—for two standards of dress to exist side by side under the same roof. This is precisely what had not been appreciated by the Health Departments. If the children were to be assimilated into their temporary homes then they would have to eat the same food and wear the same kind of clothes as the rest of the household. In many ways, evacuation spelt a compulsory levelling-up in standards. As neither the parents nor the Government had provided for this in a large number of cases, the foster-parents had to do so.

The result was an outburst of scrubbing, washing, mending and re-clothing in the reception areas. At their own expense, many foster-parents re-equipped their guests. In addition, charitable schemes were organised in a large number of districts to raise funds and receive gifts of clothing, the Minister of Health broadcast an appeal on 8th September (which produced a few thousand secondhand garments of varying quality), the National Union of Teachers voted £1,000 and many other voluntary gifts helped to ease the problem for a time.[2] The contribution made by charity towards clothing the needy children of Britain did not end with the first evacuation. Gifts of clothing from America and other countries continued to arrive in large quantities, while the Maharajah of Gondal presented a lakh of rupees (£7,500) and other individuals and institutions gave financial help.

Eventually, however, it became evident that the problem was too large for charity. It was also, as the winter of 1939 approached, too urgent to be left to the piece-meal efforts of voluntary agencies. If the parents of a considerable number of children could not—or would not—provide adequate equipment then the Government could not leave the responsibility with the foster-parents.[3] What then was to happen to the town children, with outworn shoes and flimsy clothing, who would have to spend the winter in the mud and wet of the country if the Government's evacuation policy was to be maintained? This question was typical of many which continually arose in the administration of the evacuation scheme. Nearly all of them threw up some issue of fundamental public importance. The Government

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[1] Liverpool, allowed £502, spent £2,715—a sum approved by the Regional Commissioner.

[2] A few evacuating authorities had attempted before the war to organise charitable schemes. In London a press appeal was made in July 1939, and gifts of clothing were distributed among the poorer schools.

[3] It was repeatedly stated by the Ministry of Health that billeting allowances did not include the cost of clothing and footwear, '. . . no obligation is imposed on the householder to remedy deficiences of this kind'. (Ministry of Health Memo. E.V.4, July 1939.)

wanted the children to stay in the country, yet it did not want to do anything which might undermine parental responsibility. At the same time, the Government itself had accepted certain responsibilities, and had given undertakings about the welfare of the children to both the parents and foster-parents. If the health of the children suffered through lack of clothing, the Government would not avoid criticism by blaming the parents.

The first step towards finding a solution to the problem was taken by the Ministry of Health in November 1939, when it issued a circular to local authorities on the provision of clothing and footwear.[1] While emphasising the principle of parental responsibility, attention was drawn to the help available from the poor law, the unemployment assistance board and voluntary agencies, and the suggestion was made that in cases where the necessary provision could not be obtained from one or other of these sources, the matter should be reported by the head teacher in the reception area to the director of education for the evacuating area. On the understanding that nothing was said in public, a sum of about £15,000 was distributed to directors of education to enable them to deal with 'necessitous cases'. This was, in effect, the beginning of a new social service. It arose from the shock experienced by the country in September 1939 in discovering the condition of the clothing of a large number of children. Its further development is traced in later chapters.[2]

While the Ministry of Health had expected, from the warnings given to it by local authorities, that a proportion of the children to be evacuated would be deficient in clothing and footwear, it had not foreseen the seriousness of the problem of enuresis. The term 'enuresis' means failure to control urination and is not synonymous with bed-wetting. The latter is generally applied to the habits of infants under the age of two to three years until they are trained to keep dry.

Although enuresis as a social and medical problem had been neglected before the war, nevertheless, there existed a good deal of scattered evidence regarding its incidence among older children and adults. It was (and still is) an embarrassing problem for the Army[3] and Navy, public schools, poor law homes, charitable institutions, Home Office approved schools, holiday camps, Ministry of Labour training centres and shipping companies.[4] At the end of the First World War, the London County Council, for instance, in a report for the years 1915–19, referred to the trouble caused by enuretics in

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[1] Ministry of Health circular 1907, 7th November 1939.
[2] Chapter X, pp. 165–6 and chapter XIX.
[3] See, for example: 'Investigation and Treatment of Enuresis in the Army.' Backus, P. L., and Mansell, G. S., *British Medical Journal*, 7th October 1944, ii, 462.
[4] Women's Group on Public Welfare, *Our Towns*, 1943.

residential and camp schools.[1] Again, in 1934, a study was made for the Council on the incidence in various schools and homes.[2] It was found that the percentage of enuretics in the Council's residential schools and homes was:

Age	*Per cent.*
Under 5	20·6
5–11	13·3
11–15	6·6

In certified Roman Catholic schools the figures were higher in each age group, namely, 27·5 per cent., 18·4 per cent. and 8·4 per cent.

These lessons were not heeded. The Health and Education Departments did not gather the available evidence, and the public were not told that just as the Navy might have trouble for a short while with a young lad joining a training ship or college, so foster-parents might expect some temporary enuretics among the unaccompanied schoolchildren. Nor did the medical profession (notably the psychiatrists who were much preoccupied at the time with the question of morale and bombing) help to prepare the lay public or the Government for what was certain to happen.

In May 1939 the Ministry of Health ordered mackintosh overlays for the young bed-wetters—estimated at sixty per cent. of the children under the age of five to be evacuated. But only a small number of these overlays had been delivered to local authorities by the outbreak of war. No provision was made for older children.

As soon as the children arrived in the country the trouble began. 'Somewhat unexpectedly', remarked the *Lancet*, 'enuresis has proved to be one of the major menaces to the comfortable disposition of evacuated urban children . . . every morning every window is filled with bedding, hung out to air in the sunshine. The scene is cheerful, but the householders are depressed'.[3] The estimates that were made of the frequency of the trouble during the first week or two of evacuation ranged from about one per cent. to thirty-three per cent. at different ages from five to sixteen.[4] The country was undoubtedly shocked: no other aspect of the social results of evacuation received so much publicity or lent itself so easily to exaggeration and misunderstanding.

It was misunderstood because hitherto it had not been discussed, and it was exaggerated, partly because it had not been expected, and

[1] London County Council Annual Report 1915–19. Vol. III, p.95.

[2] London County Council memorandum, 'Enuresis in Residential Schools', 28th November 1934, supplied to the writer for the purposes of this narrative.

[3] Leader in the *Lancet*, 7th October 1939, ii, 794.

[4] A figure of four to five per cent. was reported from Brighton (Gill, S. E., *British Medical Journal*, 10th August 1940, ii, 199), and Boyd tabulated various Scottish figures ranging up to thirty-three per cent. (Boyd, W., *Evacuation in Scotland*, 1944). Many reports to the Ministry of Health spoke of 'very large numbers' or cited figures between ten and twenty per cent.

partly because it represented, along with all the other sacrifices involved in accepting strangers into the house, a burden on country people out of all proportion to the war effort then being made by the nation.

Enuresis, like other psychoneurotic symptoms, is an expression of mental protest.[1] It is primarily a symptom of emotional disturbance, although in a few habitual cases it may be the result of acquired lesions, or of congenital abnormality of the urinary tract.[2] Among a majority of the children who were troublesome in the first week or two of September 1939 it was caused by an acute sense of insecurity.[3] The loss of stability and protection led these children to revert—temporarily—to irresponsible babyhood. The interruption of the relationship with the individual who had steered the child from helpless dirtiness to controlled behaviour caused the regression. Like other observers, Professor Burt, who noted a great increase in incontinence, especially nocturnal enuresis, believed that the emotional effect of evacuation on the children had been under-estimated.[4] In most cases the trouble cleared up quickly, as the children settled down and got to know their foster-parents, the dark and silence of the countryside and their way to outdoor (and often primitive) lavatories.

In a minority of children the trouble was deep-seated. It was these cases which got mixed up with the majority of temporary ones, and gave so many evacuated children a bad name. Among the minority, there were some who were chronic enuretics; some who had never used toilet paper, and some who deliberately fouled curtains and furniture and who used corners of a room for defæcation. 'No words can describe', said one report to the Ministry of Health, 'the terrible state of the room. Every scrap of bedding, clothing and even the blinds and curtains had to be burnt immediately'.[5] 'You dirty thing, messing the lady's carpet', expostulated one Glasgow mother to her six-year-old child. 'Go and do it in the corner.'[6]

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[1] It is a significant fact that the Care of Children Committee (the Curtis Committee), appointed by the Government in 1945 to inquire into the provision for children deprived of a normal home life, found that enuresis was one of the most frequent complaints in voluntary and public assistance homes. One matron of a local authority home said that when children were ill they did not wet their beds, and she thought this was because they were getting the extra attention they needed. In many homes, however, the trouble seems to have been made worse by bad treatment and a system of punishments. In a number of charitable homes the enuretic children were distinguished from the rest in their sleeping arrangements, and in one such home they had a red light by their beds (*Report of the Care of Children Committee*, Cmd. 6922, 1946, pp. 66–7 and 84–5).

[2] Annotation in the *Lancet*, 9th June 1945, i, 728.

[3] In a proportion of the soldiers evacuated from Dunkirk in 1940, enuresis was noted as a response to feelings of stress and insecurity. (Anderson, C., Jeffrey, M. and Pai, M. N., *Lancet*, 12th August 1944, ii, 218.)

[4] Burt, C., *British Journal of Educational Psychology*, 1940, x, 8-15, and Burt, C. and Simmins, C. A., *British Journal of Educational Psychology*, 1942, xii, 71-5.

[5] Billeting officer's report to Lleyn Rural District Council, 8th September 1939.

[6] Report by medical officer of health of the Stewartry of Kirkcudbright.

Some observers attributed these cases to faulty training, and to a deplorably low standard of cleanliness and behaviour in the parents.[1] Many of the most undisciplined children appear to have come from the kind of broken home which produces, in Bowlby's words, 'affectionless thieves'.[2] 'What is true of enuresis', said another observer, 'is more dramatically so in the case of fæcal incontinence. The child psychiatrist has long since ceased to regard fæcal incontinence as a symptom of great rarity, or indicating a severe regression, since it is met with sporadically in a large number of emotionally disturbed children. This has been quite clearly brought out by evacuation, where a number of children, many of them over five, and normally trained in clean habits, have shown this symptom. It seems likely that all cases are not due to an identical mechanism. In ordinary peace-time practice, a high proportion of these cases occur in step and foster children, suggesting an uncertainty in their emotional relationships. In other cases, the aggressive elements seem to predominate, the child using this as a final and desperate demonstration of anger or despair'.[3]

The state of things in broken homes, and in homes which had meant much emotional stress in early life and mother-child separation, produced children who were a constant source of trouble and expense, not only to the evacuation scheme and to those administering the social services, but, in later life, to their fellows in any group activity. An investigation of Army enuretics showed, for instance, that a large number came from such homes and revealed evidence of what the psychiatrists call 'love deprivation' in childhood.[4]

The great characteristic of man is his capacity to learn; but he can do little without training. And this the child does not get, during the all-important first five years of life, in the broken home; the home without stability or harmony. The children too become unstable, aggressive, lazy, cynical and untrustworthy. They are, in Paneth's words, 'hurt people'.[5] 'At home', wrote Paneth, 'they suffer from vermin, dirt and bad nourishment; from parents who have neither time nor patience for them, who often drink and always swear and of whom they are afraid; parents who represent their ideals, but ideals

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[1] F. D. M. Livingstone emphasised the influence of past mismanagement (*The Practitioner*, March 1940); J. Ferguson considered that in a large number of children enuresis was the result of bad training (*Proceedings Royal Society of Medicine*, May 1940); R. C. Webster referred to the admissions by older children or parents that enuresis was of long standing (*Public Health*, November 1939); and D. M. Odlum laid stress on the importance of training in habits of cleanliness in infancy and early childhood (*British Medical Journal*, 6th January 1940).

[2] Bowlby, J., *Int. J. Psycho-anal.*, (1944), xxv, 1.

[3] Creak, E. M., *Proceedings Royal Society of Medicine*, vol. XXXIII, no. 7, May 1940.

[4] Backus, P. L., and Mansell, G. S., *British Medical Journal*, 7th October 1944, ii, 462.

[5] Paneth, M., *Branch Street: A Sociological Study*, 1944.

in conflict with the rest of the world around them; parents whom they know are looked down upon and who are often prosecuted, cheating and being cheated. There the children live in an atmosphere which, though outspoken and tough in many ways, is secretive and untruthful on essential points'. It was some of these children from the cities who, although proportionately few in number, shocked the countryside in September 1939.

In other cases, among which Merseyside and Glasgow children figured prominently, the occurrence of insanitary and anti-social behaviour was closely linked to the physical environment from which the children came. Slum *mores* are consistent with a slum home. Indeed, it is optimistic to expect anything else. When one broken-down water-closet has to be shared by anything up to thirty people,[1] and there is no bath and no indoor supply of water; when there is incessant conflict between the need to keep order and the child's natural demand for space; when privacy is impossible and everyone's quarrels, love-making and sexual life are heard or witnessed by children, and when the day-to-day drudgery of the mother is accompanied by a trail of ulcerated legs, carious teeth, hæmorrhoids and backache,[2] the training of children in self-control and in the identification of truth becomes difficult—if not impossible.

Here, then, were many reasons to explain both the frequency and the cause of enuresis among a proportion of the million or so children who left the cities on the outbreak of war. The majority of cases, which were largely due to emotional stress, cleared up quickly with sympathetic handling by foster-parents. Other cases, particularly some of the more complicated and difficult ones, were solved—so far as the evacuation scheme was concerned—by the return of the children to their homes.

The problem recurred in 1940 and after other evacuation movements during the war. But it never again aroused the same accusations and bitterness with which it was attended in 1939. For one thing, the Government abandoned, after the first attempt, the principle of mass evacuation; in the later periods of exodus, when place and time were planned in advance, most of the children were medically reviewed before they went away and more carefully billeted when they arrived. Secondly, the establishment of hostels in 1940 meant that enuretic

[1] An enquiry into the lives of children in Shoreditch showed that about one-quarter had an indoor closet, while in over half the cases the closet was shared by a number of other individuals ranging from about eight to thirty. One-third had no indoor water supply, sixty-eight per cent. had no facilities for bathing at home, and in fifteen per cent. of the cases the available supply of water was shared by three or more families (Shoreditch Housing Association, *Growing Up in Shoreditch*, 1938). Further details about the lack of baths, lavatories and water supplies in London and other cities and areas of England and Scotland are given on p. 131-2.

[2] For a general description of these conditions see Spring-Rice, M., *Working-Class Wives*, 1939. For some figures on the high incidence of, for example, varicose veins see Foote, R. R., *Lancet*, 1947, i, 84.

children could be removed from harassed or unsympathetic householders. Thirdly, and perhaps most important of all, the reception areas knew what to expect. During 1940–1 the Health Departments arranged a better distribution of mackintosh overlays to local authorities and, in addition, sanction was given for the payment of an extra allowance to some householders who were caring for children suffering from enuresis.[1] These measures did not touch—nor were they designed to cope with—the core of difficult cases; but they prevented them from again becoming a source of public embarrassment.

In addition to the complaints about clothing conditions and enuresis, protests were made in September 1939 that a large number of the children—and some of the mothers—were heavily infested with head lice. This accusation is worth examining closely, for not only are many of the published statistics slovenly in themselves, but chronic head infestation is often regarded as an index of general dirtiness.

Graphic descriptions of verminous conditions began to reach the Health Departments as soon as the mothers and children arrived in the country. 'There were scenes of horror in the village street.' 'The heads of some of the children could be seen crawling with vermin.' Commentaries of this kind were followed by reports of the number of infested mothers and children. No overall survey was made, but many local inspections were carried out—too many to discuss in detail here[2]—and these showed that the experience of different districts varied greatly. In parts of Wales, and in districts of Cheshire, Herefordshire and Shropshire receiving evacuees from Merseyside, the proportion of infested children ranged between twenty-two to fifty per cent. Areas receiving children from London were more fortunate, for the range of proportions was lower at about eight to thirty-five per cent.[3] In Scotland, reports from seventeen out of twenty-eight reception areas returned an average figure of thirty per cent., though in many districts it was around fifty per cent.

No generalisation from these scattered surveys can be applied to

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[1] The Provisional National Council for Mental Health first suggested the payment of additional allowances, and the Ministry of Health, with some misgivings, agreed in June 1940. The fears expressed by the Department were substantiated in one case, where an extra 3s. 6d. a week was authorised in October 1940 for a householder in a Welsh rural area. This soon became known in the district. Although a doctor's certificate had to be obtained as evidence that the child was suffering from enuresis, the sum of about £350 was paid out to the villagers by the local council for the year ended 31st March 1942, notwithstanding a considerable reduction in the number of billeted children.

[2] The conclusions of some of these surveys were published, e.g. *Public Health*, November 1939, no. 2, vol. LIII, and others were referred to in the annual reports for 1939 of medical officers. The results quoted here have been taken from these sources and from departmental files.

[3] A survey made by the National Federation of Women's Institutes showed a range of four to forty-five per cent. among children evacuated from the metropolitan boroughs.

all reception districts in the country. There were some local authorities, mainly in the south of England, who did not complain at all. There were others, like Atcham in Shropshire which received Catholic children from Bishop Goss school in Liverpool, and Wigtown county which took mothers and children from Glasgow, who survived a horrifying experience. In one part of Wigtown, which received a large number of mothers and children, conditions were so bad that the medical officer sent messengers out at once in all directions to buy hair-clippers. With the aid of many helpers (including three detachments of v.a.d's) all heads were shorn. The thing was done without formality and without permission.

Evacuation came at the end of the summer holidays and the children had not, therefore, been under the eye of the school medical service for some weeks. Moreover, on the journey itself, the louse had many opportunities to pass from child to child, particularly as no medical examinations were carried out before the evacuees were sent away. This was unfortunate, in view of the reassuring statements that had been made publicly earlier in the year about the condition of the children. The Minister of Health had told the House of Commons in March 1939, '. . . these are not scrofolous and verminous children . . . they are the bud of the nation'.[1]

The Government did not consider the possibility of having the children thoroughly examined before they went away. The expectation of what conditions would be like in the event of war was partly responsible for this. As chapters I and II made clear, the detailed organisation of the evacuation scheme was shaped by the kind of war that was expected. Inevitably, therefore, the consequences of a policy which placed all the emphasis on the speed of the exodus were experienced by the reception areas. The Government's defence was a good one: to search for lice and nits while bombs were falling would not have been possible. Nevertheless, an opportunity of inspecting the children was missed when evacuation rehearsals were held at the end of August.

Only a few of the reception authorities made arrangements for inspecting the children when they arrived. For some, conditions—such as the time of arrival—made the work impossible or else the staff were not available, while most authorities either did not know what to expect or else they assumed that the job had already been done. Neither the Health and Education Departments nor the evacuating authorities had warned the countryside of the troubles that

[1] H. of C. Deb., 2nd March 1939, vol. 344, col. 1524. The Ministry, in its 'Suggestions for Authorised Visitors' (circular E.V.2, 5th January 1939), had stated: 'Any householder who raises a question as to the cleanliness of the children may be assured that schoolchildren are subject to regular medical inspection, that there is no greater danger of dirt or infection from these children than from any other representative group in the country, and that the best possible arrangements will be made for their medical supervision'.

might arise. Liverpool, for instance, whose school medical service had been known to be inadequate,[1] had informed some Welsh authorities that the children would arrive 'clean, under medical supervision and free from infectious disease'.[2]

Travelling conditions, and the fact that the exodus took place at the end of school holidays, probably led to an increase in the number of infested children. But the evidence of later surveys makes it doubtful whether the state of affairs before the war was greatly exaggerated in September 1939. Infestation is much more a family, than a school, disease, and its incidence in September 1939 reflected home conditions rather than school environment. Foster-mothers in reception areas did not fully understand that many children living in bad home conditions cannot easily escape harbouring a few nits, and that if a child's head is left uncombed for some nights, infestation can rapidly become serious.

One result of the reports received by the Government in the early months of the war was that the Board of Education and the Ministry of Health arranged with Dr. Kenneth Mellanby to continue, on their behalf, investigations he had already begun into the incidence of head infestation. In March 1941 a note on Dr. Mellanby's work was sent to local authorities, who were urged to attack the problem.[3] Their attention had previously been drawn to the need for intensive action when the Ministry of Health issued, in January 1940, a memorandum on methods of dealing with the louse, and on the powers already possessed by local authorities for preventing and curing the spread of head infestation.[4]

Although Mellanby's inquiry, which dealt mainly with the situation before the war, was to some extent biased as it was principally concerned with patients admitted to infectious disease hospitals, and therefore included a preponderance of poorer people, its results nevertheless broadly substantiated the reports from many of the reception areas. Mellanby found that about fifty per cent. of girls under fourteen years of age living in industrial areas had lousy heads; that boys returned a lower rate, declining from forty-five per cent. at age two to twenty per cent. at age fourteen, and that pre-school children of both sexes had the highest rates of infestation—up to fifty-two per cent. The percentage of children in rural areas found

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[1] The service was inspected by the Board of Education in December 1936 when the arrangements for ascertaining verminous children were found to be inadequate. No further inspections were made before the war.

[2] For instance, at a conference with Caernarvonshire County Council on 8th May 1939.

[3] Ministry of Health circular 2306 and Board of Education circular 1544, 17th March 1941. A full report of the inquiry was published in the *Medical Officer*, 1st February 1941, i, 39.

[4] Ministry of Health Memo. 230/Med., January 1940.

infested was very low, while over the whole of the country body infestation was reporte dto be rare.

Mellanby repeated his inquiry during the years 1940–3.[1] Despite the effects of bombing, shelter life, bad housing conditions and other war-time difficulties, some evidence was found of a slight decline in infestation among children. On the other hand, the percentage of girls aged fourteen to eighteen with lousy heads rose from approximately twenty-two per cent. in 1939 to around thirty per cent. in 1943. A high and increasing incidence of infestation among young women was also observed by the War Office. This was one of the results of an inquiry into the rate of infestation among women entering A.T.S. training centres. It was found that during 1942–3 twenty per cent. of recruits were infested; that in 1944 and the first half of 1945 the proportion rose to approximately twenty-six per cent., and that in different parts of the United Kingdom the figures varied very widely. Northern Ireland led the way with about sixty per cent. (or three out of every five girls), followed by Scotland (just over thirty per cent.), Western Command (twenty-three per cent. to twenty-nine per cent.), Northern Command (sixteen per cent. to twenty-six per cent.), while the Eastern, Southern and South-Eastern Commands came out best with a range of eight per cent. to sixteen per cent.

It is time now to gather together this statistical material, and to consider one or two questions which have been needing attention since this chapter on social conditions began. The first is: why did the evacuation reports shock the Government and public opinion? And the second: what was the cause of these unexpectedly high rates of infestation?

Both these questions inevitably raise some big issues affecting the administration and work of the public social services. To understand why, it is necessary to look briefly at the pre-war figures from the schools, and to compare them with the reports from the reception areas and with the other statistics quoted above.

To put the matter simply, what is required as evidence of the frequency of infestation before the war is the ratio between the number of individual children found with head infestation in a given year and the mean number of children attending school during the same period. The first figure—the number of children with infested heads —can only be obtained with accuracy as a result of unannounced inspections by school nurses. But this figure was not usually provided before the war either by the central departments or by the vast majority of local authorities.[2] Instead, most authorities presented and

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[1] *Medical Officer*, 25th December 1943, ii, 205.

[2] As examples of the difficulty of understanding the statistics of head infestation among boys and girls attending elementary schools, see the figures given in the Annual Reports for 1938 by Liverpool and Manchester on the school medical service.

published the results of announced routine medical inspections,[1] and in doing so related the number of infested children to the number of examinations carried out during the year. Or else the totals of nurses' ascertainments during the year were given without any indication as to the number of individual children involved. The figures that were obtained and published on such bases as these were meaningless as well as misleading. Thus, table VIII of the last pre-war report of the Board of Education[2] provided (*a*) the total number of examinations by nurses and (*b*) the number of individual children found unclean. Although the Board did not calculate a percentage, the unsuspecting reader might easily fall into the error of assuming that the two figures could be related to each other.

To discover the true incidence of head infestation among school-children before 1939 was made even harder because of the use, by the Board of Education and other authorities, of the euphemistic 'found unclean'. This term crept into use many years before the war; it was part of a growing tendency in public life to avoid calling a spade a spade. Some local authorities found the ambiguity handy, for it enabled them to include in one figure not only head and body infestation but any condition of general bodily dirtiness. Other authorities did not do so. But the figures of all authorities were, nevertheless, added together although they were sometimes composed of dissimilar elements. The results were then publicly presented by the Board of Education in the form already described.

In their annual reports on the work of the school medical service the London County Council (and many other authorities) gave prominence to the results of the routine inspections. Thus, in 1938, under the heading of 'cleanliness', the Council announced that 97·7 per cent. of children were found free of nits or pediculi in the hair.[3] Although they were available, the Council did not publish the statistics for the individual metropolitan boroughs. These showed a range—even for routine inspections—of from 0·2 per cent. in Lambeth and Hampstead to 18·6 per cent. in Shoreditch.[4] Likewise, Liverpool gave no figures for individual areas when reporting that 4·5 per cent. of boys and 13·1 per cent. of girls were found unclean at

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[1] Announced inspections meant that parents had an opportunity to clean the children before they were seen. In the majority of schools about six minutes were allowed for the inspection of each child. The form that had to be completed generally asked about 24 questions, head infestation being only one item. In practice, however, these 'medical' inspections appear to have occupied only one to two minutes per child in most cases (see Mellanby, K., *Medical Officer*, 1st February 1941, i, 39).

[2] *The Health of the School Child*, 1938, p. 64.

[3] *Report of the School Medical Officer*, 1938, p. 9.

[4] These figures were supplied to the historian by the Public Health Department of the London County Council.

routine inspections.[1] Lower figures were reported from Glasgow, where only 0·6 per cent. of boys and 9·5 per cent. of girls were found with nits or lice in their heads at routine inspections.[2]

Such figures as these cannot be reconciled with the results of Mellanby's inquiries or the reports from the evacuation areas. Without exception, so far as the writer is aware, the reports of local authorities for the large cities underestimated the incidence and drew a self-satisfied and optimistic picture. Mellanby reached the same conclusion. He also observed that whereas he had found no deterioration among children during the first four years of war, the published reports of many school medical officers showed higher figures of head infestation.[3] It was thus erroneously assumed by many people that children had become lousier because of lack of parental control, the absence of mothers on war-work and other factors, whereas the likely explanation was that ascertainment had improved as a result of the lessons of evacuation in 1939.

The contradictions between the official facts that were published before the war and the evidence on social conditions that came to light in September 1939 and subsequently were not confined to the matter of head infestation. The cheerful prominence given to the report that only about two per cent. of the men called up under the Military Training Act in 1939 were unfit for service was later found (and admitted) by the Government to have been unwarranted.[4] In this matter, as in many others, everything depended on the quality of the medical examination and the criteria adopted to determine fitness for service or for anything else. If these things were not stated and discussed, the figures by themselves not only meant very little but were also dangerous, inasmuch as their dissemination opened the way to complacency and their continued use deadened criticism.

That these understandable influences could infiltrate and affect the work of local authorities was particularly true of the assessment of the nutritional state of schoolchildren. 'Cheerfulness is a cardinal virtue', remarked one observer, 'but an unreasonable optimism is the most damning, as it is the commonest fault in a nutrition return'. This was the comment of a medical officer of the Board of Education who, in analysing these returns for 1939, found that no less than seventy-two local authorities did not report a single child as having been classed as under-nourished.[5]

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[1] *Report of the School Medical Officer*, 1938.

[2] *Education Health Service Report for year ended 31st July* 1939.

[3] Mellanby, K., *Medical Officer*, 25th December 1943, ii, 205. See also appendix VIII of *Our Towns* (Women's Group on Public Welfare, 1943), which contains the only thorough analysis known to the writer of the statistical problems involved in calculating rates of head infestation.

[4] Army Appropriation Account, 1939 (para. 15, 'Acceptances for Army Service of Unfit Men'), H.M.S.O., 1941.

[5] Including the authorities for such areas as Ebbw Vale, Aberdare, Bradford and Doncaster.

When the returns for individual towns are compared with the reports from the reception areas on the frequency of lousiness, scabies and other skin diseases among the children from these towns, it becomes clear that optimism (if that is the word to use) had bitten deep. The disparities between what Liverpool said about its children, and what other people said about them, have already been remarked. To this may be added the conclusion of the Board of Education's medical officer that the Liverpool returns on the nutritional state of its children 'show an optimism which is frankly incredible'.

One further reason, which helps to explain why public opinion was shocked by the experiences of evacuation in 1939, was the absence, for some years before the war, of adequate public information by central and local authorities about their activities in the field of the social services. Statistical intelligence and annual reports on work done had still not recovered from the curtailment of published facts in 1915, in the early nineteen-twenties and again in 1931. How serious this was can be demonstrated by a simple sum. Despite retrenchment in 1915, caused by financial economies and staff shortages, the five annual reports of the Chief Medical Officer of the Board of Education during 1915–19 totalled 1,164 pages, whereas during 1934–8 inclusive the corresponding reports were no longer than 651 pages in all.[1] Quantity is not, of course, a good index of value, but a critical survey of the content and spirit of the ten reports does not lead to any higher appreciation of these public documents for the pre-war years.

This deterioration in the standard and output of social facts partly explains why it was that many people were ignorant of the conditions of life of a large number of town-dwellers. It was these conditions, the insanitary homes,[2] the lack of baths and lavatories,[3] the crowded

[1] During 1939–45 no reports at all were published.

[2] In London, refuse had to be carried through sixty-three per cent. of all houses (and often through living rooms as well), (Statement by the President of the Institute of Public Cleansing, *Public Health*, October 1943, vol. LVII, 2).

[3] No comprehensive national records exist to show the proportion of urban houses before the war which were without baths, piped water supplies and indoor lavatories. The Ministry of Health even lacked complete information about the number of public baths and wash-houses.[1] Various surveys and inquiries instituted after 1939 provide sufficient data to show, however, that the number of inadequately equipped houses in urban areas was much higher than was generally recognised (some facts on conditions in rural areas are given in chapter X, p. 177). In Hull, forty per cent. of the houses were without baths in 1943.[2] In Bootle, the proportion was the same for 1939.[3] In York, about sixty-six per cent. of working-class houses were without baths in 1939.[4] In Stepney, ninety per cent. of families had no bathroom in 1939.[5] In Salford, fifty-two per cent. of the houses were without baths in 1943, and sixty-six per cent. had no proper food store.[6] About one-half of the population of Glasgow had no baths in 1944, and one-third had to share lavatory accommodation with anything up to six families.[7] One-third of all houses in the burghs and cities of Scotland had no independent water-closet in 1944.[8] Water-closets or earth-closets had to be shared in common by the people living in 405,000 out of the 1,319,570 dwelinghouses in Scotland in 1946.[9] In Birmingham, nearly one-quarter of the city's 283,611 dwellings had no bathroom in 1946, nearly one-third had no bath, twelve per cent. had no separate lavatory accommodation, two per cent. had no internal water supply and

rooms and the congested streets which, along with poverty, helped to generate the dirt, fashion the behaviour, and dull the mind of a people long inured to drudgery and disease yet, withal, resistant to any force which threatened the solidarity of the family circle.

Many people realised the folly of blaming the children; but most were unsparing in their criticism of the adult evacuees. This too was often thoughtless. Corrupt manners naturally provoke censure, but they are usually the product of a corrupting environment. Such an environment signifies slovenliness and dirt, bad language[1] and moral delinquency. Broken homes and undisciplined days reflect uneasy levels of living. Garish lights and noise, decrepit public houses,[2] pin-table saloons, fun-fairs, chain cinemas and fish-and-chip shops are the natural accessories to such a culture. Trees and woods, country lanes and quiet fields are not. An environment which produces a higher infant mortality rate than Tokyo does not generally rear children who can come to terms with life in an Ayrshire village.[3]

Continued from page 131

ten per cent. were 'back-to-back' houses.[10] A national inquiry by the British Institute of Public Opinion in 1944 showed that fourteen per cent. of the middle classes and fifty per cent. of the poorer classes had no indoor sanitation.[11] An investigation carried out by the Social Survey for the Ministry of Works in March 1947 showed that thirteen per cent. of households in urban areas of Britain had no baths and a further twenty-nine per cent. had only portable baths. In London, the proportions were fourteen per cent. and twenty-two per cent. respectively, and in urban areas of Scotland, eighteen per cent. and thirty-five per cent. respectively. In the poorest of five economic groups in urban areas of Britain, twenty-nine per cent. had no baths, and a further forty-one per cent. had only portable baths. The respective proportions in the highest economic group were one per cent. and three per cent. Approximately fifty-four per cent. of the poorest group could only obtain hot water for washing clothes by using kettles and pans on stoves. About three per cent. of all households in urban areas of Britain had no piped water supply.

REFERENCES:

[1] H. of C. Deb., 9th March 1944, vol. 397, col. 2183, and 10th May 1944, vol. 399, cols. 1930–1.

[2] Hull Regional Survey, *Civic Diagnosis*, 1943.

[3] Letter from the Town Clerk of Bootle to the writer, 29th April 1947.

[4] Rowntree, Seebohm, *Poverty and Progress*, 1941.

[5] Stepney Reconstruction Group, *Living in Stepney*, 1945.

[6] Blease, J. E., *Journal of the Royal Sanitary Institute*, January 1946.

[7] H. of C. Deb., 8th March 1944, vol. 397, col. 2094.

[8] Scottish Housing Advisory Committee, *Planning our New Homes*, 1944.

[9] Scottish Housing Advisory Committee, *Modernising our Homes*, 1947.

[10] Birmingham Public Health Department, *Report by the Medical Officer of Health on the Housing Survey*, 1946.

[11] *News Chronicle*, 9th November 1944 and 24th January 1945.

[1] A story which is related in *Our Towns* (Women's Group on Public Welfare, 1943) shows that swearing often begins at a very early age. A child of some three years, with a dummy in her mouth, was seen sitting in a field stripping hops. She ran short of hops, removed the dummy, gave a piercing yell of 'More bleedin', bloody 'ops' and put the dummy back again.

[2] Some of the evacuees, who caused much distress in the reception areas, came from a particular district in Liverpool where public houses can be found on the average every 50 yards or less (Jones, D. C., *Survey of Merseyside*, 1934).

[3] Glasgow, with infant death rates of 98, 98, 109 and 104 per 1,000 births in 1934–7. The corresponding rates for Tokyo were 120, 88, 90 and 86 (League of Nations, *Annual Epidemiological Report for* 1937).

This brief incursion into the condition-of-the-people question has concentrated chiefly on three problems: clothing deficiencies, enuresis and head infestation. The study that has been made of these problems does not pretend to be comprehensive, nor must it be assumed that they cover the whole range of questions which arose from the first evacuation. They were selected, and they are put forward, not as exhaustive accounts of social conditions, but as illustrations of a particularly important episode in the social history of the war. To have added a discussion of other questions such as the feeding and sleeping habits of evacuated mothers and children in relation to the standards of other social groups, would have made this chapter disproportionately long.

Nor can much be said here, for no adequate records exist, of what the householders and the local authorities in the reception areas did, during the first few weeks of September 1939, to cope with these problems. Although services were quickly improvised to deal with the most troublesome skin diseases and other ailments and to delouse the infested mothers and children, the major burden of cleansing children, cutting their hair and re-clothing them, was shouldered by the foster-parents. The contribution made by all these unnamed householders to the welfare of evacuated children, and the growth of new forms of social care in the reception areas, are examined in later chapters.

Because the shock to public opinion over the condition of some of the evacuees rivalled the outcry after the Boer War with its disclosures of sickness and low physical standards, it should not be assumed that all the evacuated mothers and children had been living in squalor reminiscent of the eighteen-nineties. Nor did the presence of lice or nits in the hair necessarily mean that bodies were dirty, homes filthy and parents feckless.[1] Had there been so much parental neglect, it is unlikely that eighty to ninety per cent. of London parents and seventy-four per cent. of Glasgow parents would have taken the trouble to attend during the school medical inspection of their children before the war.

If the revelations of evacuation are to be seen in the right perspective, and not simply against the unfavourable background of the early, unexpectedly quiet, months of the war, it will be helpful to make one final point before this chapter ends. It is one which, in all the books and all the controversy which accompanied and followed the first evacuation, was never mentioned.

[1] 'The abundance of the head louse among the schoolchildren in cities in Britain and its rarity in adults is remarkable. I cannot put that down to negligent schoolchildren or negligent mothers. I suggest that there may be some difference in resistance to the parasite, a resistance that increases as the host grows older.' (Buxton, P. A., *Proceedings of Royal Society of Medicine*, 16th January 1941, vol. XXXIV (1), 193).

Practically all the mothers who went to the reception areas in September 1939 had spent part of their childhood and youth during the war years of 1914–18. For many, it was not well spent. 'There has been', said one report of 1917, 'a great increase in the wage-earning employment of children out of school hours'.[1] Young children were employed for thirty to forty hours in addition to their schooling. Another report of 1917 emphasised the 'premature and abnormal curtailment of school life for a large number of other children'.[2] By 1918 it was estimated that the war had imposed a reduction of over one-third in the number of medical inspections of schoolchildren.[3] Doctors and nurses had more imperative tasks to perform. Such drastic reductions in the work of the school medical service were not made without many misgivings, for a survey in 1917 of school-leavers showed that seven to ten per cent. were absent from school on grounds of more or less chronic ill-health, and that twenty-one per cent. were suffering from serious defects which 'will prevent them from playing their fair and proper part as citizens'.[4]

It was not only education and medical aid which many of the children missed during these war years. At a critical period of their lives they had missed their fathers and, in many homes, their mothers. An inquiry into the parental condition of 400 juvenile offenders showed that in a high proportion of homes the father was serving in the Army or Navy.[5] Nor did the irremediable effects of the First World War end with the Armistice. There were over 750,000 war dead and, as late as 1930, some 1,664,000 war disabled.[6] How many lives were harmed in childhood and adolescence by the death or disablement of fathers? These children also suffered, as some children will always suffer, from economic inequalities, and from failure on the part of society to distribute fairly goods and services in short supply. Throughout the First World War there were never less than one-quarter of a million children on poor relief in England and Wales.[7]

The Chief Medical Officer of the Board of Education in drawing attention—as early as 1916—to the premature employment of 'a very large number' of young children, asked a question which is of particular importance in summing up this chapter. He first said that physical injuries in childhood are often insidious and inconspicuous. They do not catch the eye, or arrest the observer, but they may undermine the growth of the child at a critical point in its life. He

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[1] *Annual Report of the Chief Medical Officer of the Board of Education*, 1917.
[2] *Annual Report of the Chief Medical Officer of the Board of Education*, 1917.
[3] *Annual Report of the Chief Medical Officer of the Board of Education*, 1918.
[4] *Annual Report of the Chief Medical Officer of the Board of Education*, 1917.
[5] Leeson, C., *The Child and the War*, 1917.
[6] Approximately forty per cent. of all the men who served in the Forces were either killed or disabled (*Official History of the Great War*, Medical Services. Statistics volume, 1931, p. 315).
[7] *Return of Persons in Receipt of Poor Law Relief*, 15th December 1919.

then asked: what will be the condition of these children in five, ten or twenty years?[1]

The long-term consequences of modern war cannot be disclaimed or disparaged just because they are not easily and quickly apparent. The bills of war contain both tangible and intangible items; when the first have been paid, the second may still be accumulating. The social accounts of the First World War were not audited or inspected, partly because they were not obviously susceptible to measurement, and partly because they were obscured at the time by the distractions of balance sheets of a material kind.

It is well that these things should be recalled if any judgment is to be passed on the pattern of town life which was exposed in September 1939. Nor must it be forgotten that the evacuated population was, to a large extent, selected by its inability to arrange—or buy—safety in the country as 2,000,000 other people had done. All the spotlights were trained on those who travelled under the Government's scheme; nothing was said of those who remained behind or of the 2,000,000 who evacuated independently. The behaviour of some of these unofficial evacuees, who were not all aged and infirm, may have been as anti-social—in different ways—as that of the dirty and feckless mothers from the slums. *The Times* observed: 'The hotels are filled with well-to-do refugees, who too often have fled from nothing. They sit and read and knit and eat and drink, and get no nearer the war than the news they read in the newspapers . . .'[2]

At the other end of the social scale, large numbers of the children—five per cent. in some areas and fifty per cent. in others—and a proportion of the mothers had lousy heads. But it did not follow that it was just to stigmatise them all as 'problem families'. Perhaps two per cent., perhaps five per cent., were 'problem' children from 'problem' homes. They were undoubtedly lousy, as well as generally dirty, and their behaviour reflected the community's failure before the war to cope with the condition of this particular group in society. The remaining ninety-five per cent. or ninety-eight per cent., or whatever the figure may be, were not the neglected children of irresponsible parents. Their clothes may have been inadequate for country wear, they may have preferred chips to green vegetables, they may have suffered from skin troubles and they may have had dirty heads, but such things do not mean that they belonged to the 'social problem' group. The facts do not sustain more than that. But just as it is necessary to distinguish between infested heads and bodily squalor, so it was silly for some M.P.s to protest violently at any mention of lice. In the post-mortem debate in the House of Commons some M.P.s

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[1] *Annual Report of the Chief Medical Officer of the Board of Education*, 1916.
[2] 10th January 1941.

attacked others for casting slurs on 'the working-class'.[1] Such emotional protests were not helpful. The decencies of health and sanitation are more easily achieved by the rich than the poor, but they are no sufficient measure of personal virtue or political principle. The louse is not a political creature; it cannot distinguish between the salt of the earth and the scum of the earth.

[1] H. of C. Deb., 14th September 1939, vol. 351.

CHAPTER IX

THE PHASE OF UNCERTAINTY: SEPTEMBER 1939—MAY 1940

WHAT would have been the effect on the civil population if the war had opened with heavy air attacks on London and other cities? The Government had removed 1,500,000 mothers and children from the target areas, 2,000,000 other people had left, about 140,000 sick people were turned out of hospitals and others were transferred to safer areas, some 195,000 beds were made available for wounded civilians, and the civil defence and casualty services were mobilised for action. These measures, which no Government could be blamed for introducing before the bombs fell, were the result of many years of debate and planning. That they were incomplete and imperfectly organised will become apparent in subsequent chapters. It is impossible, however, to estimate how all these emergency services would have functioned in the event of an attack in September 1939, and how quickly the lessons of experience would have been learnt and applied. These questions were answered—at least in part—a year later when the bombing of London began.

What has to be discussed at this point is the problem—or, rather, the series of problems—which arose during the period up to May 1940 as a consequence of the unexpected course of the war. This period of the war was described as 'phoney'. The word was, apparently, imported from the United States, and it was generally employed to mean that the war was false; that the combatants were merely playing at war. The expression was politically useful to those who did not want to accept the situation, to those who wanted to avoid the facts of Nazi doctrine and violence, and to those who, quite naturally, objected to having their lives disturbed. The war, it was said, was a 'phoney' one because no civilians in Britain or France were being bombed and killed, and because the 'shooting war' was not in evidence on the Western front. Despite its modern dress, the argument was old-fashioned; for it implied that war was simply and immediately a matter of noise and bloodshed.

To millions of people in Britain the war was already real enough. The shifting of population—the hurried movement from the cities, the migration of industry and commerce, schools and other institutions, and then the filtering back to the towns—directly affected the daily lives of from one-quarter to one-third of the people.[1] The social

[1] Appendix 2 to chapter VII showed that, in all, about three-and-a-half million people moved. To this number there have to be added the members of families left in the evacuation areas, and the families in the reception areas who gave up part of their homes to accommodate the refugees.

stresses which accompanied and followed a movement of people and homes on such a scale cannot be measured; for it was not just a matter of separated families and invaded homes. The framework of social service upon which modern communities have come to depend was—in parts and in different places—violently wrenched into disorder. The metropolitan area and other large cities were stripped for action; stripped of schools, evening institutes, clubs, nurseries, clinics, maternity homes, hospitals and the essentials of staff, equipment and buildings. Meanwhile, the reception areas were overloaded with population and short of all these things.

In many parts of Britain, children went for months without education and medical supervision; the school dental service closed down, eye defects were uncorrected and children remained in need of glasses, speech defect classes were suspended, the special schools for handicapped children, cripples and heart cases were disastrously affected, maternity and child welfare clinics were commandeered for civil defence purposes, sick people were unable to get into hospital, and the number of children receiving school meals dropped steeply. Even the milk industry faced a minor crisis owing to the disorganisation of the urban market for milk (a consequence of evacuation), and a sharp fall in the consumption of milk at schools. By the end of 1939, for instance, the quantity of milk used in the schools had fallen by over a third in England and Wales, and by nearly half in Scotland.

The expected war on civilian society had not come. The Government, in preparing to meet an immediate air onslaught, had put into operation its civil defence schemes and had, by so doing, upset the working of the peace-time social services. The war-time services were not yet wanted; the peace-time services were. Children still needed education; mothers still wanted their babies delivered; babies still wanted nurseries.

But the threat of air attack had not evaporated with the bloodless passing of the first day of war. At the end of December 1939, the Air Staff considered that nothing had happened to modify the assumptions made before the war. There was no assurance that 'heavy and sustained air attacks' would not take place at any time. The Home Secretary, in communicating this report to a worried Cabinet, asked for steps to be taken to 'counter the spirit of false optimism' that had arisen since the outbreak of war.

In addition to the war situation, many factors were contributing to what the Home Secretary described as 'false optimism'. Evacuation and the general movement of population had created a degree of interference and inconvenience which seemed only acceptable in conditions of either invasion or massed air attacks. The dislocation of the educational system and other social services added to the general mood of irritation and frustration. At the same time, many people

were worried by the rising cost of living,[1] especially those families who had been affected by evacuation and those who were doing their best to make a home for evacuated children. For these and many other social and political reasons the country was in a mood to exaggerate its immediate difficulties. In consequence, it was also (having by now learnt something of what evacuation meant) prepared to scale down the risk of air attack. The return to the cities increased in volume as the weeks passed and London remained unmolested. By the end of 1939 over 900,000 mothers and children had returned home, leaving only about 570,000 official evacuees still in the reception areas.

While this movement was in progress the civil defence and casualty services were being violently assailed by some sections of the press. A report to the War Cabinet in December 1939 drew attention to the tendency, 'in quarters which reflect and shape public opinion, to decry as unnecessary or over-cautious many of the measures which have been taken to safeguard the national interests against air attack'. Within a fortnight of the outbreak of war the 'colossal ramp' of air raid precautions was being 'revealed', and the consequential waste of taxpayers' money formed a subject for sensational headlines.[2] Pressure for cuts in the war-time services came from many quarters—within as well as without the Government. The President of the British Employers' Confederation complained that whole-time civil defence workers were apparently doing nothing, while their employers badly needed their services. From many sources it was alleged that air raid precautions were interfering with the business life of the community. Practically every aspect of the civil defence and emergency arrangements was criticised at one time or another. The imposition of the black-out, and the closing of cinemas, theatres and other forms of entertainment at the beginning of the war led to a lot of grumbling, and lighting restrictions were blamed for the serious increase in the number of people killed and injured in road accidents.[3]

In September 1939 the total of men, women and children killed in road accidents increased by nearly one hundred per cent., while in the four-month period to the end of 1939 over 1,700 more than the peace-time average for the period were killed—the vast majority being pedestrians.[4] The number of injured also rose sharply. These were the first of Britain's war casualties on land.

[1] The official cost of living index rose quite sharply soon after the outbreak of war. By February 1940 the cost of food had risen by fourteen per cent. and clothing was up by as much as twenty-five per cent.

[2] See, for example, *Daily Express*, 12th September 1939, and *Daily Mail*, 16th September 1939.

[3] For examples of the kind of complaints that were being made as late as March 1940 see the debate in the House of Commons on the Air Estimates, H. of C. Deb., 7th March 1940, vol. 358.

[4] Over the average for 1937–8. Calculated from Ministry of War Transport returns and the Registrar-General's annual reports for 1937–9.

It was during the first eight months of the war, when intellectual and emotional unreadiness, uncertainties about the future course of hostilities, and difficulties bred by conflicting needs and interests were all conspiring to weaken both policy and its application, that the civil defence and evacuation schemes acquired a bad name. Moreover, continual press attacks on the workers in these services sapped morale, while the experience of evacuation and the absence of air attacks on London helped to destroy much of the goodwill in the reception areas towards the billeting of mothers and children. The irresponsible agitation for a huge programme of camps for evacuees which developed after the Munich crisis in September 1938[1] arose again in the winter of 1939–40. But in this field as in others there was no easy or comfortable solution to the strains and stresses of the war upon which the nation had embarked.

Under the combined pressure of all these influences, the civil defence and casualty services were, by the end of 1939, showing signs of crumbling. The Government feared that Christmas might bring the evacuation scheme to an end. A steady seeping away of civil defence workers was threatening to reduce the number of whole-time staff to small proportions.[2] The number of beds available in the hospital scheme for civilian air raid casualties had fallen from 195,000 on the outbreak of war to 145,000 in January 1940.[3]

This situation was brought about not only by newspaper agitation and demands in Parliament for financial economy and the easing of hardships, but also by the Government's concern about rising public expenditure and the danger of inflation. The precedent of an economy—or retrenchment—campaign which began in July 1915 was followed in the Second World War, although on this occasion the Treasury was quicker off the mark.[4] This early emphasis on thrift had little as yet to do with manpower or material shortages, for unemployment remained obstinately high and, as late as January 1940, still embraced 1,603,000 people.[5]

The reasons for the continued dominance of financial orthodoxy were, however, many and complicated and cannot be discussed here.

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[1] See chapter III, pp. 35–6.

[2] In December 1939 the whole-time strength was down to 196,286, compared with an establishment of 413,100 in January 1939.

[3] These figures are for England and Wales. A reduction also took place in the Scottish scheme.

[4] A Treasury Committee on Public Retrenchment was appointed in July 1915 which recommended, among many other things, that children under five should only be admitted to schools in special cases, and that grants should not be paid in respect of such children. This was followed by an 'economy' circular from the Local Government Board to local authorities on 4th August 1915 (*Annual Reports of the Local Government Board and Board of Education*, 1914–6). On 28th September 1939 a Treasury circular, calling for the strictest economy, was issued to all departments. For a discussion of some of the effects of this economy campaign on the social services see chapter X, pp. 153–71.

[5] All unemployed persons in the United Kingdom.

Their treatment belongs to the companion volume on economic and price problems.[1] Nevertheless, it will be necessary to show from time to time in the next few chapters what these financial policies meant to the health and social services, and how they often collided with the Government's other policies for the new war-time services.

In this period of the war neither Government nor people were single-minded. Some policies spoke for civilian safety; others for comfort. Some policies demanded economy in money; others spending for defence. Pressures for the full resumption of education and the peace-time health services often conflicted with the needs of civil defence, while the Government's desire to maintain parental responsibility by enforcing the repayment of billeting allowances ran counter to its policy of keeping the evacuated children in the country. The times were not dangerous—only stressful, uncertain and threatening danger.

The state of the social services in 1939 and the first half of 1940 has to be seen against this background sketch of the first eight months of the war. Historically, the period is an important one, for despite—or because of—the dilemmas and the difficulties of insuring against air attack, re-starting the social services and preventing inflation, the Government was obliged to reach many decisions which, eventually, were to have a profound effect on the quality of the help provided for the people during the war.

In the next two chapters some of the more important issues are worked out in detail, and some of the generalisations that have been made in this chapter are clothed with the necessary evidence. The problems that arose with the adaptation of peace-time services to war purposes are explained, and an account is given of the course of the evacuation and hospital schemes during the period to May 1940. A separate chapter is devoted to administrative and local government matters and this concludes part II.

[1] See *British War Economy*, Hancock, W. K., and Gowing, M. M., 1949.

CHAPTER X
EVACUATION AND THE SOCIAL SERVICES: SEPTEMBER 1939—MAY 1940

(i)

Disorganisation and Discontinuity

At a meeting of ministers five days after the outbreak of war it was decided that mothers would have to be excluded from any future evacuation scheme. The reports received on the condition and behaviour of the women moved from Liverpool were mainly responsible for this drastic change in policy. When the lessons of evacuation came up for discussion in the War Cabinet six weeks later this decision was endorsed, and it was put on record that the movement of mothers with young children had largely failed. If and when air raids began Government assistance for the removal of mothers and children under the age of five would not, therefore, be available.

Another important decision on future policy was also reached at the same time, and here again Government thought was strongly influenced by the character of the first evacuation. Ministers were also sensitive to the criticisms that were being levelled at the civil defence and evacuation services. It was decided that no more 'mass' evacuation schemes should be arranged. Instead, only limited and gradual movements of unaccompanied children should be planned for the future. Moreover, it was resolved that such movements should not begin until air raids had started, and that, for the time being, secrecy should be the rule as it was feared that parents would fetch their children home if they knew that the Government might give them another chance.

The importance of chapter VIII, which studied at some length the condition and behaviour of the evacuees, can now be understood in the context of Government policy. For it was largely the revelation of these conditions which led ministers to reverse, within a few days and without much discussion, the direction of policy hitherto founded on a mass of reports and recommendations from the Committee of Imperial Defence concerning the probable effects of air warfare on civilian society. All considerations of casualties and panic among women and children to which, as chapters I and II bear witness, so much study had been devoted during the nineteen-thirties were

abruptly swept aside. The principle, accepted for fifteen years by all those who had examined the problem, that evacuation from London should at all costs precede air attack, was now abandoned. Yet the risks had not abated. The Air Staff held firmly to its estimates of the striking power of the German Air Force.

The Health Departments were instructed at the end of 1939 to prepare a new evacuation plan. This time, however, it was to be of much more modest dimensions; restricted to unaccompanied school-children, operated gradually and over a longer period, and not to function until after the bombs had begun to fall.

Meanwhile, the Departments' main, and most difficult, task was to stem the flow of returning evacuees. Having moved a large number of mothers and children to the country the only sensible policy was to try and keep them there. But trying to keep them there meant doing a great many things, and doing them quickly, because the goodwill of the reception areas was rapidly evaporating, and all the difficulties of winter, the cold, wet, boring countryside (for that is how many of the town-dwellers saw it) would have to be faced.

After the first rush of improvising some of the more urgent services and of re-billeting and re-distributing certain of the children to appropriate schools had begun to die down, the Health Departments tried to stimulate the local authorities to make more permanent provision. In England and Wales this was chiefly the task of the education and welfare authorities—generally the county councils. Where there was the will, however, there was seldom the staff, the equipment and the technical experience. These were some of the obstacles to progress.

In the middle of September 1939, local authorities were asked to open schools in reception areas so as to relieve householders of children during weekdays; it was suggested that communal meals, hostels for children who were difficult to billet, and nurseries for young children should be provided if there were a demand for such services, and the Government announced that it was prepared to compensate householders for damage caused by evacuees.[1] In October the receiving authorities were urged not to discriminate between local residents and 'official' evacuees, and to make available to the latter the full range of statutory health services.[2] If additional staff were needed, the evacuating authorities—who were invited to co-operate —were to be asked for doctors, school nurses, midwives and other workers.

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[1] Ministry of Health circular 1871, 12th September 1939. This was amplified on 24th October 1939 by circular 1897, which laid down the principles of compensation for and replacement of damaged articles, bedding and carpets.

[2] Ministry of Health circular 1882, 2nd October 1939. The problems of supplying, and obtaining payment for, health services for official and unofficial evacuees are considered in chapter XII.

But the return to the towns showed no sign of slackening. On 17th November another circular was sent exhorting local authorities to take positive steps to stop the rot.[1] 'The evacuation scheme has called, and must inevitably call, for unremitting labour and for qualities of tolerance and unselfishness . . . If this spirit of service, which has been so strikingly manifested in the receiving areas, is to be maintained, it is essential that all should feel that the burden of service is equitably distributed.' To this end, it was reiterated that communal services should be developed, evacuees re-distributed, and occupational activities, such as clubs and play centres, provided. The Minister of Health and the Secretary of State for Scotland appealed to the reception areas to hold parties and give the children a 'merry Christmas',[2] school holidays were shortened to relieve householders, and the Ministry of Information launched a publicity campaign to discourage parents from fetching their children back.

At first, the Ministry of Health looked mainly to the authorities who had been charged with the responsibility of billeting evacuees to provide many of these emergency services. These were chiefly the urban and rural district councils. The county councils in England and Wales were not, during this period, brought into the evacuation scheme to the same extent, apart from their responsibilities for education. It has already been pointed out that the problems likely to arise in the areas receiving evacuees were not intensively studied before the war, and this was the main reason why some of the original policies of the central departments were not always appropriate to the functions and capabilities of the different local government units. Rural district councils with a solicitor as part-time clerk, a typist and an office boy or two, could not be expected to organise and administer such technical services as communal restaurants, or hostels for children who were difficult to billet.

As soon as the Health Departments had had time to consider these questions, a process began of 'breaking-up' the local administration of reception services. At the end of November 1939, for instance, it was decided to transfer the responsibility for organising communal meals for evacuated schoolchildren to the education authorities.[3] The service was thus brought within the purview of the Board of Education, and in line with the powers to provide school meals already possessed by local education authorities. In this and other fields some of the confusion which had existed in the reception areas as to who was responsible for what was gradually cleared away.

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[1] Ministry of Health circular 1913 and E.V.6, 17th November 1939.

[2] About £15,000 was raised in London for Christmas parties, of which £5,000 was collected from the general public. Liverpool spent £2,000 on Christmas treats for its evacuees.

[3] Ministry of Health circular 1916, and Department of Health for Scotland circular 61/1939, 21st November 1939.

But progress in sorting out administrative functions, and in generally settling a hundred and one problems which bothered both central and local departments alike, did not immediately produce the essential staff to organise and run the necessary services. Teachers and voluntary helpers had gone with the 1,500,000 mothers and children, but the authorities in the evacuation areas had not transferred many medical officers, health visitors, midwives, dentists, social workers and school nurses who represented, in the towns, the relatively highly organised and comprehensive maternity, child welfare and school medical services. Now the reception areas badly needed staff of various kinds because the local services, generally backward and often undeveloped, were inadequate even for the peace-time needs of the existing population.[1] But—and this was one of the major difficulties—considerable numbers of these trained people had been caught up in the civil defence and casualty services in the cities with the closing down of clinics, welfare centres, nurseries and the school medical service. This problem was not made any easier by the transfer of staff from certain Government departments to various forms of war work. For instance, 601 members of the staff of the Board of Education, or one-quarter of the whole, had been lent to other departments by October 1939.[2]

In most of the vulnerable areas the school medical services, in addition to the school meals and milk schemes, had been suspended in anticipation of the evacuation of all schoolchildren.[3] In London and Liverpool, the records for which have been studied, these services were entirely withdrawn. With the exception of one 'cleansing unit' which was sent to Wales, the whole of the Liverpool staff was transferred to the casualty services. In London, the position was much the same, all school nurses (about 440), for instance, were standing-by in hospitals and first aid posts waiting for casualties. In many areas, large numbers of maternity and child welfare centres had been commandeered for civil defence and, as late as April 1940, there were 316

[1] This was the conclusion of many of the county surveys of the public health services carried out by Ministry of Health inspectors during the 1930s. The results of these surveys (which were not published) revealed the following deficiencies in some counties near London and to which many evacuees were sent: backward ante-natal work, no post-natal maternity service, no dental treatment for expectant or nursing mothers and young children, no treatment for minor defects, ear or eye defects among the under-fives, no day nurseries, nursery schools or nursery classes, no maternity and child welfare nursing service, no diphtheria immunisation (on grounds of expense), inadequate provision of milk and extra foods for mothers, and the holding of infant welfare clinics in 'dismal' and sometimes 'dirty' premises. In one county, it was bluntly stated by the inspecting staff that the existing health services, which were poor in quality of provision, were not brought to the attention of the people in case they should be used too much. Indeed, in many counties the authorities deliberately ignored some of their statutory duties, while no attention whatever was paid to permissive powers.

[2] In addition, a further 178 had joined the Armed Forces.

[3] By March 1939 the Board of Education had reached the conclusion that routine medical inspections of schoolchildren in all areas would have to be suspended in the event of war.

in England and Wales still wholly or partly used for such purposes.[1]

The evacuation authorities had, in response to the Government's policy, given priority to the needs of the casualty services, even to the illogical extent of transferring midwives to general hospital and first aid work. The high estimates of the number expected to be killed and injured led to the whosesale abandonment of many of the peace-time health services in the target areas. As the demands for staff to run services for the evacuees increased in urgency during September and October 1939 efforts were made to send help to the reception areas.[2] But it took time to extricate doctors and nurses from hospitals and first aid posts and, meanwhile, public pressure for a resumption of normal services in the cities continued to grow as more and more mothers and children returned home. This at once complicated the problem.

Hundreds of thousands of children in the evacuation areas had been without education, health services and school meals and milk for over four months, and by the end of December the figure was above 1,000,000. At first, the Government feared that any general re-opening of the schools in these areas 'might imperil the whole evacuation scheme'. This was one of several dilemmas. Another was represented by the interference to civil defence arrangements if the schools were returned to the education authorities. Yet another was furnished by the conflict between the need for education and the need for air raid protection at or near the schools.

Eventually, the Government decided that a start would have to be made, and on 1st November 1939 it was announced that 'such schools in evacuation areas as can be made available for educational purposes shall be re-opened for the education of the children of parents who desire them to attend'.[3] A resumption of education in successive stages was to be accompanied by the re-establishment of the school medical and dental services.[4]

From November 1939 onwards the Education Departments and

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[1] H. of C. Deb., 18th April 1940, vol. 359, col. 1144.

[2] Neither the London County Council nor the metropolitan boroughs sent any school nurses or health visitors until some weeks after the outbreak of war. At the end of September 1939, 70 nurses were released by the Ministry of Health from the London casualty services and sent to the reception areas. They were later supplemented by more releases and by a few medical officers and other workers. The nature and variety of the requests for staff received by the London County Council from reception authorities is shown by the fact that applications were made for matrons, cooks, wardens, canteen workers, needlewomen, clerical workers, stokers and laundresses.

[3] H. of C. Deb., 1st November 1939, vol. 352, cols. 1838–40, and Board of Education circular 1483, 11th November 1939.

[4] A Board of Education circular (1490)—the first to strike a really urgent note—called on 14th December 1939 for the resumption of all the school health services in all types of areas. The time had come, stated the circular, when staff and premises ordinarily used in these services should revert to their proper duties 'subject to their being made immediately available for the casualty service if occasion should arise'.

the local education authorities began their task of recovering staff, and of obtaining the release of schools, clinics and feeding centres from the civil defence and military authorities.[1] Some 2,000 schools—or nearly one in five—in only the evacuation and neutral areas of England and Wales had been wholly or partly occupied by civil defence, military and other authorities, and by January 1940 the figure for evacuation districts was still as high as 1,588.[2]

The full story of the dislocation of the educational system, the efforts made to repair the damage, and the stimulus applied by public opinion is the concern of the volume on education in this series of histories. After eight months of war, the position of elementary schools in the evacuation areas of England and Wales was that roughly one-half of the children were receiving full-time instruction, thirty per cent. were on half-time, ten per cent. were receiving less or home tuition, while another ten per cent.—about 115,000 children—were not receiving any instruction whatever. Secondary school-children were better off, for eighty-seven per cent. were on full-time, eight per cent. on half-time and only about five per cent. were not at school.[3] In all schools under the management of education authorities in Scotland, some sixty per cent. of the children were receiving full-time instruction, about thirty-six per cent. part-time and four per cent. none at all.[4]

These figures, which afford a rough guide to the progress made in reinstating full-time attendance at school, do nothing to show the effects of the war on the quality of the education that children were receiving in the spring of 1940. Nor do they convey what it meant for schools and classes to be broken up, for children to lose touch with their former teachers, to be sent to different schools, to be placed in different classes, often to have no books and to lose that continuity of attention which underlies good schooling. All these matters are the concern of the education volume.

The task of re-establishing the school medical and other welfare services in the evacuation areas was equally difficult. A large number of children had stayed in these areas, while many of those who had been evacuated returned quite soon, and all were left with hardly any educational and medical supervision. While the schools and clinics were empty the cinemas and the fun-fairs, which were just as vulnerable to air attack, were crowded with children. This situation, made worse by the effects of the black-out during the winter months, gave

[1] In some instances this simply resolved itself into a battle between different committees of the same local authority, for many councils had earmarked schools as first aid posts without consulting their education committees.

[2] In December 1939 there were 10,730 recognised elementary, secondary, technical and certified efficient schools in evacuation and neutral areas of England and Wales. Of this number, 416 were wholly occupied and 1,608 partly occupied.

[3] H. of C. Deb., 2nd May 1940, vol. 360, cols. 884–6.

[4] H. of C. Deb., 23rd April 1940, vol. 360, cols. 37–8.

rise to some serious problems. In particular, it was found that the open shelters were being misused; bunks, screens, escape tools, electric heaters, doors and fittings were being stolen or smashed. Children went round banging electric light bulbs with sticks in order to hear them pop, and the walls and floors of the shelters were constantly fouled.[1] All this hooliganism and indiscipline forced the Government to review its policy of keeping the shelters open.[2]

There were also disquieting reports on the physical condition of some of these children, and of a rise in the number of juvenile delinquents in London, Glasgow and other cities.[3] The problem of welfare work among young people was greatly aggravated by war conditions; many of the clubs and evening institutes closed down either because buildings were commandeered for civil defence purposes, or because leaders, instructors and other staff were diverted to different work. The Board of Education, conscious of the need for social and recreational facilities, and anxious to keep alive during wartime an interest in music and art, took action to deal with these problems in October 1939. Grants were made to voluntary youth organisations, for instance, and other funds were provided for recreational facilities. These emergency measures later developed into the 'Service of Youth' schemes and the Council for the Encouragement of Music and the Arts.[4]

Apart from the re-opening of clinics for the cleansing of verminous children, progress was slow in the resumption of the school medical services in the evacuation areas. By April 1940 less than half the pre-war clinics and hospitals providing for vision, ear, tonsil, adenoid and rheumatic conditions under the school medical service in London had re-opened. Instead of the equivalent of fifty-nine whole-time dental surgeons employed before the war on hospital and school work the number engaged in March 1940, in the London County Council's service, had only recovered to about eight. In Liverpool, there were

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[1] Reports from Middlesex, Liverpool, the Ecclesiastical Commissioners and the Regional Police Staff Officer to the Ministry of Home Security.

[2] This matter is the concern of the civil defence volume in this series of histories.

[3] In Glasgow, for example, the number of children under the age of 14 convicted or found guilty of theft or housebreaking was more than twice as high in 1940 as in 1936–8 (H. of C. Deb., 27th March 1945, vol. 409, col. 1324). The Home Secretary stated in the House of Commons in April 1940 that there had been a rise in the incidence of juvenile delinquency in England and Wales (H. of C. Deb., 18th April 1940, vol. 359, cols. 1118–9). Such statements as these do not, of course, mean that more children were breaking the law; only that more children were caught breaking the law. Reports from the reception areas about delinquency among evacuees also need to be interpreted with caution. High spirits and hooliganism are noticed more in villages than in towns. Children found that the cities often offered them more freedom of movement than the country, where they lacked free space for play and felt confined by many restrictions. The law of trespass, a social institution which local children had been trained to regard as sacrosanct, was generally unknown to the evacuees. Those authorities in the reception areas who were critical of the Government's scheme often found evidence of delinquency because they wanted to and looked for it.

[4] These subjects are the concern of the education volume in this series of histories.

only six school dentists to cope with a school population of over 100,000.

The Chief Medical Officer of the Board of Education, in assessing retrospectively the effects of evacuation in the target areas, came to the conclusion that it was not until about the middle of 1941 that the medical inspection of schoolchildren was resumed 'on more or less normal lines'. But by the time this was achieved other factors, such as the shortage of medical and dental officers, had begun to intervene and handicap the work of the school medical service.

The school meals service was also slow in re-establishing the 1939 level of provision. Judged, however, by the standard of achievement which was reached in the middle and late years of the war, school feeding before the war was in a rudimentary stage. On an average day in 1938 about 100,000–120,000 children, out of a population of roughly 4,250,000 elementary schoolchildren in England and Wales, received free school meals, while about 50,000 obtained meals on payment. To recapture this level of provision might have seemed a modest task for local government; but a long time passed before it was accomplished. Nor, in terms of quality, was the standard of the school dinner before 1939 very high.[1] In 1916, when the science of nutrition was in its infancy, London had set up a minimum value of 750 calories for the school dinner. This was at a time when the country's food supplies were menaced by a submarine blockade. What London said was to be the minimum value in the second year of the First World War became, after the war, the standard—or maximum—for most authorities. This standard held for twenty-five years until the third year of the Second World War when the Board of Education set up a new standard—an energy value of 1,000 calories.[2] It needed a second war, employment demands for mothers in factories and another food shortage, to achieve what twenty-one years of peace and thousands of nutritional investigations had failed to do. And of this achievement there was hardly a sign during the first year of war. Even the pre-war provision in England and Wales of paid school meals was not reached until February 1941.

The damage done to the milk-in-schools scheme was repaired somewhat earlier. In October 1939 the number of children receiving milk in England and Wales was down by about 1,000,000, and the total quantity drunk was down by forty per cent. Six months later these reductions had been halved, and about the middle of 1941 the pre-war provision of some milk to about 2,500,000 elementary schoolchildren was restored. In Scotland, the pre-war position was regained

[1] Further reference to this matter and to the war-time development of the meals and milk services is made in chapter XXV. A detailed account is the concern of the educational volume in this series of histories.

[2] November 1941. The new standard also laid down a first-class protein content of 20–25 g., instead of 16·6 g., and a fat minimum of 30 g.

in October 1940. The time taken in reaching these inconsiderable standards of 1939 was not due to there being more children in the schools. On the contrary, between mid-1938 and mid-1941 the child population of Britain declined by about a quarter of a million.

Preparations for war, and the events of September 1939, thus inflicted some serious and long-felt injuries to the general body of the health and social services. No part of the fabric of these services was immune. To regain the lost ground was everywhere a painful labour. When the extent of the damage had been assessed, and the work of re-establishment had begun, war-time factors came into play to obstruct recovery. Indeed, many of the welfare services for children had not re-assumed their pre-war level of provision by the time the first heavy air attacks were launched on London in the autumn of 1940. Then came more disruption to undo the work of repair.

(ii)

Problems of Administration and Finance

The first effects of the war on the general structure of the social services have been briefly surveyed in order to explain why it was difficult to send staff and equipment to the reception areas in the interests of the evacuees. The drafting of considerable numbers of trained workers into the casualty services, and then the imperative demands for restitution in the target areas, were reasons why help for the evacuation scheme was slow in being sent. There were, in addition, other impediments to progress. Some of them were inherent in the existing system of local government and were magnified by war-time difficulties; for example, the doctrine of local financial responsibility was not easily adaptable to the movement of masses of people over local boundaries. Other impediments were traceable to administrative difficulties and to the Government's call for financial economy. These various hindrances will now be discussed, and their effects will be examined in relation to certain aspects of the evacuation scheme.

To organise quickly and smoothly a group of new social services for evacuees demanded, in the reception districts, a well-regulated system of day-to-day administration and a sufficient number of people equipped with that kind of practical experience which knows how to get things done, in the right order, and within the limits set by central policy. These requirements were not generally available in the reception districts in 1939. And even when substantial improvements had been made the standard of performance was by no means uniform over the whole country. This was, indeed, one of the basic

problems in the administration of the evacuation scheme. The actual work of running the scheme—as distinct from policy-making—of finding billets, providing equipment, organising and administering services of various kinds, devolved upon not one, but hundreds of local authorities. It was the number and the different types of local bodies which represented the major complication; not the fact that the scheme was based on local government.

In the autumn of 1939 there were, for instance, administrative as well as physical problems in apportioning staff from London between the large number of claimants from the receiving areas. A considerable proportion of the County Council's staff of doctors and dentists were on a part-time basis, and this also made it difficult to distribute them over the country. Then, when some of the reception authorities did appeal for help they sent their applications to the wrong places. They wrote to the London County Council instead of to one of the metropolitan boroughs and *vice versa*.[1] Throughout the war, there were local authorities in the provinces, members of voluntary organisations, Army welfare officers, and even some officials of newly-established Government departments who found it hard to understand the complicated arrangement of functions between the London County Council and the metropolitan boroughs.

The picture became more confusing whenever receiving authorities were caring for children from a number of areas. Sometimes, anything up to twenty separate sending authorities, all with different standards of service, were involved. Who should be asked to help? When the problem was looked at from the other end—from the desk of the official in the evacuation area with children scattered over a number of counties and dozens of receiving authorities—the question became: to whom should help be sent?[2]

The structure of English and Scottish local government in 1939, with its multiplicity of units and their variation in size, ability and functions, was not of course the ideal administrative machine to be at the receiving end of a scheme which sent out 1,500,000 mothers and children in one mass movement, and paid little regard to the boundaries of counties, boroughs and districts. These local checks to the growth of a centralised bureaucracy had their place in the scheme of things in peacetime, but the particular qualities from which they derived their strength were often precisely those which were undesired—and sometimes harmful—in time of war. Local government

[1] The Council was asked for health visitors who were under the control of the metropolitan boroughs. It was also asked if children had been immunised against diphtheria, as the receiving authorities 'did not want to do it twice'. But immunisation was a function of the boroughs—not the county.

[2] In 1939 the education department of the London County Council reported that London schoolchildren were distributed between 76 education authorities in reception areas.

as it existed in 1939 was not in fact built for modern war, certainly not for war on civilian society. It would indeed have been strange, and it would indeed have been the wrong kind of local government, if it had been created to deal with many of the problems that arose during 1939–45.

It had been in the minds of some members of the Government to supersede local authorities in the event of war for all civil defence purposes 'and to employ their officials as agents of the Government'. For various reasons, which will be explained in the civil defence volume, this was not done. And so the machinery of local government, as constituted in September 1939, had to be made to work. It will be important to remember this in succeeding chapters, for the story is a continuing one of adaptation and adjustment to new situations. In this sense, the first evacuation movement was not a failure, for it forced both central and local authorities to learn certain lessons which were useful when air attacks came in the autumn of 1940.

At the beginning of the war it was therefore inevitable, in a society which had not fashioned all its agencies of government to subserve and worship efficiency, that the machinery of local administration should move slowly in adjusting itself to new tasks. And when there was uncertainty at the centre of government, when there were good arguments for a resumption of normal services in the vulnerable areas, and equally good arguments for keeping these areas stripped to go into action in the event of air attacks, there was bound to be confusion at the level of local government.

But not all the confusion was reasonable. Some of the delays in providing evacuees with the services they needed were caused by evading or fumbling the questions of financial responsibility. Who was to pay if such-and-such a service was provided for people who moved, first in one direction and then in another, over local boundaries? If recovery were to be sought in the area of evacuation where did this or that person come from? These, in simple form, are the kind of questions which local officials asked. They compel the historian to ask additional questions. How far did excessive localism hold up the development of social services for evacuated mothers and children? Did it restrain evacuation or cause a return to the towns? Did it, in short, make access to many of these services difficult and burdensome?

These are important questions for they are relevant, not only to 1939, but to the whole of the war. The migration of people over boundaries, their settlement in new areas and return to original neighbourhoods, never ceased. The movement rose, fell, and rose again at different periods, and all the time the financial responsibilities of the local authorities in whose areas the migrants had their place of 'normal' residence became more diffused.

Nor were these questions restricted to the evacuation scheme. They applied, in one form or another, to the hospital services, education, public assistance, maternity and child welfare and, indeed, to a large sector of the health and social services in England, Wales and Scotland. Not only then did they touch at many points the lives of those who had recourse to the social services, but they also raised in a serious form a problem of manpower. For attempts to divide the costs of peace from the costs of war by continually transferring small items of expenditure from the books of one authority to those of another involved the employment of an army of accountants and clerks.

These two groups of questions; those affecting the development of, and access to, the social services, and those which raise the issue of administrative costs, go to the roots of the problem of local government. They lead, in fact, to an area of inquiry far wider than this volume can—or should—attempt to cover. Nevertheless, localism is of such great importance to the war-time history of the social services that a separate chapter—chapter XII—has been set aside for examining part at least of the rich and complex material relating to the 'boundary problems' of local authorities in England and Wales. In the present chapter, it has been sufficient to note the existence of these problems as a constant and often a dominant factor in complicating all the urgent social tasks of the evacuation period.[1]

Interwoven with the complications of localism were the complications of finance. In 1939 financial resources were proclaimed to be 'the fourth arm of defence'.[2] One enemy was inflation, and the Government was intent on keeping it at bay. Its plan of action had repercussions, which the present chapter must explain, on the new war-time social services. Some of these repercussions led to a course of action or determined administrative doctrine which prevailed throughout the war.

[1] It has not been possible to discuss in this volume all the social tasks which were involved in the operation of the evacuation scheme. To have done so would have meant crowding the narrative with too much detail. The subjects omitted include: the appointment and work of billeting officers and billeting tribunals; the selection of billets; the respective billeting claims of the evacuation scheme, the hospital scheme, the Service authorities and the civil service; the recruitment, distribution and work of evacuation helpers—both voluntary and paid; billeting, travelling allowances, insurance, meals and salaries of evacuated teachers, helpers, midwives, nurses, doctors and other workers; the machinery of paying billeting allowances; requisitioning powers and their use, compensation and other problems connected with the taking of houses and other properties for the evacuation scheme; the evacuation and care of blind and crippled persons, handicapped children and other special parties; the organisation and use of the national camps by the National Camps Corporation and the Scottish Housing Association; the provision and use of sick bays and infectious disease accommodation.

[2] The German people were told so. In leaflets dropped over Germany at the beginning of the war they were warned: 'despite crushing taxation you are on the verge of bankruptcy'. See H. of C. Deb., 7th September 1939, vol. 351, cols. 568–9. The Government's war-time financial policy is treated at length in *British War Economy*, Hancock, W. K., and Gowing, M. M., 1949.

The effects of the Government's anti-inflation policy on the social services may be studied broadly in two ways; first, in relation to the monetary contributions made by local authorities to each other and to the payments passing between the local authorities and the central exchequer; secondly, in relation to the payments made by individual citizens for participating in the evacuation scheme and other services. The first investigation is for the most part postponed to chapter XII; the second is pursued in the following pages by the method of selective illustration. Billeting allowances, in the general setting of means tests and personal responsibility, have been chosen as one example from a wide field.

Before the war, it was often believed by many people who did not use the statutory health services that provision was free of charge. This was not so; for local authorities nad the power (and sometimes the duty) to recover what they could from the people who were helped. In consequence, there grew up a bewildering variety of means tests covering a large range of services. Apart from unemployment and health insurance, at least twenty tests were in common use by local authorities.[1] Nearly all these tests were based on different income scales, and often the same authority employed for no good reason different tests for the various services it supplied. It was quite possible, therefore, for a typical working-class family (with two or three children) experiencing a normal amount of illness, mishap and economic strain, to undergo each year several different means tests at the hands of several different departments of the same local authority.

The war aggravated this problem by introducing many new assessments of need, and by bringing individuals and parents up against a considerably larger number of different means tests. Moreover, new administrative machinery for new tests had to be devised, while, owing to the immense movements of population, arrangements had to be made for local authorities to act as debt collectors for each other. However, when the amount of money at stake was considerable, some authorities preferred to follow their 'nationals' about all over England and Wales. Throughout the war, the London County Council continued to assess and recover hospital costs from sick people transferred under the emergency hospital scheme from the Council's hospitals to institutions elsewhere in the country. It was generally believed that this practice was peculiar to London; but in 1944 the Ministry of Health discovered that seventeen other hospital authorities—out of fifty-one involved—were doing the same, while

[1] A list and a description of some of these tests is given in *Incomes, Means Tests and Personal Responsibility*, Ford, P., 1939 (pp. 14–15).

fourteen more were partly doing the work themselves and partly relying on the receiving authorities.[1]

For many social services, no collected statistics showing the proportion of cost recovered from the consuming public are known to the historian. A few pre-war figures have been brought together, however, and these suggest that in some instances the costs of administration must have exceeded the sums recovered. For medical treatment under the school medical service, gross expenditure during 1936–7 in England and Wales amounted to £2,443,000. About three per cent. of this was collected by local authorities from parents, a sum equal to the employment of 200 officials at £400 a year each. In 1938, the amount that authorities were able to collect from tuberculous patients and their relatives for hospital, sanatorium and dispensary treatment only amounted to 2·5 per cent. of the total expenditure.

Between the outbreak of war and 31st March 1941, the London County Council recovered £16,928 from about 15,000 sick persons transferred to emergency scheme hospitals in the country. The cost of hospital care for these chronic and acute cases was put at roughly £161,500, so just over ten per cent. of the expenditure was collected. The administrative cost of assessing means and collecting this money from patients or relatives was estimated at 23·9 per cent. of the expenditure in 1939 and 27·9 per cent. in 1942.[2]

Such figures as these, showing a low proportion of recoveries and a high proportion of administrative costs, had not apparently been examined or collated for study before the war.[3] There were, therefore, no arguments available on this score to counter the reasons which impelled the Government to decide to recover from parents the cost of billeting children. Not to do so, said many voices, might be dangerous; the families might be 'pauperised'. The Government did not want to take any steps which might weaken individual initiative and parental responsibility.

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[1] These facts emerged from an investigation set on foot in 1944, when the Ministry of Health realised that the London County Council had recovered much more from the transferred sick than it had paid over to the Department in appropriated contributions. The sum involved was about £80,000. This situation arose because the Ministry had originally underestimated the length of stay of chronic cases in hospital.

[2] For the period 1st September 1939 to 31st March 1944, the London County Council collected in all over £125,000 from sick persons transferred from the Council's hospitals to other institutions in the country.

[3] The singular absence of research into this question is illustrated by the fact that the list of persons from whom authorities could legally demand contributions in aid of any public assistance granted to an applicant remained unchanged and unchallenged for nearly 350 years (from the Poor Law Act of 1601). This list was remarkable in more than one respect, not least because it made grandparents liable for grandchildren, while the converse obligation was absent. Burn, in his *Justice of the Peace* (1776) suggested that this was arranged because 'natural affection descends more strongly than it ascends'. For a full discussion on dependency see *Incomes, Means Tests and Personal Responsibility*, 1939, Ford, P., and Wootton, B., 'Am I My Brother's Keeper', in *Agenda*, May 1944.

This was one reason why the Government did not accept the recommendation of the Anderson Committee on Evacuation that recovery should apply only in the case of evacuated adults.[1] Another powerful reason for collecting contributions from parents was the cost of billeting allowances. Some recovery must be made, it was argued, because the payment of such allowances might involve £50,000,000 a year and 'if nothing is done it is clear that an inflationary tendency would be created'.[2]

Both the Treasury and the London County Council (the latter having been asked to take on the work of recovering contributions from parents) pressed for a categorical statement to be made to the public before the outbreak of war. But the Health Departments feared that this would weaken the response to the evacuation scheme. Recovery, it was subsequently said, was not concealed from the public before the war, but it was not stressed.[3]

When the question came before the War Cabinet a month after the outbreak of war the case put forward reflected the prevailing mood of hesitation, characterised, in this instance, by a wish for the best of two worlds. It was thought that as soon as steps were taken to recover money from parents for the maintenance of their evacuated children, 'a great increase must be anticipated in the number of children returning to the towns'. At the same time, it was believed that any general re-opening of the schools in the vulnerable areas might 'imperil' the working of the evacuation scheme. Months elapsed before education was re-established but, so far as the recovery of allowances was concerned, it was agreed on 3rd October 1939 that the disadvantages (children returning to the towns) were 'more than outweighed by the importance of recovering the cost of billeting from parents in accordance with their ability to pay'.

The recovery arrangements began to operate on 28th October 1939. The scheme was related to the level at which billeting allowances for unaccompanied children had been fixed, namely, full board and lodging (exclusive of clothes and medical attention) 10s. 6d. a week where only one child was billeted, and 8s. 6d. a week for each child where two or more were billeted. These rates were based on the payments made in 1938 by the London County Council for children boarded out.[4]

In addition to the father and mother, the persons liable to repay included grandfathers and grandmothers but not sisters and brothers. The dependency rules under the Poor Law Act of 1601 were on the

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[1] Cmd. 5837, 1938.
[2] Letter from the Treasury to the Ministry of Health, 27th June 1939.
[3] A brief reference to recovery was inserted in one of the Ministry of Health's circulars (1800) to local authorities on 1st May 1939.
[4] See chapter III, p. 28.

same lines.[1] The sum to be recovered was founded on an estimate that, after excluding travelling (for which the Government paid), the cost of the services provided (board, lodging, general supervision, medical attention, etc.) amounted on the average to 9s. a week for each child.[2] The Government recognised, however, that evacuation meant only a partial saving to parents and it, therefore, agreed to accept 6s. a week in full discharge of the legal obligation.[3] Those who could pay 9s. were invited to do so. Those at the bottom of the economic scale, on unemployment assistance or poor relief, were not expected to pay anything, and deductions were made from the assistance they received if any children were evacuated. For those between these extremes a formula was designed so as to recover, according to means, from parents who could afford something but not the legal 6s. a week.

The responsibility for assessing incomes and collecting charges was placed upon the county councils and county boroughs of evacuating areas (in Scotland, upon the county councils and the town councils of large burghs). Where disputes arose over assessment, referees were appointed to adjudicate. The Treasury estimated that this machinery would collect about £3,600,000 a year, and that the local costs of collection would absorb between fifteen per cent. and twenty per cent. of the money.

Administratively, the scheme was a formidable undertaking. For local authorities it meant a great deal of extra work at a time when they were hard pressed with many new responsibilities. Staff had to be transferred from other duties, and education was one of the biggest sufferers. School officers, including teachers and attendance officers, were employed on the assessment of parents' contributions in, for example, Birmingham, Bradford, Hull, Liverpool, Manchester, Newcastle and Sheffield.

The first Government circular on recovery, issued on 4th October 1939,[4] was quickly followed by a string of further circulars expanding and elaborating the scheme. On 7th October a second circular dealt with the business of compiling a complete list of all unaccompanied children and their parents' addresses.[5] Two days later, a third concerned itself with the issue of model letters and recovery forms to parents and the supply of stationery for over a million recovery cases.[6] After a further three days, circular 1887 appeared together

[1] Re-enacted in section 14(1) of the Poor Law Act, 1930.
[2] No recovery was attempted during the first year of war for mothers (lodged at 5s. a week) and accompanied children (lodged at 3s. a week).
[3] Under Defence Regulations 22(5), 31A and 32(6) (section 56 of the Civil Defence Act, 1939).
[4] Ministry of Health circular 1877, 4th October 1939.
[5] Ministry of Health circular 1888, 7th October 1939.
[6] Ministry of Health circular 1886, 9th October 1939.

with a memorandum,[1] seven pages long, which dealt with problems of liable relatives, and also suggested recovery by the evacuating authority from the poor law authority in cases where a child was being maintained on public assistance. Sums ranging from 1s. to 5s. 6d. a week would in effect, therefore, be collected by poor law authorities from parents; they would then be passed to the evacuating authorities who, in turn, would hand them on to the Government.[2] Finally, the whole book-keeping process would have to be looked at by the district auditors.

These circulars, in dealing with the scale of repayment by parents,[3] probed deeply into such complicated matters of income assessment as profits from lodgers, capital investments and mortgage payments (including advice on apportioning capital and interest charges). They advised, too, on rules for 'dependency' calculations, and added a reminder that when parents moved from one area to another their papers should be transferred to the new authority.

Moreover, as fresh and unexpected problems arose the list of circulars grew in length and complexity. On 16th October, circular 1891 was sent out with another memorandum,[4] five pages long with copies of six model letters, giving advice on what was to be done about those parents whose financial circumstances changed. Every case of payment below 6s. a week had to be continually reviewed, reminders being sent, and visits being made to the homes of the parents. A week later, another circular dealt with questions of appointing referees, legal proceedings for recovery of debts, apportionment of the cost of the salaries of local staffs between the evacuation account and local government duties, and travelling expenses for parents when attending on referees[5]. It ended by asking for adequate statistical returns. This brought to a close the first phase in the organisation of the recovery scheme.

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[1] Ministry of Health circular 1887 and memorandum Rec.1, 12th October 1939.

[2] No statistics are available which show the amount involved as, according to a departmental minute, '. . . it is not known what recovered poor law contributions are being paid over by public assistance authorities'.

[3] For those parents who said they could not afford 6s. a week for the billeting of an unaccompanied child, the following arrangements were made: the householder had to complete a form giving certain particulars of his income and normal expenditure in rent and fares to and from work, together with any special circumstances which he wished taken into consideration. Rent, travelling expenses and statutory insurance contributions were deducted from the total family income, and out of the sum remaining allowances were given for the personal needs of those members of the family still at home:—

25s. a week for a father and mother; or
15s. a week for one parent
10s. a week for a dependant adult of 16 or over
6s. a week for a dependant child under 16.

When these allowances had been deducted, half the remainder was to be regarded as available for the repayment of billeting charges. If it amounted to less than 6s. a week the parents were allowed to pay the smaller sum.

[4] Ministry of Health circular 1891 and memorandum Rec.2, 16th October 1939.

[5] Ministry of Health circular 1898, 24th October 1939.

To launch the scheme was difficult enough, but to administer it through six years of war, amid all the vicissitudes of family circumstances, extensions in the classes of evacuees from whom recovery was sought, the changing value of money, and the continual movement of parents and children, was even more burdensome. The assessment rules were framed by the Health Departments to apply to 'normal' families. But the war was abnormal in the way it treated different families and no two cases, in several million assessments and re-assessments, were quite alike.

No account can be given here of all that was involved in this piece of war-time administration which was regarded, on the surface and by many people, as a simple and reasonable measure for the Government to introduce. To do so would be to explain in detail how millions of addresses were obtained, how parents were traced all over the country, how systematic records were disorganised by the movement of children from one area to another and by children returning home for a few days or weeks or leaving school, how a great number of statements by parents on relief were checked with the Assistance Board and public assistance authorities, how arrangements were made with postmasters for the delivery of millions of small remittances, how methods were evolved with the Ministry of Pensions, the War Office, the Admiralty and many poor law authorities for repayment in respect of various categories of evacuated children, how recoveries were arranged for children in residential nurseries and other institutions, how thousands of cases were referred for legal proceedings, how by 1942 arrears totalling over £2,000,000 had accumulated, how during the course of the war many personal problems were solved and how at its close many others still remained in part unsolved. A statement drawn up by the Social Welfare department of the London County Council for the period to 31st March 1943 showed that 524,000 assessments and re-assessments had been undertaken. Nearly 4,000 cases were submitted to referees, and 2,150 were referred for legal proceedings.[1]

All this administrative activity for the recovery of billeting charges did not produce a relatively large sum of money. Exchequer expenditure on allowances for unaccompanied children in England and Wales amounted to £6,700,000 during the financial year 1939–40. Towards this, £559,950 was collected from parents;[2] but a consider-

[1] Information supplied by the Social Welfare department of the London County Council.

[2] In addition, £6,150 was received by local authorities from householders in respect of overpaid billeting allowances. At the beginning of the war the Ministry of Health had stipulated that, as weekly allowances were paid in advance, refunds should be made when children left before the end of the week. Owing to the administrative work involved, this rule was soon abandoned. It is, therefore, a tribute to the honesty of some citizens to report that, in the only area (Cambridge) where the statistics have been examined by the historian, the sum of £188 9s. 1d. was voluntarily handed to billeting officers between November 1939 and February 1941. This amount was made

able sum had to be deducted to cover the local expenses of collection, assessment, book-keeping, audit and so forth.[1] The administrative costs of the central departments, at headquarters and in the regions, are impossible to estimate. The amount collected seemed so low that an analysis was made by the writer of the repayment statistics for the first two months of the scheme.[2] The detailed results of this investigation (covering 654,000 unaccompanied schoolchildren in England and Wales) are not published here, but the main findings for the period to the end of December 1939 are summarised below:

1. The average sum collected per child per week was 2s. 3d.
2. The parents of eleven per cent. of the children were on public assistance or unemployment assistance.
3. The parents of another fourteen per cent. of the children were found to be unable to make any contribution owing to low wages, inadequate Service allowances and other factors. Thus, one-quarter of the cases were classified 'nil assessment'.
4. These proportions varied considerably from one part of the country to another. While only eighteen per cent. of the Birmingham cases were 'nil assessments', the proportion in London was twenty-seven per cent. and in Liverpool and Sunderland it reached forty per cent. Over twenty per cent. of the parents of evacuated Liverpool children were on some form of public relief, while in Birmingham the corresponding figure was only three per cent. The average weekly sum collected per child ranged from 1s. in Sunderland to 2s. 6d. in Leeds.
5. These local differences in the proportions of 'nil assessments' and weekly sums recovered showed a close correlation with the percentages of persons unemployed in each locality, and with

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up of sums varying from 6d. to 2s. 6d., and was given because 'it belongs to the Government, as Tommy went back on Wednesday'. Other evidence of honesty is to be found in the results of the checks by the Ministry of Health on post office payments of billeting allowances. After the establishment of the necessary machinery, the employment of a number of inspecting officers, and nearly 30,000 test-checks over a period of two and a half years, not a single case was found of money being drawn for non-existent children.

[1] During 1939–41 local authorities were allowed to deduct from the sums they collected 1s. 6d. per child assessed or re-assessed up to 31st March 1940, and 1s. 9d. thereafter. For the costs of collection they were allowed to charge seven and a half per cent. up to 31st March 1940, and eight and three-quarter per cent. thereafter. The fees and expenses of referees in connection with assessments had also to be paid for 10,600 cases during the financial year 1939–40. On other evacuation work, including expenditure in recovering sums from the sending authorities, various rates of grant were allowed to local authorities for administrative costs.

[2] No analysis has been made of the data for 1940–5, and of the results of assessing incomes, and collecting charges, in respect to adults lodged and boarded under the evacuation scheme, children evacuated to residential nurseries, and in relation to expenditure on school milk and other services supplied by education and welfare authorities who tried to recover costs from parents. An attempt to recover from parents the cost of transport for evacuated children transferred for educational reasons from one reception area to another was not maintained, because the amounts spent in fares were generally much less than the administrative costs of recovery (Ministry of Health circular 1987, 26th March 1940).

the percentages of the occupied male population allotted to social classes four (semi-skilled workers) and five (unskilled workers) by the Registrar-General at the census of 1931.[1]

6. About two per cent. of all parents offered to pay more than 6s. a week and forty per cent. offered the legal 6s.

These figures are important, for while they may well be unrepresentative of the populations of London and other cities and of the parents who evacuated their children under the Government's scheme, they nevertheless throw some light on the problems discussed in earlier chapters. They help to explain, if they do not justify, the state of many of the children's clothing and footwear, and they depict a background of poverty against which the behaviour of the mothers and children has to be visualised. Clearly, it was not enough to say that these conditions were simply the result of unemployment, for the analysis shows that the number of parents who were found, after a careful means test, to be unable to pay anything because of insufficient earnings—insufficient for the number in the family—was higher than the total of parents on relief. This fact, when placed against the statistics of public relief, shows how formidable was the problem of poverty before the war. In 1939 the average number of insured persons unemployed in the United Kingdom was 1,480,324, and there were, mostly in addition, about 1,275,000 persons receiving poor relief.[2]

The question of how much the parents should contribute towards the maintenance of their evacuated children was naturally allied to the question of how much the Government should pay the foster-parents. In the early months of the war, the rates fixed by the Government of 8s. 6d. and 10s. 6d. a week were strongly criticised as inadequate. To some extent, these criticisms reflected the deterioration in goodwill in the reception areas, caused partly by the condition in which many of the evacuees arrived, partly by the absence of air attacks on London, and partly by a belief that some of the parents were better off and were saving money at the expense of people in the reception areas.

Moreover, what was considered as inadequate by householders at the higher social levels—those who were generally more successful in getting publicity for their criticisms—was often acceptable to others. An agricultural labourer on 30s. a week with a boy aged seven billeted on him found an additional 10s. 6d. quite welcome. On the other hand, a middle-class householder, anxious to give the same standard of food and care to an evacuee as his own child was receiving, soon learnt that the sum of 17s. a week for (say) two secondary

[1] *Registrar-General's Decennial Supplement for* 1930–2, *Part IIa* (1938).
[2] England, Wales and Scotland. The poor relief returns include dependants, the unemployment figures do not.

school boys aged sixteen was not nearly enough. Throughout the war, the problem of these different standards of living was an insoluble element in the evacuation scheme—for no Government could deliberately discriminate between social groups by paying different amounts. In proportion as the number of children billeted on better-off householders changed, so, generally, did the volume of complaints about billeting allowances.

The rates fixed in 1939 resembled those paid by most poor law authorities except for one important qualification. They took no account of the age of the child.[1] No more did the rates paid by the Service departments for the children of other ranks. At the beginning of the war these Service allowances stood at: 5s. a week for the first child, 3s. for the second, 2s. for the third and 1s. for every child thereafter. The gap between these figures and the 10s. 6d. or 8s. 6d. paid to foster-parents for evacuated children was soon noticed by social reformers. It also created a difficult problem for officials assessing the income and expenditure of families with evacuated children, since parents were bound to mark the contrast between the contributions which the Government expected them to make and those which it made itself for the maintenance of the children of Servicemen.

Impressed by the volume of complaints about the billeting rates of 10s. 6d. and 8s. 6d. a week—which they described as 'bitter'—the Health Departments asked for an increase for children aged over fourteen years. The Treasury, looking at the lower rates for the children of Servicemen and of those whose fathers were unemployed, was sceptical: 'it is a matter for argument whether in fact the average boy or girl of fifteen eats more than one of twelve'.[2] After Cabinet discussion, it was decided to raise the allowance for unaccompanied children aged sixteen and over to 10s. 6d. a week.[3] It was estimated that this would affect only about 14,000 out of the 900,000 or so unaccompanied children.

Other attempts were made by the Health Departments to improve the position of foster-parents. It was proposed, for instance, that extra allowances of 5s. a week should be paid to householders who were willing to nurse a sick unaccompanied child in their homes. This, it was pointed out, would be a good investment, for it would help to relieve the expensive sick-bays for minor ailments set up by

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[1] In 1938–9, weekly rates paid for children boarded out by certain poor law authorities were: Manchester: under 11 years, 8s. 6d., 11–14, 12s. 6d., over 14, 15s.; Bradford: under 10, 9s., over 10, 10s.; Norwich: under 11, 9s., over 11, 12s.; Southend: under 10, 9s. 6d., over 10, 10s.; Bristol: under 10, 7s. 6d., 10–12, 9s., over 12, 10s.; Middlesex, 10s.; Surrey, 11s.

[2] Letter from the Treasury to the Ministry of Health, 21st September 1939.

[3] The change took effect from 14th October 1939 (Ministry of Health circular 1885, 5th October 1939).

local authorities under the evacuation scheme. But the Treasury was not convinced. Another approach in June 1940 produced a different response.[1]

Throughout the winter of 1939–40 complaints about the inadequacy of billeting payments continued. As time went on, many of the small and not easily calculable items of cost in the care of children, the wear and tear of household equipment, laundry, repair of clothes, hair-cutting, bus fares and toys,[2] became more important. The meagre concession announced in October 1939 had not satisfied many householders. While the current rates were defended in Parliament,[3] the Health Departments persisted in their attempts to secure further improvements. In March 1940 another small change was made when the allowance of 10s. 6d. was paid for children aged fourteen and over.[4] At the same time, the Government decided to pay billeting allowances for unaccompanied children evacuated under private arrangements, but only in cases where the parents, after assessment, were found to be unable to pay 6s. a week.[5]

It was not until the Government feared that its new evacuation scheme might be jeopardised by serious opposition from the reception areas that any substantial change was made. In April 1940 a comment by one of the Ministry of Health's regional officers summed up a series of gloomy reports. 'The plain fact is', he said, 'that the reception areas are not far removed from open revolt'. There were, in truth, many signs in the early spring of 1940 that, as a ministerial report to the Cabinet declared, the existing scheme could not 'be maintained much longer on its present basis'. A general review of policy followed, and one result was the introduction of new scales of weekly billeting rates:[6]

Unaccompanied schoolchildren

Under 10 years	..	No change.
10–14 „	..	10s. 6d. for each child.
14–16 „	..	12s. 6d. „ „
Over 16 „	..	15s. „ „

[1] Ministry of Health circular 2046 advising local authorities of the additional allowance was issued on 14th June 1940.

[2] To some people the word 'toy' unthinkingly implies a luxury. But to most parents today, and to those people who have studied the history of child care in different ages and civilisations, toys are seen as an essential part of the business of development and learning (see White, G., *A Book of Toys*, King Penguin Books, 1946).

[3] H. of C. Deb., 31st January 1940, vol. 356, col. 1159.

[4] Ministry of Health circular 1965 and E.V.8, 15th February 1940.

[5] Ministry of Health circular 1965 and memorandum E.V.8, 15th February 1940. Children who had been on holiday in the reception areas before 31st August 1939, and who stayed in the country, were similarly treated under Ministry of Health circular 1923, issued on 30th November 1939.

[6] These came into force on 31st May 1940 (Ministry of Health circular 2017, 13th May 1940).

To householders taking children aged fourteen and over these changes represented a real improvement, although the cost of living had moved sharply upwards, and by June 1940 was seventeen per cent. higher, according to the official index, than in September 1939. Those who had children aged under ten billeted on them were, therefore, worse off than nine months earlier. Two years were to pass before any further changes were made in these billeting allowances.[1]

How much the parents should pay the Government for their evacuated children, and how much the Government should pay foster-parents, were matters which loomed much larger during those periods when the war seemed to move sluggishly or not at all. At other times, the springs of human compassion could be relied upon for sacrifices in the general interest. It was unfortunate, therefore, that the first substantial improvement in billeting allowances for children aged over ten years did not come until nine undramatic months had passed, and the times were growing more exciting. It was the same in those other fields of social policy where the Government's aim was to sustain the hard-pressed foster-parent, and to make mothers and fathers feel confident that their children's welfare was the concern of the evacuation services. For the first nine months of war progress in the development of these services was slow. The pace did not quicken until the summer of 1940.

The proposal of communal meals for evacuated children, first suggested by the Anderson report which advocated provision on a big scale,[2] made little headway during the first year of war.[3] Many of the local authorities were apathetic, two-thirds reporting that communal meals were not needed. Although the central departments stressed the importance of relieving foster-parents of some of the work of providing meals and supervising the children, they did not make the idea attractive when they asked for about 2s. a week. Foster-parents, who were receiving only 8s. 6d. or 10s. 6d. a week for the upkeep of a child, were reluctant to part with 2s. to pay for only five meals in the week. The parents could not very well be approached by the authorities, for they had already been assessed for the full board and lodging of their children. Likewise, the supply of school milk for evacuated children was hampered by the question, which will be further discussed in chapter XII, 'who is to pay?'

The provision of hostels for children difficult to billet and for secondary schoolchildren was due later on to become a prominent feature of the evacuation scheme; but Treasury approval of hostel schemes was not given on any significant scale until May 1940. It

[1] See chapter XIX.
[2] Cmd. 5837, 1938.
[3] By March 1940 new canteens had been established for only about 14,000, or three per cent. of the evacuees in England and Wales.

was understandable, therefore, that some householders felt they were being used as a cheap instrument for the accommodation of evacuees. Billeting in private houses was very much less expensive than the provision of hostels or camps. It was with the deliberate purpose of rehabilitating the evacuation scheme and making the new plans more acceptable to the reception areas that the Government, in May 1940, decided—among other things—to give more active encouragement to the establishment of hostels.[1]

The clothing scheme for evacuated children was another aspect of welfare which worked unsatisfactorily, and to the disadvantage of generous foster-parents, during the first year of war. The importance of this problem was underlined in an earlier chapter,[2] where an account was given of the preliminary steps taken by the Ministry of Health to launch a clothing scheme for necessitous children.

The procedure was for the teacher to report a child needing boots or clothing to the director of education in the evacuation area if the parents could not provide the equipment, or had neglected to do so.[3] This authority then approached the parents, and investigated and assessed their means.[4] It was only after this that the 'secret' clothing fund, supplemented by gifts and articles made by voluntary workers, came into operation to help poor parents. Investigation, therefore, preceded the supply of the equipment. The Ministry's circular, in outlining this procedure, stressed the principle of parental responsibility for, as the Minister said, parents 'might forget' when their children were away from home. Perhaps this conception of parental affection was a little harsh; perhaps it was also illogical, seeing that parents had fetched nearly a million children home within five months. But it did reveal the dilemma.

It certainly would have offended against all the canons of welfare work, hitherto practised, to have provided children with clothes out of the taxpayer's money before the financial circumstances of the parents had been investigated. But what was insufficiently realised

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[1] On 24th May 1940 local authorities were authorised—subject to approval by regional officers—to prepare emergency hostels for children who, on arrival, were found unsuitable for billeting. It was suggested that hostels should be provided for about five per cent. of the quota of unaccompanied children allocated to each authority (Ministry of Health circular 2032). Approval was also given for the establishment of hostels for older children (Ministry of Health circular 2017 and memorandum E.V.9, 13th May 1940).

[2] Chapter VIII, pp. 115-20.

[3] Ministry of Health circular 1907, 7th November 1939.

[4] For parents on public assistance, or being helped by the Assistance Board, the procedure was more cumbersome. Book-keeping, too, was complicated, because the Assistance Board repaid local authority clothing funds the cost of clothing provided by these authorities for unaccompanied children whose parents were drawing allowances from the Board. Reduced to simple terms, this seems to have been merely a transfer of money from one Government department to another, as the clothing funds came from the Exchequer.

was that many town children were not equipped for winter in the country, and that evacuation imposed a compulsory levelling-up in social standards of dress for a large number of children. In addition, clothing costs had increased in several ways. Boot repairs cost 5s. at the local shop instead of 1s. when done by father in the week-end; garments could not be altered and handed down so easily when the next recipient was in the care of someone else and many miles away; some foster-mothers did not 'make and mend' as much as some London mothers; many foster-parents in the country liked children to have a 'Sunday best'; parents, over-conscious of a social gulf and fearing indignities that might pain their children, were reluctant to send inferior garments bought at jumble sales or from second-hand dealers; while the Government's cost of living index showed a rise of over thirty per cent. for clothing items in the eight months to April 1940.

In practice, the operation of the scheme proved cumbersome; it involved too many delays before children, sorely in need of clothes, got them. Sympathy for children, ill-shod, cold and wet, was unnaturally repressed when foster-parents and teachers were expected to harden their hearts for several weeks while the machinery of correspondence and assessment slowly turned over.[1] The original scheme would not have lasted as long as it did if bombs had fallen in the first months of the war, or but for the generosity of foster-parents, teachers and many people in the reception areas. The opening of air attacks in the autumn of 1940 led to some radical changes which are discussed in a later chapter.[2]

The lack of energetic progress in the field of social welfare during the first nine months of the war was due to the combined effect of many antithetical forces. Some of these have already been identified: the generally uncertain political and war situation; the shock caused by the physical condition of some of the evacuees; conflicting pressures from the towns for rehabilitation and from the country for help; the structure and habitual practices of central and local government in face of totally new problems involving money expenditure; the inherent contradiction between a vigorous economy policy and the maintenance of the evacuation scheme which, to be successful, meant spending money on a variety of social measures.

In one way and another, these influences worked against the welfare schemes discussed above; communal meals and school milk, hostels and clothing for evacuated children. These services were

[1] As some of the schools in reception areas became less and less a defined group drawn from a single evacuation area, the scheme became increasingly difficult to administer. Thus, Kettering in August 1940 had evacuated children who fell under the jurisdiction of six different sending authorities, but who were often taught by local teachers.

[2] See chapter XIX.

intended to benefit the unaccompanied schoolchild. Other measures, more specifically framed for the evacuated mother and her child, with the same objective of preventing a return to the cities, are described below.

Most of the mothers who went with their children under the evacuation scheme were lodged in billets, the Government paying the householder 5s. a week for the mother, and 3s. a week for each child. During the first year of the war no attempt was made to recover any part of these sums from the mother. For those who were in financial need despite this help, the Government made arrangements under the Unemployment Assistance (Emergency Powers) Act, 1939, for the payment of cash allowances through the local offices of the Assistance Board.[1]

Some of the mothers who were evacuated had been earning their own living; the great majority, however, were normally dependent for support on their husbands. In most cases, the husbands were able to send sufficient money to keep their wives and children in the reception areas since accommodation was provided for them at the Government's expense. It was, however, recognised that the cost of maintaining two separate households was greater than the cost of maintaining one, and that where the husband's wages were low there might not be a sufficient margin to enable him to support his family in the reception area. Provision was accordingly made so that assistance could be given to the wife even though the husband was in full-time employment.

No study has been made by the writer of the administration of this scheme, or of such questions as the method of assessing need, the adequacy of the allowances, and whether those in need knew of, and had access to, the service. It is sufficient to record here that at the beginning of the war some 46,000 evacuated adults in the reception areas of Britain received help, and that within four months the number had fallen to about 4,400, largely because of the return of the mothers to the towns. The question of providing medical services for those who could not afford to pay for a doctor—chiefly a matter of the poor law medical service—is dealt with in chapter XII.

In addition to the problems of financial and medical aid to those mothers cut off from the familiar and varied sources of help in the cities, there was the more difficult one of organising some kind of service for children under the age of five.[2] Ideally, what was needed were nursery schools or centres to relieve both mothers and householders of young children during part of the day. But provision of this kind was not generally available in the reception districts.

[1] The origins of this scheme are described in chapter IV, pp. 45-6.

[2] Children with their mothers, and children (estimated at 30,000–40,000 in England) who were in nursery schools or classes before the war and who were evacuated with school parties in company with elder brothers and sisters.

What kind of a life was it for these mothers? How did they spend their days in the towns and villages of the country? The picture cannot be painted in all its detail, but its significance is plain. Its dark colours and dreary scene may perhaps be best revealed by quoting from two typical reports sent in by inspectors of education in Devonshire and Hertfordshire at the end of 1939.[1]

> The main difficulty here is the mother. She has been put into a completely new environment away from the freedom and responsibilities of her own home. There is lack of organisation and definite objective in her life. She has no husband to care for and more often than not she is accepted as a necessity, but not welcomed in the billeting household. It follows that all sorts of restrictions will prevail both for her and for her children. Living in a billet is almost equivalent to being cooped up in part of a house. The children, who need activity and interest, are confined to one, or perhaps two, rooms. They cannot run in and out about the house, as the householder expects them to stay in their own quarters. Free use of the garden is very often resented. It is very difficult for the mother to clean the rooms with the children there all the time. More difficult still for her to get the necessary washing done, and not at all easy to cook, as she will have her children running around the kitchen. These conditions create a very bad psychological disturbance both for mothers and children. They become difficult, the children cry and are irritable, and the nervous energy of the mother is sapped. Sometimes she punishes them for nothing at all and at others she is over indulgent and sentimental. In order to escape from the billet she goes out as much as possible but she has nowhere to go. She does her shopping, but lingers over it, shop-gazing and gossiping. The children meanwhile merely stand by and become what the mother calls 'naughty'. I have seldom, if ever, since the war, been in the busy, crowded Exeter High Street without seeing these mothers and children wandering about looking miserable. I am told that the audience of the afternoon performances at the local picture houses contains a considerable number of mothers and young children, and they are also seen outside the local public houses in the evenings, the toddlers waiting for their mothers who are inside. These children have no ordered day and no afternoon sleep.
>
> Hostesses do not as a rule consider the payment by the Government of 5s. a week for the mother and 3s. for the child as covering more than the bare bedroom accommodation and the result was that the evacuees found themselves practically homeless during the day, with no facilities for bathing the children, for washing or ironing their clothes, or even for providing them with a properly cooked meal. In many cases they were expected to do these things in their bedroom.

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[1] Similar reports were received by the Board of Education and the Ministry of Health from Bridgnorth, Saffron Walden, Southport, Kettering and various districts of Kent.

It is known that one mother takes her child once a week by workman's train to London for a real bath, another takes all her washing back once a fortnight to be done at the public wash house in her own neighbourhood. The children themselves have very little done for them. There are a few toys for which they can scramble and fight, there is a very small gravelled yard where they can play between the perambulators. Indoors there are no small chairs or tables and no beds for rest or sleep. There is no peace or confidence here for the children to build upon. They are out-of-hand, nervous and fretful, lacking sleep, proper nourishing food, regular milk and medical attention, and they are for the most part under-clothed. There is no quiet for them nor for their mothers, and it is agreed by those in St. Albans interested in the welfare of these refugees that there is a most urgent need for the opening of places of organised assembly and self-respecting occupation for them if they are to remain or become useful members of society.

The establishment of nursery centres for the under-fives was a crying need in many reception areas. The central departments had recognised the need in September 1939.[1] They hoped that the nurseries would be set up and run by voluntary workers; but this hope was not fulfilled. A variety of organisations, such as the Women's Institutes and the Women's Voluntary Services, as well as many public-spirited individuals, did a great deal for the mothers through clubs, make-and-mend parties and occupational centres; but few attempts were made to cope with the problem of the under-fives. For one thing, technical and financial resources were lacking.

Partly as a result of pressure from certain voluntary organisations,[2] and partly because they were alarmed by the rapid return of mothers and children, the Health and Education Departments drafted plans in October 1939 for the establishment of something between a day nursery and a nursery school for children aged two to five at which social training and supervision would be provided. Small groups of children in the charge of a warden would, it was hoped, be accommodated in rent-free houses and other premises. For 10,000 children, the cost was tentatively put at about £100,000 a year. The Treasury refused to authorise this expenditure. The Board of Education then obtained evidence from inspectors on the need for provision of this kind, and re-drafted its circular to local authorities.

The circular was eventually issued in a modified form on 9th

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[1] Suggestions were made in Board of Education circular 1476, 29th September 1939, and Ministry of Health circular 1882, 2nd October 1939.

[2] The Child Welfare Group of the Women's Voluntary Services, the Standing Joint Committee of Industrial Women's Organisations, the Nursery School Association, the Women's Group on Public Welfare and the Women's Committee for Peace and Democracy.

January 1940.[1] Nursery centres were to be set up mainly in districts with fifty or more infants, the need for voluntary help was emphasised, and while the cost was to be met in the first place by the Government, it would in the case of certain children be recovered from local education authorities in the evacuation areas.[2] The Treasury's apprehensions that the scheme, and its 'many enthusiastic supporters', would encourage the establishment of centres on a large scale proved unfounded, because when the circular at last went out eighty-eight per cent. of all the evacuated mothers and accompanied children in England, Wales and Scotland had returned to the vulnerable areas.

It cannot be assumed that greater progress would have been made with the organisation of these centres and of other welfare services if the hand of finance had been less powerful. They represented, in any event, difficult tasks for inexperienced local authorities. Nevertheless, repeated references to the need for economy, and an insistence on the submission of all proposals for regional or central approval, made its impression, particularly as one of the primary responsibilities of the Ministry of Health since its creation in 1919 had been to restrain, rather than stimulate, local expenditure. Later in the war, it was hard to convince local authorities that times had changed and that the Ministry wanted them to spend Government money. At the back of the minds of councillors and officials there was still the fear that, because of some circular or regulation they had overlooked or did not understand,[3] the burden would eventually fall on the rates. Nor did the adoption of the principle of recovering 'normal' or peace-time expenditure from the evacuation authorities dissipate these suspicions.[4] Whatever the merits of the case, few urban and rural authorities were confident of out-manoeuvring and extracting money from such experienced giants as the London County Council.

With the first stage over in the autumn of 1939 of improvising sick-bays, maternity homes and certain other services, the Treasury, alarmed by what was felt to be a lack of financial control, asked for stronger authority to be exercised. As a result, stricter measures of

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[1] Board of Education circular 1495 and Ministry of Health circular 1936, 9th January 1940.

[2] If a child was, before evacuation, on the register of babies' or nursery classes in elementary schools, then the cost was to be recovered by the reception authority from the evacuation authority. This meant that progressive local education authorities were, relative to backward authorities, penalised for being progressive.

[3] In the first nine months of the war the Ministry of Health sent 137 circulars and memoranda to local authorities and regional officers on the subject of evacuation. During this period the reception authorities also had to digest a stream of circulars and letters on the same subject from the Board of Education, the Ministry of Health's regional offices, the evacuation authorities and other bodies.

[4] This principle and its consequential effects are discussed in chapter XII.

control were introduced by the Ministry. It referred all applications, for instance from local authorities to put up huts for the treatment of infectious diseases to the Treasury for approval. A proposal to purchase patients' temperature charts at 1d. each was countered by the Treasury with the suggestion that they might be made by the senior forms of evacuated schools.[1]

The policy of tightening financial control over the work of local authorities on evacuation and other war-time services was elaborated in a circular issued by the Ministry of Health on 22nd January 1940.[2] It was laid down that, apart from one or two minor items,[3] local authorities should not incur without prior approval new liabilities for expenditure, except in an acute emergency after air attack.[4] However, by the beginning of 1940 the need for an immediate expansion in the provision of social services in the reception areas was rapidly diminishing. By January, nearly two-thirds of all the evacuees in the safer areas of England, Wales and Scotland had returned home.

(iii)

Ebb Tide of Evacuation

At the request of the Health Departments, the first evacuation count was taken by local authorities on 8th January 1940. The results showed that about 900,000 evacuees, out of the total for Britain of 1,473,000, had returned to the target areas. In other words, the proportion of evacuees remaining in the reception areas after four months of war amounted to only fourteen per cent. of the expected number of refugees for whom the Government had made transport arrangements in August 1939.

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[1] Treasury letter to Ministry of Health, 28th October 1939.

[2] Ministry of Health circular 1954.

[3] Such as the preparation of graves, preferably 'trench graves, dug deep enough to take five rows of bodies', where expenditure in advance of requirements would be approved for grant.

[4] Regional approval had to be sought for individual and often modest items of expenditure. During 1942–3, 186 letters were written from the Ministry of Health's regional office to Devonshire County Council, authorising expenditure under the evacuation and rest centre services. During 1941–2 another regional office, writing to the Isle of Ely County Council, approved the purchase of packets of vegetable seeds, a water can, a glass dish, a fire curb and similar items.

The results of the count in January 1940 are summarised below[1]:

	From evacuation areas in England		From evacuation areas in Scotland			
	Number remaining in reception areas	Percentage remaining	Number remaining in reception areas	Percentage remaining	Total remaining	Percentage
1. Unaccompanied school-children	420,000	55	37,600	61	457,600	55
2. Mothers and accompanied children ...	56,000	13	8,900	9	64,900	12
3. Expectant mothers ...	1,100	9	40	10	1,140	9
4. Blind persons, cripples and other special classes	2,280	43	160	9	2,440	35
5. Teachers and helpers...	43,400	49	3,100	23	46,500	45
	522,780	40	49,800	28	572,580[2]	39

The return to the towns within four months of eighty-eight per cent. of the evacuated mothers and accompanied children, and nearly one-half of the unaccompanied children, was hardly a surprise to the Government after the reports it had received in September and October 1939.[3] The evacuation scheme, as an integral part of the plans for the protection of the civilian population, had largely failed to achieve its object of removing for the duration of the war most of the mothers and children in the target areas. From the narrow financial point of view the failure had its compensations. The costs of evacuation were but a fraction of the Treasury's pre-war estimate. The number of evacuees remaining in the country was only one-seventh of what had been expected, while the diminished provision of education, school medical, milk, meals and other social services, the postponed raising of the school-leaving age, and the cessation of new building in the form of houses, schools and clinics, saved a lot of

[1] In chapter VII, p. 103, a table was given showing the numbers evacuated on the outbreak of war.

[2] To a small extent this table overstates the number and proportion of those evacuated at the beginning of the war who were still away on 8th January 1940. The reason is that at various dates after 3rd September 1939 certain groups of children who had been privately evacuated, or who had been on holiday before 31st August 1939, were brought within the official scheme, while in the first few months of the war one or two small-scale evacuations of unaccompanied children and expectant mothers were effected from London, Glasgow and other areas. Some of these evacuees were, of course, included in the January 1940 count.

[3] Among the first reports was a telegram to the Ministry of Health from Leominster Borough Council. 'Small percentage evacuees threaten suicide unless fares paid back to Liverpool immediately what action do you advise?' The Ministry replied: 'If destitute evacuees should apply local labour exchange for assistance discourage return if possible. Do not pay fare.'

money. But this saving weighed very little in the balances of war policy, when the estimates of enemy air attack remained still as they had been before September 1939.

The flow-back to the towns was not equally distributed. In some places and among certain groups the return was rapid and general; in others, it was gentle and apparently selective. Part of the statistical material has been analysed in an attempt to understand the motives lying behind this migration; the social and economic characteristics of the place of evacuation and reception have been studied, and account has been taken of the distance between the two areas.

So far as unaccompanied children were concerned, it appears that the return to the different evacuation areas in Britain was more uniformly spread than the exodus. Whatever the reasons were which decided parents to send their children away, they seem to have varied in strength much more in different parts of the country and even in different areas of the same city than the reasons which decided parents to fetch their children back.

In appendix 3 to chapter VII it was shown that the proportion of children evacuated from a large number of areas ranged from eight per cent. for Rotherham to seventy-six per cent. for Wallasey and Salford. According to the January 1940 count, the proportion of those evacuated who had returned to their home areas ranged from thirty-four per cent. (London) to seventy-nine per cent. (Dundee). The figures for four of the large cities are given below:

Unaccompanied Schoolchildren.

	Proportion sent September 1939	Proportion of those sent still away in January 1940	Number away in January 1940 expressed as a percentage of the estimated number of schoolchildren in the evacuation area before the war
	%	%	%
London	49	66	34
Glasgow ...	42	25	11
Liverpool ...	61	62	38
Birmingham ...	25	56	14

London and Liverpool were the two main areas which had the largest proportions—a little over one-third—of their children still evacuated in January 1940. At the other end of the scale, Rotherham, Sheffield, Walsall, Derby, Coventry and Dundee all had less than ten per cent. of their children still away. For Glasgow, Edinburgh, Middlesbrough, Bradford, Nottingham, Birmingham, Smethwick and West Bromwich the proportions lay between ten and fifteen per cent.

The distance between the evacuated child and its home seems to have been of some importance in determining the return flow to London. For instance, only nineteen per cent. of the London children

sent to Somerset had returned by January 1940, whereas thirty-five per cent. had done so among those evacuated to Hertfordshire. The proportion of children returning to the poor areas of East London was higher than that to the better-off districts of West London. Economic and educational poverty, a stronger sense of family solidarity, a shorter distance between home and billet, and a higher rate of rejection by householders in the reception areas, may all have operated to cause this difference between East and West.

By January 1940 evacuation in Scotland and over a great part of the midlands and north of England was no longer a big administrative and social problem.[1] Only in London and a few areas in the provinces, such as Merseyside and the counties receiving evacuees from these places, was evacuation still a live issue. There was, too, little left of the original evacuation of mothers and children, for only 65,000 remained in the reception areas of Britain, and this number continued to dwindle between January and May 1940. The heaviest and most rapid rate of return took place among the mothers whose homes were in the impoverished areas of East London, Liverpool and Glasgow.

During the first four months of 1940 the total number of official evacuees in all reception areas continued to diminish, though somewhat less rapidly than in 1939. Of the unaccompanied schoolchildren in England and Wales, the total of 420,000 on 8th January 1940 fell to 347,000 by 31st March, and to an estimated figure of 254,000 in May 1940.

The strength of the flow-back to the cities was reflected in the poor response to the new evacuation plan which was made public in the spring of 1940. Following the Government's decision at the end of 1939 to maintain the evacuation scheme, a new plan—plan 4—was drawn up for the removal of 670,000 schoolchildren without their mothers—or about one-sixth of the number of evacuees for whom transport had been arranged in August 1939.[2]

The new scheme was not to operate until 'air raids develop on a scale involving serious and continuing perils to the civilian population'.[3] Even then, no facilities were to be provided for mothers and young children. Transport arrangements were to be spread over a longer period of time, and in the metropolitan area it was expected that six days would be required to send out 267,000 schoolchildren.

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[1] By this date the number of soldiers billeted in private houses, empty houses and other buildings in the reception areas of Britain exceeded the number of official evacuees, and the Army had occupied approximately ten per cent. of all village halls in England and Wales.

[2] The new plan was first announced on 15th February 1940 (Ministry of Health circular 1965 and memorandum E.V.8). The total of 670,000 was made up of 267,000 from London and other metropolitan areas, 283,000 from provincial cities and 120,000 from Scottish evacuation areas.

[3] Ministry of Health circular 1965, 15th February 1940.

The Government's determination to prevent a repetition of the troubles of 1939 by a thorough medical overhaul of every child was the chief reason for this.[1]

Although the Ministry of Health's advisory committee was almost unanimous in declaring that the voluntary principle was dead, and that the new plan should be based on compulsory evacuation and compulsory billeting,[2] the Government decided to retain the voluntary character of the original scheme. Parents were, however, to be asked to register their children in advance for evacuation and to sign an undertaking not to bring them back until the whole party returned. To make the proposals more acceptable in the reception areas a series of improvements were agreed upon. There were to be more hostels, a better type of helper with experience of social work was to be sent out, more school nurses were to be released for evacuation work, billeting allowances for older children were to be raised, strenuous efforts were to be made to inspect and clean-up all the children, and the good features of the original plan, such as the provision of sick bays and medical care, were to be maintained.

During March and April 1940 the Ministry of Information and the local authorities ran a publicity campaign to encourage parents to register their children for evacuation, and to persuade people in the reception areas to join a roll of householders pledged to help in the care of children. The press and the wireless were extensively used, and some 9,000,000 leaflets were distributed. The Government pleaded for co-operation from parents—a very different situation from that envisaged in 1938 when it was thought that the problem would be the control of panic-stricken crowds leaving London.

Nevertheless, the campaign was a failure. Only one householder in fifty approached in the reception areas was prepared to help—and many of these were already looking after evacuated children. In the sending areas, where schemes for the removal of 670,000 children were being drawn up, less than one-fifth had been registered for evacuation by 25th April—a fortnight after the German invasion of

[1] The arrangements envisaged a continuous process of examining the children (those registered for evacuation by their parents) up to the day they left for the country. The many precautions to be taken included an identification label worn by each child, showing that an examination had been made, and a series of symbols were used to indicate 'hostel cases, enuresis cases', etc. Unfit children were not to be evacuated. Other measures to be adopted were: further examinations at detraining stations, the release of school nurses from casualty work, the opening of bathing stations for cleansing purposes, and a generous provision of mackintosh overlays. (Ministry of Health circular 1965 and memorandum E.V.8, 15th February 1940, Ministry of Health circular 1979 and Board of Education circular 1504, 12th March 1940, Ministry of Health circular 2027 and Board of Education circular 1509, 21st May 1940).

[2] At a meeting on 9th April 1940. A debate in the House of Commons after the fall of France in June 1940 turned largely into a demand by many speakers for the compulsory evacuation of all children. This was resisted by the Government on the ground that compulsion was impossible to enforce (H. of C. Deb., 13th June 1940, vol. 361, cols. 637-8, 1129, 1412, 1429-30).

Norway and Denmark. In the metropolitan area the figure was below ten per cent. While 118,000 children were booked for evacuation in England and Scotland, 375,000 parents refused to co-operate, and 882,000 parents did not reply at all to the appeals that were sent them.

Why did the Government's efforts to persuade parents to register their children for evacuation fail so miserably? The country had been at war eight months, the rationing of food had begun, the Germans were successfully opening their smashing attacks in the West, the threat of bombing seemed just as real, yet the response to the evacuation scheme was negligible although the new plan had been more carefully prepared. The changes and improvements that had been made suggested that it stood a better chance of success than the arrangements of August 1939 or September 1938. But the response was weaker; far lower than at the outbreak of war, and insignificant by comparison with the public reaction at the time of the Munich crisis in 1938.

Perhaps it was that parents were unwilling to sign an undertaking not to fetch their children home without permission from the authorities—for that is how the pledge may have been interpreted. Or it may have been thought that if air attacks came a benevolent Government was bound to make arrangements for a fresh evacuation, and the decision to part with children could be deferred until the emergency arrived. These and other parental reflections were, however, probably weighted in the spring of 1940 with many of the old coefficients arranged on this occasion to a different scale of values. The mood of the country had changed since August 1939. It might be said that the attitude of the public had lapsed from a state of tension to a state of apathy—for one often follows the other. But so sweeping a generalisation implies criticism—and should there be criticism when it was to the nation's advantage that the people now showed no strong impulse to leave the threatened cities?

Although the Government continued to emphasise that air attacks might come at any time, and that a policy of evacuation was still essential, these warnings made little impression on public behaviour. The people preferred to wait and see, for although they had as yet no experience of what the bomber could do, a large proportion did at least know what evacuation meant. For many, that was enough. Now, and perhaps for the first time in their lives, families knew what it meant to be divided, and what it was like to live in unfamiliar and often unsympathetic surroundings.

The chief reasons, then, why there was so little demand for evacuation in the spring of 1940 have to be sought in the experiences—or what some writers called the social psychology—of the first mass exodus. What it felt like to be evacuated in 1939; what impressions

were gathered and what attitudes were formed; how, and in what way experiences were compared with life as it was pictured before and after evacuation; these were the important influences, these and the fact that people had had time for emotional adjustment, time at least to look war in the face.

The lessons of the first evacuation showed the great strength of the backward pull of the cities. Some of the considerations which were bound to have weight in persuading so many of the mothers and children to return home against the advice of authority are summarised in the following pages.

There was, for instance, the pull of better social services in London and the big cities and the push of inadequate provision in the reception areas. The poor law medical service, which failed to meet the needs of the poorer mothers and their children, was one such service. Difficulties in getting and paying for dental and eye treatment, school milk and meals, and specialist help under the school medical service represented others.[1] The array of supporting agencies in the towns, social, economic and institutional, such as clothing clubs, check traders, hospital almoners, dental repair shops, foot clinics and welfare centres, all imposed barriers to mobility. For without sufficient money to buy service elsewhere, these institutions could not be left for long. Different or unsatisfactory educational provision in rural areas, especially secondary and technical places, must have impelled some parents, thoughtful of their children's future, to fetch them home.[2] Nor was it by any means true that bad social conditions were found only in the towns. Rural slums, old and dilapidated schools, and infections caught from local children, were other reasons for the return of some of the evacuees.[3]

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[1] All these problems are examined in more detail in chapter XII.

[2] This matter is the concern of Dr. Weitzman's education volume in this series of histories.

[3] Contemporary conditions in rural areas of England and Wales were depicted in *Country Planning: A Study of Rural Problems* (Orwin, C. S., 1944), and a description of a housewife's day in a rural slum was given by J. M. Mackintosh in *The Practitioner* (1943, vol. CLI, no. 3). To these general accounts a few facts may be added to fill in the picture. In 1939 there were 3,432 parishes in England and Wales without piped water supplies and 5,186 parishes without sewerage systems. Although accurate records were lacking, the Ministry of Health estimated that about thirty per cent. of the population of rural areas lived in houses which were not connected to or within easy access of a water main.[1] Nearly one-half of all households in rural areas of Britain were without a bathroom of their own and a fixed bath in 1947.[2] A survey carried out by the National Federation of Women's Institutes reported that in 21 counties over fifty per cent. of the village schools investigated had earth or bucket lavatories.[3] At one school in Wantage the sanitary arrangements were so bad that staggered play-times were necessary when the evacuated children arrived.[4] In the majority of schools in Wales no facilities were available for drying clothes, in a great many instances the pail system of sanitation was in use and no toilet paper was provided.[5] A housing survey in 1946, sponsored by the Ministry of Health's Central Housing Advisory Committee, covering 112 rural districts in 18 counties, showed that among 126,336 houses only eighteen per cent. were satisfactory in all respects, while ten per cent. were unfit for habitation, and the remainder needed repair and reconditioning. In a debate in December 1944, the Parliamentary Secretary to the Ministry of Health spoke of 'the appalling conditions of housing in rural areas'.[6]

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Then there were the economic factors; the cost of keeping two homes going, of fares to visit the reception areas,[1] of extra clothes to meet the demands of winter in the country and the general levelling-up in standards required by many foster-parents. The effect of the Government's decision to recover from parents part of the costs of billeting is difficult to evaluate. It was probably decisive among some families; at any rate, the Cabinet thought it would accelerate the return movement.[2] Dissatisfaction with the amount of the billeting allowance paid to householders may also have reacted on the parents when they visited their children.[3] All these factors, shading from the important to the trivial, from the rational to the irrational, operated against a background of insecurity and poverty in a large number of homes.

The atmosphere created in some of the reception areas by the physical condition in which evacuees arrived added to these discontents, and was also unfavourable to a long stay. The troubles of

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[1] H. of C. Deb., 10th May 1944, vol. 399, cols. 1930–1 and Cmd. 6515, 1944.

[2] Report of an investigation in March 1947 by the Social Survey and the Ministry of Works.

[3] Report by National Federation of Women's Institutes, 1944.

[4] *Evacuation in Practice: Study of a Rural Reception Area*, Evacuation Committee of the Association of Architects, Surveyors and Technical Assistants, 1939.

[5] *Report of the Committee of Inquiry into the Anti-Tuberculosis Service in Wales and Monmouthshire*, Ministry of Health, 1939, and H. of C. Deb., 4th April 1944, vol. 358, cols. 1831–3.

[6] H. of C. Deb., 12th December 1944, vol. 406, col. 1164.

[1] A demand for cheap fares to enable parents to visit their evacuated children arose partly because one of the first war measures of the railway companies was to abolish cheap day return fares for long distance journeys. Discussions were opened with the companies soon after the outbreak of war. The London County Council proposed that cheap fares should be conceded at a flat rate to any destination in the reception areas. It was argued that since parents had no voice in the destination of their children, it was unfair that it should cost one London father much more to visit his child billeted in Somerset than it cost another to see his child in Surrey. But the railway companies and the Government found this proposal unacceptable. It was not until mid-November 1939 that the Minister of War Transport announced a programme of limited concessions. Day trips on Sundays at reduced rates were provided to a limited number of stations—none of them more than 160 miles from London. This concession was later extended to more distant stations and from other evacuation areas in the country. During 1941–5 railway tickets at reduced rates were made available by the Ministry of War Transport for parents or relatives to visit evacuated wives and children. Generally, not more than one cheap ticket a month was provided for each person. This scheme was, however, cancelled or drastically cut at Christmas-time, holiday periods and when troop movements were heavy. As children were increasingly sent to more remote areas of the country, the cost of visiting was high for many parents. In November 1939 the Health Departments also authorised evacuation authorities to pay fares for parents or husbands to visit sick children and wives subject to (1) a doctor's certificate being obtained, (2) the family being means tested and (3) recovery 'in appropriate cases'. (Ministry of Health circular 1913 and E.V.6, 17th November 1939.)

[2] Reports to the Ministry of Health from the north-east and north-west regions stated that the announcement of the recovery scheme led to a greater return of evacuees. It was said in these areas that the assessment scales were based on London, and that economic conditions in the north were not adequately recognised.

[3] Some evidence of the importance of this factor is given in chapter XIX.

reception were, too, often accentuated by religious differences represented by poor Roman Catholic and Jewish families evacuated from Glasgow, Liverpool and the East End of London. Jewish customs were unknown and misunderstood in the rural areas of East Anglia long settled in their habits, and hostile to 'foreigners' though they might only be strangers from a neighbouring county. The harmful educational consequences of scattering some Roman Catholic and Jewish schools over wide areas were increased by the absence of places of worship and a lack of religious instruction. The Ministry of Health worked hard to re-unite these schools, but the loss of goodwill in the reception areas made it difficult to find new and satisfactory billets for the children when they were moved from one district to another.

To the churches these developments represented, among other things, a financial burden as the cost of hiring village halls for worship, and the expense of maintaining travelling priests, was added to a fall in the incomes of evacuated parishes. But the chief fear of the Roman Catholic authorities was that the children were in danger of being weaned from the faith of their parents. Many of these children from Glasgow were billeted in strong Presbyterian homes in south-west Scotland, while the Nonconformist villages of North Wales received many Catholics from Merseyside. Householders were distressed when they saw children fasting, and when they had to rearrange the domestic time-table because of different hours of worship. Nor were matters improved when one or two cases of abduction became known, when Roman Catholic authorities insisted on moving children from billets, and when a few young Catholic children were taken to chapel because housewives could not leave their young charges unattended on Sunday mornings. What many people in the reception areas failed to appreciate was that in the eyes of the Roman Catholic Church spiritual health was more important than physical safety.[1]

The social, economic and psychological reasons for the return of the mothers and children were, indeed, legion. Many books have been written,[2] and at least 229 studies[3] have been made, about

[1] The Secretary of State for Scotland reported to the Cabinet in December 1939 that the Archbishop of Edinburgh had issued an encyclical urging that evacuated Catholic children should be fetched home if no facilities for religious teaching existed in the reception areas. In Liverpool, during the raids of 1940–1, some Catholic priests took the view that children should run the risk of being bombed rather than receive education at non-Catholic schools in reception areas.

[2] *Evacuation Survey: A Report to the Fabian Society*, edited by Padley, R., and Cole, M., 1940.
The Cambridge Evacuation Survey, edited by Isaacs, S., 1941.
Evacuation in Scotland, edited by Boyd, W., 1944.
Our Towns: A Close-up, Women's Group on Public Welfare, 1943.
Education in Transition, Dent, H. C., 1944.

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evacuation and its consequences. All agree in one respect: that the general interference and inconvenience caused by billeting in private houses was not acceptable in the absence of air attack. The sanctity of the home, poor or rich, town or country, was paramount.

Amid all the imperative forces which changed, and overlapped, and pushed and pulled the evacuees about, there were two resistant elements around which all the rest swirled, and against which the first migration split and foundered. The principal enemy of evacuation was the solidarity of family life among the mass of the people. The urge to re-unite became stronger as the social cleavages in the nation pressed down in one way or another on mother and child. The acute discomfort caused by the jostling of different and opposed social habits was the other great enemy of evacuation. All the implications of a stratified society came to the surface during this first evacuation, and then there were no physical hazards—as there were later—no bombs, no tasks to be shared in common, to help to hide or bridge the gulf. Discordant differences in speech, behaviour, dress, diet and morality were impressed, not only upon the householders, but upon the evacuated mothers[1] and the children's parents when they visited them in the country.

They were felt and expressed by children who, despite their advantage of greater adaptability, were found to be very sensitive to differences in social standards.[2] Sometimes, these differences were pathetic. Two children, billeted in the county of Dumfries, were sent to a comfortable bed with clean, white sheets. When the householder went mother-like to see them in bed she found both children huddled in a corner of the room. 'We're no' goin' there', they said pointing, 'that's a bed for the deid folk'.[3] 'The country is a funny place', said another child, 'they never tell you you can't have no more to eat'.[4]

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Town Children Through Country Eyes, National Federation of Women's Institutes, 1940.
Preliminary Report on the Problems of Evacuation, Wagner, G., University of Liverpool, 1939.
Infants without Families, Burlingham, D., and Freud, A., 1943.
Report on Conditions in Reception Areas, by a committee under the chairmanship of G. Shakespeare, M.P., Ministry of Health, 1941.
London Children in War-time Oxford, A Barnett House Study Group, 1947.

[2] A survey of most of the literature is given in *The Psychoanalytic Study of the Child*, vol. I, 1945.

[1] 'I can't eat like them, although its very kind I'd give anything to be put with my own class.' Quoted in a report from the Women's Voluntary Services to the Home Office, September 1939.

[2] This was one of the conclusions of a study of evacuation: *London Children in War-time Oxford* (A Barnett House Study Group, 1947). Much of the material on which this study was written was generously placed in the hands of the historian by Dr. M. Grünhut.

[3] Quoted in a report to the Department of Health for Scotland, 1939

[4] Cosens, M., *Social Work*, January 1940.

The children's difficulties in a new environment were increased when the social and financial circumstances of the foster-parents were different from those of the parents. Conflicting loyalties touched and troubled the child in many situations when these differences were sharply marked. To be expected to use strange things like forks at meal-times and pyjamas at bed-times seemed, to some children, to represent a betrayal of their parents. There were children who refused new clothes and who fought and clung desperately to old and dirty things. Among the young this may have been simply an expression of love and a desire to keep alive memories of home; with older children it was simultaneously an expression of a refusal to be unfaithful to their parents' standards. Feelings of guilt and contempt, love and hate, were all mixed up in the child's mind with the struggle between the social conventions of the billet—what it was right to do —and things remembered of home—what it had also been right to do. When, on the other hand, children were billeted on families poorer than their own, they could quickly interpret the change as a punishment for former ungratefulness to their mothers and fathers. A study of successful evacuation, carried out by a group of psychologists and social workers in Oxford, showed that, after three years of war, the children observed were almost exclusively billeted on families belonging to the same social group as the parents.[1]

The relationship of the foster-mother to the mother was equally tangled. Because they are what they must be, mothers put up with a lot from their children. But foster-mothers were expected to suffer children whom they neither loved nor overestimated. There were, as Miss Burlingham and Dr. Freud have pointed out,[2] only two courses open to them. One was to retain the attitude of a kindly but indifferent outsider—in which case the child was deprived of affection. The other was to adopt the mother's attitude, which meant feeling towards the child as if it belonged to them. In some instances this may have succeeded, but success was difficult and short-lived if a wide social gulf divided the two families. The real mother of the child would be afraid when she visited the billet or received letters about the new life; its clothes, its food, its toys. She would be afraid of losing the affection of her child to someone who seemed more important, had more material things to offer, and whose speech she could not always fully understand. And if she lost this, what else in life was left?

Because they possess so little, the family—and the line of relations —means much to the poor. 'Among the simple and the poor', wrote Dr. Isaacs and her colleagues, 'where there is no wealth, no pride of status or possessions, love for the members of one's own family and

[1] A Barnett House Study Group, *London Children in War-time Oxford*, 1947.
[2] Burlingham, D., and Freud, A., *Young Children in War-time*, 1942.

joy in their bodily presence alone makes life worth living. So deeply rooted is this need that it has defied even the law of self-preservation, as well as urgent public appeals and the wishes of authority'.[1] The stubbornness of family life against which evacuation continually surged and broke during six years of war rested, almost alone, on the maternal personality. 'The magic of the hearth remains unchallenged . . . it is rooted deep in all human nature, but the mother is the human anchor which holds it fast.'[2]

A longing for home, worries about husbands and older children, and social and temperamental incompatibilities were the chief forces which impelled so many evacuated mothers to return. The isolation and strange quiet of the country—'they call this spring, mum, and they have one down here every year'[3]—boredom, uncomprehended ways of life; these were the things which sometimes led to bad manners, ingratitude and irresponsibility. For that is how many people in the country read such behaviour; they knew little about the liveliness of crowded city life and the friendliness of the slums. But they did know what it had cost them to be tolerant of the intrusion into their homes of another woman dyed to the colour of a different environment.

The life of the working-class mother begins, ends and has its being in the setting of husband, children, home. The small, dark, unorganised workplace in which the mother spends most of her day, the neighbours, the shops, the gossipy streets; they are all an integral part of the daily round. Life had meaning for these women in the environment they knew so well. In a billet in the country it lost its meaning. They understood Mr. Churchill and the *Luftwaffe* among their own people, and in their own homes, not in somebody else's. And so they went home.

[1] Isaacs, S., edited by, *The Cambridge Evacuation Survey*, 1941.
[2] Spring-Rice, M., *Working-Class Wives*, 1939.
[3] McCall, C., *Women's Institutes*, 1943.

CHAPTER XI

HOSPITALS IN TRANSITION: SEPTEMBER 1939—MAY 1940

(i)

Conflicting Needs

ALTHOUGH the emergency medical service did not receive its first test until May 1940, the story of its growth and development had not, up to then, been a smooth or uneventful one. A whole series of problems interrupted progress, some peculiar to the initial stages of creating a new public service, others (like nursing) with deeper roots. The most difficult issue in the autumn of 1939, however, was the situation in which the ordinary sick population was placed. The reason was simple: people did not stop being ill because war had broken out, yet the immediate mobilisation of the hospitals and their staffs to look after another set of patients—who did not materialise—prevented the civilian sick in London and other cities from getting the care that they needed. A barrier was thus thrown between hospitals and sick people.

On the outbreak of war about 140,000 beds had been emptied of patients, doctors and nurses were posted to different hospitals where they had little to do, equipment was moved away from central hospitals, out-patient departments and clinics closed down, and many consultants found themselves with very few patients to attend. Such a situation could not continue. New measures had to be taken, a new balance had to be struck. This is the main theme of the present chapter.

What came to be the basic war-time hospital problem appeared on the scene not slowly, with time for gradual modification and change, but with an abruptness which startled the Government and the medical profession. In essence, the task was to meet, with much the same pool of hospitals, doctors and nurses, all the normal needs of the sick while, at the same time, so arranging and distributing these resources that a large proportion would, on demand, be immediately available for hundreds of thousands of war injured civilians and sick and wounded service men.

In time of war it has been customary for the civilian to step back and give way to the needs of the fighting services. But the aeroplane, the rocket and the flying-bomb were changing all this. In proportion

as the civilian was led further into the arena of risk—whether by bombs or food shortages or in other ways—the war of 1939–45 would make quite new demands on the medical services. Earlier chapters have shown the Government expecting that the outbreak of a war would bring new and heavy demands. The fact that civilian casualties from air raids did not occur at once was hardly a fault of the Government. That they were, eventually, much smaller in number than had been expected was due to a host of reasons—some of which are discussed in chapter XVI. Nevertheless, during the whole of the war the number of civilians in Britain injured by the enemy was approximately the same as the number of British soldiers wounded in all theatres fighting against Germany, Italy and Japan.[1]

In September 1939, then, there was added to the priority group of the Armed Forces another large slice of the population—civilians likely to be injured by air attack. The assumption of responsibility by the Government for providing hospital care for this group led, as chapter V has shown, to the creation of the emergency hospital scheme. With this scheme, the Government undertook to make available—and pay for—first aid and hospital treatment for a large section of the population—but how large nobody knew. As there were no air raid casualties during the early months of the war, hospitals were, therefore, paid for keeping beds empty, and medical and nursing staff were kept standing in readiness.

(ii)

Progress and Consolidation

In the spring of 1940, when the hospital scheme experienced its first test of the war, it admitted, not civilian air raid victims, but about 32,000 casualties and sick service men evacuated from the Continent with the British Expeditionary Force.[2] By May 1940,

[1] Cmd. 6832—*Strength and Casualties of the Armed Forces and Auxiliary Services of the United Kingdom* 1939 *to* 1945. Tables 5 and 6 of this statement show that up to 14th August 1945 (as reported to 28th February 1946), 239,575 members of the Army, and 86,182 civilians were wounded. But the figure for civilians refers only to those seriously injured and detained in hospital. It excludes those who did not go into hospital, and those who were less seriously injured and were treated at first aid posts and elsewhere. So far as is known (and the figures are only rough approximations, for fewer data are available about the killed, missing or injured civilian than about the members of a numbered and regulated Service), some 150,000 civilians were slightly injured (a further 50,000 or so received trivial injuries) between 1st September 1940 and 29th March 1945. Broadly, therefore, it may be said that the numbers of injured civilians and wounded soldiers were roughly the same. The numbers killed were 60,595 civilians and 144,079 members of all ranks of the Army. Further details are given in chapter XVI and appendix 8.

[2] *Report of the Chief Medical Officer of the Ministry of Health*, 1939–45.

however, the organisers of the scheme could face this test—relatively light in contrast to what had been expected in August 1939—with equanimity. For although provision on an immense scale still had to be made for possible air raid victims, the hospital service was in much better shape, better equipped and better organised, than it had been on the outbreak of war.

Fortunately for the peace of mind of the staff, the emergency service had not been entirely idle during the first nine months of war. Although it was initially organised as a casualty scheme, and therefore had a strong surgical emphasis, paradoxically some 82,000 sick soldiers were admitted to its beds within eight months.[1] Its other patients during this period, apart from sick people transferred from inner to outer hospitals to keep beds vacant for air raid victims, were approximately 21,200 Service casualties (most of whom were received in May and June 1940), and only 1,340 civilians (largely evacuated children).[2] While, therefore, the cost of the service was borne on a Health Department vote, and it was frequently counted as one of the war-time social services, its most important function was, as events turned out, to provide hospital and medical care for sick and wounded members of the Armed Forces.

On 1st May 1940 there were 1,207 hospitals in England and Wales taking part in the emergency scheme.[3] These contained a total of some 406,000 beds of which 263,000 were allotted for casualties.[4] About 95,000 were immediately available, while 38,000 were in reserve.[5] On paper, the position seemed to be much worse than in September 1939, when another 1,160 or so hospitals were in the scheme and it was said that 195,000 beds were ready for air raid casualties.[6] But in reality, and in terms of the provision of a good standard of medical care, the position was much better than a simple comparison of the figures suggested. This becomes clear when it is understood why over 1,000 hospitals and institutions in England and Wales with about 85,000 beds were cut out of the emergency scheme

[1] In addition, many members of the Armed Forces contracting infectious diseases were admitted to infectious disease hospitals run by local authorities, who recovered the cost of treatment from the Service in question.

[2] These figures cover the period from 23rd October 1939, when the first complete statistics were received, to 24th June 1940.

[3] As stated in chapter V, this account of the emergency scheme does not deal with the hospital services in Scotland.

[4] *Report of the Chief Medical Officer of the Ministry of Health*, 1939–45.

[5] In addition, there were 101 hospitals run by the three Services and the Ministry of Pensions, containing about 20,000 beds, of which 8,100 were vacant.

[6] Estimates of the peak number of beds made available for casualties within the first few days of war vary. The *Report of the Chief Medical Officer of the Ministry of Health*, 1939–45, gives a figure of 187,000, the *Summary Report of the Ministry of Health for* 1939–41, 190,000, the Minister himself told the Medical Committee of the House of Commons on 18th January 1940 that some 195,000 beds were made available, the Prime Minister announced on 7th September 1939 a figure of over 200,000 beds (H. of C. Deb., vol. 351, col. 583), while certain departmental files state the figure as 193,000.

within the space of less than eight months.[1] Broadly, the explanation of these reductions falls under two heads. The first and most important one was the need to do more for sick civilians; it was essential, for reasons which are discussed later in this chapter, to strike a better balance than the original one between this need and the high insurance provided against air bombing. The second cause for the removal of many hospitals from the scheme was that they were qualitatively unfit to make a genuine addition to its strength. This was made clear in chapter V.[2]

However, it was not merely by the re-shuffling of existing resources that the new balance was struck. Between September 1939 and May 1940 the total of resources had been enlarged and improved by a variety of measures.

The programme of hutted annexes (including a number of new hospitals) to accommodate 40,000 additional beds in England and Wales, launched in March 1939, had got under way. Progress, however, was slower than had been hoped. It had been optimistically estimated that the scheme would be completed within six months;[3] but on 1st May 1940 only 10,240 beds were ready for occupation. In the following three months another 12,800 were handed over by the Ministry of Works. This meant that it had taken about eighteen months to complete rather more than half the programme.

The failure to achieve more was due to a variety of causes. As the Ministry of Health was not a hospital owning authority, the bulk of these annexes had to be attached to hospitals belonging to local authorities. They had to be sited in the safer areas where there was a peace-time shortage of civilian hospital accommodation, and where the local authority would take them off the Ministry's hands at the end of the war. These arrangements took time, and more delays were caused by labour difficulties, by the need to substitute other forms of construction for timber which became scarce soon after the outbreak of war, and by the Treasury's insistence, when authority was first obtained, on the 'lowest possible standard'.[4] Expensive and time-wasting modifications had later on to be made in the design, fitting and furnishing of these annexes and *ad hoc* hospitals. Moreover, as

[1] After June 1940, and during 1941–3, other hospitals were from time to time suspended from the scheme, withdrawn or down-graded on being found unsuitable. The process of clearing away the 'dead wood', hurriedly accumulated in 1939, took from two to three years to complete.

[2] Chapter V, pp. 66-73. A departmental minute of 16th October 1939 summed up the situation in the following words: 'Had we had more time for the preparation of the scheme, and had we not been perpetually under the necessity of finding an almost impossible number of beds, the hospitals which we now propose to release would never have been included in the first stage of the scheme at all'.

[3] See chapter V, p. 81.

[4] The number of beds per hut was very high and possibly dangerous from the viewpoint of cross-infection. Because of the expected shortage of hospital space it was decided, in 1939, to place 42 beds in each hut. In peacetime the standard might have been about 24.

soon as the first ones came to be used many lessons were learnt, with consequential changes in the building plans. Other alterations were caused by surgeons changing their minds as to what they wanted, and by War Office occupation which meant, for example, better kitchen equipment on account of the more generous Service diet.[1]

In addition to this programme of 40,000 beds, it was decided, in February 1940, to construct a further block of hutted hospitals to accommodate a similar number of beds. The total programme for England and Wales was thus raised to 80,000 beds.[2] This decision was taken chiefly on account of increased military needs because (as has been already explained in chapter V) the Army was relying on the emergency hospital scheme to meet most of its requirements at home. As the size of the Army expanded, soldiers increasingly competed for a larger share of the available pool of hospital and medical resources.

To maintain, as far as possible, the principle of a unified hospital scheme for both civilian and service casualties, it was decided that the Ministry of Health should build, equip and staff these hutted hospitals and allot accommodation to the Army as it was required.[3] The siting of the huts and annexes under the second programme of 40,000 beds had, therefore, to be considered in relation to the geographical position of Army commands, as well as to the availability of consultants and the post-war needs of the civilian population.

With three major claimants on hospital space and medical skill—the armed forces, civilian air raid casualties and the ordinary sick—decisions of this kind helped towards a better utilisation of available resources. In the spring of 1940 the total estimated demand under these three heads was higher than ever. The War Office thought it might need before the end of the year 100,000 beds in civil hospitals in Britain,[4] an immense number might be required at any moment for air raid and invasion casualties[5] and, meanwhile, the needs of the sick population still had to be fully met.

Nevertheless, it was agreed that there could not be another mass ejection of patients from hospitals, sanatoria and convalescent homes.[6]

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[1] See, for instance, Ministry of Health circular E.M.S.I.98, 20th December 1939, recommending more substantial diets for Service than for civilian patients.

[2] Including extensions to Ministry of Pensions hospitals—about 2,500 beds.

[3] Some expansion of the Army's hospital resources in Britain had already taken place. By 1st May 1940 the number of beds had risen from about 3,000 before the war to 10,944 in 73 hospitals. In addition, there were nearly 3,500 beds in camp hospitals and reception stations.

[4] The Navy and the Air Force were also, to some extent, claimants, but the accommodation these two Services required was small in relation to the needs of the Army.

[5] It was suggested that, at the worst, the Government might have to deal with some 800,000 air raid casualties over a period of six weeks, and that this number might be increased by invasion. The Ministry of Health, in assessing the country's improved hospital resources, was sceptical of this estimate, and decided that it was impossible in the time available, and with the number of doctors and nurses at its disposal, to budget for more than about half this estimate.

[6] Ministry of Health circular 2023, 18th May 1940.

As will be explained later in this chapter, most of these institutions had, since September 1939, opened their doors again to the civilian sick. Some other means would now have to be found of temporarily increasing the amount of hospital accommodation until all the new hutted annexes were ready for use. After reviewing the situation in June 1940, the Government decided to create a large additional reserve in the form of converted houses, schools and other buildings for use either as annexes of existing hospitals or as independent convalescent units known as 'auxiliary hospitals'.[1] The latter were to be run on behalf of the Ministry of Health by the War Organisation of the British Red Cross Society and Order of St. John of Jerusalem as convalescent homes for Service patients and air raid casualties. By the end of 1940, 140 houses had been turned into annexes with 8,850 beds, and 215 auxiliary hospitals with about 5,000 beds had been opened. In addition, plans were made for the taking over of boarding schools and hotels to provide, in an emergency such as invasion, some 60,000–70,000 additional beds for the needs of the civilian population.[2] These were known as 'reserve hospitals', each of which was linked for operational and staffing purposes with class I hospitals in the scheme. Those intended to be used first were provided with basic equipment stored ready for use.

The programme of hutted hospitals and the schemes for annexes, auxiliary and reserve hospitals were the main instruments for expanding, either temporarily or permanently, the amount of accommodation for hospital beds. Equally important, however, were the measures taken during the first nine months of the war to improve the quality of a great part of the hospital services incorporated in the emergency scheme. Better facilities for diagnosis and treatment helped towards shortening the time each bed was occupied, a better classification of cases in special hospital centres was also economical, especially in the use of expert medical skill, while extended first aid and out-patient arrangements promised relief from the expected strain on hospital beds.

By the middle of 1940 the hastily improvised first aid schemes of September 1939 had given place to some 2,000 equipped and staffed first aid posts, while about 880 mobile aid units had been organised. The casualty hospitals in all the large cities were, therefore, better protected against a rush of patients needing only first aid treatment.

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[1] Following the recommendation of a special commission of inquiry appointed by the Minister of Health. The chairman of this commission was, first, Mr. J. Colville and, subsequently, Lord Chatfield. The proposal to set up auxiliary hospitals was made by the War Office, partly because it was considered undesirable that in wartime convalescent soldiers should be sent direct from hospitals to their units, and partly because the War Office wanted to help to free E.M.S. beds for sick patients.

[2] *Summary Report of the Ministry of Health for* 1939–41.

Free out-patient treatment at hospitals for civilian war casualties was made available by the Government on the outbreak of war. The question of subsequent treatment at the home of the patient by general practitioners was, however, more difficult to settle. This would be needed by people who had been in hospital with a war injury and had reached a stage when they could be discharged, although treatment had not been fully completed; it would also be needed by people who had initially been dealt with at first aid posts or out-patient departments and still required further medical care in their own homes. Some arrangement for home treatment was particularly necessary for injured people living at a distance from hospitals.

The chief obstacle to the provision of a satisfactory scheme was the problem of checking the doctors' claims on the Government for treating war injured patients at their homes. It was therefore decided that as the emergency medical service was based on hospitals, the responsibility for seeing that the patient obtained all necessary treatment had to rest on the hospitals. A scheme for domiciliary treatment was worked out on this principle and announced in January 1940.[1] It was laid down that, for those civilian war injured who could not afford to pay doctors for treatment at their homes, the Government would bear the cost and pay a capitation fee to the doctor,[2] provided an 'order for treatment after discharge form'[3] was first obtained by the patient at a hospital. These forms were not to be handed out at first aid posts, owing to the possibility that local practitioners attending the posts might issue orders for treatment 'which are likely to redound to the financial benefit of themselves or their partners'. People who went to first aid posts and subsequently wanted further treatment at home would, therefore, first have to go to a hospital to obtain a form.[4]

In practice, these arrangements led to a certain amount of hardship—how much it is impossible to tell—especially when hospitals, in employing their pre-war methods and disregarding the patients' means or opportunities of access to hospitals or clinics providing certain special facilities that were needed, discharged patients when they were well enough to get up but before treatment was fully completed.

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[1] Ministry of Health E.M.S.Gen.303, 1st January 1940, and circular 1952, 27th January 1940.

[2] A fee of 16s. was paid for each civilian treated (excluding National Health Insurance patients). The payment covered a period of one year from the date of the first attendance. The cost of drugs and dressings was borne by the Government.

[3] Form E.M.S.114.

[4] This arrangement was slightly modified in February 1941 after complaints from rural areas, and forms were allowed to be issued from certain first aid posts in areas remote from any E.M.S. hospital (Ministry of Health circular 2263, 18th February 1941).

It has been said that the improvement of hospital resources for the diagnosis and treatment of injury and disease was one of the aims of the Ministry of Health. This subject was raised in chapter V, and a description was there given of the various ways in which the Ministry was undertaking the task of upgrading and bettering a large number of hospitals and ancillary services, such as laboratories, ambulances, blood transfusion arrangements and so forth. Despite the importance attached to financial economy during the first six months of the war,[1] which inevitably affected, for instance, the quality of the equipment supplied to hospitals and first aid posts,[2] considerable progress was made.

In some instances, where a suitable building was taken, extended by the addition of hutted annexes, and used as a large general hospital, the amount of technical and engineering work involved and the range of administrative action required was immense. Moreover, the whole process had to be carried through in a period of time which would have been regarded in the days of peace as quite unprecedented.

By the middle of 1940 the equipment position of the hospitals in the emergency scheme was highly satisfactory compared with all the shortages and defects that had prevailed on the outbreak of war.[3] Great quantities of surgical instruments, X-ray and theatre apparatus, ward furniture, drugs and dressings had been distributed, together with over 100,000 new hospital beds. The work of structural precautions, alterations and adaptations had made substantial headway, while the special centres for various types of injury had been, or were in process of being, organised, equipped and staffed. These centres for orthopædic and fracture surgery, chest and head injuries, plastic surgery and jaw injuries and the treatment of burns, in addition to the neurosis and effort syndrome centres, were all part of the aim of bringing together in the same hospital particular types of injury and sickness and particular categories of medical skill.

To the layman, this probably seemed a sensible policy; but to a large part of the hospital world it was, in some respects at least, an innovation. In place of the traditional all-purpose 'general' hospital the objective was to provide, on a national scale, a pattern of hospitals in which some specialised on one service, some on another. This division of hospital labour had had its supporters long before the war.

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[1] See chapters IX (pp. 140-1) and X (pp. 154-71) for some illustration of the effects of the economy campaign.

[2] For example: only two towels per bed were allowed until July 1940, when the number was increased to four. Similarly, two blankets per stretcher were originally allowed for the inter-change of casualties between hospitals, bus ambulances and casualty trains. Subsequently, after complaints that patients had suffered pain owing to the friction of the metal stretchers, authority was given for five to be provided.

[3] Many departmental files contain reports describing 'appalling' shortages of equipment on the outbreak of war.

They had wished to see the growing medical specialisms reflected in the social organisation of medical practice. Many of the specialities themselves had developed and branched off from the main trunk of clinical medicine. For some, differentiation had proved to be sound; but for others, where unnatural influences had been at work, such as the fencing off of a tract of medicine because it contained enough people to provide a livelihood for specialists, or because the State had to fill a gap by establishing a separate service, it had led to a narrow and stultifying isolation.

Clearly, then, there were dangers in this policy of specialist hospitals, as there are in all forms and varieties of specialisation. It was a policy, too, which involved many difficulties of organisation and which demanded, for its success, some measure of interference with established medical practice. It meant, for instance, arranging a better geographical distribution of consultants and specialists. This was not an easy task. Another problem was to persuade the medical staffs of receiving hospitals to send their patients without delay to these special hospitals to be treated, perhaps, by someone else.

Doctors, like other professional men, take a pride in their work and therefore lay great stress on the value of continuity of treatment. Doctors, too, are like their professional brothers in another respect; they live in an age in which they have had to come to terms with, and respond to the incentives of, business. As one economist has put it, the pressures of the system which surround the doctor are slowly and insidiously 'making something more of a business man out of him, and converting the thing once called "private practice" into a system of individual business competition'.[1]

The process was a logical one; it was quite understandable so long as the practitioners of medicine were regarded—like everyone else—as sensitive to the moulding forces of the society in which they had to make a living. These influences on the doctors' work were, however, by no means one-sided, but it generally happened that the less creditable manifestations were reported to the Ministry of Health. As in so many spheres of Government, the lapses had to be attended to while the successes went unsung. Moreover, it must also be remembered that in wartime, when the lives of men in the Fighting Services assume great importance, the results of medical treatment are watched and measured to a degree unthought of in peacetime. It was, therefore, one of the tasks of the organisers of the emergency medical service to see that the medical care provided by the State was of a high standard.

About the middle of 1940 complaints began to reach the Ministry of Health of the 'poor quality of treatment' of some patients in

[1] Hamilton, W. H. in *Final Report of Committee on the Costs of Medical Care*. Chicago. 1932 (p. 193).

emergency scheme hospitals, of inexperienced doctors carrying out major operations although qualified men were available, and of surgeons holding on to cases to the detriment of the patients' welfare.[1] Later, and for the same reasons, the R.A.F. threatened to stop using certain of these hospitals because of the immense importance of conserving aircraft crews and getting them fit again as quickly as possible.

Action was taken to deal with these problems. Regional consultants were appointed by the Ministry of Health to inspect and report on the work of the special centres, and regional advisers in general medicine and surgery were asked to tour the emergency hospitals. The areas to be covered by these advisers were later found to be too large, and in December 1940 group advisers were introduced to look after groups of hospitals.[2] Their task was to see that patients were transferred to hospitals with special facilities, that consultants were called in, that patients needing special treatment were not unduly detained in the receiving hospitals and that convalescent homes and rehabilitation centres were fully used. The Ministry of Health told these advisers to be ruthless in directing patients to those hospitals where the best treatment was available. There is no doubt that the work of these consultants and advisers was effective.[3]

The structure of the emergency hospital scheme was steadily strengthened by action of this kind, and by a continuous series of particular achievements in various fields—the organisation of a good fracture department in an industrial area hitherto badly served, the establishment in one place of a new laboratory staffed and fitted with modern equipment, the transformation in another place of a public assistance institution into a good hospital. And so on. From a practical point of view, these improvements were worth far more than a merely quantitative achievement of the target. They were worth more than a much larger number of beds distributed around the country in tents or unsuitable buildings with little of the skill and few of the ancillary aids and comforts which twentieth-century medicine can bring. By the standards which the emergency medical service had reached by 1945 its condition, five years earlier, was undeveloped. But it was full of promise. At the time of Dunkirk, achievement had to be measured against the state of the hospitals before the war. By

[1] Confidential letters to the Minister of Health in 1940. The report of an inter-departmental conference on the rehabilitation of persons injured by enemy action drew attention to the 'well-known tendency' of surgeons to hold on to cases which made it difficult to ensure either proper selection or rapid transfer (January 1941). An analysis of bed shortages at hospitals in 1942 provided some illustrations of this. At a particular voluntary hospital in Birmingham, for instance, the private waiting lists of surgeons ranged from nil to 193.

[2] Ministry of Health E.M.S.I.257, 2nd December 1940.

[3] The *Lancet*, in summing up at the end of the war the worth of these arrangements, said that the consultant service 'under which specialists have regularly visited every hospital in their own group has proved outstandingly valuable' (August 1945, ii, 248).

these standards the emergency service was ready, not indeed for the calamities which had been envisaged, but for the actual casualty lists of 1940 and 1941.

(iii)

Towards a Better Balance

The expectation of frightening casualty lists had provided a part of the stimulus for these improvements. Nevertheless, a price had to be paid for the benefits of this stimulus. It was paid in the currency of distress. Those who suffered in the early months of the war—and at other periods during 1940–5—were not air raid casualties, nor were they men in uniform. They were the sick, the diseased, the old, the very young and mothers—all those who were denied hospital room so that there might be space for air raid casualties.[1]

It is difficult to estimate how many patients were affected by this sudden withdrawal in 1939 of hospital facilities, for no adequate records were kept of the number of beds that were emptied.[2] The Government had hoped to find about 100,000 beds for casualties by turning out the sick, but it seems that the hospitals interpreted their instructions so rigorously that about 140,000 sick were, in fact, sent home.[3] Many patients, it was said, were prematurely discharged and more beds were made available in voluntary hospitals than the Government had expected.[4] Included in the figure of 140,000 were about 7,000–8,000 tubercular patients 'cleared' from local authority sanatoria, representing nearly thirty per cent. of all those receiving

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[1] On the outbreak of war, all hospitals and institutions in the emergency scheme were instructed to restrict new admissions among the civilian sick to acute cases, to transfer patients from certain hospitals in vulnerable areas to base hospitals, and to send other patients home, 'not on a peace-time standard of fitness for discharge, but on the assumption that only those should be retained for whom institutional treatment is essential' (Ministry of Health E.M.S./Gen./231, 24th July 1939).

[2] A departmental minute of October 1940 reported: 'no statistics are available showing the number of such beds which were emptied'.

[3] With the introduction of new beds and the emptying of old ones a total of between 187,000-195,000 were made available for the reception of air raid casualties (see p. 185). Of this number, one report stated that some 150,000 beds were obtained by ejecting the sick and moving other patients to institutions not equipped to deal with casualties, while another estimate provided a figure of 163,500. How many patients were moved and how many discharged? In one report it was said that 'nearly 10,000' were moved, while others gave more specific figures of 5,500 moved from London and 18,000 from provincial hospitals, making a total of 23,500. From a careful scrutiny of these estimates it would seem that the higher ones are likely to be closest to the truth, and it therefore follows that about 140,000 patients were discharged from hospitals, sanatoria, children's homes, convalescent homes and mental institutions at the beginning of September 1939.

[4] Letter from Ministry of Health to British Hospitals Association, 14th March 1940.

residential treatment at the time.[1] In Wales, approximately sixty per cent. of tubercular patients were bundled home within twenty-four hours. How many of these were sputum-positive—and consequently a danger to other people—it is impossible to say.

Not only was the hospital population drastically reduced, but it became much more difficult for the civilian sick to get into hospital. Admissions were severely restricted, particularly in London, where, for instance, some two-thirds of maternity beds in all hospitals were reserved for air raid casualties and mothers were being turned away by some voluntary hospitals a week before the outbreak of war. In addition, therefore, to the sick who were sent home, some of whom were 'wholly unfit people'[2] and should not have been discharged, there was the problem of existing waiting lists at voluntary hospitals, tuberculosis sanatoria and other institutions.

It was shown in an earlier chapter that, on the basis of the hospital survey reports, there were roughly 100,000 people waiting admission to voluntary hospitals on any given day during 1938–9.[3] It may be supposed, because of the restriction in facilities, that the number was somewhat higher at the end of August 1939. By no means all these people were acute cases, nor were they continuously the same people; for waiting lists changed in composition from day to day. Many were probably classified, in the language of the profession, as 'cold' surgical cases who often waited perhaps a month, perhaps six months or longer, for a gynæcological or tonsil operation. Nevertheless, it was a fact that, counting the discharged sick, there existed in the early weeks of the war a population of close on 250,000 people who needed, or thought they needed, treatment of some kind in hospital. After six years of war, after the *blitz* of 1940–1, the later bombings, the flying-bombs and the rockets, the total number of civilian air raid casualties treated in hospitals from beginning to end was roughly forty per cent. less than the number of sick people turned out of hospitals in about two days in September 1939.

So much for the size of the problem. The figures, intimidating though they are, do not by themselves convey the intensity of the need to strike a new balance in the allocation of hospital resources.

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[1] Precise figures of the number of tubercular patients discharged are lacking, apart from a figure of 1,003 for the institutions maintained by the Welsh National Memorial Association. Of about 28,000 beds in England and Wales provided for this disease before the war, roughly 21,000 were still available in September 1939. While 26,456 patients were receiving residential treatment on 1st July 1939, the number had dropped to 19,150 on 30th November 1939. By the latter date, some of those who had been discharged had re-entered a sanatorium. From these figures it would therefore seem reasonable to say that between 7,000–8,000 tubercular patients were sent home on the outbreak of war.

[2] Minute by the Director-General of the E.M.S., 4th February 1940.

[3] See chapter V, p. 73. Hospital waiting lists are recognised to be very inadequate indices of demand but, in the absence of more reliable evidence, they must be accepted as a very rough guide. This problem of waiting lists during the war is further examined in chapter XXIV.

The total represents an appalling aggregate of social stress because it is made up by such numberless individual sufferings and hardships. The hospital almoner probably saw more of these hardships than anyone else. One of them recorded her impressions of September 1939.[1] Patients in an early operable stage of cancer were sent home untreated; expectant mothers were refused admission for what were likely to be difficult and dangerous confinements; children in plaster of paris were deprived of the care they needed; bedridden patients—the arthritic, the diabetic and heart cases—were discharged to the care of relations heedless of the fact that these relations might now have evacuated, leaving the house empty; highly contagious tubercular patients were sent to crowded homes with young children, perhaps to die, perhaps to infect their families. 'Surely never before', she wrote, 'has a nation inflicted such untold suffering on itself as a precaution against potential suffering. And was it all necessary? . . . War or no war, there could not fail to be civilian sick . . . Why should it have been considered less disastrous for anyone to die untreated of cancer, appendicitis or pneumonia than as the result of a bomb?'

The Government was not wholly accountable for all these hardships. While the directions for discharging patients and admitting new ones were severely worded by the Ministry of Health, selection had, of course, to be left to the staffs of the voluntary and municipal hospitals. This process was, in fact, so rigorously applied by doctors that the number of patients turned out of hospital was about 40,000 higher than the Ministry had expected.

The situation thus created in the autumn of 1939 could not be endured for very long. The Ministry was soon assailed for the lack of hospital facilities for the civilian sick, but what its critics did not know was that it had to urge the voluntary hospitals to throw open more of their beds and resources for the needs of the sick population.

In its attempts to improve matters and to make the emergency scheme a more flexible instrument, the Ministry had to take care not to go too far; otherwise the whole scheme of treatment for air raid and Service casualties would be imperilled. A balance had to be struck between conflicting demands. And this had to be achieved in the face of discordant claims: of hospitals finding it beneficial to be paid for keeping beds empty, and of doctors wanting the advantages offered by a guaranteed salary for whole-time work, yet loath to see their practices dwindling and their patients lost to colleagues who had remained outside the emergency medical service.

So far as hospitals were concerned, the action taken up to May 1940 meant that over 1,000 institutions with about 85,000 beds were released to carry on their ordinary work. These were chiefly small

[1] Morris, C., *Social Work*, January 1940.

hospitals, and included many maternity homes, tuberculosis sanatoria, convalescent homes for children, and infectious disease and special hospitals, found to be quite unsuitable for the reception of casualties. In addition, between September 1939 and February 1940, a series of measures were adopted to provide more beds for the civilian sick in London and other cities.[1] Among the London voluntary hospitals, the number of beds reserved for casualties was reduced by twenty per cent. in the interests of the sick, and permission was given for these hospitals to use 'frozen' beds so as to bring the total casualty and sick accommodation up to two-thirds of their normal complement.[2] Inevitably, it was for the hospitals themselves to decide whether they opened up their beds to the limit allowed. If they did so, the Government stabilised the casualty bed position by transferring more sick people to outer hospitals.[3] These people then became E.M.S. patients, and the cost of treating them, less the amounts recovered from patients or relatives, was borne by the Government.

This change in policy for the benefit of the civilian sick did not come about without some friction between the various authorities. Much of it was, no doubt, inevitable, partly because there had not as yet been time to weld together the different elements in a scheme based on a diplomatic balancing of two hospital systems. Nor should it be forgotten that the Government lacked complete control over hospitals. They could not be standardised or ordered about. Whether they were voluntary or municipal, their independence had to be respected. They were left, as the Government was careful to point out, to 'manage their own affairs'.[4] This meant, in the case of the voluntary hospitals, that it was their business to decide whether they should do as much for the civilian sick as in peacetime. To get them to carry out the Government's policy required a great deal of tact and persuasiveness as well as the application of financial incentives of one kind or another.

In the early months of the war, when the Ministry of Health wanted about twenty per cent. of the casualty beds in London handed back to the sick, negotiations with the voluntary hospitals were coloured by

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[1] Out-patient facilities which, in London, were mainly confined to the voluntary hospitals, were either closed down or seriously curtailed at the beginning of the war. The Ministry of Health had not stipulated that this service, which in 1938 registered over 2,000,000 attendances at voluntary hospitals in London, should be withdrawn. Suspension was partly caused by the transfer of staff to outer hospitals. On 22nd November 1939, King Edward's Hospital Fund announced that the majority of out-patient clinics were functioning again at the more important London hospitals.

[2] Ministry of Health, E.M.S. Gen.300, issued to London voluntary hospitals on 21st December 1939. Hospitals in the provinces were allowed to admit civilian sick up to a higher proportion of normal capacity.

[3] The policy of transferring sick people from inner to outer hospitals had been in operation from the beginning of the war. The effects of this policy are discussed in chapter XXII.

[4] *Statement relating to the Emergency Hospital Organisation*, Cmd. 6061, July 1939.

the fact that the Government was paying £100,000 a week for beds to be kept empty. To press for more beds for the sick meant, in financial terms, the withdrawal of part of this unexpected subsidy.[1] The problem was also complicated by the new arrangements made at outer hospitals by the teaching bodies for medical education,[2] by the re-distribution of staff and equipment, and by the fact that many doctors and specialists had closed down their practices, accepted whole-time salaries and moved out of London.[3] A change in policy involving the re-opening of beds in hospitals in the centre of London and other big cities meant completely fresh arrangements at every point, for staff and equipment could not be in two places at the same time. Such a change therefore entailed for the voluntary hospitals more disorganisation and a great burden of administrative work in re-arranging their resources. All this cost money, a fact which the hospitals could not lose sight of when many were in debt and all were financially in a precarious position. While these issues were being debated the London County Council, who by statute could not turn the sick away, had been forced by Christmas 1939 to encroach on 4,400 of its 7,600 casualty beds.

The voluntary hospitals also found it difficult to understand why the scale of air raid provision required in August 1939 could be reduced a few weeks later although the war had started. The Government believed that the risks were still as great;[4] what, of course, had changed the situation was the realisation of the needs of the civilian sick.

The steady growth of public opinion and the pressure of the sick on the municipal hospitals helped to force a decision. It became known, too, that some voluntary hospitals were taking sick civilians above their allotted number and were purporting to put these sick into the so-called 'dead' beds in order to avoid losing pay on the casualty beds, while one or two were filling up their private patients' wards. Nevertheless, there was considerable opposition from the governing bodies and lay administrators of the hospitals to the Ministry of Health's proposals. This was expressed in January 1940 when the Minister met representatives of the London teaching hospitals. It was said that if a large number of new admissions were made and the staff brought back, the sick would be left with no one to look after

[1] This point was made in a departmental minute of 17th October 1939. A proposal to reduce casualty reservations was dropped on this occasion because of the 'storm of criticism' that it would arouse among the London voluntary hospitals.

[2] The subject of medical education during the war is the concern of the Medical History.

[3] There were also, as the *Lancet* said, 'A large number of eminent consultants (who) have accepted service under the scheme, sacrificing incomes much greater than those they now receive while still bearing the cost of expensive consulting rooms, town flats or houses, and often enormous life insurance premiums'. (Leader, 28th October 1939, ii, 947.)

[4] See chapter IX, p. 138.

them when raids began as many doctors and nurses would have to return to their posts at the peripheral hospitals. Moreover, it was maintained on a number of occasions that the allegations of hardship among the civilian sick were unfounded.[1] Waiting lists in London, it was said, had never been so small.[2]

A gradual improvement in hospital and out-patient facilities at the voluntary institutions in London and other big cities took place during the winter of 1939–40. The influence of public opinion, pressure from the Government, and a desire among doctors to be relieved of their enforced idleness and attend to those who needed them, were all factors which benefited the sick. The concessions made by the Ministry of Health to the British Medical Association in revising the salaries and terms of service of doctors in the emergency medical service also helped to smooth the way.[3]

There were originally two classes of service, salaried and sessional. Doctors in the latter class were liable for hospital service in their own hospital area according to the needs of the moment. They were paid by the session at the rate appropriate to the kind of work. Salaried doctors, on the other hand, were under an obligation to serve wherever required for the duration of the war and were liable to be temporarily transferred to any part of the country. They were debarred from private practice, and by way of compensation were guaranteed employment for one year.

These terms were not universally popular. At a time when too many doctors were 'twiddling their thumbs and thinking about their salaries',[4] the terms meant increased earnings for some doctors and diminished earnings for others. House-officers (junior doctors) liked them, for they were paid £350 a year plus an extra £100 if living out; this was about £350 a year more than most of them had been accustomed to receive from voluntary hospitals. Some of the senior doctors and specialists, however, found themselves (to quote the *Lancet*) with salaries 'that will mean rapid (though not discreditable) bankruptcy'.[5]

In the middle of September 1939, the Ministry of Health put forward proposals under which salaried doctors were to be paid one-third of their salary in return for a liability to be called upon four days a week if required.[6] This offer met with little response. After

[1] At meetings with representatives of the voluntary hospitals on 9th October 1939, 9th November 1939 and 1st December 1939. See also letter from the chairman of the British Hospitals Association to *The Times*, 9th December 1939.

[2] Statement to the Ministry of Health by the secretaries of the teaching hospitals, November 1939.

[3] On 5th February 1940 the Director-General of the E.M.S. minuted that a serious staffing situation would arise if 'further concessions' were made to the British Medical Association.

[4] The *Lancet*, 'From our Peripatetic Correspondent', 23rd September 1939, ii, 719.

[5] Leader, 23rd September 1939, ii, 699.

[6] Ministry of Health E.M.S.I.53, 18th September 1939, and E.M.S./Gen./279, 5th October 1939.

further negotiations, the Ministry agreed to accept the recommendations of the profession.[1] The chief item in the new scheme was an arrangement whereby doctors of specialist or higher rank were released from whole-time duty to return to private practice. They were paid a salary of £500 a year for such duty as might be required of them, on the understanding that if in an acute emergency they were called upon for all their time no extra remuneration would become payable.[2] These terms, which were later described by the Select Committee on National Expenditure as commercially based and 'neither in the interests of the country nor in accord with the dignity of the profession',[3] proved to be acceptable.

This reorganisation, settled during the early, uneventful months of the war, determined in broad outline the terms and conditions of service for doctors for the next five years. The change from whole-time to part-time and sessional terms for medical practitioners in the emergency medical service was an important part of the general reorganisation which the hospital scheme underwent during the first year or so of war.

The other elements in this process of reorganisation were chiefly administrative ones. Most of them were introduced during the summer and autumn of 1940, and as a result of the experience gained during the preceding months when pre-war principles were tested in action.

In May 1940 the Ministry of Health decided to decentralise a substantial amount of control to the regions, and to link up the local and regional organisation of the hospital scheme with the department's regional offices and the staffs of the Regional Commissioners.[4]

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[1] See letter from chairman of Council, British Medical Association, in the *Lancet*, 2nd December 1939, and Ministry of Health E.M.S.P.19, 29th November 1939.

[2] Instead of a whole-time salary of £800–£950. Revised arrangements were also made for the following: (1) the individual employment of house-officers at £350 a year was replaced by a compounding payment to the employing hospital at £200 per head for the number of house-officers required for the purposes of the scheme; and (2) the employment of part-time officers on a sessional basis was confined to voluntary hospitals where whole-time E.M.S. clinical staff were employed and to local authority institutions; elsewhere, capitation payments were made to voluntary hospitals for E.M.S. cases treated, the fund so constituted being at the disposal of the medical board to divide among the honorary staff in any way it liked. Capitation payments were fixed at 1s. 6d. per night per in-patient and 6d. per out-patient attendance. These terms were somewhat modified later in the war. E.M.S. staff supplied to voluntary hospitals were allowed to treat civilian sick—or non-E.M.S. patients—in these hospitals. In return, non-E.M.S. staff were expected to help with casualties in an emergency. (Ministry of Health circulars E.M.S.Gen.293, 27th November 1939; 1924, 30th November 1939; and 2176, 18th October 1940.)

[3] Eighth Report from the Select Committee on National Expenditure, 1940.

[4] Ministry of Health notes on decentralisation were issued between 28th May 1940 and 27th June 1940. Operational control of the hospital scheme was not delegated to the Regional Commissioners as was the case with the casualty services in May 1940. The chief reason why authority was not delegated was the need to pool hospital resources on a national basis, and to override regional boundaries.

Additional appointments were made, including assistant hospital officers whose main tasks were (despite their misleading title) to bring closer together the local casualty services, the hospital services and the regional organisation.[1]

These changes were made, particularly the decentralisation of work to the regional offices, partly as a result of the recommendations of the Colville-Chatfield commission of inquiry,[2] and partly because of the war situation which it was thought might lead to the evacuation from London of at least a section of the Ministry of Health. The inquiry found that the hospital officers outside London had been burdened with work which might well be carried by the Ministry's regional offices, that the staffs of these offices were out of touch with the hospital organisation, and that very detailed supervision of financial and other matters by the central department slowed down development and hindered quick and flexible operational control.[3] In June 1940 financial control from the centre over the smaller items of current expenditure was eased, and increased powers of approval were delegated to the regional offices.[4]

The working of the administration of London region was also criticised by the commission of inquiry and by other bodies. It was said that the ten sectors were too inequal in size; that so many sectors, the number having originated from the decision to allot separate spheres of work to as many as possible of the big teaching hospitals, multiplied the problem of co-operation; that there were inequalities between them in matters of staff and beds; and that each sector, instead of working with others on questions of transferring patients and staff and pooling resources, tended to act as an isolated, independent unit.

These points were made more pungently by the Select Committee on National Expenditure which drew attention, in its fourteenth report, to the fact that the aim of flexibility and sharing of work had been discouraged by the original appointment, at the head of each sector, of a distinguished doctor or surgeon already on the staff of a teaching hospital.[5] Complaints were also made by the London County Council that medical staff had not been fairly allocated between municipal and voluntary hospitals, and that the former were taking a large number of civilian sick who would, in peacetime, have

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[1] Ministry of Health E.M.S.Gen.319, 12th April 1940 and E.M.S.I.144, 8th May 1940.

[2] This commission was appointed by the Minister of Health to inquire into certain aspects of the working of the emergency hospital scheme.

[3] The policy of close financial control by headquarters, which the Colville-Chatfield commission thought harmful, was laid down in a circular issued by the Ministry of Health on 22nd January 1940 as a result of the Treasury's call for economy in spending (circular 1954).

[4] Ministry of Health circular 2064, 22nd June 1940.

[5] Fourteenth Report from the Select Committee on National Expenditure 1940–1, 13th May 1941.

been treated by the voluntary hospitals. The latter were, it was said, keeping a much higher proportion of beds vacant for casualties.

Some of these complaints, such as the question of hospital room for the civilian sick, are examined in chapters XXII—XXIV. As regards the criticisms of the London sector arrangements, the Ministry of Health decided in July 1940 that the time was unsuitable to make any radical changes, even if the complaints were justified. In an attempt, however, to promote more co-operation between the sectors and among the hospitals, a superior directing staff for London and the home counties was appointed, consisting of a director and two assistants representing the interests of the voluntary and municipal hospitals.[1] The former hospital officer for London region was then made responsible for supervising first aid, the ambulance services and inter-hospital transport.

This chapter has now sketched the early war-time development of the emergency medical service. It had begun merely as an improvised casualty scheme for treating air raid victims; but by the summer of 1940 it was in process of transition to a national hospital service for a section of the population. This section, comprising (in May 1940) civilians and members of the civil defence organisations injured by enemy action, sick and wounded members of the Fighting Services and certain other groups,[2] was not a large one compared with the total of the nation's sick population; but it was steadily added to as the war went on by the inclusion of other groups.[3]

In some respects the new hospital service was fortunate in not having to carry a heavy burden of patients during its first nine months. For this benefit, however, a price had to be paid by the civilian sick. The Government, in establishing a hospital service to meet the demands of total war, disorganised the existing arrangements for hospital care. It then had to set about repairing the damage that had been done on the outbreak of war. In doing so, and in building up the new service, not as a separate entity but inside and around the structure

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[1] Certain other minor changes were made at the same time affecting the administrative control of the sector hospitals in London and surrounding counties. Also, in September 1940, the supervision and control of all hospitals in London region in respect of their part in the emergency scheme were transferred from the office of the hospital officer of London region to Whitehall.

[2] Members of the police forces and of the mercantile marine injured by enemy action injured and sick members of Dominion, Colonial and Allied Forces; injured and sick prisoners of war and interned persons, and sick unaccompanied evacuated children. All these groups were entitled to free hospital treatment under the E.M.S. Sick civilians, transferred from one hospital to another to keep beds empty for air raid casualties, who were also entitled to treatment, were required to contribute to the cost according to means. The position of this group is further discussed in chapter XXII.

[3] See chapters XXII and XXIII.

of two existing and very dissimilar hospital systems, it encountered many conflicting loyalties and a whole series of previously unresolved problems. Some of these came to the surface during the first year of war and have already been discussed. They arose again at different times in the next four years and for different reasons. They presented themselves in a serious form when the emergency medical service faced its first real test during the air-raid winter of 1940–1. This is the theme of the next hospital chapter—chapter XXII.

CHAPTER XII

DIGRESSION ON LOCAL GOVERNMENT BOUNDARIES

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Nature of the Problem

THIS book is not in any sense a history of local government under war conditions. It is a history of social disturbance and the attempts of public policy to control or temper it. But public policy in this field involved the action of a number of central departments and a great many local authorities. The processes of action, the obstacles encountered and the results achieved, cannot possibly be separated from the jurisdictional and geographical fragmentation of responsibility. Many examples to be given later will show that the success or failure of a particular policy was determined, in large measure, by the way in which responsibility was defined and distributed. The present chapter, therefore, though it may appear at first sight to be off the main track, covers essential ground for Great Britain's war history. It is a study of frontiers—the frontiers dividing hundreds of independent local authorities of different types, responsible by statute for providing a great variety of services, and the frontiers dividing and defining the contributions of local and central finance.

This approach to the subject of local government is, of course, limited. In any comprehensive inquiry into the effects of the war on the functioning of the system, many other issues would have to be considered. Nevertheless, the problem of boundaries came to be very important during the war. It affected the operation of many of the emergency social services—the evacuation scheme, the post-raid services and, to a less degree, the emergency hospital scheme. Instead of discussing under each of these headings the question of boundaries, and its associated problem of mixed financial responsibility, the material has been brought together and studied in this chapter.

In the interests of good management and ordered development, a limit to the responsibilities of local government has always had to be drawn somewhere. What more natural and proper than that the duties of locally elected bodies should be confined to those who dwell within the boundaries of their districts? From this conception of local needs and responsibilities has arisen the system of local government itself. A simple law of settlement, determining that every person should belong to some parish 'is coeval with our earliest authentic

institutions'.[1] From the beginning of a general system of relief of the poor it was therefore understandable that parishes should restrict their liabilities, in the way of relief, to those whom they felt to 'belong' to the parish.

The Statute of Elizabeth in 1601 laid an obligation upon each parish to maintain its own poor. From this there arose the need to defend the economic resources of the parish against strangers and those who wandered abroad. Then, by the Settlement Act of 1662, localism, and the removal of poor persons to their place of birth, were firmly and harshly practised on a national scale. Over two hundred and fifty years later, the cruelties of removal had long since gone, but the principle of settlement remained as an integral part of many of the social services administered by local authorities.

In the twenty years before 1939 the pressure of economic forces had compelled the central government to recognise that certain services—notably the relief of the unemployed—could no longer be left to the vagaries of local boundaries and the inflexibility of house-rates as the main source of local finance. The problem of unemployment, as one of the components of poverty, was seen to be a national, and not a parochial, responsibility. During the Second World War the process continued; local authorities were further relieved either wholly or in part of certain of their functions, while in respect to other duties they became, not independent policy-making bodies, but local agents and managers for the central government.

Upon the continuance of this trend will no doubt turn the whole future of local government as it has been known in the past. So large an issue cannot be discussed here. It is necessary, however, to point out that the trend towards the centre had, by the end of the war in 1945, hardly touched those particular services affecting mothers and children with which this book is greatly concerned. There remained, then, an important group of services in the fields of health, education and welfare which, during 1939-45, were still locally based. The range and quality of these services, their accessibility and cost, were still very largely matters for some hundreds of local authorities to decide.

The function of these local bodies, it will have been noted, was to provide and make accessible certain services for their own people: sanatoria for the tuberculous, clinics for mothers and children, help for the poor. Some services had by law to be provided; others were permissive. The patterns that emerged were of great variability, showing wide differences in quantity and quality of service as between one local authority and another. Some citizens in one part of the country were much better off than others in another part; some used the services much more; some needed them much more.

[1] Coode, G., *Report on the Law of Settlement and Removal*, H.C. No. 675 of 1851, (p. 7).

These two features of local government, variability in service and localism in responsibility, were part and parcel of the system when war broke out in September 1939. The full and efficient working of the system—that is, absence of hardship and ease of access to services —rested on the postulate of a relatively immobile population; on a limited volume of movement of people over local boundaries.

This was particularly true of some of the more important services. Applicants for local authority houses had to show residential or work qualifications varying, according to the authority, from six months to ten years. Non-residents were not willingly accepted by many authorities into their tuberculosis sanatoria or mental institutions. Similar difficulties of residence and settlement were often experienced in respect to maternity accommodation, education and, in particular, the poor law services. Much more research would need to be done before it would be possible to measure, even roughly, the effects of all restrictions of access to these services imposed by local boundaries and the spirit of localism. They may only have meant a certain amount of annoyance and some delay. What is unquestionable, however, is that they led to a vast amount of inter-authority accountancy.

This was by no means a new problem in 1939. It had undoubtedly changed in character from the days when 'men, women and children in all states of health and disease, perpetually criss-crossing the kingdom under expensive escort, which lasted two whole centuries', cost the country, in lawyers' fees alone, over £10,000,000.[1] By the nineteen-thirties the number of poor persons bodily removed was small,[2] while the annual expenditure of local authorities in pursuing settlement and removal inquiries had fallen substantially from the extravagant sum of £258,604 in 1833–4.[3] Nevertheless, on poor law services alone, it was still as high as £52,740 in 1936–7.[4]

In some areas just before the war the amount of administrative labour of this kind in poor law departments was still considerable. Thus, in March 1938, over 1,000 persons who had moved under rehousing schemes from Liverpool to the borough's Huyton estate (outside the boundaries of the city) were being relieved by the Lancashire County Council which was recovering about £400 a week from Liverpool.[5] In each case, inquiries were necessary to find out

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[1] Webb, Sidney and Beatrice, *English Local Government: English Poor Law History*, part 1, 1927 (p. 322).

[2] See, for example, the annual reports of the Public Assistance Committees for London and Liverpool, 1936–8.

[3] *Ninth Annual Report of Poor Law Commissioners*, 1843.

[4] Ministry of Health estimate. The figure of £52,740 is probably an under-estimate, for it is believed to exclude that proportion of the salaries of officials and administrative expenses incurred on this work in central departments, as well as certain items of expenditure by local authorities which are difficult to apportion, e.g. office accommodation, salaries and so on.

[5] *Annual Report of the Public Assistance Committee for Liverpool*, 1938.

whether the individual concerned had or had not acquired a status of irremovability.[1] On the outbreak of war in 1939, the elaborate and expensive apparatus of the national law of settlement and removal hardly differed at all from that ruling before the labours had started of Beatrice and Sidney Webb and the Royal Commission of 1905–9.

The estimate that has already been quoted of the annual cost during the nineteen-thirties of settlement and removal work greatly understated the total annual cost of inter-authority accountancy involved in the administration of all the social services. To this expenditure on book-keeping by public assistance authorities there had to be added, first, the cost of operating the arrangements for recovery set up under various public health and education acts,[2] secondly, the cost of the complex accounting processes between county councils and other authorities within the counties, thirdly, the cost of transferring monies between different types of local authorities and four or more central government departments and, fourthly, the cost of personal recovery —the local task of administering a bewildering variety of twenty or more means tests and of collecting small sums of money from the millions who used the health and social services.[3] The range of these services in 1939 and, therefore, the potential field for recoupment, accountancy and auditing, had grown immensely since social help was confined to poor relief.

It was with this burden, laid upon them by Parliament, that both central department and local authority entered the war in 1939. It was to be a war which was to strain this system of microscopic accountancy to breaking-point. For the question whether this system, as it affected the health services, was compatible with war on civilian society does not seem to have been considered at any time by Parliament or Executive.

When the evacuation of mothers and children was being planned before the war the Government took pains to inform receiving authorities that they would not be put to any additional expenditure. This was the first principle; full reimbursement for extra costs arising from the evacuation scheme.[4] The second principle, to which no reference was made before the war by the Ministry of Health,[5]

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[1] A note on the law of settlement and removal is printed in appendix 6.

[2] Some indication of the work involved as a result of these arrangements in London alone is given in para. 81 (recovery for use of swimming baths by schoolchildren) and 99–101 (recovery of costs of education) of *A Survey of London Local Government*, Lloyd, E. J. D., and Humphries, J. H., 1944.

[3] The question of means tests and personal recovery was discussed in chapter X, pp. 154–61.

[4] Ministry of Health circular 1800, 1st May 1939.

[5] The Board of Education did, however, make it clear before the war that, so far as educational expenditure was concerned, both receiving and evacuating authorities should neither benefit nor lose as a result of the evacuation of schoolchildren. The Board's policy on this matter is the concern of the education volume in this series of histories.

laid down that evacuating authorities could not be allowed to benefit; that they should, in some form or another, pay up what they were saving as a result of the removal of mothers and children from their areas.[1] Receiving authorities were therefore told to recover 'normal' costs from evacuating authorities. So far as possible, accounts were to be settled between the two authorities by 'day-to-day operations', receiving authorities recovering expenses attributable to individual evacuees from the evacuating authorities, who might have had to bear the cost if evacuation had not taken place.[2] The latter authorities were, in turn, advised to follow their peace-time practice of recovering in appropriate cases from parents and responsible relatives.[3] Any costs not recovered by the reception authorities from the evacuation authorities would be a proper charge on the Exchequer.

The influence of poor law doctrine can easily be seen in the formulation of these principles. Local authorities were to be responsible for the cost of health and social services rendered to people who had been living in their areas before the war, provided that such services were available to these people before they moved. Irrespective of where these people went, the authorities of the areas receiving them had therefore the duty of recovering the cost of such services from the sending authorities.

Admirable as the intention was to separate the 'costs of war' from the 'costs of peace', and to distribute justly and precisely the respective financial burdens of the local authorities and the central exchequer, nevertheless, the practical application of these principles over a large sector of the social services was bound to give rise to a great many difficulties. As soon as they had to be translated into day-to-day operations, not only by the trained and experienced staff of the London County Council but by those who ran the affairs of rural and urban district councils, their abstract nature became apparent.

Some of the practical difficulties seem to have been visualised in the Ministry of Health when evacuation was being planned, for circulars to local authorities referred vaguely to the desirability of a general financial adjustment at the end of 'the emergency'.[4] The idea of a grand local government inquest embracing public assistance and other forms of expenditure was, however, generally superseded by the announcement, in October 1939, of the principle of day-to-day re-

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[1] 'Evacuation does not, and cannot, mean that evacuating authorities are to be relieved of all existing burdens in relation to their transferred populations merely because services are being provided for them, for the time being, largely through the agency of the authorities of reception areas,' (Ministry of Health circular 1882, 3rd October 1939).

[2] Ministry of Health circular 1998, 19th April 1940.

[3] Ministry of Health circular 1998, 19th April 1940.

[4] E.g. Ministry of Health circular 1800, 1st May 1939.

covery from evacuating authorities. Not that this announcement solved the problem for good and all. Whenever a particular financial riddle appeared to be insoluble, the idea of a post-war settlement was temporarily resurrected, and the problem was gratefully deposited into the arms of time.

But only a few of the more intractable issues could be disposed of in this fashion. The vast majority had to be postulated, argued about, minuted on and judicially weighed against a background of relevant facts, precedents and legal interpretations. These processes, which required of officials an enduring patience and an attitude of abstract detachment from the troubles of man, also called forth and nourished a flair for detective paper-work and a capacity for memorising the minutiæ of precedent books and legislative enactments. Human problems dissolved into 'cases'; it was a rare official who could spend his life in service of this kind without having his sympathies blunted and dulled.

All this affected the work of the local authorities and the central departments concerned with the social services. The former not only had the duty of continually arranging a great number of financial adjustments among themselves (which inevitably meant referring many questions to the centre for adjudication), but they were also involved in the numerous accounting tasks of dividing and allocating responsibility between central and local administration. The new 'costs of war' and the decision in 1939 to divide them from the 'costs of peace' added to these burdens. They soon became formidable for at least five reasons:

1. the constant movement of population over local government boundaries. Between the outbreak of war and the end of 1945 there were about 34,750,000 removals from one national registration area to another in England and Wales;[1]
2. the setting-up (for civil defence purposes) of new boundaries defining evacuation, neutral and reception zones, and the consequential introduction of new categories of eligibility for this or that service;
3. the separation of migrants into two classes (*a*) 'official' evacuees for whom the Government accepted financial responsibility in respect of certain additional costs and (*b*) 'unofficial' evacuees —those who made their own arrangements to move—for whom the Government accepted only partial responsibility, and then not until February 1941;
4. the Government's decision to distinguish between 'normal' or peace-time costs and 'emergency' or war-time costs;
5. the provision of new social services and the extension of certain of those already in existence.

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[1] For details and source of reference see chapter XX.

There were in addition many other reasons which, at different periods of the war, made it extraordinarily difficult to answer the questions: to whom do these people belong? who is responsible? who should pay? It will be best if, without further discussion, a series of concrete examples are given to show the nature and extent of the problem, the effects of the war and, in particular, the influence of the five factors that have already been mentioned.

(ii)

First Example: Residential Nurseries

The first example, selected from a wide field, relates to the wartime provision of residential nurseries for children under the age of five.[1] The need for residential care had existed in peacetime and had been met to a very limited extent by public assistance authorities. The war, bringing in its train an immense and unceasing flow of people from one part of the country to another, a great mobilisation of men and women to work and fight, and a consequent breaking-up of families and neighbourhoods, multiplied the need for some kind of residential provision for young children. The need was acutely felt when mothers were ill, confined, unmarried (and generally compelled to work), homeless or dead, and there was no one available to take care of their young children.

One figure is given to show how important this problem was. Early in 1944—that is, on the eve of the invasion of Normandy—it was estimated by the War Office that compassionate leave was being granted, chiefly for the kind of reasons that have just been mentioned, at a rate of over 100,000 men a year. This volume of leave only applied, of course, to men stationed in Britain. Most of these soldiers were being released from the Army for periods up to a month to go home—to cook meals, wash, feed, shop and generally look after babies and young children. To grant leave on this scale was a serious matter at a time when the Army needed its full strength; but to refuse it might gravely imperil morale—for soldiers could hardly be expected to fight with spirit when they knew that their families were breaking down under insupportable strain.

The historian does not know the domestic circumstances of all these and many other families, and whether they were eligible or not for help from the poor law. The need for residential care, which increased in volume and changed in character as the war went on, was partly

[1] A fuller account of this service, based on extensive research already completed, will be published in a second volume in this series of histories.

met by two main sources of provision. Voluntary effort led the way. A group of voluntary organisations established a large number of residential nurseries in the reception areas. Many of these nurseries were, at first, financed by private donations and out of gifts from the United States and the Dominions, and later, under the guiding hand of the Ministry of Health, they were linked to the evacuation scheme and paid for by the Government. In general, these facilities were restricted to the children of parents who lived in evacuation areas. The second main source of relief lay in the nurseries and other accommodation provided by public assistance authorities who were bound, under various poor law acts and orders, to receive and maintain children in their institutions in cases where the parents applied for such help and proved their need.

There existed, in consequence, two financial types of nurseries; one for public assistance cases, the other for non-public assistance cases. When the problem of the under-fives began to grow serious early in 1940, the Ministry of Health suggested that more provision should be made by the public assistance authorities. But the London County Council (as one of the authorities chiefly concerned) considered that this would have the effect of charging the rates with the maintenance of many children who, in peacetime, would not have satisfied the poor law test. Why should London ratepayers be saddled with expenditure which was due to social changes produced by the war? Why should they have to pay for children who had been deprived of parental care because the Government had called up fathers, and had not consulted the poor law authorities on foreign policy and its extension into war? And should not these children be evacuated from London, and was not this a responsibility of the Government? But, replied the Ministry of Health, the relief of social distress is not the object of the evacuation scheme. The difference of opinion arose because many of these cases in London and other areas could be described as eligible both for evacuation and for help from the public assistance authorities. The children required residential care; they needed to be moved to safer areas, and they also had to be paid for.

Although there were several statutory (and a large number of voluntary) bodies in the field, all of whom were prepared to accept a child if it passed certain tests of eligibility, nevertheless, there was an all-round shortage of accommodation. From the first to the last day of war there were never enough residential nurseries. The deficiency was more serious in some places and during some periods than in others, and the total effect was, of course, to increase the severity of the tests of admission.

To the prevailing confusion about boundaries and responsibilities the war-time creation of civil defence areas added a further complication: for a social casualty aged two on one side of a boundary might

be eligible for evacuation to a Government sponsored nursery, while on the other side there was often nothing except public assistance. Thus, when a case of family distress reached a selection panel (through a citizens' advice bureau, voluntary worker, army welfare officer or some recommending body), the decision as to whether the child was eligible for admission to a nursery turned upon such factors as:

poor law chargeability,
home address (whether evacuation, neutral, reception and/or public assistance area),
condition of mother (expecting a baby, short or long-term illness, cause of death),
occupation of father (Armed Forces or other),
occupation of mother (on or entering employment under the Essential Work Order, the Women's Forces, etc.).

Some examples of how these tests of eligibility operated will now be given. Until March 1943 a soldier's child aged under five, whose mother was seriously ill in hospital or had died, was not eligible for a place in the Government's evacuation nurseries unless the home address was in an evacuation area. After this date, neutral and reception areas were included. If, however, residential care was needed only for a short time; that is, if the mother was confined, or if her illness was 'expected' to be of less than three months' duration, the case was still, after March 1943, left to the relieving officer.[1]

The disposal of a child of an unmarried mother who was ill, or incapacitated from looking after it, was also most complicated. It was laid down that the evacuation scheme should not be used to solve the social and economic problems of illegitimacy.[2] According to the

[1] Unless the mother was fortunate enough to get the child accepted by one of the voluntary agencies handling such cases, e.g. the Soldiers', Sailors' and Airmen's Families Association. If not, then the responsibility fell on the public assistance authority of the area in which destitution arose. If the authority could show that the child was—for settlement purposes—removable to an evacuation area then it could be sent to a reception area *via* a public assistance residential nursery. If the authority in the evacuation area could not provide accommodation in an evacuated nursery under its control, admission might be made to a nursery maintained under the Government's evacuation scheme provided that the public assistance authority made a payment of 23s. per week for maintenance. According to circumstances, the authority then recovered the cost of maintenance from the War Office, the mother (if alive) or, under section 6 of the Act of 1601 (re-enacted in section 14 of the 1930 Act), from the maternal or paternal grandfather or grandmother.

[2] This particular form of social distress among unmarried mothers during the war was, on the whole, left to be dealt with by the public assistance authorities. Approximately 61,000 additional illegitimate births occurred in England and Wales during 1941–4 (over the average for 1939–40). The total number of such births registered during 1941–4 was 165,000, or roughly 41,000 a year as compared with 26,000 for 1939 and 1940. But a very large number of these children who were born out of wedlock were prevented by war factors from being legitimised. While the illegitimate birth rate rose, the proportion of legitimate births occurring within eight months of marriage fell steadily to the end of 1943. Thus, for the first four years of war the proportion of extra-marital conceptions did not differ very much from that obtaining before the war. Nevertheless, it is probable that the public assistance authorities were called upon to accept more illegitimate cases because the war prevented marriage and the legitimation of the child. If this situation had been properly understood, these authorities might with justice have argued that the Exchequer, and not the rates, should have accepted financial responsibility.

Ministry of Health, the residential nurseries should not be employed 'in any way calculated merely to relieve those social services which are or should be provided out of the rates'. The exceptions allowed were the unmarried mothers in uniform (or desiring to return to uniform) and those mothers in occupations to which the Essential Work Order had been applied. In these instances the Government, instead of the rates, bore part of the cost of maintaining illegitimate children in nurseries.[1]

A mother could not have access to these nurseries just because the child was born out of wedlock[2] and she was forced to earn a living. But if the mother resided in an evacuation area the child might be accepted by an evacuated nursery maintained by a public assistance authority. When a parent ceased to be chargeable to the poor law, a fresh application had to be submitted if the parent desired the child to remain in a nursery, the cost now being borne by the Government. It would have been possible for a child (legitimate or illegitimate where the mother lived in an evacuation area) to have been transported backwards and forwards half-a-dozen times between the two types of nurseries, according to the number of financial crises in the family and the resulting incidence of 'in-and-out' chargeability. But this, of course, was hardly practicable. It is not known if the costs of nursery maintenance, varying in amount from one nursery to another, after the deduction of different sums of money recovered from parent or grandparent, were precisely apportioned on each occasion between the public assistance authority and the Exchequer. That a voluminous amount of inter-authority accountancy went on is evident from the experience of the London County Council.[3]

The problem of allocating expenditure also arose, for instance, in the accounts of the public assistance nurseries which were evacuated in 1939. The Government accepted financial responsibility for the additional or 'evacuation' costs. The same principle was also applied to all new public assistance nurseries established in reception areas during the war by evacuation authorities. These 'deficiency payments', as they were called, involved a great deal of analytical bookkeeping, partly because any savings by the authorities in the form of rents or upkeep of buildings formerly used for nurseries in the evacuation areas had to be credited to the Government. Such savings were

[1] In addition, some other applications which conformed to the criteria drawn up for admitting children to the Government sponsored nurseries were accepted during the later years of the war regardless of whether the child was legitimate or not.

[2] See footnote on p. 211. The emphasis on status at the termination of uterine life is important, for, as the Registrar-General for England and Wales has shown, forty-two per cent. of first maternities to married women aged under twenty were conceived before marriage, thirty-one per cent. at age twenty, twenty-two per cent. at age twenty-two, ten per cent. at ages twenty-five to twenty-nine, and eight per cent at ages thirty to thirty-four (*Registrar-General's Statistical Review* 1938, part II, civil).

[3] See reference on p. 215.

difficult to define and to measure, even when (as in this instance) changes in price levels were ignored.

Similar arrangements for deficiency payments were made for evacuated nursery and special schools. But here, expenditure had also to be analysed and allocated between the 'educational' and the 'billeting' element. The former attracted varying rates of grant from the Board of Education (the rest being borne by the local authority), while the 'billeting' or additional cost arising from evacuation was wholly met by the Ministry of Health. It was not easy to judge, for example, when extra accommodation or kitchen staff was needed in an evacuated residential nursery school, whether the 'educational' or the 'billeting' element was responsible.

The dissection and distribution of financial responsibility for the maintenance of residential nurseries in the evacuation areas for short-stay cases of social distress was equally formidable. The need for help of this kind, generally by mothers who were ill or confined, was very acute during 1943–5. In London, the County Council (as the public assistance authority) accepted urgent cases arising in its area, although only about one-half could be labelled destitute in the public assistance sense.

When the children aged under five were received into the public assistance short-stay nurseries they were sorted—on paper and for accounting purposes—into two groups, 'evacuation'[1] and 'public assistance'. The test applied was whether the need for nursery care was 'due to reasons which would have operated in any case but for the war, e.g. unsatisfactory conduct on the part of the parents, or whether the child was at a disadvantage as the result of the war, e.g. the father's absence on service, etc.'.[2] If the latter, the cost was charged to the evacuation account and recovered from the Government. Thus, the labelling of these children and, in some instances, the kind of clothes and toys they received, the type of medical, educational and other service provided, depended on assumptions reached about the behaviour of the parents to each other or to the child, and to the extent to which this parental behaviour had or had not been influenced by a war already four to five years old. These decisions, or tortuous sociological analyses, had to be made to determine whether the financial liability (after deducting parental contributions) was to be borne wholly or partly by the Exchequer or wholly or partly by the London ratepayer.

[1] 'Evacuation' was often only a book-keeping label, for short-stay cases were not necessarily evacuated from London.

[2] Ministry of Health ruling. During the three months ended 11th December 1943, 760 new cases were admitted to these nurseries. Of this number, 376 were classified 'evacuation' and 384 'public assistance'. A proportion (unknown to the historian) were subsequently transferred from poor law chargeability to the Government's evacuation account.

The existence of these two types of nurseries meant that separate arrangements had to be made for different kinds of services. It was necessary, for example, to organise for one group of these under-fives public assistance clothing, medical, dental, ophthalmic and other services, in addition to the provision of staff and equipment. Similar services had to be separately organised for the non-public assistance nurseries. Many complications and much duplication of effort resulted from the attempts of local authorities and central departments to keep within the letter of the law laid down by Parliament and avoid expenditure which might legally be the concern of some other authority. A shrewd public assistance official might improve his chances of promotion if he could show his committee a saving in expenditure by transferring border-line cases to other authorities, just as, in the fifteenth century, beadles were allowed fourpence extra for every beggar expelled from the town.

This point may be illustrated by one striking but not untypical example. In October 1943, a child who had been evacuated from Acton in Middlesex to Dorset needed some clothing. No reply was received from the mother (she could not be traced and it was not known whether she was still alive). The Dorsetshire public assistance committee therefore applied to the local education authority in Acton. Acton, having failed to find the mother and being unsuccessful in obtaining any money from an aunt in Acton, refused to pay on the ground that either the Middlesex or the Dorsetshire public assistance committee was responsible. Middlesex disclaimed responsibility because the child was not destitute when it had lived in Acton, while Dorsetshire held that destitution could not arise since the evacuation scheme provided board and lodging. A rumour (subsequently found to be false) that the mother had been heard of in Bolton introduced another authority and more delay.

This type of case was by no means rare, and each one consumed much time and energy and involved the risk of distress.[1] In addition to the mixture of central responsibilities and local duties there were other complications, such as responsibility for the cost of education, which often interposed more authorities. There was, for instance, the financial problem of some of the London County Council's evacuated educational institutions which contained children who, in August 1939, resided outside the boundaries of the county. For some of these

[1] For example: 'Mrs. X, a young woman with two small children, lived in the county of Z where there was little provision for maternity in-patients. When she was expecting her third child she tried to book at the rate-aided hospital in a county B almost within sight of her home. As she was not a ratepayer and could not afford full cost, her application was refused. Reference to the medical officer of health of her area brought no solution for their available beds were full, and eventually she booked at a small inexpensive nursing home. Owing to a complication after birth she was rushed to the same hospital where she had previously applied for admission, the nursing home being situated in its area. Mrs. X died.' (*Social Work*, October 1942.)

children Middlesex was responsible as the public assistance authority. Thus, there were five parties concerned in (*a*) the initial or peace-time costs and (*b*) the additional or war costs. These five parties were the London County Council, the Middlesex County Council, the Ministry of Health, the Board of Education and the parent. The parent's share was the easiest to settle, but to whom should it be paid and who should collect it? And how should the total costs of maintaining the child be divided among the four public bodies according to (1) the evacuation element, (2) the education element and, (3) the public assistance element?

When, to this kind of situation, there were added the complications introduced by changes in the circumstances of each parent the problem of accountancy became almost insoluble. Homes were moved from evacuation to neutral or reception areas and *vice versa;* mothers entered and left employment, were taken ill and recovered; fathers entered and left the Services and the scale of dependants' allowances rose, and children were taken home for a time and then had to be sent back, or else they reached the age of five and had to be discharged from nurseries and billeted in the reception areas.

It was only the level-headedness of some officials which kept the amount of clerical work from reaching, in relation to the size of the problem, fantastic proportions. 'It has become long since utterly impossible', wrote one official of the London County Council, 'to keep an exact analysis of the cost of evacuated special parties so as to charge the precise amounts due to the Government, to the Council under its different statutory accounts and to each local authority concerned. If we had attempted to do it we should have incurred a scandalous waste in man-power. I should like to abolish all distinctions between these evacuated special parties . . . I would hazard a guess that if it were accepted the saving of men and women now employed in public offices on analytical book-keeping up and down the country would be of the order of 10,000 persons.'[1]

The spectacle of this army of book-keepers, all busily and conscientiously engaged in transferring and re-transferring items of expenditure, seemed just as incongruous to some observers during the war of 1939–45 as, in the past, the bodily removal of poor persons had appeared to students of local government. The report of the Select Committee of the House of Commons, appointed in 1837 to inquire into the administration of the Poor Law Amendment Act of 1834, had ironically remarked:

> The poor law functionaries employ 'a great portion of their time, and a larger portion of the public money, in carrying the labourers about

[1] Letter to the Ministry of Health, 3rd November 1942.

> from one end of the kingdom to the other, parcelling them out with the nicest adjustment amongst the fourteen thousand little divisions called parishes, and determining with whatever circumstances existed in any one of these fourteen thousand parishes to make the presence of the labourers desirable or otherwise, they should go, and they should stay where they had been born or apprenticed or last lived for a year.'[1]

All the transactions that have been recorded above suggest that comment in the same ironical strain would have been appropriate more than a century later.

(iii)

Second Example: Health and Welfare Services

So far, this study has examined in detail only the problems of boundaries and financial responsibilities as they affected one small section of that part of the population who used the statutory social services. This section comprises a proportion of the parents with children aged under five years. It is now necessary to broaden the field of inquiry, and to apply the same tests and address the same questions to a much larger group. In the main, the people concerned are mothers, children of all ages, and certain other groups with special needs, such as those requiring hospital treatment and medical attention. The characteristic common to all these groups is their need for service of one kind or another.

The present study is only indirectly concerned with questions of family income and the need for cash aid. This makes the inquiry harder. In many ways it is easier for the social investigator to measure the need for monetary help and the extent to which such help is accessible and is given, than it is to assess the qualitative working of a social or medical service.[2] More is known, for instance, about the economic circumstances of old age pensioners than about the medical standards of service provided by doctors under the National Health Service Acts. The problem of ascertainment and measurement is a very difficult one.

How is it possible to find out, for example, the number of children

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[1] *The Parish and the Union, or the Poor and the Laws under the Old System and the New: Being an Analysis of the Evidence Contained in the Twenty-two Reports of the Select Committee of the House of Commons, Appointed in the Session of 1837, to Inquire into the Administration of the Relief of the Poor, under the Orders and Regulations Issued by the Commissioners Appointed under the Provisions of the Poor Law Amendment Act*, London, 1837.

[2] An analysis of Hansard for the years 1939–46 illustrates this point, for it shows that the number of questions asked by M.P.s about accessibility and treatment under a social service were infinitesimal in comparison with the number asked about rates of allowances, pensions and insurance.

who, because of the closing down of clinics in some areas or their absence in others, were left at the end of the war with uncorrected squints? Or the number of children stigmatised—perhaps for life—as hereditarily 'backward' because of the disorganisation of their schooling during the war? Or the number of mothers left with pelvic damage after childbirth as a result of the effects of the war on the maternity services?

No departmental file or statistical analysis can answer such questions as these, many of which belong, in the first place, to the clinician. The only approach that can be made here is to examine the effect of the war on access to the services needed by these people. Even this can be attempted only indirectly and incompletely. The documentary material for this study is defective, for it is scattered in the form of odd notes, minutes and reports among some hundreds of thousands of departmental files of which only some 600 (comprising about 75,000 papers) have been thoroughly sifted by the present writer.

An earlier paragraph, looking at some of the social consequences of the war, gave five reasons to explain why the problems of boundaries and divided responsibilities increased in size and complexity, namely: population movement, new geographical boundaries, the division of migrants into different grades of eligibility, the distinction between the costs of war and the costs of peace, and the general expansion in the provision of social services.

On the outbreak of war the first four of these factors began at once to operate. Throughout the next five years, the movement of population was much the most important of all the factors. Consequently, the periods of greatest stress were experienced in 1939 (the first exodus), in 1940–1 (evacuation from areas on the coast and from the cities during nine months of air raids), and in 1944–5 (evacuation during the flying-bomb and rocket attacks). The material for this study has been drawn mainly from the records relating to the first two periods.

Before describing what happened, it is necessary to say something about the scope and character of the agencies of social welfare in town and country. In contrasting the urban and rural scenes two generalisations have to be made: first, the mass of the people living in London and the large cities had need of, and had come to rely on, a much wider range of statutory and voluntary help than dwellers in rural areas and small country towns: secondly, many of the statutory services were permitted, rather than enforced, by legislation, and for this reason and partly because of their specialist nature, provision was mainly confined to the cities. Moreover, most of these services were largely financed out of the rates, and the cities had more money to spend than the country districts. Also, and for a host of rather different reasons, most of the voluntary case-work agencies and

charitable organisations operated only in London and a few of the large urban areas.

So when mothers and children left London and the big towns, they left behind them nearly all the agencies of help which had supported their day-to-day lives in a stressful environment. These supporting agencies, social, economic and institutional, had, by a combination of continual need and use, become ties—or barriers to mobility.

There were the savings clubs and sickness associations which bound contributors to a particular voluntary hospital or firm of doctors; the well-known school treatment clinic or 'welfare' where you could get different forms of help from people who understood your trouble; the friendly society, insurance agent or co-operative, upon one of which you were relying for a small sum to buy new blankets or an extra bed; the medical officer to whom you could look for cod-liver oil for the baby, or advice about Mary's ear trouble; the health visitor—an old friend—who had done so much when Jimmy was ill and had seen him grow up and leave school; the midwife who had made arrangements for a friend to look after Jane when the last baby arrived; the lady at the Charity Organisation Society who had helped when father had all his teeth out; the school nurse, the teacher, the lady at the hospital, the assistance man and, finally, the serried ranks of check traders, secondhand dealers, hire purchase firms and club roundsmen. These were the people who were known, liked, disliked or tolerated. They fitted into a part of life that had meaning. They were the people who helped to stop the leaks, who patched and repaired and encouraged in the cycle of birth, marriage, illness, death and all the 'rude inelegance of poverty'.

To move to a strange town, or even stranger village, meant a complete severance from nearly all these supporting agencies. In the country some sources of help had never been heard of, tickets and vouchers for hospital treatment were now useless,[1] while those services which were available were often run by people who did not at first seem to understand what was wrong.

It is possible to identify among these many influences some which were partly responsible for the rapid return of mothers and children to the cities. But this matter has already been discussed elsewhere. The factors have simply been re-stated here in aid of the generalisations about the importance of the social services in the lives of city dwellers, and the need that was felt in other parts of the country as a result of the passage of several million people over local government boundaries.

During the first twelve months of war there arose, in consequence,

[1] Many London mothers, for instance, belonged to contributory associations which, in order to aid the funds of voluntary hospitals, restricted maternity benefits to mothers having their babies in certain of these hospitals in London.

thousands of individual problems. Urban and rural district councils and municipal boroughs questioned county councils, and many individuals and all types of receiving authorities sent inquiries to the Ministry of Health, the Board of Education, the London County Council and other evacuating authorities. The London County Council reported that it was being 'bombarded' with requests for officials from the reception areas to visit London for the purpose of assessing parental incomes and collecting charges for services provided. At the same time the Council was asked by other authorities to recover from parents the cost of cleansing the verminous heads of their children. In Cambridge, the provision for London children of dental treatment under the school medical service was held up for two months until it was settled whether the London County Council should pay or whether the costs were recoverable from the Ministry of Health.[1]

In many fields confusion as to financial responsibility was widespread, and even as late as December 1940 it was said in the Ministry of Health that 'local authorities are not too sure of the position owing to the difference of emphasis' in various circulars issued by the Ministry.[2] The kind of questions that were asked, and the attempts that were made to answer them, are illustrated by the following series of problems.

Who should pay for the costs of dispensary treatment, institutional accommodation and after-care for tubercular persons (i) turned out of London hospitals and moving to reception areas, (ii) arriving in reception areas as official evacuees,(iii) arriving as unofficial evacuees? Class (i) were usually regarded as unofficial evacuees, and until February 1941 the Ministry of Health refused to sanction expenditure on these people as an evacuation charge: it advised local authorities to follow their pre-war practice, which generally meant recovering the money spent from the authority of the area of 'normal' residence.[3] Among official evacuees, unaccompanied schoolchildren were accepted as a Government charge. Other official classes, such as adults and accompanied children, were sometimes paid for in full by the Government (after vain attempts had been made to recover from other authorities); sometimes only the 'war' costs were met; while occasionally—and particularly if the case could be labelled 'poor law'—full recovery was sought from the sending authority.[4]

[1] Eventually, the County Council accepted responsibility. On 17th April 1940, the Education Committee of the Council decided to recover from parents the costs of special medical and dental treatment provided by reception authorities for London children.

[2] Departmental minute, 3rd December 1940. The circulars referred to were 1882 (2nd October 1939), 1943 (1st January 1940), 1998 (19th April 1940) and 2204 (16th November 1940).

[3] Ministry of Health circular 1953, 19th January 1940.

[4] The statement of the problem in this paragraph covers the period September 1939 to March 1941.

Who should pay for the cost of immunising evacuated children against diphtheria? Local authorities were permitted to provide this service under section 177 (1) of the Public Health Act, 1936, for 'the poorer inhabitants of the district'. The cost varied from 3s. to 8s. a child. Until the end of December 1939 receiving authorities were told to recover from the evacuating authorities if such a service had been provided before the war; otherwise expenditure could be charged to the evacuation account. From January 1940 all costs for evacuees were borne by the Government, while local authorities continued to be responsible for children who 'normally' resided in their areas.[1]

Who should pay for the cost of returning to London for burial (at the request of 'necessitous' relatives) the bodies of patients who had previously been evacuated as sick persons, on Ministry of Health instructions, from the County Council's hospitals to institutions elsewhere in the country? The first claim from the Council in January 1940 for £322 in respect of 110 bodies was paid by the Ministry, because, hitherto, no ruling had been given. It was then decided to refuse to meet such expenditure on the ground that the number of patients 'dying in outer areas might in certain eventualities be considerable'.[2] Many letters from bereaved relatives, asking for repayment of fares or costs of transport, were referred by the London County Council to the Ministry, the latter then advising the writers to apply to a relieving officer. Permission was given for public assistance authorities to meet the costs of burials in receiving areas only, and the fares of necessitous relatives to attend burials, after an inquiry into means.[3] Over a year later—in April 1941—the Ministry of Health authorised[4] public assistance authorities to meet claims for the costs of transport of the dead after inquiring into the means of relatives, and after the production of a death certificate and evidence that the deceased was a person transferred under the emergency hospital scheme.[5]

Who should pay for the cost of providing maternity services (including institutional accommodation, extra milk and food, etc.) for evacuated women? The Ministry of Health maintained that, apart

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[1] The statement of the problem in this paragraph covers the period September 1939 to January 1940.

[2] Letter from the Ministry of Health to the Metropolitan Boroughs Joint Standing Committee, 23rd May 1940.

[3] Ministry of Health circular 1991, 4th April 1940. If, after a means test, the public assistance authority refused help—as it did in some cases—no reimbursement was made. In the case of visits to 'dangerously ill' people, fares were advanced only for two relatives once a week for journeys over fifteen miles (Ministry of Health circular 1943, 1st January 1940).

[4] Ministry of Health circular 2267, 21st April 1941.

[5] The statement of the problem in this paragraph covers the period December 1939 to November 1944.

from the special maternity scheme,[1] the financial liability rested with the evacuating authority, assuming such services had been made available before the war in the area of 'normal' residence. If this authority had not arranged under its maternity and child welfare service for (say) the supply of dentures to expectant mothers, then the cost could be charged to the Government.[2]

But these principles seldom solved the difficulties of finding out who was financially responsible. To take as examples, there were large numbers of mothers who had been officially evacuated from London —but not as expectant mothers—and there were also many mothers who, after bombing, made their own arrangements to stay in a reception area. In these areas they needed help in their confinements. Who, in the area of 'normal' residence, should pay? Officials in the reception areas kept asking this question. If these mothers had remained in London they might have been confined:

(i) in a maternity home provided by a metropolitan borough,
(ii) in a voluntary hospital grant-aided by a metropolitan borough,
(iii) in a voluntary hospital,
(iv) in a maternity home or hospital provided by the London County Council,
(v) in a voluntary hospital grant-aided by the London County Council,[3]
(vi) in their own homes and delivered by midwives provided by a voluntary organisation,
(vii) in their own homes and delivered by midwives provided by a voluntary hospital,
(viii) in their own homes and delivered by midwives provided by the London County Council,
(ix) in their own homes and delivered by midwives provided by a voluntary hospital or organisation grant-aided by the London County Council.

After vain attempts for about twelve months to unravel these issues, the Ministry of Health agreed in August 1940 to allow reception authorities to charge the evacuation account with expenditure on these London cases, after the deduction of amounts recovered from

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[1] The special maternity evacuation scheme only applied to women who registered themselves for evacuation as expectant mothers, and who were sent to the reception areas as 'official' evacuees under the scheme. These arrangements will be more fully described in a second volume in this series of histories.

[2] Letters to Buckinghamshire and Devonshire County Councils, March 1941. Also Ministry of Health circulars 1998 (19th April 1940), 2204 (16th November 1940) and 2283 (4th February 1941).

[3] In these and other cases a further complication was that the Council paid the hospital a specified sum per day for each occupied bed, and the hospital charged the patient on the Council's assessment scale and passed over the amount collected. How long would a mother have occupied a bed if she had not been evacuated, and would she have been able to pay a larger sum?

the mothers. This expenditure was then to remain 'in the melting-pot for the ultimate financial adjustment'.[1]

This simplification of some of the London problems did not solve the questions that were raised about the confinements undertaken by public assistance authorities in receiving areas. Recovery of expenditure was sought by these authorities in accordance with pre-war practice on settlement and removal cases. Then there was the problem of financial responsibility for other categories of expectant mothers; for instance, the wives of Servicemen who moved to be near their husbands. In these cases, some local authorities objected to meeting part of the cost of the confinement when these non-local mothers could not afford to meet the whole of the bill.[2]

Who should pay for the cost of milk provided for evacuated children at schools in the reception areas? In a circular to local authorities on the eve of war, the Board of Education stated that children who had been receiving free milk before evacuation should continue to be supplied with it, the cost being recovered from the evacuating authority.[3] 'Close consultation', remarked the circular—about these matters of halfpence—'between the receiving authority, who are immediately in touch with the children, and the evacuating authority who will be responsible for the expenditure, will be necessary'. As regards those not on the free list, it was hoped that 'arrangements may be found' for them to benefit; but 'the position of such children presents difficulties'. The foster-parents could not be expected to produce the halfpennies, and they would thus have to be sent by the parents.

This doctrine of recovery from the evacuating area, similar to the policy adopted by the Ministry of Health, was maintained by the Board in a further circular issued in December 1939.[4] Later it was agreed that for children who had not been receiving free milk before evacuation, but who were found to need it in a reception area, the cost could be charged to the evacuation account.

This microscopic recording of halfpennies for tens of thousands of children according to whether the cost should fall on the rates—less Exchequer grant—or wholly on the Exchequer[5] was, in effect, made unnecessary when the Government raised the rate of grant to education authorities to one hundred per cent. for milk supplied free to

[1] Letter from the Ministry of Health to the London County Council, 20th August 1940. No proper records were kept as to what went into the melting-pot.

[2] The statement of the problem in these four paragraphs covers the period September 1939 to November 1942.

[3] Board of Education circular 1475, 31st August 1939.

[4] Board of Education circular 1490, 14th December 1939.

[5] On this question of who should pay that portion of the halfpenny (reduced by Board of Education grant to local authorities) for one-third of a pint of milk, it should be remembered that the Exchequer was, in addition, subsidising the milk trade to the amount of about £3,000,000 a year, so as to enable milk to be sold to schoolchildren at 1½d. a pint instead of the ordinary retail price of 4½d.

needy children.[1] This was in October 1941. But this did not solve the problem for those children who were not classed as 'necessitous'. The London County Council tried to find an answer by collecting 10d. a month from parents when it recovered the cost of billeting. But this entailed so much administrative work in the reception areas and in London that the 10d. scheme was abandoned in April 1943 after a trial of six months.[2]

So far, only the simpler and more straightforward issues have been presented. All these—and many other—problems concerning responsibility for the costs of social services provided for people who moved over local government boundaries became much more complex later in the war with the classification of migrants into different grades of eligibility for different services.

By the end of January 1941, when the bulk of official evacuation movements had been completed, evacuated people were roughly classifiable into five groups:[3]

1. Unaccompanied schoolchildren, officially evacuated.
2. Expectant mothers, officially evacuated under the special scheme.
3. Mothers and accompanying children, officially evacuated.
4. Other adults, e.g. aged, infirm and homeless people, officially evacuated.
5. Unofficial evacuees—those, including many homeless people, who made their own arrangements and found their own accommodation.

For groups 1–4 the Government accepted financial responsibility for the additional, or war, costs of certain health and welfare services provided by receiving authorities. Apart from two or three exceptions, such as the treatment of infectious diseases in hospital[4] and the London maternity services, the evacuating authorities were given to understand that they were morally, if not legally, responsible for reimbursing receiving authorities who provided 'normal' or peace-time services. The same doctrine applied to the school medical and milk services. For unofficial evacuees, the Government accepted no financial responsibility whatever. By 1941 this group was very large, for many bombed-out people had simply gathered up their families, and had taken a train out of London, Liverpool or other raided city in

[1] Board of Education circular 1567, 21st October 1941.

[2] The statement of the problem in these three paragraphs covers the period September 1939 to April 1943.

[3] Apart from such people as transferred workers, civil servants, office staffs, teachers, helpers, nurses, hospital patients and others.

[4] Because it could not be argued that a child would have developed (say) scarlet fever if it had remained in an evacuation area, the Government agreed to meet all 'additional' expenditure in the receiving areas on infectious disease accommodation provided for evacuees. (This reasoning, adopted for certain forms of sickness accommodated in infectious diseases hospitals, was not applied to other diseases, e.g. tuberculosis.) In defining 'additional' expenditure, regard was had to deficiencies in the receiving authorities' peace-time accommodation, and so far as extensions could be classified as merely making good deficiencies the cost was not borne by the Exchequer. This concept of additional expenditure was abandoned in February 1941

the hope of getting fixed up somehow, perhaps with a friend or relation. They did not know that because they had left without having the blanket of 'officialness' thrown over them, they would set in motion a complicated business of local government counting, bargaining and debt-collecting if they applied for help from certain of the social services.

As time went on, the list of rules and precedents became longer and more involved with sub-classification following sub-classification as the definition of what was 'official' and 'unofficial' broadened and changed. Moreover, fresh perplexities were added when the boundaries of evacuation areas were altered and new areas were included in the evacuation scheme. Thus, in July 1940, when invasion threatened, and areas on the east and south-east coasts were scheduled for evacuation, additional expenditure on health services provided in reception districts for people from these areas was borne by the Government only in respect of a 'mass move' arranged by the Government. For private evacuees—even those who obtained official travelling vouchers—'it is not proposed to accept as an evacuation charge any expenditure for health services which they may throw on the authority to whose area they go'.[1]

Broadly, then, a newcomer to a reception district[2] presented to the local authority four problems in terms of financial responsibility for services rendered:

1. Is this person an 'official' or 'unofficial' evacuee?
2. When and how did he or she arrive, and where from?
3. Is the service required a 'war' cost or a 'peace' cost, or a combination of both elements?
4. Was the service available to this person in his or her area of 'normal' residence?

Some authorities, in considering these questions for tens of thousands of evacuees, had to communicate with as many as ninety different local authorities.

These questions were appropriate, not only to the services described above, but also to the following:

(*a*) Elementary and secondary education. The processes of apportioning expenditure and income between local children and children from many different areas on such items as teachers' salaries, school chairs, electric light, fuel, cleaning, books, pencils and ink, became so involved that the Board of Education set up a committee to construct some kind of formula to economise on book-keeping.[3] Many of the recommendations of

[1] The receiving authority would, therefore, have the task of finding out, if a non-resident applied for help, how he or she had arrived in the district. (Ministry of Health circular 2095, 13th July 1940.)

[2] Those who went to neutral districts presented problems of a rather different order. They are not discussed here.

[3] Board of Education, Committee on Financial Adjustments, first report, 31st January 1940.

this committee were found by 1941 to be unworkable.[1] The committee met again, and in July 1941 proposed that inter-authority adjustments should be made on the basis of £1 per child per year for elementary children, and £3 6s. 8d. per term for secondary children, in respect of certain services.[2] This still left other items to be separately adjusted for individual children.[3]

(*b*) School medical inspection and treatment. The Board of Education recommended that the same method of financial adjustment should be adopted for these services as for education. There were certain exceptions, however, such as tonsil and adenoid treatment, the cost of which was to be dealt with by 'day-to-day' recovery methods.[4] It is not generally known how far these proposals for flat-rate adjustments simplified the work, or to what extent they were in fact accepted and used by local authorities who had carried on for nearly two years without them. There is some evidence to show, however, that later in the war local authorities were still trying to recover small sums of money from other authorities in respect of individual children.[5]

(*c*) Disinfestation, cleansing facilities, sanitation, water supplies, disposal of refuse and other services. A number of local authorities argued that an influx of evacuees with scabies caused the disease to spread among the local population, and led to extra expenditure falling on the rates which should properly be borne by the Exchequer. Representations were also made that increased expenditure on sanitation and water services was due to the presence of evacuees. The Ministry of Health made payments in some instances and refused in others.[6]

Nor was this all. The same problems of localism, boundaries,

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[1] For example: one recommendation was that expenditure on dark blinds for schools containing both local and evacuated children should be apportioned between the rates and the Exchequer. It was one of the duties of His Majesty's inspectors to 'determine the proportionate cost attributable to each class of children'. If dark blinds were needed so that schools could be cleaned in the evening, the cost could only be charged against the Exchequer if the school was working on a double shift system.

[2] Board of Education, Committee on Financial Adjustments, second report, July 1941.

[3] These questions and all the associated problems of the effects of the war on the Board of Education's formula for paying grants to local authorities are the concern of the education volume.

[4] Board of Education, first and second reports of Committee on Financial Adjustments 1940–1.

[5] For example: in January 1942, Llanelly education authority claimed £5 12s. 9d. from Liverpool for cod-liver oil supplied to evacuated Liverpool children who were considered to need it in the reception area. As it was not the practice of Liverpool before the war to supply this food to necessitous children Llanelly appealed to the Board of Education for a decision. In May 1942, on an inquiry from Bootle, the Board of Education ruled that Herefordshire was entitled to claim from Bootle £17 10s. 0d. in respect of dental treatment to evacuated secondary schoolgirls from Bootle.

[6] For example: in 1940 Lexden and Winstree rural district council asked for a grant to cover the extra expense of employing a contractor to empty E.C. pails and closets in the parish of East Donyland. At first, the Ministry refused on the ground that the payment of billeting allowances to householders included the use of sanitary facilities by evacuees. Subsequently, it relented and made a contribution.

grades of eligibility and so forth affected in one form or another the emergency hospital scheme,[1] the post-raid services,[2] sanatorium treatment for men discharged from the Armed Forces with tuberculosis,[3] and the emergency public health laboratory service.[4]

A sufficient number of examples have now been given to illustrate the range and complexity of the problems which derived in part or in whole from the application of the principles of localism and divided financial responsibility. By the end of 1940, when air attacks on Britain had been experienced for four months, some of the personal hardships which arose from the employment of these principles were sufficiently impressive, at a time when social distress was politically important, to bring about certain changes in policy. These took place, not because of the waste of accounting manpower nor in the interests of an efficiency audit in place of a money audit, but because the Government was led to realise that the doctrine of recovery was preventing the extension of certain health services and prohibiting mothers and children from getting access to some of the help they needed.[5] The question was not examined in all its bearings; the whole field was not mapped out and the fundamental issues reviewed in relation to the working of the social services. Only certain of the services for which the Ministry of Health was responsible were considered. The functioning of these services was looked at more carefully with the principles of inter-authority recovery in mind.

One problem which was examined in the winter of 1940 was the provision of medical care by general practitioners for mothers, accompanied children, and certain other classes of refugees and evacuated persons, both 'official' and 'private', who were outside the scope of national health insurance. To understand the direction of Government policy it is first necessary to explain what arrangements for medical care had already been made, and what remedies were proposed to improve a bad situation.

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[1] See chapter XXIII.

[2] See chapter XIV.

[3] Many local authorities refused to accept such patients generally because it could not be proved that the men concerned had 'normally' resided in their areas before enlistment.

[4] In November 1944 the question of how much the Government sponsored laboratories, which had been established five years earlier, should charge local authorities for each specimen examined in connection with epidemics was still under discussion. Local authorities were supposed to pay for 'normal' outbreaks, the Exchequer for 'abnormal'. But no one could foretell whether a few cases, say, of cerebro-spinal fever would develop into a 'normal' or 'abnormal' epidemic.

[5] A minute by a senior official of the Ministry of Health in December 1940 concluded that the failure of the evacuation account to recognise 'unofficials' had discouraged local authorities from extending their ordinary health services. The second report in July 1941 of the Committee on Financial Adjustments set up by the Board of Education found it necessary to emphasise that 'no child's education or health should be allowed to suffer, even temporarily, through differences of opinion as to the allocation of the financial responsibility'.

On the outbreak of war the Government had made arrangements with the British Medical Association for general practitioners to give treatment at the homes of the foster-parents to unaccompanied child evacuees. The school medical services were to continue with their normal work, but no more; as the Association was 'specially anxious that the services should not be used for giving treatment to a greater extent than in peacetime'.

For this home treatment, practitioners were paid 10s. a year for each evacuated unaccompanied schoolchild.[1] This was 1s. less than the 11s. paid for adults under national health insurance. Although neither the Government nor the Association had any adequate data about the incidence of sickness as between children and adults, the fee was fixed at a lower figure for children partly because it was believed that they had not 'such a passionate desire for medicine as adults'.[2] There were other reasons too, for the Government argued that doctors would have more patients to see in the homes they normally visited, and that the additional work did not justify a fee of 11s. a year.

Unaccompanied schoolchildren were, therefore, provided by the Government with a free domiciliary medical service, in addition to sick-bays for minor ailments, and hospital treatment under the emergency hospital scheme.[3] No such arrangements were made for other evacuated groups, particularly mothers and accompanied children. If they could not afford a private doctor they would have to use the district (poor law) medical service provided by public assistance authorities.

Within only four days of the outbreak of war the British Medical Association reported that a serious situation had arisen because of the inability of evacuated mothers to afford to pay doctors, and the failure of the poor law medical service to provide what was needed. The position was worse in Scotland, where medical relief, like all poor relief, could be given only when the father or husband was unemployed.

Apart from relief for 'temporary' sickness, the cost of medical and hospital treatment provided by poor law authorities for these

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[1] Plus a specified mileage allowance for transport.

[2] Letter from the Treasury to the Ministry of Health, 11th July 1939. Although a sum of roughly £900,000 was paid to the profession during the war, the Ministry of Health never knew how many children were actually treated or how many calls doctors made under the scheme. After consultations with the British Medical Association the Ministry refused to investigate complaints from parents of evacuated children alleging negligence by doctors. In several instances, children died. The parents were told that if they were dissatisfied with the treatment given to take such legal or other action as they thought appropriate.

[3] These services were free, apart from the inclusion of 2d. a week for medical care in the sums recovered from parents for billeting allowances (Ministry of Health, memo. Rec. 3, 24th October 1939).

evacuated people had, moreover, to be recovered in most instances from their opposite numbers in the evacuation areas. Consequently, all the problems discussed above of boundaries, settlement and eligibility, complicated the provision of these forms of medical aid for mothers and accompanied children in the reception areas.

Despite evidence of hardship both to evacuees and to charitably disposed doctors, there the matter rested until the period of air attack and the fresh waves of evacuation in the winter of 1940. By then, the question had got linked up with the wider problem of inter-authority recovery for the cost of health services because of more evidence that mothers and children were returning to the cities as a result—it was thought—of lack of access to medical and other services.

Towards the end of 1940 it was believed in the Ministry of Health that the expenditure involved, and the doubts of reception authorities as to whether they would be able to recover costs from the evacuation authorities, were discouraging the extension of health services for evacuees. In November, a circular was issued which attempted to remove some doubts, promised to pay all additional expenditure caused by official evacuees, but left unsolved many other issues.[1] Finally, after more complaints of hardship, of the insufficiency of the services in the reception areas, and of the crippling work of day-to-day book-keeping,[2] another effort was made to lower the administrative and financial barriers.

In a new circular, issued on 4th February 1941,[3] local authorities were told of the Minister's 'anxiety that action . . . should not be hampered by any misunderstanding as to the incidence of the cost'. The general effect of this circular was to extend certain health and welfare services to 'unofficial' evacuees: the Government was now prepared to reimburse local authorities for additional expenditure on services made available to such people. To encourage authorities to expand their poor law medical services to provide for the needs of all evacuees, preferably by means of the 'open choice'—or panel—system, the Government was ready to repay on the same broad principle. At the same time, the facilities for treatment in the emergency scheme hospitals, already available to unaccompanied schoolchildren, were extended to include all evacuees.

These changes represented an advance on the doctrine laid down at the beginning of the war so far as it affected the financial relationships of one local authority to another. It is important to recognise,

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[1] Ministry of Health circular 2204 to local authorities, 16th November 1940.

[2] The Bristol regional office of the Ministry of Health reported, for instance, the arrival of over 200,000 persons in the South-West region during September and October 1940; the inability of many of them to pay for medical attention; the insufficiency of the poor law medical service, and the burden of accountancy and correspondence with a great number of evacuation authorities.

[3] Ministry of Health circular 2283, 4th February 1941.

however, that the new policy did not embrace all services, for although it applied to some which were supervised by the Ministry of Health, it did not affect the position of the school medical service, the emergency laboratories, public assistance apart from medical relief, and other services. Instances have already been quoted of how the principle of inter-authority recovery was still being worked after 1941, and others are given later.

Moreover, the circular of February 1941 was open to different interpretations. After it was issued, the Ministry still took the view that a financial liability remained with evacuation authorities 'for the provision of services to persons normally resident in their area by reception authorities on their behalf'.[1] The Government undertook to reimburse only *net additional* expenditure incurred by reception authorities. Recovery and accounting still went on, although for a few services catering for evacuated mothers and children the volume of transactions between local authorities (but not between local authorities and central departments) was somewhat reduced.

This alleviation came too late to effect much improvement in the poor law medical service. The 'open choice' system, which the Ministry of Health recommended in February 1941, after a year and a half of disapproval,[2] entailed long negotiations with the British Medical Association on scales of payment for doctors. This delayed progress in extending the service until after April 1941. In the autumn complaints were still being made that some mothers and children were unable to obtain medical care in the reception areas.[3] A departmental minute in September 1941 summed up these complaints quite bluntly: 'the present system of domiciliary medical treatment is a real stumbling block to evacuated mothers and children'.

By October 1941 the 'open choice' system had been adopted wholly only by one county in England; ten others had adopted it partially. The Ministry's regional offices reported that there had been few demands by evacuees on the poor law medical service and that hardly any complaints had been received. One or two offices thought that there had been 'a failure to ensure that evacuees are notified of existing health services and of how and where to make use of them'. With the increasing return of evacuees to the towns from the summer of 1941 onwards, no further action was taken by the Ministry to stimulate the authorities during the rest of the war. A comment by

[1] Letter to Berkshire County Council, 8th March 1941, in connection with maternity and child welfare services, and Ministry of Health letter to Treasury, 27th August 1941, on the subject of maternity costs for transferred war-workers.

[2] The alternative was to appoint additional poor law medical officers. This was the method approved by the Ministry in September 1939 on the ground that it would be impracticable to have one poor law system for evacuees, and another for the local population.

[3] Notably by the Women's Voluntary Services on 23rd September 1941.

the Curtis Committee on the way public assistance authorities discharged their child care functions seems equally appropriate to this matter of medical aid. 'We feel very strongly', the committee wrote, 'that the means at present available to central departments for bringing sub-standard authorities up to the level of the best where inspection and exhortation have failed are either insufficient or not used'.[1]

To have brought about any radical change in the poor law medical service would have involved a review of the existing law on settlement, removal and chargeability. Early in 1940 there were some discussions between the Ministry of Health and the local authorities about the possible effects of the war on the poor law system, but they did not last long nor did they probe deeply. A circular on poor relief generally, issued by the Ministry in April 1940,[2] attempted to achieve three purposes:

1. prevent removal questions arising with homeless or evacuated persons,
2. limit inter-authority discussions on chargeability likely to result from the working of the evacuation and homeless persons schemes,
3. reduce the amount of work on adjudication and committee meetings.

So that these recommendations might be adopted by poor law authorities the Minister suspended article 5 of the Relief Regulation Order, 1930, for the duration of the war.[3] In announcing this, the Minister expressed the hope that authorities would exercise great discretion in using removal orders, and especially that persons who had moved away from vulnerable areas, either under the Government's evacuation scheme or otherwise, would not be moved back.

In the absence of extensive local researches, it is impossible to say how far these proposals were adopted,[4] or the extent to which they simplified administration.[5] It can be said, however, that the intricate body of law on settlement, removal and chargeability was, throughout the war, fundamentally the same as in the nineteenth century. The only material difference in the administration of the law was the substitution of accounting for the bodily removal of poor persons.

No comprehensive study has been made by the writer of the administration, practice and problems of the poor law during 1939–45. There exists, however, much evidence in central and local files, and

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[1] *Report of the Care of Children Committee* (the 'Curtis' report), Cmd. 6922, 1946 (pp. 140–1).

[2] Ministry of Health circular 2000, 19th April 1940.

[3] Relief Regulation (Amendment) Order, 1940.

[4] Any more than it is possible to say whether the poor law authorities continued to allow, during the period of rationing, relief in kind, and whether every infant under eighteen months old was examined by a medical officer 'not less than once in every two weeks'. (S.R. & O. 1930, No. 185 and 186.)

[5] The experience of one large authority (Birmingham) was that these proposals complicated, rather than simplified, administration.

in such papers as the *Public Assistance Journal*, to suggest that the elaborate mechanism of transferring small amounts of money from the pockets of one authority to another represented a disproportionate and wasteful consumption of time and labour.[1] The problem was by no means insignificant, for in 1939–40 there were 140,130 persons in England and Wales receiving institutional relief, and in 1944–5 there were 128,684. Despite the removal of many widows and old persons from the service of the poor law as a result of the payment of supplementary pensions by the Assistance Board, the total number of people receiving domiciliary assistance from the poor law in 1944–5 was still as large as 282,971—a figure higher than at the end of the First World War.[2] The cost of such assistance in 1944–5 amounted to over ten million pounds.[3]

Much of the present chapter has been concerned with the practice of inter-authority accounting and with the recovery of individual items of expenditure by one local authority from another. But it has also to be remembered that these authorities had the duty of distinguishing, when applying for central department grants for administering many of the new war-time services, between residents and non-residents. That is to say, local people could not have access to these special services—e.g. maternity homes, hostels, nurseries and so on—unless their local authority bore a proportionate share of the cost. This division of financial responsibility was, of course, a part of the principle, adopted in 1939, of separating the 'costs of war' from the 'costs of peace'. In practice, this meant a further sub-division of accounts, and another splitting-up of the capital costs, expenditure on maintenance, administration and so forth. The dissection of expenditure was a particularly heavy burden in the running of the

[1] Three examples may be given. (1) During the first three months of war London was asked by other public assistance authorities to pay for about 1,500 poor law cases. Of these, 1,340 had been receiving relief prior to evacuation, but only 930 had a *prima facie* settlement in London. Practically every case demanded careful scrutiny, inquiry and legal interpretation. (2) During the last year of the war, Southend county borough's 'Settlement Officer' investigated 329 settlement cases. The borough's Collecting Officer reported that some £7,000 had been recovered in 1945 from other poor law authorities. A number of Service patients 'where no residential settlement could be established during their lifetime' were 'successfully placed on their birth settlement' with other authorities (*Public Assistance Journal*, 23rd May 1947). (3) The following represents a typical administrative question addressed to the *Public Assistance Journal* (1st March 1946): 'A is settled in the county of Z. He goes to reside in county X and gains a status of irremovability there. In September 1939, A joins H.M. Forces from county X. In June 1943, A's children become chargeable in county Y, the father being still in H.M. Forces. A is discharged from the Army in November 1945, and goes to reside in county Y, but does not himself become chargeable. In January 1946, county Y asks county Z to accept chargeability and arrange for the reception of the children in one of their institutions. Can the county of Y remove the children to county Z?' Answer: 'Yes, as the last place of settlement of the man and his children.' The writer does not know whether the children were removed to county Z, and, if so, what effect it had on them.

[2] In December 1918 there were 273,500 persons in England and Wales in receipt of domiciliary relief (Poor Law Relief Return, 15th December 1919).

[3] *Annual Report of the Ministry of Health*, 31st March 1945.

emergency hospital scheme. When, in a municipal hospital, some beds were used by the local authority and others were reserved for the Government's scheme, all the main heads of expenditure had to be analysed and apportioned between the central and local authorities. In some areas, for instance, Plymouth, the Ministry of Health proportion was laboriously, but not necessarily precisely, computed to seven decimal places.

Then there was all the work done by local authorities in recovering expenditure incurred on behalf of individual users of the social services, and in assessing and collecting the cost, or part of the cost, of services rendered for milk, meals, dentures, surgical equipment, spectacles, hospital care, maternal confinements, tuberculosis treatment, secondary education, housing, billeting in homes and hostels, nursery accommodation, boots and clothing for schoolchildren, ambulance services, burials, travel vouchers and a hundred and one items. Such questions as these cannot be discussed here. Some have been dealt with, under their appropriate headings, in other chapters.[1]

(iv)
Review

The subjects discussed in this chapter extend over a large and varied sector of the health and social services. They illustrate, in microscopic form, some of the defects of a system which rests on two basic principles: first, local independence, which means local boundaries; secondly—since local independence is limited—a substantial measure of responsibility by the central government for general policy and for finance. Such a partnership of interests, with its mixture of local responsibility and central government supervision and grants-in-aid, must inevitably carry with it certain defects. Some price in inefficiency has always to be paid for local self-government. But if it is genuine, this self-government has many advantages, some of great merit, some essential to a democratic society, and some of unquestionably higher value in peace than in war.

It is outside the scope of this book to assess the place and function of local government in present-day Britain. Such an assessment would indeed be necessary, even for the limited purposes of war history, if all the defects that have been revealed were found to be inevitable and unavoidable. But the qualification is an important one. Were all the hardships that have been chronicled an essential consequence of the

[1] See, for example, chapter X for a discussion of means tests in relation to the question of recovering the costs of billeting evacuated children.

system? The question can be put in more concrete terms. How many people were adversely affected in one way and another each year, or were unable to gain access to the help they required, because of these hindrances of boundaries and divided financial responsibilities? What was the cost, in money and men, of all this inter-authority recovery and accountancy? Could the cost, or at least part of the cost, have been avoided? What would have happened if the Government in 1939 had anticipated these problems; if it had attempted to avoid them by stabilising in some way the total income and expenditure of local authorities at some agreed pre-war level, and had met all subsequent deficiencies from its own resources? Could not some formula have been devised which might have substantially reduced the amount of accountancy without doing harm to local government?

As earlier paragraphs have explained, these problems existed in various forms before 1939; for the principles of inter-authority adjustment are to some extent implicit in any system of local government based on a mixture of rates and central Exchequer grants. An experienced student of the administration of public medical care in the United States, surveying the multitude of state, local and voluntary agencies involved, condemned the system as 'unwieldy and wasteful'.[1] His account, which was published after this chapter had been written, contained an analysis based on a set of questions similar to those which the present writer has raised.[2] 'An army of clerks', he said, 'is required to figure out "who pays for whom, for what, and how much", and another army of auditors is needed to check the accuracy of the payments'. In Britain, the effects of the war greatly aggravated the problems of accounting and auditing, and added first one and then another new service to which all the old principles were systematically applied.

If a change were to be made, then the most favourable time for decision was 1939. The available historical evidence on the work of

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[1] Goldmann, F., *Public Medical Care: Principles and Problems*, 1945 (p. 155). An authoritative statement from Washington was equally critical. 'Complex residence laws make it possible for a person to lose residence in one locality before he gains it in another. The length of time required to secure legal settlement in the various States ranges from one year to many years. A person who leaves one State may lose his residence after one year's absence but may not yet have become a legal resident of the new State. If he becomes ill, it is necessary to determine his place of residence to ascertain eligibility for medical care and often neither State wishes to assume responsibility. It may be months before the matter is resolved, with consequent difficulty for the patient. Intrastate, as well as interstate, residence problems exist when individuals have lived in the State long enough to gain State residence, but not long enough to gain county residence. In such instances, the State can assume the responsibility with or without charge to the county. The patient who is a nonresident of a given locality is just as much a health menace as the patient who has residence. Even if we ignore human values, it is obvious that the community's health is endangered when hospitalization is refused the nonresident. There are many instances of refusal or delay in providing medical care to sick people who have no residence.' (U.S.A., *Public Health Reports*, Washington, 2nd April 1948.)

[2] See especially p. 209 above.

the health services does not suggest, however, that Parliament or, indeed, any political party, had identified this problem of twentieth-century governments.[1] Nor had anybody advocated any reform of a far-reaching character. Once the decision had been taken in 1939 to divide the 'costs of war' from the 'costs of peace', and to continue to distinguish, according to place of residence and other criteria, between the rights of access to various social services belonging to this or that person, then as one precedent led so easily to the making of another it became progressively harder to visualise any fundamental change.[2]

What is astonishing is that harassed officials of central and local government somehow made the system work. There is no doubt that immense numbers of people used, and were helped by, the social services that have been discussed in this chapter. So much can be said with assurance. But—and here the essential questions return—were all the hardships and inefficiencies necessary? The impression that emerges from this study is that many of them were avoidable; that many of the niggling questionings and letter-writings and accountancies could have been discarded without any lasting injury to the fundamental principles of local government. This conclusion, however, lacks the support of arithmetical fact. Without much more inquiry and research, it would be impossible to provide estimates of the number of people who suffered in consequence of the system, of the cost in men and money, or even of the extent to which each authority obeyed and enacted the rules and regulations laid down by Parliament for allocating innumerable items of income and expenditure to their appropriate pockets.

The philosophy and practice of localism, by which every neighbourhood was held responsible for the support of its own poor and sick people, has been the theme of this study. What has been written is little more than a brief reconnaissance; a glance at the historical origins of localism, a reference to its great accretions of strength through the developing influence of the poor law, a mention of the

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[1] It is interesting to find the Care of Children Committee recommending in 1946, in reference to children boarded-out, that 'where the child is in the area of an authority not chargeable for its support, there should be power to recover the cost from the authority which is chargeable'. (*Report of the Care of Children Committee*, Cmd. 6922, 1946 (p. 159).)

[2] When the Government's evacuation scheme was wound-up in 1946 the initial financial responsibility for maintaining all the orphans and other children still evacuated was placed upon the county and county borough councils in the reception areas. These authorities then had the duty of recovering part of the cost under a great many heads for each individual child from the authority of the area which had originally evacuated the child, while certain expenses, such as domiciliary medical care, were paid for by the Government. Although the number of children involved was not large (about 10,000 early in 1946) the amount of administrative work was proportionately very great. (Ministry of Health circulars 183/44, 16th December 1944, 78/45, 1st May 1945, 82/45, 2nd May 1945, 225/45, 31st December 1945 and 133/46, 22nd June 1946.)

chain of inheritance which attached the principle of local responsibility to many of the social services and, finally, a short account of how this principle collided with the need for social help on a national scale during the Second World War.

In a great many ways, this collision resolved itself into not one but a whole series of administrative and organisational problems. That is one reason why it was never seen and faced by the Government as a single problem. Even in the Ministry of Health, the struggle to find a way through a medley of scattered principles and precedents rarely reached the higher administrative levels. The interminable corresponding, interpreting, minuting and accounting on this or that issue went on steadily among the lower and middle ranks of officialdom. Their task, and the task of local officials all over the country, was to see that the law—contemporary law, accepted and publicly approved law—was justly and conscientiously administered. And the task of the district auditors, for long a power in the land of local government, was to see that the precepts and regulations of the central departments had been followed with rectitude and precision.

The problems that have been here discussed concern many of the subject narratives to which other chapters of this book have been devoted. To have dealt in each successive chapter with the same questions of boundaries and divided responsibilities would have led to constant repetition and cross-reference. The main elements of these recurring problems have therefore been extracted from the different subject histories, brought together, and presented as one important aspect in the administration and work of the social services during the war. This chapter has attempted no more than that. It contains no coherent story of Government policy, no complete diagnosis of a social ill, no proposals for its betterment, no certain conclusion.

PART III

The Battles

CHAPTER XIII

THE ENCIRCLING FRONT

THIS chapter, and the two following ones, are again concerned with problems of local government. But the contrast is very different. The main investigation now is the effects of air warfare on city life. In this setting, the test for local government led back to the primary needs of life, shelter, food and warmth. What happened to many of those who were bombed and homeless or hurt depended, in large measure, upon how the agencies of government understood their tasks and how they fulfilled them.

The period of air attack, which began in June 1940 as an intended preliminary to the invasion of Britain and ended a year later when Germany turned to the East, represented for local authorities the most severe trial of the whole war. One London authority had its civil defence powers taken away by the Government, others were threatened with equally drastic treatment, while many, organised for the leisurely ways of peacetime, were temporarily paralysed when violence scattered routine, disordered accounting checks, and made nonsense of the doctrines of settlement and chargeability. Neither the bombs nor the homeless people paid any attention to the whereabouts of administrative boundaries.

In proportion to its population, Britain suffered, during the war, a larger number of civilian air raid casualties than any other member of the United Nations. In all, about 60,000 people were killed. Some 40,000 died before the United States and the U.S.S.R. entered the war, and about one-half of these were registered in London.[1] The total death roll proved to be, however, only a fraction of the hypothetical estimates worked out before the war. But while the figures of killed and injured were much less than had been feared, the amount of social disturbance, and particularly the number of homeless people, were found to have been greatly underestimated before September 1940.

The central problems of this period were not, as things turned out, in the field of casualty work; of treating the injured and burying the dead. They were largely concerned with reducing social distress and finding remedies for the general disorder of life under air bombardment. The effects of dropping explosive and incendiary bombs on the

[1] These figures exclude other civilian deaths attributable to war operations, and many indirectly due to war causes. Certain estimates are given in chapter XVI, especially appendix 8.

highly organised business of a great city, where the orderly functioning of one tiny part of the whole organism depended upon automatic union at just the right point in time with many other interdependent parts, disturbed the lives of individual citizens in countless ways, and created for the Government a host of urgent social problems.

The apparatus of communication upon which modern society depends was interfered with. Railways and motor transport were slowed down, roads blocked, bridges destroyed, telephones broken, postal services delayed. No one therefore could know how long it would take to transmit a decision of the Civil Defence Committee of the War Cabinet to those who would have to do the work; for it first had to pass through the responsible central department (often dispersed in different buildings) down to the chief officers of dozens of local bodies, and thence through further departments to the operative staffs—often cut off from town halls and working from temporary action stations. It was not, in the circumstances, surprising that local government was shaken by the first impact of total war.

Communication was only one of several problems. The provision of clean water for drinking, of dirty water for fighting enemy-action fires, of power to run transport and industry, of heating to cook meals and warm houses, of unbroken pipes to carry away sewage and avoid the risks of disease; all these were among the tasks which could not wait upon leisurely processes. How all these problems were solved cannot be told here. They formed, though, a part of the environment in which the social emergencies that are here examined had to be faced. In the following pages it will be necessary to keep this disordered battle-ground in the centre of the picture if the difficulties and the achievements of the times are to be understood.

Among all the problems of welfare during the raids of 1940–1, ranging from the provision of latrines to the distribution of millions of articles of clothing, there were three main groups which were of primary importance. In broad terms they were: (1) rest centres and other emergency services for homeless people, (2) arrangements for evacuation, and (3) the number and condition of public air-raid shelters. The first two form the subject matter of this and succeeding chapters, while the third, which is bound up with the history of air raid precautions in general, is the concern of the civil defence volume.

The war situation in which these problems arose must first be briefly summarised. The scale and distribution of air attack was the dominant feature. The Battle of Britain, which has been dated from about 10th July to the end of October 1940,[1] included a series of

[1] Despatch on the Battle of Britain by Air Chief Marshal Sir Hugh C. T. Dowding, Air Officer Commanding-in-Chief, Fighter Command, 20th August 1941. Published in supplement to *The London Gazette*, 10th September 1946.

heavy daylight assaults on many areas of the country. These were preceded and accompanied by day and night exploratory and reconnaissance raids, designed to test defences and prepare the way for invasion. On 7th September the third phase began with the first great attack on London. Night raids on the city continued until, on 14th November 1940, the attack was temporarily switched to Coventry. Thereafter, full-scale night raids were made on many centres of population—including London—in an attempt to immobilise the ports, paralyse industry and essential services, and lower civilian morale. In June 1941 the scale of activity began to descend, and by December 1941 the monthly number of sorties had fallen to 101 in contrast to a monthly average of 1,870 during the period September 1940 to May 1941.

Thus ended the first and the most destructive series of raids on Britain during the war. But the men and women who were responsible for welfare policies and for the organisation of all the humdrum and domestic services for homeless people, evacuees, orphans and other victims, did not, at the time, know how or when the battle would end. In this period, Britain and the Commonwealth stood alone. For all the layman knew, and sometimes the War Cabinet as well, air attack might continue interminably; what had been experienced might be only a foretaste of violence to come.

Behind these uncertainties lurked the fear of gas, of new 'secret weapons' and the threat of invasion. It was essential to have in readiness a comprehensive organisation to fight gas attack if it came. This meant the immobilisation of vast quantities of equipment, the provision of decontamination, cleansing and laundry facilities, and a diversion of manpower to unproductive jobs. It meant, too, that when decisions were taken on evacuation policy and the country's reserves of house-room in the safer areas an extra margin of insurance always had to be provided.

The threat of invasion, timed originally by Hitler to begin on 21st September 1940,[1] also absorbed immense resources. More than once, it imposed numerous and costly changes upon the war-time arrangements for hospital care, evacuation, nursery provision, education and other services. During the summer of 1940, and again in the campaigning months of 1941, many precautionary measures had to be enforced, and schemes for the removal of some 500,000 persons from areas on the coast had to be worked out down to the last child and the last train-load.

These dominating strategical necessities of the home front formed the background to the social policies of 1940–1. It was in this setting

[1] On 27th August, orders were issued by Hitler to the German Army to prepare for embarkation. A few days later, D-Day was fixed for 21st September. On the 19th, these orders were cancelled. (Statement by the Prime Minister in the House of Commons, H. of C. Deb., 18th November 1946, vol. 430, cols. 51–7.)

that decisions had to be made. Few of them could be made in isolation from the rest, when in every direction so much was happening, or might happen. The need for one measure, such as the evacuation of certain groups of adults from London in September 1940, had to be balanced against other contingencies, such as the possibility of refugees from the East coast flooding into the areas earmarked for London evacuees.

As the social service departments and the local authorities were completely at the mercy of the war situation and any commands which the military authorities thought it necessary to give, it is difficult for the historian to say that there were, during this period, X number of specific problems which were or were not resolved. To consider first the evacuation policies of 1940–1; did they achieve their object? If their purpose is defined as the removal of all children from London, then they failed. But this judgment will not do; for evacuation was not the only safety-valve for maintaining morale and preserving life. What was important, of course, was the reality of an evacuation scheme. If the scheme was soundly conceived and organised, if the arrangements for transport, billeting and welfare were adequate, then its value lay in providing an outlet for mothers and children to leave London—if they wanted to. The fact that many of them did not leave, and preferred to fight out the winter by getting their rest in tubes and shelters, does not necessarily mean that the policy of evacuation failed. No scheme of a voluntary character can be condemned out of hand because a proportion of the people do not support it.

'Plan 4'—the new scheme for a second evacuation from London and other cities in England and Scotland—has been described in chapter X. As a result of the experiences of the first evacuation in 1939 it was restricted to schoolchildren, and it was decided that the movement should not begin until heavy air raids had started. Meanwhile, detailed plans were worked out for 670,000 children. A vigorous attempt to popularise the scheme among parents in the cities and householders in the reception areas met, however, with a very poor response. Even when the Germans were fastening their grip on Norway in April 1940 there seemed to be no interest in the Government's new scheme.

In May, the enemy's advance into Belgium and Holland immediately made completely useless a large part of the carefully drawn plans and time-tables. Within a week, the danger map of Britain had changed, and a million or so people, including large numbers of evacuated children from London and many schools and school camps, residential nurseries and hospitals, found themselves in front-line zones on the south and east coasts. The London evacuation plan had to be recast because only the Great Western and Western divisions of

the Southern railway could be used for the removal of children. Other lines were needed for military operations. Once again, as in September 1939, transport considerations largely defeated attempts to maintain the identity of schools.

The Government's reaction to the threat, rapidly closing in on the English coast, was, first, to order the removal from likely battle grounds of all London children still evacuated. During 19th–23rd May 1940, some 5,500 children were transferred from the south and south-east coasts of England to South Wales; on 2nd June, 6,650 were sent away, and in the following weeks other moves were made as more and more towns and villages were swallowed up in the danger belt. In all, about 25,000 children were removed from areas within a ten-mile zone extending round the coasts of Norfolk, Suffolk, Essex, Kent and Sussex.

The second stage in clearing the south and east coasts for action was the removal of local children. To encourage evacuation, all state schools were closed. Those children who stayed behind received no education.[1] On 2nd June, eighteen towns and urban districts were declared 'evacuable'. Still working on a voluntary basis, the Government moved over 37,000 unaccompanied children to South Wales and the Midlands. During the next seven weeks thirteen more towns in the coastal belt were placed in the same category of risk (making thirty-one in all), and children were also sent away from the Medway towns.

With the news, early in June, that the French front was disintegrating, it was decided to operate a hurriedly recast plan 4 for London and the Thames-side areas. A revised scheme was quickly put into effect, thus reversing the Government's previous decision that a second London exodus should not take place until after heavy raids had begun. Between 13th and 18th June, nearly 100,000 school-children were evacuated—61,000 from the county area. From then on the area of evacuation spread to other parts of the country, for on 27th June a start was made with clearing children from Portsmouth, Southampton and Gosport, and on 7th July a similar exodus began from Newcastle, Middlesbrough, Hull, Grimsby, Gateshead, South Shields, Tynemouth and other towns on the north-east coast. Meanwhile, during July and August, plan 5 for London (known as the 'trickle' scheme) was continuously in operation as parties of school-children were sent away each week.

All these moves concerned only children of school age not accompanied by their mothers. Between May and 1st August 1940,

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[1] Most of these schools remained closed for three to four months. Re-opening was authorised on various dates according to local circumstances.

roughly 213,000 such children were evacuated by the Ministry of Health and billeted in safer areas. The intense activity of this period by central and local authorities is reflected in the departmental records that remain. They are distinguished by the absence of precise statistics; they are as abrupt and disconnected as the day-to-day flurry of a great newspaper office. At the best, therefore, the figures used in this and the following chapter are only intelligent estimates. It is not possible to give figures which would show what proportion of the children who were eligible to go, actually went. The proportion probably varied from place to place and from week to week, according to the war situation, the proximity of air raids, the influence of Mr. Churchill's speeches, and many of the factors already discussed in earlier chapters.

In spite of the succession of military disasters during the summer of 1940, the Government was reluctant to undertake again any scheme for the evacuation and billeting of mothers with their children. The memory of September 1939 was still fresh; the smell of it all in the departmental files had not yet evaporated.

Partly to stimulate a voluntary exodus of mothers and young children from the areas on the coast, and partly to meet a demand for some facilities for mothers, the Ministry of Health announced a new scheme at the end of June 1940.[1] This became known as 'assisted private evacuation'. Mothers with children under five years old who could make their own arrangements for accommodation in a reception area were to be given free travel vouchers. The Government was prepared also to pay billeting allowances to the householder—whether stranger, friend or relative. These allowances—for lodging only—were 5s. a week for the mother and 3s. for the child.[2] Older children could also be taken provided they were still at school. (The scheme excluded mothers whose children were all aged over five.) Before the railway vouchers and billeting certificates were issued the evacuating authority had to be satisfied that arrangements for accommodation with a householder in a reception area had, in fact, been made.

Until the bombing of London in September 1940, the use of this scheme seems to have been mainly confined to those leaving the areas on the coast. While the Government was drawing up, on military advice, plans for the compulsory removal of about 456,000 'non-essential' persons living in the thirty-one towns (about sixty per cent. of the population), those who could make their own arrangements for billeting were urged, as a 'patriotic duty', to leave at once. The first

[1] Ministry of Health circular 2071 and E.V.10, 27th June 1940.

[2] No arrangements were made at the time by the Government for the recovery from the mothers of any part of these allowances.

instructions under the 'special scheme' (to use its innocuous label) were issued four days after the fall of France.[1] Persons in need—mothers, children, the aged and infirm—were assisted with travel vouchers, and allowances at the 5s. and 3s. rates were paid if these refugees could make their own arrangements for accommodation in reception areas.

By the autumn of 1940 about 49,500 unaccompanied children and 56,000 accompanied children and adults from areas on the coast were officially billeted in reception areas. Within eight months a further 328,000 people voluntarily left the coastal belt which eventually extended from Great Yarmouth in the east to Littlehampton in the south. In addition, certain moves of a more or less involuntary character, such as the transfer of some 2,300 patients from hospitals and institutions on the coast, were carried out.[2] The compulsory scheme as a whole, however, complete with refugee emergency services and organised in great detail even to arrangements for the collection of luggage and perambulators, was never put into operation.[3] It absorbed a lot of time and labour; it was brought, in the words of a directive from the Prime Minister, to the 'very highest state of efficiency by 1st September 1940', and was timed to begin on the 4th; it was again ready to go into action in March 1941, and it was continually revised and brought to a state of readiness during the next four years of war. After taking in further areas on the coast, it eventually affected a pre-war population of some 1,300,000 persons of whom about 900,000 were, if occasion arose, to be compulsorily evacuated. This scheme was only one of the elaborate measures touching the welfare of the civilian population which the Government had to prepare against the threat of invasion. By good fortune, these measures never had to be tested.

At the same time as these plans were being worked out for large sections of the British population, arrangements had to be made by central and local authorities to receive and help the foreigners who sought refuge in Britain. Schemes were drawn up to house, feed and clothe upwards of half-a-million persons from Europe. But those who contrived to get to safety were fewer than the number expected and

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[1] Ministry of Health circular 2060, 21st June 1940. Also circulars 2075-8, 29th June 1940, and 2141, 9th September 1940.

[2] *Report of the Chief Medical Officer of the Ministry of Health*, 1939–45.

[3] A number of areas on the coast and inland were at different times during the war compulsorily cleared of all their populations by the military and other authorities. The reasons for these drastic measures were various: invasion preparations, battle-training areas for British and Allied forces, munition dumps, aerodromes, street-fighting areas, etc. In addition, many people were turned out of their homes when they were requisitioned by the Army, Navy and R.A.F. So far as the writer is aware, no collected record exists of the number of people involved in all these moves.

for whom provision was made. By the end of 1940, just over 30,000 civilians from Belgium, France, Poland, Holland and other countries had been received, in addition to 29,000 people from the Channel Islands and about 10,500 Gibraltarians. Some forty countries were represented among the refugees who arrived in the United Kingdom during this period. Different and comprehensive social provision had to be organised by the Ministry of Health, the local authorities, and other bodies to receive and settle these heterogeneous groups for the period of the war.

With the onrush of the German armies over Europe in the summer of 1940 there were many who turned their eyes in the direction of Britain. In Britain itself there were some, perhaps downcast and troubled by doubt, perhaps only thoughtful for the fate of children in a land besieged and under fire, who looked towards the Dominions and the United States. It was proposed that a proportion of the country's child population should be sent overseas.

On 31st May 1940 the first spontaneous offers of hospitality from private homes in Canada were received through the Canadian Government. Within a few days similar offers came from Australia, New Zealand, South Africa and the United States. On 7th June the British Government set up an inter-departmental committee to consider these offers. The committee reported quickly,[1] and on the day France fell the War Cabinet endorsed the view that these offers should be accepted at once, and that a Children's Overseas Reception Board should be established.[2]

Three days later, when the Board started work, it was overwhelmed with a rush of applications. For fourteen days it struggled night and day to sort out the incoming letters and telegrams. By 4th July, when the public had to be told that no further requests could be handled, some 211,000 applications for children aged five to sixteen to be sent overseas had been received.

Simultaneously with the invitations from the Dominions, a large number of offers of hospitality for children (with and without their mothers) were received from the United States and other countries. Many parents wanted to send their children to America. Within five weeks of the announcement of the Children's Overseas Scheme, 32,000 applications were sent to the Board for children to be placed in the United States, and in 10,000 cases particular homes—presumably known to the parents—were nominated.

No attempt was made by the Board to persuade parents to part with their children. No guarantee of safety was offered, and no under-

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[1] Cmd. 6213, June 1940.

[2] These brief notes on the Overseas Evacuation Scheme were largely derived from a draft narrative prepared for the writer by the Children's Overseas Reception Board.

taking was given to bring the children back at any specified time. Somewhat alarmed by the flow of applications, the War Cabinet tried to damp down enthusiasm for the scheme. However, the shipping stringency soon brought it to an end.

Even in the beginning, the Board found it difficult to secure enough accommodation. The defection of the French fleet; the loss of the *Arandora Star*, a fast unescorted liner, which led the Government to decide that children in the official scheme should not be carried by any ship unless in convoy, and the withdrawal of all United States shipping from belligerent seas and ports, threw an even greater strain upon available British passenger-carrying ships.

On 10th July the War Cabinet decided that it was impossible to take warships off anti-invasion duties to provide escorts. The official scheme for sending children overseas was therefore held in abeyance. Exit permits for children sent privately were still granted so long as parents chose to accept the risks involved. On 17th September 1940 the *City of Benares* was sunk with the loss of seventy-three children and six adults who were in charge of them. This put an end to the official scheme.[1] By then, 2,664 children had been sent overseas by the Board, 1,532 to Canada, 576 to Australia, 353 to South Africa and 203 to New Zealand.

Apart from the official scheme, parents who wished to make their own arrangements were allowed to do so subject to the approval of the Board. Some 4,200 children (accompanied by 1,100 adults) went to individual sponsors in the United States by private arrangement. An *ad hoc* American committee in London for the evacuation of children also sent 838 children whose parents could meet the cost of the journey and had sponsors to receive them. In addition, over 6,000 children were privately evacuated to Canada, some in company with adults. The total movement of children overseas, therefore, was 2,664 under the Government's scheme, and some 11,000 by private arrangement.[2]

Precise statistics showing the number, sex and age of British subjects who left the United Kingdom in 1939 and 1940 are not available. So far as non-European countries are concerned, the balance of movement of British population had been towards the United Kingdom for each of the years 1931–7, the total being 150,500. In 1938 the tide

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[1] Exit permits were still granted to those who wished to send their children overseas by private arrangement.

[2] These figures were supplied by the Children's Overseas Reception Board. They appear, though, to understate the number of children privately evacuated, for Board of Trade returns show that between June and December 1940 only, 16,267 British subjects under fifteen years of age left the United Kingdom. After deducting the 2,664 children who were officially evacuated, the figure of 13,603 would appear to represent the number privately evacuated during this period.

turned. During 1938–40 the outward balance amounted to 47,500, a figure which, however, hid a very substantial inward and outward flow. During the two years 1939–40, for instance, civilian passenger movements show that 202,120 British subjects left for non-European countries.[1] No data are known to the writer which might answer the questions: was this an evacuation movement connected with the war? who were these people? why did they go? how long did they stay away?[2]

The readiness of some 225,000 British parents to be separated from their children by sending them overseas was not reflected in the response to the domestic evacuation scheme. There may have been a difference in attitudes towards evacuation as a precaution against invasion and evacuation as a precaution against air attack. Mothers and fathers who were willing that the family as a whole should stand together and accept the risks of bombing may have felt quite differently about the prospects of having their children with them under conditions of invasion. Whatever the reasons, there is no doubt that, during July and August 1940, when the Battle of Britain was being fought and daylight raids were made on many towns, there was no significant demand for the evacuation of children to safer areas of the country. In cities like Birmingham, Coventry, Manchester, Liverpool, Sheffield, Leeds and Nottingham, the Ministry of Health was advised that local opinion was against any movement. Even in London the June evacuation of about 100,000 children had fallen short by about sixty per cent. of the number for whom plans had been prepared. During August the London 'trickle' scheme for unaccompanied schoolchildren sent out only 610. And there was evidence, too, of a steady drift back to the target areas.

On 1st August 1940 another evacuation count was taken. The results showed that 519,000 persons were officially billeted in England and Wales, a figure a little below that for January 1940.[3] In Scotland,

[1] According to data from national registration records (supplied by the Registrar-General for England and Wales) civilian embarkations during the war were:

		Year	
December quarter,	1939, 35,900	1940	148,100
March ,,	1940, 27,100	1941	35,800
June ,,	1940, 31,400	1942	36,500
September ,,	1940, 55,400	1943	31,500
December ,,	1940, 34,200	1944	38,900
		1945	145,000
		1946	282,000

[2] This paragraph is based on (1) material supplied by the Statistics Division of the Board of Trade (personal communication 17th December 1946), (2) *Registrar-General's Statistical Review* for 1941, part II, table S.

[3] The January figures are given in chapter X, pp. 171–2.

where no evacuation movements had been carried out in 1940, the number billeted fell from 49,800 in January to 27,000 in June 1940. The total for England and Wales was composed of:

Number billeted:

	8th January 1940	1st August 1940
(1) Unaccompanied schoolchildren . .	420,000	421,000
(2) Mothers and accompanied children .	56,000	57,000[1]
(3, 4) Expectant mothers and other classes .	3,380	14,000[1]
(5) Teachers and helpers . . .	43,400	27,000
	522,780	519,000

It is impossible to tell how many of the mothers and children originally evacuated in September 1939 were still in the reception areas of England and Wales in August 1940. It was, however, estimated that there were about 254,000 unaccompanied children away on 31st May 1940, that is, before the new movements were carried out. In June and July some 213,000 children were evacuated, and if they had all stayed in their billets the total on 1st August should have been 467,000. Instead, it was 421,000. About 46,000 children—approximately ten per cent.—therefore returned to their homes during June and July 1940. It was known that some of these had been among the groups sent out in June. During July and August many more children returned to London than were evacuated during these months, and about one-half of those returning had been sent away in June. When heavy bombing began in September there were over 520,000 children of school age in the London evacuation area.

The attitude of parents to evacuation within Britain was, therefore, different from that shown towards the overseas evacuation scheme. Perhaps the lukewarmness for the one scheme and the enthusiasm for the other came from two distinctive social groups. The author of *London Pride* suggested, in her sketch of Mrs. Barton the charwoman, that this was so.[2] 'You've no idea', the Lady went on persuasively, 'what a comfort it is to know that your children are safe! I do know how hard it is to part with them because you see I've parted with my own. I've sent them to Canada. I shan't see them till the war is over, but I know that they are safe. Yours would be nearly as safe in this country—without having to cross the sea either—if you'd let them be evacuated'. But Mrs. Barton, thinking of what she would have to pay, doubted whether any Treasury official knew as much about domestic finance as a charwoman.

[1] Including those from the evacuated areas on the coast who were billeted under the 'assisted private evacuation' scheme.

[2] Bottome, Phyllis, *London Pride*, 1941 (pp. 19–20).

The Government's evacuation scheme for unaccompanied children applied almost wholly to those attending elementary and secondary schools. Parents were assessed to pay for the cost of billeting according to their means.[1] If children were sent away by private arrangement, to stay, for instance, with friends in the country, the Government paid a billeting allowance only if the parents could not afford the sum of 6s. a week.[2] Help of this kind was, therefore, restricted to poor parents.

Between those who could afford to send their children to Canada or the United States and those who could not afford 6s. a week for an evacuated child there stood the middle ranks—the vast majority of parents. Some of them no doubt registered their children with the Overseas Board, some joined the domestic evacuation scheme, while others, disliking the hit-or-miss chance of their child being placed in a good 'official' billet, preferred either to make their own arrangements or to keep the family together at home. The restriction of certain branches of the Government's war-time schemes to the poorer sections of the community—on the principle that those who could afford to do so should make their own arrangements—may have been right in equity, but was often unfortunate in the way it emphasised, rather than diminished, differences in social circumstances. In no other sphere was this more clearly evident than in the services provided for those who were bombed and homeless. The fundamental error was the assumption that the victims of air raids and the people of the poor law were drawn from one and the same social group.

[1] See chapter X, pp. 156-8.

[2] Ministry of Health circular 1923 and E.V.7., 30th November 1939, and E.V.8, 15th February 1940.

CHAPTER XIV
THE CHALLENGE OF LONDON'S HOMELESS

(i)
Deficiencies of Preparation

HISTORICALLY, there were many reasons why the choice fell on the poor law authorities to organise a variety of services for the people made homeless by air raids. A philosophy of life, cool, detached and secure, which failed to contemplate the possibility that such things as clothing, rough shelter, soup and margarine might have to be provided by the community for others besides the deserving poor was almost bound to call upon the agency of the poor law. It was inconceivable, according to this philosophy, that the accident of war, even with the bomber thrown in, would alter the fact that the poor would still be poor and the fortunate still fortunate.

This attitude, in association with other social and political reasons, therefore led, as chapter IV has explained, to the poor law authorities being asked by the Health Departments on the outbreak of war to organise 'feeding stations' and temporary shelters of some kind for homeless people.[1] Thus, the provision of food and a place to rest after bombing were thought of as two separate services, supplied perhaps in separate buildings. The resettlement of bombed-out people in new homes, a problem to become the most critical of all the social consequences of air attack, was not clearly envisaged. It was hoped that most of these people would make their own arrangements, either by 'returning to their homes' or by obtaining other accommodation 'after a short interval'.[2] Beyond this, the only suggestion offered was that a 'small residuum' might have to be officially billeted.[3]

In September 1939, when air raids were expected, many of the schemes for 'feeding stations' and shelters (or rest centres as the latter were subsequently called) existed only on paper. Nearly a year later, the position in most places was not much better. Only limited progress had been made and that mainly in London. The provision of these services meant, in concrete form, the requisitioning, equipping

[1] See chapter IV. p. 53.
[2] Ministry of Health circular 1860, 2nd September 1939.
[3] Billeting powers were given to all county borough, borough and district councils under Ministry of Health circular 1860, 2nd September 1939. Similar powers were also given to the London County Council.

and furnishing of suitable premises, the creation of reserves of clothes, blankets and food, and the training of staff for duty. Progress in providing these things, even to the modest scale recommended by the Relief in Kind committee,[1] was delayed for a number of reasons.

The most important reason was the financial terms laid down in the Government's original circular to the poor law authorities.[2] This established a distinction among homeless people between those who were 'natives', and those who were 'refugees' from the territory of another authority. The arguments in support of this discrimination have already been explained.[3] They were grounded upon the doctrine of localism, whose history and practical applications have been discussed in chapter XII.

Local authorities found it difficult to make much headway with the organisation of services while this distinction remained to confuse many items of expenditure. For nearly five months of war, for instance, the Treasury refused to allow the Ministry of Health to loan blankets to local authorities for their rest centres because some blankets would be used by 'natives' for whom the authorities were held financially responsible. 'If at any time it became likely that vulnerable areas would be seriously bombed', wrote the Treasury in December 1939,[4] 'we might have to consider the issue of some of these blankets on loan'. In February 1940 the Treasury withdrew its opposition. There remained behind, though, to worry officials of the Ministry of Health and the local authorities, the memory of the argument that blankets might tempt the homeless to stay too long in rest centres.[5] In March 1940, an issue of blankets on loan was made to the poor law authorities; but the issue was very small.[6] It was thought that homeless people were unlikely to stay in rest centres for more than a few hours and, in any event, they should not be allowed to stay longer.

During the first year of war this was about the only concession won by those who argued that the cost of services for the victims of air raids should be borne by the State. The bulk of expenditure had to be found from the rates by 145 local authorities. Every individual bombed out of a home would have to be classified as a 'native' or a 'refugee', the cost of each item of expenditure—ranging from blackout material to latrines—would need to be apportioned and financial adjustments made between local authorities and the Government, and the latter would have to reimburse expenditure incurred on

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[1] See chapter IV, pp. 50–1.

[2] Ministry of Health circular 1860, 2nd September 1939.

[3] See chapter IV, pp. 52–3.

[4] This was at a time when the Air Staff was reiterating its warnings about the striking power of the German Air Force—see chapter IX, p. 138.

[5] See chapter IV, p. 53.

[6] The London County Council, for example, was lent 4,000 blankets.

'refugees' crossing local boundaries. No suggestions were offered by the Government as to how local inhabitants could be distinguished from refugees in the conditions of chaos envisaged, for instance, when the evacuation and hospital schemes were prepared. These financial principles, which deterred the Ministry of Health from asking the Treasury to abolish administrative distinctions which could not be applied, did not encourage progress in the organisation of the rest centre and other services.[1] Nor did they help the poor law authorities, who needed stimulating rather than repressing, to take a generous view of the needs of homeless people.

The first attack on a British city involving the loss of over 1,000 lives was delivered on 7th September 1940.[2] During the preceding three months raids had been increasing in weight by night and day over many parts of the country. In June approximately 100 civilians were killed, in July 300 and in August 1,250.[3] The heavy night attacks in September, principally on London, sent the total up to 6,700.

Many of the raids between June and 7th September produced, in miniature form, the kind of social problems which, later, were to cause a crisis in London and a number of other cities. Prominent among them was the social nuisance of the unexploded bomb—real and imagined. Another was the fact of homeless people. During this preliminary period the number of people rendered homeless by a single raid in any one town exceeded 1,000 on half-a-dozen occasions.[4]

These comparatively light raids brought out all the chief defects in the rest centre scheme, but the lessons were not heeded in Whitehall. Some advice reached the Ministry of Health early in July, notably from its office in the northern region and from the Women's Voluntary Services who suggested that homeless people were likely to stay in rest centres much longer than had been expected. These reports were not circulated by the Ministry until the last day of August 1940, and then only to regional officers of the department.

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[1] On 30th April 1940 it was stated in a minute that the Ministry had not 'had the temerity even to hint at mobile feeding canteens' to the Treasury. A further minute of 9th September 1940 (two days after the first heavy attack on London) recorded the Ministry's view that it could not yet go so far as to ask the Treasury 'to accept full responsibility for both equipment and maintenance of the feeding and shelter stations'.

[2] Between September 1939 and May 1940 there were thirteen air raids on the British Isles and the Fleet in domestic waters, all of them in Scotland. The first bomb to be dropped on land fell at Hoy, in the Orkneys, on 17th October 1939. The first civilian casualty was caused at the Bridge of Wraith, Orkney, on 17th March 1940. The first incident in England occurred on the last night of April 1940, when a Heinkel 111 crashed at Clacton-on-Sea, its mines exploding and killing two civilians. The first bombs for twenty-two years on the mainland of Britain fell near Canterbury on 9th May 1940.

[3] These figures are only approximate. An explanation of what they include is given in appendix 8 to chapter XVI.

[4] The towns affected were West Hartlepool, Bradford, Exeter, Swansea, Liverpool (twice).

Until September 1940, the majority of the staff engaged on organising these services had been drawn from poor law work. This was true both of the policy-making department at the centre and the executive agencies in the country. The responsibility for seeing that policy was implemented rested in each region on two men, the general inspector of public assistance and his deputy. These officials had to act also as the 'eyes and ears' of the Ministry, a difficult duty in regions which generally contained twenty or more public assistance authorities, particularly as it had to be combined with many other activities.

The inspectors' only equipment in this novel field of relief for air raid victims was a rough notion of what the London County Council was attempting to do, together with any experience they themselves had gained in a life of inspecting establishments maintained under the poor law. They received little help from the Ministry of Health, partly because the Ministry itself lacked a comprehensive intelligence service. The few useful suggestions which did arrive at the Ministry were rather forlorn creatures unable to stand alone in the chilly climate of poor law finance. Most of the early reports failed to show imagination about the social consequences of air attack. The first operational report to the Ministry on housing damage from enemy aircraft drily recorded that 'no question of poor relief has so far arisen'.[1] This limited conception of the community's obligations to those involved in total war was the cause of much of the subsequent trouble.

It was not surprising, therefore, that when the War Cabinet inquired, on 29th August 1940, into the working of the various provisions for homeless people no serious grounds for dissatisfaction were reported. The Prime Minister thought that attention should be given to the matter of compensation for war damage to household effects—a subject which is discussed later. Apart from this, it was suggested that there should be some machinery for co-ordination between the local authorities; since, if accommodation for rehousing and billeting could not be found in one area, it should be possible to provide it immediately in another. In other words, the housing resources of London—for example—should be pooled regardless of local government boundaries. In principle, this was an advance; but the machinery of execution had still to be tested. The Ministry of Health had already stipulated that, if an authority wanted to billet homeless people outside its own boundaries, application would have to be made to the senior regional officer.[2] A great deal depended then on the number and quality of the staff of the regional offices. The London office had not yet been strengthened by the time the storm broke.

[1] From the context it is clear that 'poor relief' meant 'operating the emergency services for the homeless'. This was in May 1940.

[2] Ministry of Health circular 1860, 2nd September 1939.

It broke on 7th September and the relief services in London were overborne. The following review of the services as they were in the early days of September 1940 explains the character of the social problems which subsequently arose.

The first stage in helping those who were homeless was clear enough: shelter, food, information, perhaps money, perhaps clothing. Rest centre accommodation of a rough kind was available but with little structural protection,[1] with inadequate sanitation and few amenities.[2] No provision was made for a stay beyond a few hours. Blankets were few and far between. A diet such as was normally provided in poor law casual wards was offered at the centres,[3] mobile feeding canteens having been dismissed as an unnecessary refinement in wartime.[4] There was no first aid equipment in the centres and, consistent with the history of the poor law, little information was available to guide to the right sources those who needed help.

Through the local offices of the Assistance Board arrangements had been made to help injured civilians and others who were suffering financial distress owing to the war. Also, small sums of money were available for homeless people—but only for the poor—who had lost furniture and clothes. The need for large reserves of clothing for those who had been bombed out of their homes, often in their night clothes, had not, however, been foreseen. The rest centres were soon emptied of the small stocks they had originally possessed.

The second stage in the problem of post-raid welfare was the need to resettle homeless people in accommodation of a more permanent character than that provided by rest centres and air raid shelters. The essential requirements of this stage had received even less recognition before September 1940 than had the requirements of food and temporary shelter.

Before the heavy raids began, local councils and the London County Council had been given power to billet, or provide empty houses for, the small number of people who, it was expected, would not be able to find fresh homes themselves. However, the authorities had been instructed to employ these powers only as a last resort. They had been told that empty houses were not to be requisitioned

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[1] Until September 1940, the Ministry of Health discouraged local authorities from providing A.R.P. protection at either feeding or shelter stations.

[2] Local authorities had not been given the power to requisition in advance buildings earmarked for use as rest centres. In many instances, therefore, it was not possible to requisition, equip and have such accommodation ready for use when the attack came (Ministry of Health circular 2074, 29th June 1940).

[3] A report to the War Cabinet (after a week of raids on London) stated: 'At the outset the food provided in the emergency rest centres consisted mainly of bread and tea.'

[4] In addition to the financial argument against canteens, the Army authorities, who were consulted, took the view that civilians were unable to manage mobile canteens.

'in advance of the occasion on which the property is required'.[1] Inevitably, therefore, local arrangements for rehousing homeless people were in a primitive state, and there was hardly any liaison between the various authorities. In London, there was the additional complication of two billeting authorities—the County Council and the metropolitan boroughs—while the function of the Ministry's regional office as a co-ordinating instrument had not been clarified.

Preparations to deal with repairs to damaged houses were hardly further forward. On the outbreak of war, local authorities had been charged with the duty of making immediate repairs to all houses in their areas;[2] but, because the amount of damage had been underestimated and for other reasons, the schemes drawn up were found in 1940 to be inadequate[3] and administratively cumbersome.[4] Only a few authorities had compiled registers of empty houses for immediate requisitioning and lists of available billets.[5] The need to supply furniture and bedding had received little attention. Nor was it until August 1940 that the first circular to local authorities on the equally important matter of salvaging, removing and storing furniture from damaged houses was issued.[6]

This, in broad terms, was the state of administrative affairs at the beginning of September 1940. As to the vital question of staff, the essential fact was that most of these schemes chiefly depended at the time on an insufficient number of poor law officials and a casual and haphazard organisation of volunteers. The only legal instrument for action taken by the public assistance authorities for the care of homeless people was the Poor Law Act of 1930. The manner in which the Government relied on this instrument epitomised its early approach to the task of resolving the social consequences of air attack.

This, then, was the situation when the German Air Force struck at London on Saturday, 7th September 1940, with about half its total serviceable strength of bombers.[7] According to the enemy, when the

[1] Ministry of Health circulars 2081/2, 3rd July 1940, and 2097, 16th July 1940.

[2] Housing (Emergency Powers) Act, 1939, and Ministry of Health circular 1810, 18th August 1939.

[3] For instance, a 'great shortage' of glass was reported to the War Cabinet on 27th August 1940—ten days before the first heavy London raid.

[4] Under the Housing (Emergency Powers) Act, 1939, local authorities were not allowed to repair before gaining the consent of the owner and ascertaining that there was a shortage of houses in the area. These limitations to rapid action were removed by the Repair of War Damage Act, 1941 (promised to local authorities on 12th September 1940) which had retrospective effect from 1st September 1939. (Ministry of Health circulars 2144, 12th September 1940, and 2450, 9th August 1941.)

[5] Authorities in London region were asked on 12th September 1940 to prepare lists—five days after the first heavy attack (Ministry of Health circular 2147).

[6] Ministry of Home Security circular 203/40, 3rd August 1940.

[7] It was estimated that some 375 bombers were used in the first attack at 5 p.m. and about 250 during the night. The United States Strategic Bombing Survey, *Over-all Report European War* (published 30th September 1945), stated that the German Air Force entered the Battle of Britain with a total serviceable strength of 1,100 fighters and 840 bombers. The report observed that the outside world had exaggerated Germany's air strength.

offensive was launched the 'greatest confidence was placed in the effects of loss of life and property on public morale'.[1] To undermine the resistance of the British people was the first objective.

(ii)

Crisis in London County

The first phase of the attack on London lasted until about mid-November. Except for one respite—2nd November—London was bombed continuously for seventy-six nights. Some 27,500 high-explosive bombs, and many incendiaries, oil explosive bombs, parachute mines and delayed-action bombs were employed.[2] The East End, and particularly Stepney, received the heaviest blows in September. Although the attack continued to cover a very wide area, the main weight of bombing moved from the East End and the riverside boroughs in September to central London in October. More diffuse and lighter raiding followed in November.

The enemy never maintained the assault on one area long enough and with sufficient weight to produce a state of complete chaos; but in the beginning he did cause muddle and confusion, the stigmata of all battles in which one side is taken by surprise, is ill-prepared, and is forced to re-organise during short periods of respite. Confusion was accompanied, in some London boroughs, by a temporary loss of balance among elected representatives and officials, and by temporary paralysis of the executive machinery. These were chiefly the shortcomings of ignorance and inexperience. The evidence, when sifted, showed no signs of panic, although a few people talked of rioting when about 5,000 East Enders trudged off to Epping and sat down in the Forest.

Anxiety and loss of sleep were general; disorganisation and social discomfort much more serious. Moving amidst all this discomfort was public anger—anger with the Government and with local authorities for the hardships that were rated as unnecessary. A flood of protests poured turbulently through all the channels of communication to Parliament and Whitehall.

If these protests had not been listened to, if any attempt had been made to stifle their expression, then the situation might well have got out of hand. But ministers, members of Parliament and officials went

[1] Quoted in *The Effects of Strategic Bombing on the German War Economy* (p. 17), published by the United States Strategic Bombing Survey, Overall Economic Effects Division, 31st October 1945.

[2] Estimates of weight of attack were very sketchy in the early years of the war. The point is further discussed in appendix 7 to chapter XVI.

to see for themselves. Rest centres, shelters, tubes, railway arches and warehouses were visited night after night by representatives of the Government, the local authorities and voluntary societies. A committee of inquiry, headed by Lord Horder, was quickly set up to investigate conditions in the tubes and shelters. Special commissioners were appointed for some of the more harassing problems in London; Mr. H. U. Willink for homeless people, Mr. Charles Key for shelters, Sir Warren Fisher for damage to roads, public utilities and the clearance of debris.

At first, there were so many problems clamouring for attention that it was difficult to separate cause and effect. It was hard to identify the roots of disorganisation while such a tangle of muddle flourished. During the first six weeks or so the Government had little opportunity to think of long-term policies, each day was filled with fresh and urgent claims. Primitive needs cried out; food and water in this place, sanitary buckets in that, blankets for warmth everywhere. These clamant needs had to be provided for, at least in part, before it could be seen that what London really faced was a race between the rate of damage and the rate at which people were resettled in homes.

For a few days, even the provision of essential needs had to take second place while transfers of population from the East End were carried out. These were necessary to relieve congestion in the rest centres, and in response to urgent demands for wholesale evacuation. Some of the districts which suffered most from bombing were small areas of poorly-built property lying in islands between docks, or between docks and the river, and often flanked by warehouses which were set on fire. For some days, there was a danger that these areas might be completely cut off and their inhabitants put beyond rescue. With transport and communication badly disrupted, it was natural that some cries for evacuation should arise: what was surprising was that they were so few.

The loudest cry came from Silvertown, lying in the south-west of the county borough of West Ham, and hemmed in by the River Lea, the Thames and the docks.[1] Caught in this isolated bit of London, the local people felt themselves particularly at the mercy of the German raiders. The unexploded bomb made matters worse, for until the measure of this weapon had been taken many areas in the East

[1] Stepney was also affected in this way. On 9th September 1940 the town clerk, on his own initiative, arranged for about 1,000 people to be evacuated from the Wapping district by river steamer to Richmond and elsewhere. A third district was the Surrey Dock area in Bermondsey. On the evening of the 7th serious fires near the two dock bridges—the only connection with the rest of the borough—threatened to isolate the inhabitants of the area. In conditions of such danger that heroic action was called for the whole area was evacuated, and about 1,000 people moved. From these parts of West Ham, Stepney and Bermondsey, something like 20,000–25,000 people were evacuated to other areas in London and nearby counties during September.

End were roped off for weeks without real cause, and tens of thousands of people had to leave their homes at only a few minutes' notice. Water supplies were also endangered, for by 10th September the Germans had breached the northern outfall sewer and for some time crude sewage was discharging into the River Lea. Under these battle stresses, local leadership in West Ham faltered. Demands were made, first for transport to empty the crowded rest centres, and then for the complete evacuation of the borough, or at any rate, Silvertown. On the night of 11th September, four days after the first attack, the Minister of Health (Mr. Malcolm Macdonald) went to West Ham. In answer to the urgent appeals of councillors and officials, he promised that transport would appear on the following day: all those who wanted to leave Silvertown, whether homeless or not, could then go. But no further opportunity for general evacuation would be given.

This was a brave and imaginative decision. What West Ham and other disrupted boroughs needed in these critical days was leadership and a clear statement of the practical issues. Henceforward, Londoners were to play a much more active role in the battles. The emphasis was already shifting from evacuation to resistance—resistance from the home, the shelter, the workshop; resistance by the family, the street, the borough. Experience was showing that this was what most people wanted. The West Ham authorities soon learnt that they had been over fearful, for on 12th September only about 2,900 people left Silvertown in the transport provided. At the same time, many workers began to return to their daily jobs from the rest centres and from the camps that had been set up in Epping Forest.

Within about a week, the East End, for long remarkably parochial in its interests and associations, began to show a stubbornness which, though it helped the Government in some ways, proved to be in others a positive embarrassment. This stubbornness, intelligible enough to those who knew the people well, expressed itself in a reluctance to move from the overcrowded rest centres to other London districts as a first step towards billeting or rehousing. The people of the East End objected to being transferred to distant parts of London with different social standards and habits of life. Their attitude was consistent with the lessons of the 1939 evacuation and might, indeed, have been expected. To this parochialism was added, as the attack spread over a wider area, the reasonable argument that there was no point in being uprooted merely to experience raids in another district of London. The insistence by these people upon staying where they were made it all the more urgent to deal with the problem of the rest centres.

Nineteen days after the first attack, a rest centre population of 25,000 had piled up in the London civil defence region. This was the

highest figure reached throughout the war. Of the total, over 14,000 were in the desperately overcrowded centres run by the London County Council.[1]

Something like a third of the 25,000 were homeless because of unexploded bombs—real or imagined. These people were, so to speak, pariahs in the world of the bombed, since they were not casualties, they had not lost their belongings, and for a period the 'time-bombed' (as they were called) were regarded as ineligible for help from air raid distress funds.[2] For some weeks, the rate at which unexploded bombs were reported far exceeded the rate at which they were disposed of by the Army's bomb disposal squads. The proportion of these bombs dropped by the Germans seems to have been in the neighbourhood of five to ten per cent. of all high-explosive bombs.[3] This was a much smaller ratio than the fifty per cent. suggested by the Air Staff in 1934, when the Committee of Imperial Defence was discussing the need for a disposal organisation.[4] Nevertheless, by 27th November 1940, the estimated number of unexploded bombs awaiting disposal in London region had risen to over 3,000. The Germans do not seem to have realised how effective this weapon was in disrupting city life. At any rate, no significant increase in the proportion of delayed-action bombs was noted in later raids.

The direct damage and destruction of homes, reinforced by the effects of the unexploded bomb, rapidly created a host of social problems. The one that was seen to be most urgent in the early days of the raids was the bad condition of the rest centres in which thousands of homeless people were living. Something had to be done to improve these conditions before much attention could be given to the next problem of rehousing the homeless.

These centres were generally located in schools, although all types of buildings were used. Their defects were almost universal. Bread, margarine, potted meat and corned beef, jam, biscuits and tea, varied only by soup, were provided for days on end for children as well as

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[1] The *Report of the Chief Medical Officer of the Ministry of Health* 1939–45 (p. 187), states that when air attacks started there were 997 rest centres in the metropolitan area (corresponding to London region) with accommodation for 132,000 persons. These figures are misleading, for what mattered was not earmarked buildings or schemes on paper, but centres open to the public, properly equipped and staffed. The meaning of available accommodation also turned on whether people were to stay for a few hours or for a week or more.

[2] Report on rest centres supplied by the Charity Organisation Society to the writer for the War History, September 1943. This society was later known as the Family Welfare Association. In this book, however, it will be referred to under the name it was known by during the war.

[3] During September–November 1940 only about 1·75 per cent. of high-explosive bombs were of the delayed-action type, or about one in sixty. The great majority of unexploded bombs were duds.

[4] See chapter I, p. 8.

adults.[1] Apart from a few blankets, there was usually no other bedding and often few chairs for the many who arrived clad only in night clothes, neighbours' coats or rugs. Washing facilities rarely equalled the need, for the filth which enveloped most of the bombed was one of the unforeseen phenomena of total war.[2]

What follows is, perhaps, an extreme example of the conditions which stirred the public to anger. An elementary school in Stepney was used as a rest centre. At night the floor was crowded with people lying on blankets, mattresses and bundles of clothing. In the light of dimmed hurricane lamps, some 200 to 300 homeless people had the use of ten pails and coal scuttles as lavatories. 'By the middle of the night these containers . . . overflow so that, as the night advances, urine and fæces spread in ever-increasing volume over the floor. The space is narrow so that whoever enters inevitably steps in the sewage and carries it on his shoes all over the building . . . The containers are not emptied until 8 a.m. By dawn the stench . . . but I leave this to your imagination.' Seven basins were available for these people to wash in; no soap, no towels. Water was heated over coals, drinking water kept in zinc baths.[3]

'The picture of the rest centres in those early days', wrote another social worker, 'is unforgettable. Dim figures in dejected heaps on unwashed floors in total darkness: harassed, bustling, but determinedly cheerful helpers distributing eternal corned beef sandwiches and tea—the London County Council panacea for hunger, shock, loss, misery and illness . . . Dishevelled, half-dressed people wandering between the bombed house and the rest centre salvaging bits and pieces, or trying to keep in touch with the scattered family . . . A clergyman appeared and wandered about aimlessly, and someone played the piano.'[4]

It was the voluntary organisations—the Charity Organisation Society, the Society of Friends, the Settlement workers, the London Council of Social Service and many others—who helped to hold the

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[1] There was not always the equipment to serve these meals. Tins of soup were provided but no tin openers. On 12th September 1940 one centre in Bethnal Green had two spoons and a blunt knife. In many places there were no washing-up bowls, no soap and towels, and insufficient crockery and cutlery (Report on rest and feeding centres, September 1940, by the Secretary of the British Association of Residential Settlements, supplied to the writer by the National Council of Social Service).

[2] 'In analysing the reports it has been interesting to discover a remarkable uniformity in the conditions found in every district. Places as widely separated as Stepney or Westminster, Battersea or St. Pancras, appear to have been faced with precisely the same problem.' This quotation concerning conditions in rest centres is taken from a report by a group of welfare officers on 7th October 1940. At the instance of a voluntary organisation (the London Council of Social Service) these officers were temporarily added to the London regional staff of the Ministry of Health to report on problems of homeless people.

[3] This account by a Red Cross voluntary worker was sent to Lord Horder who forwarded it to the Minister of Health.

[4] Report on rest centres supplied by the Charity Organisation Society to the writer for the War History, September 1943.

line during this period while the official machine was beginning to take effective action. The Charity Organisation Society, for instance, had foreseen the need for blankets and clothing, and through the generosity of the Canadian Red Cross had acquired stocks of 50,000 blankets, 100,000 miscellaneous garments and 50,000 tins of food. These stocks were quickly distributed to London rest centres. Voluntary helpers at the Canadian Red Cross headquarters worked incessantly, packing and sorting. Soldiers of the Canadian Army loaded lorries and moved cases to the offices of the Charity Organisation Society in Vauxhall Bridge Road. The staff of the Society laboured heavily as a tumbled mass of cases piled up on the pavement. Many passers-by joined the work—civil servants, Servicemen, clerks and business men on their way to Victoria Station.[1] The sight of Red Cross labels and the emotional stimulus of bombing broke down traditional dignities and liberated a spirit of helpfulness.

Next to the shortages of food, blankets and equipment, insufficient staff was the biggest problem of the rest centres in the early days. It was here that many social workers voluntarily gave to the centres the benefit of their training. They had experience in handling distressed people, they knew the value of order, they were familiar with the detail of social provision. Unlike some—not all—of the poor law officials they were capable of taking the initiative, and of temporarily disregarding rules and regulations. This they did effectively. They raided school feeding centres and took away cutlery and crockery without permission, they bought food out of a variety of charitable funds, they appropriated babies' napkins and clothes from various sources, and one at least fetched to a centre administered by the public assistance committee coal which belonged to the local education committee.[2]

The number of experienced social workers who could walk in and take charge of rest centres needing staff was, however, very limited. In some instances, members of the Women's Voluntary Services, teachers, local officials and clergymen retrieved the situation. In other instances ordinary people of the neighbourhood quite naturally became leaders in the centres, just as they did in the shelters and the tubes.

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[1] Report on rest centres supplied by the Charity Organisation Society to the writer for the War History, September 1943.

[2] The enormity of this offence can be appreciated only by those who know well the checks and balances of local control. At the request of the writer these accounts were generously contributed by social workers attached to the Charity Organisation Society. They refer to centres in Bethnal Green, East Lewisham, St. Pancras, Islington, Camberwell and Southwark, and they have been judged faithful records after an inspection of a mass of official and unofficial reports.

There is, for instance, the story of Mrs. B. who figures prominently in reports from Islington.[1] Mrs. B. was a beetroot seller. Her weather-beaten face and good loud voice were the result of years of market selling. When the raids started she left the first aid post where she was a part-time volunteer, walked into Ritchie Street rest centre and took charge. She found a supply of milk for the babies, bedded them down early with their mothers, and administered powders. What was in them no one knew, but sleep was not long in coming. Then she put the oldest and feeblest on the remaining beds and benches and had the whole household, one hundred to three hundred in all, asleep or quiet as the bombs came whining down. In the morning she organised the washing, bathed the babies, swept the floors, supervised breakfast, and went home about 11 o'clock to sleep (or sell beetroots?). In the evening she was back again. She made one rest centre a place of security, order and decency for hundreds of homeless people.

The period of improvised staffing did not last long. Within a few days of the first big raid, and after the chairman of the London County Council had complained bitterly that the post-raid services had been starved of money, the Minister, sweeping aside established practice, gave the Council a free hand. Accommodation in rest centres for homeless people was to be expanded from about 10,000 up to a limit of 50,000. Equipment, and paid or voluntary staff, were to be provided 'to such extent as might be necessary'.

In effect, this ministerial decision threw the poor law out of the rest centres. Rearguard actions were stubbornly fought by the Treasury for another two months against the principle of one hundred per cent. Exchequer reimbursement of all expenditure; but at the end of November 1940 resistance finally collapsed. What had been given to the London County Council could not be withheld from the rest of the country.[2] The decision came as a relief to many officials in Whitehall and Edinburgh,[3] in the regions, and not least to those responsible in the local government world for the actual provision of services for homeless people. The financial basis of relief in kind was thus brought into line with that for relief in cash: both were accepted as a national burden. No longer was it necessary to count heads in rest centres; the

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[1] Report on rest centres supplied by the Charity Organisation Society to the writer for the War History, September 1943.

[2] The Ministry of Health's circular (2290) announcing the new policy was eventually issued to all local authorities on 6th February 1941. An earlier one (2154 of 23rd September 1940) had already made certain concessions.

[3] A minute of December 1939, written in the Ministry of Health division responsible for the rest centre service, illustrates this point: 'Everyone here, including the Accountant General's Department, is convinced that the Treasury distinction between services rendered to natives and services rendered to immigrants is unrational and unworkable and we have warned the Treasury that sooner or later pressure from the local authorities is bound to blow it up . . .'

bombed in district A were not to be distinguished from the bombed in district B.

A complete re-organisation of the rest centre service in London immediately followed the Minister's intervention. It might almost be said that an entirely new service began to develop. The County Council set up a special department distinct from, though ultimately responsible to, the public assistance committee. Young and able officers were put in charge, administrative control was loosened, an energetic drive was started to improve the arrangements for feeding and sleeping, first aid and sanitation. New rest centres were quickly opened. The public assistance officials were withdrawn from the centres, and hundreds of school teachers, many of them out of work because of the closing and bombing of schools, responded to an appeal for rest centre staff. A large number of voluntary helpers, particularly from the Women's Voluntary Services,[1] were also used. Other staff, including social workers, were engaged at civil defence rates of pay.[2]

A scheme was introduced whereby two teams, each of five members, worked in day and night shifts to man each first- and second-line rest centre in the Council's area. Wherever possible, a nurse and an information officer were included in each team. Meanwhile, in many districts, care committee and citizens' advice bureaux organisers were visiting the first-line centres to provide some kind of information service for homeless people.

The Ministry of Health also reacted quickly to the critical situation in September. On the 10th, its staff at the London regional office began to be reinforced from the health insurance inspectorate. On the following day, an officer was instructed to deal with the special problem of West Ham and surrounding areas. In Whitehall, the care of the homeless division was immediately strengthened. One of its most pressing tasks was to obtain supplies of equipment for the rest centres, shelters, tube stations and other emergency services.

The need for blankets at first dominated the equipment problem, just as it had done a year earlier.[3] Then also there had been a shortage; but, as bombs did not fall and mothers and children returned from the country, no new orders for blankets were placed; indeed, quantities were actually transferred to other services, and 100,000 were sold to the French Army. In September 1940 the Ministries of Health and Works had in reserve only about 150,000 coloured blan-

[1] At the beginning of October 1940, for instance, the Women's Voluntary Services surveyed the third-line rest centres for the London County Council. Subsequently, this organisation continued to staff these centres with the assistance of volunteers from local churches, settlements and clubs.

[2] Owing to a great shortage of trained and experienced social workers higher rates of pay were later authorised. Even then, it was not possible to find nearly enough social workers to fill all the posts.

[3] Previous references to the blanket problem in 1939 may be found in chapter IV, p. 53, chapter VI, p. 92-3 and chapter XIV, p. 252.

kets. A month later the Health Departments in London and Edinburgh found that they wanted about 2,500,000. The need was so urgent that the War Office was persuaded to lend nearly a million. These were hurriedly distributed.[1] But the shortage remained acute, despite strenuous and costly efforts to repair it. In March 1941 the Ministry of Health estimated that 1,250,000 additional blankets were still needed.

The problem of camp beds, which was associated with the two blanket crises of August 1939 and September 1940, was in some ways more difficult to resolve because of a history of unfulfilled contracts. In 1939 the Office of Works had placed for the Health Departments contracts for 975,000 camp beds. Because the needs of the evacuation scheme turned out to be less than expected, and because of the Government's insistence on economy, manufacturers were persuaded to cancel contracts for over 400,000. In addition, 270,000 were unloaded on the War Office. Consequently, only a small number were held in stock for the Health Departments in September 1940.

Eventually, most of these equipment difficulties were overcome. Immense orders were placed in the first few months of the heavy raids for blankets, mattresses, camp beds and bunks, while the Government entered the market for hundreds of thousands of teapots, mugs, kettles, chairs and other domestic items.[2] These were needed for rest centres, for rehousing the homeless, for evacuation hostels, hospitals and various emergency services. By 1941 the administrative machinery for estimating equipment needs in the Health Departments had been drastically overhauled, a supply division established, and the problem of storage space investigated.[3] From then on, equipment budgets were drawn up at six-monthly intervals to cover all war services, and advance orders were notified to the purchasing agencies—mainly the Ministries of Works and Supply.

The Government's determined action—by its settlement of the financial question, by its re-organisations of staff, by its forthright attack on the equipment shortage—soon produced good results in

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[1] At the same time, local authorities were scouring the shops (Hull, for instance, bought 20,000 blankets), and supplies were also received from the Charity Organisation Society, the Women's Voluntary Services and other agencies.

[2] Such was the scramble for equipment of various kinds that the Ministry of Works made temporary appointments of 'business men' to get what they could from hotels, ships and other sources. These appointments were not successful, for it was later said that the 'business men' obtained furniture and equipment at 'somewhat less value than expenditure on salaries and travelling, plus a tremendous lot of rubbish'.

[3] In June 1940, the responsibility for Ministry of Health regional stores was transferred to the Ministry of Works partly because of the former department's lack of staff with technical experience of store-keeping. Three months later, the great expansion in purchasing created a need for a large storage organisation. There was, however, an acute shortage of buildings suitable for storage purposes in the safer areas during 1940–1, and accommodation was only slowly acquired. By 1942 an efficient organisation had been built up for the purchasing, storing and distribution of vast stocks of equipment for all Ministry of Health war-time services.

London. Even by the end of September 1940 a 'substantial improvement' in the condition of the London County Council's rest centres was recorded. It was reported a month later that the centres had 'improved enormously'. These reports did not come from the Council or the Ministry of Health. They came—and that is why they are quoted here in evidence—from the severest critics of the rest centre service, from social workers and voluntary agencies in London.

Throughout the winter months of 1940–1 progress was steadily maintained. The County Council's centres were equipped with first aid materials, a continuous service for disinfesting bedding was instituted, regular medical inspections were carried out and sanitary facilities were raised to a satisfactory standard.[1] At the same time, following a number of disasters from direct hits, a start was made with providing structural protection to the buildings in use as rest centres.[2]

The problem of providing food and drink for homeless people, and for those who had their water and gas supplies frequently interrupted or cut off, was also tackled with vigour and imagination. At the request of the Ministry of Food the London County Council began to organise communal feeding centres.[3] These centres, which eventually formed part of the scheme known as 'The Londoners' Meals Service', were first run on the 'cash and carry' principle, mobile kitchen units providing cooked food chiefly at schools. Although at the outset a dining-room service was not contemplated, by November 1940 the policy of establishing dining-rooms at all feeding centres had been accepted. Hot meals were provided on payment to people who, because of war conditions, were unable to obtain or prepare them. Mobile canteens in the hands of the Women's Voluntary Services, the Church Army, the Y.M.C.A., and other voluntary agencies served admirably, in the early months of air attack, as a flexible instrument for supplementing food and canteen shortages in bombed areas.

By May 1941 an efficient organisation was in control of the situation in the county of London. The Londoners' Meals Service had established 170 centres, most of them in school buildings. In addition, twenty-seven community kitchens were maintained by voluntary organisations, the work being co-ordinated by the Women's Voluntary Services and the London Council of Social Service. Four food

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[1] Ministry of Health circular 2214, 21st November 1940.

[2] On his own initiative, the Special Commissioner (Mr. Willink), who spent many nights visiting the rest centres and urging improvements, gave the London County Council authority on 16th October 1940 to begin work on structural protection at an estimated cost of £250,000–£300,000. Owing to difficulties over materials, a shortage of bricklayers and competition with shelter building and other constructional programmes, the work proceeded more slowly than the general improvement in rest centre conditions. Authority for structural protection to centres was later extended to the rest of the country (Ministry of Health circular 2219, 23rd November 1940).

[3] On 11th September 1940. The capital cost and any unforeseeable and reasonable running deficits were reimbursed by the Ministry of Food.

convoys,[1] organised by the Ministry of Food and staffed by volunteers, were ready to go into action, and over 190 mobile canteens, provided by both voluntary and official agencies, were stationed at many points in the London civil defence region.

Feeding arrangements in the rest centres themselves had also been improved beyond the recognition of those who had known the centres in September 1940. Moreover, alternative methods of cooking had been installed and schemes worked out to provide emergency reserves of drinking water. These measures were important, for on many occasions large numbers of people were deprived of water and cooking facilities. For instance, after a heavy raid in October 1940, twenty per cent. of London consumers had their gas supplies cut off, and some boroughs were without normal water supplies for three days.

A complete account of the development of war-time feeding schemes, expressed in such a variety of forms as British restaurants, food convoys, canteens for homeless people, shelterers, evacuated mothers and children and war workers cannot be given here.[2] Enough has been said, however, to show that the problem of providing hot food and drinks for homeless people in London was, after a bad start, successfully overcome. The contribution made by voluntary workers, and notably by the Women's Voluntary Services, was, perhaps, greater in this field of war-time service than in any other.

As soon as the various tasks of providing the essentials of good food, simple equipment and a reasonable standard of sanitation had been solved, the London County Council began to raise the whole standard of living in its rest centres. Local staffs and volunteer workers were encouraged to vie with each other in devising improvements and adding amenities. Bathrooms, made of salvaged material by the staff, were installed in some centres; armchairs, ornaments, pictures, wireless sets and flowers appeared, while the County Council co-operated with E.N.S.A. and C.E.M.A. in providing simple and informal entertainments for homeless people.

By the end of 1941 the transformation was complete. The bleak, inhospitable poor law standards of the centres in September 1940 had given way to good and kindly board and lodging, available without charge to the homeless victims of air attack. Moreover, what had been done was done, not in peaceful conditions, not when supplies of equipment were plentiful, but at a time when administrators and

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[1] In April 1941 a food convoy consisted of two lorries with cooking equipment, one travelling water container, three mobile canteens and two vans with stores. Each convoy was accompanied by four dispatch riders and the cooking and service of meals was done by the crew of the convoy.

[2] These questions are the concern of other volumes in this series of histories—chiefly Mr. R. J. Hammond's history of food policy.

executive officers could have found plentiful excuses for inaction. But this was a period in the social history of London when most men and women would have found it intolerable to trade in excuses.

It so happened that these new rest centres were never used to the same extent as the old ones had been in the early months of the raids; but when they were, the changes were not lost on those who had to use them. 'They couldn't do too much for me, Miss', said one old lady from Shoreditch who had to spend a night in a centre in December 1941.[1] That comment was typical.

The task of providing temporary accommodation and food for the victims of air attack in the county of London had been tackled and mastered during the course of the battle. That victory was decisive. In order of time, by reason of the numbers affected, and because of its complexity, the London problem assumed an importance far greater than that of any other raided city in Britain. London, that is, the people of London, symbolised to many onlookers the spirit and strength of resistance. It may not have merited greatness, it may not have borne its trials with greater fortitude than any other bombed city of Western civilisation, but greatness, an uncomfortable greatness, was thrust upon it during the winter of 1940–1. Most Londoners were probably quite unaware of the fact.

(iii)

Crisis in London Region

So far, this chapter has examined only the problems of homeless people in the county of London and their immediate need for temporary shelter and food. Their further need was for resettlement in new homes, but before this is discussed something must first be said about the stresses of battle in outer London.

In addition to the bombing sustained by this area, many of the social consequences of the attack on inner London flooded out over the boundaries of the county, and often beyond the frontiers of London Region—i.e. the civil defence region whose territory, by wise forethought, enveloped the whole of Middlesex and part of four other counties.[2] These regional frontiers had been well drawn to catch the full flood of people and problems. But because of the region's size, and because the executive duty of providing services for homeless people rested on local government, the task of co-ordination—of

[1] Report on rest centres supplied by the Charity Organisation Society to the writer for the War History, September 1943.

[2] Hertfordshire, Essex, Kent and Surrey.

simultaneous action by all the services—emerged as one of the biggest administrative problems.

London region contained ninety-six authorities concerned with billeting and housing, and nine who were responsible for the rest centre service.[1] During 1940 four of the latter (Middlesex, Kent, Hertfordshire and Essex) informally delegated part or all of their functions to the local district councils. In a service which depended to such a great extent on voluntary and part-time staff, and therefore upon local help, this delegation tended to stimulate neighbourhood interest. But, on the other hand, it increased the number of agencies and, incidentally, showed that liaison between minor authorities was often defective.

The problems of the rest centres in that part of the region outside the area of the London County Council were not so very different from those inside the Council's area. There were the same difficulties about food, equipment, sanitation, staff and so on. In general, except for the county boroughs of West Ham and East Ham, the rest centre service was not so hardly pressed as that for which the London County Council was responsible. Partly for this reason, and partly because of the absence of directions from Whitehall on the standards to aim at, the rate of improvement was slow and uneven. But perhaps the most important reason was that a system of central government inspection was late in starting.[2]

By April 1941 a reasonable level of efficiency had been reached by most authorities, especially in Hertfordshire, where more interest was displayed in after-care and the general welfare of homeless people than in some other areas. In one or two places, new services were started, sometimes by the local authority, sometimes by a voluntary body. The British Red Cross Society, for instance, began an experiment in Middlesex which eventually benefited other areas in the region. Houses were taken, equipped and staffed by volunteers to provide periods of rest for homeless people suffering from shock or in various stages of recovery from illness. Later in the war, these places proved useful in meeting some of the needs of old people and in catering for men and women convalescing after illness. Many of these new ventures grew out of an improved rest centre service.

In a few areas, however, the service continued to be weak for a long time. In each instance, history provided the fundamental reason. The West Ham organisation, for example, brought to its task the memory of a painful history of bad relations with the Ministry of Health. Deep and bitter feelings had been aroused ten years previously, when the

[1] There were originally ten, the additional one being the City of London. This was a weakness, and after the confusion following a big raid on 28th December 1940 the County Council undertook responsibility for the City's rest centre service.

[2] Inspection of rest centres in Kent by Ministry of Health officials did not begin, for instance, until the end of October 1940.

Minister (Mr. Neville Chamberlain) determinedly set out to bring West Ham to heel.[1] The Ministry was thus known to this borough chiefly for its parsimony, dating back to the end of the First World War, in the field of public assistance. Moreover, the account had still not been settled in full, for in 1938–9 the West Ham rates were 21s.2d. in the pound partly owing to the surcharge which had been taken over from the old joint Board of Guardians, and partly because of repayment of loans for abnormal expenditure in the past.[2] When, therefore, in 1940, the Ministry offered rest centre staff to West Ham, paid at rates similar to those paid by the London County Council, officials and elected representatives alike not only regarded the idea as too ambitious for the borough, but also found difficulty in believing that the Ministry would actually foot the bill although it had undertaken to do so.[3]

The treatment of local government, especially poor local government, during the inter-war period and up to 1940 had much to do with the way in which the new emergency services were at first organised and administered. Authorities—other than West Ham—who considered that they had been badly treated reacted to new duties with suspicion and tactics of delay. The curbing of progressive ideas and the pruning of local expenditure left a legacy which could not be quickly dispelled just when the central Ministry became, for the first time in its career, a generous spending department.

It was not until the early summer of 1941 that any definite improvement was seen in West Ham's rest centre service. The raids of March and April 1941 had shown up again the old defects; inadequate and poor equipment,[4] insufficient staff, faulty liaison between the different arms of the organisation. The borough council, regarding the service as an unwelcome function, gave little support to overworked officials dealing with administrative problems of an urgency and size to which they were totally unaccustomed. Once again, the Government considered depriving the authority of its emergency powers, but with the ending of the London raids and the improvement that was taking place the proposal was dropped.[5]

Elsewhere in the London region the standard of the rest centre service steadily improved during 1941. While in the outer areas it seldom reached the high standard attained by the London County

[1] The collision between the Minister and the West Ham guardians is described in *The Life of Neville Chamberlain*, Feiling, K., 1946 (pp. 139–42).

[2] As compared with an average of 14s. 3d. for all county boroughs in England and Wales (*Rates and Rateable Values* 1938–9, published by the Ministry of Health).

[3] A short account of the historical origins of some of West Ham's troubles during 1939–41 is contained in *War over West Ham*, Idle, D., 1943.

[4] When money was spent, West Ham, like other areas of long-standing poverty, often failed to obtain good value for expenditure.

[5] The unsatisfactory condition of West Ham's civil defence administration had been discussed by the Civil Defence Executive Sub-committee of the Cabinet in November 1940.

Council organisation, it was, nevertheless, generally strong enough to deal with the tasks imposed by the 1941 raids. The tests set by the heavy attacks of April and May were successfully passed by London region, although the destructiveness of these raids was far greater than that caused in the autumn of 1940. On two nights in April, roughly 148,000 houses were damaged and destroyed in the region, whereas in the previous September and October housing damage had run at the rate of only about 40,000 a week. Despite the much heavier material damage, social disruption was kept under greater control. In the spring of 1941, the number of homeless people in the rest centres never rose above 12,000 as compared with an average of 20,000–25,000 in September 1940.

Another index of improvement was the fact that there was much less movement of people from inner to outer areas of the region during these heavier raids. 'Trekking', the nightly movement of people from raided areas, was never a big problem in London, but it did cause some anxiety in the early days of September 1940. It created a need for the provision of shelter and food in areas on the periphery of the city and in nearby towns and villages. It was accompanied by a considerable exodus from London of motor-cars which were used, so to speak, as mobile sleeping shelters. Moreover, until the ordinary people of London took it in their own hands to open the tubes as a refuge for the night, and until better shelter provision had been made throughout the region, there was some haphazard evacuation to the towns and villages of the home counties.

These unorganised movements did not last long, chiefly because they represented a stage in the business of getting acquainted with air raids; a stage described by the Army, in reference to young soldiers, as 'battle conditioning'. But while they did last, they led to a lot of hardship. In the early days of the London raids, travel vouchers were given to many people who had no claims to any official evacuation facilities.[1] While some of these people made their own arrangements for accommodation, others did not and arrived in a helpless state in such towns as Reading, Oxford and Windsor.[2] There, after unsuccessful efforts of their own to find homes, they drifted to rest centres run by the local public assistance authority and became the responsibility of the billeting officials, or were transferred elsewhere.

These refugees met with many difficulties, for not only had they no

[1] These facilities were restricted in September 1940 to special groups and certain areas of London. See below pp. 285–6, and chapter XVIII.

[2] It was estimated that, by 15th September 1940, about 25,000 'unauthorised evacuees' (as they were then described) had arrived in various towns and villages of Berkshire, Buckinghamshire and Oxfordshire. The city of Oxford was said to have received 15,000 people within nineteen days, but the figure was probably exaggerated —as most figures were during this period. Of the number that did arrive, however, between 500 and 1,000 were accommodated for nearly two months in the Majestic Cinema.

official status as evacuees, but the rest centre service in the reception and neutral areas was much more primitive than in London.[1] The local authorities reacted more slowly to the need for new services, partly because they were not being bombed and partly because the Ministry of Health was at the time completely absorbed with the problem of London. Eventually, the confusion was straightened out, rest centres were improvised, and those people who did not return to London were generally assimilated into the evacuation scheme.[2]

This problem of trekking and a haphazard exodus of refugees arose chiefly as a result of heavy and continued raids on some of the provincial cities. In London, after the shock of the first blows of September 1940 had worn off, the tubes, the special evacuation facilities, and a variety of public and private shelters offered to Londoners opportunities for rest and relief which were not available to the same extent to people living in such cities as Southampton, Plymouth and Hull. Further discussion of the problem is therefore postponed to the next chapter.

(iv)

Resettlement of the Homeless

The story of the first impact, of the first revelation of primitive needs and the successful battle of the rest centres has now been told both for London county and for London region. But the need to provide food and a good standard of temporary accommodation for the 200,000 or so homeless people[3] who passed through the centres was only one of a whole group of interconnected needs. It was, in fact, simply the first of the problems confronting the bombed and the homeless. What had to be envisaged, as a typical case and the totality of problems, was a family left on the street after a bomb had fallen, outside a damaged house or no house at all, with no spare clothes, nowhere to eat or wash or rest, perhaps without money or furniture to start home-building again, ignorant of what a rest centre meant or where one was, with only a limited knowledge of all the multifarious

[1] Some of the troubles of these unofficial evacuees, such as their difficulties in gaining access to local social services, were considered in chapter XII.

[2] As earlier chapters have explained, the origins of the evacuation scheme were different from those of the post-raid services. Moreover, the two schemes were administered by different divisions of the Ministry of Health and often by different departments of the local authorities. Until about the end of 1940 there was a failure to co-ordinate both policy and practice under the two schemes. This also contributed to the confusion and lack of preparation with which these unofficial refugees were faced in reception and neutral areas.

[3] In London region during the period September 1940 to June 1941. The figure does not represent 200,000 *different* individuals; it includes an unknown number of people made homeless more than once.

welfare services provided by the authorities, and hazy about what to do and where to go for war damage payments, cash grants for the distressed, pensions, furniture salvage, clothing stores, ration books, identity cards, house repairs, temporary billets, first aid, lost gas masks and so on.

With infinite variations in circumstances this was the sort of situation which confronted about 2,250,000 people in the United Kingdom who were made homeless at some period during the raids of 1940–1. Nearly two-thirds, or 1,400,000 of these people, belonged to the London civil defence region; that is, about one person in every six in London region was rendered homeless.[1] For an assortment of reasons, social disturbance on this scale—or, indeed, on any sizeable scale at all—had not been foreseen by the Government when it was planning the defence of the home against air attack. Yet, as will be shown later, the weight of the German attack never approached any of the alarming hypotheses put forward when plans were being prepared before the war.

Three major questions may be distinguished among the mass of social needs presented by the family in the street outside its bombed home. As these questions began to form themselves amidst the disorder of the September battles, it was realised that if they could be answered the foundations of a policy for dealing with the social consequences of air attack would have been securely laid. One question was the rest centre service; the first stage of providing food, warmth and shelter for homeless people. This question has already been examined. The second, and in many ways a more difficult one, was the resettlement of these people in a home. The third, standing on its own and yet binding together the other two, was the task of consolidating and unifying every part of every post-raid service, official and voluntary, so that there would be no unsatisfied needs, no misdirections, no long hours of waiting, no exhausting journeys to different offices, and plenty of time and opportunity for the individual treatment of each case unique in its distress.

It would have been confusing if this narrative had attempted to discuss, in strict chronological sequence, the efforts of the authorities to cope with each one of the almost unlimited number of social needs arising from air attack. Practically all these needs arose simultaneously. Because the rest centre service has been discussed first, it must not be assumed that other needs were being neglected at the time this service was being reorganised. It is, however, broadly true to say that the rest centre service dominated the London scene in the month of September 1940. In October, and for the next two months, the question of resettlement was the most important. After that came the time

[1] For some further notes on these estimates see below, p. 301.

in which the consolidation and unification of all the post-raid services in the London area was the dominant problem. From the beginning of 1941 the attention of the Government turned more and more away from London and towards the provinces; for the attacks on the ports and industrial centres threw up a somewhat different set of social problems.

In discussing next, then, the question of the resettlement of homeless people, it should be recalled that until September 1940 policy was still only vaguely defined. During the first month or so of the London raids the authorities, from the War Cabinet down to the local council, were preoccupied with the problems of bad conditions in rest centres, tube stations and shelters. Significantly, reports to the War Cabinet on damage in London did not refer to housing until more than three weeks had passed. Immediate needs on the field of battle claimed first attention. Meanwhile, a situation was developing which threatened to undo all the measures which were being taken for the care of homeless people. The rest centres were damming up, the population of the homeless was growing, and the restitution of home life was being steadily outpaced by the rate at which homelessness was being created.

It was not at first realised that this London battlefield had to be cleared each day; that the disruption of one night had to be patched up within the next twelve hours. The rest centres, offering temporary shelter to homeless people, were in the nature of casualty clearing stations on the battlefield itself. Unless there was a rapid flow through these stations; unless they were cleared afresh each day to make ready for the next night's battle, a situation would arise which would defy control. By the middle of October 1940 it was seen that this might happen. On the 30th, the Civil Defence Committee of the War Cabinet was told that it was becoming difficult to restrain press criticism. Four weeks later Sir John Anderson warned his colleagues that public morale would be shaken if action was not taken to accelerate repairs. The rate of damage to houses was so outrunning repairs that there was also a danger—it was said—of confidence between the Army and the public being undermined. Soldiers and officers, too, were impatient because greater use was not being made of their services.

However, when remedies for this situation were considered the military analogy was not really helpful. There were, it should be emphasised again, ninety-six authorities in charge of different bits of the London battlefield. Each had certain powers in regard to billeting and rehousing, while the London County Council held concurrent powers over the area of the twenty-eight metropolitan boroughs. Though the County Council ran the rest centres in this area, it was the boroughs who knew best about the housing situation. They also

had the task of classifying damage and undertaking repairs. The employment of these powers of billeting, rehousing and repairs could not easily be separated from the work of clearing the rest centres. Yet, as the Council somewhat bitterly pointed out as it saw the centres damming up, it could not order the boroughs about their business.[1] For a short time, there was some talk in the War Cabinet of depriving them of their powers in this field. Simultaneously, the idea was put forward of a dictator to take charge of all civil defence and post-raid services in London. Sometimes the Regional Commissioner was cast for the dictator's role; at other times it was suggested that a Minister of Civil Defence should be vested with unlimited powers.[2]

These proposals were not considered for long. As each of the many causes of disorder was more sharply identified, their interdependent nature became strikingly clear. It became equally clear that ultimately the answers would have to be found locally. As Mr. Herbert Morrison (then Minister of Home Security) pointed out, when increased powers were asked for in January 1941 by the Regional Commissioner to deal with Southampton's air raid problems, 'If the local authorities cannot do without the Government, the Government cannot do without the local authorities'. To carry through an administrative revolution would also involve delay—a dangerous matter at such a time of crisis.[3] This does not of course mean that greater efficiency might not have prevailed in the London region had there been fewer than ninety-six rehousing and billeting authorities.

Politically, it would not have been easy for the Government to have amputated the local organisations on the score of their failure to deal quickly with the lengthening queues of homeless people. The Government's own record, as earlier passages have shown, was not faultless. On 9th October 1940, the Minister of Health, in replying to criticisms of his department's post-raid services, courageously accepted a good deal of the responsibility and paid a tribute to the London County Council for its work.[4] Such frankness could not reasonably be followed by action which would deprive the smaller authorities in London

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[1] Letters to Minister of Health, October 1940.

[2] There were also demands at various times for a Ministry of Civil Defence to take over on a national scale an immense range of services. See, for example, debate in the House of Commons: H. of C. Deb., 11th June 1941, vol. 372.

[3] A further important consideration was that the Government had not the staff to take over and run the affairs of a local authority. The existing staff might well have made difficulties if the Government had attempted to use them and administer the services from Whitehall or a regional office.

[4] Mr. Malcolm Macdonald, who had been Minister of Health for only five months, said: 'I have never denied that a great deal of the criticism which was offered was entirely justified . . . I accept full responsibility for the mistakes that were made. In the first place I did leave it too much to the local authorities, and in the second place I think our circulars . . . did suggest a provision which was too low in centres where, as it turned out, people had to spend considerably longer than the forty-eight hours originally anticipated.' (H. of C. Deb., 9th October 1940, vol 365, col. 401.)

region of the chance of showing what they could do, once they had been given a lead.

The reason why this question of superseding local government arose in the first instance was because of the failure to billet and rehouse the rest centre population. The seriousness of the situation was evident by mid-October. On the 17th, the number of homeless people in the County Council's centres stood at about 19,000.[1] This showed an increase of 5,000 over the figure for 26th September when a peak total of 25,000 for the whole region had been reported. Although new centres were continually being opened by the Council, and by mid-October ninety-nine first-line and fifty-five third-line centres were operating, others were being damaged and put out of action all the time. Overcrowding was getting worse.

What was equally serious was that about four in every ten of these people had been in the centres for more than ten days. Moreover, these figures did not measure the total problem, for the number of homeless people who were maintaining a peripatetic existence between a shelter and the remnants of their home, or who were settling down to a permanent life in underground shelters of one kind and another was thought to be increasing. Fears for their surviving possessions, too often left in the early days of the raids to the risks of weather and theft, helped to keep many homeless people away from rest centres. Others, too, who were affected by bombing were unable to find the centres or were unaware of their existence. Because most people are not interested in information about the social services until they need it urgently, a heavy responsibility therefore rested on those concerned with the post-raid services. Too few authorities imitated the Hackney air raid precautions controller who adopted the method of exhibiting special posters around the scene of an incident. These directed the homeless to rest centres and other services. Generally, however, the arrangements for direction were not improved until the end of 1940. It was not laid down, for instance, until 15th November that the police, wardens and shelter wardens on duty should know which rest centres were open locally each day.

During the first six weeks of the attacks on London there were, at a guess, about 16,000 houses destroyed or damaged beyond repair, about 60,000 seriously damaged but repairable, and another 130,000

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[1] Like many other statistics in this chapter those relating to rest centres are only rough estimates. Before heavy bombing began, no arrangements had been made for the central collection of rest centre statistics. The London County Council began a daily record of its rest centre population in August 1940, but the system partly broke down in September. The London regional office of the Ministry of Health did not start to record such figures for the region until 23rd September. Not until 15th November were daily returns of new admissions asked for by the Ministry.

slightly damaged.[1] Even if the third category is ignored, there may have been, by mid-October, a population of roughly 250,000 London people who had been rendered homeless. Some of these had, of course, been evacuated or had moved away, others were sleeping in tubes and shelters,[2] about a tenth were in the crowded rest centres, while many more were presumably lodging with friends and relations or had made their own arrangements for starting a home again. The ninety-six authorities in the London region had rehoused only a little over 7,000 people during these six weeks.

Clearly, the situation was a dangerous one. The reverse of what had been expected, a panic exodus from London, had, ironically enough, produced this situation. For had these homeless people fled from the scene of damage there would not have been a problem of rehousing them in London.

And yet there appeared to be plenty of room, for on 24th October 1940 it was said that 24,945 requisitioned properties were held for homeless people in the London County Council area alone, and over 12,000 billets were available in the region outside the county of London. Why was there this contradiction of empty houses and a mounting total of homeless people? What, in fact, were the real problems of resettlement?

It was easy enough to say: 'Here are the empty houses and the billets. Here are the homeless. Clear the rest centres'. But this was a

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[1] It is necessary to point out that all the figures of housing damage quoted in this book are unreliable, and must remain unreliable. Despite repeated efforts by the authorities for several years it never proved possible to make the damage returns approximate to reality. During 1940–1 this was partly due to a failure to arrange for adequate returns, and partly because the amount of work overwhelmed local authorities on many occasions. There are other reasons, too, for the unreliability of the figures. Sometimes, after failing to make returns, local authorities sent in reports covering several weeks without saying that they did so. The Ministry of Health was never able to assure itself whether the damage returns meant 'hits' or 'houses' or a mixture of both. Sometimes nothing more than a wild estimate was provided by local authorities. No satisfactory definition of a house was ever laid down. War damage sometimes went unnoticed for several years. On many occasions the repair figures exceeded the number of houses returned as repairable. This was partly because repair work was often done in two or more stages and the same house was therefore counted more than once. While houses, damaged once, were sometimes counted twice, a large number of other houses which were damaged more than once during the war were counted as houses on each occasion. It is impossible to tell from the returns how many houses were damaged more than once. It is not known whether damage and repairs to houses belonging to the London County Council were included in the returns before the middle of February 1941. This doubt also applies to the repairs carried out by the special repair service of the Ministry of Works. Not until 23rd September 1940 did the housing division at the London regional office of the Ministry of Health lay down the form by which local councils were to make a weekly return of the houses destroyed and damaged in their areas. The process of clarifying these instructions continued for some time. For all these reasons it is now impossible to state with any confidence the precise total of damage to houses caused by air attack.

[2] In October 1940, 120,000 people were sleeping in the London tubes, and possibly some 220,000 in public shelters of various types, railway arches and tunnels, but no one knew how many were homeless.

matter of people, a matter, too, of local government, whose councillors and officials sometimes spoke, not the imperative accents of 1940, but social dialects of the past, punctiliously phrased in the cautious economic language of the inter-war years. Of one such authority in the London region a senior civil servant was stimulated to write: 'The town clerk, who is an excellent town clerk of the nineteenth century, has only just been persuaded that if anything happens action would need to be swift'.

Nevertheless, the simple attractiveness of a dictator to order all things on the London battlefield was a delusion. There was no ruthless way through the tangle of problems, past the resistant forces of history, above the rational and irrational desires of men and women. This crisis of resettlement, when each one of its many constituent problems had been separately dissected, was seen to be something more than just a matter of local confusion: it was in fact an instance of the frightening complexity of modern government. It is, therefore, worth while considering the nature of the crisis in some detail.

Why were the rest centres not being cleared quickly? A general and widespread lack of information was one reason. The authorities knew very little about the homeless who, in turn, knew even less about the authorities. At first, no systematic records were kept of persons admitted to and discharged from the centres, of persons who were genuinely entitled to billeting or rehousing, of persons who were 'time-bombed', of those who were waiting for houses to be repaired, of the places where they all came from, where the breadwinners worked, the size of the families to be rehoused, and so on. It was necessary for most of these facts to be known if resettlement was to proceed satisfactorily, quite apart from the help that could be given to anxious relatives and friends seeking information about people whose homes had been smashed.[1]

For some time, too, many authorities did not know about each other's functions (this was called bad liaison), or even about their own responsibilities. There was much confusion about the respective duties of the Assistance Board and the public assistance authorities, different divisions of the Ministry of Health were not conversant with each other's policies,[2] some local authorities were found sending homeless people to house agents, some did not know that equipment

[1] The Charity Organisation Society reported many distressing cases. One that was typical ran as follows. A soldier on leave found his home in Bethnal Green bombed, but no one had heard of his wife and children. 'There was no record of their having been taken to hospital, and he was nearly frantic. All we could do was to let him search the rows of sleeping people in the rest centres.' (Report on rest centres supplied by the Charity Organisation Society to the writer for the War History, September 1943).

[2] One division was concerned with housing repairs, another with evacuation and a third with rest centres. During the first months of the London raids instances occurred of a failure to co-ordinate the policies of these divisions.

could be obtained from the Ministry of Health's regional stores or that they had requisitioning powers,[1] and others were muddled about the concurrent billeting powers of the London County Council and the metropolitan boroughs. Officials of the Council and a borough might both try to billet different families in the same house. It was, in fact, admitted by the Council that whether it or a borough functioned in any particular instance depended quite as much upon the state of the telephone system as upon whether the homeless were local people or whether they had been transferred from some other area.

Since officials were often badly informed in 1940 about the array of agencies dealing with different types of need, misdirections inevitably led to additional hardship among air raid victims.[2] 'The sixteen year old daughter of a widow bombed out on 17th November 1940 spent the whole of Monday the 18th trying to get a few pounds for some clothes. She did not resort to a rest centre . . . She first went to the town hall; thence she was directed to go to 71, Park Lane, thence to Woburn Road, thence to 166, London Road, Norbury, and at the end of the day had accomplished nothing. Part of that was the Assistance Board's fault, part the result of no administrative centre in Croydon.'[3]

Such fruitless journeys were a common experience of those affected by the raids in the autumn of 1940. It was, moreover, possible for an individual to have to go to different offices for clothing, for cash advances for war damage, for the salvage, removal and storage of furniture, for new ration books, for repairs to the house, for the re-connection of water, gas and electricity supplies and to inquire about evacuation facilities. Information about these and other services was not at first available at the rest centres.

Public ignorance about official and voluntary services, and a lack of co-ordination between the various responsible authorities, were thus important causes of the confusion during the first months of the London raids. They partly accounted for the congestion in the rest centres.

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[1] At the end of October 1940 at least two authorities in London region did not know that they had power to requisition empty houses, five had to be reminded by special letters that they could furnish and equip empty houses for homeless people, while one had a chief billeting officer in the person of a local estate agent who was far from showing zeal in an emergency. A report from this borough stated that no property had been requisitioned and no billets were available. The letter continued 'it should be appreciated that the chief billeting officer . . . is an estate agent . . . and has many other matters which require his attention besides his purely voluntary duties in connection with billeting. Since forwarding a copy of Mr. Willink's message to him it has not been possible to contact him' (that is, for two days). This was in October 1940.

[2] 'The Chief Valuer informs me that the District Valuer's offices in London are being besieged by persons sent there from various council offices on matters which are in no way the concern of District Valuers, the result being a complete waste of everybody's time and an unnecessary journey on the part of the applicant . . .' (Ministry of Health departmental minute, 4th October 1940).

[3] Reported to the Ministry of Health, 3rd December 1940.

There were, though, many reasons for the failure to effect a rapid flow of homeless people through the centres.

One was the slow rate of repairs to houses. Before this could be remedied additional supplies of material had to be provided, some boroughs had to strengthen their technical staffs and, above all, many thousands of building operatives had to be found. London alone needed, at the end of October 1940, 6,000 tilers—'a number greater than there are available in the whole country'. Ultimately, the answer to these needs was to take skilled building operatives out of the Army, a process which, inevitably, was not very rapid.

In the middle of October the London County Council reported that unexploded bombs were responsible for thirty-five per cent. of its rest centre population. Here, then, was another cause of the congestion. An increase in the rate at which these bombs were disposed of depended upon getting a larger number of Royal Engineers employed on the work. This, again, could not be effected by a stroke of the pen.

Billeting and rehousing, the foundations of a satisfactory resettlement service, were slow to develop in the London region.[1] Lack of preparations, scanty directions from the Ministry of Health, misunderstanding over housing functions;[2] these and several other reasons contributed to the tardy development of a resettlement service. Billeting officers had to be appointed, houses and billets carefully selected, and families fitted to them with that regard for a baffling variety of social standards and personal characteristics that often only an experienced social worker could supply.

Homeless people were reluctant to move from familiar places; they clung to their 'villages' in London. Similarly, local authorities did not want to help each other by billeting or rehousing people who

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[1] Practically every report emphasised again and again the slowness of billeting, e.g. in one borough which is full of empty houses only three have been requisitioned and got ready in a week, another was still relying on voluntary billeting on householders, another had on a certain day 800 people needing billets and only six vacancies available. There appeared to be a universal shortage of billeting officers, the work of finding billets being left to the Women's Voluntary Services. There was also a lack of co-ordination between the borough billeting officers and the public assistance officials.' (Report to Ministry of Health, 7th October 1940).

[2] This misunderstanding was described, eight months later, by a senior civil servant as 'the confusion that troubled us in the autumn when several metropolitan borough councils and the London County Council quarrelled over who was responsible for rehousing bomed out people.' But the Ministry itself had not clarifiedthese functions. At the end of September 1940, for instance, it was realised that the transfer of homeless people from Essex to Middlesex ordered by the Ministry of Health was clashing with other transfers arranged by the London County Council with Middlesex County Council. Another example of the confusion at this time was given by a contingent of the Friends' Ambulance Unit working in an east London suburb. Reporting on the lack of organisation to receive and billet homeless people it was said that 'the Women's Voluntary Services, the billeting officer, the relieving officer and a sergeant in the W.A.A.F., all appear to have authority'.

lived outside their dominions.[1] They tried to hold fast to the sovereignty of local boundaries. They were abetted in this by individual insularity, and by the way in which class distinctions coloured people's attitudes to a new home. The transfer of homeless families from the East to the West End of London did not work, partly for this reason. Nor did, for instance, the late inhabitants of Rye Lane feel at home in Dulwich. Moreover, many people had to live near their work because they could not afford the extra travelling costs. Some districts were even rejected by homeless people because of the absence of street markets and 'cut-price' shops. Some people would not take accommodation which did not provide for their animal pets as well as themselves. A more difficult problem still was the resourceless isolation of the aged, bombed out of their dingy crannies in London and clinging, sentimentally, to the well-loved sticks of furniture.

For all these reasons the work of resettlement was arduous, time-consuming and complicated. While, too, it was administratively quicker to billet homeless people, rehousing was, in the long run, more satisfactory. But in the early months of the raids this method could not be used on a large scale, chiefly because of the lack of preparations before September 1940. Even when suitable empty houses had been requisitioned, families could not be thrust into them without furniture and bedding,[2] without water, gas or electricity being connected, and without the necessary cash resources to start home life again. The installation of one family in a requisitioned house often demanded smooth co-ordination between five or six local departments and agencies at a time when the means of physical communication were disturbed and unreliable.

Closely related to the speed at which rehousing, and to a less degree billeting, could proceed was the problem of furniture. This had two sides to it. First, the Government had to build up a big organisation for the purchase, storage and distribution of large quantities of furniture and household equipment. Secondly, furniture in damaged houses had to be salvaged, removed, stored and, in most instances, moved again. Those who were bombed out of their homes, and were poor in material things, could rarely be persuaded to leave a neighbouring rest centre or shelter until what remained of their belongings

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[1] Because of difficulties in persuading certain authorities in Essex to billet or rehouse some thousands of homeless people transferred to their areas from east London, these people were again moved in mid-September to Middlesex and Hertfordshire.

[2] Before September 1940, local authorities had not been given any lead by the Ministry of Health on the furnishing of empty houses. Apart from the question of supply, no standard list of equipment had been drawn up for the post-raid services as had been done for the emergency hospital scheme. On 10th September (only three days after the first heavy raid) the Minister of Health was forced to broadcast an appeal to the public to lend or give furniture to homeless people.

had been rescued or installed in a fresh home. The commercial furniture removal firms in London were quickly overwhelmed with work. The demand for removal and storage services was so great that there was a tendency for some of these firms to seize excessive profits. At the same time, there was a serious shortage of large transport vehicles, the existing depositories were crammed to their roofs, and the local authorities found that suitable premises for the storage of furniture were difficult to obtain.[1]

Two other obstacles to the resettlement of homeless people in new accommodation were lack of clothes and money. The former was chiefly solved by the distribution of gift clothing by the Women's Voluntary Services and various voluntary agencies (largely financed by the Lord Mayor's National Air Raid Distress Fund) and by individual grants from the Assistance Board. The second obstacle—lack of cash resources—was the primary concern of the Board in its dealings with air raid victims.

Those affected by raids were offered cash help under three separate schemes for financial need arising from different causes. The Assistance Board administered all three schemes, but as regards two (injury allowances and war damage) it acted on an agency basis for the Ministry of Pensions and the Board of Trade. Over the whole of Britain, the Assistance Board operated through about 500 local offices.

Some brief account has already been given of the duties of the Board for the 'prevention and relief of distress due to circumstances caused by the war',[2] and for the payment of money allowances to those injured by enemy action.[3] It will be convenient now to discuss its most important function, the payment of advance compensation for war damage.

Because the estimated cost reached frightening proportions, the Government had originally refused to consider making any payments for war damage until after the end of the war.[4] But in the summer of 1940 opinion changed, and a scheme was announced of compensation for household furniture and personal clothing belonging to people of limited means.[5] Later, arrangements were made for the insurance of all classes of property against war damage, and all householders were given a certain measure of free compensation.[6] The effect of this free

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[1] East and West Ham, for instance, were compelled to use church halls, schoolrooms, lock-up garages, empty factories, empty houses, the arches of viaducts and other places for the storage of furniture.

[2] See chapter IV, p. 46.

[3] See chapter IV, p. 45

[4] See chapter II, pp. 15–6.

[5] H. of C. Deb., 6th June 1940, vol. 361, col. 1012.

[6] The War Damage Bill was published by the Government on 11th December 1940. It received the Royal Assent on 26th March 1941.

cover was to remove the original restriction—that advance payments should be made only to the poor. All social groups were thus brought within the arrangements for free compensation up to certain limits and advance payments in case of need.[1]

The particular aspect of compensation which closely affected the work of resettling homeless people was the payment of advance grants for furniture and clothing damaged or destroyed. At the outset, the limits of this free scheme were too narrowly drawn, and the amounts were often inadequate.[2] The machinery for assessing claims prevented prompt assistance, and there was some initial confusion as to which offices should make payments. Later, the advance grants were increased in value,[3] and the Assistance Board's officers were instructed to interpret with reasonableness and flexibility the income limits and other rules and regulations.

Apart from the question of how much should be paid in the form of advance grants, the principal defect of this war damage scheme in the early months of the London raids lay in the field of administration. Until the raids stimulated action, the Board had neglected to study the relationship between its officers and the public it served. In the main, this was a legacy from the days when the Board's clients were almost wholly drawn from among the unemployed; people who were dealt with on stereotyped lines by reference to a mass of carefully drawn rules. The Board's investigating officers had not been trained to develop skill in the treatment of applicants. When they erred in the interpretation of instructions, they usually erred on the side of parsimony.[4]

Homeless people with their multifarious needs, their pressing anxieties, their bewilderment about what to do and where to get help, required patient handling and a little sympathy. But sympathy alone was not enough, for effective social service could only be rendered if each individual was treated as an individual. Not all the people who had their homes and furniture destroyed were of the same social class. Not all of them lived in poor areas.

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[1] These schemes were the responsibility of the Board of Trade. An account of war damage problems is the concern of other volumes in this series of histories.

[2] Compensation was limited to persons with incomes up to £400 a year if married, and £250 if single, and it was confined to those with strictly limited capital resources. Also, the Board's officers were authorised to pay only very small advance sums pending an assessment of the loss by the district valuer of the Inland Revenue Department.

[3] When the scheme was started a maximum of £50 could be paid for the destruction of furniture. By April 1943 this had risen to the scale £75–£150 according to size of family. For the loss of clothing for an adult the increase was from £10 to £20.

[4] 'The Assistance Board Officer', wrote one social worker in London, 'would not allow homeless people to be asked directly whether they had money or not as everyone would say "no", and they must surely still have last week's wages.' (Report on rest centres supplied by the Charity Organisation Society to the writer for the War History, September 1943).

These changes in the character of the Board's work were the cause of a particular handicap from which its staff and its clients suffered. The geographical distribution of the Board's offices had been arranged to fit in with the pre-war map of unemployment. This did not coincide with the map of German bombing. To make matters worse, the distribution of the offices bore little relationship to the boundaries of local authority areas. This raised many difficulties in London with its two-tier system of local government. The local area offices of the Board, running to a generally uniform standard of efficiency and accustomed to centralised administration, had to achieve close liaison with semi-independent local authorities who exhibited every possible degree of variation in the quality of their work. The lack of concerted action between the Board and these authorities 'caused more inconvenience to bombed-out people than any other single factor'.[1] What, then, eventually emerged as the most important post-raid question for the Board was the integration of its work with all the other services designed to help the victims of air raids.

It is time now to refer back to some simple questions which were presented at the beginning of this investigation of the resettlement problem. Why were the London rest centres not being cleared quickly? Why were there, simultaneously, empty houses and homeless people? Why had the number of homeless people so alarmingly increased? Throughout September and October 1940, these questions were agitating both Parliament and public and the War Cabinet itself. There were demands for new ministries, for civil defence dictators—for some simple, sweeping measures to cut away the rising tide of distress and the apparent lack of organisation.

Problems of this kind, so mixed up with historical forces and so intricately interlaced in the texture of social relationships, could not be solved by methods of sweet simplicity. There was no quick and dramatic answer, no other way than a patient understanding of each of the many disorders which made up the whole sickness, and then the application of the special remedies suitable for each separate disorder and at the same time beneficial to all. In the present chapter, nearly a dozen distinct but associated problems have been identified, ranging from a lack of information about the post-raid services to a shortage of furniture depositories. The length of this list explains why it was so difficult to re-establish people in homes on the battlefield itself. The answers to all these problems did not come easily and some of the answers were not, at first, always the right ones. There

[1] Letter from Mr. H. U. Willink (Special Commissioner for London) to the Permanent Secretary of the Ministry of Health, 15th August 1941. 'Wherever I went', he continued, 'there were complaints of the inconvenience of the Board's areas, of the distance to area offices, and of the fact that very frequently the applicant after a long journey found himself at the wrong office.'

was, for instance, the policy of transferring homeless people from one side of London to another; of requisitioning empty houses in the West End, providing furniture, and installing families from the East End.[1] This was a bad remedy for a bad situation, and by November 1940 it was recognised as a measure to be used only as a last resort. No further large-scale transfers across local government boundaries were, in fact, attempted.

The wholesale evacuation to the country of these homeless people, or at least the 'useless mouths' among them, would have reduced the problem of resettlement in London. But, after the first few weeks, resistance against evacuation became increasingly pronounced. When heavy bombing began on 7th September there were over 520,000 children of school age in the London evacuation area. Although the Government's 'trickle' scheme was in operation, the total of children who had returned in July and August 1940 outnumbered those who were sent away. In September the scheme was speeded up, and about 20,500 unaccompanied children were evacuated. But in October the figure fell below 15,000. Next month it was down to 4,000. In December only 760 went out.

For mothers in London, no official evacuation facilities were available when the raids began apart from the 'assisted private' scheme under which travel vouchers were given and lodging allowances paid if the mothers found their own accommodation.[2] After its unhappy experience as a result of the 1939 exodus, the Government was reluctant to sponsor a second time the evacuation of mothers with their children. Although heavy attacks were being delivered on London every night in the autumn of 1940, the Government still approached the subject cautiously. On 22nd September—under pressure from the public, and because the problem of homeless people was becoming serious—it introduced a scheme for the organised evacuation of homeless mothers with their children from a few east London boroughs only.

This scheme met with little response. Not more than about 2,600 went out in the last week of September. The Government's fear that the opening of such facilities to mothers and children might swamp and break the evacuation machinery and so over-run the reception areas as to use up all the places earmarked for the coast evacuation plans was seen to be groundless. When this was realised, the scheme was extended by quick stages to all mothers and children in all

[1] This policy was hurriedly introduced about a week after the first heavy London raid in September 1940. Westminster, Hampstead, Paddington and eleven other boroughs were asked by the Ministry of Health to requisition and prepare for occupation as many empty houses as they could find. It was said that several thousand people were involved in these transfers from the East End during September and October 1940.

[2] This scheme was described on p. 244 above. There was also a special scheme for the evacuation of expectant mothers.

boroughs of the county of London and a number of areas outside. The result was that in October a total of about 89,000 mothers and children were evacuated in organised parties. In November the figure fell abruptly to 11,200, and in December to 1,300.

The reaction of London families to these evacuation schemes was much less favourable than at the outbreak of war.[1] As will be shown later, fewer people left London during the nine months of air attack than the number who went away either just before or just after the declaration of war.

By December 1940 a vigorous propaganda campaign was in full swing to persuade all mothers and children to leave London. For nearly two months the Civil Defence Committee of the War Cabinet debated the feasibility of compelling all children to be sent away. The Government came closer at this time to sanctioning compulsory evacuation than at any other period during the whole of the war. What, perhaps, helped to turn the scale against such a drastic step was the influence of two developments. One was a noticeable diminution in the weight of the German raids on London; the other was the fact that the problem of homeless people was being steadily overcome.

The widening of evacuation facilities made some contribution to resettlement by removing some homeless people. But the contribution was limited. The real and lasting solution to the crisis was found—as it had to be found—in the boroughs of London, and not by exporting 'homelessness' either to other parts of London region or to the reception areas.

By what means was this achieved, and when was the problem solved? The initial phase of disorganisation and confusion, of hurried, and sometimes misplaced, policies, of energies bent almost exclusively on the task of eradicating the worst scandals of the rest centres, tubes and shelters, did not last long. By the middle of October 1940 the principles on which the post-raid services were to be re-organised were crystallising. At the end of the month the first of the new policy directives was issued. From then on the work of applying these principles in the day-to-day resettlement of homeless people was steadily pursued. By good fortune, the German Air Force, in turning its attention to the provinces, allowed this work to go on more quickly than it would otherwise have done, and gave London a breathing space in which to prepare, this time on sound foundations, for whatever the future might hold.

At the end of September the Government had appointed Mr. H. U. Willink to co-ordinate, under the Minister of Health, the services for homeless people in London region.[2] Generosity, said Mr.

[1] Further details of evacuation movements during 1940–1 are given in chapter XVIII.

[2] Mr. Willink was appointed Special Commissioner on 26th September 1940.

Churchill, must be the dominant note in the treatment of the bombed and homeless Londoner. The relevant powers of the Minister of Health were delegated to Mr. Willink, as Special Commissioner, and he was told that he could ask for extended authority if he felt it to be necessary.[1]

The size and the complexity of the task facing the Special Commissioner in October 1940 has already been described. Not only had he the responsibility of seeing that a large group of services, such as billeting, rehousing, furniture supply and salvage, hostels and house repairs, were efficiently organised by the local authorities; he had also to ensure that each service found its place in a single scheme with a single aim in view. This meant that he had to secure co-ordination between all the different bodies, both official and voluntary, in London's two-tiered system of government. Thus to begin with, he had to establish firm and clear definitions of the different functions of the different executive agencies.

A clear cut distinction was made between the functions of the London County Council and those of the borough and district councils. It was for the former to provide the immediate necessities of life for the homeless. It was for the latter, with their detailed local knowledge, to take responsibility for resettling homeless people in fresh accommodation. This precise definition of functions removed one source of confusion. The next step was to see that the London County Council on the one hand, and the smaller local authorities on the other, made effective use of the powers allocated to them respectively and by effective liaison with each other kept rest centre policy and resettlement policy in line. Mr. Willink divided London region into sections, and made each section the special responsibility of one member of his staff. At the same time, some members of the experienced housing staff of the London County Council were attached to the London regional office to reinforce the Ministry of Health insurance inspectors engaged on resettlement work. These officers had many duties; they had to raise the efficiency of borough rehousing staffs, to supervise the maintenance of housing reserves for homeless people, and to make arrangements for mutual assistance between authorities. During 1941 they were largely instrumental in initiating and developing exercises and rehearsals both for rest centre and for rehousing staffs.

It was also decided that experienced social workers should join the regional field staff to deal with the many difficulties that were arising in individual cases of distress; that the metropolitan boroughs should certify the 'homeless' status of their own inhabitants; that these boroughs should undertake the sole responsibilty for rehousing homeless

[1] The Minister of Health announced this in the House of Commons on 9th October 1940. H. of C. Deb., vol 365, col. 413.

people who were residents of their areas and who were transferred to them, and that the regional staff should control any movement of rest centre population from one area to another.

Practical decisions of this kind helped forward the re-organisation of the post-raid services. The processes of clarifying functions, raising the efficiency of administrative and executive staffs, breaking down parochial interests, working out better relationships here and making suggestions there, continued, mostly by way of tactful advice and persuasion, for many months. There was little that was spectacular about all this; nothing that anyone could point to as the crucial decision; no simple, dramatic explanation of this curious, but successful, partnership between Mr. Willink's organisation, the Ministry of Health, the local authorities and the voluntary agencies.

The first Ministry of Health directive to give definitive form to the new policies that were being hammered out was issued to London authorities on 28th October 1940.[1] So far, it said, the main effort had been spent on improving the rest centres: now the time had come to secure a similar improvement in the arrangements for providing new homes. The service of rehousing was the major problem; it should operate seven days a week and staff should be made adequate to ensure this. The functions of the metropolitan boroughs, now solely responsible for rehousing, were defined as four; billeting, requisitioning, the salvage and supply of furniture, and 'welfare'. These boroughs were told to appoint an executive rehousing officer to supervise the work under these four heads and to furnish this officer with sufficient whole-time assistants. They were also told that all their expenditure would be reimbursed in full.

The circular went on to describe the four services in detail. 'Billeting' was to include the continuous re-surveying of the borough's resources, checking the use of billets, escorting people to their billets, and reconciling disputes arising from billeting. 'Rehousing' included the careful registration of all requisitions and the detailed preparation of requisitioned property for immediate occupation. The 'supply of furniture' was not so precisely defined, perhaps because of the immediate difficulties in meeting the demand.[2] Later in 1940, as supplies of furniture began to reach the regional stores in larger quantities, a start was made in meeting local requirements.[3] The task of salvaging

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[1] Ministry of Health London region circular HPCL.6.

[2] On 23rd October 1940 the metropolitan borough councils were given power to requisition articles of furniture and household equipment in any unoccupied premises or stored in any furniture depository for the purpose of furnishing accommodation for homeless people (Ministry of Health circular 2185). This power was extended to other billeting authorities in the country on 13th December 1940 (circulars 2235/6).

[3] Furniture supplied by the Government and placed in requisitioned houses by local authorities remained Government property (Ministry of Health circulars 2592 A.B.C.D.).

and storing the furniture retrieved from damaged houses was declared to be an urgent one in October 1940, when the Ministry of Home Security, the department responsible for this service, gave directions to local authorities.[1]

The fourth important service discussed in the October circular was 'welfare'. At the time, this was something of a novelty in a directive concerned with homeless people. But it was not long before the meaning of the term became clearer. The duties of those engaged on welfare work rapidly expanded over the whole field of the post-raid services.

This development, while it owed much to Mr. Willink's initiative, was part of a much wider movement affecting not only the post-raid services but many of the existing social services.[2] Until 1940—apart from the lead given by the Home Office during the nineteen-thirties in helping candidates for probation work to have two years' training in the social study departments of certain universities combined with practical experience of the courts—trained and experienced social workers had generally been ignored by Government departments. But after 1940 the situation changed completely. The value of trained staff, from almoners in hospitals and clinics to social workers engaged on psychiatric work, child care and family case-work, rose in official esteem. There followed something approaching a famine of social workers.

In June 1940 the Ministry of Health had made the first appointments of social workers as regional welfare officers to deal with problems affecting children under the evacuation scheme.[3] From this small beginning the movement spread. It gathered momentum during the winter of 1940–1 as the emphasis on welfare work increased in the London rest centres under the stimulating influence of Mr. Willink's organisation. In October 1940 Mr. Willink had decided to appoint a permanent staff of social workers. The functions of these welfare inspectors (as they came to be called) were to manage the difficult rehousing cases arising in the rest centres, shelters and elsewhere, and, in some senses, to act as the 'ears and eyes' of the regional organisation. They were needed because they knew about people and about distress, because they could help to bring the wide array of statutory and voluntary agencies to bear on the several

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[1] Power to requisition buildings for storage was given to local authorities on 11th September 1940, local salvage officers were told on 9th October to co-operate closely with billeting officers, and the purchase of furniture vans was authorised on 7th November (Ministry of Home Security circulars 231/40, LRC.214 and LRC.232).

[2] For a discussion of historical developments see *The New Philanthropy* (1943 edition) and *The Social Servant in the Making* (1945) by Elizabeth Macadam.

[3] The further expansion of welfare work under the evacuation scheme is dealt with in chapter XIX.

needs of a particular individual at a particularly urgent point in time, and because they were qualified to report in practical terms on the way in which one service reacted on another and on the people needing help.

Within about six weeks of the appointment of the first of these inspectors the Ministry of Health was convinced that their work had proved useful. 'Experience has shown that the rehousing of homeless people involves more than securing simply that there is accommodation in billets or in requisitioned homes for the number of persons involved. "Case-work," taking into account the needs of the individual persons or families affected is also necessary and becomes more important the greater the distance between the original home and the new accommodation.'[1] The contribution of these social workers towards solving the personal problems of homeless people was of value in itself; it was still more valuable because it expressed almost a new concept of the relationship between public agencies and the public served.

Gradually, this approach of consciously regarding the individual as the focal point of social administration spread to other branches of the services for homeless people. Welfare advisers were appointed to rest centres to make known the different forms of assistance available.[2] Rehousing staffs were sent to operate at many of the centres with the result that the rate of emptying them of the homeless was quickened. Some local authorities co-operated with voluntary agencies and the Women's Voluntary Services by arranging for visitors to take an interest in the settling down of rehoused people in their new homes.[3] Some boroughs established 'half-way houses' (as they were called) where the families most difficult to billet or retain in rest centres could live for a short period until more permanent homes could be found.[4]

It was realised by the Government that the rest centres could not be efficiently cleared without a concerted attack on these lines. Continual personal contact between the welfare adviser and the billeting officer responsible for rehousing was essential; so, too, was a constant adjustment of each other's work to the characteristics of every individual case. These principles of administrative and executive action were proved necessary, not only on rest centre work and on the tasks of billeting and rehousing, but also when it was a matter of salvaging and storing furniture, selecting houses for repair on grounds of indivi-

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[1] Ministry of Health London region circular HPCL.13, 2nd December 1940.

[2] These advisers had qualifications for duties of this kind but generally they were not trained social workers. From March 1941 onwards, the Ministry of Health's regional field staff, the London County Council and voluntary agencies arranged various schemes of improvised training for welfare advisers and other workers.

[3] Women's Voluntary Services report for fourth quarter of 1940.

[4] Ministry of Health circular 2251 of 27th December 1940 defined the objects of these 'half-way houses'.

dual need rather than what was most economical, and in running an information service for the victims of air attack.

The trials and the bewilderment of those who were bombed, of those who needed help but did not know what help there was nor where to get it, have already been described. So long as these conditions of ignorance and bewilderment still existed, the rate at which the post-raid services could go into action was bound to be slow and disjointed. There were really two problems here. One problem was to convey to those who needed them the facts about social help as quickly and clearly as possible; the other was to provide all these facts, not in a dozen or more different places of indeterminate address, but in one place, centrally situated and well known. Neither of these problems was new, for both were symptomatic of the growing complexity of social organisation. But the air raids and all the new agencies created for combating their effects turned this complexity into a painful sickness and made each of the two problems immediately urgent.

From September 1940 onwards, a number of methods, some of them strikingly unorthodox by the standards of the nineteen-thirties, were employed to reduce these problems to manageable proportions. Leaflets, pamphlets and posters were distributed on an immense scale. Voluntary and paid workers with special qualifications were stationed at rest centres to give advice. Officials of the Assistance Board left their offices, went into rest centres, gave information and made payments there and then. The Board also organised a number of mobile units, staffed and equipped to act as complete offices and ready to be sent to any bombed area.[1]

More important still was the establishment of administrative and information centres. To establish the former, it was necessary to assemble under one roof the local offices of various central and local government departments, or at any rate representatives of these departments. Most of the services brought together in this way operated at the administrative centres. Information centres were less ambitious affairs. They were proposed for areas less likely to experience heavy attacks, and their purpose was to provide answers to the questions about assistance that homeless people might ask. Often they were run in collaboration with the local citizens' advice bureau.

On 5th October 1940 the Ministry of Health advised local authorities in London region to establish one or other of these centres. This was rather a late start; for two months earlier the Women's Voluntary Services had suggested the setting up of central bureaux of information, and a little later several local authorities had discovered

[1] The first was organised in June 1941. By the end of 1942 there were eleven units, one being stationed in each of the civil defence regions outside London. These units were furnished with motor vans containing sleeping and feeding equipment.

the idea themselves and put it into practice before the Ministry's circular was issued. However, from October onwards the practice spread rapidly. In time, the provision of these centres became a duty of all borough and district councils throughout the country.

There were of course difficulties in getting the centres organised, of persuading this or that agency to co-operate, of obtaining the right buildings and qualified staff. In consequence, the standard of efficiency varied greatly in different parts of the country. There was no doubt, though, of the relief these centres brought, and the contribution they made to a quicker settlement of individual problems. The rapid piling up of applications for cash payments immediately after the London raids in March and April 1941 was evidence of improved publicity. Whereas six months earlier it was some days before applicants found their way to the Assistance Board's offices, in 1941 large numbers made their appearance on the first or second day after the raid.

At the end of May 1941 there were twenty-one administrative centres and seventy-eight information centres established in the areas of the ninety-six local authorities in London region. They had not existed in September 1940. During the early months of raiding, voluntary action through the citizens' advice bureaux had carried the main burden. These bureaux were organised in many parts of the country by the National Council of Social Service, in central London by the Charity Organisation Society (later known as the Family Welfare Association) and in other London areas by the London Council of Social Service. Even after central and local government departments had established their own administrative and information centres, the citizens' advice bureaux still found plenty of work to do. Indeed, their work increased, as the strains of full mobilisation and a long continuing war created for individuals all kinds of new and complicated problems. The bearing of war-time legislation on this or that personal difficulty, the law of landlord and tenant, compassionate leave from the Forces; questions on all these and other matters were asked in an unending stream. To sustain this service, the Government made grants to the voluntary agencies concerned.[1] By 1942 the number of bureaux in the whole of Britain had risen to 1,074. By the end of the war they had answered some 8,000,000 individual inquiries.[2]

At different periods of the war, and in different areas of the country, other means were found by official and voluntary organisations to

[1] The first grant made by the Ministry of Health was in January 1940. By March 1942, roughly £60,000 had been paid to the National Council of Social Service—between one-quarter and one-half of the expenditure involved in maintaining the bureaux.

[2] An account of the war-time work of the bureaux was published in the Annual Reports of the National Council of Social Service for 1940–6.

supplement, after an air raid, the existing information services. In 1941, 'emergency information officers' were appointed to co-ordinate all the local publicity work of central and local authorities during and after an air raid, and to co-operate with the regional officers of the Ministry of Information who had at their disposal fleets of loud-speaker cars. In February of the same year mobile information squads, staffed by volunteers, organised by the National Council of Social Service and directed by the Ministry of Health, were used on occasion as reinforcements for heavily raided cities.

These brief references to the work of many organisations barely reflect the great upsurge of demand from the civilian population for information and advice during the war. All this demand spelt distress or difficulty in one form or another. The variety of agencies which developed in 1940 and subsequent years met at least part of the need, and helped the services for homeless people to function more smoothly. Of equal importance, perhaps, was the way in which they spread knowledge of social provision and taught the value of co-operation among officials of local authorities and voluntary bodies.

These information services, both voluntary and official, speeded up the work of resettlement in another way. Not only did they put people more quickly in touch with sources of assistance, but they also helped people to help themselves. Moreover, it is highly probable that they speeded up the return to work of heads of families and other workers whose homes had been bombed. For this last suggestion, it is true, little direct evidence exists; but it would seem reasonable to expect that men and women would return more quickly to work once their living problems had been rapidly and understandingly dealt with.

The contribution made by the new information services towards solving London's problem of homeless people was indirect and remained difficult to measure. This, however, was not so in other branches of the post-raid services. For example, the increased rate at which unexploded bombs were disposed of and the speedier repair of damaged houses produced immediate results.

The situation in October and November 1940, when over 3,000 unexploded bombs were awaiting disposal and about one-third of the rest centre population were 'time-bombed', brought the matter to a head—and to the notice of the Prime Minister. The number of bomb disposal squads was immediately increased, methods of disposal steadily improved, and liaison was established between borough officials and the responsible military authorities. With the scale of air attack also declining, this weapon was brought under control. It never again menaced the functioning of London as it had done in the first months of the heavy raids.

The problem of how to repair damaged houses at a sufficiently fast rate was likewise, in the end, overcome. During the first three months of the raids the authorities had been outpaced. Despite all the various measures taken to remove or reduce administrative difficulties,[1] increase the technical staffs of local authorities, and improve co-ordination between those concerned with house repairs and other arms of the post-raid services, ground was lost in London with every attack. It was not until December 1940 that the breathing space, which the Lord President had said was essential,[2] came as a blessed relief.

The crucial issue was building manpower. The Army was naturally reluctant to release men; but the attack on Coventry in November clinched the matter, and on 2nd December the War Cabinet decided that the War Office would have to give way.[3] The priority accorded to house repairs, which was low compared with that for repairs to railways, public utilities and war industry, had also to be drastically recast. Another important measure, sanctioned by the Government at the same time, was the creation of a special repair service under the Ministry of Works. This service was composed of squads of men sufficiently mobile to be switched to any heavily attacked area in the country needing reinforcements. By the end of December 1940 the scheme was taking shape, and seven months later it comprised 5,000 men specially released from the Army.

These policies soon began to make an impression. They were materially helped by a slackening in the rate of damage in London during December, January and February. By early January the population of the London County Council's rest centres had fallen to about 4,000. The heavy raids of March, April and May 1941, which caused about twice as much housing damage in one night as had been caused in a week during September and October 1940, did not lead to another damming up of the rest centres.[4] The repair work, too, was dealt with more speedily. A big expansion in London's building labour force, together with a better repair organisation, made this possible.

Inevitably, there were great variations in the standard of efficiency achieved by different local authorities. The London County Council, owner of a large proportion of the good working-class property in London, operated its own repair service and did not seek outside assistance. It maintained a better rate of repair than any metropolitan

[1] Certain limitations to rapid action were removed by the Repair of War Damage Act, 1941, promised to local authorities on 12th September 1940 (see above, p. 256).

[2] Mr. Neville Chamberlain reporting to the War Cabinet on war damage, 14th September 1940.

[3] The call-up to the Forces of men engaged on first aid repairs was also suspended for several months.

[4] The population of homeless people in rest centres did not rise above 12,000 during the spring of 1941 in contrast to an average of 20,000–25,000 in September 1940.

borough, partly because of its resources and their geographical distribution.

Some boroughs had to be given a lot of help by the central departments. One was Stepney, which was deprived—for reasons other than its housing repair record—of certain of its powers by the Ministers of Health and Home Security in December 1940.[1] By 11th November 1940 about forty per cent. of the houses in Stepney had been damaged or destroyed. The carrying out of repairs was made more difficult by the poor housing conditions; approximately one-third of all the houses in the borough were so bad as to be unworthy of repair. While these were serious handicaps for the authority, other difficulties were of its own making. The Council objected, for instance, to the employment of contractors, and for some time attempted to repair only its own house property.[2]

The problems of Stepney and other weak and harassed authorities were, however, slowly but surely overcome. By August 1941—two months after the last heavy raid—the work of housing repair in the whole of the London region had been reduced to manageable proportions. Over 1,100,000 damaged houses had been made wind and weather proof, and only some 50,000 remained to be similarly dealt with.[3]

The standard to which the great majority of these houses was repaired was very low; until the beginning of 1943 nothing more was usually attempted than wind and weather proofing, a rough patching up sometimes costing only a few pounds a house.[4] All the demands of the war, including later on the imperative calls for building labour and materials on immense schemes of camps and aerodromes for the American Forces, meant that several million people had to go on living in these damaged homes for some years. Nevertheless, they were at least better to live in than rest centres, shelters and other people's homes.

An improvement in the efficiency of the repair organisation brought rewards, not only in the rate at which the homeless were rehoused, but in other departments of the post-raid services. A more rapid repair service meant that less furniture was damaged by the weather,

[1] On 4th December 1940 the town clerk of Islington was appointed A.R.P. controller of Stepney under regulation 29A of the Defence (General) Regulations, 1939. The Minister of Health was involved because the expression 'civil defence functions' had been amended by an Order in Council on 8th November 1940 to include 'rehousing of the homeless' (S.R. & O., 1940, No. 1986).

[2] This authority was also inefficient in other respects. After two months' raiding no billeting or rehousing department had been set up, and a rehousing inspector referred to the 'unbelievable chaos' in this field of the Council's responsibilities. In January 1941 the Ministry of Health installed its own rehousing officer in Stepney.

[3] The statistical reservations mentioned on p. 277 above apply to these figures.

[4] The average cost of repairs to houses was between £8 and £9 in January 1941. In August 1941 the Ministry of Health attempted to define in broad outline a standard of repair. It was not a generous standard for, to take one example, most broken window panes were still to be covered with some opaque material (Ministry of Health circular 2450, 9th August 1941).

and fewer demands were made for removals to furniture depositories. This, in turn, led to smaller claims on buildings for storage, fewer furniture vans, reduced calls on manpower, and a drop in the number of cash grants made by the Assistance Board to help people move furniture from damaged houses.[1]

Similarly, the vigorous measures taken by the Board during this period to loosen its administrative machinery, increase the mobility of its staff, and adjust the work of its area offices to coincide with borough boundaries in London, effected a closer relationship between its post-raid functions and those for which local government was responsible.[2] In 1941, for instance, staff were transferred, often at twenty-four hours' notice, from one part of the country to another to meet the fluctuating distribution of air raids. In some areas, new offices were set up overnight. During the three days preceding a big London raid on 19th March 1941 eleven East End offices of the Board dealt with about 1,200 applicants whereas, in the three days after the raid, they dealt with nearly 10,000. This was the kind of problem which demanded, for its solution, quick and flexible administrative action.

(v)

Review

The chief instruments of policy which were improvised and applied during the London raids of 1940–1 to solve the multifarious needs of the victims of air attack have now been surveyed. For the most part, they took the form of new services. Rest centres and communal feeding had been thought of long before the bombs fell, but the fundamental mistake had been to regard their provision as an adjunct of the poor law. This was a policy which did not pay, for it caused an immeasurable amount of distress before it was corrected, and financially—the main reason for its original adoption—it was an expensive error. The hasty and costly buying of equipment and supplies in 1940, and the scattering of billeting certificates, travel vouchers and free accommodation for weeks on end, all without any check as to

[1] The Board had suggested to the Treasury that, to avoid the inflation of war damage claims for compensation, it would be wise to help homeless people with the cost of getting furniture away from damaged houses where it stood in danger of deterioration. Removal grants up to a maximum of £10 were authorised from 23rd September 1940. When the house repair service and the furniture removal and storage services of the local authorities had improved this concession was withdrawn.

[2] For example, the Board sent staff to the administrative centres run by local authorities not only to give information but to make immediate cash payments up to £10. Arrangements were also made to lodge cash with borough treasurers so that payments could be made at the Board's offices before the banks opened each day.

whether the recipients were eligible or not, were the results of a poor law policy combined with a failure to plan intelligently, sympathetically, and in detail to meet the social consequences of air attack.

When the attack came, the rest centre and communal feeding services had to be completely re-organised. Many new services, for needs hitherto unvisualised or only partly glimpsed, had to be hurriedly established: administrative and information centres; mobile feeding canteens and mobile Assistance Board offices; furniture for rehousing, and the salvage, removal and storage of furniture from damaged houses; hostel and billeting schemes; removal grants, and immediate cash compensation for the loss of furniture, clothing and essential tools.

Practically all this had to be done without devising any new executive machinery: in other words, local government as it existed in 1939 had to be used. At the same time, it was found by hard experience to be an essential condition, and not just an administrative refinement or a sentimental frill, for these services to be informed with a new spirit. The social distresses of each individual had to be regarded as unique. There was nothing new about this, for the Royal Commission on the Poor Law had insisted in 1909 that every family applying for assistance should be regarded as 'unique', and that constructive service required a 'highly trained technical body of experts'. The consequences of bombing in 1940–1 re-emphasised these neglected principles, and called for a re-orientation of outlook; the response was reflected in the value placed upon social workers by the Ministry of Health and by Mr. Willink—the Special Commissioner for London—and in the way the Assistance Board began to lay the foundations of its future successes by developing a humane and skilful relationship with its clients.[1]

The problems which have largely occupied this chapter must suffice to show the main lines on which social policies were developed and integrated. No attempt has been made to describe everything that was done in the interests of the victims of air attack. The following list sets down some examples of the variety of official and voluntary provision, and it also identifies many problems which are passed over both in this chapter and the following one:

1. The question of what to do with aged and infirm people found in shelters and rest centres, or living alone in conditions of hardship and needing to be evacuated to the country. The results of transferring some of these old people to hospitals and institutions in safer areas. The results of the efforts of local authorities and voluntary agencies to establish special hostels for these old people.

[1] The social historian will find much material in the Board's instructions to its staff. During and after the stimulating experiences of 1940–1 these instructions began to be coloured with significant references to the need for courteous and sympathetic behaviour towards clients. They were not there during the years of unemployment.

2. The question of how to provide a proportion of homeless people with clothing, and how to organise efficiently the distribution of an immense quantity of gifts in cash and in kind from the United States, Canada and other countries, which flowed into the hands of the Women's Voluntary Services,[1] the Charity Organisation Society, school care committees, settlements, ministers of religion, hospitals, and hundreds of independent supply and distributing agencies in the United Kingdom.
3. The administration and use of the Lord Mayor's National Air Raid Distress Fund which, in all, accumulated £4,713,245.[2]
4. The establishment of hostels in London for various categories of people by the London Hostels Association, the British Red Cross Society and other bodies.
5. The work of local authorities in granting billeting allowances and travel vouchers, checking payments, supplying furniture, and recovering sums of money from different classes of homeless and evacuated persons placed in billets, requisitioned houses and flats, hostels, huts and other accommodation.
6. The work of the Assistance Board and the Customs and Excise Department in making cash payments for the loss or damage of furniture, clothing and other equipment as a result of enemy action.
7. The nature of the tasks undertaken and the contribution made by some 200,000–250,000 people, most of whom were volunteers and unpaid, in rest centres, canteens, shelters, tube stations, information centres, citizens' advice bureaux, post-raid mobile units, billeting and rehousing departments and hostels.
8. The relationship of the Women's Voluntary Services to local authorities and voluntary bodies, and the contribution made by this organisation to the following sectors of the post-raid services in every part of the country: providing homeless people with clothes, staffing and running rest centres, hostels, mobile canteens and emergency cooking depots, supplying first aid boxes to rest centres, helping with billeting, rehousing and the after-care of homeless people, recruiting and training mobile squads of rest centre workers, providing transport to clear rest centres, building emergency cooker stoves, and helping to staff administrative centres.
9. The administration of the Personal Injuries (Civilians) Scheme by the Ministry of Pensions and the Assistance Board; its development between 1939 and 1945, and the extent to which it met the needs of those injured by enemy action.

These and other services, provided by official or voluntary agencies and sometimes by a combination of the two, were designed either to

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[1] During 1941 the Women's Voluntary Services received in gifts from overseas 8,281,937 garments and 649,337 blankets to a value of approximately £4,960,000.

[2] A report on the work of the Fund was published in 1947—*A Survey of the Work of the Fund*, September 10th 1939 to June 30th 1946.

meet specific needs—like cash allowances for civilians injured by air attack—or else they performed a useful function by supplementing a regulated service or by easing difficulties among people who fell outside certain defined categories of assistance. The use of the Lord Mayor's Fund illustrates this point, for in 1940 it helped by making cash grants to supplement the rather bare minimum of furniture supplied in requisitioned property, and by paying part of the cost of removing furniture for people who were not entitled to help from the Assistance Board.

The impressive array of official and voluntary services which had sprung to active life by 1941 did not, of course, function with uniform efficiency all over the country, or meet all the varied needs of the homeless and the other victims of air attack. Some local authorities achieved a far higher standard than others. Generally speaking, those that showed initiative were few compared with those that did not.[1] Even within the offices of a single local council, the efficiency of one department did not mean that the others were efficient. And so it was, too, with the voluntary agencies, perhaps in even greater measure. The quality of the work, for instance, of the local centres of the Women's Voluntary Services varied enormously. This organisation, which played a great part in the post-raid services, initially met, and to some degree engendered, a good deal of opposition from old-established voluntary societies and certain local councils. By the middle of 1941 there was still much variation in the extent to which local authorities co-operated with and used the Women's Voluntary Services and other voluntary agencies in their neighbourhoods.

The last massive raid on Britain by piloted aircraft occurred on the night of 10th May 1941, when nearly 1,500 people were killed. This marked the end of the first battle of London. It brought to a close a period in the history of the post-raid services remarkable for patient, day-to-day improvisation. This could not have happened without a resilience, a willingness to learn, and an urge to intense activity on the part of officials from government departments, regional offices, local councils and voluntary bodies. The comparatively quiet phase of December, January and February 1941, sandwiched between two three-month periods of heavy attack, was, without doubt, of immeasurable benefit. It allowed the new policies to mature, assume control, and replace the disorder of September and October 1940. London, which fortunately still had room to spare, was given time in which to absorb its homeless people.

What was surprising, perhaps even astonishing to some most intimately concerned, was that the post-raid relief services worked as

[1] Shoreditch, for example, was one of the very few authorities that began to prepare houses for occupation by homeless people before the first heavy raids in September 1940.

well as they did. They were conceived without much thought and less money, they were nearly suffocated by the uniform of the poor law, they were hardly breathing when they were attacked *en masse* by the German Air Force, and before this they had been neglected by Parliament and by the press of all political parties.[1] Yet, by the time the attack was over, the London post-raid services had to their credit an impressive record of achievements.

By the middle of 1941 there were 780 rest centres in the London region providing accommodation for about 105,000 people. Of this provision, the London County Council was responsible for 291 with places for some 33,000 people. In September 1940, it will be remembered, a rest centre population of 25,000 had piled up in the region—the highest of the war—and the 129 centres then run by the County Council had been desperately overcrowded.

In other branches of the services, much progress had also been made in London by the middle of 1941. There were twenty-one administrative centres and seventy-eight information centres functioning, the number of citizens' advice bureaux and Women's Voluntary Services' centres had greatly increased, the Londoner's Meals Service had established 170 centres, twenty-seven community kitchens were maintained by voluntary organisations, and four food convoys and over 190 mobile feeding canteens were continuously ready to go into action.

During the nine months of attack over 107,000 people were rehoused in London region, over 366,000 were billeted,[2] 181,000 mothers and children were officially evacuated,[3] 475,430 applications were made to the Assistance Board for advance payments for the loss

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[1] A striking lack of interest in the subject of homeless people is shown by a survey of the pre-war literature on civil defence and on problems concerning the character of a future war. Some forty books relating to civil defence had been published in Britain by the middle of 1939. Apart from one exception (an essay by G. T. Garratt referred to above on p. 48) these books displayed no more curiosity about the social consequences of air attack than any other organ of public expression. The practical issues of rehousing homeless people and other attendant problems raised in this chapter were not discussed in the House of Commons (Official Reports for 1935–9), *The Times* (1937–9), the *Economist* (1937–9) and the *New Statesman and Nation* (1937–9). Public opinion provided no stimulus, therefore, and ministerial interest was not great on the few occasions when the subject was mentioned before the war —see, for example, chapter IV, pp. 46 and 48.

[2] Based on monthly accommodation returns by local authorities to the Ministry of Health. These figures are only rough estimates calculated from inadequate returns. On 30th June 1941 only about 34,000 out of the 366,000 people remained in their billets. The vast majority thus returned to their homes as soon as they had been repaired or else they made other arrangements. The billeting of homeless people was in most instances only a temporary measure, and certificates (which could be extended) were generally issued for an initial period of two weeks.

[3] London evacuation area (including Mitcham, Ealing, Beckenham, Penge and Thurrock). The figure covers the period from 15th September 1940 to 30th June 1941. It excludes children sent to residential nurseries, evacuated expectant mothers, and those assisted with travel vouchers to make their own arrangements.

or damage of clothing and furniture,[1] and about 1,120,000 houses were repaired—or at least 'first-aided[2]'.

By the end of June 1941 roughly 2,250,000 people in the United Kingdom had been made homeless for periods ranging from a day or so to over a month.[3] Of this number, nearly two-thirds—about 1,400,000 people—belonged to London region. These estimates do not refer to *different* individuals, for people were counted on each occasion if they were rendered homeless more than once during the nine months. If it is assumed that one-quarter of the London total had this experience, then it may be said that about one person in six living in the region was made homeless at least once. Within the county of London the proportion was much higher, and in some heavily attacked boroughs, particularly in the East End, it was higher still. Some London boroughs had over seventy-five per cent. of their houses damaged, and in one or two the number of 'damages' to houses was twice the number of houses.[4]

These figures speak only of the order of magnitude of distress and achievement; they do not pretend to fine statistical accuracy.[5] Nevertheless, they are some measure of the problems which confronted the authorities during 1940–1; problems which, it would be fair to say, had not received the attention they deserved before September 1940, although the weight of air attack actually delivered by the enemy in tons of bombs was much less than had been expected.[6]

Of the 1,400,000 people made homeless in London region only about 200,000, or one in seven, passed through a rest centre provided by the local authorities. There were many reasons for this low proportion. The condition and the overcrowding of the centres in the early months of the raids, their poor law status, and the widespread public ignorance about the post-raid services were among the most important. Whenever they could, most people preferred to help themselves by staying temporarily with friends or relations or by making other arrangements. This was especially true of the outer suburbs with plenty of rooms to spare, for they had an advantage over the poorer boroughs of London which were thrice handicapped with houses already overcrowded, structurally inferior, and exposed to the heaviest attacks.

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[1] Excluding advance payments made by the Customs and Excise Department under the Government's insurance scheme embodied in the War Damage Act, 1941.

[2] This does not mean 1,120,000 *separate* houses in London region. See note on the unreliability of housing damage and repair statistics on p. 277 above.

[3] Excluding those who had to leave their homes because of the presence of unexploded bombs.

[4] Bermondsey had 19,529 houses in August 1939. By the end of the war the figure was reduced by bombing to 16,329. The total number of 'damages' to houses was 33,251 (*Annual Report of Medical Officer of Health*, 1944).

[5] These estimates have been worked out from a mass of often conflicting reports on housing damage, repair work, population returns, rest centre statistics, and calculations of 'homelessness' per ton of high explosive.

[6] On weight of attack see chapter XVI, appendix 7.

The extent to which homeless people, and others who suffered in some form or other from the effects of air bombardment, called upon the services provided by the authorities varied immensely. It ranged from a high proportion who wanted help in repairing their homes to about one in seven who needed rest centre accommodation for short periods. It differed from one area to another, sometimes from one street to another, and it also varied in time.

In 1941, when planning began to replace improvisation, the Ministry of Health had the difficult task of laying down standards for certain of the services; to take one example, it had to suggest the number of rest centre places necessary per 1,000 population.[1] In many areas, the standards actually reached by 1942–3 were regarded by some officials as too elaborate, for instance in East Anglia; but over-insurance was a natural consequence of the shortcomings of 1940.[2]

The three years from June 1941 to June 1944, when the first flying-bombs were launched against London, were for the post-raid services years of sustained preparation. Mutual aid was organised between local authorities all over the country; the many branches of assistance were integrated, inspected and watched; the Ministry of Health built up mobile teams of experienced officers to be sent at once to bombed areas; the training of staff was greatly expanded by various means, including exercises and rehearsals of different kinds[3] and the establishment of regional schools for training in civil defence and allied services, immense stores of furniture, equipment, food and clothing were accumulated, and reserves of empty properties for rehousing were formed in all areas as an insurance against future demand.

'Experience in all parts of the country', reported the Ministry of Health in March 1944, 'has underlined the necessity for careful organisation in advance; nowhere yet has a bombed area suffered from over-organisation or from a too ample provision of buildings, equipment or personnel. Experience has shown also the high value of securing in advance the right personnel in the localities, both for organisation and operations, and of continuous co-operation both before and after raids between the Ministry's regional office, the local authorities and the voluntary organisations, and between the local authorities and voluntary organisations of the target areas and those

[1] It was eventually stipulated that accommodation should be provided in target areas for about eight per cent. of the population (Ministry of Health guide 'The Care of the Homeless', March 1944).

[2] The rest centres were, in the end, equipped to guard against any contingency and any demand—from sweets to sanitary towels and safety-pins.

[3] A big contribution to the training and teaching of the hundreds of thousands of voluntary workers engaged on the post-raid services was made by voluntary organisations, such as the National Council of Social Service, Citizens' Advice Bureaux, the Charity Organisation Society and other local and national agencies.

around them. In general, preparations can never be regarded as perfect and complete.'[1] Thus were the lessons of experience summed up. Less than four years separated them from a philosophy which had spoken of demoralised, panic-stricken crowds and had declared blankets to be a luxury for those whose homes had crashed in ruins around them.

[1] From the introduction to a fifty-eight-page guide on 'The Care of the Homeless' published by the Ministry of Health. The first edition appeared in November 1941. This guide became known as 'the bible of the post-raid services'.

CHAPTER XV

THE ATTACK ON THE PORTS AND PROVINCIAL CITIES

On the night of 14th November 1940 the German Air Force, with some 330 bombers, attacked Coventry for eleven hours. The administrative and business centre of the city was heavily damaged, the fire situation got out of control, most of the public services were brought to a standstill, and local government was, for the time being, paralysed by the shock.

This was the first of a long series of raids on the centres of war production, the ports and other densely populated areas of the United Kingdom. These raids continued until the end of May 1941, after which the weight and frequency of attack rapidly diminished. Between 1st June and the end of the year there were only four night raids causing more than fifty fatal casualties each, all on the north-east coast of England.

So far as the work of the post-raid services was concerned, there was one big difference between these provincial raids and the attacks on London. While the capital was bombed continuously for weeks, and sometimes months, on end, the attacks on the provinces were spasmodic, intermittent and widely dispersed. Apart from Plymouth and the Merseyside area, both bombed for a week, most cities were attacked once and sometimes twice within forty-eight hours, and then left alone for a period. Places like Southampton, badly shaken during several raids in 1940, were allowed time to recuperate.

A short analysis of all night raids causing more than fifty fatal casualties each during one period of three months—from March to May 1941—will illustrate this point. In all, there were in this period seventy such raids, eleven on London, eight on Liverpool, seven on Plymouth, five on Hull, and four on Bootle. The rest comprised seven cities attacked once, eight twice, and four on three occasions. During these three months, the German Air Force scattered all its heavy blows among twenty-four cities, ranging from Plymouth in the south to Glasgow in the north, Belfast in the west to Tynemouth in the east.

The geographical distribution of hundreds of smaller raids was even more widespread and lacking in continuity. The pattern of the whole series from the Coventry raid in November 1940 to the end of May 1941 is an untidy one; a confused arrangement looking much

more like the aimless, destructive outbursts of a child with conflicting impulses than the results of clear, decisive planning often regarded as the prerogative of totalitarian leadership. It is not for the present writer to say how far this scattered bombing was due to over confidence in the destructive power of air attack, or whether it reflected a failure to understand the potentialities of improvisation, and the resilient capacity of great cities to maintain the business of community life.

This particular characteristic of large cities was later demonstrated in Germany. The raids on Hamburg of July and August 1943, when 8,600 short tons were dropped, were among the most devastating of the war.[1] Yet, despite the deaths of over 60,000 people (compared with 554 in Coventry on 14th November 1940), the destruction of nearly one-third of all the houses in the city, and the disruption of the public services, Hamburg as an economic unit was not destroyed. The United States Strategic Bombing Survey reported in 1945 that it never fully recovered from the bombing, but in five months it had regained something like eighty per cent. of its former productivity despite the fact that great areas of the city lay in dust and rubble. Just as it was much easier to destroy buildings than the machines within, so it was easier to destroy the physical structures of a city than to wipe out its economic life.

The general conclusion, then, is that the spasmodic character of the provincial raids during 1940–1 lightened the task of those who were responsible for providing the civilian population with the necessities of life.[2] To say that is not to minimise the seriousness of the initial shock to such cities as Coventry, Birmingham, Southampton, Belfast and many others. But when, as so often happened, a quiet period of several weeks followed destruction, it was extraordinary what was accomplished in repair and renewal, and what powers of adaptability were shown by the general public.

The city that had an immense capacity to absorb damage, renew itself each morning, and hide its wounds was London. Primarliy, this was a function of size, for all round the boundaries of the county itself there stretched an extensive belt of urbanisation gradually thinning out into semi-rural areas. Yet this was the only city selected by the enemy for continuous bombing. To a smaller extent, provincial capitals like Birmingham, Manchester and Liverpool showed a similar capacity to absorb damage and rehouse their homeless people.

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[1] Quoted from The United States Strategic Bombing Survey, *Over-all Report (European War)*, 30th September 1945, pp. 72–3.

[2] This was also true of the organisation of port facilities and of the effects of raids on the work of getting men and materials into and out of the country. Because a port recovered quickly, spasmodic raiding, given the prevailing weight of attack, did not lead to serious consequences. The evidence for this conclusion will be given in Miss Behrens' volume on shipping in this series of histories.

They, too, were surrounded by zones of urban development which helped to 'cushion' the raids, and from which could flow a stream of assistance within a few hours. Cities like Plymouth, Hull and Barrow, which had no cushion areas, felt the effects more severely, and the Government eventually had to create an artificial 'cushion' by providing hutments on the periphery, mobile reinforcements and other special services.[1]

The social problems arising from air attack in the provinces, in Scotland and Northern Ireland, differed in no fundamental way from those which faced the authorities in London. In one important respect only did they present a singular issue of their own, and that was the phenomenon of 'trekking' which emerged to worry the Government in the spring of 1941.

When the raids began in the closing months of 1940 there was the same, or even greater, lack of preparation in most provincial cities. The removal of financial and other impediments came too late to effect any significant improvement in the post-raid services before one city after another was attacked. Because London absorbed so much attention during 1940, a process of critical local surveys by Ministry of Health inspectors did not get under way until the beginning of 1941. These showed many glaring inadequacies. Even when they were pointed out, it was rare for any city to take energetic action on all fronts before it was attacked.[2] Nor was there much curiosity about the lessons of London for, as Mr. Willink, the Special Commissioner for London's homeless people, told the House of Commons, 'nobody in my office, or myself, has ever been asked for any general information on the way London attempted to deal with this problem by any local authority in England, Scotland or Ireland'.[3] It seemed as though each local council, its officials, and the general public, had first to live through a heavy raid before they could form any idea of the real nature of its consequences.[4]

The attack, when it came, threw up many of the same administrative weaknesses as in London. While the provincial cities did not experience the peculiar difficulties of London's two-tier government,

[1] These policies were not fully worked out until after the main attacks had ceased. They represented, however, a part of the preparations to meet renewed attacks in the winter of 1941–2.

[2] In a circular to regional officers on 15th May 1941 concerning the lack of preparation by local authorities, the Ministry stated that the recommendations made earlier in the year had been readily accepted by authorities, but that 'in some cases little attempt has been made to put them energetically into effect'.

[3] Mr. H. U. Willink in the House of Commons, H. of C. Deb., 11th June 1941, vol. 372, col. 381.

[4] Leeds, when attacked in March 1941, showed that it had not profited from the advice it had received. Clydebank also revealed weaknesses which could have been prevented if the lessons of other cities had been properly learnt, especially as regional officers from Scotland had investigated London problems as early as September 1940, and the Scottish Department of Health had issued on 12th December 1940 a thirty-two-page guide largely based on London experience.

many of them were confronted with the problem of relations with surrounding district councils and the county council.[1] It was these authorities who received the overflow of homeless people and nightly trekkers. What they provided in the form of rest centres, food, billets and so on had to be co-ordinated with the executive work of the city council. What each authority did or failed to do affected a circle of other authorities. No longer could each local body act independently; if one stood aloof or tried to live by itself distress and disorder were inevitable. Air attack in 1941 made a mockery of British local independence and civic self-sufficiency, just as in 1940 it had overwhelmed national self-sufficiency in Western Europe. For local government in Britain, the effective answer lay in pre-arranged pacts of mutual aid and a willingness to relinquish some part of local sovereignties.

The need for concerted action by the authorities of the city and of the surrounding country had received little attention before the spring of 1941, although in 1940 all the difficulties created by the frontiers of responsibility had already appeared on a small scale, when homeless people and trekkers left Coventry, Swansea and other cities for nearby urban and rural areas.[2] During the early months of 1941 as attacks were delivered on the ports of Southampton, Hull, Swansea and Bristol, the problem of providing in the surrounding country many of the post-raid services already considered necessary for the towns became more urgent. The volume of nightly trekking increased, and the lack of effective liaison between urban and rural authorities stood out more clearly. The situation was seen at its worst when Plymouth was raided for five nights at the end of April 1941, and some 30,000 people were rendered homeless.

For about a fortnight after the first Plymouth raid, the nightly ebb and flow of people between town and country cannot have involved fewer than 30,000. On 24th April it probably reached 50,000. To make matters worse, the rural rest centres were already crowded with homeless people.[3] Since anything up to three-quarters of the centres

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[1] The authorities responsible for the rest centre service were the county and county borough councils in their capacity as public assistance authorities. In some counties, arrangements were made for these rest centre functions to be operated on an agency basis by borough and district councils. Administrative and information centres were the concern of county borough, borough and district councils, while all housing authorities were responsible for billeting and rehousing, the county council acting in a co-ordinating capacity.

[2] The regional staffs of the Ministry of Health, as well as the local authorities, received hardly any advice from Whitehall on the need for advance planning to deal, for instance, with all the problems raised by the transfer of homeless people from the area of one authority to that of another. Until the spring of 1941 these questions were left to the discretion of regional officers.

[3] The Ministry of Health, who had sent in its own billeting officers, had somehow contrived to transfer over a thousand homeless people from Plymouth to rest centres in the rural belt.

in cities like Plymouth were liable to be put out of action in two or three nights' raiding, temporary accommodation was essential for large numbers of homeless people in the surrounding country areas.

The Government, interpreting trekking on this scale as a symptom of lowered morale, was anxious that nothing should be done to encourage such movements.[1] No specific provision was therefore to be made for the people taking part.[2] But the difficulty was, in the circumstances of confusion which prevailed in Plymouth and other cities, and with little or no co-ordination between urban and rural authorities, to distinguish the genuinely homeless from the real trekkers, i.e. those who left the danger zone each night.

In practice, of course, it was not possible to refuse food and accommodation to the trekkers even when they were identified. And it was very difficult to prevent them from using transport to get out into the country. Bus companies put on extra services, partly because they wanted their vehicles dispersed for the night. The Army, the Navy and commercial concerns also scattered their vehicles, and the drivers quite naturally took on as many passengers as they could. During the series of raids on Merseyside, when a total of possibly 70,000 people were rendered homeless, extra trains as well as buses were run, and on 10th May 1941 about 58,000 people, of whom 40,000 to 45,000 were trekkers, spent the night in other areas of Lancashire, Cheshire and North Wales.

Apart from the question whether the nation could have afforded to divert even a fraction of the men and materials required, it would have needed a gigantic effort to have provided all rural areas surrounding all cities like Plymouth and Hull with rest centre accommodation, canteens and other services for movements on the scale of 20,000 to 50,000 people a night. Some distress was therefore inevitable, though it was made worse by the failure to prepare to the extent that was possible, and by the muddle and confusion caused by a lack of co-operation between authorities for town and country areas.

While many householders invited the trekkers from Plymouth into their homes for the night, other trekkers had to find their rest in bad, and sometimes filthy, conditions in barns, churches, quarry tunnels and every conceivable kind of building. Many, too, lay down in ditches, under hedges and in the open country. 'The Y.M.C.A. canteen stopped on the Yelverton Moors on the night of the 25th April and called out for customers. These appeared in no time from among the ditches and heather of the open moor.'[3]

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[1] This interpretation was drawn by the Civil Defence Committee of the War Cabinet on a number of occasions, particularly after the Southampton and Plymouth raids.

[2] It was decided that 'no official arrangements are to be made for persons who are not homeless but who leave the target areas nightly in order to sleep in safer districts.'

[3] Report supplied by the Society of Friends to the writer for the War History.

Strenuous efforts were made by the staff sent down by the Ministry of Health to improve the services in the rural areas, and to build up some coherent system of liaison between Plymouth and nearby authorities. The difficulties were eventually overcome, and some semblance of order was restored primarily because the Germans discontinued the attack. With these lessons in mind, and still anxious about morale, the Government began to devise policies to deal with the problem of cities like Plymouth which had no supporting cushion of urban development. It was decided that rest centre provision in and around the target areas 'must be greatly and immediately expanded', that concerted plans should be prepared by the authorities of target towns and their surrounding areas so that, in the event of heavy raids, all should go into action together, and that hostels should be erected on the outskirts of Plymouth, Hull and other cities. This was in May 1941, when the heavy attacks ceased.

From June 1941 onwards, these policies were steadily pursued and detailed plans were carefully worked out. The execution of the plans was also subjected to much more supervision, investigation and direction by the Ministry of Health. But they were never, in fact, tested, for at no other period of the war did this problem of the trekkers arise again as a serious issue.

Trekking was the chief feature which distinguished social behaviour in the provincial from that in the London raids. Even so, the number of individuals concerned in trekking was small in comparison with the total of people made homeless by the attacks on provincial and Scottish areas during 1940–1. To those who experienced these attacks the deficiencies of the post-raid services must have caused at least as much distress as they did to Londoners in the autumn of 1940.

There is no need to tell the same story for each of some thirty cities, or to tell it in detail more than once. There was the same monotonous and insufficient food in the rest centres, the same meagre provision of clothing, blankets, washing facilities, first aid, lavatories, furniture and information and salvage services, the same inadequacy of unsupported public assistance officials and of casually organised volunteers, the same weak liaison with the police and civil defence controls.[1] All these faults were constantly in evidence during the winter of 1940–1 as one city after another was bombed.

[1] For example: the first circular issued by the Ministry of Health to authorities in the provinces on the need for information or administrative centres was not sent until 16th January 1941 (circular 2269). Before this, several authorities had made some attempt to provide information about the post-raid services. Birmingham printed a pamphlet for the homeless in September 1940, but this gave twelve different addresses where their wants would be supplied. Between January and June 1941, however, considerable progress was made, and twenty-nine administrative centres and 480 information centres were established by 900 borough and district councils in England and Wales (outside London region).

While the basic problems were the same, differing only in scale from those in London, the social effects were, with a few exceptions, less severe. As in London, immediate needs, like running canteens and rest centres and providing clothes, were met to a great extent by the Women's Voluntary Services, local Councils of Social Service and teams of voluntary workers. The degree to which these services for homeless people depended on labour freely given was measured in October 1941, when a rough census showed that part-time work at rest centres alone, throughout the country, was absorbing 200,000 women.

In general, there was less development of individual case-work and welfare among homeless people in the provinces than in London.[1] Except in certain cities like Plymouth, the victims of air raids also depended less on official services—billeting, rehousing, rest centres and other branches of assistance. Most people, for instance, made their own arrangements for starting a home again. They probably knew better than Londoners where to go for help, they probably had more friends and relations living on the outskirts or in rural areas on whom they could temporarily lean, and re-organisation and repair was not such a cumbrous task as in London Sheer size and sprawling growth helped to save London from being brought to a standstill in the autumn of 1940, but at the cost of producing social stresses on a scale not equalled elsewhere.

When heavy attacks were delivered for several consecutive nights on relatively small, or geographically isolated, boroughs, the social consequences were not very dissimilar from those which occurred in some of the East London areas. The main difference was that the effects were much less prolonged. Bootle, Clydebank and Plymouth were among the places to experience air warfare which, for a short time, was shattering in its impact on community life.

A few facts about Bootle and Clydebank tell something of the trials of those who lived in these towns, and illustrate the kind of problems which faced the authorities during and after the raids. Bootle had some 17,000 houses and a population of about 55,000 when the heavy raids began in the spring of 1941. Nearly two houses in ten were totally destroyed or rendered uninhabitable. Two more were seriously damaged. Only about one house in ten escaped damage.[2] Over sixty per cent. of all the houses affected were damaged at least twice.

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[1] The first circular to provincial authorities suggesting the appointment of welfare organisers was not issued until 11th August 1941 (Ministry of Health circular 2453).

[2] The precise figures are: 17,189 houses, 2,025 destroyed, 1,281 rendered uninhabitable, 4,506 seriously damaged but still usable, and 14,710 houses in all damaged or destroyed. The bulk of this destruction occurred during the period 1st to 8th May 1941 (Borough Engineer's report, June 1941, and personal communication from the Town Clerk to the writer, 3rd May 1947).

About one person in four was rendered homeless. One retail shop in three disappeared, eleven out of the twelve rest centres were put out of action, and all the main roads were blocked. But only 262 people were killed during the raids which lasted from 1st to 8th May 1941.

Despite this widespread damage, with all its attendant effects on food distribution, gas, water and public services generally, about one-quarter of the population continued to sleep in their homes throughout the raids.[1] The total number sleeping outside Bootle on the night of 8th May 1941 (the last night of the heavy raids) was about 25,000. Some 10,500 persons, or nearly one-fifth of the population, trekked daily for a few days anything up to twenty miles.[2] Owing to the damage sustained the local rest centre system was largely ceasing to fulfil its functions by 8th May, and to relieve congestion some 6,000 homeless women and children were transferred on the following day to rest centres away from the town. In addition, many adults made their own arrangements to live outside the borough for a time. Over 7,000 people were, in fact, billeted in other areas in June 1941, but the majority of these—and the children who had been evacuated—returned within three months.

During the first four days of the raids many of the people in the town were fed from mobile canteens staffed by volunteers.[3] Then, with the help of the Ministry of Food, the Army and regional reinforcements, field kitchens and British restaurants were quickly set up. The task of resettling people in homes was a long and difficult one. Precise information about what was achieved does not exist, but the following figures give some measure of the burden which fell on the local authority. The staff of the billeting department (which had to move its office six times in seven days), with the aid of 200 school teachers, billeted some 4,800 people in the borough. Another 7,000 were billeted outside the town, about 1,650 people were rehoused in neighbouring areas, and over 4,000 travel vouchers were issued up to 21st June 1941.

The salvage and removal of furniture was also a formidable task. The Council set up a special department, and on the day after the last raid seventy-five furniture vans were operating in the borough. Within a fortnight, 1,300 furniture removals had been carried out.[4]

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[1] The facts in this and the following paragraphs are taken from a study of the effects of the raids on Merseyside in 1941 by the Research and Experiments Department of the Ministry of Home Security.

[2] By any available means of transport, by bicycle and on foot. Many of these people trekked north into the fields and open country near the town.

[3] One ton of corned beef was used on the first day. An average of 39,000 meals of sandwiches and tea, or soup or cocoa, were served each day.

[4] The Council arranged, for bombed-out persons, a total of 5,041 furniture removals between September 1940 and September 1942. It also operated a successful scheme for the sale of furniture and household equipment to such people.

A large number of voluntary helpers offered their services in all this work of renewing the life of the town. No fewer than 1,500 workmen, for instance, arrived in the borough on the Sunday after the heavy raids and gave their labour on debris clearance and demolition work.[1]

While temporary removals from the town, and a daily trek of people backwards and forwards, together accounted for about half the population, the loss of working time was not apparently excessive. Among the 24,000 workers living in Bootle when the raids began, the total loss due to absences amounted to some 200,000 man-days, equivalent to a loss of eight working days each in May 1941. One-half were absent from work, the average loss of time for each absentee being sixteen days. Among those who lived in houses which were rendered temporarily or permanently uninhabitable the loss of time was twice as great as for those whose houses were damaged but still habitable.

Evidence of this kind does not suggest that there was any significant break in morale as a result of the raids.[2] But the absence of children from school was more serious, mostly for reasons not directly connected with air attack. In April 1941, before the period of heavy raiding, some 7,000 children were examined, and nearly one-quarter were found to be verminous. About fifteen per cent. of these 7,000 children were excluded from school on medical grounds, the chief reasons being scabies and other skin diseases.

The first great disruption of the education and welfare services occurred in September 1939; the second in the winter of 1940–1. Bootle children suffered, as others did in all target areas when teachers were lent to civil defence and the various services for homeless and injured people. There were, for instance, no school meals being supplied in Bootle in July 1941, certain branches of the school medical service had not been re-started after their suspension in September 1939, and the deaths of infants rose in 1941 to 108 per 1,000 births—a figure higher than that ruling during the period 1916–20.[3]

These fragmentary social facts serve to provide a background of tough reality against which the story of physical destruction in Bootle —and other towns in Britain—has to be visualised. Many of these

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[1] These statements are based on (1) a report by the Town Clerk on the lessons of the attack, 30th June 1941, (2) 'The Social Consequences of the Air Raids on Bootle' (unpublished), by Mr. C. Owen who kindly allowed the writer to see a copy of his report in June 1944.

[2] It is also informative that 97·7 per cent. of the rents due were paid by those families who were bombed-out and rehoused by Bootle Corporation on the Huyton estate during the period 6th June 1941 to 11th March 1943. (Quoted in 'The Social Consequences of the Air Raids on Bootle' (unpublished), by Mr. C. Owen who kindly allowed the writer to see a copy of his report in June 1944.)

[3] *Annual Report of the Medical Officer of Health for Bootle*, 1945.

people had never known the standards of home life, of space, quietness and stability, which other people accepted as a matter of course. They looked out on a world of disorder and instability with different eyes, for had they not grown up with hardship by their side during many years of unemployment? To them, leaking roofs, broken windows, no schools and a nightly trek to the open fields in springtime meant less than the loss of a job. Yet trekking was considered by some authorities to be an index of weakening morale.

Clydebank was another place which experienced, in proportion to its population, an immense amount of damage. On two successive nights it was heavily raided.[1] About 47,000 people lived in 11,945 houses which were mainly of the tenement type.[2] After the raids only seven houses remained undamaged.[3] Precisely thirty-three per cent. were demolished, and forty-three per cent. were so damaged as to be uninhabitable. In all, therefore, seventy-six per cent. of the houses were unfit for use, and some 35,000 people out of 47,000 were without homes. This was the result of two raids in which, it was estimated, about 150 metric tons of bombs were dropped.[4] The number killed amounted to 528, while 617 were injured and treated in hospital and another 426 attended first aid posts.

For about a year and a half an average of 800 workers were engaged on repairing houses. Roughly 504,000 man-days of labour were spent in this way. Within seven months of the raids about ninety-five per cent. of the first aid work had been done, but another thirteen months passed before all the houses that could be repaired were repaired to a reasonable standard.

With this scale of housing damage it was not surprising that, in April 1941, the night population of the burgh dropped to 2,000 as compared with 47,000 before the raids.[5] Where they all went to no one knew. Many no doubt moved temporarily or permanently to Glasgow and other places, some trekked away each night, while several thousands were evacuated to the Vale of Leven and various reception areas. But a good proportion of the workers turned up at John Brown's shipyards next morning, and the vast majority were back at work after an average absence of about 11–14 days. Some thousands of them returned quickly despite the fact that although

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[1] 13th and 14th March 1941. These were, apart from a few bombs in May, the only attacks inflicted on the burgh.

[2] These buildings contained from two to twelve flats—described here as houses.

[3] Most of the material on which this account is based has been drawn from a report by the Research and Experiments Department of the Ministry of Home Security on the Clydeside raids of March 1941.

[4] This estimate was made by the Air Ministry and the Ministry of Home Security from an analysis of the number of enemy aircraft over Gt. Britain on the nights in question and the average load carried per aircraft.

[5] Over half the 7,000 schoolchildren in this area had been evacuated in 1939, but when the attack came they were all back except for 300 or so.

billeted as much as thirty miles away they could not obtain hot meals during the day at their place of work.[1] This loss of time on account of the raids was not materially different from that found in Bootle.

The business of restoring civil life to boroughs like Bootle, Clydebank and Plymouth placed a great strain on local resources, especially in the work of repairs to houses, factories and essential services.[2] All the tasks of renewal were complicated when the nerve-centres of local government were disrupted. Sometimes the civic centre with its controlling machinery and records was wholly or partly destroyed, sometimes departments had to be transferred to new premises several times in several days, while on many occasions the effects of the raids, and particularly a complete breakdown of the telephone system, left councillors and officials in a dazed and bewildered condition. What was needed, and what was eventually organised in great detail, was a stimulating flow of reinforcements in the form of men and materials, not to supersede the local authorities, but to help them to their feet.

Coventry, Southampton, Clydebank, Plymouth, Norwich and other stricken areas all needed this help. They received it at varying degrees of speed and efficiency from the regional offices of the central departments and from other local authorities;[3] in some instances even shorthand typists and typewriters were sent. Mobile feeding canteens, water carts, ambulances, transport vehicles, doctors, engineers, billeting officers, building workers and materials, loud-speaker information vans, blankets and other equipment all had to be despatched as quickly as possible after the raid had ceased.[4]

The organisation of assistance on this scale had to be carefully prepared in advance, for the restoration of a city's economic life had to be thought of as a single task. With so many Government departments concerned, in addition to the local authorities, the military,

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[1] It was reported to the War Cabinet that John Brown and Co. were reluctant to provide canteens unless the Treasury agreed that the cost might be charged as a revenue expense. The Prime Minister wrote a letter to the Company on the subject in April 1941.

[2] The problem of repairs to houses in cities like Coventry and Birmingham could not be separated from the problem of repairs to factories and essential services. It was no use getting factories ready for production if the workers could not live in their houses. It was no use drafting building labour into the city—as was done in Coventry—if there was nowhere for them to live.

[3] One of the most important ways in which local authorities could aid each other was in the work of war damage repair. Under schemes of mutual assistance, labour, with plant and supervisory staff, travelled daily to and from the damaged towns. In 1941, Gillingham and Gravesend sent gangs to Rochester; Norwich helped Yarmouth; Leicester and Nottingham sent aid to Birmingham.

[4] By 1942, most of the post-raid services which concerned the Ministry of Health had 'mobile reinforcement units', e.g. rest centre, information, first aid, mortuary, laundry, bathing and washing, and infant welfare services. Some of these units were provided by voluntary organisations. The National Council of Social Service supplied teams of voluntary workers trained to provide post-raid information, the Friends' War Relief Service ran mobile squads of rest centre workers and a mobile citizens' advice bureau, and a number of British Red Cross and St. John's Flying Columns helped with first aid and minor treatment work.

and various voluntary agencies, co-ordinated planning was essential.[1] This was the chief function of the Regional Commissioner,[2] and one lesson that had emerged by the end of 1940 was the need to establish, on the morning after the raid, an 'advanced regional headquarters' on the outskirts of the bombed city.[3] Another was the importance, in all these provincial attacks, of mobility in the local and regional organisation of the post-raid services. This could not be satisfactorily achieved without a high degree of co-operation—or mutual aid as it came to be called—between local authorities.

The extent to which reinforcements were needed, and the efficiency with which calls for aid were met, varied in different parts of the country according to the strength of local government, the standing of the Regional Commissioners, and the quality of the regional staffs of the central departments concerned.

The ability of the regional branches of the Ministry of Health to cope with unexpected and difficult situations, and to stimulate effectively large and powerful local authorities, had a more decisive influence on the standard of performance of the post-raid services than on the work of the evacuation scheme. For evacuation, both policy and the detail of its application had been highly centralised; directions to local authorities had been issued in the form of circulars from Whitehall. But for the post-raid services the method of administration was very different. This was largely because of their original association with the poor law. Comparatively few circulars were sent direct to local authorities, instructions generally being issued to regional officers who were left to pass them on either by visits or by regional circulars. Even then, only a limited amount of guidance and direction was given to these officers by the Ministry of Health until five or six months of raiding had passed.[4] In the working out of policy, therefore, a good deal was left to local and regional initiative. This method, while it held out the possibility of greater attention being paid to the special position of individual authorities, involved three dangers. The influence and meaning of Whitehall policy might be diluted in transmission, officials at the centre were deprived of

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[1] The public bodies concerned were: the local authorities affected, the police, public utility undertakings, the Army, the port director and naval officer in charge (in case of ports), the Ministries of Home Security, Health, Food, Labour, Information, Pensions, War Transport, Supply, Aircraft Production and Works, the Assistance Board, the Board of Trade, the Petroleum Department, the General Post Office and the Women's Voluntary Services.

[2] The primary responsibilities of the Commissioners lay in the field of civil defence. Their functions, and the development of the regional organisation in general, are the concern of the civil defence volume in this series of histories.

[3] This was one of the conclusions of a report 'Lessons of Intensive Air Attacks' drawn up by all the central departments concerned and presented to the War Cabinet on 6th January 1941.

[4] Some of the reasons for the lack of direction were referred to in chapter XIV, see especially pp. 253–4.

direct contact with local authorities, and the chances of great variation in the character and scale of provision made by local authorities were considerably increased.

Any system of administration was bound, of course, to have some weak links, especially when—as in the post-raid and evacuation services—the functions of the central and local authorities were sharply different. Policy was settled at the centre, which also supplied all the money; but executive responsibility rested almost entirely on the local authorities. If direction was given by circular, the written word tended to depreciate in value as the war went on and more and more paper descended on local authorities from a growing number of Government departments. But if, on the other hand, departments relied on inspectors and local visits to provide direction and stimulation, the executive agencies were often burdened with too many conferences and inspections. They felt as though they were being treated like bad boys who stopped work when the master's back was turned. This, in fact, is what happened in some regions during 1941–2. The Ministry of Health—and other departments—who had generally left authorities alone in 1940, and had not followed up the results of policy directives, all awoke at about the same time in 1941 to the need for close supervision. The consequence was, as one senior regional officer remarked, 'every service is now trying the schoolmaster trick in order to get priority for itself and the result is worse than before'.

So far as the services for homeless people were concerned, the situation was mainly the product of two factors. One was the unfortunate early history of these services; their association with the poor law, the uncertainties over finance, the lack of thought about the social results of air attack on the civilian population. The second was the existence of great differences in the executive ability and the quality of the work of local authorities. The effect of the first factor on these different standards of performance was to accentuate them in relation to the post-raid services; in other words, the bad authorities became worse, while the good ones, seeing policy at the centre being tuned to a low standard, were either complacent or marched ahead of the rest.

In the provinces, as well as in London, there were, in fact, immense differences in the way individual authorities fulfilled their responsibilities to homeless people. A number showed initiative, resourcefulness, and considerable powers of recovery from repeated raids. One such authority was Hull. In November 1940 this was the only county borough in the provinces that was operating a central source of assistance and information for the victims of air raids. It was also one of the few cities to pay a lot of attention to the individual problems of homeless people. An efficient regional office of the

Ministry of Health, and recurrent raids which helped to keep these problems constantly before the authority, no doubt contributed to the achievements of the local services in Hull.[1]

The authorities of many cities were often good in some departments of their work, but bad in others. Liverpool had an efficient billeting department which, at one period, was placing people in homes at the rate of nearly 40,000 a week; its other services such as rest centres and information were, however, not nearly so good. During 1941, the average standard of performance improved among all the post-raid services in those cities which had learnt by experience what air attack meant. But one persistent weakness remained. It was prominent in Southampton, Plymouth and other places. The local authorities almost always made the mistake of not calling for help soon enough. Sometimes, the regional officers also gained an impression, when they arrived on the scene, that their help was not really welcomed. This happened with both efficient and inefficient authorities. One or two—for example, Birmingham—thought they were so good that no improvement was possible. Local independence had to be jealously guarded, and the intrusion of Regional Commissioners was in a few instances either just tolerated or openly resented.

During the winter of 1940–1 the Civil Defence Committee of the War Cabinet devoted a good deal of attention to this problem of local government. It first arose over the administrative defects shown by West Ham and Stepney, and then by Southampton when the Regional Commissioner asked for 'definite authority . . . to co-ordinate and direct'.[2] But Mr. Morrison, the Minister of Home Security, did not agree that a local authority, when badly hit, should be superseded by the Commissioner. It might, he said, discourage them in their efforts at self-help, and nothing should be done to weaken the sense of local responsibility.

The raids of April and May 1941, particularly those on Plymouth, revived the question. One observer, who had seen Plymouth burning, recorded his views on local government in these words: 'Local authorities did not profit from each other's experience; neither regional headquarters nor Whitehall succeeded in conveying to them the need for a bigger, swifter, more efficient preventive organisation; small air raids had the unfortunate effect of making many satisfied with inadequate civil defence; the peace-time system of slow committee rule,

[1] By the end of 1941 the number of houses in the city which had been destroyed or damaged beyond repair was 3,324, while the number damaged but repairable totalled 114,738, and the number given first aid repairs was 111,800. As there were only about 92,000 houses in the city, it is clear that the number damaged several times was substantial.

[2] In a letter to the Ministry of Home Security on 9th December 1940 the Regional Commissioner wrote: 'At the end of the third day it was clear that the local authorities were unable to deal with the situation.'

of red tape, of endless letter writing between London, regional headquarters and the periphery has shown itself an absolute danger to human life'. The impediment of local boundaries should be removed, this critic said, by the pooling of certain public services on a regional basis. Elderly, inefficient and obstructive aldermen, councillors and local officials should be invited to make way for younger men.[1]

Once again, the relations between the central departments, the Regional Commissioners, and the local authorities were examined. But the Government maintained its view of the situation; radical changes would produce more difficulties than they would cure. Apart from an amendment to a defence regulation in July 1941, which gave the Government full power to direct a local authority to take action to meet the consequences of air attack,[2] the position remained substantially the same.

All authorities were informed that the administrative and executive machinery which had been through the battles of 1940–1 would still continue. With this assurance, preparations were tightened for the following winter, and efforts were made to speed the restoration of community life in those cities which were still smarting from the blows of April and May 1941. Except for one or two unfortunate places like Hull, which, among large cities, had the distinction of being under fire for the longest period, the Germans allowed this work to go on unhindered.

In July 1941 a comprehensive document of thirty-nine pages, comprising reports from all departments on 'Preparations for Heavy Air Attacks next Winter', was studied by the War Cabinet. This looked at the war situation, the chances of invasion, the position of the ports, and the need to be prepared for renewed, and heavier, air attacks in September 1941. It gave close attention to the problem of co-ordinating the post-raid services, emphasised the importance of pacts of mutual assistance between local authorities, advocated joint planning committees of the authorities in target and cushion areas, and described the action being taken, first, to build up mobile reserves and stocks of equipment and materials and, second, to expand the provision of services in agreement with policies already defined.[3]

The state of the post-raid services in the middle of 1941 was broadly as follows. In and around target areas in Britain there were about 14,000 rest centres (some specially equipped and staffed as medical

[1] Lord Astor writing to the Regional Commissioner, 22nd May 1941.

[2] Previously there had been some legal doubt as to whether the Government did possess full power to direct. Defence Regulation 54B was accordingly amended in July 1941, and the necessary authority was delegated to Regional Commissioners.

[3] These policies were explained in numerous circulars from the Ministry of Health to local authorities and regional staffs during May, June and July 1941. Particular emphasis was placed on the institution of billeting surveys, the use of mobile teams of inspectors from the Ministry to reinforce local staffs, the value of joint planning committees, and the importance of information services.

rest centres) providing for about five per cent. of the population of these areas. It was aimed to raise the proportion to eight per cent. by the winter. Yet even the five per cent. ratio gave accommodation to about 2,000,000 people. A year previously there had been room for only some 670,000 people, and at the beginning of the war the figure had lain somewhere between 300,000–400,000. But a crude comparison of this kind does less than justice to the actual achievements of the winter of 1940–1. In quality of accommodation, in equipment, in staff, and in all the subtleties of a more humane approach to people in distress, the rest centres of 1941 had nothing in common with those of September 1940.

In Scotland, the development of the various post-raid services was very similar to that in England and Wales, both as regards policy and financial arrangements.[1] It was not, however, until the Glasgow and Clydebank raids of March 1941 that many local authorities, whose preparations had lagged, began to take an active interest in the work. The next few months witnessed, as in England and Wales, intensive efforts to apply the lessons of air attack. The Scottish Department of Health established four flying squads to assist local authorities in operating information and rest centres, the work of inspection and supervision was increased, exercises, rehearsals, and courses of staff training were started, equipment was improved and schemes of mutual aid between authorities were planned.

Towards the end of 1941 a survey was made of the state of readiness of the emergency relief organisation, as it was called in Scotland. This showed that there were over 2,700 rest centres staffed by about 60,000 voluntary workers[2] and providing accommodation for 300,000 homeless people. These were backed by 220 information centres, sited, for the most part, in libraries, schools and halls, with an enrolment of 5,000 volunteers. The billeting organisation of the local authorities comprised some 9,000 officers. In comparison with the vague and inadequate schemes of 1939–40 all the services in Scotland eventually reached a high standard; but, apart from one raid on Aberdeen in April 1943, their operational efficiency was never seriously tested after the spring of 1941.

To supplement rest centre accommodation in and around certain towns with no large urban hinterland—or cushion area—in England, Wales and Scotland a number of hut hostels were erected. The object of this measure was twofold. First, to aid the clearance of rest centres in the event of heavy attacks and, secondly, to provide temporary

[1] Local authorities were informed on 18th March 1941 that the Government had decided to reimburse the whole of their approved expenditure on the care of homeless people (Department of Health for Scotland circular 32/1941).

[2] Mainly teachers, church workers, members of the Women's Voluntary Services and Women's Rural Institutes, and officers of the National Council of Social Service.

shelter for groups of workers, and their families, who had been rendered homeless and who were essential to the docks and to the renewal of the economic life of the bombed area. It was decided in May 1941, when these plans were drawn up, to provide for 200,000 persons. An acute shortage of men and materials, accentuated in 1942 by the building programme for the American Forces, inflicted a succession of cuts. By October 1942, when hostels for 27,500 persons were ready, the scheme had been reduced from 200,000 to 45,000 places.[1]

The work of first aid repairs to war damaged houses was nearing completion by August 1941. Over the whole of Britain approximately ninety-four per cent. of the houses had been dealt with, most of them receiving first aid only. In all, roughly 2,110,000 houses had been damaged or destroyed in England, Wales and Scotland by 19th June 1941.[2] The number destroyed and damaged beyond repair amounted to 113,000, while another 200,000 or more were so seriously damaged as to be uninhabitable without extensive repairs. London region accounted for sixty per cent. of all damage and destruction, the provinces and Wales thirty-nine per cent., and Scotland for just over one per cent.

As housing damage had proved to be for the civilian population the most important consequence of air attack, the provision of temporary shelter and, later, of repaired houses or fresh accommodation, was the biggest post-raid task of local authorities. Second in importance, but first in order of time, was the need to provide food and drink immediately a raid had ceased. This need had been demonstrated very quickly in London and, as a result, new services were hurriedly improvised there. But in most of the heavily bombed provincial cities emergency feeding had been only vaguely and inadequately organised during the winter of 1940–1. After that crisis had passed, improvement was rapid. By August 1941, with the responsibilities of the Ministry of Food now clearly defined, arrangements were complete for emergency services in 148 of the larger towns, with a combined population of 20,000,000. These services consisted of mobile canteens and 'emergency meals centres' stocked with foodstuffs and solid fuel cooking equipment. The centres were established in schools and halls near the outskirts of towns, and were operated by the local authority under the direction of the Ministry of Food.[3]

Behind these lines of defence, a chain of cooking depots was being set up in the middle of 1941 outside seventy-two of the most important towns. Each depot could supply within four hours 3,000 hot

[1] Hostels were provided near the following target areas: Barrow, Birkenhead, Bootle, Cardiff, Clydeside, Hull, Plymouth, Portsmouth, Sheffield, Southampton, Swansea, Teeside and Tyneside.

[2] The total number of dwellings in Britain was approximately 12,700,000 in 1939. See p. 277 above on the unreliability of housing damage and repair statistics.

[3] An account of emergency feeding arrangements will be given in Mr. R. J. Hammond's volumes on the history of food problems and policies.

meals for distribution in insulated containers anywhere within a twenty-mile radius. Many of these depots were ready to operate by the end of August 1941.

While these plans were being pushed forward, substantial progress was also being made among the other branches of the post-raid services. So many cities and towns of Britain had been heavily bombed at least once that they were at last convinced of the need to plan and prepare in advance. The details of the provision eventually made in every target area of the country are not essential to this narrative. The general lines on which the various services were developed have already been described elsewhere in this chapter and in the preceding one on London.

A study of many reports for 1941 and 1942 shows that there was still much local variation in the quantity and quality of the post-raid schemes. Nor had many provincial areas reached the standard of service achieved in London by July 1941. Nevertheless, in practically every area the arrangements were incomparably better than those which did duty in the winter of 1940–1. The country was now prepared, up to the limits imposed by the shortages of men and materials, for another assault by the enemy on the civilian population.

CHAPTER XVI

ARITHMETIC OF STRESS

THE chronological division of this book has now to be broken to a limited extent. In this and the following chapter the narrative looks backwards on the battles of 1940–1 and, at the same time, takes a forward view to the end of the war. The purpose is twofold. First, to gather together in comprehensive facts and figures some of the consequences of enemy air attack—by piloted aircraft, flying-bombs and rockets—to the civilian population and, secondly, to bring to an end the story of the post-raid services. There then remains to be told in subsequent chapters and against the continuing background of enemy attack and other war stresses the story of the evacuation and hospital services during the years 1940 to 1945.

For two-and-a-half years after the end of the first great series of raids there were no heavy assaults on Britain. Attacks of a different, and generally minor, character were delivered during 1942–3 as the German Air Force changed its technique, passed in strategy from the offensive to the defensive, and selected new targets for bombing. There were raids in the middle of 1942 on some of the cathedral towns; Bath, Exeter, Norwich, Canterbury and York. There were sudden and vicious bombings by day and night of small towns and villages in areas around the coast. These 'tip-and-run' attacks—as they were called—were frequent in 1942–3, and left behind many problems of broken villages, shattered schools and isolated distress.

The early months of 1944 witnessed a sharp resurgence of raids by piloted aircraft. These were on a heavier scale than the sporadic excursions of 1942–3, and most of them were directed on London. They ceased as suddenly as they began But London had only a few weeks of freedom before the flying-bomb attack opened on 12th June 1944. This lasted for about three months, during which time over 5,000 bombs, out of about 8,000 launched, fell on London and south-eastern England.

With the collapse of the attack by land-launched flying-bombs the enemy began to despatch these weapons from aircraft. This method of warfare never became a menace to the civilian population, but the next one did. On 8th September 1944 the first long-range rocket was fired at Britain. Once again, London was the chief target. The assault continued for seven months, and a total of 1,054 rocket incidents were reported on land. Of this number, 518 rockets fell within the London civil defence region. With the Allied advance into Holland in March

1945, when the launching sites were occupied, the attack ceased. The last rocket landed in Kent on 27th March, and the last enemy-action incident of any kind on British soil occurred at Datchworth in Hertfordshire on 29th March when a flying-bomb was again used.[1]

All these attacks on the civilian population from 1942 to 1945 reproduced many of the social problems of 1940–1 which have been described in the preceding chapters. But with one exception—the task of repairing the damage to homes caused by flying-bombs and rockets—the post-raid services were never seriously tested as they had been during the winter of 1940–1. It was then that the main test and all the imperative issues arose. Thus, the story of the post-raid services is nearly completed.

When these services were called into action again in London and the south-east of England they functioned smoothly and well. They did so despite the fact that most parts of the scheme, rest centres, canteens, information and billeting, depended to an even greater extent than in earlier years on voluntary and part-time workers. But these services had always rested in large measure on the labour of volunteers. That, perhaps, was their genius. They were economical of manpower in a war which, although it was said to be a war of machines, was increasingly hungry for men and women.

In assessing the operational efficiency of the post-raid services—and to a great extent the evacuation services as well—allowance has always to be made for this factor of voluntary labour. It was mostly part-time and was largely given by those who were too old or too young, or too much occupied with household, teaching and other tasks, for service in factory or uniform. Often it was but partly trained. It was constantly shifting and changing its composition. From the summer of 1941 onwards it rarely retained a core of tested experience.

In consequence, the plans and policies of Government depended in large measure for their operational efficiency upon personal and not easily calculable elements. To pass judgment on the results from the standpoint of a nation with abundant reserves of men and materials, and able to afford trained, full-time staffs, would be unreal and unfair. In measuring achievement it has also to be remembered that there was no such thing as complete efficiency for most of these services. Air crews could set oil dumps alight, fire parties put out fires, rescue workers rescue the injured; but the worker in the rest centre, billet or information office reached no such operational finality. He or she could diminish, but never remove, the sufferings of homeless people and the fears of evacuated children.

[1] Report by Air Chief Marshal Sir Roderic Hill, Air Marshal Commanding, Air Defence of Great Britain, on the German flying-bomb and rocket offensives 1944–5, published in supplement to *The London Gazette*, 19th October 1948.

At least one more factor has to be added to the list of incalculable elements which entered into the framing of policies for the protection of the civilian population. There was seldom a day in five years when enemy aeroplanes or flying-bombs or rockets were not over some part of Britain. Even if raiders were not signalled, there was always the threat of attack—a threat which touched not only the nerve-centre of Government, but many towns and villages throughout the country. A state of readiness became almost a permanent feature of life for those who manned the civil defence and post-raid services. A state of relaxation was not fully experienced until April 1945. Between the first bomb on Britain and the last, 2,019 days elapsed—a long and wearisome period during which, for the most part and for most people, nothing happened. But all the time there were threats; of bombs, of gas, of sabotage, of invasion and, at the end, of new and unsuspected horrors. At no time did the workers in the post-raid, evacuation and hospital services know when the next attack might come, whether it would be by night or day, what form it would take, which city would suffer, how severe destruction would be, or how long it would last. In these sectors, the enemy held the initiative almost to the end.

London was on duty for most of the war. Between the first and the last incident, the alert was sounded on 1,224 occasions. If these are averaged, it may be said that Londoners were threatened once every thirty-six hours for over five years, threatened at their work, having their meals, putting their children to bed, and going about the ordinary business of their lives.

In many ways it was a vastly different kind of war from the one expected. And the consequences, too, were curiously unlike those that had been feared. The contrasts between forecast and event, emphasised more than once already, will now be rather more comprehensively surveyed.

The weight of the attack actually delivered by the German Air Force was considerably lighter than that which, it had been thought, might be dropped on the country. According to the provisional estimates summarised in appendix 7, about 71,000 metric tons were dropped on the United Kingdom during the whole of the war. About 57,000 of these tons were dropped during the period to December 1941, and, of this quantity, about 8,200 tons were judged to have fallen in the London civil defence region.

The enemy appears to have claimed more than twice this tonnage. By a rough calculation based on certain German claims, the total would be around 174,000 tons.[1] The writer is not competent to estimate the proportion of this total that should be put down to

[1] This calculation, made by the writer, is explained in appendix 7.

untruthful propaganda. Probably quite a large tonnage of the bombs intended for British targets fell in the sea, in rivers, and, unknown to the British authorities, in remote areas of the country. But these speculations cannot be pursued any further. The remarks that follow are based on the figure of 71,000 tons provided jointly by the Air Ministry and the Ministry of Home Security. If further research should show this figure to be too low, then the estimates of injury and damage per ton would need scaling down.

Before the war it was considered that, in certain circumstances, the Germans might be capable of dropping 3,500 tons on London during the first twenty-four hours of an all-out attack, and an average of 700 tons a day during at least the first fortnight.[1] This would have meant a total of close on 10,000 tons in fourteen days. But, in fact, the weight of bombs dropped by piloted aircraft on London during the whole of the war did not reach this figure.[2] Nor did any of the daily claims made by the enemy approach the maximum of 3,500 tons. The greatest claim made was 1,184 tons on London on 19th April 1941.

While the estimated weight of attack had been pushed too high, it had been chiefly the exaggeration of the casualty rate for each ton of high-explosive that had led to the estimates of immense numbers of wounded and dead. The early chapters of this book have sought to describe how Government departments struggled to plan hospital and other schemes on the assumption of fifty to seventy-two casualties per ton of bombs. It was suggested that one-third of these casualties might be immediately fatal, one-third seriously injured and one-third slightly injured.

The repeated application of these constants, derived in the main from the fragmentary experience of London in 1917–8, led to some grim calculations of dead and injured civilians. One estimate, based on the hypothesis of an attack lasting sixty days, put the number of casualties at 600,000 killed and 1,200,000 injured.[3]

At no period of the war did the actual casualty roll amount to more than a small fraction of these calculations. The greatest number of casualties actually experienced in any one twenty-four hours was even below the 'conservative' estimate of daily losses put forward by the Air Staff in 1924, when the vulnerability of London was being discussed by the Committee of Imperial Defence. In all, about 60,000 civilians in Britain were killed during the war, 86,000 were seriously injured and 149,000 slightly injured.[4] The total was thus

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[1] See chapter I, p. 6.
[2] See table 2, appendix 7.
[3] See chapter II, p. 13.
[4] See appendix 8 for some notes on these casualty statistics and especially tables 3–6.

295,000 casualties with a ratio of one killed to 3·9 injured. There were, in addition, many people who sustained only very slight or trivial injuries—at a rough guess about 50,000.[1] Generally, they either treated themselves or went to their own doctors.

Any attempt to relate these figures to tons of bombs is beset with a host of difficulties. The number exposed to risk, e.g. the number of people living in the target area, is an important complication; for, as the density of population per acre declined, so did the casualty effect of each ton of bombs. In London there was a steep decline in the casualty rate even a few miles from the centre. These large differences in the casualty rates (both per 1,000 population and per bomb dropped) showed the great advantages of evacuation even for quite short distances.[2]

Another confusing factor is the number of people taking refuge in shelters of various kinds, particularly domestic ones. When the number was substantial, it usually had the effect of 'spreading out' the population over the target area. This factor operated chiefly at night-time, and thus tended to produce different casualty rates for night and day raids. During the day, people were not only concentrated in factories and offices, but they were also liable to be caught about the streets in large numbers. The Ministry of Home Security found that during 1940–3 the number of casualties per ton of bombs was roughly fifty per cent. higher in day raids than in night raids. Before the war it was generally believed that the enemy would attack during the day-time. The change in German tactics to night raids in September 1940, might, therefore, explain a part of the difference between the casualties expected and the casualties experienced during the raids of 1940–1. But it could explain only a small part, because although day raids were expected the estimated casualty rate per ton of bombs was calculated on the basis of night raids.

Many other factors complicate the problem of working out casualty rates; the type and power of the bomb used, the distance of fall of the bomb, the distribution of people in streets, gardens, buildings and shelters, the structure of buildings, the risks of injury from falling debris, the efficiency of rescue parties, the precision of bomb-aiming and so forth. The chance of a casualty occurring varied so greatly according to the relative importance of all these factors that only an

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[1] A report to the Ministry of Home Security on an analysis of casualty data suggested that twenty-two per cent. of the non-hospitalised casualties fell into this category.

[2] During September 1940 to May 1941, the casualty rate per 1,000 population in the outermost metropolitan boroughs, such as Wandsworth, Hampstead and Hammersmith, was only about one-third the rate in central boroughs like Bermondsey, Finsbury and Westminster. See also appendix 8 which gives some figures on the relative injury rates among children, adults and old people. These show the advantages of evacuation.

over-all rate can be given as some indication of the order of magnitude of risk.

From an examination of a mass of data it would seem that one metric ton of high-explosive, dropped in night raids by piloted aircraft on large cities in Britain, killed about four to five people, and injured between ten to fifteen—most of them only slightly.[1] The matter may, therefore, be summed up by saying that the total casualty rate per ton of bombs actually experienced by London and other large cities during 1940–1 lay between fifteen and twenty.

The difference between these figures and the pre-war estimates of fifty to seventy-two casualties per ton is far too wide to be explained on wholly technical or statistical grounds. Part of the explanation may lie in the effectiveness of the measures taken by the Government to protect civilian life and the fact that the Germans did not launch an attack on the outbreak of war. Other reasons may be found in the uncritical acceptance of historical evidence, in the lack of research concerning the effects of high-explosive bombs, in exaggerated ideas about the consequences of air bombardment and, finally, in a general over-estimation of Germany's striking power in the air.[2] All these reasons help to explain why the number of civilian casualties during the raids of 1940–1 was so much below what had been expected. The public mind of the nineteen-thirties in Britain and in many other countries, as well as the collective views of Governments, shared these pessimistic views about the menace of the bomb to human life. Perhaps the world paid too much tribute to this new instrument of war, and too much homage to the strength and ability of dictatorships.

As a means of mutilating and destroying the human body the bombing aeroplane was over-valued. Some part of its real effectiveness revealed itself with less melodrama than in the apocalyptic prophesies of the nineteen-thirties. Those visions of panic-stricken crowds and of mutilation and death had obscured the plain and humdrum problems of maintaining as going concerns the institution of the family and the business of living in cities.[3]

The two preceding chapters have described some of these problems as they arose during the attacks of 1940–1. It was shown that damage

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[1] In London region (January to May 1941) the total casualty rate per ton varied from 2·9 when there were less than five persons per acre to about twenty when density rose above forty per acre. For the whole region the rates were: killed 3·7 and injured 12·6 per ton. Birmingham (October 1940 to June 1941) had rates of: killed 4·2 and injured 11·7. Coventry's experience was very similar.

[2] The United States Strategic Bombing Survey, *The Effects of Strategic Bombing on the German War Economy* (1945), concluded: 'The world greatly over-estimated Germany's (air) strength' (p. 149).

[3] The value of the bomber as a means of damaging economic power and destroying industrial resources is a question which cannot be discussed in this book.

to homes, and the search for new places of shelter and rest, were among the more serious—if not the most serious—consequences of air attack on the civilian population.

Before the war, when the Government studied this problem of material damage, it was thought that destruction might be on such a scale as to rule out any question of compensation.[1] The basis for this view was an estimate that, in the first twelve months of air attack in a major war, at least 500,000 houses might be totally destroyed or so badly damaged as to call for demolition, that another 1,000,000 to 2,000,000 houses might be substantially damaged, and that damage to industrial property might be equally serious.

There are difficulties in comparing these estimates with what actually happened, because of the way in which house-damage statistics were compiled. Doubts about the accuracy of these statistics have already been expressed.[2] Perhaps their chief defect lay in the fact that a house, if damaged two or three times, was counted as two or three houses. The figures of houses totally destroyed or damaged beyond repair are, of course, much more reliable.

Up to the end of May 1944, that is, before the effects of flying-bombs and rockets had been experienced, it was estimated by the Government that 3,034,000 houses in the United Kingdom had been damaged but not rendered permanently uninhabitable.[3] Approximately 175,000 had been destroyed or damaged beyond repair, and 201,000 had been seriously damaged and rendered uninhabitable for a period of time. A great part of all this damage was sustained during the twelve months from September 1940.[4]

Although the attack delivered by the German Air Force was less heavy than that which had been expected before the war, it would seem, in comparing these figures, that in terms of the tonnage dropped the total damage sustained was greater than the total damage which had been expected. Even when some allowance is made for the imprecise counting of damaged houses—and perhaps one-quarter should be deducted on this account—the conclusion still holds good. It may be said, therefore, that the effects of one ton of high-explosive in damaging houses and in making people homeless were under-estimated before the war.

Scientists, as well as ministers, Government officials, and public opinion generally[5] overlooked the magnitude of the problem of

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[1] See chapter II, pp. 15-6.

[2] See chapter XIV, p. 277.

[3] Excluding instances of very minor damage like broken windows.

[4] The war damage statistics on which these paragraphs are based have been drawn from: *Statistics Relating to the War Effort of the United Kingdom*, Cmd. 6564, 1944; *Interim Report of the Medical Officer of Health of the London County Council for* 1944; statement on war damage supplied by the Department of Health for Scotland for the War History, 1st March 1947.

[5] See note on public opinion on p. 300 above (chapter XIV).

people without homes.[1] Both scientists and officials were, no doubt, handicapped by the lack of data derived from experiment and research into the effects of the high-explosive bomb. Nevertheless, there was material available before the war which could have led to comprehension and action.[2] When the raids came, the size and character of the problem of homelessness took the authorities by surprise. In general terms, one ton of high-explosive delivered on the built-up areas of London and other large cities destroyed or damaged beyond repair ten houses. Another twenty-five were rendered temporarily uninhabitable, and eighty were slightly damaged.[3] On the average, therefore, one ton affected 115 houses, made eighty people temporarily homeless, and caused another thirty-five to lose their homes permanently.[4] For every civilian killed, thirty-five were bombed out of their homes.

It is difficult to measure the total effect on the housing situation of enemy action of all kinds during the whole of the war.[5] To the complications that have been already mentioned, the flying-bomb and rocket attacks of 1944–5 added new ones. These attacks damaged or destroyed about 1,510,000 houses; but many of them had already sustained damage earlier in the war. If the figures for the two periods from 1940 to May 1944 and from May 1944 to the end of the war are added together, the totals for the United Kingdom are:

222,000 houses destroyed or damaged beyond repair,[6]
4,698,000 houses sustained varying degrees of light to heavy damage (some of it rendering houses unfit for occupation for several years).

[1] *Science at War* (Crowther, J. G., and Whiddington, R.), published by the Government's Department of Scientific and Industrial Research in 1947, describes the contribution of scientists to the war effort through the medium of operational research. In some passages dealing with civil defence problems it is said (p. 99): 'In June 1940, Professor J. D. Bernal and Dr. F. Garwood (then attached to the Ministry of Home Security) forecast the results of a raid by 500 enemy bombers on a typical English town. They happened to choose Coventry. They worked out what the effects would be from new data of the destructiveness of bombs, and their probable distribution on the town, as determined by statistical experiments. Some time afterwards, Coventry was attacked by about 500 bombers in the notorious raid. The forecast by Bernal and Garwood of the amount of damage and casualities was exactly confirmed when the results of this serious attack were surveyed. This feat gave the conception of a scientific bombing attack on Germany a new degree of reality and accuracy.' The number of bombers actually engaged in the raid was 330—not 500—and the number of bombs dropped was only half the number postulated by Professor Bernal and Dr. Garwood. Their forecasts did not draw attention to the probable extent of house damage, and no reference was made to the problem of homeless people.

[2] See chapter IV, p. 47.

[3] The damage caused by flying-bombs was much more extensive. One such bomb could cause damage in one way or another to about 1,000 houses in densely built-up London areas (Ministry of Home Security circular 90/1944, 11th August 1944).

[4] These calculations are based on the London raids during September to November 1940. They are only rough approximations, and they are subject to the same kind of qualifications as apply to ratios of casualties per ton of high-explosive.

[5] In these paragraphs on housing damage, the word house is used in the sense of a separate dwelling. A flat is therefore counted as a house.

[6] Estimated by the Ministry of Health in August 1946.

The first figure is likely to be approximately correct; but the second, which does not refer to 4,698,000 *different* houses, may carry a margin of error of from fifteen per cent. to thirty per cent.

It may be assumed, from a study of what material exists, that double-counting involved about one-quarter of the 4,698,000 houses.[1] In round figures, then, a total of 3,745,000 *different* houses in the United Kingdom were either damaged or destroyed during the Second World War. In other words, about two houses in every seven were affected in some way by enemy action. In heavily attacked cities, like Plymouth, Hull and Coventry, the proportion was much higher. Of all houses in Plymouth, for instance, eight per cent. were completely destroyed and sixteen per cent. were rendered uninhabitable until at least mid-1944. Thus, one house in four was put out of action, and a great many more were temporarily unusable.

The brunt of destruction fell, however, on London. Of all houses in the country completely wiped out, and of all 'damage incidents', nearly sixty per cent. applied to the London civil defence region. This area, with its 2,151,000 houses—or one-sixth of the country's stock—took more than half the damage and destruction. At the heart of the capital, the county of London itself, only about one house in ten escaped damage of some kind. Nearer the centre still, in the sector of Bermondsey for instance, only four houses in every hundred came through the war unscathed.[2]

The vast majority of the millions of people who continued to live in these 3,500,000 or so damaged houses emerged, at the end of the war, with a lower standard of accommodation and poorer equipment. The physical shell was not so good; there was less room because there were fewer houses and—since so much had been destroyed and so little made—furniture and equipment had steadily deteriorated. Personal expenditure on household goods was forced down, by the need to make war, by seventy per cent. within three years of 1939; it continued to fall until 1945.[3] Yet, by the end, 3,750,000 payments had been made by the Assistance Board for damaged furniture and clothing to about 2,250,000 applicants.[4] Nearly sixty per cent. of these applicants lived in the London region. The total of claims lodged with the Board of Trade for loss or damage to private chattels

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[1] This assumption was derived from a study by the writer (in collaboration with the Central Statistical Office) of a mass of material covering a large number of areas.

[2] All these figures exclude minor damage such as broken windows.

[3] In terms of expenditure at 1938 prices between 1938–9 and 1942–3 (table XXVI of *Statistics Relating to the War Effort of the United Kingdom*, Cmd. 6564, 1944, and table XIV of *National Income and Expenditure of the United Kingdom* 1938–46, Cmd. 7099, 1947).

[4] Including an applicant more than once if he applied in respect of more than one incident. In addition, about 50,000,000 clothing coupons were issued by the Assistance Board for damaged or destroyed clothing (*Annual Report of the Assistance Board for* 1945).

amounted, at the end of 1945, to £86,000,000,[1] a sum equal to over one-half of expenditure in the United Kingdom on all furniture and furnishings in 1938.

These were some of the direct and measurable consequences of air attack on homes. They rendered homeless, as chapter XIV has described, about 2,250,000 people during the first and most destructive phase of attack which ended in June 1941. They led, during the war, to over 53,000,000 attendances by men, women and children in the tube stations of London. They caused the central and local authorities to carry out more than 10,000,000 repair operations to damaged houses.[2]

The material damage to social institutions such as schools and hospitals also affected the home in a number of ways. Close on twenty per cent. of all elementary and secondary schools in England and Wales had been destroyed or damaged to some degree by July 1941.[3] Either children could not go to school for a time or else they were crowded together in larger classes. In London region, damage was inflicted on 687 occasions during the war to 326 hospitals and kindred institutions.[4] As a result, room in hospital was reduced and waiting lists grew longer.

But tons of high-explosive and incendiary bombs did more than all this. Their direct and material impression on the outward fabric of social organisation was more easily seen, more quickly grasped and dramatised, than the indirect. Yet it was often the prosaic and unobtrusive influences that affected most people. They twisted and marked the daily routine of life; meals were taken at different times and were often hurried by the impending note of the air-raid siren, while fire watching, civil defence and other war-time duties disarranged the quiet habits of the orderly. Sleep was something to be taken in instalments, often with other people and usually in uncomfortable, noisy places. There was more dirt about, much less ventilation because of the black-out, greater contrasts in air temperatures, and more risks of infection with the crowding together of people in shelters, tubes, rest centres, basements and other places.

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[1] Under the free cover given by the Government, and also in respect of the insurance policies taken out against war risks (*Board of Trade Journal*, 8th December 1945).

[2] The number of 'damage incidents' to private houses in the United Kingdom during the war totalled about 4,900,000. Repair work was generally carried out in two or three stages.

[3] Of 23,000 schools, 3,000 suffered minor damage and 1,000 were seriously damaged or destroyed up to July 1941.

[4] During the winter of 1940–1 many newspapers gave prominence to accounts of German attacks on London hospitals. *Front Line*, published by the Ministry of Information in 1942, also stated that hospitals were marked out for special attention (p. 14). A statistical analysis of damage by the Research and Experiments Department of the Ministry of Home Security showed, however, that up to February 1941, and except in three instances, hospitals had not received more than their share of random bombs.

During the winter of 1940 the Government greatly feared a typhus epidemic.[1] The accumulation of dirt, a rapid rise in the number of cases of scabies and skin diseases, and a generally favourable environment for the spread of infection, led to energetic preventive action by the Ministry of Health, the local authorities and experts from the London School of Hygiene and Tropical Medicine. A vigorous campaign for the immunisation of children against diphtheria was also started; the conjunction of air warfare and the distribution of free diphtheria prophylaxis providing a stimulus which hitherto had been lacking.

The kind of life that many people were forced to lead by actual or threatened air attack was often inimical to physical health, but such conditions were only a part of the wider problem of the stamina of a nation at war. Their effects cannot be disentangled from all the other elements, physical and mental, which accompanied and followed a long and exhausting struggle. The statistician can point, for instance, to the fact that about 6,500 more babies died from disease in Britain during the two years 1940–1 as compared with the average for 1938–9[2] when the infant death rates were relatively high compared with those recorded at the end of the war. The bombing of homes and the general disorganisation of life may have caused some of these excess infant deaths, but it is by no means clear that air attack was solely responsible. Other adverse factors connected with the war, economic, nutritional and social, such as the rise in the cost of living in 1939–40, may well have played a part.

Nor can the harmful influences of the war be isolated from those that were favourable to health. Some of the latter are easily identifiable; for example, the pouring of milk into children. Others can be identified only by asking complicated historical questions about the nurture of those who had to meet the test of war. The attempt to find a balance between so many varied and counteracting influences is bound to be difficult. It is postponed to the final chapter of this book.

Meanwhile, a few facts that can be precisely identified and measured are given here to illustrate, what may perhaps be called, the secondary effects of air warfare on civilian mortality. They show that the biological consequences of such warfare cannot be summed up solely in terms of those killed and injured by bombs; that many people died who would not have done so if the air weapon had not been used, and that many more sustained injuries which otherwise would not have befallen them.

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[1] See *Report of the Chief Medical Officer of the Ministry of Health*, 1939–45, pp. 171–86.

[2] Calculated from the death rates for 1938–41. In England, Wales and Scotland the infant mortality rate rose in 1940 and again in 1941. In the following year it fell back to the level of 1939 (see *Annual Reviews of Registrars-General*).

To establish these facts, an analysis was made of a part—but only a small part—of the vital statistics for the early war years. The tables are not reproduced here, but all the raw material can be found in the *Registrar-General's Annual Reviews for England and Wales.*[1] Two groups only were studied; children under the age of fifteen, and people aged over sixty-five. The populations at risk were not, therefore, affected by such factors as service in the Armed Forces. The figures given here, and designated 'excess mortality', represent the additional deaths in England and Wales during the war years in question over the peace-time averages for 1937–8.

The first question examined was accident in the home; that is, domestic mishaps resulting in death. In 1940, the year of the first heavy raids, there was a sudden rise in the number of children and old people burnt or scalded to death.[2] Clothing was set alight by domestic fires, candles and paraffin lamps; kettles, pans and tea pots were overturned; there were accidental falls into fires.

Another feature of the accident death rate was that more children were suffocated to death in their beds or cots. By 1941 mortality under this heading for those aged under five had risen by sixty per cent.; thereafter it subsided. During the years 1940–3 an additional 426 children lost their lives in this way—a number larger than the total of deaths caused by war operations among all women in the Armed Forces to (at least) the end of 1943.[3] Families had to sleep on basement floors, in domestic shelters and other crowded places. Improvised bedding and bulky pillows were used and people slept partly or fully dressed; often they were overtired and insensible to the cries of young children. It was in circumstances of this kind that 1,386 babies were suffocated to death during 1940–3—an excess mortality of 426 over the pre-war figures.

Among young children, accidental death, in simple and unexpected dress, was (and is) never far away. The war, with all its drabness of unlit streets, darkened rooms and stairways, brought it perceptibly nearer. Mothers stumbled in the gloom; mistakes were made with food and drink; the sudden note of the air raid siren, summoning fear, or the shuddering whine of a bomb, brought flurried haste and anxiety. Nearly 200 more babies died from 'suffocation by food' during 1940–3. The number dying because of the 'accidental swallowing of a foreign body' rose by fifty per cent. during 1940–2.

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[1] Annual Reviews (part I, medical) for the years 1936–43.

[2] There had been a similar rise in 1917. In particular, the number of deaths from burns and scalds among children aged 5–15 rose markedly in 1917; it corresponded with the recruitment of women into munition factories.

[3] In June 1943, the strength of the Women's Auxiliary Services of the United Kingdom stood at 461,000. The total number killed among all ranks throughout the war was 624 (Cmd. 6832, 1946).

Outside the home, children were less safe than before the war, despite a great decrease in the amount of traffic on the roads and the removal of large numbers of children from the cities to country areas. While the death rate from road accidents fell considerably among adults during 1940–3, many more children were killed. They were, in fact, the only group to suffer increasingly in this way. They did so because there was less schooling, less supervision, with fathers away and more mothers at work outside the home, and more need for children to shop and run errands.

The war, and particularly the lessons of air attack, created another risk for young children—the fascination of playing with water which so few city children normally enjoy. The emergency water tanks, provided on bombed sites and other places, supplied a new diversion for the adventurous. During 1940–3 an additional 756 children aged up to fifteen were drowned, not from bathing in the sea or at swimming baths, but in emergency water tanks, sewerage tanks, wells and elsewhere. About 130 children were drowned in the emergency tanks during 1941-5.

As among children, so too among people aged over sixty-five, the war years brought an increased risk of accidental injury and death. It is significant that the number of accidental deaths among elderly people began to rise in 1939, for it suggests that the black-out alone was responsible, whereas the rise among children did not really show itself until the bombing started in 1940. The effect of a war environment on the loneliness and limited capacity of old age to help itself led to an excess mortality during 1939–41 of over 2,300 elderly people from 'falling downstairs, out of bed, elsewhere in the home, out of doors, and in unknown circumstances'.

To unlock the doors of only a few homes with statistical keys of this kind, and to recreate but a fraction of the human situations which total war produced, tells its own story of pain and suffering. The circumstances of these domestic accidents cannot be recounted here; only the bare facts are known. These may now be summed up in three items:

1.	Number of excess deaths during 1940–2 among children aged 0–5 from accidents of all kinds	1,060
2.	Number of excess deaths during 1940–2 among children aged 5–15 from accidents of all kinds	966
3.	Number of excess deaths during 1939–41 among men and women aged over 65 from accidents of all kinds ..	4,471
		6,497

While this figure may not seem very large for three years of war, it may be observed for the historically interested that only about 6,700

seamen were killed by enemy action during the whole of the Revolutionary and Napoleonic wars of 1793–1815.[1]

The figure of 6,497 additional deaths, amounting to just over ten per cent. of the number of civilians directly killed by the enemy, measures, of course, only a part of the total mortality from accidental deaths attributable to the war. A comprehensive study would need to include all population groups, and it would have to extend to the factory, the workshop and other places of risk, as well as the home and the street. And those who would try to add up the total costs would also have to take account of lives shortened by injury,[2] not just during 1939–45 but in later years, and of the people who died prematurely leaving death certificates which made mention only of the action of their hearts and not of the circumstances that led to the end of life.[3]

Even if such a study were embarked on, it would not be possible to finish it. The biological cost of any war, let alone war on civilian society, can never be summed up with any finality. There are the men and women who are maimed and prevented from marrying, the children who have died because of a worsening in their physical environment, the adolescents who have contracted tuberculosis for some reason arising from the war, the babies who have not been born and cannot now be born, and all the defects and injuries, subtle and gross, which one generation hands on in irrevocable fashion to succeeding ones.

It is only part of the complete total, the direct and immediate cost of the war in civilian life, that can be definitely set down in figures. The figures are given in appendix 8. It is there shown that 62,464 civilians died as a result of war operations in Great Britain. In addition, about 86,000 were seriously injured, and about 150,000 were slightly injured. Approximately one-half of all these casualties were borne by London. Not until two years of war had passed did the number of civilians killed fall below the total of fatal casualties among soldiers, sailors and airmen. Not until over three years had passed

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[1] Excluding marine risk and deaths from disease. Estimated by Professor Major Greenwood in 'British Loss of Life in the Wars of 1794–1815 and in 1914–18' (*Journal of the Royal Statistical Society*, vol. CV, part I, 1942).

[2] Under the Government's Personal Injuries (Civilians) Scheme the Assistance Board paid temporary injury allowances to adults during incapacity until either the incapacity ceased, or a pension was awarded by the Ministry of Pensions. About 163,000 of these short-term injury allowances were paid by the Board, and up to 31st March 1948 the Ministry of Pensions had awarded about 46,000 war pensions to civilians and members of the civil defence services (*Report of the Ministry of Pensions for* 1939–48, 1948).

[3] For example: between 1939 and 1946 a considerable rise occurred in the recorded death rate from coronary disease and angina pectoris among men and women aged 45–55, 55–65, 65–75 and over 75. The percentage increase ranged between thirty-three per cent. and forty-six per cent. (Stocks, P., *Monthly Bulletin of the Ministry of Health*, February 1947.)

was it possible to say that the enemy had killed more soldiers than women and children.[1]

[1] For an explanation of what is covered by 'Service casualties' see Cmd. 6832 (Strength and Casualties of the Armed Forces and Auxiliary Services of the United Kingdom 1939–45). The figures of fatal casualties to men in the Armed Forces are set out below:

			Army	Total Armed Forces
3rd September 1939 to	2nd September	1941	12,840	47,209
,, 1941 ,,	,,	1942	9,422	26,268
,, 1942 ,,	,,	1943	28,119	47,481
,, 1943 ,,	,,	1944	39,053	58,542
,, 1944 ,,	14th August	1945	54,645	84,943
Totals to	14th August	1945	144,079	264,443

Source: Central Statistical Office.

CHAPTER XVII

ARGUMENT OF STRAIN

THE preceding chapter has shown how difficult it is to assess the material and physical effects of air attack on civilian society. But, in turning to mental health during the war, and more particularly the reactions of people to air raids, the task is infinitely harder. Dead bodies are indisputable facts; they can be counted, and within limits the immediate cause of death can be identified, analysed and interpreted. States of mind cannot easily be classified, let alone measured, especially by those who lack the perspective that only time can give.

It would also be wrong to suppose, however detached the approach may appear to be, that anything like objectivity can be attained in this field. Within the present limits of knowledge about human behaviour, there are few ascertainable facts that can be labelled either 'normal' or 'abnormal' and employed as verifiable statistics. A state of mind is neither absolute nor permanent; the experiences of the past cannot be separated from the experiences of the present or from the hopes and fears about to-morrow. What the Londoner thought about air attack during the years of approaching crisis, and between the outbreak of war and the bombing of Rotterdam, affected, for instance, his behaviour when the raids began in September 1940. For all these reasons this chapter is confined, first, to a statement about some of the expected and actual consequences of air attack and, secondly, to a tentative and limited interpretation of part of the available material.

Problems of morale have no doubt worried the leaders of armies and navies since organised battles were first staged. The singular thing about the Second World War was that the subject of morale among the civilian population—and not merely the fighting part of it—was being considered long before anyone believed that war was certain. There were, indeed, many speculations before 1939 about how men and women would behave under the stresses of air bombardment.[1] Much of the talk and the writing was empirical, for the expert—the psychiatrist—had little experience of such stresses, and he had to formulate his theories on the basis of what was known of the behaviour of individual men and women in sharply different circumstances.

It was not surprising, therefore, that ideas were often founded on

[1] See chapter II.

observations of Servicemen in the First World War, and sometimes of only those men who were judged at the time to have behaved in an abnormal way. This was not a sound method of thought. Apart from whether the observations and the ensuing deductions were faithfully drawn or not, it was assuming too much to conclude that the situation of the future would resemble that of the past; that the soldier and the civilian would be in much the same psychological environment; and that the soldier, because he was a member of a disciplined organisation, would be better equipped to meet the strain of air attack. This confusing of situations was one of the many reasons why there was before the war so much pessimism about civilian morale.

In simple terms, the experts foretold a mass outbreak of hysterical neurosis among the civilian population. It was expected that the conditions of life brought about by air raids would place an immediate and overwhelming strain upon the individual. Under this strain, many people would regress to an earlier level of needs and desires. They would behave like frightened and unsatisfied children, and they would demand with the all-or-none vehemence of infants the security, food and warmth which the mother had given in the past. Many recommendations were accordingly made for the handling and treatment of these people in the event of war, one being that, to assist morale, instructional centres should be set up immediately a city had been raided so that householders might be taught how to make a habitable shelter out of a wrecked or partially wrecked house.[1]

The civilian was compared unfavourably with the soldier.[2] The latter was thought of as a member of a group purposely trained and taught to face tasks which involved the possibility of death. He was in uniform, and the strict discipline under which he lived would, it was believed, save him from too much consideration about his own safety, except insofar as it touched the military efficiency of his group. But the civilian, isolated, unattached and unorganised, would have no such powerful checks to his desire for self-preservation. He (and she) would be expected to risk death to fulfil some quite inglorious task, like keeping the firm's ledger up to date or tightening bolts in a factory. The flood-gates, it was said, might therefore be open to the full expression of the urge for self-preservation. 'There is a real danger', a psychiatrist wrote, 'that he (the civilian) will seek, not security, but infantile security'.[3]

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[1] 'The utter helplessness of the urbanised civilian of to-day when confronted with the simplest tasks outside his ordinary work is likely to be a potent factor in inducing the impotent fretfulness that spreads rapidly in a war-time community' (Miller, E., Crichton-Miller, H., and others, *The Neuroses in War*, 1940, p. 195).

[2] See Hargreaves, G. R., Wittkower, E., and Wilson, A. T. M., *The Neuroses in War*, 1940 (pp. 178–9), and Rickman, J., *Lancet*, 1938, i, 1291 and *Brit. Journ. Med. Psychol.*, 17, 361.

[3] Crichton-Miller, H., *The Neuroses in War*, 1940 (pp. 184–5).

It is no exaggeration to say that in 1939 the leading mental health authorities in Britain feared a tremendous increase in emotional disorders and neurotic illnesses as soon as the Germans started to bomb.[1] That was the essence of the advice which they voluntarily gave to the Ministry of Health. But the Government, while also taking a gloomy view—a view which found expression in many acts of commission and omission—did not go so far as the psychiatrists who, in fact, suggested that mental casualties might outnumber physical casualties by two or three to one.[2]

It need hardly be said that what actually happened completely falsified not only the forecasts of the psychiatrists but the less pessimistic forebodings of officials. It is important, in trying to understand why these forecasts were wrong, to understand also how they came to be made. In attempting some tentative explanation, a generous allowance must above all be made for the oppressive atmosphere of the times in which these psychiatrists—along with everyone else—lived. They were as sensitive as other people to the pressures and persuasions of a world afraid of war. They may, indeed, have been more deeply affected than most people because the meaning and consequences of air bombardment to civilian society were to them a matter of great concern.

How powerful these contemporary forces were in moulding opinion on questions relating to individual or group behaviour may be illustrated by two simple examples taken from the early war years. During these years, when the life of the nation was in danger, values changed rapidly, yet the process was so imperceptible that many people were unaware of the effect it had on their attitude to other people and to questions of behaviour in a society at war. For instance, what was regarded in one year as merely bad behaviour was censured more severely in the next. Some evidence in support of this statement comes from the two examples. First, the proportion of civilian prisoners punished, particularly for 'idleness', rose significantly after the outbreak of war, and again in 1941 after the air raids.[3] Secondly, the

[1] R. D. Gillespie has described how he and his colleagues held long discussions, in the period after the Munich crisis in 1938, to decide how to meet the 'tremendous incidence of psychiatric disorders' that were expected once the Germans began the assault. Looking back in 1945 on these discussions he remarked: 'We might as well have saved our breath' (quoted in *The Effect of Bombing on Health and Medical Care in Germany*, Medical Branch, Summary Report, United States Strategic Bombing Survey, 1946).

[2] See chapter II, pp. 19–20.

[3] Between 1929 and 1938 the percentage of men and women prisoners in local prisons in Britain punished for breaches of regulations fluctuated between 3·9 and 4·8. The figure rose to 5·3 in 1939, 5·4 in 1940 and 6·4 in 1941. The trend was more pronounced among men in convict prisons. The average proportion punished in these prisons during the five years 1931–5 was 15·1 per cent.; in 1941 it was twice as high (31·8 per cent.), thereafter declining to 23·8 per cent. in 1943 (*Report of the Commissioners of Prisons and Directors of Convict Prisons for* 1942–4, Cmd. 7010).

proportion of boys aged under fourteen years who were ordered corporal punishment for offences of various kinds by magistrates' courts, which was falling before the war, rose during the two years of bombing (1940–1) by over six hundred per cent. Thereafter, the proportion declined rapidly.[1]

These glimpses of the moral effects of a nation conducting war—conducting it alone and hard-pressed by the enemy—suggest that the aspirations and prejudices of the moment may have been reflected in the birching of more little boys. And so, in a similar kind of way, the national temper during the fateful months which preceded and followed the Munich crisis in 1938 may have influenced the psychiatrists. The events of this period forced a great many people to face as never before the possibility of air bombardment. Until then, it was something that could be avoided. Now the possibility had to be accepted. But emotionally the horror was still rejected, more especially by those with powerful imaginations. It was at this time that the leading mental health authorities in London expressed their worst forebodings in a memorandum to the Ministry of Health.[2] These contemporary influences, while important, do not of course fully explain the origins of the alarm expressed by the psychiatrist and Government official alike. Other and even more complicated forces were at work which cannot, however, be discussed in this book.

Up to the end of 1948, no evidence was forthcoming to suggest that there had been any dramatic increase in neurotic illnesses or mental disorders in Britain during the war.[3] The air raids of 1940–1 did not lead to a rise in the number of patients with such illnesses attending hospitals and clinics; in fact, there was a decrease. There was no indication of an increase in insanity, the number of suicides fell,[4] the statis-

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[1] The numbers ordered corporal punishment during each of the years 1939–44 were: 58, 302, 531, 314, 165 and 37 (H. of C. Deb., 21st October 1946, vol. 427, cols. 317–8). A substantial rise in the number of birchings ordered by courts of summary jurisdiction also took place during the war years 1915–18 (*Report of the Departmental Committee on Corporal Punishment*, Cmd. 5684, 1938).

[2] See chapter II, pp. 19–20.

[3] 'One of the most striking things about the effects of the war on the civilian population has been the relative rarity of pathological mental disturbances among the civilians exposed to air raids' (Gillespie, R. D., *Psychological Effects of War on Citizen and Soldier*, 1942). 'Much had been heard of such legacies of the last war as shell-shock (so-called), of conversion hysterias, of anxiety states, of traumatic neurosis and neurasthenias. It was a source of almost universal surprise that, throughout the aerial bombardments of the civilian population in 1940 and 1941, very few of these conditions materialised' (Blacker, C. P., *Neurosis and the Mental Health Services*, 1946 (p. 22)).

[4] Only the suicide statistics for females can be used as those for males are distorted in wartime by recruitment to the Armed Forces. The employment of women in the Forces did not materially affect the figures for, at least, 1939–41. On the basis of an index of 100 for England and Wales for 1934–8, the female suicide ratio was 101 in 1939, 97 in 1940, 80 in 1941, 79 in 1942 and 80 in 1943. Cases of attempted suicide among women (known to the police in England and Wales) also fell to a low point in 1941. The amount of the fall was thirty-two per cent. on the 1938 figure. A decline in suicide rates among non-combatants is a usual accompaniment to war. The rate was

tics of drunkenness went down by more than one-half,[1] there was much less disorderly behaviour in the streets and public places,[2] while only the juvenile delinquency figures registered a rise.[3] But these figures, it is well to remember, are not suitable for employment as an index of either juvenile or adult neurosis.

One criterion used to estimate the morale of a group during wartime was the amount of absence from work immediately after a city had been heavily bombed. It was thought that if the vast majority turned up at the factories and shops there was not likely to be much wrong with morale. There may have been more anxiety, more general depression, but attendance at work ruled out an immediate collapse in standards or resort to what the psychiatrists called 'infantile security'.

The Research and Experiments Department of the Ministry of Home Security studied this question in detail, and reference has already been made to the inquiries concerning Bootle and Clydebank.[4] The main conclusion of all the Department's investigations (which covered many raided areas) was that absence from work for personal reasons was closely associated with the amount of house damage. No other factor was important. A worker whose home was rendered permanently uninhabitable lost on the average about six days from his job. This does not seem an unreasonable amount of time to spend finding a fresh home, and gathering the family together again.

An outbreak of trekking, of nightly movements from target areas by thousands of people, which gave rise to much concern in the spring of 1941, was also investigated. It was found that, except for workers whose houses were seriously damaged, no more time (in

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appreciably lower between 1915 and 1918 in belligerent countries (Great Britain, Australia, New Zealand, South Africa, Germany, Italy, U.S.A., Japan) and in non-belligerent countries too (Sweden and Switzerland). (For 1934–45 statistics for England and Wales see the Registrar-General's Annual Reviews).

[1] The annual number of persons found guilty of drunkenness in England and Wales averaged 51,506 during 1935–9. The figures for the war years were: 51,012 (1939), 44,699 (1940), 38,680 (1941), 25,900 (1942), 25,747 (1943), 21,295 (1944) and 19,368 (1945) (*Criminal Statistics, England and Wales*, 1939–45, Cmd. 7227).

[2] The number of persons in England and Wales found guilty of disorderly behaviour in the streets and public places (including the use of violent, obscene or abusive language) were: 17,379 (1938), 14,735 (1939), 13,342 (1940), 12,761 (1941), 11,963 (1942), 11,870 (1943), 9,631 (1944) and 7,805 (1945) (*Criminal Statistics, England and Wales*, 1939–45, Cmd. 7227).

[3] Many of the statistics and inquiries relating to the early war years were analysed and reviewed by Professor A. Lewis in a report on the 'Incidence of Neurosis in England under War Conditions', prepared for the Medical Research Council and published in the *Lancet*, 15th August 1942. See also *Neurosis and the Mental Health Services* (1946), by C. P. Blacker. This study gives the results of an investigation into a sample of over 28,000 clinic cases occurring during 1940–2 in England and Wales. In only about three per cent. of the cases was the disability connected by the psychiatrist with air raid experience, and at least one-third of these gave a history of psychiatric trouble.

[4] Chapter XV, pp. 312–4.

absence from work) was lost by those who trekked as compared with those who continued to sleep at home. The fact that many people chose to trudge off into the country each evening did not, by itself, imply a deterioration in morale. These people were afraid of the bombs; of dark hours of wakefulness, of listening, sometimes tense and sometimes nodding, for the drawn-out whine, and then the rumbling murmur of a house collapsing in the blackness. Above all, they wanted sleep; for sleep was forgetfulness and rest. And to sleep—if only in a barn—was to behave normally; to lie awake was abnormal. So they 'dispersed' themselves at night-time in much the same way as armies spread out their troops and transport as a precaution against air attack.

Trekking ensured for most of those who undertook it a good night's rest. The importance given to sleep during this period by the civilian population was sensible, for it was part of what Mr. Churchill called 'making a job of this business of living and working under fire'.[1] The tubes and the public shelters in London were other means whereby many people were able to sleep soundly. They were to Londoners what trekking was to the inhabitants of Plymouth, Hull and Merseyside.[2] As dusk approached each evening, long queues of people, laden with bedding, filed towards the tubes and public shelters. Inside, a preference for informal organisation, based on give-and-take and good behaviour, manifested itself.

Yet, for many years before 1940, the place of the public shelter in civil defence policy had often been misunderstood.[3] The Government feared to encourage a 'deep shelter mentality'; it did not want a lot of 'timorous troglodytes' on its hands. By 1940, the question of deep shelters had become so entangled with politics as a result of the activities of the Communists that few people could look at the problem objectively. The function of the shelter as a safety-valve for the badly housed, as a place to sleep in, and as a means of providing a feeling of warmth and security for those who found comfort in the actual presence of their fellows, was not properly grasped. This was partly because all-night raids were not expected, and partly because it was not realised that many of the poor of London did not violently object to sleeping together in rows; they had lived too long on top of one another to mind about any lack of privacy.

But, in fact, only a minority of people used these communal, underground refuges. At no period during the war did more than about one

[1] H. of C. Deb., 8th October 1940, vol. 365, col. 295.

[2] The Chief Constable of Lancashire, in a report on the 1941 raids, wrote: 'Actually there has been nothing, so far as I am aware, resembling panic and the people coming out of Liverpool have been quite cheerful and good humoured, but nevertheless quietly determined that they were going to spend the night away from the danger area.'

[3] This subject and the associated problem of conditions in public shelters and tube stations are the concern of the civil defence volume in this series of histories.

person in seven in Metropolitan London spend the night in a tube station or public shelter. This peak figure was reached some time during September–October 1940 when Londoners were being 'battle-conditioned'. In November, when the proportion had declined to one person in eight, the basements, railway arches, trenches and other public shelters were filled only to about forty per cent. of capacity. At this time, eight per cent. of the population were in public shelters, four per cent. in the tubes, one per cent. in surface shelters—making thirteen per cent. in communal shelters—while twenty-seven per cent. were in Anderson and other domestic shelters. Thus, among every ten persons six were sleeping in their homes in November 1940.[1]

In heavily bombed areas like Bermondsey, with many old, decaying and shaky houses, one-quarter of the people stayed in their homes, and another quarter slept in Anderson or surface shelters. The remainder (except for five per cent. on civil defence duties or night work) went to railway arches, tube stations and public shelters of various kinds.

After three months of the London raids, fewer people used these refuges. A survey of several South London boroughs, which were attacked in December 1940, showed that only about one-half of the number of people who had shelter accommodation within very easy reach actually made use of it, although they all had ample time to reach shelter between the sounding of the 'alert' and the first fall of bombs. It was estimated by the Ministry of Home Security that if these shelters had been used by those nearby the number of people killed and seriously injured among those exposed to 250 kg. bombs would have been reduced by one-half. By the beginning of 1941, most Londoners had probably reached some sort of working, though no doubt uncomfortable, arrangement with the conditions of life imposed by nightly air raids. In April 1941, the report of a survey in Islington and Southwark by the Ministry of Home Security concluded that 'very little notice is taken of an alert without noise'. A number of persons moved from an upper to a lower floor, and a small number went to shelters.

It cannot be assumed because there was no panic, no rush to safety, that there was no anxiety. There was without doubt a great deal, for fears and heartaches were inevitable in the circumstances, and many private terrors must have been stifled in the darkness.[2] It

[1] The population of Metropolitan London was approximately 3,204,000 in November 1940.

[2] Apprehension, worry, and the disturbed conditions of life generally, apparently meant for some unfortunate people with peptic ulcers an increased risk of hæmorrhage and perforation. Figures worked out by Spicer, Stewart and Winser showed a relationship between the fall of bombs and the incidence of ulcer perforations. A similar finding was reported from Germany, (Spicer, C. C., Stewart, D. N., and de R. Winser, D. M., *Lancet*, 1st January 1944, i, 14; Slany, A., *Wien. klin. Woch.*, 1942, 65, 171; and *The Effect of Bombing on Health and Medical Care in Germany*, Medical Branch, Summary Report, United States Strategic Bombing Survey, 1946).

was 'a time of raised eyes and apprehension, of ears opened to the lance-like descending whistle of high-explosives (a sound that made the sky seem so very high and wide) and the dull, smothered boom that had shattered some house somewhere away out in the darkened streets'.[1] If they were not to behave as the psychiatrists had expected, most people had therefore to come to terms with bombing. No community could withstand a warning of danger once (on an average) every thirty-six hours for over five years without coming to terms in some way or another.

For the family, one form of adjustment to the emergencies of air warfare was to divide, and for mothers and children to move to safer areas. For those members of the family left behind, at work, on Home Guard or Civil Defence duties, this allayed some of the anxieties. The great merit of the Government's evacuation scheme was that it did offer an outlet for a considerable section of the population, particularly the children. The Government was wise to retain the voluntary character of this conduit pipe to safety, despite the calls for compulsion from Parliament at the time of Dunkirk and again in the autumn of 1940. The scheme remained voluntary throughout all the raids, and it continued to function as a safety-valve for many Londoners. In such a war, safety-valves were indispensable to a society which placed more emphasis on co-operation than on compulsion. The evacuation scheme was one such outlet, shelters another, trekking a third, while the power of public opinion to force the Government to mend its ways and to clean up the rest centres and shelters, for instance, was the fourth and, perhaps, the most important.

People could use these temporary exits from danger—if they wanted to. That was the important fact for the majority of families;[2] the knowledge that these facilities were available if the strain became unbearable; the knowledge that compulsion to stay in their homes and run the risk of bombing was not being enforced by the Government, by poverty or by other factors. That is why the Government was right to bow in acquiescence when Londoners took over the tube stations in September 1940.[3] That is why the evacuation scheme was not a failure, even though the number who used it continued to fall as the months of bombing went by.

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[1] Sansom, W., *Westminster in War*, 1947 (p. 32).

[2] The word 'majority' is a necessary qualification for there were certain groups who could not use the evacuation scheme or to whom it did not apply. The position of these groups is discussed in chapter XVIII.

[3] Twenty-three years earlier, in September 1917, the Government of the day had been faced with a similar situation. The use of the tube stations as night shelters had been forbidden, but on 26th September and again on the following day, 'people began to flock into the tubes as early in the evening as 5.30 p.m. without waiting for any warning. By this time (according to a Government report) it had become clear that the use of the tube stations as shelters would have to be revised'.

It has already been pointed out that a great many people chose not to make use of the public shelters or the tube stations during the winter of 1940-1. To this fact must be added the further fact that fewer people left London during the nine months of air attack than during the two or three weeks before and just after the outbreak of war. The area of Greater London lost about twelve per cent. of its civilian population between June 1940 and June 1941, as against seventeen per cent. between June 1939 and 30th September 1939.[1]

The London population of September 1940 was not, of course, composed of exactly the same people as a year earlier. The comparison is not, therefore, of like with like; for there may have been a section who needed evacuation more than the rest. If this section—which, judging by the amount and speed of the return movement, seems to have been relatively small—left London in 1939 and stayed away, then it is arguable that the September 1940 population had already been, to some extent, sifted and selected as resistant to evacuation. But much of this is supposition. What does stand out is the order of magnitude of the two figures—the fact that 500,000 fewer people left Greater London during the bombing of 1940–1 than at the outbreak of war. In some senses, the phantasy of air attack may well have been worse than the reality, partly because phantasy seldom provides for the relief of tension through action. Moreover, to most adults the world of phantasy is a lonely world; unlike action, it does not usually permit co-operation and friendliness.

No objective or comprehensive explanation can be given of all the reasons, and combination of reasons, trivial and important, rational and irrational, which led so many families to decide during 1940–1 to stay where they were. There was no single or simple pattern of

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[1] The loss of population from the following areas, after making adjustments for births and deaths and for the enlistment of civilians into the Armed Forces, was as follows:

	Loss between mid-1939 and 30th September 1939	Loss between mid-1940 and mid-1941
Greater London	1,444,000 (17% of mid-1939 total population)	914,000 (12% of mid-1940 civilian population)
Liverpool and Bootle	86,500	62,400
Birmingham and Smethwick	50,000	31,100
Manchester and Salford	123,700	13,900
Sheffield	13,200	2,200
Leeds	33,000	+16,400 (increase)

The figure for Greater London in the second column overstates the actual number of people who left primarily because of air attack. It includes an unknown number of transferred war-workers and their families and other categories of employees who had to move with the migration of industries to safer areas. On the other hand, the figure in the first column is likely to be an understatement. As air attacks did not develop immediately, an unknown number of people returned to London between the outbreak of war and 30th September 1939. The combined effect of these two factors would, if known, widen the difference between the population movements for 1939 and 1940–1.

motives. A few good reasons may, however, be mentioned in general and more or less speculative terms.

Many parents knew that they could send their children away if they decided to change their minds. But some—and especially the mothers—had already experienced evacuation, and for many that was enough.[1] For these and other parents, the shelters, both public and domestic, offered an alternative to evacuation and, what was particularly important, a way of keeping the family together. The solidarity of family life, as a principal factor in the early collapse of the first evacuation scheme, has already been discussed in chapter X against the background of other social and economic factors. By the end of 1940, the stable base of the family seemed even more worth while when external danger had been experienced, for by then the comfort which the members of the family could give each other had been sensed and appreciated. Separation was harder to bear when familiarity with bombing had bred a certain philosophy of adjustment, and when danger to life had brought a greater cohesion to society in general and to the family in particular.

In the circumstances of 1940, the bases of sound morale among the civilian population rested on something more than the primary needs of life. Of course, the maintenance of food supplies, the provision and repair of homes, and security of employment were always of first importance. But other things vital in time of war mattered no less. Leadership was one, the sense of common effort and sacrifice was another. Self-control was easier when there was no awareness of injustice arising from the way in which the primary wants were met. The knowledge that large numbers of those who were privileged in the community were also carrying on with their work and facing the risks that ordinary people faced, the knowledge that such facilities as the evacuation and shelter schemes were available and were not limited to particular groups—here were important foundations of morale. The universal availability of services which often were not universally used had the function of 'shock-absorption'.

The rest centres, the feeding schemes, the casualty services, the compensation grants, and the whole apparatus of the post-raid services both official and voluntary occupied this role of absorbing shock. They took the edge off the calamities of damage and destruction; they could not prevent, but they helped to reduce, a great deal

[1] In November 1940, the London County Council arranged for some 151,000 households to be visited as part of the Government's propaganda drive to empty London of children. About five per cent. of the parents said they would evacuate their children and another fourteen per cent. promised that mothers and children would go away together, but thirteen per cent. replied that members of the family had been evacuated before and were too dissatisfied to consider leaving again. Many of those who promised to evacuate did not, in fact, do so. For a variety of reasons, the rest (sixty-eight per cent.) said that mothers and children either would not or could not leave London.

of distress. Like the civil defence services, these schemes encouraged people to feel that they were not forgotten. They rendered much less likely (in William James' phrase) an 'unguaranteed existence', with all its anxieties, its corruptions and its psychological maladies.

What this period of the war meant to a great many people was less social disparagement. There was nothing to be ashamed of in being 'bombed out' by the enemy. Public sympathy with, and approval of, families who suffered in the raids was in sharp contrast to the low social evaluation accorded to those who lost in material standards through being unemployed during the nineteen-thirties.[1] The civilian war of 1939–45, with its many opportunities for service in civil defence and other schemes, also helped to satisfy an often inarticulate need; the need to be a wanted member of society. Circumstances were thus favourable to fuller self-expression, for there was plenty of scope for relieving a sense of inferiority and failure.

Looking back on these events after a lapse of many years, it could conceivably be argued that to some people the air raids brought security—not the security which spells passive acquiescence, but that which allows and encourages spontaneity. The onset of air raids followed a long period of unemployment. One thing that unemployment had not stimulated was an active body or mind.[2] It might be suggested—though it cannot yet be asserted—that the absence of an increase in neurotic illness among the civilian population during the war was connected with the fact that to many people the war brought useful work and an opportunity to play an active part within the community. The proximity of death, the spread of physical hardship, and the ubiquity of destructive forces which were more intelligible to the ordinary man than the working of economic laws, gave existence a different meaning, and old fears and responsibilities less significance. In the transparency of life that marked the days of bombing, wrote Miss Bowen, 'the wall between the living and the living became less solid as the wall between the living and the dead thinned'.[3] New aims for which to live, work that satisfied a larger number of needs, a more cohesive society, fewer lonely people; all these elements helped to offset the circumstances which often lead to neurotic illness.

Some of these elements had been manifest during the First World War. After 1918, a Government report drew attention to a remarkable fall in the claims for sickness benefit from the civilian population

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[1] It is worth remarking here that the long-continued crisis of unemployment produced only a handful of psychological studies in contrast to the thousands devoted to the neuroses of war.

[2] Busemann, studying the effect of parental unemployment on children's efficiency and activities at school found, for instance, that the school marks of children whose parents became unemployed dropped considerably (Busemann, A., *Pædagogische Milieukunde*, Halle, 1932, p. 359).

[3] Bowen, Elizabeth, *The Heat of the Day*, 1949 (p. 87).

during the period of hostilities.[1] This was attributed to a universal 'will to work' which, under the stress of national necessity, dominated the people during the years when 'the fate of the country hung in the balance'. Lasswell, writing some years later on the significance and purposefulness of life in wartime, gave full rein to his imagination: 'men with uncongenial spouses, wives with uncongenial husbands, youths with suppressed ambition, elderly men with their boredoms and faint yearnings for adventure, childless women and some wifeless men, the discredited ones who pine for a fresh deal in the game of life; all, and many more, found peace from mental fight'.[2]

The Second World War, while providing many opportunities for people to be useful members of a society with a single-hearted aim, was much less romantic than the first. It was also a longer war encompassing far more people; it dawdled intolerably between phases of action; it was more sternly and austerely conducted, and, except for some of the selfish ones, it was a more uncomfortable, physically upsetting war than 1914–18. In short, it imposed on a much larger part of the population the need to make a greater degree of adjustment in their personal lives for a much longer period.

The reaction to air raids by the mass of the people rested, in large measure, on this matter of adjustment. The capacity to adjust, and the extent to which people did in fact adjust themselves, depended on many factors. Some of the essential requirements for the development of sound morale have already been mentioned; leadership, an equitable sharing-out of food, shelter and social services, a job to do in a stable economy, and the provision of social safety-valves ranging from voluntary evacuation schemes to various mechanisms whereby public opinion could be effectively expressed. But these, by themselves, were not enough.

Many people were helped to withstand the grossly abnormal situation of continuous air bombardment by being among their families and friends. The individual's responsibility to his family, whose respect he valued, was thus encouraged to develop its maximum strength. This applied in particular to the poorer sections of the population, for among those with little property and social esteem, family members and family relationships are extremely important. With his own family the individual is, and what is more feels like, 'somebody'.

The maintenance of physical contact between the members of a social unit also helped to meet another imperative need in time of war; the need to be related to the world outside, to ideas, values and social patterns that bestow a sense of 'belonging'. When threatened with death, moral aloneness becomes to man even more intolerable

[1] *Report by Government Actuary on the Valuation of the Assets and Liabilities of Approved Societies as at 31st December* 1918.

[2] Lasswell, H. D., *Propaganda Technique in the World War*, New York, 1927.

than in peacetime, and perhaps more hurtful than physical isolation.[1] In certain of these respects, the civilian had advantages over the soldier, separated as he was from his family and often from his social group.

Yet, before the war, some psychiatrists had considered that soldiers might stand the strain of air attack better than civilians. But the truth may be found to point in the reverse direction when all the evidence has eventually been sifted.[2] The civilian was freer to adjust himself than the soldier; in his environment there was often more scope for individual responsibility to flourish, and he was not usually cut off, as the soldier was, from his family.

It was just this factor of family separation which had received insufficient attention before 1939 from the psychiatrists and those experts in mental health who advised the Government. The most prevalent and the most marked symptom of psychological disturbance among the civilian population during the war was not panic or hysteria but bed-wetting.[3] Its importance as a social problem was demonstrated as a result of the evacuation of children, and observations showed that it was primarily caused by separation from the family.[4]

Many people discovered for themselves during the raids that the best prescription for stability was to keep the family together. Resistance to evacuation grew in strength after the first few weeks of London's bombing until, by November 1940, almost as many children were returning to London as were leaving. And this was while London was still being bombed nearly every night. So poor was the response to the Government's repeated plea to 'get the children away' that compulsory measures were thought, at one time, to be inevitable. The refusal of wives and mothers to be separated from their husbands and their older children was even more marked.

All this is understandable if it is accepted that a stable society rests on the basis of stable family life. A threat to society implies a threat to the family, and when the physical hazards of air attack were present, families naturally tended to close their ranks. Staying at home, keeping the family together, and pursuing many of the ordinary activities

[1] Fromm, in developing the theme of man's compelling need to avoid moral aloneness, asserts that the sense of individual isolation and powerlessness has become much more pronounced during the present century (Fromm, E., *The Fear of Freedom*, 1942).

[2] There is some suggestion of this in the *Report of an Expert Committee on the Work of Psychologists and Psychiatrists in the Services*, H.M.S.O., 1947. See also 'War Neuroses', Simmel, E., in *Psycho-Analysis To-day*, edited by Lorand, S., 1948, pp. 227–48.

[3] This problem was discussed in chapter VIII, pp. 120–5. Significantly, the Curtis Committee on children deprived of a normal home life found that bed-wetting was the most frequent complaint in the institutions, and that it was often accompanied by 'backwardness and destructiveness' (Cmd. 6922, 1946, pp. 66–7 and 84–5).

[4] See *Report on Children's Reactions to the War* by J. L. Despert, which contains a critical survey of the literature (New York Hospital and the Department of Psychiatry, Cornell University, 1942). See also chapter XXI of this book, pp. 438–41.

of life made adjustment easier. Men and women clung to these things, for they symbolised normal life, and helped them to minimise the abnormal situation.

Pessimistic views before the war about civilian morale were partly due to the assumption that air raids would tax the limits of potential adjustment. Events showed that most people had a greater capacity to adjust themselves than was thought possible: a tough resilience to the changed conditions of life imposed on them. Nor was it realised that there would be such a widespread and spontaneous development of ways of keeping up morale; friendliness, the constant talk about bombs, the attitude of 'if it's got your number on it', and a preoccupation with apparently frivolous activities like going to the pub as usual or having a permanent wave.

There were also compensations about this civilian war, as Sansom noted in his story of Westminster.[1] Certain responsibilities were pushed off or postponed. Others were assumed, but of a different, a more vivid, a shorter-lived nature. 'There are sensations of new virility, of paradoxical freedom, and of a rather bawdy "live-for-to-day" philosophy. New tolerances are born between people; offsetting the paleness of worn nerves and the lining of sorrow there occurs a marvellous incidence of smiles where smiles have never been before: an unsettling vista of smiles, for one wondered how unsympathetic life could have been before, one was ashamed to reflect that it had needed a war to disinter the state of everyday comradeship.'

It was not altogether remarkable that people who were dug out of the ruins of their homes first asked, not for food or safety, but for their false teeth. Nor was it just an odd streak of personality that made mothers in rest centres and shelters more worried about awkward behaviour by their children than about death. The only possible way—as these mothers found—of dealing with death was to ignore it. Keeping ledgers up to date, worrying about false teeth, and correcting the manners of children affirmed the individual's confidence in life and, in the process, maintained morale.

While a few brief and hesitant reasons have here been offered to explain the absence of any breakdown in mental health during the air battles of the Second World War they do not rule out the possibility of some harmful psychological effects. Anxiety may have been temporarily suppressed; conflicts with 'conscience' may have been masked, and it is conceivable that the effects of air bombardment could manifest themselves among some people after, and not during, the war. Moreover, and taking a longer view, it could be said that the neuroses of one generation may be an expression of the mental condition of an earlier one. But what form all these troubles would take, if

[1] Sansom, W., *Westminster in War*, 1947 (p. 12).

they did appear, is not for the present writer to say; for the problem cannot be studied without reference, not only to air raids, but to all the other consequences of a long war and a difficult period of adjustment to peace.

PART IV

The Long Years

CHAPTER XVIII
EVACUATION: SECOND MOVEMENT

PREVIOUS chapters have told the story of the first great exodus from the cities in 1939 and of that smaller flow of population towards the west in the summer of 1940 as the likelihood of air attack and the threat of invasion increased. The subject of evacuation is now resumed, and in this and subsequent chapters the story is carried forward from 1940 to the end of the war.

When the bombing of London began in September 1940 it set going the second great exodus—the first, however, to take place under battle conditions; in time, the longest of any during the war, and in character the most difficult to deal with because of the competing demands for house-room in safer areas from workers in the new war production factories. A comparison of the statistics for this population movemedt with those for other movements during the war shows that, in terms of the number of mothers, children and other evacuees concerned, the second movement was smaller than the first, and the third—in 1944—was smaller than the second.

From the beginning to the end of the war, just over 4,000,000 people in Britain, mainly mothers and children, were helped by the evacuation schemes to stay for a time in safer areas of the country.[1] This great uprooting of human beings from their homes took place in three big waves of diminishing strength, each connected by a slender, continuing trickle. The first, which accounted for about 1,450,000 people, was carried through within a few days at the outbreak of war. In the spring and early summer of 1940 a further 300,000 or so were moved to safer inland districts from London, certain towns on the coast and other areas. This was the prelude to the second big wave which moved about 1,250,000 people. It spread itself over a much longer period of time than the first; for the number evacuated rose and fell largely in response to changes in the weight and geographical distribution of air attacks. As the enemy withdrew his bombers the flow of evacuees subsided until, by 1942, only a small trickle was reaching the reception areas. The third wave, affecting around 1,000,000 people within two months, irrupted violently in the summer of 1944 when flying-bombs were flung at London and south-eastern England.

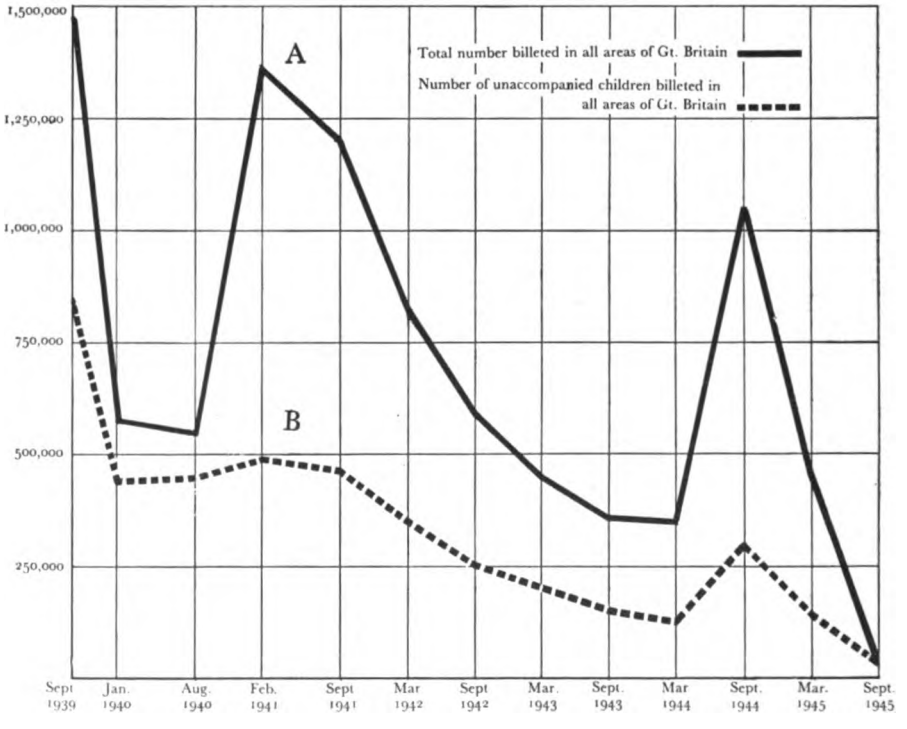
The figure of 4,000,000 people over-states the total number of individuals who experienced some spell of evacuation. Many left their homes several times, particularly Londoners who had to face more than other city dwellers the turmoil of separation from home and

[1] See appendices 10 and 11 for the statistics of war-time evacuation.

family. Nevertheless, the figures do provide a rough guide to the strength of each movement during the different phases of the war. They do not, of course, include those people who made their own arrangements to stay in less dangerous areas of the country. An earlier chapter, examining the total movement of population during the period of transition from peace to war, concluded that about 2,000,000 individuals left London and other large cities without help from the Government.[1] No parallel analysis is possible for later periods of the war. A study of food registration figures and other data suggests, however, that the scale of private evacuation diminished as the war went on at least as markedly as did the volume of official evacuation, and possibly in greater measure.

The accompanying diagram depicts the important phases in the history of evacuation.[2] Line A represents the total number of persons billeted or otherwise accommodated under Government authority and includes, as well as mothers and children, teachers, helpers, the aged and infirm, homeless people and other assisted groups. Line B

GOVERNMENT EVACUATION SCHEME 1939-45



[1] Chapter VII, appendix 2.

[2] Based on local counts of evacuees taken generally at six-monthly intervals throughout the war. The figures are given in appendix 9.

picks out only the unaccompanied children. The fluctuating level of this line more truly reflects, not only the changes in the responsibilities assumed by central and local government, but the continuing weight of the burden voluntarily accepted by householders in caring for other people's children from the areas of danger. It is an index of domestic work, voluntarily undertaken and inconspicuously rewarded. That the care of child evacuees began and remained a voluntary burden needs to be emphasised, for the compulsory billeting of children was seldom resorted to during the five years in which evacuation formed an essential part of the Government's civil defence policy.

Many of the problems thrown up by the first evacuation were repeated during the second movement and later in the war. Many new problems also arose as the evacuation scheme was tested in battle conditions. Together, they led to changes in policy, to a broadening in the scope and character of Government aid, and to important developments in the field of social welfare. The problems which dominated the scene during 1940–1 divide themselves into two broad groups. The first, chiefly concerned with questions of dispersal and settlement, are discussed in this chapter. The second, mainly an assortment of administrative and social issues bound up with the provision of billets and welfare services in the reception areas, are dealt with in the next chapter.

In the summer of 1940, a few weeks before the heavy raids began, there were only about 460,000 children and 60,000 adults billeted in safer areas of England and Wales. About half of these children—some of whom had come from towns on the coast—had been evacuated as recently as May to July 1940. Scotland had only 27,000 evacuees still away of the original exodus of 175,000 from Glasgow and other cities. While, therefore, something had been saved from the first evacuation, and something gained from the operations in the early summer of 1940, much of the work of dispersing mothers and children, particularly from London, had to be done all over again. There were, for instance, over 520,000 children of school age in the London evacuation area in September 1940.

Although, measured in numbers, the problem was nearly as great as at the outbreak of war, the Government, warned by experience, considered it necessary when the raids began to proceed more cautiously with schemes of evacuation. It was believed that much of the goodwill of householders and local authorities had already been lost, perhaps irretrievably. The sensibilities of the reception areas were this time more prominent in the minds of the policy-makers.

But caution in the re-opening of evacuation facilities was soon discovered to be unnecessary, for, as earlier chapters have explained, resistance to evacuation steadily hardened as Londoners became familiar with air raids and shelter life. Opportunities for mothers and

children in the Metropolitan area to evacuate with Government help were, therefore, widened, and different forms of assistance were offered, first to allow and then actively to encourage members of the priority classes to leave for safer districts. The main staple of the service was the scheme for sending out groups of schoolchildren (without their mothers) in organised parties under escort to pre-determined destinations. The London County Council handled all the complicated operational arrangements not only for its own area but for many other nearby areas in the Home counties, while the Ministry of Health allocated the parties to different reception districts according to its knowledge of the housing situation, the need for billets by workers in new and transferred war industries, the requirements of evacuees from target areas elsewhere and other considerations.

Unlike the exodus of 1939 there was no mass evacuation; instead, a daily or weekly stream piloted through different channels into areas of relative safety according to the circumstances of the moment. During September 1940, about 20,500 unaccompanied children were despatched from the Metropolitan area in organised parties. In October, there was a marked drop, and Ministers began, for the first time, to discuss ways and means of compelling parents to send their children away. In December, few doubts remained about London's attitude to the raids, for only 760 children were evacuated in organised parties. It was in this month that the Government was forced to relinquish the idea of compulsion after every conceivable method of enforcement had been explored and debated. All that resulted was an Order under Defence Regulation 31C. This gave the authorities power to send away from the area of Greater London any child certified to be suffering or likely to suffer in mind or body as a result of enemy attacks.[1] During the whole of 1941 only about 470 children, most of them under five years of age, were sent away under this order.

Between 15th September 1940, when the first party left London, and the end of September 1941, close on 60,000 unaccompanied children were evacuated in organised groups. These children were despatched to predetermined reception areas at first at the rate of several parties a week and then at longer intervals—hence the name given to the scheme of 'trickle' evacuation. The total of 60,000 amounted to only fifteen per cent. of the number of unaccompanied children sent away in the mass exodus of 1939—when there were no bombs.[2] On the other hand, the number of London children who went away with their mothers during 1940–1 was somewhat larger than the total of the unaccompanied group—a reversal of the position in 1939.

The arrangements for the organised evacuation of mothers with

[1] S.R. & O., 1940, No. 2150, and Ministry of Health circular 2261, 8th January 1941.
[2] In 1939 the figure for the Metropolitan area was 393,700.

their children were suspended after the troubles of 1939, and only cautiously re-started a fortnight after the heavy bombing of London began.[1] At first, these facilities were restricted to homeless mothers and children in a few East London boroughs. But the response was small—much less than had been expected—and well within the capacity of the administrative machinery and the transport available. As a result, the scheme was widened to include all mothers with children of all ages in the whole of the Metropolitan evacuation area. In November 1940, any fears of the scheme being swamped by an overwhelming demand had completely disappeared, and an intensive propaganda campaign was launched by the Ministry of Health and the local authorities to persuade all mothers and children to leave London. By the end of September 1941 about 129,000 mothers and children had been sent away in organised parties. Nearly seventy per cent. of this group left in a single month—October 1940.

In addition to these schemes of organised evacuation, two other conducted services were also operating; the evacuation from London each week of about 150 to 200 expectant mothers and some sixty to seventy children aged under five. The mothers went to the emergency maternity homes in the reception areas, while the children, who for some very good reason such as serious maternal illness could not be taken out of London by their mothers or sent to relations or friends, were placed in residential nurseries or specially selected billets in the country.[2]

Thus, there were four distinct groups in the Metropolitan area who were provided by the Government with an evacuation service which included transport, reception, the arrangement of accommodation and the payment of billeting or lodging allowances. Since the service carried with it the guarantee of accommodation of some kind in a reception district, it was considered that these evacuation facilities could be extended only to those who, in the last resort, it was possible to billet compulsorily on householders. Children could be billeted compulsorily; some other classes could not. That was the chief reason why an organised evacuation service was never made available to homeless families, the aged and the infirm. The Government took the view, and in this it was generally supported by public opinion, that householders could not be compelled to accommodate old people, for instance, in their homes. Another reason advanced against an organised evacuation service for such people was the limited quantity of billets available—or thought to be available—in reception districts. If bombing went on for a long time and the billeting situation worsened some reserve must be held for mothers and children. Above all, if house-room had to be strictly rationed then

[1] See chapter XIV, pp. 285–6.

[2] Brief references to these two schemes are given elsewhere in this book. Detailed accounts of both will be included in a second volume in this series of histories.

mothers and children came first. Those who were old and infirm and who could not make their own arrangements to leave would, therefore, have to remain in the bombed cities.

In an effort to assist and encourage evacuation among certain groups of people who could not be imposed on strangers as easily as unaccompanied children, the device of providing billeting certificates and free travel vouchers for those who found their own accommodation was greatly developed. These certificates were not backed by direct or indirect compulsion; but they entitled the holders to free lodging allowances which were paid to the householders. This scheme, known as 'assisted private evacuation', proved to be a valuable aid to the general policy of dispersal. It was publicly announced in June 1940, and was first used as a means of promoting the evacuation of mothers with children under five years of age from certain areas on the coast. It relieved the Government of responsibility for finding accommodation, and thereby avoided the risk of another wave of resentment arising in the reception areas against the mothers from the towns.

From October 1940 onwards, the facilities under this scheme were extended to other groups and to an increasing number of bombed areas.[1] Mothers with children of school age or under, expectant mothers, and aged, infirm, invalid and blind people were issued with these billeting certificates and free travel vouchers if they were able to make their own arrangements to stay in either neutral or reception districts. Homeless people of either sex were also offered these facilities, and they were allowed to settle in any area (including London) except certain parts of the country which were put out of bounds—for instance, various towns on the coast. The Government's desire to accelerate the dispersal of mothers and children and its anxiety in 1940 over the accumulating number of homeless people in London helped to bring about these developments in evacuation policy.

The more diversified policy became, the more, however, it led to administrative complications. Attempts were made, for example, to recover from some of these evacuees and homeless people part or all of the costs of accommodation in hostels and requisitioned houses.[2]

[1] The scheme eventually covered all priority groups in the Metropolitan evacuation area, in the evacuation areas on the coast, and in many of the heavily bombed towns in the rest of the country (Ministry of Health circular 2170, 9th October 1940, and Notes for Billeting Officers, August 1941).

[2] The groups from whom recovery was attempted included: mothers with children from evacuation areas if the mothers were normally the wage-earners or if the husbands joined the families in a reception area, homeless people from any area, persons from the evacuated towns on the coast, young workers previously billeted as schoolchildren, and blind, infirm and old people. The arrangements for recovering from parents part of the costs of billeting unaccompanied children were described in chapter X. The recovery of costs also applied in different forms to evacuated expectant mothers, the parents of children aged under five in residential nurseries and various other groups (Ministry of Health circulars 2154, 2234, 2333, 2374, 2408, 2504, 2620 and 2620A).

The widely varying circumstances of different families, an absence of advice and direction from the Ministry of Health on the practical application of means tests, the lack of any public statement that recovery of costs was intended, and the inability or disinclination of many local authorities to collect weekly for the Government small sums of money, all combined to produce confusion and feelings of injustice among some of those concerned. It was said by a number of chief billeting officers in June 1943 that the Ministry's circulars on the subject caused 'more dispute and contention' than all the thousands of evacuation instructions put together; it was also said that nearly seventy-five per cent. of local authorities attempted to recover costs 'on entirely wrong principles'.[1]

This was not the only important branch of the Government's evacuation policy to be criticised. Another was the scheme for helping parents to send their children away to stay with friends or relations, or to accommodation which the parents themselves had found in a reception area. This was, in effect, a 'private evacuation' scheme; but the Government, instead of granting only a lodging allowance (as for other groups making their own arrangements) paid a billeting allowance to the householder, e.g. board as well as lodging.[2] The payment of such allowances had been authorised on the outbreak of war for children privately evacuated,[3] but pressure from the Treasury for cuts in expenditure led to certain injustices. In November 1939, allowances and free travel vouchers were given only for children whose parents were found, after a means test, to be unable to afford more than 6s. a week for the maintenance of an evacuated child.[4] This restriction of the scheme to a minority of poor families was removed only in piecemeal fashion, and it was not until 10th May 1941, after protests from the London County Council, that the means test was completely abolished. From that time, unaccompanied children who were privately evacuated were in the same position, so far as title to

[1] Departmental minute, 4th February 1943, based on the reports of billeting inspectors. It is impossible to estimate what proportion of the costs were, in fact, collected. Administrative expenditure on the work of recovery was substantial for, in addition to the clerical, accounting and audit staff in Whitehall, the regional offices and hundreds of local government areas, special inspecting officers were recruited to examine and report on billeting payments and recoveries. An illustration of the detailed work involved is provided by the figures of collection for one small borough during the period April 1941 to November 1942. A total of £121 was recovered in weekly sums of about 2s. 6d. from evacuated children who had left school and, in taking up local employment, had been billeted by the authority. About £24 was recovered for children who had been home for a short period or who had been transferred elsewhere. The collection of rents and contributions from aged evacuees billeted or accommodated in the district totalled £34. Under each item statements had to be sent to the Ministry of Health showing the names, dates, addresses, reasons and amounts collected each week.

[2] The costs were recovered from the parents of these children as in the case of unaccompanied children sent away in organised parties.

[3] Ministry of Health circular 1876, 21st September 1939.

[4] Ministry of Health circular 1923 and memo. E.V.7, 30th November 1939.

billeting and free transport were concerned, as children sent away in officially organised parties.[1]

Despite the difficulties about entitlement to billeting and lodging allowances, about the areas from which people could move with Government help and the areas to which they could go, and about the methods employed by local authorities in recovering the costs of billeting and other services, all these schemes of 'assisted private' evacuation were widely used during the winter of 1940–1. Measured in numbers, they made by far the biggest contribution during the period of the second exodus to the Government's strategic aim of dispersing mothers and children from the areas of battle.

These particular schemes were applied, alongside the service of organised evacuation, first to the Greater London area and certain towns on the coast, and then, stage by stage, to one heavily bombed city after another. They operated in some new areas[2] as well as in many of the original (1939) areas.[3] Plymouth, Bristol, Cardiff, Swansea, Barrow and some other towns were in this period declared 'evacuable', either partly or wholly; in the same period, some of the old evacuable areas were re-defined and extended.

The heavy raids on Glasgow and the Clydeside districts in the spring of 1941 led to Scotland's second—and last—big evacuation. By this time, there was little left of the 1939 exodus. Most of the mothers and children had gone back; for instance, over ninety per cent. of the children originally moved from Clydebank were living in the burgh when it was smashed in March 1941.[4] So much of the work had to be done a second time. The organised and assisted evacuation schemes were put into action and applied to Glasgow and Clydebank, and the burghs of Greenock, Port Glasgow and Dumbarton were added to the list of evacuable areas.[5] Over 100,000 mothers, children and other priority classes left Glasgow, nearly 90,000 taking advantage of the assisted schemes. A count in July 1941 showed that some 142,000 people from all these areas were billeted in Scottish reception districts.

The widespread distribution of bombs on Britain during 1940–1 made it essential that evacuation policy should be as flexible as pos-

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[1] Ministry of Health circulars 2249, 27th December 1940, and 2366, 10th May 1941.

[2] In addition to certain towns and districts on the coast, the new 'evacuable' areas were Bristol, Bebington, Plymouth, Saltash, Torpoint, Cardiff, Swansea, Barrow, Beckenham, Penge, Newport, Greenock, Port Glasgow and Dumbarton.

[3] Coventry, Birmingham, Southampton, Portsmouth, Gosport, Sheffield, Liverpool, Birkenhead, Bootle, Wallasey, Litherland, Crosby, Manchester, Salford, Stretford, Widnes, Runcorn, Hull, Wallsend, Whickham, Sunderland, Jarrow, South Shields, Newcastle, Gateshead, W. Hartlepool, Tynemouth, Glasgow, Clydebank, Edinburgh and other areas.

[4] Boyd, W., *Evacuation in Scotland*, 1944 (p. 120).

[5] A small movement also took place from Edinburgh.

sible, if local safety-valves were to be provided in different parts of the country immediately a city was heavily attacked. The device of the assisted schemes helped to meet this need, in combination with the arrangements for the evacuation of organised parties of mothers and children. After a hesitant start in the autumn of 1940, the Government's evacuation policy developed a flexibility which allowed it to meet most of the demands for dispersal during 1941. Its achievements, in a purely numerical sense, may be summed up in a few figures. From September 1940 to the end of 1941, the total number of mothers and children sent away in organised parties from all evacuation areas in Britain to pre-arranged destinations was probably in the neighbourhood of 350,000 to 400,000: in this total there were about 141,000 unaccompanied children (129,000 from evacuation areas in England and Wales and 12,000 in Scotland). In addition, some 20,700 expectant mothers were evacuated under the special maternity scheme; 9,400 from London and 11,300 from other towns and cities.[1] In all, therefore, the organised evacuation schemes handled around 400,000 mothers and children during this period. This was only one-third of the numbers involved in the 1939 exodus; but, on the other hand, the assisted schemes, which were not available in 1939, were used by about 850,000 people—for the most part mothers and children. The total number of people in Britain who in this period were helped in some form or other by the Government to leave the bombed cities thus amounted to approximately 1,250,000.[2]

The problem of where these people should go—of distributing the load of evacuees equitably among a steadily diminishing number of districts entitled to the name 'reception' with its connotation of relative safety—was much more difficult to solve than in 1939. Long-term detailed plans, with time-tables and tidy schedules of allocation to different districts, framed on the knowledge of current population movements and spare housing accommodation, were out of the question. The enemy's tactics, in constantly shifting his bombers from one part of the country to another, imposed almost day-to-day changes in the direction of evacuation movements. No one knew which city would be attacked next, how long the ordeal would last, and what demand for accommodation in nearby areas would arise from some new surge of evacuees and homeless people.

All the time this nine months' battle for house-room was being fought the Government had to reserve, however serious the situation in certain parts of the country and despite protesting cries from overburdened local authorities in particular reception areas, some margin

[1] During the period May 1940 to June 1941 inclusive.
[2] Some details are given in appendix 10.

of accommodation against the threat of armed invasion, gas attack and 'saturation' bombing. Already, great stretches of land with many houses, large and small, on the north-east, south-east and south coasts had been put out of bounds. By April 1941, many towns on the coast had lost more than half their pre-war population, partly as a result of the schemes to remove mothers and children from potential landing areas and partly because of the economic hardships which communities in the front-line, like Dover, were forced to suffer.[1] Behind these military belts of land, room had to be left, in the event of invasion, for retreating refugees. As the winter of 1941 was ending, the threat of invasion returned, the coast evacuation scheme was overhauled, more towns were declared 'evacuable',[2] and more mothers and children were helped to leave.

Early in 1941, another important factor had forced itself into all calculations of the house-room available for evacuees in the reception districts. Other competitors began to seek in progressively larger numbers spare accommodation in the safer, and often rural, areas of the country. As the new war factories in the west and north-west of England and in Wales entered the campaign for production, their appetite for workers and, in consequence, for houses, increased. The Supply Departments' demands for both grew by leaps and bounds and the Ministry of Labour was asked to compel workers to transfer from other areas. But, as the Ministry said, compulsion was useless if there was nowhere for the workers to live when they moved. The attack then turned on the Ministry of Health and the local authorities whose responsibility it was to billet or find houses for transferred war workers. Lord Beaverbrook (Minister of Aircraft Production at the time) bombarded Mr. MacDonald (Minister of Health) with telegrams. These Ministerial exchanges were accompanied by demands from the Production Departments for the summary ejection of evacuees and 'wealthy drones' from the new industrial areas.

Simultaneously, vital sections of the aircraft industry were dispersed to safer districts without prior consultation with the housing department (the Ministry of Health),[3] while many private firms, from banks and insurance companies to concerns engaged on important Government contracts, migrated to places like the Stroud Valley in a

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[1] The towns reporting more than a fifty per cent. fall in population included Clacton, Dover, Eastbourne, Folkestone, Margate and Southend.

[2] Brighton, Hove, Littlehampton, Portslade, Shoreham, Southwick and Worthing.

[3] 'These quick decisions', stated the Ministry of Aircraft Production in December 1940, 'do not permit of consideration being given to the availability of accommodation in the new area; the over-riding consideration is availability of factory space in the chosen location'.

haphazard and uncontrolled fashion.[1] There they often set up their own billeting organisations and a general scramble ensued with the local authority as one of the participants.

Competition for scarce house-room came also from transferred hospital staffs, medical students, teachers, evacuation helpers, civil servants, fire service and civil defence personnel and members of the Armed Forces. Here is a bundle of problems which cannot be treated in this book; all that can be done is to emphasise the great complication of the task of finding homes for evacuees caused by the claims of war industry from the autumn of 1940 onwards. A rough conjectural figure worked out by the Ministry of Health indicated that, by March 1942, something like 1,000,000 war workers had transferred to new districts in England and Wales. The vast majority of these transfers were voluntary in the sense that the workers were seeking fresh jobs in other areas or moving with migrant industries.

The attempt to reconcile competing demands for accommodation in congested districts had begun in a tentative way early in 1940. By January, the Ministry of Health was conscious of the need to collect reliable information about the housing situation in certain areas, if only to equip itself with answers to charges already being levelled by the Production Departments. Accommodation surveys, based on sample inquiries, were started in a number of areas, and by August 1940 reports had come in from about eighty local authorities. But the results were disappointingly incomplete. Many of the surveys had taken the form of rather haphazard sampling. To numbers of authorities a 'sample' meant a 'slice'—often a quite unrepresentative slice of the town. The results, in fact, were biased. To overcome these defects, a new inquiry form was introduced in February 1941 to find out the number of additional persons who could be accommodated in each house on the basis of one person to each habitable room. Questionnaires, designed to provide an index of spare house-room (and also to build up a list of householders prepared to take lodgers), were delivered to all houses in the areas under survey. During 1941, 667 accommodation surveys were carried out by local authorities in England and Wales.

The results of these later inquiries were useful allies in the development of some degree of control over the movement of evacuees, homeless people, war workers and other migrant groups.[2] The information

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[1] In the autumn of 1941 the War Cabinet asked Sir John Anderson (Lord President) to review the situation in the Stroud Valley. It was, he said in his report, a fact that the local gas plant was on the point of breaking down; that water supplies were difficult; that the sewage disposal works were inadequate, and that there was serious housing congestion. 'Factories have swarmed into the area . . . and until a few months ago there was no effective control over the movement of private firms.'

[2] The measures adopted to control the movement of industry are the concern of other volumes in this series of histories.

obtained helped the Ministry of Health to take preventive action and, in some of the worst instances of overcrowding, to apply such drastic measures as the compulsory removal of evacuees.[1] One of the most important aids to policy provided by these surveys was that they enabled well-founded decisions to be made on the 'closing' of towns to further immigration.

The idea of preventing people from entering and settling in congested areas was first suggested towards the end of 1940. The Ministry of Aircraft Production pressed for something to be done to give priority in house-room to transferred war workers and, in January 1941, action was taken. A new Defence Regulation gave the Minister of Health power to make a Lodging Restriction Order under which householders were not allowed to give or let lodgings without securing the prior approval of the local authority.[2] The object was to close specified areas to evacuees and other persons whose presence might diminish the amount of accommodation required for incoming war workers. The first Order was applied to Swindon borough and Highworth rural district on 9th January 1941. During the next two years a large number of other towns and districts in England and Scotland were similarly put out of bounds.[3] In all, places inhabited by nearly 1,000,000 people were placed under this ban in the interests of war production.[4]

The relevance of this instrument to evacuation policy was that it gave to the Ministry of Health some means of controlling, by negative direction, the stream of 'assisted private evacuees'. In numbers,

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[1] Officially billeted evacuees were removed from the Stroud Valley, Letchworth, Welwyn and other areas in the interests of war production. Elsewhere, a substantial number of evacuated schoolchildren were also moved to fresh billets for the same reason. It was more difficult, however, to remove those who had found their own accommodation and were not receiving billeting allowances. For over a year a proposal to remove such evacuees was debated and the legal difficulties of enforcement were explored. All the time, the Ministry of Aircraft Production pressed for the removal of 'wealthy runaways'. Finally, a new Defence Regulation (22A) was made in March 1942, empowering the Minister of Health or the Regional Commissioner to make Orders for the removal of lodgers, paying guests and visitors from prescribed areas. This drastic measure was never, in fact, operated. Attempts were made, however, to persuade lodgers and paying guests to leave the Stroud Valley. It was said that the number of 'drones' in the area had been reduced to 429 by the end of 1941.

[2] Defence Regulation 68C, 8th January 1941.

[3] By the end of 1943 the following towns and districts had been closed: Reading C.B., Worcester C.B., Abingdon B., Aylesbury B., Banbury B., Bridgwater B., Chipping Wycombe B., Chippenham B., Evesham B., Guildford B. (part), Shrewsbury B., Slough B., Swindon B., Baldock U.D., Biggleswade U.D., Bletchley U.D., Burnham-on-Sea U.D., Cirencester U.D., Letchworth U.D., Malvern U.D., Melksham U.D., Nailsworth U.D., Stroud U.D., Tavistock U.D., Trowbridge U.D., Welwyn Garden City U.D., Wolverton U.D., Bridgwater R.D. (part), Calne and Chippenham R.D., Highworth R.D. (part), Plympton St. Mary R.D., St. Germans R.D., Sedbergh R.D. (part), Stroud R.D., Tavistock R.D. (part), Wycombe R.D. (part), Ayr B., Girvan B., Fort William B., Prestwick B., and Troon B.

[4] In addition, a large number of other towns were specially earmarked for particular purposes; for instance, Service establishments and government departments. The Ministry of Health agreed not to send organised parties of evacuees to these towns.

these people were twice as important and took up twice as much house-room in the reception areas during 1940–1 as the evacuees sent out in organised parties to pre-arranged destinations. Unlike the exodus of 1939, when the assisted evacuation schemes were not available and the district to which evacuees were sent was generally settled in advance by the Government, many families could—and did—from the autumn of 1940 onwards choose their own district. While this meant more freedom of choice for people evacuating with Government help, it involved the danger of overloading some of the relativley safer areas, and of taking accommodation required by workers engaged on vital jobs.

As soon as Lodging Restriction Orders had been made for particular towns or districts, the Ministry of Health took action to stop the issue of billeting certificates and free travel vouchers to persons wishing to move to such places. In future, they could only enter these 'closed' districts with the written consent of the local authority of the area in question.[1] Throughout the remaining four years of war, similar directions were given as more and more towns and districts were closed for reasons of war production or national defence.

As a slight offset to these increasing losses of territory no longer available for evacuation purposes, some districts previously classified as neutral were brought into use as reception areas. Also, towards the end of 1940, arrangements were made with the Governments of Northern Ireland and Eire for the payment of billeting allowances for mothers and children who went to stay in those countries.[2] Local authorities in England and Wales were, too, authorised to issue billeting certificates and travel vouchers for certain groups who wished to go to Scotland.[3] Similar arrangements were made for people in Scottish evacuation areas to be billeted in England and Wales,[4] Northern Ireland and Eire. These extensions contributed a little to the relief of the problem in England of distributing the burden of evacuees and homeless people among the relatively safer areas. Nevertheless, the relief was very limited compared with the accommodation swallowed up and lost in all the evacuation and neutral districts, the banned areas on the coast, the closed towns, the cushion areas reserved for

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[1] Unless the applicant had already resided at the particular dwellinghouse on a specified date. People were allowed to stay with relatives. Inns and licensed premises were excluded from the operation of the Order (Ministry of Health circular 2320, 21st March 1941).

[2] Travel vouchers were also provided. Up to June 1941, about 5,100 mothers and children from evacuation areas in England went to Eire and Northern Ireland (Ministry of Health circulars 2194, 5th November 1940, and 2239, 16th December 1940). Owing to the bombing of Belfast, evacuation to Northern Ireland was suspended in May 1941 (Ministry of Health circular 2194D, 7th May 1941).

[3] Department of Health for Scotland circular, 12th October 1940. At the end of 1940 there were 11,708 people from English areas billeted in Scotland.

[4] These reciprocal arrangements were described in Ministry of Health circular 2499, 11th October 1941.

refugees, the areas taken for Service billeting and training, and the military protected areas in Scotland and elsewhere.

These, in brief, were the measures taken, first to prevent evacuation movements from creating serious overcrowding in certain of the reception areas and, secondly, to remove at least some of the difficulties of housing war workers in the neighbourhood of the new production factories. They were not all put into effect until the period of sustained air attack was drawing to a close. But the Government did not know the enemy's intentions, and if the attacks had been prolonged these instruments of control would have proved their worth more emphatically.

The popularity of the schemes for assisted evacuation during 1940–1 played an important part in bringing to the fore the question of house-room in the reception areas. These schemes carried the disadvantage that Government control over the direction of evacuation movements was weaker; but they also had many advantages. In particular, they had the effect of increasing and varying the number of safety-valves for families living in the bombed cities. They offered more freedom of choice. Parents, for instance, had an alternative to sending their children away in official parties to unknown destinations, there to be placed in the care of strangers. They could fix something up independently with someone they knew or with someone who had been recommended to them, or they could make arrangements with the help of relations, neighbours, religious associations or voluntary bodies. The Government then paid the railway fare and, if the parents could not afford very much, part or all of the cost of board and lodging.

The assisted schemes also helped by encouraging certain of the churches and voluntary organisations to find accommodation in the safer areas for mothers and children, old and infirm people and specially distressing cases. These organisations were thus drawn into a field of practical action, and given an opportunity to tap particular sources of goodwill (through, for example, parish magazines) which a Government department or a local authority could not easily reach. By these means, about 21,500 old and infirm people were sent away from London between October 1940 and June 1941,[1] either to billets found for them by voluntary workers and to which they were matched, or to hostels set up and run by the Friends' War Relief Service, the churches and other organisations.[2] Billets that were arranged in a personal way were more likely to be suitable, and stood a

[1] *Summary Report of the Ministry of Health*, 1939–41. The evacuation from London in the winter of 1940 of some 4,000 old and infirm people found living in the shelters and tube stations is dealt with in chapter XXII, pp. 450–1.

[2] The problems met by voluntary organisations in this work of finding homes for old people were described in *Social Work* (July 1942), which contains an account of the St. Pancras County Colony. Of one old lady, typical of many, it was written:

better chance of enduring, than the results of a formal local government billeting organisation buttressed with a hint of compulsion.

The large number of mothers, children and other people who used the assisted schemes was, perhaps, one reason why—in contrast to the discontents of 1939—there was little resentment against evacuees in the reception areas during 1940–1. Nevertheless, the difficulties confronting householders and local authorities were very real. In February 1941 there were 1,338,700 persons, for the most part mothers and children, billeted or otherwise accommodated in the reception areas.[1] Those who lived in these areas were being asked by the Government to keep with them for an indefinite period upwards of a million and a quarter of uninvited guests, many of whom were themselves straining to return to the cities. Billeting in private homes had to be envisaged as something that might have to be endured for many weary months; perhaps even years. Or so it seemed in the winter of 1940. The reception and care of mothers and children in the safer areas of the country had to be regarded in this light, not simply as a short-term operation for which emergency improvisation would suffice. The fundamental object of policy was to keep the mothers and children out of danger for as long as possible. There was not much hope of success, of persuading householders that the Government was really trying to ease their burdens, without a big extension in the provision of welfare services to help and sustain both the householders and their war-time guests.

'Miss Q, aged seventy, deaf, quite toothless, not very clean, living in the basement of an empty house in a much bombed area. Determined to take with her a cat, a feather bed, and two large trunks beside the usual complement of parcels, cases and carriers. The arrangements for transport of her and her luggage at both ends of the journey were not altogether easy, and the storage of her London furniture was another problem with which we had to deal. She stayed one month, borrowed money from all the neighbours, and returned to London because she couldn't "seem to take to a place where there wasn't no Picture House nor no evening paper neither". '

[1] England and Wales. In addition, 30,000 people were billeted in Scottish reception areas.

CHAPTER XIX

SOCIAL CARE IN THE RECEPTION AREAS

(i)

Welfare Services

DURING the first year of war little progress had been made in the development of welfare services for evacuated mothers and children. The general shape of Government policy was clear enough; what was still largely needed was the translation of central policy into local services, established, equipped, staffed and easily accessible. There was not only a need for special evacuation services, but also for an extension of the normal—or peace-time—social services which, in rural areas and small country towns, often fell far below the standard of provision obtainable in London and other cities. An earlier chapter tried to give a picture of the kind of personal problems confronting evacuees when they found that this service was not available, or access to that one was blocked by disputes about money and local government boundaries.[1] The reasons for this state of affairs and for the lack of energetic progress with the provision of welfare schemes during the first year of war have already been explained.[2]

It was apparent to the Ministry of Health a few weeks after the first heavy raid on London in September 1940 that a fresh approach to the problem of reception was badly needed. Contrary to expectations, bombing did not create a great demand for evacuation, nor did it discourage the return to London of dissatisfied and unhappy mothers and children. Something had to be done to stem this returning flow and make evacuation more attractive. Conditions in the reception areas had to be improved through the provision and extension of welfare services in the hope that life would become less difficult for both the evacuees and the householders.

The first need, if local authorities were to be persuaded to improve their services and develop new forms of welfare, was the adoption of a more liberal financial policy. Stimulated by the bombs, and anxious about the rising tide of homeless people, the Government removed many of the restrictions on spending money for welfare purposes. There were to be more hostels, group homes, social clubs and welfare centres; more money was to be spent on them, and more staff

[1] See, in particular, chapter XII.
[2] See chapter X.

with experience of social work were to be employed on evacuation duties in the reception areas. Regional officers of the Ministry of Health were given more freedom to approve at once proposals put forward by local authorities, and to aid this process blocks of administrative work were transferred from Whitehall to the regional offices.

The first important war-time circular on welfare was sent out by the Ministry of Health and the Board of Education to all authorities in reception areas on 18th October 1940.[1] It sounded a note of urgency, and stated the immediate action to be taken under many heads. This circular, and a continuing stream of further ones throughout the winter, amending, supplementing and stimulating, imposed on local authorities a great burden of executive work. It was one thing to decide and direct; it was quite another to translate these policies into reality, particularly as everything was wanted at once and not, as in peacetime, by slow degrees. Nor was it the most favourable moment to choose to establish thousands of hostels, sick-bays, social centres, nurseries, and homes for families, expectant mothers and old people. Few of these services could be set up without buildings, equipment and staff; yet this was the very time when many fierce competitors appeared for empty houses in the safer areas, when insistent cries for furniture, bedding and equipment of many kinds were heard in the bombed as well as the unbombed areas, and when the demand for trained staff to run welfare services far exceeded supply.

This was the period of the war when practically every Government department, many business firms, voluntary organisations and private hospitals were all feverishly searching for large country houses. Local authorities, to whom power to requisition unoccupied private houses and other buildings for the evacuation scheme had been delegated at the beginning of the war,[2] were sometimes at a

[1] Ministry of Health circular 2178 and Board of Education circular 1528, 18th October 1940.

[2] Authority to take over house property for different purposes was increasingly extended during 1940–1 as the housing situation deteriorated in many areas of the country. In January 1940, requisitioning powers over unoccupied houses were widened to include the care of casualties; in June and July 1940, homeless people and refugees from Europe were added to the classes for whom local authorities could requisition empty houses; in December, war-workers were added. These powers, which in December were extended to cover the right to take over chattels and parts of empty houses, were given to all billeting authorities. Unoccupied furnished houses were made liable to requisitioning in April 1941, and, in the following month, the power to take houses not immediately needed was sanctioned to allow the formation of a reserve of empty properties in readiness for future air attacks. The last step in this series of drastic encroachments was taken in July 1941, when powers were given to local authorities to requisition occupied houses in exceptional circumstances. Even condemned and unfit houses were not forgotten. New Defence Regulations (68A and 68AA) in July and September 1940 enabled local authorities to license the re-occupation of houses already condemned as unfit for human habitation (Ministry of Health circulars 1857, 27th August 1939; 1949, 18th January 1940; 2074, 29th June 1940; 2081–2, 3rd July 1940; 2090, 12th July 1940; 2097, 16th July 1940; 2140, 16th September 1940; 2156, 24th September 1940; 2163, 28th September 1940; 2185, 23rd October 1940; 2235–6, 13th December 1940; 2242, 20th December 1940; 2304, 6th March 1941; 2308–10, 19th March 1941; 2350, 22nd April 1941; and R.O.A.441, h July 1941).

disadvantage in matters of prestige and sensitiveness to local interests.[1] The Army—one of the biggest competitors—was more forthright. It had a habit of requisitioning just the type of house fit for use as a hostel or nursery. In many areas it had taken over by the end of 1940 all large houses, village halls and empty buildings, even after some had been inspected and earmarked for the reception of evacuated mothers and children The evacuation scheme was further handicapped by the reluctance of some owners to allow their unoccupied houses to be used as hostels or nurseries; convalescent servicemen were generally preferred.[2] All these conflicting needs and competing interests were simply an expression of the many-sided tasks facing the nation in 1940; room had to be found in the safer parts of the country in which new armies could manœuvre and train, in which vital munition factories could work undisturbed by the enemy, and in which mothers and children and sick and injured people could find some respite from air bombardment.

Even when buildings had been obtained for evacuees, local authorities were still confronted with a shortage of many kinds of equipment for hostels, maternity homes, communal billets and nurseries. A residential home for forty young children required over 4,000 articles of equipment. Until central buying departments and regional stores were properly functioning, equipment had to be scraped together in bits and pieces.[3] Voluntary workers and civil servants went out to search the shops; country blacksmiths were sought to make fireguards for nurseries; vans went round to collect a cot here and a mattress there. Simultaneously, the standards of equipping and furnishing were raised by the Ministry of Health; local authorities were told, in effect, to forget the economies of the past and not to be 'niggardly' with Government money in establishing welfare services.[4] The bombing of shops, stores and factories increased the difficulties of obtaining good and sufficient equipment; four of the five firms making cots for nurseries were, for instance, damaged by enemy action during the winter of 1940–1.

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[1] In October 1940 the Ministry of Health had felt it necessary to ask local authorities to exercise compulsion 'without fear or favour' in billeting and in the requisitioning of empty houses. Reports had been received, said the Ministry, which showed that in some districts large houses were not being used (Ministry of Health circular 2178, 18th October 1940).

[2] See chapter XXIII. But there were other owners, one being an M.P. with three mansions and at least six servants, who voluntarily offered houses for the reception of evacuees at a time when the military seemed about to take possession. When this danger was past, attempts were made to recover the premises and eject the evacuated children. The Ministry of Health firmly resisted these attempts.

[3] Some of the reasons for the equipment shortage and the lack of purchasing and storing organisations were explained in chapter XIV, pp. 264–5.

[4] Local authorities were also given power to requisition furniture (Ministry of Health circulars 2140, 16th September 1940; 2163, 28th September 1940; and 2266, 17th January 1941).

With varying degrees of success and a great deal of improvisation many of these time-consuming difficulties were surmounted, though in certain instances not until months after the 1941 raids had ceased. Sometimes progress was made by a combination of unorthodox and financially extravagant means, more often by a steady unravelling of day-to-day problems in which the Ministry's regional staffs (or at least the best of them) played an important role. Unlike the situation in 1939, these branches of the central department were in working order when the second wave of evacuees arrived in the reception areas. Their officers, and many of the officers of local authorities, had by the autumn of 1940 already learnt something of the practical techniques of organising welfare services: what was more significant still, better relationships had developed between the Ministry's men and the local government men. For these two groups of people to know each other by their Christian names, to work together in the field, and to regard 'Whitehall' as their common and unpractical enemy was all to the good.

The results of all this activity during the nine months of heavy raids were impressive. The sum of achievement, as measured by reports in the middle of 1941, was made up of many items of service. There were about 660 hostels in England and Wales, accommodating 10,000 children in July 1941; whereas a year earlier only a handful had existed. There had also been established some thirty special hostels approved by the Board of Education for secondary schoolchildren,[1] and thirty school camps were being run by the National Camps Corporation.[2] Scotland had set up five school camps and 106 hostels of different types.[3]

The provision of social centres, clubs, information bureaux, and family hostels for mothers and their children had grown, during the time-span of air attack, from a few brave ventures to a respectable total of social service. About 730 mothers' clubs had opened, and 638 occupational centres were radiating a bustle of handiwork classes, make-and-mend parties, clothing clubs, toy-making and boot repairing classes, lecture and discussion groups. What the evacuated mothers wanted was a place where they could meet outside their billets; somewhere to make and mend clothes in company, do their ironing and washing, obtain meals, and arrange for young children to be attended while they shopped or did part-time work. As these needs were met in many areas, largely by voluntary effort, the demand for classes increased; the London County Council lent instructors and

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[1] By January 1942.

[2] Annual Report of the National Camps Corporation Ltd. for 1941.

[3] *Summary Report of the Department of Health for Scotland*, 30th June, 1942. A detailed account of the work of certain of these hostels and camps is given in *Evacuation in Scotland*, Boyd, W., 1944 (pp. 136–210).

organisers from its evening institutes, and equipment and staff were supplied by the Women's Institutes, local Councils of Social Service, the Y.W.C.A., the Friends' War Relief Service, the Women's Voluntary Services, the Personal Service League, London clubs and settlements and many other bodies. Stimulated by the enthusiasm of these organisations, mothers were encouraged to try their hand at many things—from knitting socks for the Soviet Army to making sleeping bags for London firewatchers. The most successful centres were those which rapidly progressed from the status of a meeting place with cups of tea handled round to that of a club whose members took an active share in its development.

Mothers who had their children with them and were faced with the difficulties of living in billets were helped in various ways. Some 480 canteens and feeding centres supplying cheap meals were organised, over 300 play centres and a number of nursery centres and day nurseries were established for the care of young children, while the provision of 150 sick-bays for children and 731 hostels accommodating mothers and their children gave some relief to the work of householders in the reception areas. Progress was also made in the more specialised field of institutional provision for expectant and nursing mothers, children under the age of five, and old people. In June 1941, there were ninety emergency maternity homes, some fifty-five ante- and post-natal hostels, and about 230 residential nurseries with places for 10,000 children aged under five.[1] Finally, fifty or so hostels were accommodating 1,500 able-bodied old people from London.[2]

In a different category of social service was the Government's clothing scheme for evacuated children. This scheme, evolving into a characteristic British mixture of Exchequer money and charitable gifts, administered by local authorities and run by voluntary workers, was similarly affected by the change in outlook which, in the autumn of 1940, ushered in a new era of welfare activity. During the first year of war the scheme had run into difficulties; it was failing in its primary object of helping the poor to clothe their children in accordance with the generally higher standards imposed by living with strangers in the country.[3] In October 1940, official emphasis shifted; it was no longer the recovery of costs from parents but the need to clothe the

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[1] In addition, six emergency maternity homes were operating in Scotland in June 1941, and the Department of Health in co-operation with the Scottish Save the Children Fund had opened the first residential nursery for evacuated children under five years of age (*Summary Report by the Department of Health for Scotland*, 30th June 1942).

[2] The organisation of group homes and hostels for old people was, in the first instance, the work of voluntary associations and individuals—the Friends' War Relief Service, the National Council of Social Service, the Hill Homes at Highgate and others. By mid-1942, the number of hostels had grown to 210.

[3] The early history of the scheme was described in chapter VIII, pp. 117–20, and chapter X, pp. 165–6.

children that took first place.[1] More liberal grants were 'confidentially' allotted to local authorities in evacuation areas,[2] action was taken to reduce the delay before children were supplied with boots and clothing, and the Women's Voluntary Services were drawn further into the scheme to establish and run county clothing depots and make-and-mend parties in the reception areas.[3]

The Ministry of Health did not lay down a uniform plan for the operation of the scheme; local authorities were left to devise their own systems to suit local needs. Birmingham insisted on being different; its motto was 'Birmingham clothes for Birmingham children'. Liverpool ran an enterprising boot repairing scheme and managed to raise the standard of footwear of many of its poorer children in the reception areas. London's scheme, launched in co-operation with the Women's Voluntary Services, was counted one of the most efficient; as its success became apparent it was extended to include the children in reception areas of all evacuating authorities in the south, south-east and south-west of England.[4]

The brunt of much of the detailed work fell on teachers, already burdened with the routine of the school meals and milk services. They were asked to keep the clothing of evacuated children constantly under review, to maintain contact with parents and householders, to meet the cost of boot repairs (and in some instances clothing) out of special funds, to recover money from parents, to deal with clothing coupons and to do a hundred-and-one other jobs. The administration of the complicated machinery of clothing distribution, made more difficult, after June 1941, by the need to collect coupons for clothes supplied, was largely in the hands of the Women's Voluntary Services. This was one of the biggest tasks of the many undertaken by this organisation to aid the evacuation scheme.[5] In 1942 there were some 1,500 W.V.S. issuing depots in the country helping to supply the needs of evacuees, refugees and homeless people. The value of clothing and footwear stock was then estimated at £5,000,000, much

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[1] Ministry of Health circular 2168, 2nd October 1940.

[2] The October 1940 allocations were roughly on the basis of £1 per year for every 30 evacuated children instead of the original grant of £1 per 200 children.

[3] Ministry of Health circulars 2168, 2nd October 1940, and 2488, 24th September 1941.

[4] It also provided for the children of poor parents in hostels, residential nurseries, hospitals, convalescent homes and camps as well as those in billets.

[5] Other ways in which members of the Women's Voluntary Services contributed to the evacuation scheme were in billeting mothers and children, providing transport, doing clerical work, acting as escorts and visitors, organising and running canteens, emergency feeding depots, social centres, clothing exchanges, make-and-mend parties and toy-making schemes, helping with school meals, and taking part in the administration of the special scheme for the evacuation of children aged under five to residential nurseries.

of it having originated by gift from the American and Canadian Red Cross Societies and other voluntary sources.[1]

While most parents who were financially able to do so rarely failed to provide their evacuated children with the clothes they needed, there was a minority who, for one reason or another, needed help.[2] The chief reason—and this was one of the social problems provoked by evacuation—was the economic difficulty of maintaining a higher standard of clothing than the parents had been accustomed to provide. The Government's clothing scheme set out in the autumn of 1940 to bridge the gap, and by the middle of 1941 it had succeeded in doing so in most reception areas. As civilian shortages increased in later years, and something akin to a famine developed in children's shoes, the scheme became even more necessary. It also began to replace, for many poor parents of evacuated children, the supplies of cheap clothes previously obtained from secondhand dealers, clothing clubs and jumble sales, for by the end of the war these sources had virtually dried up in most areas of the country. The scheme cost more money than the Ministry of Health and the Treasury had in 1939 expected; by June 1943, for instance, the London County Council had received £178,000 from the Government, of which only thirty-six per cent. was collected in repayments from parents.[3] Nevertheless, it was one of the most successful of the new welfare services which grew out of the evacuation scheme.

This brief record of the development of many new forms of social care—from clubs for evacuated mothers to clothing for children—tells little of the part played by the voluntary worker. It would be difficult to disentangle the respective contributions of the three partners in the growth of these enterprises: the volunteers—whether acting independently or as members of one of the great national organisations; the staffs of local authorities; the officials from central departments. Sometimes it was the servant of Whitehall who supplied the stimulus; sometimes the voluntary worker. Sometimes the local official or elected councillor bore down the obstacles and drove some new venture through to success. But once a welfare service had been established it was predominantly the volunteer—whether teacher, church worker, member of the Women's Institute or some other organisation—who kept it going. Volunteers were the essential sustaining force in the towns and villages of the country.

[1] This immense flow of gifts from the Dominions, the United States and other countries was distributed through these W.V.S. depots. A uniform and generally efficient system of distribution to those most in need was thus ensured.

[2] This was the conclusion of many reports in 1941 from social workers attached to Ministry of Health regional offices.

[3] A number of local authorities complained that they were hampered in the work of recovery because there was no simple way of enforcing payment in the exceptional case where a parent, though assessed as being able to make some payment, refused to do so. In 1942 the Ministry of Health acted, and an Order in Council of 30th April 1942 under Defence Regulation 31A of the Emergency Powers (Defence) General Regulations, gave local authorities power to take proceedings for recovery (S.R. & O., 1942, No. 801).

Under the spur of these new opportunities for social work many voluntary organisations branched out into fresh activities. Sometimes they supplemented or shared in official welfare schemes; sometimes they filled in gaps by taking on work in certain areas which government agencies could not provide on a national scale. There were—as in peacetime—instances of overlapping and confusion in the social aids provided by voluntary bodies, and occasionally some bitterness when one organisation was thought to have trespassed into the field of activity which another considered its own particular preserve.[1] It was not an unusual event for the Ministry of Health to intervene in such disputes for the sake of peace. Amity was generally retored whenever the Ministry could find a way of accepting blame for what had occurred. The department had learnt, from long experience of local government, that this diplomatic device was a most fruitful way of bringing together two disputing authorities. It was a small price to pay for the better functioning of the social services.

One of the most valuable contributions by voluntary agencies to the evacuation scheme was the provision of residential accommodation for some of the social casualties of the war. The majority of the residential nurseries for young children whose mothers were ill or otherwise unable to provide proper care were, for instance, in the hands of organisations like the Waifs and Strays Society who established and managed them for the Ministry of Health.[2] During the first two to three years of war the cost of these nurseries was met chiefly by voluntary donations and gifts from abroad;[3] thereafter, they were sustained by the Exchequer. From first to last, some 30,000 to 40,000 children aged under five passed through the residential nurseries in the reception areas of Britain.

Work of a pioneering character was also accomplished by local associations who established 'rest and recuperation' hostels and convalescent homes in country districts for mothers and children who had

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[1] This was true of child welfare matters, for there were many 'ladies', representing many organisations, who made a hobby of the under-five. One official advisory committee on young children was, for instance, sometimes described in Whitehall as 'the Peeresses' Committee'.

[2] Other organisations contributing in one form or another to the residential nursery service included the Women's Voluntary Services, Save the Children Fund, Invalid Children's Aid Association, Anglo-American Relief Fund Nurseries, Priestley Nurseries Ltd., British Red Cross Society, the Friends' War Relief Service, American Red Cross, American Foster Parents Plan for War Children, Anna Freud's Nurseries, British War Relief Society, Canadian Red Cross Society, Charity Organisation Society, Children's Country Holiday Fund, Dr. Barnardo's Homes, National Society of Children's Nurseries, News Chronicle Nursery Homes for the Children of War Workers, Nursery Schools Association, Provisional National Council for Mental Health, Save the Children Federation of New York, Soldiers', Sailors' and Airmen's Families' Association, and Soldiers' and Sailors' Help Society.

[3] By March 1942, nearly 100 nurseries had been established with the aid of American donations, principally from the American Red Cross and the British War Relief Society. During the war over £315,000 in cash was received from American and Canadian sources for the residential nursery service.

suffered in the raids.[1] There were a number of such quiet and unobtrusive efforts by voluntary bodies which supported the policy of evacuation and also mitigated some of the distresses of the time. The Oxford House Settlement in Bethnal Green set up two residential schools in Wales for children whose behaviour made them difficult to billet.[2] The Invalid Children's Aid Association ran homes for sick and physically handicapped children who needed both convalescent treatment and evacuation from London and other areas.[3] The Children's Country Holiday Fund sent away from the bombed cities about 2,200 children of an average age of four years and placed them in specially selected billets with householders who had offered to care for young children. In these and other ways, too many and too varied for detailed account, voluntary organisations maintained their traditional function of supplementing and extending the services provided by the State.

All these developments in the provision by local authorities and voluntary organisations of special welfare services for evacuated mothers and children were driven forward during 1941 by the need to prevent a return to the cities. Equally important as a motive was the need to ease the burden which householders had assumed in billeting mothers and children. This need was stressed by the Shakespeare committee of inquiry into conditions in the reception areas when it reported in January 1941.[4] The committee particularly asked for more children's hostels to be provided so as to relieve the pressure on billets, and for more social workers to be appointed to deal with individual and personal problems arising in the reception areas.

(ii)

Children's Hostels and Social Workers

The provision of hostels originally came about, not as a long considered act of policy, but chiefly because of all that was learnt in the autumn of 1939 concerning the physical condition of a proportion of evacuated children. When, in the spring of 1940, fresh plans were made for another measure of evacuation, it was decided to start

[1] Hostels of this kind were promoted, for instance, by the Lancashire and Cheshire Community Council, the Plymouth American War Relief Trust, Liverpool Child Welfare Association, Bristol University Settlement, the Times and Talents Holiday Settlement, Bermondsey, and the London Council of Social Service.

[2] A description of this experiment was published in *Social Work*, January 1946.

[3] Information supplied by the Association to the writer for the War History, December 1943.

[4] This committee, under the chairmanship of Mr. G. Shakespeare, M.P., was set up by the Ministry of Health at the end of 1940 to answer two questions. What should be done to ease the burden in the reception areas? What provision should be made

establishing hostels. The treasury was persuaded to lift the ban on this more expensive form of accommodation for child evacuees. Fears that the arrangements for medically examining and cleansing the children before departure might break down if the raids began led to this important change in policy. The Government was most anxious to avoid another angry wave of protests from householders in the reception areas.[1]

This was the reason for the development of a hostel service. And because the original intention was to place in the hostels newly arrived evacuees found to be bedwetters or dirty or otherwise difficult to billet, the district councils—the billeting authorities—were charged with administrative responsibility. This led to trouble. During the winter of 1940–1 many hostels were hurriedly organised, generally in makeshift premises with makeshift staff, and any child in the council's care judged unbilletable was placed in the council's hostel. The area of these authorities was usually too small, and resources too limited, to allow of special hostels for special needs. The desirability of classifying and grouping the children according to age, the need for treatment and other characteristics was, therefore, ruled out. Many of the hostels thus became dumps for all kinds of rejected children; a convenience for local officials and householders who wished to dispose of evacuees without much fuss or bother. There the children tended to remain along with others who, on arrival in the district, were temporarily accommodated until such time as a billet could be found. But once these new arrivals had been placed in a hostel the need for a billet and family life was sometimes forgotten.

A survey of forty-eight hostels in England and Wales in July 1943 showed that half contained both boys and girls; that the majority spanned an age range of about ten years, and that stealing, bedwetting, running away, anxiety, speech defect and staying out late were given as reasons for admission.[2] It did not help children (or the parents) when district councils called these places 'hostels for problem children'; the implication that these young people were, in any legal sense, delinquents when they entered a hostel was improper. The Ministry of Health's welfare officers and psychiatric social workers from the Mental Health Emergency Committee condemned this practice of fixing labels on children. But it was not until after it

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to persuade the evacuees to remain? The committee's report, completed in January 1941, concluded with a list of recommendations under forty-five separate headings. Most of them were level-headed points of detail for the better application of a variety of services to the day-to-day needs of evacuated mothers and children. A copy of the report was sent to all reception authorities by the Ministry on 14th March 1941 with a request for action (circular 2307 and *Report on Conditions in Reception Areas*, H.M.S.O., 1941).

[1] See chapter X, p. 175.

[2] The commonest reasons were stealing, bedwetting and generally unruly behaviour (*Hostels for 'Difficult' Children*, published by the Ministry of Health, 1944).

was learnt that some children, in writing to American families (who had sent toys to Britain) were heading their letters 'Hostel for Problem Children . . . ', that the Ministry of Health asked its regional officers in March 1942 to discourage firmly local authorities from using the name.

In matters of staff the hostels were not well served. This was the most important of all the practical questions affecting the welfare of the children. The majority of the hostels were in the hands of local authorities with little or no experience of such work; there were no clearly defined qualifications for responsible staff, and no source of supply to which authorities could look for experienced workers.[1] The consequence was that all kinds of people, shading from the very good to the very bad, were appointed as wardens and matrons. An acute shortage of domestic staff added to the general difficulties in increasing measure as the war went on. The men and women who were somehow or other scraped together to run the hostels were, as a result, overborne with household drudgery. The children suffered too; in ten to fifteen per cent. of the forty-eight hostels surveyed in 1943 all meals were taken in silence, and in only twenty-five per cent. did the staff have their meals with the children.[2]

The breathing-space that followed the raids of 1941 gave time for the Ministry of Health to realise that many of these hostels had become dumps.[3] 'A hostel should not normally be regarded as a permanent billet but as a place where a child obtains sympathetic handling and, if need be, treatment, and is rendered fit for billeting as soon as possible.'[4] This was the Ministry's policy and, towards the end of 1941, the first attempts were made to classify the hostels and sort out the children. The process was generally helped when district councils were persuaded to pool hostel resources or transfer them to county councils. Gradually, the children were more suitably grouped; some hostels were classified as 'short-stay' or 'buffer', others as long-stay institutions receiving children some of whom needed psychiatric treatment.

The reorganisation of the hostel service continued throughout 1942 and 1943.[5] It was stimulated and pushed forward by the Ministry's

[1] Because of the staffing difficulties confronting many local authorities an attempt was made in June 1943 to recruit candidates for hostel work and provide them with a limited amount of experience and training. But the general woman-power position was so strained that after the scheme had been running for eight months only twenty-three persons in England and Wales had been recruited and placed in hostels.

[2] *Hostels for 'Difficult' Children*, published by the Ministry of Health, 1944.

[3] To the reports that the Ministry received from its own welfare officers were added some strong criticisms of hostel administration from the Mental Health Emergency Committee.

[4] Ministry of Health Handbook on Billeting and Welfare, 1942 (p. 31).

[5] On 29th September 1941 the Ministry's regional officers were advised on reorganisation. This advice was followed six months later by a letter urging regular inspections, and in November 1942 a handbook on billeting and welfare containing detailed guidance on the hostel service was sent to local authorities.

welfare officers, by social workers appointed by some of the county councils, and by the staff of the Mental Health Emergency Committee and its constituent bodies. The energetic efforts of these voluntary societies helped to raise the standard of care of 'difficult' children in hostels and promoted a better appreciation of mental health work in general. By the end of 1942, thirty-two psychiatric social workers had been appointed by local authorities,[1] largely as a result of the educational activities of the Mental Health Emergency Committee. This organisation continued to press the Ministry of Health for support and financial aid, and indeed sometimes embarrassed the Department by its enthusiastic campaign for extensions in psychiatric work to many branches of the social services.[2]

Broadly, there were two clear-cut phases in the development of a hostel service for evacuated children. During the first, which ended about the middle of 1941, quantity was provided. Some 660 hostels were hastily improvised and filled with about 10,000 children. Thereafter, while the number of hostels and children remained about the same,[3] greater attention was paid to quality; to the grouping and classification of the children and the hostels, to the training of staff, to the provision of psychiatric advice and treatment, to a more constructive and individual approach to the children who needed help in overcoming their difficulties, and to a general improvement in hostel administration.

In August 1943 the Ministry of Health inquired into the state of

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[1] The cost of these workers was met in full by the Government. Their chief duties in connection with evacuation were: advising foster-parents, selecting children requiring admittance to hostels, supervising the care of children in certain hostels, deciding when children could be re-billeted and finding sympathetic billets.

[2] The Mental Health Emergency Committee and its constituent bodies (Central Association for Mental Welfare, Child Guidance Council and National Council for Mental Hygiene) were fused into one body, the Provisional National Council for Mental Health, at the end of 1942. The Ministry of Health, which had been heavily grant-aiding the work of these societies, pressed for amalgamation as there was much waste and overlapping in the activities of the voluntary organisations concerned with mental health. Both before and after the act of fusion the Ministry paid substantial sums for services rendered in connection with evacuation hostels, residential and day nurseries and mental health work generally.

[3] The number of evacuated unaccompanied children accommodated in hostels, camps and residential nurseries of all kinds in England and Wales from February 1941 (when separate statistics became available) was approximately:

	Hostels	Camps	Residential Nurseries	Total
February 1941	9,000	6,500	6,500	22,000
September 1941	not available		9,500	21,000
March 1942	not available		11,400	29,000
September 1942	11,000	5,700	12,700	29,400
March 1943	10,300	5,300	13,000	28,600
September 1943	9,300	5,450	13,000	27,750
March 1944	9,750	5,650	13,600	29,000
September 1944	11,000	5,400	13,900	30,300
March 1945	8,500	3,800	11,200	23,500
September 1945	2,400	100	4,800	7,300

the service. The reports that flowed in showed that much reorganisation had been accomplished despite the shortage of staff. In all, there were 619 hostels in England and Wales, thirty-eight of which were empty and held in reserve for future emergencies. Under the supervision of the Board of Education ninety-four were provided for children from secondary, central and technical schools who were most in need of facilities for homework and study. This group of hostels had expanded from five in July 1940. Hostels for children presenting problems of behaviour—the so-called dull, backward and difficult children—totalled 233 in August 1943. At about sixty of these hostels psychiatric treatment was provided, and at a further eighty-five arrangements had been made whereby psychiatric advice could be obtained. No plans had been made by August 1943 for the remaining eighty-five hostels to be associated with a psychiatric advice or treatment service. In addition to these hostels, there were nine hostels for children who were convalescing from illness, seven for children who had left residential nurseries at the age of five and could not return home or be billeted in private houses, 207 short-stay or buffer hostels containing an assortment of children needing temporary accommodation, and a varied group of thirty-one others, some of which had not been classified.

The hostel service, like other special welfare schemes, arose in response to the stresses of evacuation. In no sense was it founded on an explicit theory of children's needs; it did not, for instance, initially set out to provide facilities for the treatment of behaviour considered, in the light of contemporary values, to be anti-social. There was no inquiry into the reasons why householders rejected some children and not others; no study of 'problem' parents or 'difficult' foster-parents, their modes of life, their ages and occupations, and all the other characteristics which decide the quality of a home. There was little time during the war for such investigations. The hostels often received children whose behaviour could be traced to clashes of temperament with foster-parents. Were they then 'problem' children? Did evacuation uncover certain serious maladjustments formerly hidden away in the privacies of domestic strife? Or were the unhappy circumstances of these children part of the payment for war? Breaking windows, stealing food, smashing furniture, and wetting mattresses may simply have been ways of expressing desires for affection and security which children need above all else. If this were so, it did not help to label them 'social problems', and thereby to encourage the assertively naughty to live up to a reputation bestowed by an adult and short-sighted world. Labels may be fashionable in a century of science, but when they attach and imply hypothetical inferiorities—of race, religion, 'intelligence' or behaviour—they are fundamentally undemocratic and—in the present writer's view—harmful.

Whether hostel life benefited or harmed the 15,000 to 20,000 children who passed through these institutions during the war;[1] whether it was better or worse than a billet or return to a home in a dangerous area, are questions which cannot be answered here. The crucial test of hostel life, or, for that matter, of life in an institution of any kind, is reached when the child leaves. Only at that point would it be possible to investigate the effects of separation from home and of the attempts made in some of the hostels to help the children in a constructive and sympathetic way to overcome their difficulties. This is a matter of applied research which lies outside the responsibilities and resources of the present study.

At no period of the war were hostels important in the sense of contributing substantially to the problem of finding house-room for evacuated children. Early in 1941 hostels and camps were accommodating about three per cent. of the unaccompanied children. From then on, as billeting in private homes became increasingly difficult to arrange, the proportion rose steadily to twelve per cent. in March 1944. It cannot, however, be assumed that the number of naughty children in the reception areas increased in like proportion.

While, therefore, the hostel service played only a minor role in the scheme of evacuation, it has been described partly because it was one of a small number of new developments in policy after 1939, partly to illustrate the growing emphasis on quality of service, and partly to show how diversity and specialisation inevitably followed from a more constructive approach to the problem of children's needs. A better service meant, in fact, a more varied service. As more attention was paid to the individual child, different types of services came into being offering special kinds of help to special groups with special needs.

What was true of hostels for children was also true, in greater or less degree, of homes for expectant mothers, children under the age of five and other groups. Practically all these services had two things in common; they were forced by the sheer pressure of events to grow up too rapidly, and they were faced with other difficulties due to the need for specialisation and to the multiplicity of local government and voluntary bodies concerned with the jigsaw of welfare in the reception areas of the country.

The situation in Wales in 1943 may be cited to illustrate the range and diversity of welfare provision and to show, incidentally, how progress had led the social services into forms of bewildering complexity. Including hostels, there were, in all, 103 institutions of various kinds catering for about 2,800 evacuated children needing different

[1] These figures are based on a rough estimate that the children in hostels for 'difficult' cases stayed, on an average, fourteen months. For details of length of stay and the average number of children accommodated in the hostels, reference should be made to *Hostels for 'Difficult' Children* (published by the Ministry of Health, 1944)

types of care; children who were difficult to billet (including the dullards and the bedwetters), the physically handicapped, the deaf and the dumb and the mentally defective. The hostels served not only children who presented problems of behaviour but other classes also —children who were waiting for billets, secondary schoolchildren, children who had just left residential nurseries and children who were convalescing. A variety of residential and day nurseries and evacuated poor law children's homes catered for other categories and brought the total of institutions for evacuated children up to 103.

The running of these 103 institutions involved no less than eighty-one different local authorities.[1] Practically every institution had different wants in terms of trained staff, equipment, clothing, and medical, dental and specialist provision. With few exceptions, all these groups of children were housed in premises which had not been built for the purposes to which they were put; alterations to lighting, heating, water and sewage systems were necessary; inspections and surveys were constantly required, while the unravelling of the finances involved multiplied the work of accountants and clerical officers. The rules under which children from many and various evacuation areas in England and Wales obtained admittance to these places were extraordinarily complicated; rules which, once mastered by the conscientious social worker, were soon out of date; for they changed as quickly as the climate of Wales itself.

This variegated arrangement of emergency social services was superimposed, throughout England and Wales, on a set of peace-time services already intricate in form and function, and administered by many local authorities of varying type, size and competence. Something has been said elsewhere about the way in which the difficulties created by local boundaries and divided financial responsibilities prevented some people from getting all the help they needed from the 'normal' or peace-time services.[2] It was these services which often showed up badly when evacuated mothers and children wanted help; they were more often inadequate (e.g. the district medical service), and made fewer advances during 1941–5 than the new or emergency welfare schemes specially provided for mothers and children from the bombed cities.

The reality of these complexities in all services—new and old, statutory and voluntary—was one of the reasons why the Ministry of Health encouraged the employment of experienced social workers. It was the function of these workers (known as welfare officers) to stimulate, advise and give practical assistance to local authorities on the

[1] About fifteen were administered by local authorities outside Wales, while a number were the responsibility of various voluntary bodies subsidised wholly or in part by Government grant under the evacuation scheme.

[2] See chapter XII, particularly the discussion of the district medical service (pp. 226–30) and the maternity services (pp. 220–2).

development of welfare provision for evacuees and homeless people. They were expected to advocate the pooling of services, spread knowledge of better standards, assist with the recruitment of welfare staff, inspect hostels and other institutions, deal with individual needs and difficulties and, above all, help to match the special need with the special provision. A thorough, almost encyclopædic, knowledge of all the health and social services in an area well beyond the confines of a single authority was, therefore, an essential part of the equipment of a good welfare officer.[1] Without this knowledge, effective social help was seldom possible.

An analysis of the work in 1942 of welfare officers appointed by county councils showed that individual instances of the needs of evacuated mothers, children and old people, dependants of Servicemen and transferred war workers, were referred to these officers from a great many sources.[2] Behind these inquiries throbbed a bewilderment of personal worries, vaguely expressed and pathetically introduced: 'I'm worried about Tommy (truanting, bedwetting, food fads, short of clothes, job when he leaves school, ear trouble, can't get into a technical school)—about my husband (seems low in his mind, isn't writing to me, hasn't got his pension through, going after other women, keeps me short, wants an allotment, paying too much rent, won't see a doctor about his ulcer).'[3] Personal difficulties of this kind and many others showed that the gulf between administrative provision and the actual and effective implementation and use of such provision needed constant bridging; it was the job of the social worker to build the bridges. In June 1940 the Ministry of Health added the first social workers to the staff of the evacuation services. This decision, and the increasing use of such workers during the following year, have already been described in connection with the schemes for helping the victims of air raids.[4] As the pressure of events forced closer together the evacuation and post-raid services, the interests and duties of these welfare officers broadened to cover a wider area of the social services.

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[1] A Ministry of Health circular on 10th March 1942 (2596) described the qualifications and experience of social work needed by welfare officers.

[2] For example: directors of education, medical officers and public assistance officials of local authorities in evacuation, neutral and reception areas, the Ministry of Health, the Assistance Board, the Women's Voluntary Services, Women's Institutes, Citizens' Advice Bureaux, welfare officers of the Ministry of Labour and the Service departments, teachers, evacuation helpers, hospitals, probation officers and voluntary organisations.

[3] Even with special cash-aid schemes, like war service grants for the families of serving men, many people did not know to what they were entitled. 'We have', wrote an official of the Ministry of Pensions in 1944, 'talked war service grants, plastered canteens and post offices with war service grants, and we have done all manner of things for nearly five years now. Nevertheless, we still get a substantial number of claims that are not put in till some months later than need have been the case'.

[4] Chapter XIV, pp. 289–90.

The report of the Shakespeare Committee on the reception services supplied a further stimulus, and confirmed the value of these officers in the field.[1] Three months later, a chief officer was added for the first time in its history to the Ministry of Health's headquarters staff, more regional office appointments were approved, and by August 1941 twenty-eight officers were on duty. In Scotland, the Department of Health recruited to its staff two officers to encourage the growth of welfare facilities for evacuated and homeless people.

At about the same time, local authorities in England and Wales were being persuaded by the Ministry of Health to add social workers to their staffs.[2] Not only were these workers needed for the contribution they could make to the development of welfare activities, but it was hoped thereby to stimulate some of the county councils to take a greater interest in the evacuation scheme. The councils had nothing to pay, for the Ministry met the cost so long as these officers were dealing with matters affecting the special war-time services.[3] By May 1941 thirty-two major authorities had recruited welfare officers; two years later the number had risen to fifty-five, and by the end of the war it stood at seventy. The smaller authorities followed suit; but owing to an increasing shortage of trained workers many were compelled to appoint officers without the recommended qualifications.

The more important features of Government action in the field of welfare services under the evacuation scheme during 1941–5 have now been described. The introduction of social workers, the growth of hostel and residential nursery provision for children, and the development of the clothing scheme all illustrated the new accent on welfare. They also reflected, in their different ways, the increasing attention paid to the needs of the individual evacuee and the individual victim of air raids. They grew out of the cruder manifestations of social policy in 1939.

The fundamental purpose of these new and expanded services was to help to maintain the evacuation scheme and so prevent mothers and children from returning to the cities. It is impossible to say what success attended these efforts. The cessation of heavy bombing in the middle of 1941 led many evacuees to return home and, moreover, the maintenance of the scheme depended, more than any other factor in

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[1] *Report on Conditions in Reception Areas* by a committee under the chairmanship of Mr. G. Shakespeare, M.P. (Ministry of Health, January 1941).

[2] The suggestion that county and county borough councils should employ social workers on the evacuation and post-raid services was first made in November 1940

[3] The Ministry did not allow local authorities to use welfare officers on work other than evacuation or post-raid relief unless a proportionate part of the cost was met locally. A few authorities paid part of the cost and used these officers on their 'normal' or peace-time services, e.g. to help with the boarding-out of children committed to the care of the authority as 'fit person' under the Children and Young Persons Act, 1933, or of children in its care as public assistance authority, to undertake inquiries in adoption cases and to promote the welfare of illegitimate children.

the reception areas, on the continued willingness of householders to accept children (and to a lesser extent mothers) into their homes. More welfare facilities, an efficient clothing scheme, more school feeding; all these things helped to sustain goodwill. So, too, did more institutional provision in the form of hostels and camps for children and adapted houses for family groups. Nevertheless, billeting in private houses remained throughout the war the keystone of the evacuation arch. But as the years of war dragged slowly by, it became increasingly difficult to persuade householders to give up so much of their freedom and so much of their time to caring for other people's children.

(iii)

Social and Economic Aspects of Billeting

The Government's policy of relying, for over five years, on private billets as the main source of accommodation for evacuees was attacked on many occasions and from many quarters. What the critics generally suggested as an alternative was a great number of specially built camps in the reception areas.[1] This was the cry, first heard in 1938, which was renewed after the heavy raids of 1941 had ceased. It arose again and again as a sense of frustration, born of military setbacks and an accumulating shortage of consumer goods, troubled the nation during 1942–3. It was heard once more when flying-bombs assaulted London in 1944; the *Economist*, for instance, censured the Government for depending so largely on private houses for the accommodation of evacuees.[2]

Those who criticised the Government were justified in the sympathy they expressed for householders in the reception areas. But in certain respects their approach was unrealistic, for once the country was committed to war, and committed thereby to an immense programme of new factories, aerodromes and other constructional work, there was little to spare in the form of men and materials for the evacuation scheme. If, between 1942 and 1944, the nation had not expended as much effort as it did in providing accommodation and other resources for several million American troops, it might have built camps for evacuated children in preparation for future air attacks. But even if the nation had waged a less austere war, and had

[1] Demands of this nature were made after the Munich crisis in 1938 and again during the winter of 1939–40 (see chapter III, pp. 35-6 and chapter IX, p. 140).
[2] *Economist*, 29th July 1944, pp. 142–3.

built such camps and kindred institutions, it would still have been beyond the wit of any planner to have found the staff, and especially the domestic staff, to run them.

But perhaps the most important consideration overlooked by many critics was the emotional need of every child for family life. This was precisely the need which the Government's policy of private billeting did take into account. It was, of course, only second-best, and when the selection of billets was bad the children suffered in consequence. Nevertheless, the situation of these evacuated children in private households was immensely better, when viewed as a whole, than that of the 80,000 or so children who, deprived of a normal home life, were being brought up in the coldly isolated world of charitable 'homes' and poor law institutions.[1]

The corollary of a billeting policy, at once more humane, more practical and in the widest economic sense much cheaper, was a willingness on the part of householders in the reception areas to accept responsibilities and make sacrifices in the national interest. It is not easy to generalise about the manner in which these responsibilities were discharged, and it is impossible to discuss in detail all that was involved in caring for other people's children. No records were kept of householders and evacuees who met each other in a spirit of tolerance and overcame the difficulties of living together. No facts remain to measure the patience extended to unruly, spoilt, neglected, noisy and dirty children. Domestic successes were not talked about, publicised or reported; the misfits and the disharmonies were. Occasionally and by exception there came into the official records examples of householders who in the later war years were still caring for the children they had received in 1939.[2] But the great majority of householders who co-operated with the authorities could not help regarding the reception of evacuees as an invasion of fundamental rights, an interference with their comings and goings, a violation of the intimacies and ease of domestic life. For the authorities to impose —and to maintain for almost five years—a policy of billeting in private homes was a severe test of the better side of human nature. It was a formidable—to some an intolerable—burden for any Government to place on a section of its people. A community less kindly, less self-controlled, less essentially Christian in behaviour, would not have acquiesced to the same extent and for such a long period of time as this one did.

[1] *Report of the Care of Children Committee* (the Curtis Report), table IV, Cmd. 6922, 1946.

[2] In March 1943, 154 householders in Bognor had not been without child evacuees since the outbreak of war, thirty-three having kept the same children sent to them in 1939. In Reigate, eighty-one children had remained in the same billet since 1939, and in Frimley and Camberley thirty-four householders had had evacuees from the beginning. Such records may well have obtained in most areas of the country, but no statistics exist to enable an analysis to be made.

Of course, simply caring for other people's children or sharing a kitchen and living room with a stranger from London or Liverpool was, by commonly accepted standards, a small sacrifice compared with the risks of injury and death which other men and women were compelled to face during the war. But it was a monotonous and humdrum burden that for many seemed unconnected with the wider national purpose. It was, too, a task that earned little social prestige, and unlike work in factory or shop it offered no material rewards and none of the comforts and satisfactions of group activity. The housewife remained isolated from the general stream of the war effort, but had always to contend with the perpetual war-time household difficulties. It meant for many a harder life; more meals to be prepared, more shopping to be done, more clothes to be washed, ironed and mended, and fewer evenings out if children were not to be left alone in the house. And for many who accepted and cared for children there was in time the pain of separation, often made worse by the thoughtless ingratitude of a mother fearful of having lost her child's affection.

It was not surprising that as the war dragged on after 1941 there were protests from the reception areas. The complaints took various forms. It was said that many of the newly arrived children were in a poor physical condition and difficult to control. It was also said that parents were deliberately using the evacuation scheme as a means of ridding themselves of responsibility for their children in order to earn money in factories. (These allegations are examined in the next chapter.) Stronger criticisms were directed at the Government's billeting policy on the grounds that the allowances were inadequate, and that inequality of sacrifice was growing because many householders with room to spare were not taking evacuees. These, and the absence of heavy raids on London and other cities, were the chief factors making for restiveness in the reception areas after 1941.

On the other hand, certain developments in the character of the evacuation scheme were making for stability. The expansion in the provision of welfare services was one of the most important. Others, more directly affecting householders, concerned the methods of placing children in billets, and the change in Government policy in 1940 which had led many children to be sent away under the 'assisted private' schemes instead of in organised parties. The rest of this chapter is devoted to an examination of a number of these factors, favourable and otherwise, which affected the position of the householder and the welfare of the evacuated child.

In the early days of the war, billeting had meant to the average billeting officer little more than a simple business of linking numbers of evacuated children to the available rooms in the district. Clashes of temperament and culture inevitably followed such rough and ready methods. Good billeting, an intelligent matching of guest and host,

needed time and an appreciation of the personality of the child and of the kind of home appropriate to it. When these principles replaced a process of passing children from billet to billet until some sort of permanence was achieved, or they were sent to a hostel or fetched home by their parents, the results were more satisfactory, especially with children suffering from personal difficulties. 'A backward child could get encouragement and help in reading from an elderly couple in the secure atmosphere of a quiet home; a foster-mother's patience could improve a child's dirty habits and strengthen its self-confidence; the excitable and the aggressive could be placed with childless couples; the sensitive in families where they could receive tactful handling.' Dr. Grünhut, the author of an instructive study of children in billets, noted many instances where a child met in its foster-family a combination of firmness and warmth, so indispensable for wholesome upbringing, for the first time in its life.[1]

The change from the 1939 evacuation 'in the mass' to the 'trickle' arrangements of 1940–2 gave more time for better billeting. The reception authorities were no longer swamped by numbers. An even more important reason for the lessening of friction in the reception areas was the great decline in the number of children sent out in organised parties.[2] This meant that, from September 1940 onwards, there were far fewer children imposed on householders; for many parents were themselves making, under the popular 'assisted schemes', their own private arrangements for billeting their children.[3] Even when the original system of billeting still operated, its effects were generally better. Much experience had been gained by 1941 in the placing of children with sympathetic householders; some of the less satisfactory billeting officers had been weeded-out; increasing use could be made of hostels and social workers. All these things helped to mitigate the difficulties of reception throughout the period 1941–4.

Moreover, during this period more emphasis was placed by the Ministry of Health on the need to supervise the welfare of billeted children.[4] In March 1941, local authorities were advised that children

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[1] *London Children in War-time Oxford.* A Survey of Social and Educational Results of Evacuation by a Barnett House Study Group, 1947. The MS of a more comprehensive preliminary report was generously placed in the hands of the historian by Dr. M. Grünhut. The quotation is taken from the preliminary report.

[2] This was also true of the evacuation of mothers with their children. The number sent away in organised parties during 1940–1 was much smaller than in 1939. Moreover, no further sanction was given (after 1939) to the organised evacuation of mothers from Liverpool and the Merseyside districts.

[3] Between September 1940 and September 1941 only about 141,000 unaccompanied children were evacuated in organised parties from all target areas in Britain (London 60,000, other evacuation areas 69,000 and Scottish areas 12,000). This figure has to be compared with the total of 797,000 children evacuated in such parties at the outbreak of war.

[4] The Ministry had first suggested on 27th August 1939 that billeting officers should visit children and satisfy themselves that all was well (circular 1857).

should be seen not less than once a month,[1] and it was suggested that the advisory welfare committees should help with the work.[2] Billeting officers, evacuation helpers,[3] teachers, social workers and volunteers were all used as friendly visitors. It is impossible to say whether the arrangements for supervision were satisfactory, as no comprehensive investigations were made by the Ministry of Health during the war. A few instances of cruelty to foster-children which came to light in 1944–5, certain reports of children contracting tuberculosis as a result of their being billeted with other children suffering from the disease,[4] and the report of the Curtis committee on children boarded-out and living in institutions, suggested that some local authorities did not take all their normal welfare responsibilities very seriously.[5]

Billeting officers, anxious as some of them were to keep a watchful eye on the welfare of the children they had found homes for, were handicapped by being local residents.[6] They did not want to appear

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[1] Ministry of Health circular 2307, 14th March 1941. More detailed advice was given in the Handbook on Billeting and Welfare, published by the Ministry in November 1942 (paras. 131–2), and on 26th February 1945 an urgent reminder was sent to local authorities drawing attention to a recent case of cruelty by foster-parents to a billeted child (circular 38/45).

[2] On the outbreak of war the Ministry of Health had urged local authorities to form committees of interested and knowledgeable people who would concern themselves with the welfare of evacuees. Little was done, however, until the end of 1940, when members of the Women's Institutes, Women's Voluntary Services and local Councils of Social Service helped to stimulate the development of these committees. By the middle of 1942 some 440 local authorities had set up welfare committees or similar organisations.

[3] These women, who were recruited by the evacuation authorities to travel with parties of unaccompanied children and were later billeted by the reception authorities, carried out various duties connected with billets and school welfare. Some 40,000 were sent out in 1939, but many were later found to be unsuitable. A process of weeding-out the bad ones, in addition to the demands for women in various forms of war work, reduced the number to about 6,000 by the middle of 1941, or one helper to every 100 unaccompanied children. Successful helpers were, in many respects, 'universal aunts', willing to mend and darn, take children to school clinics, and do the hundred-and-one things necessary for children not living in their own homes.

[4] Hall, M., 'Pulmonary Tubercle in Children: Influence of Evacuation on its Incidence', *Lancet*, 1943, ii, 35.

[5] The report of the Curtis committee, in discussing the supervision of boarded-out children by local authorities and charitable organisations, commented on the vague and haphazard arrangements prevailing in many areas. The use of voluntary visitors to keep an eye on the children was sometimes little more than a way of enabling visitors and their friends to obtain a supply of domestic servants and labourers. A case was quoted of one visitor who always 'visited' on horseback; she was unable to remain long 'because the horse would not stand still'. See *Report of the Care of Children Committee* (Cmd. 6922, 1946), paras. 348–52 and 377; also *Whose Children?*, Lady Allen of Hurtwood, 1945, and report by Sir W. Monckton on the O'Neill boarding-out case (Home Office, Cmd. 6636, May 1945).

[6] The power to appoint billeting officers under Regulation 22 of the Defence (General) Regulations, 1939, was delegated by the Minister of Health to the mayors of county boroughs and boroughs, and to the chairmen of the councils of urban and rural districts. Wide discretion was given them in the selection of billeting officers, the Ministry doing no more than emphasise that they should be persons of tact, common-sense and judgment. In the larger areas, the tendency was to appoint some responsible officer of the local authority, such as the clerk or the director of education, but in many areas *ad hoc* voluntary appointments were made.

inquisitive or critical. They did not want to be accused of favouring the 'well-to-do' on the one hand or the 'working-class' home on the other, or of letting their friends off lightly by billeting obstreperous children on the people they were supposed to dislike. For these reasons it became, after 1941, much harder to obtain good billeting officers. Ministers, teachers and tradespeople, in particular, were more than ever unwilling to incur the odium which billeting duties involved. The tasks these officers had to perform were loaded with situations in which passions could be aroused in the village shop or pub, council chamber or school. Favouritism, in these circumstances, was bound to occur in some of the thousand and more reception areas of Britain. The best that the Government could expect was that inequalities in the sacrifice of house-room among different social groups would, in the end, cancel each other out over the country as a whole.

For a variety of reasons they did not do so. As the months of evacuation dragged wearily by, a tendency for the larger houses to be spared at the expense of the smaller ones became more pronounced. Many scattered and disconnected pieces of evidence, slowly accumulating in the files of central and local government, pointed to the fact that a number of people with room to spare were not accepting into their homes their due proportion of evacuees and war-workers.

Reports about these matters frequently reached different divisions of the Ministry of Health from different sources. The Production Departments complained that the Ministry did not adopt a sufficiently firm attitude to those local authorities who used their billeting powers weakly and inequitably. 'With regard to the allegation that a great many houses of the middle classes and larger types are not being used for the accommodation of war-workers, I feel certain from my own experience that there is much truth in this', wrote a senior official of the Ministry in April 1941. A lack of co-operation from 'better off' districts was remarked by the Ministry of Labour, and attention was drawn to the number of medical certificates which immediately followed the delivery of billeting notices.

Similar allegations concerning house-room for evacuees were just as pointed, though few were backed with convincing statistics. Circulars from the Ministry of Health in the autumn of 1940 specifically asked for billeting 'without fear or favour', and regional officials were told to investigate complaints about local authorities who refrained from exercising their powers against the owners of large houses.[1] Many reports from welfare officers and social workers to the Ministries of Health and Labour in subsequent years mentioned instances

[1] Ministry of Health circular 2178, 18th October 1940, and circular to regional officers, 14th November 1940. A year earlier (September 1939) regional officers had been told that 'certain local authorities have not included in the billeting lists the really "good class" residences'.

of the larger houses in residential areas not being used for the accommodation of evacuees.[1] The billeting officer of a university town summed up his experience in a statement to the writer in May 1943 that he could plaster the town hall with medical certificates from people anxious to be excused from taking evacuees. The Ministry of Health's senior officer of one of the larger reception regions of England unhesitatingly concluded in October 1941—after two years' work on evacuation—that 'the real hard core is in the upper middle classes'.

Many of the teachers working in reception areas saw what this problem of house-room meant to their pupils. Inquiries sent to headmasters of evacuated secondary schools by the London County Council during 1941–2 produced evidence of inequitable billeting in a variety of residential districts.[2] Of seventeen heads replying, two complained that offending households were represented by all social classes, while fifteen said that the better-off households were not co-operating. Again, there was much report of medical certificates easily obtained from doctors.[3] From evacuated grammar schools and other headmasters and mistresses came evidence that 'the more well-to-do people, the superior artisan and clerk class, have tended to shirk their responsibilities'.[4]

Yet, despite the reports that billets were increasingly hard to come by, the housing situation in some of the areas untouched by air attack was not as serious as the protests suggested. Many local authorities persistently asserted that their districts were acutely overcrowded, but conclusive evidence was not always forthcoming. In one instance (the only one known to the writer) the Ministry of Health sent its own officials to investigate, as the authority in question had been obstructive for some time. It had refused to take any more evacuees or war-workers, and it had refused to carry out an accommodation survey. Such a survey, it was said, was unnecessary as the town (containing

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[1] Some of these reports led the Ministry of Labour to consider warning the owners of large houses that their staffs would be called up for various forms of war work unless evacuees were billeted.

[2] For instance: Huntingdon, Taunton, Bishop's Stortford, Newbury, Towcester, Lewes, Ross-on-Wye, Tunbridge Wells, Frome, Godalming and Torquay. Two M.P.s were named among the offenders, one refusing to billet secondary schoolgirls because he had 'confidential papers lying around'. In one town, thirty-seven prominent citizens (including the vicar, the ministers of two churches, the town clerk, the deputy clerk, the chief billeting officer, the chairman of the billeting committee, the coroner and a bank manager) had not billeted an evacuee up to at least April 1942.

[3] Many of the war histories, devoted to quite different topics, mention this problem of medical certification. For instance, a study of morale in the merchant navy quotes the views of the Shipping Federation who complained of many abuses, including the purchase of certificates at 2s. 6d. each. These and other allegations of a widespread practice in the granting of certificates without much justification are, of course, impossible to check in the absence of extensive researches.

[4] Report from the Incorporated Association of Head Masters, July 1941.

about 8,000 private houses) was completely full. The Ministry's investigators found, on the basis of one person per habitable room,[1] that there were 7,900 spare rooms in the town in July 1941. One-half of this spare accommodation was in houses with three or more surplus rooms. An analysis of the circumstances of different wards showed that the 'working-class' areas were full (there were 4,000 houses with no spare rooms at all), much of the surplus accommodation being in the 'better-class' districts. Of twenty-eight councillors, seventeen lived in houses with seven or more habitable rooms and eleven in somewhat smaller houses. Twenty-three councillors had, between them, seventy-six habitable rooms to spare. Only five councillors had no surplus accommodation. A few months before this survey was made by the Ministry of Health the council had refused to find billets for 300 war-workers.

The reasons why an unknown proportion of people in various reception areas of the country did not, in time of need, share their surplus house-room with others may not all be ascribed to selfishness. While the billeting money may have offered a definite inducement to poorer people to let rooms, those who were better off probably viewed the question in quite different ways. They may also have been elderly or ill, they may have been doing more housework in large houses because of the loss of domestic staff, or they may have been busy on work of national importance. Moreover, the sensible plea of the evacuated mother 'I can't eat like them, although its very kind I'd give anything to be put with my own class'[2] explained a good deal.

The preference of like for like, as well as the desirability of minimising social class differences, were important influences leading to the concentration of a large proportion of evacuees in the homes of poorer people. There was, indeed, much to be said for putting children into the kind of homes in which they had been brought up.[3] Fewer mental and emotional adjustments were needed; the mode of life was comparable and, consequently, there was less strain. A greater likelihood of there being children in the same house going to the same school (or type of school) was, too, another advantage. As the evacuation scheme pursued its troubled course, these considerations were increasingly recognised in a more careful selection of billets for children.

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[1] The billeting standard employed on all accommodation surveys in England and Wales during the war.

[2] Quoted in a report from the Women's Voluntary Services to the Home Office, 14th September 1939. A story was told to the writer by a billeting officer for Cambridge of a respectable, hard-working mother from the East End of London who was billeted in an ordinary council house. After a few days she visited the officer and tearfully complained that she could not continue to live in 'such a grand place'.

[3] A social survey in Oxford of successful evacuation showed that after three years of war the children observed were almost exclusively billeted with families belonging to the same social group as the parents (*London Children in War-time Oxford* by a Barnett House Study Group, 1947 (p. 22)).

The Ministry of Health was often criticised, whenever this question of accommodation for evacuees was discussed, for not advocating a vigorous policy of compulsory billeting. But this was not the answer when children had to be billeted, for the effects of invoking compulsion could easily be harmful. Householders found it quite simple to 'freeze-out' young children. Among adults, who did not have to be provided with meals, it was perhaps a different matter.[1] Goodwill could not, however, be enforced by law. If householders were not prepared, willingly and sympathetically, to take children then there was little that could be done about it. Compulsion was, in fact, very rarely used throughout the war in the billeting of evacuated children. But the weakness in this situation was, as one official report put it, 'the poorer and congested parts of the town are talked into acceptance, while the richer and roomier parts are left undisturbed'.

As chapter XVIII has shown, war-time population movements, the needs of industrial workers and other groups for accommodation, the fact that no new houses were being built and a variety of other factors caused a steady worsening of the total housing situation in the reception areas from 1941 onwards. The situation was aggravated by the persistent tendency of some social groups to take proportionately fewer evacuees and war-workers than other groups. The administrative device of simply relating the number of habitable rooms in an area to the resident population thus became a less useful guide in deciding where to send new batches of evacuees. The average—in terms of the number of rooms divided by the number of persons—had less meaning than before. This was particularly true of those areas containing a high proportion of well-to-do households. The insufficiency of accommodation in general, together with the greater difficulties of finding billets in certain areas, affected Government policy on a number of important social questions.

One example among many—the question of arranging for London scholarship winners to join schools of their parents' choice—shows some of the unfortunate consequences of this shortage of billets. A large number of the parents of boys and girls who won junior county scholarships in London during 1941–3 wanted them to study at certain schools which had been moved to the reception areas. There were two difficulties to be surmounted before this could be arranged. The first was to get the children evacuated and billeted as a Government charge if the parents were not to be put to a great deal of extra expense. But the Ministry of Health had stipulated that unless the

[1] It was easier for officers to employ compulsion in billeting war-workers. By the end of 1942 eighty-six local authorities out of 420 (who had been given compulsory powers to billet such workers) were, in fact, using them, and as a result 15,742 workers had been compulsorily billeted in various areas of England and Wales.

children were living in an evacuation area they had no title to be billeted near the chosen school.[1] It was argued that the Government's evacuation scheme should not be used as a means of meeting the educational needs of scholarship winners. Billets were already so hard to get that the scheme could not be widened to recognise such needs. The children of London parents whose temporary addresses during 1941–3 were in neutral or reception areas could not, therefore, be transferred to billets near the secondary schools in question. Consequently, if the parents could not pay for board and lodging, the scholarship would have to be relinquished or another school attended. Many families were confronted with this dilemma, for nearly fifty per cent. of the homes of the 3,000 or so London children who received awards in 1941 had been destroyed or damaged by enemy action, and a considerable proportion of the families had been forced to move (for these and other reasons) to districts not classified as evacuation areas. The children, therefore, lost the right to be labelled evacuees and the opportunity to attend evacuated schools with Government help in billeting and board and lodging.

Some parents arranged at their own expense for their children to live near the chosen school; in some other instances, where there was special hardship or distress, the authorities closed their eyes to irregularities. Nevertheless, many scholarship winners and other pupils requiring secondary education were severely handicapped: how large the proportion was it would be impossible to say without extensive research.[2] And even when such children had a title to official billeting, there still remained the difficulty of finding accommodation for them near the school in question. It became progressively harder to do so as the war went on. By 1944, many parents were being forced to make extra payments to householders as supplements to the Government's billeting allowance in order to keep their children at these schools.[3]

This problem of the scholarship winner has been deliberately introduced as one illustration of the social consequences which followed from a shortage of billets in the reception areas. If the shortage had not been so acute, if some householders had been more co-operative, the Ministry of Health could have taken a more generous view of the educational needs of children.

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[1] It was laid down in circular 2300 on 27th February 1941 that when the parents of an evacuated child moved their home into a neutral or reception area the child should rejoin them and billeting should cease. In November 1941 it was conceded that local authorities need not press for the return of children where education at a secondary or technical school would be interrupted (Ministry of Health circular 2525, 21st November 1941). This concession did not extend to scholarship winners and other children passing on to secondary education from elementary schools.

[2] Detailed consideration of the problem is the concern of the education volume in this series of histories.

[3] This fact was reported by thirty headmasters to the Incorporated Association of Head Masters in March 1944. It was said that 'very few householders receive less than £1 a week' in all.

Something has already been said, in reviewing the general billeting situation, about the personal sacrifices which so many householders made in taking children and other evacuees into their homes. These sacrifices of time, convenience and privacy, were accepted for many reasons; compassion, love of children and the example of neighbours, were three that were important. There was, also, the question of money; the amount paid by the Government in the form of billeting and lodging allowances. This, to some people, was, in the long-run, one of the decisive considerations. It need not be supposed that the minds of householders in the reception areas were dominated by material thoughts; but in a war of housekeeping shortages, coupons, rationing and rising prices, the level of billeting allowances was a matter which few could ignore.

It was inevitable that the amount of the allowance should be regarded in a different light by different social groups at different periods of the war. What was accepted as adequate by one householder, perhaps the wife of a coal miner or agricultural worker, was often rejected by others higher in the income scale. If these people, with heavier rents or housing charges, were to give to the evacuated child the same standard of living as the rest of the household then a financial sacrifice often had to be made. The following analysis of the changes in the various forms of allowances paid by the Government during the war suggests one reason why an increasing proportion of evacuated children were billeted in the homes of poorer people.

The empirical way in which the original billeting allowance for unaccompanied children of 10s. 6d. a week[1] was fixed before the war, and the increases that were authorised up to June 1940 have been described in earlier chapters.[2] Despite vigorous complaints from many quarters, no further changes were made for two years. On 1st May 1942, an extra 6d. a week was given to householders billeting children aged ten to twelve and fourteen to seventeen, and 1s. 6d. extra to those with children aged twelve to fourteen and seventeen and over.[3] More than another two years passed before a further advance was sanctioned by the Treasury. On 1st July 1944 an extra 1s. a week was added to each rate.[4] These rates remained in force thereafter.

The increases that were given during this period of nearly five years, that is, between the outbreak of war and 1st July 1944, chiefly

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[1] If two or more children were taken the allowance was 8s. 6d. each.

[2] See chapter III, p. 28, and chapter X, pp. 161–4. On 1st June 1940 the weekly rates for unaccompanied children stood at: age 5–10, 10s. 6d. (8s. 6d. each for two children); 10–14, 10s. 6d.; 14–16, 12s. 6d.; 16 and over, 15s.

[3] The new scale was: age 5–10, 10s. 6d. (all children); 11–12, 11s.; 12–14, 12s.; 14–16, 13s.; 16–17, 15s. 6d.; 17 and over 16s. 6d (Ministry of Health circular 2612, 23rd March 1942).

[4] Ministry of Health circular 67/44, 25th May 1944.

benefited householders billeting older children. Nothing extra was allowed during these five years for children aged five to ten, and only 6d. more a week for children aged ten to twelve. At higher ages, the increases were on an ascending scale.[1] Unlike the position in September 1939, when the allowance was the same for children of all ages, the changes subsequently made did recognise the needs of older children. But as the vast majority of evacuated children were under fifteen years of age, the additional allowances did not involve a great deal of money.

While it might be assumed that the rates fixed in 1939 were generally adequate—an assumption that was hotly contested by many householders[2]—it cannot be said that the subsequent increases for children aged up to sixteen kept pace with the rise in the official cost of living index. Practically the whole of the rise in this index between 1939 and 1944 took place before the end of 1941.[3] By then, the cost of food had risen by twenty-two per cent., and fuel and light by twenty-five per cent. The addition for all items in the index was twenty-eight per cent. Between 1941 and 1944 another two per cent. only was added for all items. When these changes are set alongside the changes in the billeting rates, it becomes clear that the burden of additional cost was not recognised at all for householders taking children under ten years of age until July 1944, and then only to a very limited extent. As regards older children—those aged over fourteen for instance—the percentage increase in the rates paid was higher than the cost of living increase. But here also recognition came belatedly, for there was a considerable time-lag between the rise in the cost of living and the rise in the billeting rates. Most of the changes in the rates were, in fact, made after large numbers of children had gone home, and when the number still billeted in the reception areas was relatively small.

For long periods of the war, therefore, something akin to hardship must have been experienced by many householders, especially by those caring for children aged under twelve. Complaints circled and grew as the accumulating stringencies of total war made life more difficult for housewives.[4] A diminishing trickle of clothes and household materials, allied to the presence of evacuees, emphasised the

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[1] The additions between September 1939 and 1st July 1944 were (for householders billeting one child only):

aged 12–14	1s. 6d. a week
aged 14–16	2s. 6d. a week
aged 16–17	5s. 0d. a week
aged 17 and over	7s. 0d. a week

[2] See chapter X, pp. 161–3.

[3] *Monthly Digest of Statistics*, 1947, Central Statistical Office, table 106.

[4] From about the middle of 1941 until the opening of the flying-bomb attack in 1944 a steady stream of protests reached the Ministry of Health from householders, social workers, teachers, voluntary organisations, ninety-one local authorities in England and all reception authorities in Wales, and officials of the Ministry stationed at regional offices. An investigation by Oxford City Council into the actual amounts

increasing importance of wear and tear of equipment—particularly bedding. The Ministry of Health was convinced by December 1941 that something ought to be done about the problem of wear and tear. But not until October 1943 did the department convince the Treasury. The attitude of the Treasury—particularly to the question of raising billeting allowances—was influenced at all stages by the importance of avoiding any avoidable increase in the amount of money in circulation at a time when the supply of goods was diminishing. This important consideration had to be balanced against arguments in favour of giving more money to householders in the reception areas. Eventually, a scheme for the free issue of sheets to deserving householders who had billeted children for not less than two years was agreed to, but it was so hedged round by secrecy and reservations that it failed to achieve very much.[1]

Dissatisfaction among householders with the Government's billeting allowances must have placed a proportion of the parents of evacuated children in an embarrassing position. Some parents, able to afford the money, made additional payments to those who were looking after their children. It is impossible to say how widespread this practice was during 1942–4. The fact that the Government did not attempt to collect any more money from parents—although billeting rates were increased—allowed the better-off to supplement the official allowances. The scales laid down in 1939 for the recovery of allowances from parents were maintained unaltered throughout the war.[2] Consequently, those parents who could afford to pay the Government 6s. a week (the amount asked for) benefited increasingly as both wages and the cost of living rose and they continued to pay 6s. a week for an evacuated child. On the other hand, those who could not find 6s. a week were increasingly penalised, for they were still means-tested on an assessment scale devised in 1939 and never altered.[3]

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spent by householders in the autumn of 1941 showed that expenditure exceeded the billeting allowance in every age group up to sixteen, particularly among children under fourteen years where the excess was about 2s. 6d. a week. A similar inquiry in March 1943 by the Women's Voluntary Services concerning evacuated children aged 12–15 also showed considerable excess expenditure. During the later years of the war the Ministry also received evidence from many sources of parents supplementing billeting allowances, of children being disposed of in favour of more remunerative war-workers and paying guests, and of medical certificates being obtained to effect the removal of child evacuees.

[1] The Treasury objected to the scheme because it was believed that householders billeting civil servants and other people would expect similar treatment, and that demands would also arise for the replacement of blankets, saucepans and other things. When the sheet replacement scheme was finally agreed to in October 1943 there were 137,000 unaccompanied children billeted in reception areas. Some 70,000 sheets were distributed to the Ministry of Health's regional offices, but in the ensuing nine months less than 20,000 were issued to householders. The scheme was then regarded more or less as a failure and was wound up. The Treasury was not informed of its history.

[2] See chapter X, pp. 156–61.

[3] For details of the scale see chapter X, p. 158.

The defects in this scale, though they grew more marked with the passage of time and because of changes in the value of money, did not attract much public criticism. The same might be said of other economic weaknesses of the evacuation scheme. There were reasons for this and some of them were deeply rooted in traditional views concerning the respective roles of soldier and civilian in time of war. While members of Parliament, representing different political faiths, worked hard to achieve repute as the 'Serviceman's member' by studying and voicing questions of Service conditions, defects in the evacuation scheme remained unnoticed and unremedied. Moreover, in a country where parliamentary and public criticism of the detail of governmental work is customary, central departments and local authorities can easily slip into an attitude of waiting upon events; of allowing anomalies and inequities to remain until they are exposed in the House of Commons, the council chamber or elsewhere. So long as there is strong dependence on and sensitiveness to public scrutiny, then public opinion must actively inquire into the corners as well as the core of public policy and its practical implementation.

The need for inquiry was clearly demonstrated in the actual working of two provisions of the special scheme for the evacuation of expectant mothers to maternity homes in the reception areas. This scheme was predominantly used, after the heavy raids had ceased in 1941, not because mothers wanted to leave London and other cities for reasons of safety from air attack, but because of an acute shortage of maternity provision in the evacuation areas. These mothers were, in point of fact, compelled to have their babies in institutions long distant from their homes and families. Nevertheless, the Ministry of Health refused to pay the return fares. The cost, ranging from a few shillings to thirty shillings or so for places as far afield from London as Derbyshire and Yorkshire, could not, it was argued, be debited to an account called 'evacuation'. It would, too, be contrary to public policy to encourage mothers to return home with their babies by paying their fares.

As early as September 1941 the Ministry had admitted that the 10,000 or more expectant mothers evacuated yearly from London were seeking a bed, not safety. They had no intention of remaining in the country with their babies—even if billets could be obtained. A proposal to take mothers back to London in the coaches returning empty from outward journeys was rejected because it involved some extra consumption of petrol.[1] The evacuation account remained unsullied until in February 1943 a parliamentary question led to stories

[1] A little later in the war the R.A.F. was using 1,250,000 gallons of aviation fuel a day on operations in the war against Germany (H. of C. Deb., 16th May 1945, vol. 410, col. 79).

of mothers with their babies hitch-hiking home, and of unmarried mothers and babies stranded, penniless, in the country.[1] Within a month, permission was given for return fares to be paid in part or in full where hardship was involved.[2]

The second example of the general lack of public concern about the detailed working of the evacuation scheme relates to the billeting allowance paid to householders for accommodating expectant mothers. Before these mothers were confined they had to be provided with board and lodging, often for several weeks,[3] in private homes or ante-natal hostels. Owing to a shortage of hostels, billeting was necessary for most of the mothers. A billeting allowance of 21s. a week was paid by the Government to householders for board and lodging, the local authority being responsible for collecting 16s. (or as much of this sum as possible) from the mothers.[4] To many mothers, this meant additional expense for several weeks until the baby arrived. Their position was not unlike that of other mothers who, in booking a bed at certain voluntary hospitals, were charged so much for each 'waiting' day—a practice corresponding to the demurrage fee collected by railway companies for unemptied wagons.

Many of the householders billeting these mothers found that the sum of 21s. a week was insufficient to cover lodging and three good meals a day. It also became known that the allowance was lower than that for any other adult group. Members of the A.T.S. were rated at 28s. to 29s. a week, war-workers and 'Bevin boys' at 30s. to 35s., while 21s. covered lodging only for Army and Air Force officers.[5] A rate of 21s. was also paid for civil servants, nurses and other people provided with lodging and two meals a day. Thus, of all adult groups included in Government billeting arrangements, expectant mothers fared the worst. Yet, according to scientific ascertainment, their nutritional needs in terms of protein, calcium, iron and certain vitamins were highest of all.[6]

Dissatisfaction with this rate of 21s. was occasionally expressed in letters and reports to the Ministry of Health; but no powerful voice was raised in protest. Not until nearly four years had passed, and billets for expectant mothers had become extremely hard to find, was

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[1] H. of C. Deb., 18th February 1943, vol. 386, col. 1957.

[2] Mothers had to justify their claims to the reception authority concerned. No statistics were collected to show how many mothers knew of and benefited from this concession.

[3] The aim was to send mothers to the reception areas about four weeks before confinement. But the difference between the predicted and the actual dates of confinement was often very great, and many mothers had to be billeted for six to eight weeks and more.

[4] This allowance was fixed in November 1940.

[5] These rates were paid during 1943–4.

[6] These special needs were recognised by the Government in the form of additional weekly allowances of milk, eggs and meat, to the value of about 5s. more than the rations for the ordinary adult.

the rate increased to 25s. a week.[1] By this time, however, discontent among householders in the reception areas about many of the billeting and lodging rates was fairly general. In addition to the anomalies already described, the lodging allowances of 5s. a week for an adult and 3s. for a child had remained unchanged since 1939. They were not, subsequently, increased; for the restiveness that prevailed was quickly stilled by a fresh wave of sympathy which swept over the country in the summer of 1944 for refugees from the flying-bombs.

Consideration has now been given to most of the important social problems which arose in the reception areas because of the need to provide shelter and care for evacuated mothers and children. These needs were, in all essential things, quite simple to formulate; but the organisation required to meet them was complicated and elaborate. By moving people, or helping them to move out of the dangerous areas, the Government was obliged to accept responsibility for satisfying an immense span of human needs expressed in widely different circumstances by a population ranging from new born babies to old age pensioners. Once a child was separated from its parents as a result of evacuation its welfare became the concern of a great many people working through the complex machinery of central and local government. All these needs of mothers, children and other refugees from air attack resolved themselves into hundreds of detailed and technical problems for which solutions had to be thought out on a national scale and simultaneously applied by officials of local authorities and voluntary bodies of varying degrees of skill and experience. They were not the kind of problems which pre-war Governments knew much about; civil servants and local officials had not been expected to understand such things and to know so much about human needs. They included such varied questions as the design of cots for young children, the durability of mackintosh overlays, and the manufacture of contraceptive appliances. Yet to all—or nearly all—these questions the Government sought to find answers.

In this chapter an attempt has been made to describe, from the perspective of the householder in the reception area, the achievements and the failings of the new policies of social care originating from the principle of Government sponsored evacuation. There were more successes than failures, but all was relative, for there was no abundance of resources. The fighting services and the production departments had first claim on manpower, materials and money. Those responsible for solving the social problems arising from evacuation had to be content with the little that was left. And out of the residue new welfare services had to be built; residential nurseries, maternity

[1] From 1st July 1944.

homes and hostels, children's hostels, communal meal centres, clothing schemes, sick-bays and mothers' clubs. The history of the care of evacuees in the reception areas of Britain is partly a history of how gaps were filled and needs were somehow met by untrained people, voluntary workers and part-time helpers. In all other respects, it is a history of the forbearance of housewives in sharing their homes with strangers from the towns. Without this forbearance, the Government's aim of saving the lives of mothers and children would have crumbled to nothing by the end of 1940.

CHAPTER XX
FAMILIES IN TROUBLE

THE difficulties and disturbances of home life in the reception areas caused by the presence of evacuated mothers and children were the themes of the preceding chapter. In this chapter, attention shifts back to the cities, and evidence is presented to show in what manner of ways the war affected home life and particularly the care and upbringing of children. The following account is not, of course, a comprehensive study of the family in wartime; it is much simpler and less ambitious than that, for the problem of social conditions is approached on two rather narrow fronts. Both form part of the evacuation sector, and both have their initial starting-point of inquiry in the reception areas. The first concerns the condition and behaviour of newly evacuated children; the second, the changing functions of the evacuation scheme.

Towards the end of 1941 observers in the rural areas were reporting a deterioration in the type of children they were receiving from the towns. It was said that a larger number were bedwetters, that many more suffered from scabies and lousy heads, and they were 'little toughs', out of control, ill-taught, with poor clothes and shocking manners. Some, it was remarked, turned up with all the current coupons torn from their clothing and ration books, some had already been evacuated on several previous occasions and were abusing the hospitality of householders in the reception areas; in more than one report, parents were accused of using the evacuation scheme as a means of ridding themselves of responsibility for their children in order to earn money in factories. These reports need to be traced back to their source; to the environment of home and school from which the children had come.

The second approach to the problems of the family in wartime raises a somewhat similar set of questions concerning the state of children: it does so by an analysis of certain factors which led, during the years 1941-4, to important changes in the character of the evacuation scheme. From about the middle of 1941 the scheme began to function to an increasing extent in an unexpected way. Its original role as a means of transferring children to safety diminished in significance. Instead, it operated as a receiver of social casualties; it took into its care, for instance, the children of mothers who were ill or expecting another baby and whose husbands were in the Services, the children of mothers who were forced by shortage of money to work or

[1] Reports to the Ministry of Health, the London County Council and other authorities from local authorities and various other sources in the reception areas during 1941–3.

who preferred to work, children from homes where strife had broken out, children who were out of control and at cross-purposes with society, children of parents who had no satisfactory home and could not get one. The evacuation scheme, designed as an integral part of civil defence, increasingly assumed the form of a social welfare agency; an agency which placed children in temporary boarding-homes or residential nurseries and hostels in certain parts of the country.

What were the forces that were causing this transformation in the work of the scheme? And was it true that many of the new evacuees were inferior in condition and behaviour to the children who had been billeted in 1940 and during the period of air attack? To answer these questions it is necessary to examine very briefly certain consequences of a war economy; consequences which pressed hardly on those two institutions vital in the lives of children—the home and the school.

During the first two years of war the school system had suffered much injury as a result of evacuation and bombing. The wounds were particularly deep in the great cities where, it was said, the effects of depleted education had led to a rising curve of youthful delinquency; more children were accused of offending the standards of behaviour set by adults.[1] Many city children had, it was true, been involved in the dislocations; in the scattering of school communities, in the severance of relationships with teachers, in the makeshift lessons, the crowded classrooms, and the closed and silent schools of 1939 and 1940.[2]

The size of a class has generally been accepted as one important factor in deciding the quality of education. During the war the number of large sized classes, already considerable before 1939,[3] climbed

[1] No study has been made in this book of juvenile delinquency during the war. The problem may be examined in a second volume.

[2] See chapter X, pp. 146–7. In April 1941, 290,000 schoolchildren in England and Wales were not receiving full-time education. A few months earlier the Board of Education had estimated that 92,000 schoolchildren in London alone were without any instruction at all. The Ministry of Health, the London County Council and the Board of Education could never agree about the number of schoolchildren left in London during the winter of 1940–1; an important fact in estimating the number not at school. The Council put the figure of those still in London at 81,000 on 1st November, for instance, an estimate which the Ministry thought was much too low. Reports to the Board of Education gave a London total of 112,000 of whom 92,000 were not at school. Even the Board seems, however, to have been optimistic in its summing up on school attendance. In a statement covering the war years the figure for 'no instruction' at elementary schools in England and Wales in December 1940 was put by the Board at 99,950. But if 92,000 of these children belonged to London, it is hardly conceivable that fewer than 8,000 were not at school in all the other Metropolitan areas, the reception areas, the banned towns on the coast and the other cities under attack. The true figure of children not attending school in all areas of England and Wales during the winter of 1940–1 may well have been much in excess of 100,000.

[3] In 1938 there were 2,000,000 children in classes exceeding forty in elementary schools in England and Wales. Nearly one class in three contained more than forty children.

still higher. At the same time, however, there were more small sized ones. The numerical relationship of pupils to teachers was constantly changing in most areas of the country, largely as a result of evacuation and population movements. The experience of different education authorities varied immensely at different stages of the war; moreover, many authorities had to face, within a period of one or two years, two quite dissimilar situations—first, too many teachers, then, too many children. While, therefore, the war led to greater disparities, the general tendency was for the number of larger sized classes to increase. Some of the big cities suffered severely. By October 1943 for example, Liverpool had over 600 classes in elementary schools with more than 50 children each, compared with 293 in 1938. In Birmingham the number rose from 72 to over 1,000 by October 1944; in Dudley from 2 to 73, while Sheffield, which had only 2 such crowded classes in 1938, reported 406 in the autumn of 1944—60 of them containing over 60 pupils apiece.[1] Nor did village schools escape the effects of the war. The fate of some, containing children aged five to eleven grouped in one class of perhaps 40 to 60, was often precariously balanced on the shoulders of elderly women teachers, while classes of 35 and over in secondary schools were common in both urban and rural areas.[2] It was found at the end of the war that there were, in elementary schools in all areas of the country, 3,823 classes with over 50 children, compared with 2,100 in 1938.[3] In Scotland, education was similarly handicapped. Glasgow reported an increase from 62 (1939) to 83 (1945) in the number of infant or primary classes containing over 50 children. In the first three years of secondary divisions the number of classes with over 40 children rose from 50 to 167. Dumbarton, Lanark and Renfrew were other areas which had many more overcrowded classes.

These swollen regiments of schoolchildren were not due to an increase in the national population aged from five to fourteen. On the contrary, the number in this group in England and Wales fell by about 366,000 between March 1938 and January 1946.[4] The nation ended the war with fewer children to teach. The actual number (of all ages) in primary and secondary schools maintained by local authorities in England and Wales in January 1946 was less by 575,000 than the figure for 1938. When comparisons are made with the situation in the First World War the difference in numbers becomes quite dramatic. Then, the nation had just over 2,000,000 more

[1] A report by the Director of Education for Sheffield stated that there were 431 classes (out of a total of 1,338) containing over 50 children on 1st September 1944. Only 109 classes had 30 or fewer children.

[2] Reports by Divisional Inspectors, 1944. No figures were collected by the Board of Education for the country as a whole during the war.

[3] *Education in England and Wales, Report and Statistics*, 1947, Cmd. 7426.

[4] The totals were: 5,396,000 (1938) and 5,030,000 (1946). Approximately ninety-one per cent. of the children aged from five to fourteen were attending primary and secondary schools in 1946 (including direct grant grammar schools).

children aged from five to fifteen to educate, feed, clothe and shelter than during the Second World War.[1]

There were other burdens on the schools during 1939–45 in addition to the greater frequency of inflated classes. Teachers were fewer in number and older in years (because of recruitment to the Services)[2] and those who remained had to shoulder many extraneous duties, up to September 1943 over 4,000 school buildings had been destroyed or damaged by enemy action, others were requisitioned for civil defence and a variety of purposes,[3] while a number of schools had to be closed because cleaners and caretakers could not be obtained.

The educational system as a whole did not collapse under the weight of these blows, but in a number of areas it came near to doing so during some of the critical phases of the war. Of great help was the decline in the school population for this saved the authorities from finding—if they could have done so—another 19,000 teachers, equal to over ten per cent. of the total teaching strength in 1945.[4] If this decline had not occurred during the war, and if the additional teachers had not been found, the size of school classes might well have risen to around seventy or eighty in some areas and education in any liberal sense of the word would have ceased to exist in parts of the country. This fortuitous easing of the educational problem was gained only at the expense of the future. Fewer children to teach during the war inevitably meant fewer potential parents and, more important still, fewer workers after the war, when the nation would be hungry for manpower.

Although the strains of war were to some extent mitigated by the decline in the school population, nevertheless, the accumulating effects of several years of evacuation, bombing and other disturbances, may have meant for some children a standard of education reminiscent of the mass instruction of earlier times. Some school authorities and some teachers, by persistent and unyielding effort, were probably successful in maintaining a high standard of work;

[1] There were 7,634,000 children aged five to fifteen in England and Wales at mid-1918 compared with 5,628,000 at mid-1945 (*Registrar-General's Annual Reports*).

[2] The Minister of Education announced in October 1944 that between 20,000 and 22,000 teachers had left the public elementary and secondary schools in England and Wales to serve in H.M. Forces (H. of C Deb., 19th October 1944, vol. 403, col. 2511). The number of male teachers in grant-aided elementary and secondary schools in Great Britain fell by over one-third between 1939 and 1944 (*The Impact of the War on Civilian Consumption*, 1945, H.M.S.O. (p. 63)). Of the total number of teachers in primary and secondary schools in England and Wales in January 1946, 9,458 were aged over sixty and 33,159 were married women (Ministry of Education estimate, February 1946).

[3] See chapter X, p. 147. In December 1944, 1,558 school premises (both public and private) in England and Wales were occupied wholly or in part by Government departments; 1,082 of these were elementary schools. The War Office, Air Ministry, Admiralty, Home Office and Ministry of Home Security accounted for fifty-six per cent. of the total of requisitioned premises.

[4] Calculated on 575,000 fewer pupils in England and Wales, and allowing one full-time teacher to every thirty pupils.

others, less adaptable and more unfortunate, succumbed to the difficulties of unwieldy classes, drab, out-of-date buildings, disreputable furniture and decaying text-books.[1] Thus it became even less informative to speak in 1942 of an 'average' standard of school work than it had been in 1938. In short, there was more inequality within the State schools—quite apart from those outside—in terms of the education received by different groups of children. It was the slow, and perhaps backward, child, always needing more attention than the bright, that suffered most.

This, at any rate, was one of the significant conclusions which emerged from a London County Council inquiry in 1943. In September of that year the Chief Inspector of Education summed up the effects of four years of war on school life. What he said of London may well have been true of other education authorities.

> 'The shock of war and evacuation has been heavy on London schools. . . . Schools were broken up and rapidly lost their identity. Reorganisation and even merging with local schools have been continuous; changes of staff and re-evacuations have made continuity of work and syllabuses practically impossible. Schools were closed for several months. Home tuition groups were started and later emergency schools; then came the "blitz period" when teachers were transferred to rest centres and meals services. Even now, when schools are becoming a little more stable, they are nevertheless still "emergency". There are frequent changes of head teachers and assistant staff as more teachers return and new schools are opened. Premises are not satisfactory and many schools still have other occupants; accommodation is strictly limited. Organisation is continuously changing as more children return. For long periods many children were out of school; many others were only part-time and attendance was not enforced because of accommodation restrictions. It should be remembered that these children have spent the whole of their senior school years and part of their junior school years in such conditions. Nearly half of their school life, in fact, has been spent in improvised and often unsatisfactory conditions.'[2]

The Inspector was reporting on the results of certain tests applied to 13–14 year-old children in 1943; these were compared with similar tests made in 1924.[3] While children could still write natural, lively and intelligent compositions, spelling was 'definitely worse' than the spelling of a corresponding class of children in 1924. On the average, a London boy of thirteen then mis-spelt a word every time he wrote a

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[1] A report in 1946 to the Education Committee of the London County Council stated that practically no new furniture had been bought for seven years, and that the remaining school books were 'frequently in the last stages of usability' (*The Times*, 22nd January 1946).

[2] Report to Education (General) Sub-committee, Ed. No. 208 (addendum), 13th September 1943.

[3] These tests were applied in both years to representative samples (about 3,000 children) of the 13–14 year-olds.

dozen lines of composition; in 1943 one word in six lines was misspelt. The proportion of these 13–14 year-olds in senior classes of elementary schools who could not read fluently from a simple reading book was twice as high in 1943 as in 1924.[1] In three other subjects, arithmetic, history and geography, the level of attainment was 'appreciably lower' than in 1924.[2] 'The worst feature of the results is the disclosure that this age group contains a considerable residuum of children whose attainment in these subjects, or whose ability to express themselves intelligently in writing, is extremely low. This residuum is greater than it ought to be, and is greater than it was in 1924.' It was the belief of the Council's inspectors of education that had it been possible to compare the results of the 1943 tests with the results of corresponding tests in 1938 the deterioration would have proved greater than was indicated by the contrast with 1924.[3]

Within two years of the end of the war confirmation of these fears was to come from an unexpected source. The boys who had spent the last two to three years of their school life in the disrupted conditions of 1939–42 began to enter the Army in 1946 and 1947. As they were taken in, they were tested for intelligence, and given mechanical, educational and clerical tests. The results disclosed a marked discrepancy between the scores expected and the scores attained on the tests with an educational bias. There was no decline in intelligence—in native wit—and no decline in mechanical ability or 'picked-up' knowledge about mechanical things. But the combined results for twelve intakes between July and December 1946, comprising a total of some 72,000 men of an average age of nineteen years, showed an all-round drop in the level of scholastic attainment, and a serious increase in the numbers graded educationally backward and retarded. The bases of comparison were the scores obtained by men who left school mainly during the years 1925–35 and entered the Army during the war.[4]

These findings confronted the Army authorities with a grave problem. They were faced with an insufficiency of recruits of reasonably good educational standard, and a disproportionate number who

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[1] The respective proportions were two per cent. and one per cent. Before the war there were some 320 'backward' classes in L.C.C. elementary schools specially staffed to give remedial treatment to dull or backward children. These classes were abandoned during the war.

[2] It was noticed, *inter alia*, that many of the examination scripts in 1943 bore evidence of an economy of paper which had 'degenerated into a parsimony that cannot fail to diminish the children's prospects of achieving accurate work during the formative years of schooling'.

[3] All these educational matters will be dealt with more fully in a separate volume in this series of histories.

[4] This paragraph is based on material supplied by the War Office. The writer is indebted to Maj.-Gen. Lloyd, Director of Army Education, Lt.-Col. Ungerson, Chief Psychologist, Lt.-Col. Anthony, Chief Inspector of Army Education, and Major Warburton of the War Office for assistance in obtaining the documentary material and for help in discussion of the problem.

to put it crudely, were semi-literate. The implications of this problem in terms of military training, officer selection, and army educational requirements cannot be discussed here; nor would it be right to attempt to give numerical precision to the problem—to estimate, for instance, the increased proportion of backward and retarded men—without a full description of the scientific basis of the tests applied. What concerns this volume is the significance of this post-war experience as a measure of the war-time performance of schools and other teaching institutions. Incidentally, the evidence disclosed makes clear the need to seek more evidence of the same kind by continuing the inquiry and publishing the detailed results as a contribution to educational research and social policy.

This digression into the field of education has served to show that the war-time worries of parents, school authorities and householders in the reception areas were real, and not imaginary, worries. They saw, as the Army was to see several years later, what the war had meant to the education of many children; plastic, impressionable, imitative children, mirrors of every breath of national trouble. When they were sheltering from the bombs, roaming adventurously through the littered streets, or travelling to the country as evacuees, they were regarded as important and honourable young citizens. But as they grew up during the early post-war years these formative influences were often forgotten by older people, and the ugly epithet, 'spiv', was thrust into prominence and indiscriminately bandied about. There was much justification for the protests of householders in the reception areas about the behaviour of newly evacuated children during 1941–3. Nevertheless, it is important to insist that the disturbances and difficulties of war did not lead to an immense increase in youthful delinquency. More crimes were committed by children and young people and were detected by the authorities; but, when all the circumstances are assembled in historical perspective, it cannot be said that a tidal wave of delinquency occurred. What troubled householders in 1941–3 was not that they were asked to billet young criminals, but that they were expected to care for children who, in their view, were disobedient, bad-mannered, sometimes aggressively selfish and thoughtless, ill-taught, and who generally behaved as though they had been neglected in their homes and by their schools.

The educational setbacks experienced by many children have been considered; these, inevitably, were accompanied by parallel setbacks in the influence of the school as a civilising agent. That was one of the causes at work. A second, and much more important cause, was that many homes lost some of their power for good in the upbringing of children. The effects were mirrored in the working of the evacuation scheme and in its development after 1941. By the beginning of 1942, the population of evacuated unaccompanied children (some 350,000

in England, Wales and Scotland) was less than ever a representative cross-section of the children of London and other large cities. Those who remained in the country from earlier evacuation movements were increasingly a selected group; that is to say, the circumstances of their parents differed from those of other parents who fetched their children home.[1] There were a number of important reasons why these children stayed in the country, but they were reasons which, for the most part, were not connected with any threat of air attack. Similarly, parents were not primarily concerned about physical safety for their children when they sent them away to the country in the later months of 1941 and during 1942 and 1943.

It is worth examining some of the reasons which led to the use of the evacuation scheme for purposes other than raid-safety; first, as a help towards understanding the trials of householders in the reception areas during these difficult years and, second, in order to throw some light on the disturbances to family life during the war. Insufficient house-room in the cities was one reason why children remained in or were sent to the reception areas. The housing situation in London, Birmingham, Glasgow, Hull and other cities steadily worsened with the lengthening of the years in which no new houses were built, war damage was not made good and decay and disrepair went unattended. At the end of the war, more than one-half of all households in London were living in conditions which meant no bath and no bathroom of their own.[2] Even by the end of 1942, according to official estimates, over 1,000,000 people in England and Wales were inhabiting houses which had been, or but for the war would have been, condemned as slums; some 8,000,000 people were living in damaged houses which had received only first-aid repairs, and many were carrying on their lives in crowded rooms.[3] It was not surprising, therefore, that some parents, whose living conditions were bad, decided to leave their children in the country until they could find a decent home.

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[1] The Oxford evacuation survey (referred to above, p. 390) showed, for instance, that a considerable proportion of the mothers of those children who remained in the reception areas in 1942 were employed in factories and on other jobs. This, said the report, indicated a division of labour 'whereby mothers who had sent children to the reception area went out to work while housewives in that area undertook the care of children as their war-work' (*London Children in War-time Oxford* (p. 23)).

[2] 'No bath' means 'no fitted bath' (Report of an inquiry in 1947 by the Social Survey for the Ministry of Works).

[3] A survey of the housing circumstances of all mothers giving birth to a baby in a particular week in March 1946 threw some light on family difficulties in Britain at the end of the war. This inquiry was undertaken by a joint committee of the Population Investigation Committee and the Royal College of Obstetricians and Gynæcologists. It showed, for instance, that eighteen per cent. of the people comprising these families were living two or more to each room. For manual workers the proportion was sixteen per cent., while even two per cent. of professional and salaried workers were in this condition of overcrowding. Midwives interviewed in this inquiry spoke of women who, during their confinement, slept in the same bed with mothers, female relations, children or husbands (*Maternity in Great Britain*, 1948, (pp. 17–19 and 58).)

While dwelling-rooms in the towns and cities were, on the average, more crowded—particularly at night-time and the week-ends—mothers spent less time in their homes. This was another material factor which helped to change the function of the evacuation scheme. The circumstances of the war involved a reduction in the amount of care and supervision given to children; there were fewer people—mothers, fathers, older brothers and sisters, aunts, grandmothers and neighbours—in and around the home to spend time on children. They were in uniform, or making munitions of war, or doing jobs in a variety of occupations in place of younger men and women. By the middle of 1943 Britain had over 4,500,000 men in the Armed Forces, Civil Defence and other services—about thirty per cent. of all its men aged 14–65.[1] In striking contrast to the situation in 1939, 2,768,000 more women aged 14–60 were employed in industry, the Forces and Civil Defence,[2] and probably another 1,000,000 were serving part-time or full-time in nurseries, canteens, hostels, clubs and rest centres.[3] Of all women aged 18–40 (single, married and widowed) no fewer than fifty-five per cent. were in the Services or employed in industry in 1943.[4]

This great withdrawal from the home was not good for children. It meant less order and less stability, for the old routine of life with its accepted and regular cycle of discipline was knocked awry. It meant that consistent treatment—the golden rule in the upbringing of children—was less practised, for the war spelt inconsistency in parent-child relationships. Generosity with time is essential to the good discipline and the consistent handling of children, and time spent with parents and teachers was just what children lost in great measure during the war. To this lessening of adult personal influences was

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[1] Excluding prisoners and those who were missing, the merchant navy, war invalids and certain other classes (*Statistics Relating to the War Effort of the United Kingdom*, November 1944, Cmd. 6564).

[2] Of the additional number, 2,018,000 women were working full-time and 750,000 part-time. The total employed at June 1943 was 7,605,000 (excluding indoor private domestic servants). (*Report of Ministry of Labour and National Service*, 1939–46, appendix VIII, Cmd. 7225).

[3] During 1940–2—years of bombing and disruption—Britain, with only about half the population, contrived to produce more aircraft and tanks than Germany. One reason for this great difference in the war effort of the two peoples was the mobilisation of women in Britain. For instance, the number of German domestic servants fell by only nine per cent. between 1939 and 1943 (despite the employment of large numbers of women from the occupied countries as servants) in comparison with a decline in Britain of fifty-eight per cent. The respective figures were: Germany 1,582,000 and 1,442,000; Great Britain 1,200,000 and 500,000 (The United States Strategic Bombing Survey, *The Effects of Strategic Bombing on the German War Economy*, 1945 (pp. 6, 9, 34, 143 and 215)).

[4] The proportion actually experiencing some spell of work in the Services or in war industry during 1942–5 was considerably higher than fifty-five per cent. It was estimated by the Ministry of Supply, for instance, on the basis of conditions during July to October 1942, that fifteen per cent. of the whole-time women in scheduled employment were lost every year to whole-time work in the war effort. This wastage was chiefly due to childbearing, bringing up children, caring for relatives, and illness of the women or in the women's home.

added the uprooting of homes, the ebb and flow of evacuation, the comings and goings of members of the family, the shifting of work and work-places. This restless, harried movement of people continued for more than six years. From the outbreak of war to the end of 1945 some 34,750,000 changes of address occurred in a civilian population of about 38,000,000. Approximately 20,750,000 of these moves took place within the first three and a quarter years of war. Such figures do not mean that nearly everyone changed their address once in six years. They simply represent the sum of removals from one national registration area to another.[1]

The effect of these disturbances and pressures on the family, a smaller family than before the war and, because of lowered birth rates, substantially smaller than during 1914–18, was to disrupt and scatter many kinship and neighbourly groups. When things went wrong in the family, when there was illness or accident or some domestic crisis, there were fewer persons to come to the rescue. The human aids upon which mothers rely in time of stress dwindled away, leaving a 'small, fragile, inexperienced, isolated family' with fewer supports. Margaret Mead, in analysing the situation of the typical American family in the present day, points out that society now calls upon the individual family to do what a whole clan used to do. When it fails in its duties or breaks down in some way it is often concluded—especially by those who read overmuch in their newspapers about juvenile delinquency—that the modern family has lost its moral fibre. But to understand the consequences of social and economic change, wrote this observer of the American scene, is to realise that the family has not suddenly lost its moral fibre; 'what it has lost is its grandmother'.[2]

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[1] They are 'inward' removals for England and Wales only and exclude immigration movements, births, discharges from the Armed Forces and, of course, removals within each national registration area. It has not been possible to analyse the data on a regional basis or in close detail as the raw material for the period June 1940—December 1942 was misguidedly sent by the General Register Office as a contribution to the paper salvage drive (personal communication from the General Register Office, 2nd August 1947). Nor are any comparable figures available for pre-war years. The yearly figures of inward removals for England and Wales during the war are set out below:—

December quarter	1939	1,312,924
Year	1940	7,693,467
,,	1941	6,736,338
,,	1942	5,020,898
,,	1943	3,824,256
,,	1944	5,612,077
,,	1945	4,552,210
,,	1946	4,534,959

Between 1939 and 1945 the civilian population of England and Wales fluctuated between the broad limits of 37,750,000 and 41,500,000.

[2] Partly because in-laws in general and grandmothers in particular are regarded by some social groups as a menace and unfit to be charged with the care of young children (Mead, M., 'What is Happening to the American Family?' *Journal of Social Casework*, New York City, November 1947).

During the Second World War in Britain, many families missed, not only their grandmothers, but a whole host of relations and friends. What this signified might be studied in the records of the War Office, which probably accumulated more information than other Government departments about the troubles of family life. Some millions of letters and documents were received describing the circumstances in which soldiers asked, on compassionate grounds, to be allowed to go home to nurse their wives, or to feed, wash, and look after babies and young children.[1] Early in 1944—on the eve of the Battle of Normandy—leave was being granted for such reasons at a rate of over 100,000 men a year among those stationed in Britain. In addition, large numbers of men over-stayed their ordinary leave because there was trouble in the family of one kind or another.

When the mother of a young child broke down in health, was compelled to enter hospital or nurse a sick relative, or was expecting a baby her need was desperate if she had no neighbours to rely on, and if her friends and relations were all working or far away.[2] Yet she

[1] The War Office also found itself in possession of a considerable, but inchoate, body of evidence which showed that some landlords and house agents discriminated, in the matter of house-room, against families of serving men. Because service allowances were regarded as inadequate, and because of doubts about the capacity of families to continue paying rents, property owners and agents were reluctant to let houses, flats or rooms to the wives of soldiers. (This evidence was not passed to the Ministry of Health.) The War Office received along with this information a mass of facts about contemporary housing conditions. Five instances, selected at random in June 1944 by the War Office for the writer are given below:—

September 1943. *Lanarkshire.* Sergeant 18 years' service. Transferred from India. One room garret. Room for only one bed. Bug-ridden. Wife, boy 11, girl 10, boy 8. Husband had to sleep elsewhere when on leave. Local authority refused council house as family had never paid local rates.

February 1944. *Malvern, Worcs.* Husband 3 years' service 1914–18 war and 4 years' 1940–43. Discharged as unfit. Wife (expectant), husband and two boys (13 and 8) in one bedroom.

October 1943. *Edinburgh.* Husband 4 years' service. Wife and four children (7, 5, 3 and 1) in one bed.

April 1944. *Glamorganshire.* Husband in Army 4 years. Two rooms (one bedroom). Wife and four children. Sixteen persons in house.

June 1944. *Glasgow.* Husband prisoner-of-war in a sanatorium. Wife and four children (from girl 17 to boy 8) in one furnished room with one bed. Wife in desperation threatened on 22nd June 1944 to write to German doctor in charge of sanatorium asking that husband should not be included in next batch of repatriated prisoners.

[2] An analysis, undertaken by the Women's Voluntary Services for the writer, of the reasons why residential nursery care was needed for young children (excluding applications connected with air raid risks) showed that about one-half of the appeals arose as a result of maternal ill-health. In September 1943, for instance, the London applications were due to: parent in hospital and no one available to care for a young child thirty-nine per cent.; ill-health of the mother thirteen per cent.; mother working forty-three per cent.; other reasons five per cent. Of all applications, forty-four per cent. came from homes where the father was in H.M. Forces. Typical instances, provided by an Army Welfare Officer in Lincolnshire, of the need either for compassionate leave or arrangements for 24-hour care of children are given below:—

L/Bmb. S. Wife taken ill with meningitis. No one to look after children. Compassionate leave granted. Arranged for wife's mother to care for children, then found she was suffering from tuberculosis. Compassionate leave again granted.

Pte. P. Wife sent to hospital with pneumonia. Children aged 6, 5, 3 and 1½ years. No one to take care of them. Husband granted compassionate leave and, eventually, compassionate posting.

AC/2 M. Children aged 7 and 2 years. Wife had epileptic fits. Found in house after 12 hours by a neighbour. Children stone cold. No one available to look after children. Compassionate posting arranged.

would probably find that the day nurseries, whose purpose was to release women for war industry and not to relieve social distress, could not help.[1] She would probably be told that the accommodation for chlidren in public assistance institutions was already overcrowded, and she would also learn that very few short-stay residential nurseries were provided by local authorities or voluntary agencies.[2] In these circumstances, she might try to get her Service husband home, or she might try to get the child sent away, to an evacuated nursery if it was under five years of age,[3] or to a billet if it was older. It was in this way that the evacuation scheme, all unwittingly, helped the Army during the years 1941–4. Had there been no such scheme the demands for compassionate leave would have been greater. Conversely, had there been more residential nurseries for young children, had the widespread but concealed need for this kind of social service been recognised before the war,[4] there would have been less misuse of trained military manpower.

When these domestic crises occurred the immediate solution was obvious if there was an older child in the family. The unpaid domestic servant of the poor from time immemorial took over the work of the home. But the war, with all its disorganising effects on family life, came at a time when there were fewer of these servants about.

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[1] The whole problem of day and residential nursery provision during the war will be dealt with in a second volume in this series.

[2] An inquiry by the Ministry of Health in January 1944 showed that in many areas the public assistance institutions were crowded; that in some of them healthy children were placed in sick wards and mixed up with old and senile people, and that, in general, accommodation for children was 'strained to the utmost'. During 1943–4 there were not more than about thirty to forty short-stay nurseries (providing some 800–1,000 places) in England and Wales. Only nine of these were maintained by maternity and child welfare authorities. Demand for this kind of help increased enormously in the later years of the war for children aged both under and over five. By August 1943 the London County Council was reporting a 'startling increase' in applications. The rise continued for the next two years, far outstripping the facilities available, although the London County Council, one or two other authorities, and the Soldiers', Sailors', and Airmen's Families Association attempted to meet part of the demand by establishing more nurseries and hostels.

[3] In London, during the four years 1940–3, roughly 38,000 applications were received from parents by the Under Fives' Selection Panel organised and administered by the Women's Voluntary Services. Of these applications for places in residential nurseries about one-third had to be rejected because the facilities available were insufficient to meet the demand. The figure of 38,000 appeals by no means measured the real need; many parents did not know of the scheme, others were ineligible for various reasons, and others again were deterred from applying by social workers who knew that they stood little, if any, chance of having their child accepted. No official figures are available to indicate the demand and supply position in Plymouth, Bristol, Hull, Portsmouth and other cities with similar residential nursery schemes. From mid-1942 until the end of the war there were around 400 of these evacuation nurseries (with accommodation for some 13,000 children) catering for under-fives from London and other cities.

[4] Apart from the accommodation provided for children in poor law institutions, only a handful of residential nurseries had been established by local authorities before the war and little had been done to provide a service of home helps. A few nurseries were run by voluntary organisations, but generally they catered for strictly defined categories of need—as, for example, the residential home for the illegitimate children of Hampstead maids.

Seventy years of falling birthrates inevitably meant smaller families. The burden that fell on older children during the war was, in many homes, heavy, for although there were fewer young ones to feed and protect there were also fewer to share the daily tasks and responsibilities when mother was at work outside the home or was ill and father was away. One instance, taken from a book on social conditions in London, illustrates the kind of responsibilities that some children had to carry. 'Then there is Bill. He comes to us with six little ones who are under his care. Four of them are his proper brothers and sisters and two are his cousins. If justice were to be found on this globe, by Friday night Bill would get the salary of a day-nursery assistant. But instead (being nine years old) he takes the little ones carefully home —with empty pockets as on the other nights, having had their welfare on his mind all the time the play centre was open.'[1]

The picture of what life was really like for these children during the war is vague; the detail and the colour are lacking. No social studies were made and no reports were written about the impact of a war environment on the character, development and daily life of the ordinary schoolchild. Some of the background has been given in this book in a generalised form, and a little detail may now be added with the aid of official reports on attendance at school and other social questions.

When the attendance registers for 1943 were analysed they showed, in comparison with pre-war figures, a substantial rise in absences from school in many areas.[2] In some places the increase was disturbingly high. Yet, of all the six years affected by war, 1943 was the most favourable one to select from the viewpoint of good attendance. Sufficient time had elapsed for education authorities to have recovered in some measure from the upheavals of 1939–41; there were few air raids, evacuation was on a small scale, and there was less population movement than earlier or later in the war. The weather, too, was reasonably good in 1943, and there were no serious epidemics affecting children or adults.

An inquiry in 1943 by the Board of Education among thirty-three local authorities in the west midlands showed every authority reporting lower school attendances than before the war.[3] In the north of

[1] Paneth, M., *Branch Street*, 1944 (p. 65).

[2] The evidence and the quotations used in the following paragraphs are taken from a mass of individual and collected reports to the Board of Education and other Government departments from a large number of sources. Statistics of prosecutions for the non-attendance of children at school during the war are largely an index of the activity of education authorities; they are valueless as an index of non-attendance or of offences under the Education Acts. The number of persons prosecuted and found guilty for the absence of their children from school during 1939–45 were: 3,375, 5,690, 13,357, 17,800, 18,778, 16,378 and 10,102 (*Criminal Statistics, England and Wales*, 1939–45, Cmd. 7227).

[3] Average elementary school attendance during the year ended March 1943 as compared with the year ended March 1939. Thus, Bristol fell from 88·8 to 83·6 per cent., Warwickshire from 89·4 to 84·7 per cent., Birmingham from 88·9 to 84·5 per cent., Herefordshire from 90·0 to 87·0 per cent.

England, many of the large cities, particularly Birkenhead, Bradford, Manchester and Oldham, were registering poor attendance figures at the same time. The London County Council, as a report to the education committee in 1943 made clear, was worried about the amount of school absenteeism.[1] Its officers had to struggle hard to obtain an average annual attendance of eighty-two per cent. whereas, before 1939, the usual figure was around eighty-eight per cent. What an attendance register in the neighbourhood of eighty per cent. meant in terms of individual children was illustrated in a report from Manchester in November 1941. It meant that thirty-two per cent. of the children had less than seventy-five per cent. attendance during a term; of this proportion, sixteen per cent. had less than sixty per cent. attendance, ten per cent. less than twenty-five per cent., and two per cent. were absent for the whole of the term. Thus, the educational work of one-third of the school population was seriously interrupted.

That, in the arithmetic of lost school days, is what generally lay behind an average attendance of about eighty per cent. What was causing these losses? What reasons were given by parents, teachers, school attendance officers and the children themselves? The evidence of many contemporary school reports does not suggest that the rise in absence figures was produced by a further deterioration in the records of a small group of long-standing offenders and sick children. While this group of persistent absentees continued to give trouble, the rise appears to have been chiefly due to a much larger amount of casual and intermittent absence affecting a substantial proportion of the school population at some time or other during each term. As a consequence, more children fell behind with their school work. It was not, therefore, surprising that subsequent reports from the Army revealed a larger number of young people marked out as educationally backward.

It was easy to blame the parents for not putting education first. But the nation did not do so. The loss of a day's lessons here, the closing of a school or the call-up of a teacher there, the merging of classes generally, were injuries to education which seemed trivial when so many grimmer problems of war and work remained unsolved. Children shopping and children carrying out household duties were the reasons most frequently given for poor attendance in reports by inspectors and attendance officers. When mother was out at work someone had to be at home to let the coal man in, deal with the insurance man and the rent collector or mind a sick child. Mondays and Fridays, important days in the weekly round of shopping and paying, were, significantly, commonly mentioned in absence reports.

[1] Report to education committee, 6th April 1943, Ed. No. 139. In 1942 the average for the year was 82·1 per cent., the monthly average ranging from 78·6 per cent. in January to 84·4 per cent. in June.

To quote from these reports is to show how many and how varied were the reasons which kept children from school or encouraged them to stay away. 'Children are seen in queues at 8.30 a.m. By the time they return home it is too late to go to school.' 'Attendance officers are repeatedly told that children are sent to wait in queues before school hours and in the dinner hours.' 'The help of a girl of 13 at home is worth more than 2s. 6d. (the cost of a medical certificate to send to the school).' The earlier closing of shops, the difficulties of factory workers in shopping during the day, and illness in the home were all factors which contributed to situations of this kind.[1] Then there were reports which concluded that 'parents have flocked to the factories and have thrown off their responsibilities.' 'Children are left to fend for themselves.' Shift systems, it was also said, meant that 'women employed on Sundays take their children out on their mid-week day off'.

In rural areas also there was a reduction in the schooling received and the lessons attended because of the employment of many children on potato lifting and other agricultural work. 'Children are frequently taken out of school for odd days for various forms of agricultural work without permission from teachers . . . J.P.s are not likely to impose fines if cases of this sort are taken to court.' 'Farmers will defy the law—and successfully—so long as the maximum fine is 20s.'

A considerable increase in the paid and authorised employment of schoolchildren took place in urban as well as rural areas during the war. A Home Office inquiry in June 1944 revealed that fifteen per cent. of all boys aged 12–14 in England and Wales were regularly employed on some work during the day, a figure nearly twenty per cent. higher than before the war.[2] The situation varied a lot in different parts of the country: in about a dozen local authority areas over forty per cent. of all the boys were in regular employment, while in some fifty areas the proportion was less than ten per cent. Girls aged 12–14 were not employed to the same extent (though they probably had far more to do in the home). Nevertheless, a figure of 2·3 per cent. for the whole country represented a threefold increase in the paid employment of girls compared with 1937. The number of boys and girls engaged on seasonal work during school holidays and

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[1] During 1942–3 the Government's War-time Social Survey organisation inquired into various domestic questions. One report showed that forty-four per cent. of the married women engaged in industry and carrying on household duties had shopping difficulties. Those chiefly mentioned were 'not enough time for shopping', 'shops close lunch hour and evenings', 'can only shop on Saturdays', and 'nothing left when I get there'. Another report recorded that thirty-two per cent. of all the housewives questioned had stood in a queue for food during the preceding seven days. The average number of times these housewives queued during the week was 2·6.

[2] The number of boys aged twelve to fourteen in regular employment in 1944 was 81,000; girls 12,000. The statistics in this paragraph exclude seasonal work in agriculture during term-time.

on Sundays also increased; the rise—again as compared with 1937—was over 350 per cent.[1]

What were these children doing—or trying to do—before and after their school lessons? There were many who were delivering milk, helping in shops, and doing paid domestic work for other people. It may still be reasonable, war or no war, to introduce children by graduated experience into a work-a-day world—for no society of rich or poor parents should risk coddling its children. But there are strong arguments in favour of education and physical health during this difficult phase of a child's development, apart from the waste of national resources in providing an education service which is not fully used.

Truancy was often mentioned in attendance reports; some part, it was believed, being directly attributable to the employment of children before and after school hours.[2] Comment was also made that some children had too much money to spend and that they went to the cinema more frequently than before the war. In general, however, it was considered that no serious increase in truancy occurred during the war. 'Where there is an increase it is usually slight and as a rule is connected with the absence of fathers on Service or in munition work.' In a different category (as a reason for absence) was the widespread practice of keeping children from school so that they could spend time with their fathers or elder brothers home on Service leave. In a particular and quite typical week in the spring of 1943 in Birmingham, school absences were nearly three times as numerous on this account as for truancy.

Illness in the family seems to have been one of the more important reasons for non-attendance, especially when the mother was on war-work.[3] 'Senior girls are kept at home; doctors' notes have been sent asking permission for girls to be away from school owing to illness at home, no other help being available.' Another reason was the acute shortage of maternity accommodation; many mothers were compelled to have their babies at home and children were kept from school to help in the house. If, however, it was impossible to book a

[1] The number employed on seasonal work during school holidays was 61,000 in 1944 and 13,600 in 1937. The figures for Sunday work were 3,000 and 200 respectively.

[2] One sidelight on war-time inducements to truancy was reported to the writer by a social worker in Leicester. Small boys found it profitable—and perhaps patriotic—to stay away from school so that they could polish the boots of American soldiers.

[3] An inquiry by the Industrial Health Research Board in 1942 corroborated these reports. Some 20,000 women employed in five munition factories were studied for absence from work. It was found that the total time lost through sickness was around ten per cent. which, compared with pre-war standards, was high. Moreover, married women, in contrast to single women, had forty-eight per cent. more absences and lost sixty-five per cent. more time through sickness. It was considered that the physical and mental effort required of married women by the dual task of doing factory work and running a home was severe, and 'it is not surprising that several were unable to bear the strain and were either discharged or had long periods of illness' ('A Study of Certified Sickness Absence Among Women in Industry', Wyatt, S., and others, Industrial Health Research Board report No. 86, 1945).

midwife or doctor, or overcrowding and bad conditions prohibited home confinements and hospital accommodation was also refused, mothers in London and other cities had to leave their homes for five weeks or more to be confined in one of the Government's maternity hostels in the country.[1] In effect, many were subjected to compulsory evacuation.[2] Those who had children of school age, and whose husbands were in the Forces or engaged on long spells of factory work, had, perforce, to leave their homes in the care of these older children.[3] Naturally enough, the children attended school less regularly.

As regards the health of schoolchildren as a group, the war did not apparently lead to any marked increase in the amount of illness though, in the absence of contemporary statistical research, it is not possible to be certain about this. In comparison with 1938–9, certain infectious diseases, notably diphtheria, registered a decrease in 1943 while others, scarlet fever for one, were more prevalent. Nothing can be said—because nothing is known—about all the troublesome coughs, colds and other respiratory ills and whether they were more or less prevalent among schoolchildren during the war. What can be said, however, is that verminous heads, scabies, impetigo and other skin diseases did lead to the exclusion from school of many more children than before the war. In Liverpool, for instance, the proportion of boys and girls with lousy heads, already high in 1938, had more than doubled by 1943.[4] The prevalence of scabies, not only in

[1] This development in the character of the evacuation scheme for expectant mothers was summed up in October 1942 by a Ministry of Health official in the following words: 'As I understand it, evacuation was intended, and still is intended, to give willing volunteers an opportunity to leave vulnerable areas for their confinement, and to stay in a safer area with their babies afterwards. The present arrangements for trickle evacuation are, so far as London is concerned, a scheme for putting pressure on extremely unwilling mothers who want an institutional confinement, to go to the country for it, in the knowledge that they will come straight home with their babies'.

[2] Between 3rd September 1939 and 31st August 1945, 170,450 mothers were confined in emergency maternity homes in England and Wales. Of all these confinements, approximately 65,000 took place during 1942–3.

[3] Economic reasons contributed to difficult situations in many other homes where mothers went out to work and older children were kept from school. Evidence from various sources suggested, for instance, that expectant mothers, with husbands in the Services, were forced to remain in employment for longer than was good for their health owing to insufficient Service allowances and grants. 'It seems to be the general impression that the family income of many working-class households is now large enough to obviate the necessity for the expectant mother to go out to work . . . All agree, however, that there is one outstanding exception, that of the serving man's wife, who is compelled, in the absence of menfolk earning munition worker's wages, to earn for herself the extra money so necessary for confinement and the subsequent care of the child.' This was the conclusion of a report from Ministry of Labour regional controllers in August 1943. No information was collected by the Government as to the reasons why mothers entered factories and placed their children in day nurseries. Statistics analysed for the writer by the Public Health Department in Birmingham showed that of the children attending the city's eighty nurseries at the end of 1944, thirty-seven per cent. had their fathers in the Armed Forces. This figure seems high for a great munitions area, but whether the reasons for these nursery attendances were economic, social or otherwise it is impossible to say.

[4] The proportions found at routine school examinations in Liverpool were: boys 4·5 per cent. in 1938 and 9·6 per cent. in 1943. The corresponding figures for girls were 13·1 per cent. and 27·7 per cent. This increase may not have been a true one, as there

Liverpool, where the number of treated schoolchildren rose from 693 in 1938 to 11,329 in 1943,[1] but in practically every part of the country was a source of much trouble and distress. This disease, always encouraged by war conditions, increased enormously during 1914–18, alike among the troops and the civilian population. In 1938 it was rising again, and was then as high as in 1919. During the following war years a great epidemic blazed up, fanned first by evacuation and mobilisation and, later, by overcrowding, and an ever-increasing shortage of laundry facilities, soap, towels, underclothing and bedding.[2]

A dwindling supply of consumer goods of many kinds, while contributing to the spread of scabies and skin disease in general, was, in itself, an important cause of the non-attendance of children at school. It was also provocative of numerous complaints from householders in the reception areas about the condition of newly arrived evacuees.[3] By 1943, teachers and other people in contact with schools in all parts of the country were also expressing the opinion that the standard of children's clothing and equipment had deteriorated as a result of the war. Criticism tended to centre round the state of the children's footwear. Thousands of reports by teachers, inspectors, attendance and welfare officers spoke of this problem as a serious cause of school absences. 'Many children have one pair only and when repairs are needed children must stay at home a whole week.' 'Repairs now take a month.' 'There is a shortage of leather and clog soles.' 'Lack of wellingtons is a serious matter in country districts during wet weather Hundreds of requests were made at the education offices for help in securing wellingtons.' 'The number of absences due to lack of boots or clothes during the month ended 25th September 1942 in Bristol varied in sixteen districts from 23 to 860.'

The present writer, in reading these reports and looking at Board of Trade statistics, could not decide whether there were more or fewer children's shoes to go round during the years 1942–5 than before the war. There were contradictions in the evidence and a lack of reliable data. Although the figures provided by manufacturers for the

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was probably some improvement in ascertainment for the reasons discussed in chapter VIII, pp. 125–30. While for the country as a whole there does not appear to have been a rise in the rate of infestation among schoolchildren during the first four years of war, nevertheless, some increase may well have occurred in such areas as Liverpool (Annual Reports of School Medical Officers for 1938 and 1943).

[1] Liverpool Education Committee, Annual Reports on the School Medical Service for 1938 and 1943. In Glasgow, the number of treated cases rose from 2,000 in 1939 to 17,000 in 1943 (Annual Report for 1943).

[2] For a summary of the measures taken to combat the disease see the *Report of the Chief Medical Officer of the Ministry of Health*, 1939–45 (pp. 179–81).

[3] In the experience of many billeting officers it was reasonably easy to find accommodation for the child with a clean face, neat attire and reserve of clothing, but the last to be taken were the grubby, untidy and ragged children with pitifully small bundles of possessions.

Board of Trade showed only small fluctuations in supplies,[1] nevertheless, there was an immense and unceasing flow of complaints about shortages from consumers and their representatives in the House of Commons.[2] Certain considerations offer at least a partial explanation of the puzzle. If it was true that before the war a great many children spent most of their days in plimsolls, then the war-time cut in production of rubber and canvas shoes may have created a big additional demand for leather footwear.[3] If, too, the amount and degree of hardship and poverty among households with children was greater before the war than had in general been known and acknowledged, a rise in the demand for more boots and shoes—for higher standards in fact—would inevitadly follow from a state of full employment and increased purchasing power. A further explanation of the shortage may be found in many reports which repeatedly emphasised that the quality of children's footwear had seriously deteriorated during the war. 'Footwear is the bugbear of every mother. A pair of shoes for a child of three costs round about 12s. 6d., and no pair of shoes for a child of any age lasts more than three weeks without repair. The cost of repairs . . . is very high . . . and quality of materials and workmanship very low. Secondhand shoes, a very great boon to lower income groups in pre-war days, have to all intents and purposes vanished from the market.'[4] There seems to be no dispute about the shoddiness of many of the boots and shoes made for children during the war.[5] It followed as a natural, and perhaps inevitable, consequence of all these factors that more children had to stay away from school.

This brief inquiry into some of the war-time difficulties of family life has demonstrated the variety of causes, commonplace and unexpected, which contributed to the rise in absences from school. It was deceptively easy to suggest that parents were throwing off their responsibilities and flocking to the factories in search of money. But this was not the answer because the important questions about living conditions had not been asked. Indeed, few questions of a searching character on a significant scale were asked about the war-time state

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[1] See table 1 (footwear) for 1935–45 on page iii of *Board of Trade Journal*, 27th October 1945. According to the Board, the number of pairs of shoes licensed to be manufactured was heavily cut for men and women, but not for children. If actual production agreed with the licensing figures it is difficult to see why the acute shortage arose, particularly as there were 260,000 fewer children in Britain to be shod in 1943 than in 1938.

[2] See, for example, H. of C. Deb., 21st December 1944, vol. 406, col. 1987, and 3rd December 1945, vol. 416, cols. 1902–3.

[3] During 1942–4 there was an annual loss of pre-war production of some 28,000,000 rubber and canvas shoes, of which a large proportion were children's plimsolls and wellington boots.

[4] MacIver, O. A., 'Family Life in War Time, 1939–45', *Social Work*, April 1946.

[5] This was partly because civilian footwear was made of materials left over after Service requirements had been met. At certain periods of the war there was also an acute shortage of raw materials. Early in 1942, for instance, the use of crepe rubber for soles and heels was prohibited, and the use of composition rubber severely restricted.

of education. No one, for example, knew how many children aged five to six were debarred from entering school because of inflated classes, insufficient teachers and inadequate buildings.[1]

All the problems of home and school life discussed in this chapter—mothers in factories, fathers in uniform, interrupted education, crowded homes, lack of children's shoes and so on—while important in themselves in any account of war-time conditions, are also important as background and material for the history of evacuation. The combined effect of all these social forces was to depress the formative influence and quality of home life in relation to the character and moral development of a proportion of the nation's children. Some mothers and fathers were less able or less willing to make the home 'a place of warm activity',[2] a place where children learn the principles and practice of good conduct. Simultaneously, the performance of many schools in their roles of educational and civilising agencies deteriorated. It was not, therefore, surprising that householders in the reception areas protested and complained when they were asked to receive representatives of those whom the war had not treated kindly.

Increasingly, from 1941 onwards, the children who came under the Government's evacuation scheme reflected the deprivations and inconsistencies of the times. Although in a sense they were a selected group, selected for certain reasons to be sent away as evacuees or to remain in the country as evacuees, they were sufficiently numerous to change the character of the scheme. The extent to which it was moulded by the intensity of the nation's war effort has been shown in this chapter. It became, not so much a scheme for preserving the lives of children in areas relatively safe from air attack, but a scheme whose primary task was to find temporary homes for children whose mothers were working in factories, were ill or were expecting a baby, for children out of parental control because of the absence of fathers, for children who needed on educational grounds to be linked up with a particular evacuated school, and for an assortment of other reasons. In short, it acted as a safety-valve for social distress in the cities, and it gave to some children some of the elements of care which the family, when not separated by war, strained by bodily and economic ills or broken by dissension, was best fitted to provide.

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[1] Reports from certain areas, e.g. Liverpool and Lowestoft, showed that children aged five were refused admission to school. Board of Education files also contain letters from parents in London and other areas complaining that they could not get their five-year-olds accepted at local schools. Moreover, if these—and other—children had to travel long distances to school they were, in some areas, excluded from 'buses or turned off *en route* to make room for war-workers.

[2] Spence, J. C., *The Purpose of the Family*, 1946 (p. 63).

CHAPTER XXI

EVACUATION: THE LAST PHASE

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Evacuation Movements 1942-4

By functioning as a kind of disguised welfare agency from about 1941 onwards the evacuation scheme helped to release more women for the factories; it also reduced the demand for social aids in the evacuation areas, and it forestalled the need to call some fathers home from the Services on compassionate leave. In these and other ways it contributed to the alleviation of some domestic distresses during the years when the country was reaching towards full mobilisation of its people. But the consequences were experienced by householders in the reception areas who were expected to receive and look after the children of these parents in trouble, and the complaints that arose presented the Government with several difficult problems.

One of the issues which had to be faced early in 1942 was whether the complicated machinery of evacuation, so laboriously created and tested by time, should be closed down by the Ministry of Health. Should the Ministry shut the hostels, the nurseries and the maternity homes, disband the rest of the apparatus of welfare, disperse the staffs so hardly come by, give up the buildings, and move three-quarters of a million evacuees back to the cities with damaged houses and schools? What would happen if the enemy started to bomb London again? What would happen when the liberation of Europe began?

Opinion in the reception areas was strongly in favour of the evacuation scheme being brought to an end. The cities were not being bombed; there was no sign that the enemy intended to renew the offensive: so why should some householders—and not others—be expected to endure and sustain the scheme? A scheme which offended because of its inequities; which offended particularly because of the character and condition of some of the new evacuees, and because householders began to realise that the reason why children remained in the country had little to do with fears of renewed air attacks.

These arguments in favour of ending evacuation were, so far as they went, valid, but the Government could not answer back in public. It could not talk frankly about its problems; about its plans for emptying the ports of unessential civilians when D-Day approached, its fears of counter-invasion, of heavier bombing attacks, of gas

and secret weapons.[1] For these reasons the War Cabinet decided, when evacuation policy was reviewed in the spring of 1942, to maintain the scheme. The risk of dismantling the whole apparatus was too great, it was thought, to be taken in the circumstances of 1942. Moreover, there were other considerations which impressed the Government. In London and other cities the needs of certain groups, especially expectant mothers, young children and old people, for residential care in private households, hostels and various institutions, were steadily growing. The need for short-stay accommodation by distressed members of Servicemen's families was, for instance, becoming a national problem. If the various arms of the evacuation service were abruptly severed, some other organisation of a similar character would have to be established unless a great deal of social distress was to be ignored. The only other medium immediately available was the poor law, but as a large proportion of these needs arose in families where the father was in the Services this alternative was politically and socially impracticable. Therefore, the evacuation scheme had to continue.

Throughout 1942–3 and during the first six months of 1944 the evacuation of young children to residential nurseries and of expectant mothers to maternity homes went on at a greater rate than in 1941. Facilities for the evacuation of unaccompanied schoolchildren in organised parties were kept open until the end of 1942 when they were restricted to certain areas—Hull, Portsmouth, Southampton, Plymouth and other cities.[2] The only scheme of organised evacuation to be suspended was that for which there was little demand after the middle of 1941—the evacuation of mothers with their children. This

[1] Under such labels as operation 'Rivulet' and 'Missouri', plans were drawn up in great detail by the Ministry of Health to meet the possibility of a flood of evacuees and bombed-out people leaving London, the ports of embarkation, and areas on the coast when the invasion of Europe (operation 'Overlord') was mounted and executed. Other plans were prepared at different times during 1941–4 to guard against the contingency of blanket bombing (on the scale of the Cologne and Hamburg raids), enemy invasion, gas attacks and the use of new weapons. In conditions of secrecy, thousands of train time-tables were planned, nearly a million people were allocated on paper to specified detraining stations, stocks of equipment and emergency food stores were accumulated, reserves of billets for homeless people were earmarked in London and other cities, and other preparatory measures were taken.

[2] Not only did these children need billets in the reception areas but accommodation had to be found for children who, on reaching the age of five, had to leave the 400 or so residential nurseries in the country. About 600 billets or places in hostels were required every month for this group during 1942–4. Good homes were almost impossible to find in many areas, partly because these children needed intelligent and sympathetic handling. Many had spent several years in an institutional environment; they were young for their age; they were unfamiliar with streets, shops and money, and with the routine of a home. Usually they had not been brought up to do things for themselves, and they were accustomed to a life where toys were shared. This occasionally resulted in some being accused of petty theft when they entered a world with different standards. From this point they descended to hostels for 'difficult or problem' children. By 1943 many were, in fact, transferred from one institution (the nursery) to another (the hostel) without any attempt at billeting. Others remained in the nurseries until they were six or seven years old (without any school education) because of the shortage of billets and hostel places.

was stopped in March 1942. During these years, however, the various schemes of assisted private evacuation continued to be available; billeting certificates and free travel vouchers were still provided for unaccompanied children as well as for mothers with their children who went to billets that had been privately arranged.

From a total of 1,340,000 evacuees of all classes billeted in England and Wales in February 1941 the figure had dropped, a year later, to 738,000. This, broadly speaking, was the number at stake when the Government reviewed evacuation policy and decided to continue the scheme. By then, however, the hostels, nurseries and other institutions for evacuated children were, in matters of staff, 'living from hand to mouth'. Handicapped by discontents in the reception areas and perplexed by the social problems described in the preceding chapter the depleted and over-worked staffs of the evaucation services struggled on. For the best part of two years the organisation had to make do, in its staff replacements, with other people's rejects, with those not called to factory work or the services, with retired nurses, untrained people as wardens, unmarried mothers and their children and girls who had just left school. The fall in the number of evacuees between March 1942 and March 1944[1] chiefly affected those billeted on private households, and left at about the same level the number to be cared for in institutions of various kinds.

By one shift or another the main elements of welfare under the evacuation scheme were preserved during these years. The fact that somehow or other the line was held was of fundamental importance, for it enabled the Government in July 1944 quickly to throw open once more the door to the country so that mothers and children could take refuge from the assaults of the enemy's flying-bombs.

The well-tried machinery of evacuation had thus been held together and was in good shape in London when the first flying-bomb fell in the Metropolitan area on the night of 12th June 1944. As the attack increased in violence demand rose for the full resumption of evacuation facilities for mothers and children in both London and the south-eastern counties. Information which the Government had previously acquired about the enemy's possession of this new weapon (and also of long-range rockets) had allowed certain preparatory

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[1] In March 1943 the total number of evacuees in England and Wales fell, for the first time during the war, below the half-million mark (to 407,000). A year later it had fallen still further to 319,000. This count, the last that was taken before the flying-bomb attacks began, showed that in March 1944 there were 123,000 unaccompanied children still evacuated, 130,000 mothers and children, 5,000 teachers and helpers, and 50,000 other adults including expectant mothers and old, infirm and homeless people. In Scotland, the total of all classes billeted in March 1944 was a mere 26,000, as compared with a figure of 120,000 in September 1941, and 175,000 in September 1939.

measures to be taken.[1] These were brought up to date, and on 1st July the Government asked the London County Council to start the movement of evacuees, and to accept responsibility as the sending authority for mothers and children living in a large belt of country between London and the coast—'bomb alley' as it was colloquially called—as well as for those in the Metropolitan area and various districts to the west, north and east of London.[2]

The first parties of schoolchildren and homeless mothers with their children left London on 5th July. During the next few weeks all trains to the west, the midlands and the north were filled to capacity as opportunities for evacuation under both the organised and assisted schemes were extended to include additional groups and wider areas. The flying-bomb attack on the south-east of England rendered obsolete many of the original categories of evacuation, neutral and reception areas. The geography of relative danger and safety changed, and new executive tasks had to be learnt in a matter of hours as local authority areas previously classified as reception were switched to evacuation and *vice versa*.[3]

The period during which evacuation was in progress was much shorter than in 1940–1; it lasted for only two months. Demand fell off quite sharply in August, and with the flying-bomb attack petering out, the Government suspended evacuation facilities (except for certain of the special schemes[4]) on 7th September 1944.[5] In these two months, 307,600 mothers and children were evacuated in organised parties from London and the south-eastern areas.[6] A much larger number, in all about 552,000 mothers and children, old people and homeless persons, made their own arrangements to leave and availed themselves of Government help in the form of billeting certificates and free travel vouchers. With the addition of various other groups, such as expectant mothers and residential nursery children, not far short of 1,000,000 people were helped by the Government to leave

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[1] See report by Air Chief Marshal Sir Roderic Hill, Air Marshal Commanding, Air Defence of Great Britain, on the German flying-bomb and rocket offensives 1944–5, published in supplement to *The London Gazette*, 19th October 1948.

[2] Ministry of Health circulars 77–8/44, 1st July 1944.

[3] At the same time all reception areas in Scotland were thrown open to English evacuees (Ministry of Health circular 94/44, 29th July 1944).

[4] Evacuation continued from London and the south-east for expectant mothers, children under the age of five to residential nurseries, small groups of old and infirm people to hostels, and children joining evacuated secondary schools. Mothers who were rendered homeless were, also, still eligible (with their children) for billeting certificates and free travel vouchers if they found their own accommodation in a reception area (Ministry of Health circular 129/44, 23rd September 1944).

[5] Ministry of Health circular 121/44, 8th September 1944.

[6] For further details of the numbers evacuated during 1944 see appendix 2 (chapter XVIII).

the area of the flying-bomb attack between 5th July and 7th September 1944.

The whole movement was carried through smoothly, with only one or two mishaps and no substantial complaints. Those that arose were attributable chiefly to the difficulties of former evacuation authorities in the north and midlands who had quickly to learn new tasks and adjust their administrative machinery to receiving mothers and children instead of sending them away.[1] Another complicated piece of work which had to be rushed through at the same time as the general dispersal was the removal of those accommodated in residential nurseries, maternity homes and hostels situated in the south-east of England. These communities, hitherto considered to be in relatively safe areas, were directly menaced by the flying-bombs. In circumstances of extreme pressure, the children and staff in no less than ninety nurseries and residential schools were moved to new premises well outside the target areas. The war-time maternity scheme was tested to an even greater extent. A further loss of hospital beds, a rising birth rate, a growing shortage of midwives and all the damage and disturbance caused by flying-bombs, placed a tremendous strain on the available resources in London for delivering mothers of their babies. Somehow or other the ordeal was surmounted, chiefly because the emergency evacuation scheme contrived to take, during this period, up to 1,000 mothers a week. Thus, the decision in 1942 to continue this scheme was fully justified, for during 1944 a record number of confinements (41,248) took place in these war-time maternity homes.

While all this evacuation work was in progress during July and August 1944, more plans, of a formidable and far-reaching character, were being hammered out to deal with the possible effects of a rocket attack. A special committee of the War Cabinet (the Rocket Consequences Committee) began, at its first meeting on 3rd August 1944, to review these plans. They embraced schemes for the evacuation from London of 500,000 or so people, for the establishment of reception centres and feeding stations on the fringes of the metropolitan area to provide for refugees on foot, for the dispersal of important industries and key production units, for the removal of some Government departments and for the emptying of London hospitals of their patients. While a certain amount of unorganised refugee movement was envisaged and allowed for in these plans, the Government's policy was to advise Londoners to stand fast. They had, for the most part, done so before, and as the war with Germany was approaching its

[1] The main trouble seems to have been that in some of the new reception areas evacuees were kept in rest centres for too many days before being billeted.

climax there was little reason to suppose that the majority would not do so again.

Thus, in the field of civilian defence, the war ended, as it began, in a furious burst of administrative activity on plans for the transport and care of mothers and children; plans to meet the consequences of long-range rockets, plans—and their execution—to meet the flying-bomb attacks and, simultaneously, plans for the unwinding of all these complicated schemes of evacuation and for the return of the refugees to their homes.

The first rocket fell on London on the day the Government announced the suspension of general evacuation facilities (8th September 1944). For a short time it looked as though these facilities might have to be reinstated. There was some demand, chiefly for free travel vouchers and billeting certificates under the assisted schemes, but it was at no time sufficiently widespread to justify, in the Government's view, the resumption of evacuation.[1] The rocket attack was blunted by the advance of Allied Forces in Western Europe, and although 1,053 incidents had been reported in England when the last rocket was fired on 27th March 1945, the attack was not as serious as it might have been had it been launched earlier in the war. Apart from taking certain precautionary steps,[2] the Government did not operate the special plans drawn up to deal with the social consequences of this new weapon of destruction. Astonishing, therefore, as it must have seemed to those—Ministers, Government officials and psychiatrists alike—who recalled their grim forebodings in 1938, no general scheme of evacuation was in operation when London was bombed with rockets in the autumn and winter of 1944–5. Yet heavy demands for evacuation might have been expected with so many more husbands and fathers away in the Services in 1944 than in 1940–1 and with so many more wives and mothers alone in London.

More astonishing, still, if the pre-war fears of vast crowds of refugees are remembered, was the spectacle of a Government not stemming demands for evacuation, but pleading with mothers and children to stay away from the area of rocket bombing. The return home had started in August when flying-bombs were still arriving. After a few weeks' experience of rockets, public opinion, led once again by Mr. Churchill, had measured the risks of the new weapon and the journey home was resumed. When an evacuation census was taken on 30th September 1944 there were 1,040,000 persons billeted

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[1] It was significant that fewer people used the tube stations and public shelters in London region during the flying-bomb attacks than in the autumn of 1940, and fewer still (only about one-seventh) during the rocket attacks.

[2] A start was made during August 1944, for instance, with the transfer of London hospital patients. By the 30th, 14,126 patients and 1,608 staff had been removed to hospitals in safer areas.

in all areas of Britain.[1] From then on the number rapidly diminished.[2]

What the Government was really worried about in September 1944 was the problem of shattered and broken homes in London. The last winter of the war—of that there was little doubt—was destined to be a miserable one in terms of housing conditions, whatever was achieved in the way of repair. The total task was so immense that the best advice the Government could give was to tell the London evacuees to stay away, particularly those who had no homes to return to and those whose homes awaited repair.

In addition to all the housing damage sustained earlier in the war and still needing attention in June 1944, the flying-bomb and rocket attacks resulted in 1,000,000 to 1,500,000 damaged or destroyed houses.[3] The immediate problem, as it appeared to the Government in September 1944, was represented by 800,000 or so houses in London region which needed repair of some kind to make them 'reasonably comfortable'.[4] The more badly damaged houses, and there were many in that category, would have to be left until the winter was over. And when all the repair work had been executed to a generous standard in all areas of the country, there still remained the formidable task of making good the six stolen years during which very few houses had been built and replacing the 222,000 houses which had been destroyed or damaged beyond repair.

The manner in which these tasks were undertaken cannot be described here. The housing situation in 1944 is relevant to this narrative only insofar as it affected the Government's policy on evacuation. It seriously affected, in particular, the nature of the plans for the return of London evacuees, and it created certain problems which complicated and delayed the closing down of the evacuation scheme.

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[1] For details see chapter XVIII, appendix 9.

[2] The inward and outward removals for the area of Greater London during 1944–5 are instructive; the figures show that the return movement was heaviest during the first three months of the rocket attack:—

	Removals in	*Removals out*
1st Quarter 1944	183,000	185,000
2nd ,, ,,	210,000	236,000
3rd ,, ,,	358,000	1,110,000
4th ,, ,,	734,000	374,000
1st ,, 1945	304,000	242,000
2nd ,, ,,	522,000	179,000
3rd ,, ,,	407,000	193,000
4th ,, ,,	322,000	216,000

(Source: General Register Office, August 1947. For definition of removals see chapter XX, p. 413.)

[3] The statistics of housing damage during 1940–5 were stated in chapter XVI, pp. 329–30.

[4] The Minister of Health speaking in the House of Commons, 27th October 1944. H. of C. Deb., vol. 404, col. 591.

(ii)
The Return Home

By the end of 1943 the Ministry of Health was already studying plans for the return of evacuees to their homes.[1] The Government had decided that it would have to accept responsibility for this movement, and that everything should be done to arrange for an 'organised and orderly' return. Accordingly, detailed planning began in the spring of 1944. The flying-bomb and rocket attacks, and their effects on the housing situation, made it necessary, however, to recast the schemes drawn up for London and the south-eastern areas. In September 1944 the Government decided to operate 'evacuation in reverse' by stages; London was placed last in the queue.

It was no easy task to settle in advance all the details of the homeward journey to all evacuation areas in the country for a population which might, on the appointed day, range from 250,000 to 750,000. Mothers and children, nursery infants, old people, the blind and the infirm, all from the London area for instance, were scattered throughout the length and breadth of England and Wales. Many schools had lost their identity and their former pupils to such an extent that the local authorities could not pick out a particular reception area as the temporary home of their schoolchildren.[2] The London County Council had to plan its scheme so as to arrange for children to be gathered from approximately a thousand billeting areas, formed into parties, collected into train-loads, brought to London, sorted and sent to eighty evacuation districts, and then escorted to a particular house in a particular street.

Before these plans could be completed it was essential to obtain certain information. A record card for each unaccompanied evacuated child had to be prepared, and a house-to-house investigation in the evacuation areas was necessary to ascertain the circumstances of every home.[3] Where there was no home, or where conditions were

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[1] A departmental committee on the winding-up of evacuation presented an interim report in August 1943, and its final report in December 1943.

[2] Ealing, in Middlesex, for instance, drew its 708 evacuees (returning in official parties) from the following places: Newcastle, Manchester, Northumberland, Sunderland, Sheffield, Blackpool, Liverpool, Stockton, Oldbury, Birkenhead, Wallasey, Skipton, Scalby, Halifax, Ossett, Mirfield, Burnley, Tettenhall, Haslingden, South Shields, Worcester, Nottingham, Northampton, Cheshire, Swansea, Cardiff, Wrexham, Aberdare, Rhondda, Pontypridd, Risca, Cardiganshire, Mountain Ash, Warminster, Exeter, Gloucester, Chard, Abingdon, Morecambe, Aylesbury, Weston-super-Mare, Torquay, Ilfracombe, Dorset, St. Austell, Penzance, Worksop, Nuneaton, Norwich, Chesterfield, Atherton, Burry Port, Bury St. Edmunds, Birmingham, Wiltshire, Westmorland, Henley, Tring, Cirencester and Plymouth (Ealing Education Committee, Report on Evacuation 1939–46).

[3] See, for instance, London County Council, G.E.S. notes for the guidance of investigators, April 1945.

such as to make the return of the child impossible or undesirable, provision had to be made for the child to remain in the reception area.

Until the results of these inquiries were available, a number of important questions could not be answered. Was it true, as some newspapers alleged, that many parents had 'disappeared' in order to avoid accepting back their children?[1] How many evacuation hostels, nurseries and other institutions would still be needed to accommodate children who could not return home because there was no room for them with the rest of the family, or because the parents had not, and could not get, the necessary beds and bedding? How many parents were still in the Forces, on war-work, or ill, and unable to receive their children back from the country? There was not much point in the Government and the local authorities making elaborate transport arrangements[2] until the circumstances of these unaccompanied children had been investigated. When this had been done, and when all those who could go home had gone home, it might then be possible to recognise the nature of the residual problem; to see what in fact had been left behind by five years of war and evacuation.

By the end of September 1944, the arrangements for the return home to most of the provincial areas had reached an advanced state, and with the end of the war in sight it was decided to set in motion the first sections of the programme. The signal was given for evacuees from the north-western areas of England to return to their homes.[3] Billeting allowances were then withdrawn, requisitioned houses given up, free travel vouchers distributed, and unaccompanied children were escorted home in organised parties. The midland cities and all other areas north and west of a line joining Southampton and Hull were declared 'Go home areas' a little later,[4] and shortly after, all Scottish evacuation areas were similarly named.[5] Then followed, in October, the 'bomb alley' districts in the south-east of England, together with Portsmouth, Gosport, Southampton and various towns on the coasts of Sussex and Kent,[6] and in December, the return home schemes for Dover and six remaining evacuation towns in Kent were operated.[7] At the end of the year only two sections of the plan had

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[1] See below, p. 436.

[2] They were elaborate in the sense that arrangements had to be made for the transport of luggage, the attendance of extra porters and lorries at stations, the provision of accommodation and meals in London for escorts from the reception areas, the medical examination of children before departure to see that they were fit to travel, the provisioning of all corridor trains with milk, the return of milk churns to their place of origin and a hundred and one other details.

[3] Ministry of Health circulars 129/44 and 146/44, 23rd September and 18th October 1944.

[4] Ministry of Health circular 146/44, 18th October 1944.

[5] Department of Health for Scotland circular 150/1944, 23rd October 1944

[6] Ministry of Health circular 150/44, 26th October 1944.

[7] Ministry of Health circular 178/44, 9th December 1944.

still to be carried out; the return to Hull and other east coast towns, and the return to London.

A count of evacuees in all areas of Britain in March 1945 showed that during the preceding six months nearly 600,000 (out of a total of 1,040,200) had left the reception areas. As there were not a large number of mothers and children from provincial areas included in the September 1944 total of 1,040,200, the majority of those returning home during the following six months were obviously Londoners. Thus, the return home scheme for London had to be drastically scaled down as the total evacuated population was reduced to 454,200,[1] and the number of unaccompanied children to 134,000.[2]

The London County Council was therefore compelled to adjust its plan to fit a considerably smaller population.[3] Fresh train schedules were prepared, and on 10th April 1945 copies of the plan (a document of 5,000 words and eight appendices) were sent to all local authorities in the country.[4] On 2nd May—six days before the end of the European war—the signal was given for which Londoners had been impatiently waiting; all those who had homes to return to could now leave the reception areas, either in organised parties under escort travelling in special trains or with the aid of free travel vouchers.[5]

The first of the special trains was not, however, run until a month later owing to the many complex details involved in the organisation and collection of groups of parties. It had been expected that if all went well the London movement would be over by 9th July. It was completed by the 12th; 115 special trains carried 29,701 unaccompanied children, 21,127 mothers with their children, and 3,489 other adults—a total of 54,317 evacuees.[6] In addition, a large number of mothers applied for free travel vouchers after 2nd May and returned of their own accord with their children, and separate arrangements were made by the London County Council for the return of physically handicapped children, nursery infants and other groups.

It had been estimated in September 1944 that at least 500,000 evacuees would have to be brought back to Greater London in

[1] This figure included 16,200 people billeted in Scotland, of whom 10,600 came from English areas—mostly from Greater London. It also included a number of evacuees from areas other than Greater London and the east coast towns who could not, for various reasons, return home.

[2] For details, see chapter XVIII, appendix 9.

[3] On 31st March 1945 there were, in England and Wales, 175,000 mothers with their children billeted in private houses, 68,000 in requisitioned houses, 109,000 unaccompanied children in billets, 23,000 in hostels, camps and residential nurseries, 36,000 old people accommodated in various ways, 3,000 invalids, 1,200 blind persons and about 19,000 other adults. Special arrangements had to be made for the return home of these different groups.

[4] Ministry of Health circular 68/45, 10th April 1945.

[5] Simultaneously, the signal was given for evacuees to return to Hull and other east coast towns (Ministry of Health circular 82/45, 2nd May 1945).

[6] *Report of the Ministry of Health for the year ended 31st March* 1946, Cmd. 7119.

organised parties. Six months later the figure was scaled down to 250,000. When the first train was run in June it had been further reduced to 83,000. In the end only 54,000 travelled. An analysis of the figures for all evacuation areas in Britain (including London) showed that, of 1,000,000 or so evaceues billeted or otherwise accommodated in September 1944, less than 75,000 returned home in organised parties under Government auspices.

Once again in the history of evacuation the elaborate planning and the careful organisation by Government departments and local authorities went by default. The people behaved in an unexpected way. By their behaviour they made planning difficult; they made a good plan look, in the end, like a bad plan. On the outbreak of war—and also in 1940—there were empty and half-filled trains and unused facilities; at the end of the war, when the Government assumed responsibility for bringing home those it had helped to send away, there were empty trains again. Whatever else they were, these people were not docile. They would not all go away when they were told to, and those who did returned before they were expected. They returned in hundreds of thousands during the winter of 1944–5 to a dilapidated London, to damaged and uncomfortable homes, and to the accompaniment of rockets. They knew—or they thought they knew—that the war was ending. They could not wait for the Government's plans to mature; they were in a hurry to rejoin their families and to get a good place in the housing queue.

Nearly three months after the end of the European war a Ministry of Health inquiry showed that there were 76,000 people still billeted or accommodated under the evacuation scheme.[1] These were the people who, for one reason or another, could not return to their home towns; a figure larger—it will be noticed—than the number of evacuees who travelled back under official arrangements. The great majority were compelled to stay on in their billets or hostels because they had been bombed-out during the war and had no homes to return to, because their homes had been given up or requisitioned, because they had never had homes, because parents were so badly housed that there was no room for children, or because there were no beds or bedding. The housing problem, in fact, explained why most of these mothers and children, infants and old people, continued to be a responsibility of the evacuation scheme.

Between July 1945 and March 1946, when the next census of evacuees was taken, the circumstances of many of these families were investigated by social workers, and help of various kinds was given to

[1] In England and Wales on 31st July 1945. The figure for Scotland (October 1945) was 5,499, of whom 842 were evacuees from English areas.

enable them to overcome their difficulties.[1] During this period the number of evacuees fell by one-half—to 38,000. This figure was largely composed of 26,000 mothers with their children and 3,000 others in family groups. Practically all these mothers and children, living temporarily in hostels, requisitioned houses or other people's homes, represented housing problems. Except that they had acquired the label of Government evacuees they hardly differed in their need for four walls and a roof from many other families in all areas of the country.[2] The evacuation label was, therefore, removed, and these evacuees became, like so many other people, the responsibility of the local housing authorities and part of the queue for decent homes.[3]

By slow degrees the evacuation scheme came to an end. Certain of the responsibilities it had been forced to assume by the pressures of total war and which had little to do with physical safety from air attack could not, however, be thrown off at once. Arrangements had to be made to incorporate some of these newly-assumed Government responsibilities into the framework of the normal social services, to transfer executive responsibilities to local authorities, and to work out schemes of temporary provision until all the new social legislation of the post-war years could take charge of the situation.

One of the most difficult of the residual problems involved in the unwinding of the evacuation scheme was the question of the future care of the children left behind in the reception areas. Public opinion would not, it was thought, countenance a policy of simply handing these children over to the poor law authorities. The social conscience of the nation was, at the time, disturbed about the predicament of

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[1] A serious problem in many homes in 1946 was the renewal of house linen and blankets. An article in *Social Work* (April 1946) described this problem: '. . . After six or seven years of wear even good quality sheets, etc. are feeling their age, whilst the cheap goods normally purchased by working-class families are merely shreds and tatters, and, in the case of blankets, have worn so thin that all warmth has vanished. There is very real hardship here and ingenuity tries but fails to overcome it. Flour bags are made into pillow-cases, towels and kitchen rubbers; serge table-cloths and pieces of carpet supplement blankets, but these supplies are limited and, in view of general conditions, it is hard for a social worker to prate of standards when meeting beds sheetless and covered with dirty blankets, the filthy tick of the pillows without covers, and the number of people of varying ages and sexes sleeping in the same bed'. The Government helped some of these families (particularly those whose children had been away for a long period) by supplying beds and bedding (on loan or by purchase through local authorities), and by the provision of furniture to enable parents to equip a home again. This war-time scheme for bombed-out and evacuated persons was continued by the Government until 30th June 1947 (Ministry of Health circular 185/44, 18th December 1944).

[2] Much the same was true of the residue of 4,000 or so old and infirm people who were still, in March 1946, accommodated in billets or hostels under the evacuation scheme. They were not exceptional, among the total population of old people in the country, in their need for accommodation and welfare services. A Ministry of Health circular of October 1946 described the transitional arrangements to be made for this evacuation group pending new legislation (Ministry of Health circular 195/46, 28th October 1946).

[3] Ministry of Health circulars 69/45, 11th April 1945, 183/45, 22nd October 1945, and 5/46, 1st January 1946.

children deprived of a normal home life, and the appointment of the Curtis Committee to inquire into the circumstances of such children showed that the Government shared this concern.[1] The use of poor law institutions was thus ruled out for evacuated children. But how should they be dealt with pending the abolition of the poor law and the establishment of something better in its place? Essentially, it was a question of numbers. If the receding tide of evacuation left behind only a small number of 'deprived' children then the problem was manageable. If not, then some new welfare agency would have to be created to replace the social services provided, under war-time emergency powers, by the evacuation scheme.

It would not have been surprising had the Government been persuaded that a large number of neglected children would be left on its hands at the end of the war. So much had been written and said for so long about a breakdown of family life; about a growing lack of parental responsibility, about a shifting of burdens from parents to a benevolent State, about an increasing number of broken and unhappy marriages. These were the themes of letters to the press and of debates in Parliament when, for instance, problems of divorce and separation were discussed.[2] 'The family life of our time stands indicted.'[3] There has been a 'deplorable increase' in the number of divorces.[4] 'Morality', wrote the Archbishop of Westminster, 'has declined. I need only point to the ever-increasing number of divorces, murders, suicides and robberies'.[5] Newspapers carried headlines about lost and deserted evacuees, unwanted children and missing parents.[6]

These social questions were rarely examined with dispassionate care. When, for instance, the Registrar-General issued figures showing that a high proportion of young women were pregnant at the time of their marriage it was automatically assumed that the behaviour of young women (and young men) had been very different in the past.[7] When divorce figures were published they were not related to the rise in the marriage rate, or studied by reference to the trend in

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[1] The committee was appointed on 8th March 1945 by the Home Secretary and the Ministers of Education and Health. Its report was published in September 1946 (*Report of the Care of Children Committee* (the Curtis report), Cmd. 6922).

[2] See, for example, the reports of debates in the House of Commons, 10th May 1946, and House of Lords, 26th March, 7th May and 28th November 1946.

[3] Letter to *The Times* (8th February 1947) from Mr. D. R. Mace of the Marriage Guidance Council.

[4] *Final Report of the Committee on Procedure in Matrimonial Causes*, Cmd. 7024, February 1947.

[5] The Archbishop of Westminster writing in the London *Evening Standard*, 28th February 1947.

[6] See, for instance, *Reynolds News*, 27th February 1944 and London *Star*, 21st January 1944.

[7] A debate in the House of Commons on 10th May 1946 revealed a general lack of knowledge about courtship and marriage customs in both urban and rural societies in the past.

different social groups, the financial costs of divorce, and the level of money incomes before and during the war. It is tempting to generalise about these problems in human relationships—and such generalisations may sometimes be useful—but the truth can be sought only with the aid of much patient research. So far as the consequences of wartime evacuation were concerned, it was simply not true to say that large numbers of children had been deserted by their parents.

On 31st March 1946 when, to all intents and purposes, the evacuation scheme came to an end, there were only 5,200 unaccompanied children left in all reception areas of England and Wales—a figure substantially smaller than that forecast by the Ministry of Health.[1] About 3,000 were then living with foster-parents, 1,000 were in residential nurseries and special schools and the rest were in hostels of various kinds.[2] They remained behind either because they had no homes to which to go, or because there was some other good reason for postponing their return to their parents. In many instances, housing was the root cause. Other children were orphans, children of parents one of whom was dead and the other unable to make a home, and children of parents who were not living together. Only a small number of evacuated children were found to have been deserted by their parents.[3] Moreover, as the evacuation scheme took responsibility during the war for a proportion of neglected and ill-cared-for children, who would, in peacetime, have passed into the hands of the poor law authorities, it is not possible to estimate whether these instances of desertion were in any way abnormal or additional to the general experience of poor law work.[4] What does emerge, however, is that viewed against the background of the immense social upheavals of six years of war, these residual problems of parental neglect were, in terms of numbers, insignificant.

The arrangements made by the Government for these 5,200 children to become the responsibility of county or county borough councils were difficult to organise on a permanent basis, for a bridge had to be built between the emergency welfare apparatus of 1939–45 and the

[1] A minute from the Permanent Secretary to the Minister of Health on 3rd December 1945 gave an estimate of about 10,000 children.

[2] *Report of the Ministry of Health for the year ended 31st March* 1946, Cmd. 7119.

[3] An inquiry by local authorities in July 1945 into the circumstances of some 9,000 unaccompanied children in the reception areas suggested that in only twenty-nine instances were the parents attempting to avoid their responsibilities.

[4] The number of children in the poor law institutions of England and Wales was lower in 1946–7 (average 27,300) than in 1938–9 (average 32,700). No statistics were collected by the Ministry of Health for the intervening years. It is also significant that the number of persons dealt with by magistrates' courts for offences against the poor law by neglecting to maintain their families fell to a remarkable extent during the war. The number so dealt with averaged 1,062 during 1935–9, whereas the average for 1940–5 was only 379. Nor was there any startling increase in the number of persons dealt with by magistrates' courts for cruelty to children. An annual average of 1,412 cases for 1940–5 may be compared with 961 (1935–9), 1,775 (1920–4), 2,246 (1915–9) and 3,391 (1900–9) (*Criminal Statistics, England and Wales*, 1939–45, Cmd. 7227).

post-war legislation for child care, social assistance and health services. An interim scheme, devised to avoid placing any stigma of the poor law on these children, was introduced on 1st April 1946. A detailed description of this measure was given in numerous documents published by the Government.[1] On 5th July 1948 the number of evacuated children for whom no permanent arrangements had been made had fallen to about 1,500. With the introduction of the new Children Act on this date, the maintenance and well-being of these remaining children then became the responsibility of the local authorities under the Act.

This was only one of the residual problems of evacuation which had to be met in the first place by the organisation of interim schemes. Many of the emergency maternity homes were still needed long after the war had ended, hostels and residential nurseries were still occupied by children, social workers were still in demand to deal with some of the difficulties of adjustment arising in the homes of returning evacuees,[2] and furniture was still wanted by people who, bombed-out during the war, were struggling to set up homes again. The Government could not continue to discharge these responsibilities if the emergency powers, so readily given in time of war, were lightly cast aside when victory was won. The closing down of the complicated apparatus of a nation-wide welfare scheme which had survived six years of war and no little public criticism was a slow and cumbersome business. The process was still going on in 1948.

Nothing has so far been said about the difficulties which children and parents may have encountered in resuming relationships at the end of evacuation and with the return of fathers from war service. Little, indeed, can be said, either about those children who went away under the Government's evacuation scheme or about the others who were privately evacuated by their parents; for little material based on scientific study and observation is available. A few questions and a few tentative generalisations must, therefore, suffice. Whether or not an emotionally abnormal situation developed in a home depended on many factors; predominantly on what separation had

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[1] *Report of the Ministry of Health for the year ended 31st March* 1946, Cmd. 7119. The principal circulars sent to local authorities were: 225/45 (interim scheme policy—31st December 1945), 234/45 (finance—31st December 1945), 183/44 (public assistance children—16th December 1944), 62/46 (administration of hostels and nurseries—21st March 1946), 133/46 (provision of medical treatment—22nd June 1946), and Ministry of Education circular 82 (education—31st December 1945).

[2] Local authorities in the evacuation areas were advised by the Ministry of Health to arrange for follow-up visits to be made to the homes of children who had returned from reception areas. The object was to help parents and children to adjust themselves to conditions made unfamiliar by separation and many years of war. It was suggested that social workers, health visitors, school nurses, child care organisers and others should be used to give advice and help in homes where difficulties or misunderstandings had arisen (Ministry of Health circular 95/45, 28th May 1945).

meant to parents and children. But that is merely the opening question. Others raise inquiring heads as soon as any attempt is made to define separation in terms of the individual child. What was the child's age when it went away? Was it with brothers or sisters or school friends? What kind of a home had it come from and of what psychological stuff was the family made? How long did separation last? How often did the parents visit the child? What was the temporary home like? Was it a warm and understanding home, or a hostel, with plenty of food for the body but perhaps little nurture for the spirit? Or was it a residential nursery, run by women with souls unwarped by life in an institution?[1] The probing and the searching could go on, but to limited purpose. The total psychological significance to children of separation from parents and home cannot be set down; the knowledge of what children experienced is too scanty.[2] 'We of this self-conscious, incredulous generation', wrote Francis Thompson many years ago, 'seek to sentimentalise our children, analyse our children, think we are endowed with special capacity to sympathise and identify ourselves with children. And the result is that we are not more childlike, but our children are less childlike. . . . Know you what it is to be a child?'[3]

One understanding observer of child behaviour during the First World War reached the conclusion that many children and young people suffered much hurt as a result of the absence of their fathers on Service.[4] He believed that some of the emotional crippling, manifested and mirrored in wrong values, wrong marriages, wrong lives, was traceable to the sudden collapse of the traditional role of the father in the texture of family life. In the Second World War, fathers were again absent from homes—sometimes for longer periods than

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[1] The staff of one evacuated nursery, who tried to meet the essential needs of the children in their care, had in their rooms ten commandments of a character not usually found in institutions. The first was: 'Let us remember not to herd'. The fifth, 'Let us remember that fun and laughter and a sense of security are as necessary as sunshine and milk and sleep to the growing child, who is not body only, but also mind and spirit'. The tenth, 'Let us not think meanly of our job—the world moves forward on the feet of little children—shoe-buttons, blisters, elusive wellingtons, odd and undarned socks; these are all details in the building of to-morrow'. The nursery was the Rommany Nursery School under Mrs. G. M. Goldsworthy who kindly provided the writer with information on many aspects of nursery life.

[2] It is not possible even to estimate the number of children who were separated from their parents for one year, two years, or any particular period of time. Moreover, among the many authorities on child psychology who studied groups of evacuated children there was an astonishing amount of disagreement about the influence of various factors. Thus, very few authorities agreed about the factors favourable to the successful adaptation of children to billets, and opinion was even more contradictory about the psychological effects of billeting on the behaviour of evacuated children (see 'Evacuation of Children in Wartime: A Survey of the Literature', by K. M. Wolf, in *The Psychoanalytic Study of the Child*, 1945, vol. 1, pp. 391–5).

[3] Works of Francis Thompson (First impression, June 1913). Essay on Shelley, pp. 7–8.

[4] Leeson, C., *The Child and the War*, 1917, especially chapter XI.

during 1914–18—while large numbers of children were separated from their mothers as a result of evacuation, war work and other factors. Considered simply in relation to the need for stability and consistency in the common purposes of family life, the Second World War was a more disruptive force than the First. But, at the end, there was one great redeeming feature; there were more fathers to come home in 1945 than in 1918.

The general disorganisation of relationships caused by the Second World War, and the great extent to which separation affected family life, inevitably led to difficulties of reunion and resettlement during the post-war years. Fundamentally, these difficulties were largely psychological, aggravated in many instances by bad and insufficient house-room. All the unusual and varied personal experiences of life in wartime implicit in different situations and different relationships, and all the new opportunities, obligations and pressures for doing good or behaving badly according to the value judgments of the moment, had played a powerful part in shaping the character and personality of children and their parents. The war had meant much excitement, stress and anxiety for some, interspersed with dawdling periods of boredom, and, later, many were conscious of a sense of restlessness, a disinclination to settle down and resume the ordinary humdrum ways. There were signs of this restlessness in the schools and, with the return of children and husbands at the end of the war, the difficulties of emotional adjustment to a quieter and more ordered life no doubt affected the home as well as the school and strained some tempers near to breaking-point. The psychiatrists, looking back over the multiple strains of war, began to talk in terms of 'delayed anxiety'. This may or may not have contributed to the emotional difficulties people experienced in learning to live together again after enforced separation, or to the strain felt by some parents when once again they were faced with the need to moderate their wants in the interests of rearing children with patience and restraint.

Circumstances in which guilt, conflict and anxiety could flourish during the phase of reunion are easy to visualise. There was the child, perhaps a little neglected emotionally, perhaps, in consequence, a little wayward, returning from a long stay in an evacuation hostel to a home where it was suddenly petted, spoilt and smothered with affection. There was the father, still a stranger to his child, back from the Army with romantic, sentimentalised ideas about domesticity and parenthood. There was the mother, wanting, perhaps, not an independent, self-willed little girl but a small and helpless baby again. And there was the child, accustomed for what had seemed an eternity (for adult conceptions of time-relationships have little relevance in a child's world) to a quiet and spacious middle-class home returning to a crowded, noisy home in a slum.

These are all simple illustrations of the social and psychological difficulties which followed in the wake of war and at the end of evacuation. Together, they demonstrate the hazards of isolating one war influence from another and of pronouncing on the relative effects of evacuation and separation on the emotional life of children. It cannot, of course, have been good for most—if not all—children to have been separated from their mothers. But the real extent of the harm done by these disturbances of war and of the good that flowed from the social policies adopted to offset or soften the disturbances cannot yet be assessed. Moreover, the manner in which all these derivatives of war —and of war merging into peace—were handled, the good sense or otherwise of parents in dealing with children, the capacity of children to adapt themselves and accept the seemingly unacceptable, these and the host of imponderables active in any society of men will influence family life and the general pattern of relationships for many years to come.

To all this, one vital reservation has to be entered. The evacuation scheme set out to save life, and this it did. It also did something else of importance; it served as a safety-valve for several million mothers and children, as an outlet—a voluntary escape path if only for a few weeks at a time—from the cities that were being bombed. And when it was not filling this role, it functioned again as a safety-valve—or welfare agency—for social distress of a different character. These two forms of service rendered by the various branches of the evacuation scheme for many mothers and children in London and other cities were of great value to a country situated as Britain was for nearly six years of war. Nevertheless, those who were responsible during these years for forming and guiding evacuation policy never pretended that to separate mothers from their children and children from their homes was a good thing. They realised, as others who have studied the roots from which a child's misbehaviour or mental sickness may grow have realised, that while the institution of the family remains as the basis of human society it cannot, in the long run, be wholesome to break it into fragments, and to risk depriving children of their need to give and receive affection. For without affection, life has little meaning for most people and none at all for children.

CHAPTER XXII

HOSPITALS IN DEMAND

(i)

The Test of 1940-1

THE development of the emergency hospital service during the first nine months of the war was described in chapter XI. The story will now be taken up where it was left and pursued through the remaining years of war. By the time of Dunkirk the unwieldy, improvised organisation of September 1939 had become more compact and orderly, and more fitted to receive a flow of casualties. It consisted of fewer and better hospitals and a more settled administration.

When the first wounded and sick soldiers arrived from the Dunkirk beaches in May 1940 the period of inactive war came to an end for the hospital services. But as a hospital problem Dunkirk hardly deserved to be described as a test. Apart from some temporary strain at the Dover receiving end which was quickly relieved, the admission of little more than 30,000 Service wounded and sick caused no difficulty and did not reduce the total number of available hospital beds in the country to any real extent. The emergency service had been prepared for much worse.

There were three major tests for the hospital services during the war; the bombing of London, the ports and industrial centres in 1940–1, the 'Second Front' in 1944, and the flying-bomb attacks on southern England in the same year. The first was the most serious and will be described in broad outline here, the full story being left to the medical historians. The tests in 1944 were to a considerable extent repetitions of earlier experience with the difference that the hospital service was far better prepared and equipped to meet them. Although the service had to provide for casualties from the Continent until the Army could establish its own field hospitals in France, it proved capable of dealing with larger numbers than actually arrived. The attacks on the civilian population in 1944, first by piloted aircraft and later by flying-bombs and rockets, reproduced 'blitz' conditions on a smaller scale and over a smaller area. The hospital service found little difficulty in meeting the combined demands of Service and civilian casualties in this concluding stage of the war.

Its real baptism by fire and high explosive took place during the autumn and winter months of 1940–1. This was the test it had earlier expected and for which it had feverishly prepared in 1939. How did

reality compare with the worst fears of the Government? It had been suggested just before the outbreak of war that during the first four weeks of air bombardment there might be need for hospital provision amounting to almost 8,000,000 in-patient days, and that at the end of the four weeks over 400,000 air raid casualties might be in hospitals. It is impossible to imagine what would have happened if the casualties had been on this scale. Reality was indeed different. During the most severe month of continuous bombing (September 1940) air raid casualties in hospital on any one day averaged only 7,100 and never rose above 7,380. Between September 1940, when heavy night raids started, and May 1941, when they ceased, some 25,000 air raid casualties were admitted to London hosditals and nearly 46,000 to all hospitals in England and Wales.[1] In these circumstances, it is not surprising that the national resources of the emergency medical service were never strained to breaking-point. During the decisive six months from October 1940 to March 1941, there were never less than 70,000 to 80,000 empty and available casualty beds in the country, and even in London, at the height of the bombing, a very large reserve of casualty beds was available in the out-county sector hospitals—25,000 beds ready for immediate occupation and 6,000 in reserve—while in inner London the figures were 9,000 and 400 respectively.

However, at the time these casualty figures were being reported they seemed less comforting than in retrospect. It was not easy to make a quick mental jump from estimate to reality. The summer and autumn of 1940 had been a period of great uneasiness and tension. The threat of invasion grew with each succeeding month. The onslaught from the air had started and was increasing in intensity. It was not possible to foresee with any accuracy where future blows would fall. All through the war uncertainty remained; each spring the threat of invasion returned, and even when victory seemed only a matter of months there was still the possibility of desperate attempts at invasion, of gas attacks and of secret weapons still more powerful and destructive. Behind each test successfully passed there lurked the danger of greater ordeals. In retrospect, these fears and the precautions they demanded are easily overlooked. The emergency medical service had to prepare against risks unknown in time, place and quantity, and its policy took shape in an atmosphere of uncertainty and tension.

This tension reached its peak in the autumn days of 1940. Plans for the evacuation of hundreds of thousands of people from areas on the coast were got ready and, as part of these plans, 2,300 patients, some of whom had been transferred from London earlier in the war, were

[1] *Report of the Chief Medical Officer of the Ministry of Health*, 1939–45, p. 139.

moved again to other areas.[1] In London, thousands of beds were permanently lost while others were put temporarily out of commission as a result of bomb damage. But there still remained a big reserve of hospital accommodation. Although no one knew what further tests lay ahead, it was clear, by November, that the figure of 300,000 beds for air raid casualties—adopted as the aim of the hospital scheme in 1939—could now be reduced. This did not mean, however, that the total of beds earmarked for all emergency needs could be cut down. The needs of the Armed Services, even for ordinary sickness, were growing,[2] and in the centres of air attack new dangers of epidemics had arisen. Above all, it was necessary to provide for unknown risks and to maintain adequate reserves in different parts of the country. A considerable amount of wastage was unavoidable if a proper distribution of emergency beds was to be ensured.[3] Throughout the war this question of the geographical distribution of beds in relation to needs proved to be one of the main problems of the hospital services.

The impressive figure of vacant and reserve beds during 1940–1 obscures this problem of distribution. There were certainly shortages and many difficulties, particularly during periods of bombing, but as they were not primarily caused by lack of hospital resources but by heavy air attacks or by maldistribution of resources they were always local and temporary. Pressure on central London hospitals was sometimes intense. Serious situations developed in heavily bombed towns, e.g. Coventry and Plymouth, and whenever hospitals were hit or threatened by fire. Among the casualty receiving hospitals in bombed areas two kinds of distribution problems arose. The first concerned the prompt admission of the wounded during the battle, and the second the maintenance of a sufficient number of vacant beds in preparation for the next attack.

Delays in the admission of casualties to hospitals caused, in the early days, by the closing of hospital gates during raids and by an

[1] This movement began in June 1940 and was more or less complete by the end of August. In all, 2,352 patients were transferred from hospitals on or near the coast (*Report of the Chief Medical Officer of the Ministry of Health*, 1939–45, p. 138).

[2] It was estimated that in the peak sickness period of the winter the Army required 2·5 sick beds for every 100 soldiers without allowing for epidemics. Army statistics for 1943 showed that, on an average, each soldier in the United Kingdom spent nearly eleven days or three per cent. of his time in hospital and convalescent depot—8·5 days on account of disease and 2·5 days as a result of accidental injuries. (*Statistical Report on the Health of the Army* 1943–45, 1948).

[3] 'It is becoming increasingly plain that the hospital problem is very much a local problem and that taking the country as a whole some wastage is inevitable. That is to say that an adequate insurance must be made both for casualties and sick in every locality, although it is obvious that not every locality would experience all the casualties and sick which they might expect. In other words, to meet the needs of say 150,000 casualties and sick it will probably be necessary to have at least 250,000 to 300,000 beds in order to ensure that there are enough beds in the right place' (Paper prepared by the Ministry of Health in 1940 for the National Expenditure Sub-Committee on Home Defence Services).

absence of stretcher-bearers were soon remedied.[1] The distribution of casualties among hospitals near the site of an incident presented a more difficult problem. Complaints were made about hospitals with ample bed reserves which declared that they were unable to admit further casualties, about surgical teams of one hospital being worked to exhaustion while those of a neighbouring hospital had nothing to do, and about girl ambulance drivers being sent from hospital to hospital with their cargoes during heavy raids. It took months to find a solution to this apparently simple problem of 'switching' casualties from an overworked to a less busy hospital, and when it was found, the administrative detail varied from place to place. Experience showed that approximately fifty per cent. of air raid casualties admitted to hospital required operations within six to twelve hours, and that, to avoid delayed operations, admissions needed to be related to the number of operating tables and surgical teams rather than to the number of vacant beds available. The two main practical difficulties were to determine what person was to be made responsible for giving the 'hospital full' sign, and what was the proper ratio between operating teams and casualty intake during a given number of hours.[2] The next logical step was to relate casualty bed reservations in each hospital to the number of operating teams, but this was an even more difficult problem to solve because it involved the ordinary civilian work and the finances of the voluntary hospitals concerned.[3]

The principal method of keeping enough beds free for casualties in bombed areas was day-to-day evacuation of patients to outer hospitals. For air raid victims this was necessary and desirable, not only for practical, but also for psychological reasons. It had been planned as an integral part of the working of the emergency medical scheme, with fleets of ambulances connecting inner and outer hospitals. As a result, and in the circumstances of low casualty figures, there was never any danger of the pool of emergency beds in the centre being absorbed by accumulating casualties. But in London and the big cities, as elsewhere, hospital accommodation was claimed by the sick as well as the wounded. London, under repeated bombing, provided a striking example of the difficulties that arose from these conflicting

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[1] A Ministry of Health circular (2153) on 21st September 1940 stressed the importance of hospitals being ready to admit casualties immediately on the arrival of ambulances and of there being a sufficient number of stretcher-bearers always available.

[2] In June 1941 a Ministry of Health circular stated: '. . . it has been found that if a hospital has four operating tables and the corresponding staff, it can admit and deal efficiently in from six to twelve hours with about seventy-five air raid casualties of average severity; if it has three tables with about fifty casualties, and if it has two tables with about thirty casualties' (Ministry of Health circular E.M.S.I.297, 6th June 1941).

[3] The point is further discussed on p. 453.

claims; difficulties which, at one time, threatened to overwhelm a part of the hospital service.

The number of beds available for sick civilians in London had fallen to a level greatly insufficient to comply even with a demand reduced by the evacuation of mothers and children and other people. Large numbers of beds were reserved for casualties; many others were out of commission for a variety of reasons such as the transfer of staff to outer hospitals, bomb damage, and the closure of wards on top floors or otherwise dangerously situated. The Ministry of Health did not, however, regard vacant casualty beds as completely out of bounds for sick civilians. The system of reservations was not considered to be rigid and unalterable but an elastic safeguard, and it was taken for granted—perhaps too much for granted—that hospitals would not refuse admission to people urgently needing treatment if unoccupied casualty beds were available. 'Urgent' is a word which allows of many interpretations, and the handling of this problem of the civilian sick in the circumstances of air attack brought to the surface many of the deeper conflicts in the hospital world which the unifying force of the emergency scheme had temporarily covered up. They will be discussed at length in chapter XXIV, but at this point the main facts of the situation require to be recorded because the needs of the civilian sick were inextricably mixed up with the needs of war victims for whom the emergency medical service had been created.

From the beginning the service had accepted some responsibility for a limited category of sick civilians. They were the 'transferred patients' who had been moved into the country to make room for the reception of casualties in the cities. The Ministry paid for their treatment in outer hospitals, but the patients were expected to contribute financially on the same basis as they had done before. Such transfers were limited, however, to patients likely to recover within a short period because the Government feared that otherwise casualty beds in country hospitals might soon be blocked by the chronically sick.[1] The process of transferring sick civilians continued throughout the first year of war, but it never reached large proportions because many patients objected to being sent away and for other reasons. When air attacks started, more patients were moved from London hospitals and, at the same time, the method of 'side-door' transfer straight from the out-patient department began to be introduced unofficially. This was at first quietly tolerated by hospital officers and, later, sanctioned by the Ministry because it seemed reasonable for the emergency

[1] There were a few exceptions to this rule, e.g. the transfer of patients from hospitals in areas on the south and east coasts.

service to accept not only persons who were transferred from hospitals but also those who needed beds but could not get them in London.[1]

After a few weeks' bombing it became clear that the transfer of civilian sick on a limited scale could not prevent waiting lists from growing to dangerous lengths in London and other parts of the country, and that the problem of the chronic sick was much too serious to be ignored any longer.[2] By December 1940 the situation had become critical, and the Ministry felt compelled to tell hospitals that 'the civilian sick should be admitted freely where waiting lists are accumulating'. This advice was given to all hospitals in the country and, at the same time, the Ministry proposed that patients in bombed areas should be 'transferred to outer hospitals at an increased rate'. Simultaneously, hospital officers were instructed to review all casualty bed reservations in the light of air raid experience so as to release beds for the civilian sick wherever possible.[3]

This crisis was precipitated by the fact that the total load of patients was not only too heavy but also unevenly distributed. The London County Council hospitals were dangerously overcrowded and they were forced to use many of their casualty beds for sick civilians, while voluntary hospitals maintained their great pool of vacant emergency scheme beds by either restricting the admission of new patients or by transferring other patients.[4] The public hospitals were unable to follow their example because they were under a statutory obligation to accept all patients, whether acutely or chronically sick, who were in need of hospital care, and because the many thousands of their chronic patients were not entitled to be transferred to the country.

The problem of the aged and chronic sick had been serious enough in peacetime; in war it threatened to become unmanageable. Thousands who had formerly been nursed at home were clamouring for

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[1] The situation was summed up by an official of the Ministry of Health in a note on 14th November 1940: 'It is agreed that in principle we must now accept direct responsibility for providing hospital treatment for those of London's sick who cannot be treated in London owing to the shortage of hospital beds following damage; and that we can no longer limit ourselves to the notion that we accept responsibility only for the sick who are "transferred" to make room for casualties'. This problem of transferred patients is further dealt with in chapter XXIV.

[2] 'I have been appalled', wrote an official of the Ministry of Health in November 1940, 'by some of the waiting lists which in some areas are increasing steadily.'

[3] Ministry of Health circular E.M.S.I.258, 5th December 1940.

[4] At a meeting in May 1941 a high official of the emergency medical service said (to quote from the minutes) that he anticipated 'repeated misunderstandings between the two groups of hospitals so long as the Ministry continued to instruct voluntary hospitals to keep a certain number of beds vacant for casualties while municipal hospitals had a statutory obligation to admit all sick who required hospital treatment. This enables voluntary hospitals to pass cases on to municipal hospitals quite arbitrarily, even when beds are available. While justifiable in teaching hospitals in peacetime this is not helpful in wartime'.

admission to hospitals when families were split up, when homes were damaged or destroyed, and when the nightly trek to the shelters became a part of normal life for Londoners. Yet everything, except humanitarian considerations—which often take second place in war—spoke against these poorest and most helpless members of the community. Because they occupied beds for indefinite periods it was wasteful to admit them to specially equipped and staffed emergency scheme beds. To nurse them was not only uninteresting but often unpleasant; the work soon damped the enthusiasm of newly enrolled V.A.D.s who had expected to nurse soldiers and not incontinent and senile old people.[1] It was moreover argued in the jargon of the day that the emergency hospital service must give priority to 'potential effectives'.[2] Voluntary hospitals, who had refused the chronic sick in peacetime, were even less prepared to admit them in wartime, and tended to define such patients in the widest possible sense. In the circumstances, the traditional burden of public hospitals and institutions became unbearably heavy. At a time when shelter life might well have resulted in widespread epidemics demanding all the resources of fever hospitals, such hospitals were crowded with chronic and aged sick people.[3]

The term 'chronic' was by no means limited to the aged and the incurable, as was shown by the records of some patients who were regarded as 'chronics' by voluntary hospitals and were promptly transferred to the care of the London County Council. They ranged from babies with broncho-pneumonia and acute bronchitis to young men and women with influenza and pleurisy.[4] In short, some of the 'chronics' were ordinary sick people of all ages, suffering from simple, everyday complaints and needing hospital care for varying periods of time. Before the war, voluntary hospitals had treated many of

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[1] Hospitals which had transferred such patients to the country were asked to send nursing and domestic staff with them. The London County Council reported in October 1940 that many nurses resigned on being told of their proposed transfer with these patients.

[2] The Minister of Health put this point of view quite unequivocably in a letter of 4th December 1940: 'If we were to move all the chronic sick out of the hospitals in the "target" areas it would literally mean moving some tens of thousands of patients, and no hospital scheme that we could devise could possibly stand the strain. There will be no dispute, I think, that however sympathetic one is with these people, if it is a choice of keeping them in the town hospitals, or keeping civilian or military casualties or acute sick in these hospitals, one must put the latter into safety first'.

[3] The London County Council's hospital service was seriously strained as early as October 1940. Out of a total of 9,915 beds for general patients and air raid casualties, 6,200 were occupied by the chronic sick, and only 915 were empty and available for casualties.

[4] To illustrate this development the London County Council sent the Ministry of Health in February 1941 a list of admissions into St. Stephen's Hospital of twenty patients transferred from voluntary hospitals during a seventeen-day period. Of the twenty, only three were over sixty years of age. Among the remainder, the complaints ranged from influenza and bronchitis to miscarriages, carbuncles and scabies.

these patients; they now regarded them as outside their field of service.

It was not surprising that this situation intensified the traditional contradictions detween voluntary and public hospitals and forced upon the Ministry the role of mediator and peacemaker.[1] It had every reason to act in this capacity because it was partly responsible for the situation and had allowed matters to drift. It was admitted by the Ministry that the emergency medical service had made it financially attractive for hospitals to maintain their full quota of vacant casualty beds at the expense of even the more urgent civilian claims. Beds reserved for emergency scheme purposes were paid for from public funds while the bulk of the cost of treating sick civilians fell upon the hospitals themselves. Voluntary hospital finance had never been secure, and the war had resulted in upheavals which made income from charitable sources seem more uncertain.

When bombing reduced the space for beds in voluntary hospitals and casualty bed reservations were maintained at their original level, the hospitals cut down their ordinary civilian work still further.[2] These restrictions thrust into prominence certain unsolved financial questions. The Ministry found itself paying an increasing proportion of the hospitals' running costs and, in addition, it was taking financial responsibility for numbers of sick civilians who, for various reasons, could no longer be admitted to city hospitals and were transferred to emergency scheme hospitals in the country. There was also the fact that the very existence of some voluntary hospitals was at stake as a result of serious damage. Should their identity be preserved by the Ministry or should they be left to their fate? After only a few months of active war the Ministry, when reviewing its financial policy, discovered that it was compelled to face issues of far-reaching importance for the future.[3]

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[1] A high official of the emergency medical service acknowledged this fact in a letter to the London County Council on 21st May 1941: 'We have been exploring the possibility of a better distribution of civilian work and casualty work between the voluntary and L.C.C. hospitals but find that there are many difficulties in the road. . . . My feeling is that there are bound to be misunderstandings between the voluntary and L.C.C. hospitals unless the Ministry take a definite line of responsibility for the distribution of the work'.

[2] Exact figures of the amount of civilian work done by London voluntary hospitals are not available but a London County Council memorandum of October 1940 estimated that the figure was as low as ten per cent. of their pre-war work. This may have been an unduly pessimistic estimate, but it did at least provide some indication of the order of magnitude of the loss of hospital facilities to the sick population of London.

[3] A departmental minute of 31st October 1940 summed up the situation: 'As a result of the dislocation of hospital services in London, the partial closing of voluntary hospitals, and their damage by air raids, questions are arising that threaten the continuance of certain of these hospitals as independent institutions. Action by the Ministry may determine their continued existence as independent units, or make such existence impossible.'

(ii)
Problems of Distribution and Voluntary Hospital Finance

There was one common factor in all these problems confronting the hospital services and in all the forces which were shaping policy during and after the attack on London. It centred round the fate of the civilian sick. Swelling waiting lists, evidence of the plight of London County Council hospitals,[1] a decreasing share in civilian work by voluntary hospitals, and an increasing number of complaints in the press and in letters to the Ministry—all these symptoms of an approaching crisis could not be ignored. There was no indication, however, of any concerted Government plan to meet it; on the contrary, and largely because of the social and political issues involved, each separate symptom as it arose and made itself felt was dealt with in a piecemeal way. In the course of time these problems were tackled from three main angles: by relaxing temporarily the ban on the evacuation from London of chronic sick people, by reducing the number of casualty bed reservations in voluntary hospitals, and by revising the financial arrangements with these hopsitals.

It was not accidental that the first practical measure to be taken concerned those aged and chronic sick people whose misfortunes were particularly obvious to a wide public. At the end of September 1940 the Ministry of Health decided to make a limited number of beds available in reception areas to aged and infirm persons found in public shelters and rest centres, and to accept the full cost of maintenance.[2] Some of these old people had no relatives or friends to look after them; some had no homes and spent practically all their time in shelters; their appearance of neglect was a public reproach and a danger to health and morale. Local authorities were asked to find, register and collect such 'shelter derelicts', and the scheme was later extended to include old and infirm persons in private shelters and in their own homes. Persons evacuated from London under this scheme were given the 'status' of air raid casualties and were not regarded as

[1] These hospitals were compelled, through shortage of accommodation and pressure of demand, to use the top floors of their often very old buildings. The Ministry of Home Security feared that the London County Council was running 'very serious risks' of disasters in its large unframed hospital buildings. The voluntary hospitals, on the other hand, were able to be more exacting in their interpretation of a dangerous ward, as they were not faced with the same liability for sick civilians.

[2] This decision followed the Report of the Horder Committee on Air Raid Shelters, 26th September 1940. Recommendation no. VI of the Report read: 'In order to reduce the strain upon the shelter accommodation, certain classes of persons whose inclusion adds to the difficulty of supervision, increases the risk to health, lowers morale and who are a serious encumbrance in the presence of an incident should, as far as possible, be evacuated. These classes include the aged, the infirm and the bedridden'.

a responsibility of the public assistance authorities. For the first three months they were not expected to contribute to the cost of their hospital care, and they were allowed to retain whatever income they might have from pensions or other sources.

Medical Officers of Health, who were asked to select these people, soon found themselves in difficulties. Some old people were obvious hospital patients and were glad to be taken care of; others objected to evacuation. Many did not want to be separated from their normal surroundings; married couples wanted to remain together; in some instances, the fear of being treated as a pauper was much more real than the fear of bombs. It became clear that the problem went far beyond the scope and resources of the emergency medical service. Not all the aged and infirm who were unable to stand the strain of shelter life were necessarily in need of hospital care. Many were still active enough to lead useful lives in more normal conditions. To confine them all indiscriminately to bed involved not only a waste of hospital resources but the risk of making them permanently bedridden. What many needed were not hospital beds but hostels.[1] But in the absence of hostels, evacuation to hospitals and institutions in the country was the only immediate way of tackling the problem. By early December 1940 about 4,000 old and infirm people had been transferred from London to emergency hospital beds in country areas.

While this scheme was in progress, the situation of the London County Council hospitals was steadily getting worse. At the Ministry, the Director-General of the emergency medical service was strongly in favour of removing all the chronic sick from general hospital beds, even though the number moved from the shelters was expected to exhaust all second-class beds that could be spared in country hospitals. By the beginning of December, action had resulted in the transfer of over 3,500 chronic sick from London hospitals to the country, and at least some of the County Council's casualty beds had been restored to their proper function.

By the end of the year the emergency medical service was facing yet more difficulties. After the attack on Coventry and other industrial centres there were widespread transfers of hospital patients, and the evacuation of injured and sick people was no longer limited to London. In reception areas emergency hospital accommodation was running down and hospital officers were getting worried about the drain on bed reserves. Some of the chronic sick were consequently shifted from one place to another, and much confusion, hardship,

[1] It was clearly impossible to find householders in the reception areas who would billet these old and infirm people under the Government's evacuation scheme. In the early months of 1941 an informal committee was called together to assist the Ministry of Health in finding suitable premises for hostels to accommodate able-bodied old persons, and to help in mobilising voluntary action in the reception areas. For details of the number of hostels established see chapter XIX, p. 374.

and many complaints resulted from these attempts to move aged patients from beds in good hospitals to which they had been transferred in the first instance. But all these devices could not alter the fact that there was not, in the opinion of those responsible, sufficient accommodation to go round. After having been in force for little more than two months the shelter scheme was suspended, if not abolished, because it was considered that no more beds in reception areas could be spared. It never came to life again.

The Ministry of Health's attempts, during the first few months of the London attack, to deal with the problem of the aged and chronic sick brought some relief but no solution. In the shelters, conditions were still far from satisfactory as the Minister had occasion to see for himself. The London County Council hospitals and institutions were again filling up. The reasons for the suspension of the shelter evacuation scheme were also responsible for the refusal of the emergency medical service to accept further groups of the chronic sick from these hospitals and institutions despite repeated requests. At the same time, the Ministry of Health rejected a suggestion that public school buildings, earmarked as 'shadow units' for the emergency medical service, should be used to accommodate the aged sick. The Government was not prepared to interfere with the work of these public schools unless there was a great increase in the demand for beds for air raid and Service casualties. In the meantime, matters were left more or less as they were, with the bulk of the chronic sick remaining in the bombed areas. No one really wanted to touch this difficult problem and no one really knew how to tackle it. It was much simpler to leave well alone and to say 'first place to the young and to war casualties'. Moreover, the Government continued to stand by the principle of war-time hospital policy that evacuation was not primarily a means of removing patients to safety but the only way of maintaining a sufficient number of casualty beds in the bombed areas.

With the removal of the aged and chronic sick at a standstill, and London County Council hospitals still showing an excess of admissions over discharges, it became increasingly urgent to distribute the load of both casualties and sick more evenly among all the London hospitals. It was an absurd situation that during heavy air raids the surgical staff in some of the Council's hospitals were not fully occupied because they lacked the necessary casualty beds, while overworked operating teams in voluntary hospitals had more beds at their disposal than they could use. Among nurses it was the other way round: in voluntary hospitals with many fully staffed—but unoccupied—casualty beds they had far less work to do than nurses in the overcrowded L.C.C. institutions. In consequence, the Council found it more and more difficult to attract nurses to its hospitals.

These questions were all mixed up with the fundamental problem of distribution. The most effective way of relieving pressure on L.C.C. beds, and of enabling municipal hospitals in other areas of the country to reserve more beds for casualties, was an extension of civilian work in voluntary hospitals. But over this the Ministry of Health had no control whatever; all it could do to influence directly the policy of these hospitals was to cut down their casualty bed reservations. A first step in this direction was taken in December 1940, when hospital officers were asked to review the figures in their areas and suggest reductions for each hospital.[1] It was hoped that in the whole of England and Wales 20–25,000 of the 70–80,000 vacant casualty beds could be released for the benefit of sick civilians.

The hospitals concerned did not welcome this development. In London, although the number of beds involved was only about 600, the hospitals were strongly opposed to any change. It was maintained that the war situation did not justify the reduction, and it was argued that the hardships suffered by sick civilians had been exaggerated. Months went by while negotiations proceeded between the British Hospitals Association and the Ministry. Meanwhile, the air attack on London ceased—though for how long nobody knew—and the case for a cut in the reservation of casualty beds became much stronger.

On 24th July 1941 a meeting of London hospital representatives declared that the release of these beds 'was a desirable step as it would enable the voluntary hospitals to take in more civilian sick and would spread the casualty load as widely as possible'.[2] A further six months elapsed without action being taken. In January 1942 agreement was finally reached, and the new reservation figures became valid on 1st March 1942. Compared with the old, arbitrarily fixed, figures they had the advantage of being related in some measure to operating theatre capacity and, therefore, to the number of casualties a hospital could actually handle.[3] For some hospitals the agreement meant little or no change; for others substantial adjustments were necessary. Five large teaching hospitals in London, for instance, released a total of 200 beds by a reduction of casualty beds from 160 to 120, and four other hospitals also released forty casualty beds each. But the total gain by the London sick was still in no relation to their needs.

During the fourteen months which had elapsed since a reduction in reservations was first proposed, a fierce dispute had been going on behind the scenes between the London County Council and the

[1] Ministry of Health circular E.M.S.I.258, 5th December 1940.

[2] This meeting was called by the Ministry of Health to consider the organisation of the emergency scheme in London. It was attended by representatives of some voluntary hospitals, the London County Council and the British Hospitals Association.

[3] See above, p. 445. The ratio between bed reservations and the 'switching' figure was fixed at 2½ to 1, but there were certain variations which took into account the special circumstances of each hospital.

British Hospitals Association, with the Ministry of Health acting as a kind of arbitrator. There was much correspondence and discussion, with facts submitted by both sides. Eventually, the Ministry itself extracted figures from its own records. They covered forty voluntary and twenty-four L.C.C. hospitals and showed that, in February 1941, the ratio of vacant to occupied beds was 1 : 0·9 for the voluntary and 1 : 8 for the municipal hospitals. The subsequent reduction in reservations did not remove this wide discrepancy but it did narrow the gap to some extent. Unfortunately, the delay had been a costly one, not only for the Exchequer, but also for London's sick civilians.[1]

This question of casualty bed reservations was one example of the close relationship which existed between finance and operational policy. It had not been easy for the Ministry of Health to find a method of compensating voluntary hospitals for their contribution to the emergency medical service which was both fair and generally applicable. Costs and types of service varied widely from one hospital to another and, in most instances, it was impracticable to pay fixed rates for vacant and occupied beds.[2] It seemed more realistic to apportion running costs between the Ministry and the hospital according to the number of available E.M.S. and non-E.M.S. beds. The difficulty here, though, was that this method compelled the Ministry to accept obligations the size of which it had little or no power to control. If a hospital's internal administration was inefficient and unnecessarily costly, the Ministry's expenditure was unnecessarily high; if a hospital's beds for the civilian sick were reduced in number while its emergency beds remained the same, the Ministry's share in its running costs increased. Yet its only means of bringing its influence to bear was by persuasion and advice which might or might not be accepted.

When this method of payment was tested in practice, it became clear to the Ministry that it discouraged voluntary hospitals from increasing their share of civilian work. Was it surprising that they hesitated to admit sick civilians to their casualty beds when this meant a reduction in Government payments and an increase in their own expenditure? But in the London of 1940 it was not even necessary

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[1] In at least one instance the reduction in the number of reserved beds did not mean an immediate increase in accommodation for sick civilians. When the emergency medical service cut down the reserve of casualty beds by forty the hospital made a return of its total beds which was also lower by forty. The hospital claimed that it was unable to staff the beds set free for the sick. This was difficult to understand, as payment had always been made for the beds by the Ministry of Health on the basis that they were fully staffed and ready to receive war casualties. The Ministry's objections on this score were countered by explanations about staffing ratios and special circumstances. Although not entirely convinced, the Ministry eventually decided to let the matter drop.

[2] This method was, however, applied to the British Red Cross auxiliary hospitals. See below, p. 461.

to base such action on arguments of self-interest. The battle provided the argument. Victims of air attack and members of the Forces were accorded a position of privilege above everyone else. Their well-being had to be ensured beyond doubt. The troubles of ordinary life, the common illnesses and infirmities, might be much harder to bear under air raid conditions, but they took second place in the matter of hospital accommodation. A sick soldier received immediate care and stayed until he was fit again; a sick civilian had to wait in a queue and was often discharged at the earliest possible moment after treatment. These priorities of war lost much of their former justification when men, women and children were in the midst of the fighting, but tradition lived on.

When bombing reduced hospital accommodation and dangerous upper wards had to be closed, sick civilians were the first to suffer. Hospitals strove to maintain their quotas of casualty beds even after being bombed, and the financial effects of their so doing were considerable. The Ministry of Health's share of the hospitals' current expenditure rose as the number of civilian beds went down. The Ministry had also to accept financial responsibility for the increased number of sick civilians who had to be transferred to the country. Some voluntary hospitals were damaged to such an extent that their existence was threatened. For the Ministry, all these developments added up to a problem with far-reaching consequences.

A review of the financial relationships between the Ministry and the voluntary hospitals could no longer be postponed. It was not simply a matter of saving public funds or arguing about the fairness of a particular method of compensation. Vital issues of hospital policy were at stake. The Ministry could save hospitals or leave them to their fate. It could allow centres of medical teaching and research to disintegrate or help to preserve them. In some instances, buildings, equipment and staff were even more urgently needed by damaged hospitals than financial support.

This situation had not been foreseen and there was no settled policy to deal with it. What hospitals should be assisted and to what extent? Was it in the public interest to save from extinction every small hospital, even if the contribution it could make was not immediately required by the emergency medical service? In November 1940 the Director-General of the service defined the Ministry's two main objects as follows: 'To preserve those institutions that are of national importance for education and medical progress and to have at its disposal as many "well managed" beds as possible'. Its interests, however, went beyond the confines of the emergency hospital scheme; every 'well managed' bed which could be used for sick civilians was important for it would thus help to relieve civilian pressure on casualty accommodation.

In May 1941 the Ministry appointed a committee chiefly to consider what should be regarded as a 'well managed' bed.[1] As a result of the committee's work, it was hoped that bombed hospitals would establish country branches or take annexes of existing emergency medical service hospitals under their management; the Ministry was quite prepared to assist hospitals with money to tide them over any initial difficulties. While the help that the Ministry was able to give was of benefit to a number of damaged hospitals, the main source of Government support for the voluntary hospitals during the war was the steady flow of payments made to them under the emergency scheme. Taken as a whole, the country's voluntary hospitals weathered the storms of war and bombing very well. Throughout the war, the Ministry's financial policy was never rigid, and within the framework of general rules it dealt with individual cases on their merits. What it feared more than anything else was to lay itself open to the accusation that its policy might undermine or weaken the voluntary system. Many of its actions and omissions were inspired by this fear. It is a matter for speculation how the voluntary hospitals would have fared without the assistance they received. As it was, their financial position was greatly strengthened, and the Ministry's efforts to maintain the pre-war balance in the hospital world were successful.

In terms of finance, indeed, pre-war deficits became war-time surpluses. The average annual deficit of the voluntary hospitals in England, Wales and Scotland for the years 1937–9 was £24,600, while for the five war years the average annual surplus was £3,176,639.[2] If the statistics are examined for only the larger voluntary hospitals (those with more than 100 beds) in the London region, the corresponding annual averages of £376,740 deficit and £793,485 surplus show that the trend was also very pronounced in an area seriously affected by bombing and evacuation. The increase of receipts over expenditure did not come from voluntary gifts, which tended to fall slightly, nor from increased patients' contributions,

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[1] The committee consisted of Lord Dawson, Sir Ernest Pooley and Sir Allen Daley.

[2] Year to year comparisons in the field of voluntary hospital finance cannot be made with any accuracy as a varying number of hospitals provided statistics annually for the *Hospitals Year Book*. The figures do, however, give an indication of general trends:—

1937 (917 hospitals sent in returns)	Surplus	+£479,467
1938 (847 hospitals)	Deficit	−£222,654
1939 (835 hospitals)	Deficit	−£330,615
1940 (794 hospitals)	Surplus	+£1,793,278
1941 (713 hospitals)	Surplus	+£2,245,921
1942 (806 hospitals)	Surplus	+£3,543,916
1943 (771 hospitals)	Surplus	+£4,087,781
1944 (783 hospitals)	Surplus	+£4,300,096

(*Hospitals Year Books* 1937–1947, issued by the British Hospitals Association (Incorporated.))

which dropped considerably, but from increased payments from 'Public Services'.[1]

Although their financial position was greatly strengthened, the voluntary hospitals did less work. The published figures on the number of patients treated, their length of stay in hospital, and the use made of available beds, prove this point. Taken together, the evidence is impressive.[2]

When an agreement was reached in May 1941 with the British Hospitals Association on various financial issues it did not alter in any fundamental way the method of paying voluntary hospitals.[3] One new principle was an arrangement whereby hospitals, who had their total of civilian beds reduced because of bombing or for other reasons, credited the Ministry of Health with a sum equivalent to the cost of the lost beds.[4] The purpose of this credit was to compensate the Ministry for the cost it had to bear in accepting as 'transferred patients' those sick civilians who could no longer be admitted to the

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[1] In London, for instance, the following upward movement was shown:—

Money from 'Public Services' per available bed

1939 ...	£47·70	1941 ...	£99·39
1940 ...	£95·46	1942 ...	£90·93

(*Hospitals Year Books*).

[2] *Voluntary hospitals in England, Wales and Scotland*

	New In-Patients	*New Out-Patients*
Average for the years 1937–9	1,303,101	5,943,206
Average for the years 1940–4	1,265,122	5,749,097
Voluntary hospitals in London		
Average for the years 1937–9	297,324	1,910,943
Average for the years 1940–4	197,493	1,431,238

Average length of stay per in-patient days for certain London teaching hospitals

	Guys	*Middlesex*	*St. Thomas's*	*University College*	*St. Bartholomew's*	*Royal Free*
1937	17·6	21·2	17·4	21·4	19·6	16·5
1938	19·5	21·0	17·2	20·2	19·4	16·8
1939	17·0	22·1	15·6	17·4	15·8	16·7
1940	11·5	16·3	13·2	13·9	9·8	14·5
1941	11·1	11·7	13·4	13·6	12·6	12·9
1942	15·1	14·0	15·7	14·6	14·3	14·1

Percentage of available beds occupied daily in London voluntary hospitals with 100 *or more beds*

	%		%
1937 ...	88·81	1941 ...	51·81
1938 ...	87·17	1942 ...	59·18
1939 ...	81·22	1943 ...	63·15
1940 ...	48·96	1944 ...	57·02

The big provincial hospitals showed the same trend, ranging from 86·68 per cent. in 1938 to 64·20 per cent. in 1940. (*Hospitals Year Books.*)

[3] Ministry of Health circular 2380 enclosing W.A.R.184, 22nd May 1941.

[4] The somewhat complicated formula attaching to this accounting process was described in Ministry of Health circular 2380 .22nd May 1941.

hospitals in question.[1] The effect of this arrangement was that the Ministry no longer incurred additional expense without additional service whenever a hospital reduced the number of its civilian beds. There was now, according to the Ministry's accountants, no financial advantage to be gained by a hospital in making such reductions. But, as the Ministry itself admitted later on, the core of the problem remained untouched; voluntary hospitals still benefited if they did not place their vacant casualty beds at the service of sick civilians.

The Ministry was not fully satisfied with this arrangement, but it feared the controversies that would undoubtedly have followed any proposal for a drastic change in policy. Its failure to resolve the financial issue was one of the reasons why it felt an added responsibility for the civilian sick and took upon itself wider responsibilities than had been contemplated in 1939. The gradual expansion of its interests and its work beyond the limits of the emergency scheme for casualties is one of the recurring themes in the war-time history of hospital service.

Throughout the war the method of paying voluntary hospitals remained in all essential principles the same. Towards the end of 1944, when the process of demobilising the emergency medical service began, the financial conflict flared up again. The British Hospitals Association stated that a reduction in the number of casualty beds would seriously affect the finances of many hospitals and wanted the matter postponed. But at the time the Government's requirements in terms of beds for war casualties were so much easier to estimate than in 1940–1 that the story of long-drawn-out negotiations was not repeated. The Ministry, while ready to discuss the position of any hospital in difficulties, insisted on keeping operational and financial issues strictly apart. It circulated the new casualty reservation figures to the hospitals on the basis of no other consideration than the needs of the emergency medical service.

This account of certain of the war-time problems of London's hospitals has been told as an example—perhaps the most striking one —of the kind of question which the Ministry of Health was compelled to face in organising and administering a special medical service for war casualties. It shows that, as events turned out, the real crisis was one of distribution, caused by the claims of sick civilians upon the hospital accommodation of which the war had deprived them, and aggravated at every point by the inconsistencies and tensions of a hospital world composed of two powers lacking common allegiance to a common policy.

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[1] In March 1942 when the number of reserved casualty beds was reduced, the hospital credits to the Ministry were proportionately adjusted.

CHAPTER XXIII

HOSPITALS FOR WAR VICTIMS

(i)

Quantity of Hospital Provision

It has already been shown that the amount of accommodation available within the emergency hospital scheme, although it was considered inadequate before and during the early years of the war, never proved a really serious problem. The shortages that did arise were due, not so much to the numbers of casualties or Service patients, but to the claims of the ordinary sick who had been crowded or bombed out of their hospitals. There were periods when it seemed as if there could never be enough beds in certain areas, and questions of quantity arose whenever the war situation appeared particularly menacing. But on the whole, and especially after 1940, quantity was no longer the primary consideration in Government policy. This was reflected in the number of hospitals suspended or withdrawn from the emergency scheme.[1]

The process of concentration was largely completed by the end of 1943 when 734 hospitals had been withdrawn, 753 suspended[2] and 886 retained in the scheme. In 1944, when the scheme was expanded to receive battle casualties from the Continent, the number of active hospitals rose to 1640, but by the end of the year it had fallen back to 879.[3]

The exclusion of the smaller and less efficient units had comparatively little influence upon the total number of beds available, for the reason that the reductions were offset by the addition of new accommodation to the active hospitals. By May 1941 the number of new beds provided by 'up-grading' alone was equal to the number of beds in hospitals withdrawn from the scheme. When it was found, in some instances, that hospitals were still unsatisfactory after improvements had been carried out, the Ministry's 'up-grading' policy became more selective. There was, of course, a limit to the number of hospitals that

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[1] Some of the reasons for these reductions were discussed in chapter XI, pp. 185–6.

[2] 'Suspended' hospitals consisted in the main of those in which accommodation was so limited, usually less than fifty beds, as to be of minor importance. As, however, these hospitals had some surgical facilities it was decided to hold them, as it were, in suspense, to be used only in an emergency.

[3] H. of C. Deb., 11th October 1944, vol. 403, cols. 1971–2 and *Report of the Chief Medical Officer of the Ministry of Health* 1939–45 (p. 151).

could be improved to suit the purposes of the emergency scheme, and early in 1941 it was decided to restrict work to those institutions which had already been partially, but not yet adequately, adapted to the standards set. By then, 110,000 new beds had been added by means of crowding, 'up-grading' and the building of hutted annexes. Another 10,000 were provided by equipping suitable buildings in the neighbourhood of hospitals to act as annexes. Accommodation for convalescence in the new Red Cross auxiliary hospitals was, at the same time, raised to over 10,000 beds.

The most valuable of these various devices to increase the quantity of hospital accommodation was the building of hutted annexes.[1] This alone added 34,000 first-class beds by the end of 1940. In the following years an acute shortage of labour and materials slowed down considerably the progress of building. As, moreover, the demands for casualty beds had not been nearly as heavy as expected, the original plan of 80,000 beds in hutted annexes was dropped in the summer of 1942, when over 52,000 beds had been added, 8,600 of them in self-contained hutted hospitals.

It was hoped that the Red Cross auxiliary hospitals would fulfil the twofold purpose of freeing beds in casualty hospitals for those who really needed them and of providing emergency medical service patients with suitable accommodation for convalescence. Such facilities had been very inadequate before the war and some pre-war convalescent homes had since been diverted to other purposes. Here, as elsewhere, the war added its own quota of social problems. Service patients could not be returned to their units until they were fit, and civilians could not be discharged from hospital in a poor state of health when they had no homes to go to and no relatives to nurse them back to health. The original principle of 'no convalescence for air raid casualties'[2] had long been abandoned by the Ministry of Health, while the strain of long working hours and of air raids made it necessary to provide some people with periods of rest under medical supervision to save them from breakdown. The Ministry therefore took the view that the new auxiliary hospitals should 'provide a general pool of convalescent accommodation'.

The hospitals were established in large country houses placed at the disposal of the Red Cross, sometimes at nominal rents, by the owners. There was no shortage of such offers which, in many instances, only anticipated Government requisitioning, and the conversion of these houses into convalescence hospitals ensured that they

[1] The early history of this scheme was described in chapter XI, pp. 186–7.

[2] A minute by a high official of the E.M.S. on 11th December 1939 was quite emphatic:—'I think we have got to be quite clear that there is going to be no such thing as convalescent treatment for the civilian war casualty. As soon as a case is fit to go home, that is to say ceases to require any active treatment, to home it must be sent'. This was written, of course, before experience of air raids showed that the number of casualties was far fewer than had been expected.

were maintained and kept in repair.[1] Frequently the owners remained in residence and took charge of the hospital under Red Cross auspices. Most of the equipment was provided by the Ministry, which also financed necessary adaptations and paid fixed rates for occupied and vacant beds to the Red Cross Society.

Such a policy of indirect control created problems resembling those which arose in the relationship between the Ministry and the voluntary hospitals. In deciding what categories of patients should be admitted, for instance, the Ministry had to take into account the wishes of the owners of the houses. These people tended to prefer the 'blue-coated soldier' who was under military discipline to the industrial worker who was not. But the course of the war meant that, for a number of years, Service patients formed only a small proportion of all patients in need of convalescence; the Ministry, therefore, found itself in the awkward position of paying for beds which were urgently needed for a variety of purposes but which it could not use. Sick civilians, in need of convalescent treatment, were not admitted to the hospitals although the Government was meeting the bill for both occupied and empty beds. Up to June 1941 the Ministry paid for 1,643,000 'bed days' in auxiliary hospitals; only 605,000 of these were 'occupied bed days'. This waste was thought to be indirectly encouraged by the relatively high rate of payment for vacant as compared with occupied beds. After much delay, these rates were revised at the beginning of 1942,[2] and agreement was reached over a year later to use some accommodation for evacuated children, civil defence workers, nurses and other groups.[3] The Ministry's convalescence scheme for miners had to be dropped; its scheme for industrial workers met with so little enthusiasm from the owners of the houses that negotiations were only just completed and application forms printed when all available accommodation had to be reserved for Second Front casualties.

By August 1944 there were over 14,000 beds, seventy-two per cent. of them occupied, in more than 230 country houses; the original aim of 20,000 beds had long been abandoned.[4] Throughout the war, those who were responsible for administering the auxiliary hospitals were anxious to do all they could for Service casualties. In all,

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[1] Some of the difficulties of requisitioning these houses for various war purposes were discussed in chapter XIX, pp. 371–2.

[2] On 1st January 1942 the rates were changed from 4s. a day for an unoccupied bed and 5s. 6d. a day for an occupied bed to 2s. 6d. and 6s. respectively. The operation of the original rates to the end of 1941 resulted in a profit to the War Organisation of the Red Cross and Order of St. John of approximately £50,000. It was agreed that this profit on running costs should be set against a deficit on capital expenditure.

[3] The arrangements for providing convalescent treatment for children are described in chapter XXIV, pp. 498–500.

[4] *Report of the Chief Medical Officer of the Ministry of Health*, 1939–45 (p. 151).

479,648 patients were treated up to 2nd September 1945.[1] A substantial proportion of these patients were admitted during 1944–5, for it was only during this last stage of the war that the hospitals fully played the part in the emergency medical service for which they had originally been created. The contribution they made towards helping with the problems of civilian life in wartime was—by contrast with the service given to members of the Armed Forces—very limited. Of the total of 479,648 patients, only 64,699 were civilians.

To this point, the account has told of increasing assets for the emergency medical service. Its losses, temporary and permanent, were on a smaller scale, but where they occurred they resulted in shortages and caused much disturbance. In the evacuation of hospitals on the coast in 1940 many thousands of hospital beds were abandoned. In the bombed cities damage to hospitals was severe. It is difficult to assess these losses in terms of beds for the whole of England and Wales. When air attacks ceased in 1941 they were roughly calculated at between 7,000 and 10,000 with an additional 15,000 beds closed on account of danger.[2] The London County Council alone estimated its losses of general and special beds at over ten per cent. as early as mid-December 1940. Few hospitals were put completely out of action, but quite a number were temporarily brought to a standstill and emptied of staff and patients. By the end of May 1941, London County Council hospitals had suffered damage on no less than 450 occasions involving the closing of ten hospitals and the partial closing of several others. During the flying-bomb and rocket attacks London hospitals were more seriously affected by losses of beds through damage than by the influx of casualties, and at the end of 1944 the London County Council reported a war-time loss of over 5,000 beds.[3]

Fortunately, these hospital losses were more than offset by gains in the country as a whole. Some of the gains were the result of adaptation to the changing needs and circumstances of the war. The quiet years that followed the air raids of 1940–1 were busy years of adjustment and expansion for the hospitals. With the Armed Forces preparing for greater encounters with the enemy, and Allied and Dominion troops pouring into Britain for the assault on the Continent, there were new demands and developments. Service and Ministry of Pensions hospitals, with some 20,000 beds early in 1940, increased their resources to over 37,000 beds by the summer of 1941.[4]

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[1] *Sixth Annual Report of the War Organisation of the British Red Cross Society and Order of St. John of Jerusalem*, 1944–5.

[2] Beds on top floors of hospitals in London and other cities and beds closed for other reasons.

[3] 'The London County Council Hospitals in Wartime', *Medical Officer*, 24th August 1946, vol. LXXVI, viii, 83.

[4] Full details of all these matters will be given in the Medical History of the War.

Sixty hutted hospitals with 52,000 beds were built for the American Forces alone, and the emergency medical service transferred 12,000 of its beds in hutted hospitals and 1,300 beds in its permanent hospitals to the Service departments and the Canadian and U.S. military authorities.

All these changes, in combination with the steadily enlarging responsibilities of the emergency medical service, make it virtually impossible to give an accurate picture of the total resources of the service at different stages of the war. Moreover, in such a large and heterogeneous organisation it was not easy to apply uniform methods of accounting. Distinctions between active and reserve, occupied and unoccupied, staffed and unstaffed beds offered many opportunities for overlapping and error, and estimates of the so-called 'discharge beds' were matters of policy rather than of record-keeping.[1] Beds which were 'largely paper beds'[2] were included in some and excluded from other estimates. The term 'available bed' inevitably had different meanings at different times.

The degree of pressure exercised on various occasions by the War Office on the Ministry of Health was reflected in the interpretation of what constituted an 'available bed'. In January and again in May 1941, the War Office asked for assurances that sufficiently large reserves of beds in the emergency medical service would be available in the event of enemy invasion. At the earlier date, the Ministry replied that 'the effective bed reserve for air raid and Service casualties should be put at under 100,000'—less than two-thirds of the number the War Office estimated it might need.[3] In May, the Ministry believed that including approximately 40,000 beds in Scottish hospitals 'at least 195,000 reasonably staffed beds, and probably 212,000' could be found, with a further reserve of partly staffed and unstaffed beds to replace bombed hospitals. The chief reason for the difference in the Ministry's replies was one of interpretation, not of fact, as the hospital position had undergone little change during the intervening period. What had changed was the war situation. In January 1941

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[1] A Ministry of Health survey of the position of the emergency medical service in February 1941 included the following different classifications of beds:—
(*a*) beds empty and ready.
(*b*) reserve A beds—empty and ready on a crowded standard.
(*c*) reserve B beds—empty and ready on a crowded standard but not staffed.
(*d*) discharge beds—capable of being cleared by sending patients home.
(*e*) beds occupied by Service patients.
(*f*) beds occupied by civilian casualties.
(*g*) beds under the Red Cross convalescent scheme.

[2] In the survey mentioned above it was stated that many of the reserve beds were 'largely paper beds'. The majority of the reserve B beds were in wards which had been abandoned as dangerous, e.g. wards on top floors of London hospitals.

[3] In January 1941 the War Office estimate of possible needs was 161,000 beds. Five months later the figure was reduced to 144,000 because of an increase in the number of beds in Army hospitals.

shortage was emphasised because civilian needs, aggravated by air attack, by the dangers to health of life in the shelters and by the risks of winter epidemics, were in the foreground. In May the Ministry apologised for its earlier pessimism,[1] and the term 'available bed' received a much wider interpretation because the invasion season was at hand.

Nevertheless, after its experiences during the first two years of war, the Ministry did not again regard the demands of sick civilians as a secondary matter in time of war. In its records of hospital accommodation, the figures of 'discharge beds' furnished an interesting barometer to changing opinion. In July 1940 the figure was still estimated at up to 120,000, and it was understood that these beds could be freed within twenty-four hours by sending civilian patients to their own homes. By the following January the number of discharge beds had sunk to 37,800 and even that figure was given with reservations. Soon afterwards a new and wider definition of this class of bed was formulated.[2] It now covered all categories of Service and civilian patients, and the Ministry hoped that thirty to forty per cent. of all first-class beds could be cleared in an emergency by transferring patients to less specialised accommodation, particularly auxiliary hospitals, or by sending them home wherever possible. The results of applying this wider definition after a special appeal to hospitals were disappointing. In May 1941 only 43,000 discharge beds were reported by the hospitals, but the Ministry, in its estimate to the War Office, increased the figure to 60,000.

In July 1941, hospital resources were surveyed for the War Cabinet in preparation for possible heavy air assaults in the following winter; they were considered to be 'sufficient to meet likely eventualities'. Total resources in the United Kingdom, including both occupied and unoccupied beds, were estimated at 'well over 300,000 beds' for 'air raid casualties and Service casualties as well as any other patients requiring immediate treatment in hospitals', but it was emphasised that staffing would present a serious problem if all these beds had to be used.

Fortunately, these estimates were not tested. It was never necessary to repeat the mass turn-out of sick people which had caused so much hardship in 1939. The ultimate reserves, such as public schools and

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[1] 'I think that the impression given you a little while ago may have been unconsciously coloured by our apprehensions then of the epidemic demands and increased sickness which happily did not materialise last winter at all' (Letter from the Ministry of Health to the War Office, 21st May 1941).

[2] Ministry of Health circular E.M.S.I.228C, 15th February 1941. 'Discharge beds can be obtained in the following ways:—(*a*) by transferring Service patients to Red Cross auxiliary hospitals or to grade II accommodation; (*b*) by discharging Service patients to convalescent depots; (*c*) by transferring civilian patients to Red Cross auxiliary hospitals or grade II accommodation; (*d*) by discharging civilian patients to their homes.'

even day schools, public halls and tents, were at no time called into service, and most of the other reserve beds remained in store.

Throughout the war, the quantitative demands of the Armed Forces and of air raid casualties on the emergency medical service remained within manageable proportions. In 1943 the number of beds which the service undertook, if needed, to make available for military patients was 125,000, equal to about one-half of the total number of beds in its hospitals. At that time the number of beds in these hospitals which were occupied by military patients was in the neighbourhood of 23,000. In 1944 it was decided to increase the amount of accommodation to allow for the reception of battle casualties from the Continent, but the clearance of civilian patients from beds and restrictions on admission of new civilian patients for this purpose were gradual processes, well planned in advance.[1]

It was, of course, inevitable that these operations should lead to hardship among the civilian population and to more complaints about the lack of hospital facilities; but compared with what had taken place in 1939 the dislocation of the hospital services in 1944 was on a small scale. The reception of casualties from the Continent by sea and air proceeded smoothly and never, at any time, overwhelmed the resources of the emergency medical service. At the end of 1944, 38,800 Service patients and 1,900 civilian casualties were in its hospitals.[2] By then, however, the Army had established its own field hospitals on the Continent, and its demands upon the emergency scheme gradually diminished.[3]

Even in 1944, when the invasion of Europe was under way and the emergency scheme hospitals received a greater number of battle casualties than ever before, the chief concern of the hospitals still centred round the needs of civilians, casualties and sick alike. The difficulties of London hospitals in meeting these needs were increased when the enemy's flying-bomb attack opened in June. There were, however, enough beds for all civilian and Service casualties.

Meanwhile, as the measure of this weapon was being taken, plans were rapidly drawn up to meet the formidable threat of rocket attacks. It was proposed to evacuate about 28,000 patients from emergency medical service hospitals in London, and a further 8,000 patients, mostly aged and chronic sick people, from other London hospitals. On 27th July 1944 the War Cabinet decided 'that steps should be taken forthwith to move patients from London hospitals to hospitals in other parts of the country'. Seven days later the movement began, and by the end of August over 14,000 patients and 1,600 staff had

[1] Ministry of Health circular 12/44, 14th February 1944.
[2] *Report of the Chief Medical Officer of the Ministry of Health*, 1939–45 (p. 151).
[3] The special restrictions imposed by the Ministry of Health earlier in the year on the admission of civilians to hospitals were lifted on 14th September 1944.

been transferred, more than one-third to hospitals in Scotland, and 28,000 vacant beds in the London region were ready to receive casualties. When the hospital evacuation programme had proceeded thus far, a rocket assault on the scale originally feared was no longer regarded as probable and the flying-bomb attacks were fast subsiding. The rest of the programme was, therefore, cancelled.

With the removal of restrictions on the admission of civilians to hospitals in September 1944, the emergency medical service entered the first stage of its demobilisation. Its winding up was a slow and complicated affair. It could not discard the obligations it had assumed to its war-time patients without solving many intricate financial and administrative problems. Attempts to return to the pre-war order of things proved as futile in the hospital world as elsewhere, and continuing shortages of staff, equipment and buildings made the transition from war to peace a period of disillusionment. It was soon found that the post-war hospital service, despite the war-time extensions and additions, was not large enough to meet all the demands that were made upon it.

(ii)

Scope and Quality of the Emergency Medical Service

This chapter has so far been concerned mainly with quantities—numbers of beds, hospitals and patients—and little has yet been said about the growing responsibilities and rising standards of the emergency medical service. As the war went on, new classes of patients were included in the service; new facilities and special schemes of treatment were added; the quality of hospital care improved, and administration became more efficient. In particular, the need for closer relationships between the different hospitals and between different forms of medical service was repeatedly demonstrated by experience. Gaps were filled which had been tolerated before the war; the latest methods of treatment were made available on a wider scale; and many were the efforts to bring about continuity of care for the individual patient. Despite all the difficulties of the times, the trend was towards providing a better and more complete service for a section of the population.

The extension of responsibilities was not, however, a planned development. As the nation became more deeply involved in the war, it was increasingly difficult to distinguish between 'combatants' and

'non-combatants'. War workers were as important as soldiers, and a key worker in an aircraft factory was almost as precious as a pilot. It seemed absurd, for instance, to restrict special facilities for fracture treatment to the victims of enemy attack while injured industrial workers needed them just as much.

The Ministry of Health's policy concerning 'eligibility' for the emergency hospital service was one of compromise and adaptation. It reflected all the hesitations and conflicts of a service which was national only for the time being and for a limited purpose, and which, after accepting responsibility to care for war victims, had to face the fact that the dividing line between its field of action and that of the ordinary hospital services was no longer clearly discernible. Nevertheless, the Ministry accepted new responsibilities only with reluctance. It had no mandate to provide a comprehensive national service, and it did not wish to disturb unduly the balance of interests in the hospital world. The pressure of circumstances led, however, to more and more classes of patients being permitted to use the emergency medical service. But the way in which these developments took place, and the underlying conflicts in hospital policy, inevitably introduced a complicated network of administrative and financial regulations. These regulations were, for the most part, inherited from a pre-war hospital service which was neither national nor free of charge and which originated, in both its voluntary and public branches, from efforts to take care of the poor and the destitute.

It is impossible, in a few paragraphs, to convey even a general picture of the subtle distinctions, sub-divisions and microscopic countings which were bound up with the question of eligibility for the emergency medical service.[1] A sixty-two page booklet was published for no other purpose than to define the different classes of patients—there were twenty-six main classes at the end of 1944—and to determine who paid the cost, to whom, and in what way, in each class and sub-class.[2] Some people were entitled to free services; e.g., members of the Forces and air raid casualties; others were 'assessed in the usual way'. Some were the responsibility of public assistance authorities and some were not. Some became so only after a certain period of stay in hospital. Some were E.M.S. patients first, and when their wounds were healed they passed into a different category for the treatment of their ordinary ailments. Some, like merchant seamen, had different rights when they were away from their homes. Some conditions, like fractures, were mostly—but not always—a matter for the emergency medical service. Among patients transferred from one

[1] Some of these questions were discussed at length and with particular reference to the war-time social services in chapter XII.

[2] *Emergency Hospital Scheme: Classification of Patients.* Third Edition (revised), December 1944.

hospital to another there were various groups to which different rules applied. Some were transferred so as to free beds for casualties. Some were transferred for their own safety. Some were transferred from public shelters and had the right to be treated free of charge during their first three months in hospital. And there were other classes besides, to whom other rules applied.

These financial distinctions and discriminations affected many of the patients treated by the emergency medical service. Then there was, of course, the question of the responsibility of the sending and the receiving hospitals, of the local councils in the home and the reception areas, and of the Ministry of Health and other Government departments. For some classes the Ministry itself paid the cost. For others it accepted temporary responsibility and, later, attempted to recover its outlay from the appropriate local council. Where a local council in a reception area paid certain costs—the cost of burial, for instance—the position was reversed; the local authority recovered its outlay from the Ministry. Procedures and accounting forms differed according to the types of hospitals and councils concerned. Inevitably, there were the usual borderline problems and the usual disputes about responsibility.

The result of all these efforts to organise and maintain a 'tidy' administration was, in many respects, the opposite from what was intended. A hospital in a reception area, for instance, might receive patients from a dozen or more different areas; some of the patients would be handled as 'public assistance cases'; others would strongly object to being treated in that way. Some would receive pocket money and some would not. Others would receive more or less than they had been accustomed to. Most of them, however, would ultimately and in some form remain on the books of their own local councils which might be several hundred miles away. Many councils were unable to keep track of all the people for whom they were responsible (some might have been transferred from one receiving hospital to another), and all these authorities found it difficult to keep up to date with the mass of rules and regulations upon which their obligations and claims rested.

This situation illustrated what happens when circumstances change but methods remain the same. There were instances when the Ministry could no longer undo the knots that had been tied; it had to resort to using a knife.[1] But, in general, the network of confusing claim and counter-claim was formally maintained until the end of the war when it had to be disposed of wholesale with the help of rough estimates rather than exact accounts.

[1] Some of the knots that could not be untied were referred to in Ministry of Health circular 2246A, 8th January 1941.

Where the Ministry, the hospitals and the local authorities cannot provide detailed records, the historian is even less able to present a documented balance sheet. It is safe to assume, however, as it was assumed in an earlier chapter on local government boundaries, that the financial results by themselves did not justify the immense effort of maintaining the whole paraphernalia of assessments, means tests, forms and book-keeping. On the human side, there was a balance of confusion and hardship about which more will be said later.

The history of evacuation offers many parallels to developments in the responsibilities of the emergency medical service. The two experiences show broadly the same features. New situations arose and the logic of events compelled the authorities to take action which went beyond the limits originally fixed. Meanwhile, the framework of the administrative machinery, centrally and locally, remained in its original form. For reasons deeply embedded in history, there was strong resistance to changes in structure and function; but here and there, under the pressure of circumstances, resistance gradually weakened. Each individual step seemed insignificant, but the sum total of them all produced a new situation.

The extension of the responsibilities of the emergency medical service had all the characteristics of this process; advances were made against many obstacles leading, eventually, to important developments in the field of hospital care. The list of 'eligible classes' grew from Service patients and civilian air raid casualties to transferred war workers, people with fractures, firemen, workers at agricultural and timber camps, and many others. For each addition, the argument for inclusion was obvious. Transferred munition workers, for instance, lived in billets and there was often nobody to nurse them when they fell ill. In the autumn of 1940 the Ministry of Health decided to contribute financially to district nursing associations for the express purpose of ensuring their services for this group of workers.[1] It was soon found, however, that this did not offer a complete solution, and the next step was the inlcusion of transferred war workers in the emergency medical service. The Ministry went so far as to ask hospitals to accept such workers even when all they needed was 'sick-bay accommodation'.[2] Evacuated people were in a somewhat similar position. Originally, only unaccompanied children had been eligible, but early in 1941 all evacuated and homeless persons were included.[3]

The E.M.S. fracture service, created for the treatment of the war injured, was soon made available for 'certain classes of industrial

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[1] Ministry of Health circular 2211, 29th November 1940.
[2] Ministry of Health circular 2228, 6th December 1940.
[3] Ministry of Health circular 2346, 24th April 1941.

workers'.[1] The purpose was to include all those 'whose rapid recovery is essential to the interests of the community regardless of the means by which their injury was incurred'. By the end of 1942 it was discovered that this service was not being sufficiently used for industrial injuries, and the Ministry of Health appealed to all hospitals to report such injuries for special treatment.[2] After another interval of time—in April 1943—the service was made available to all manual workers employed in the industries of war-time Britain.[3] A few months later, not only fractures but dislocations, sprains, head injuries and severe burns were included in the treatment offered.[4]

Speed in the provision of hospital treatment was a problem for which there was no general or automatic solution. Queuing—sometimes for three and four hours—in the out-patient departments of hospitals could not be abolished by circular. Nevertheless, complaints from industry and the Ministry of Aircraft Production about the time lost by key workers could not be ignored.[5] In some places, private arrangements had been made between factories and hospitals for priority treatment for certain categories of workers. For months the Ministry of Health struggled to evolve a general scheme on the same principle. Tact and caution were needed to avoid offending patients, hospitals and doctors. Those who were to be given priority had to be carefully defined. Ultimately, a solution was found and the 'Scheme for the Priority Treatment for Key Workers' was launched in August 1943.[6]

Although its responsibilities continued to grow, the emergency medical service at no time covered more than a small proportion of the civilian population. Nevertheless, in rendering these additional

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[1] Ministry of Health circular 2346, 24th April 1941 . . . 'Cases of fracture sustained whether in the course of their employment or not by manual workers . . . engaged in munition work (including ship building and ship repairing), building and civil engineering, mining, agriculture, fishing, public utility undertakings, shipping and transport, as well as whole-time civil defence workers . . . will be eligible for treatment in hospitals or centres under the Emergency Hospital Scheme'.

[2] Ministry of Health circular E.M.S.I.389, 16th November 1942.

[3] Ministry of Health circular 2795, 13th April 1943.

[4] Ministry of Health circular E.M.S.I.437, 19th November 1943.

[5] For instance, in March 1943, Lord Marley wrote to the Minister of Health about a girl on vital aircraft production work who had to wait three to four hours each time to see a specialist. 'These workers have always been accustomed to be kept waiting and do not complain. That is, in peacetime, their own affair. But in wartime it becomes the affair of the whole nation, and anything that can be done to reduce this waiting will be of real value to the war effort.'

[6] After the issue of the Ministry's circular (2846) on 18th August 1943, announcing the scheme for the priority hospital treatment of key workers, the British Medical Association protested to the Ministry of Health that workers were being sent direct to hospitals instead of to their own doctors, and that they were not being returned from hospitals to their own doctors. The Association regarded the circular as 'an interesting example of the unfortunate results which are liable to follow when medical arrangements are undertaken by Government Departments which are unfamiliar with medical matters'. After more correspondence the Ministry agreed to send out a further instruction emphasising that there was no intention of interfering in the normal relationship between panel practitioner and patient.

services it encountered many of the domestic and social problems of civilian life. With the advent of air raids these problems began to exercise an increasing influence on policy. The hospitals had prepared for the admission of large numbers of patients but it had not been foreseen that, under war conditions, the discharge of patients would also involve responsibilities. Some patients had no homes, no families to take care of them and no facilities for convalescence. In reception areas, discharge from hospital often meant a choice between returning to a bombed city or finding a billet—and billets were not usually suitable for convalescence. In addition, there were all the age old questions arising with illness and incapacity: children left at home had to be cared for; financial difficulties had to be overcome. Each patient, in fact, had his own individual troubles for which some kind of solution was needed.[1]

It had always been the task of hospital almoners to attend to the social needs of hospital patients but not all hospitals employed almoners, and not all almoners devoted sufficient time to this side of their work. Hospital boards tended to regard them chiefly as assessment officers to obtain financial contributions from patients. In December 1940, the Ministry of Health took the decisive step of asking all hospitals admitting a substantial number of emergency medical service patients to employ almoners. It pointed out that 'the need for the services of an almoner is accentuated by the problems created by air bombardment', and that almoners should be concerned not only with the assessment of means but with 'the whole range of services which a trained or experienced almoner renders towards the social welfare and after-care of the patient'.[2]

This was a new approach. It was quickly followed by a further request to these hospitals. They were asked to see that civilian casualties had homes to return to when they were discharged. In the past, few hospitals had shown much interest in a patient's home conditions; indeed, the lack of knowledge about a patient's environment had been one of the deficiencies of hospital care which a sketchy almoner service had not been able to remove.[3] It is true that the Ministry of Health circulars represented only a modest start and could not change the situation over-night; but they strongly reflected one of the new trends in war-time hospital policy. Here, as in other fields, the outlook was changing; the patient was no longer a 'case', a disarticulated

[1] A survey of the needs of a group of patients admitted to a ward in the Radcliffe Infirmary, Oxford, during 1943–4, illustrated the range and variety of assistance required by medical patients and their families. Experience showed that over fifty per cent. required some kind of help from the almoner (Beck, I. F., Gardner, F. V., and Witts, L. J., 1947, *Brit. J. Social Med.*, i, 197–208).

[2] Ministry of Health circular 2232, 13th December 1940.

[3] In 1944 there were only about 600 trained almoners in the whole of Britain (*Planning*, P.E.P. Broadsheet 222 on 'Medical Care for Citizens', 30th June 1944).

collection of systems and organs, but was beginning to be regarded as an individual in a particular setting needing particular kinds of help.[1]

This new emphasis on the social needs of ill people was most clearly demonstrated in Scotland by the practical application of generally accepted principles. In 1943 the Scottish Department of Health published the first results of certain experimental schemes it had sponsored.[2] Two of these schemes were developed when it was apparent that only a small proportion of the available emergency hospital accommodation was needed for casualties.[3] It was decided to use the surplus hospital beds for special purposes rather than allow them to remain empty. As the Department was the owner of six large modern hospitals with over 7,000 beds it could carry out its decisions without the delays and difficulties of prolonged negotiations with various hospital authorities. One of the first measures introduced—the admission to these emergency scheme beds of patients from waiting lists of voluntary hospitals—is discussed later,[4] chiefly because it is a better example of effective hospital work for sick civilians than an instance of the social approach to sickness.

Perhaps the most important of these experimental schemes was the 'Supplementary Medical Service', widely known as the 'Clyde Basin Experiment' from its origins in that area early in 1942. It was then limited to workers under twenty-five years old, but at the end of the same year it was extended to include war workers of all ages in the entire Scottish industrial belt. General medical practitioners were invited to refer patients, about whose health they were concerned, to the regional hospital officer for examination by a panel of emergency medical service specialists. Where necessary, patients were admitted to E.M.S. hospitals for observation and treatment or to auxiliary hospitals for rest. Their social circumstances were carefully investigated, and particular emphasis was placed on the relationship between the patient's health and work. The main purpose of the scheme was to prevent a breakdown among workers with general and recurrent ill-health by investigating and removing the physical, psychological or social causes.

For success, the scheme demanded co-operation from a number of people, and the Department of Health enlisted the help, not only of the general practitioners who selected the patients and who were kept

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[1] Parallel developments affecting the employment of social workers were discussed in earlier chapters in connection with welfare services for evacuated and homeless people (see chapters XIV and XIX).

[2] *Health and Industrial Efficiency. Scottish Experiments in Social Medicine*, July 1943.

[3] A full account of the Scottish Emergency Hospital Organisation will be given in the Medical History of the War.

[4] See chapter XXIV, p. 495.

informed of their progress, but also of employers and the Ministry of Labour. The number of workers included in the scheme was comparatively small,[1] partly because it was an innovation, and partly because many men and women hesitated, for various reasons, to take advantage of it. The practising doctor's traditional suspicion of anything resembling 'State medicine' may also have played a part. For the patient, the limiting factor was often money. The scheme provided for the payment of subsistence allowances and travelling expenses, but this did not compensate those with family responsibilities for the loss of wages. There were also some people who 'did not feel ill enough' to accept the proposed treatment, and on the whole it is probably true to say that the majority of both doctors and patients were not sufficiently informed or convinced of the benefits of the scheme. This did not make it any less valuable for, in addition to helping people who needed treatment, some useful lessons were learnt from this war-time essay in preventive medicine.

The Clyde Basin Experiment has been described as an example of a fresh attitude of mind, for which the emergency medical service provided the means of application and the prevailing shortage of manpower an opportunity and an incentive. Other experiments in Scotland, concerned with the 'follow-up' of men and women invalided out of the Services and the rehabilitation of disabled miners,[2] were carried out in the same spirit.

The existence of the emergency medical service made possible a new approach to many of these problems of sickness and disability in England and Wales as well as Scotland. Advances of both a general and specialised nature took place from 1941 onwards in many departments of medical and hospital work. Some, like the development of the fracture and rehabilitation services, were visible to a wide public; others, like the creation of a national pathological service, could be appreciated only by experts. The emergency medical service was also the means whereby a large number of individual, self-sufficient hospitals approached closer to the conception of a hospital service. The pattern—regionally grouped hospitals with specialist centres—was based on a new idea; a division of labour between all the hospital and medical resources of a region. Large general hospitals provided a

[1] The total number of patients referred to regional medical officers from January 1942 to the end of June 1945 was 11,000 (*Summary Report of the Department of Health for Scotland for* 1945).

[2] At the request of the Ministry of Fuel and Power and the Miners' Welfare Commission, part of Gleneagles Hospital was made available at the beginning of 1943 for use as a Fitness Centre for miners. It provided physio-therapy, occupational therapy, remedial exercises and physical training in a residential centre with recreational facilities. It was designed to promote and maintain 'not only physical recovery, but the mental attitude to recovery that so largely determines fitness for work' (*Health and Industrial Efficiency*, 1943).

number of the more frequently needed specialist services while highly specialised centres for particular forms of treatment and research were attached to certain hospitals at convenient points in each region. This arrangement demanded a high degree of co-operation between all participating hospitals. It offered, as advantages, the concentration of special skills and equipment in certain places, a better distribution of patients and staff according to needs and resources, and a more economic use of the less common and more expensive hospital facilities.

For these reasons, more people than ever before received the benefit of these services and the door was opened to their further expansion. Gaps were discovered and filled. Special committees were appointed to advise the Government on methods of development.[1] New ancillary services emerged which, as chapter V has shown, had previously been non-existent or unevenly scattered over the country. A great national service of pathological and public health laboratories took shape, and a national blood transfusion service was created the significance of which went far beyond its immediate purpose of saving the lives of civilian and Service casualties.

The story of these and other developments which helped to raise the standard of Britain's hospital services will be found in the Medical History of the War and in the reports of the Medical Research Council and Government Departments. This volume is concerned simply with their social implications. Paradoxically, when human lives are cheapest, the desire to preserve life and health is at its highest. Wasted and neglected lives become 'manpower', and the injured limbs of miners are discussed at Cabinet level. The Government, by establishing a framework for hospital co-operation and by backing it with the resources of the community, made possible the furtherance of these desires. The results, when measured against advances in hospital work during a similar period of time before the war, were revolutionary. But here, as always, the inheritance of the past made itself felt. The conception of local self-sufficiency, though healthy in many respects, was often a hindrance to much that was needed for the better treatment of sick people.

The movement of patients from one hospital to another in the emergency medical service was not simply and solely a war-time expedient for sending people away from areas threatened by air attack. It was in some senses a new principle, based on the idea that a patient should go to the hospital best suited to his needs. Whenever hospitals operated as individual units, co-operation was haphazard; there was not only duplication of effort and resources, but even competition among neighbouring hospitals. This dissipation of strength was

[1] For instance, the Advisory Committee on Physical Medicine.

intolerable in time of war. But in creating a new organisation, the Ministry of Health could not immediately remove the ingrained customs of the past, especially as most hospitals expected to revert to something like pre-war practices at the end of hostilities.

Neither the doctors nor the hospitals were ready to accept, as a normal feature, the transfer of patients suffering from certain types of illnesses or injuries. Sometimes, it was simply a matter of adhering to custom. But often there was opposition; sensible and soundly argued in some instances, irrational and incoherent in others. Not unnaturally, many doctors were loath to part with their patients; they regarded the transfer of patients to special centres as an indirect reflection upon themselves and their competence. In any event, it would indeed have been a bad sign had doctors not been anxious to maintain touch with their patients. Hospitals, particularly those relying on voluntary donations, feared that their goodwill might suffer if they admitted that some of their patients could get more skilled attention elsewhere. The patients themselves often had a strong feeling of loyalty to their local hospital. They also objected to being sent far from their homes, or having to attend distant out-patient departments, partly because the reasons were seldom explained to them, and partly because the Ministry of Health had failed to make adequate provision for travelling expenses, visitors' meals and other needs.

The defects and lack of uniformity in hospital records were other obstacles in the way of smooth inter-hospital co-operation. When patients are transferred, good records are one of the most important means of ensuring continuity of treatment and accurate assessment of results.[1] But hospitals were not usually accustomed to making reports on the people in their care; their records were often deficient even for accounting purposes. It was a standing grievance among general medical practitioners that they lost contact with those of their patients who had been referred to hospital, because many of the hospitals failed to report back to the patient's own doctor. When the emergency medical service introduced a simple postcard scheme merely to keep track of evacuated sick people it was generally ignored by the hospitals.[2] Another such scheme, introduced to check the effects of certain methods of treatment, was only partially successful.[3]

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[1] Professor J. A. Ryle has pointed out, in an article on hospital records, that schemes to assess the results of hospital care are 'utterly dependent' on accurate and readily accessible records (*Hospital*, December 1947).

[2] In June 1944 a similar scheme was introduced for Army patients in order to advise R.A.M.C. Medical Officers about patients transferred to emergency medical service hospitals. In November 1944 the War Office reported that only about one per cent. of the cards had been returned.

[3] This was a scheme for assessing the progress of patients with peripheral nerve injuries.

But against the disappointments and setbacks experienced by the emergency medical service has to be set the record of its practical achievements. In many respects, the story of the war-time fracture and rehabilitation services reads almost like a parable because it typifies the obstacles and the advances which have so often filled these pages. It is a long story and only a few of its most characteristic parts can be related here. The idea itself was not new. Rehabilitation methods had been developed during the First World War, but they had been forgotten, along with many other good things, when the spirit of urgency evaporated and manpower was once more 'surplus labour'. The word 'rehabilitation' has been defined in various ways and associated particularly with fractures and other orthopædic conditions but, 'in its widest sense, rehabilitation of the sick and injured means the process of restoring them, in the greatest measure possible, to health, working capacity and social independence'.[1] It is a process which transcends the field of medicine and involves social policy in its broadest terms. It demands a study of each patient not only as a medical or surgical 'case', but as a human being; a study of his home conditions, his work and his aptitudes, his family problems, and his particular physical and psychological handicaps. The first purpose of medical rehabilitation is 'to prevent disabilities from becoming disablements'.[2] This requires the co-operation of the patient from the start, and not just at the stage of convalescence when body and mind have become inelastic and passive.

The birth of the Government's rehabilitation services was slow and painful. For proper growth, these services demanded all the things that were most difficult to obtain and to achieve: the prompt transfer of patients to special centres, the organisation of careful records and 'follow-up' schemes, the provision of fares and meals for out-patients travelling long distances, the employment of experienced workers to investigate patients' social circumstances, the provision of adequate equipment and space for training, the appointment of specialised medical and auxiliary staff, and the close co-operation, locally as well as centrally, of a number of Government Departments including the Service Departments and the Ministries of Health, Pensions and Labour.

For the orthopædic services the war marked a new beginning. There had been 'tragic evidence of the inadequacy' of the pre-war services, even for children.[3] In 1935, the report of a British Medical Association Committee showed some disturbing facts and made a

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[1] *Rehabilitation: The Report of the Medical Advisory Committee (Scotland)*, 1946 (p. 4).

[2] Balme, H., 'Disability and Disablement', *Lancet*, 27th April 1946, i, 620.

[3] Letter to *British Medical Journal*, 27th December 1941, from Dame Georgiana Buller (ii, 927).

plea for special fracture departments.[1] A little later, the Delevingne Committee was appointed by the Government; it published an interim report in 1937 and a final report in the middle of 1939, and it left no doubt about the justification of earlier criticism.[2] Fractures were still being treated mostly in general surgical wards, and a 'radical change' in this 'gravely defective' system was said to be necessary. At that time there were over 200,000 fractures annually, a third of them needing in-patient treatment. War injuries were expected to add greatly to this number and to include a high proportion of complicated fractures.

In September 1939 the Government's plans for the segregation and care of war victims needing orthopædic treatment were still largely on paper,[3] and it was not until the end of the year that orthopædic centres, under the supervision of orthopædic surgeons, began to take shape within the framework of the emergency medical service. About half of the centres were attached to existing orthopædic hospitals and all were situated in the safer areas. Early in 1940 there were nineteen such centres in process of formation in England and Wales and five in Scotland. The Health Departments, through their consultant advisers in orthopædics, arranged for the appointment of expert staffs and for the supply of rehabilitation material and equipment.

Developments were slow, and those in authority who urged more drastic action, above all the linking of these centres to existing fracture departments in other hospitals, were temporarily over-ruled. By the middle of 1940, when the Government was still estimating bed requirements for air raid casualties and Service patients at a minimum of 300,000 and when sixty to seventy per cent. of air raid casualties were expected to require orthopædic treatment,[4] the number of beds attached to orthopædic centres was less than 15,000.

This was one of the reasons why an Inter-Departmental Conference was appointed in the summer of 1940 to review the problem of rehabilitation.[5] When starting its work, the surprising discovery was made that the Treasury had not at the time agreed to the treatment of civilian casualties remaining a government responsibility after the war. Because of the obvious impossibility of any other arrangement,

[1] *Report of the British Medical Association Committee on Fractures*, 1935.

[2] *Interim Report* (1937) *and Final Report* (1939) *of the Inter-Departmental Committee on the Rehabilitation of Persons Injured by Accidents* under the chairmanship of Sir M. Delevingne.

[3] On 10th July 1939 a circular (E.M.S.Gen./225) was issued to hospital and group officers giving general advice on orthopædic hospitals and the segregation of orthopædic cases. A scheme for London was outlined in E.M.S.Gen./244A on 28th August 1939. By the outbreak of war, however, these were still mainly paper schemes.

[4] After three months' experience of air raids this estimate was reduced to twenty per cent. representing serious orthopædic cases.

[5] The Inter-Departmental Conference on the Rehabilitation of Persons Injured through Enemy Action sat during the summer of 1940 and produced its report at the end of the year.

the conference based its recommendations on the assumption that the Treasury would eventually agree.

The conference was seriously concerned to find that in many instances casualties 'remained in hospitals not staffed or equipped to deal properly with their particular injury', and it believed that only 'constant vigilance' could ensure prompt transfers. To exercise this was mainly the task of the regional medical officers and the Ministry's advisers on orthopædics. A departmental minute in January 1941, commenting on the report, recommended 'perpetual visiting and worrying all the hospitals'. Not only civilian but Service hospitals were among the offenders; the natural reluctance of the Services to pass their men on to specially equipped and staffed centres run by civilian authorities was a real difficulty.

In March 1941 an emergency medical service group officers' meeting was still obliged to put on record that fractures are 'at present badly treated', and it was added that the orthopædic centres were full to capacity. Demands had increased with the inclusion of civil defence and industrial workers in the fracture services. The problem of dealing with the total demand now became not only one of quantity but also of the location of the centres. These had been established in the safer parts of the country and, in consequence, there were no 'follow-up' arrangements for persons who had completed their in-patient treatment and had returned to their homes in the bombed cities. What was needed was a fracture service of much larger proportions reasonably accessible in all areas of the country.

The year 1941 was a year during which great strides were made towards these objectives. The manpower shortage began to make itself felt and rehabilitation—in a wide sense—became a watchword, the most fashionable word in medicine, covering many ideas and purposes. The orthopædic centres, which remained the most highly specialised units, were quickly supplemented by several hundred fracture departments and clinics of three types, fulfilling different functions and representing different degrees of specialisation. But it was not only medicine that was concerned. In October 1941 the Minister of Labour announced an 'Interim Scheme for the Training and Settlement of Disabled Persons in Industry', mainly designed to train partially disabled persons for war work, and providing for various kinds of training facilities and allowances. Under this scheme, hospitals were linked to employment exchanges and training centres to hospitals. Ministry of Labour officials interviewed patients in hospital and arranged for their subsequent training and employment on the basis of medical advice. Emergency medical service specialists visited centres to assist in choosing the right kind of occupation for those in training.[1]

[1] *Report of the Chief Medical Officer of the Ministry of Health*, 1939–45 (p. 141).

These were interim measures, limited in extent and tentative in approach, but signalling a departure of great significance. Meanwhile, the Tomlinson Committee was reviewing the whole field of rehabilitation. In November 1942 its report was published[1] and accepted by the Government.[2] It recommended an extension of rehabilitation methods to all areas of the country, and to other patients besides those with fractures—medical and surgical patients, the blind, and people suffering from tuberculosis, neurosis and other illnesses. Many of its recommendations simply confirmed what was already accepted or even practised. The report as a whole, however, formed a comprehensive plan for attacking on a national scale the social and medical problems of disablement.

The Ministry of Health was in a key position for taking action on the plan. It reacted by sending its representatives to hundreds of hospitals to investigate the possibilities of development. By 1943 this 'rehabilitation survey' was complete, and all the selected hospitals were asked to appoint rehabilitation officers.[3] Large quantities of equipment, clothing and material for physio-therapy and occupational therapy were ordered, and by the end of the year over 400 hospitals had received supplies and others were provided with prefabricated huts for gymnasia or with grants and licences for structural adaptations.[4] Simultaneously, training courses for doctors and physiotherapists helped to meet the acute shortage of properly qualified staff, and a special Ministry of Health memorandum advised all hospitals on the methods they could adopt for playing a part in the rehabilitation scheme.[5]

By the end of 1944 the number of hospitals employing rehabilitation methods had almost doubled compared with the previous year.[6] A daily average of some 31,000 persons—20,000 of them out-patients —were benefiting from these services in emergency scheme hospitals during the first half of 1945.[7] With the passing, in 1944, of the Disabled Persons' (Employment) Act, providing for the setting up of a disabled persons' register and for the appointment of disablement rehabilitation officers at employment exchanges, the administrative machinery for an organised medical-social approach to the problem of disablement was in most essentials established.

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[1] *Inter-Departmental Committee on the Rehabilitation and Resettlement of Disabled Persons*, Cmd. 6415.

[2] *Report of Ministry of Labour and National Service*, 1939–46, Cmd. 7225 (p. 236).

[3] Ministry of Health circular 2895, 20th December 1943.

[4] *Report of the Chief Medical Officer of the Ministry of Health*, 1939–45 (p. 142).

[5] Ministry of Health memorandum No. 6, *The Organisation of a Hospital Rehabilitation Department*, 1943.

[6] In addition, British Red Cross auxiliary hospitals developed their own facilities and employed physical training instructors with the help of the emergency medical service and the Service Departments.

[7] H. of C. Deb., 12th June 1945, vol. 411, col. 1523.

It is difficult to arrive at even broad conclusions on the degree of success achieved during the war in the field of rehabilitation. There are no figures to show how many fractures were still being treated in general surgical wards during the later stages of the war, or how many patients slipped through the net of the new machinery into a state of dependency and hopelessness so frequent before the war. An impressive account of methods and resources can never be conclusive evidence that they have been—or are being—properly used. A hospital possessing rehabilitation facilities may use them well and whenever they are needed, or it may use them inexpertly and on a limited scale.[1] A rehabilitation officer may exert all his skill and energy, or he may fill his post only in name. There is no doubt that in some hospitals very high standards were reached, and that the orthopædic centres and special fracture units had a great record of successes.[2] It is also certain, however, that taking the hospital services as a whole in all areas of Britain high standards of rehabilitation were not very common.

It could hardly have been otherwise when allowance is made for the general lack of rehabilitation facilities before 1939, and for all the difficulties of organising a nation-wide service in the midst of war and bombing and a great shortage of material resources. Although only a limited group of hospital patients benefited from the war-time advances, nevertheless, an immense amount of constructive work was achieved by the hospitals in less than five years. The creation of a framework for a national rehabilitation scheme may thus be recorded as one of the chief successes of the Government's emergency medical service.

Before this account of the problems and the achievements of the service is brought to an end, one other subject of particular importance to the social historian demands some attention. In this matter —the matter of patients' meals in hospital—as in many others, the imperative pressures of war forced into the open the need for reform.

Hospital food, as a branch of medical care, has long been noted for its low standards. The historical association of hospitals with poverty represents, perhaps, the chief cause; another contributory cause has been a lack of interest in the subject among doctors. Medical staffs have not usually regarded food as an essential part of hospital treatment unless a particular illness needed a particular diet. Many patients therefore received food not only inadequate in quantity but

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[1] In 1944, out of 457 hospitals surveyed, 131 were classified as grade A, e g., as 'possessing and using facilities for all forms of rehabilitation'; 136 possessed limited facilities, and 190 were found to have no facilities at all.

[2] See, for instance, the Report on Rehabilitation by a special committee of the British Medical Association (Supplement to *British Medical Journal*, 29th June 1946, i, 187).

unsuitable in quality.[1] At the end of 1944 it was still true to say that 'though a few hospitals can fairly take pride in the meals they provide, they are only exceptions to a thoroughly bad rule'.[2] Not many hospitals employed dieticians to arrange balanced meals and special diets. When more tried to do so towards the end of the war it was soon learnt that there were not enough qualified people to go round.[3]

The immediate effect of the war was to lower still further the standard of hospital food. The habit of relying on visitors to provide not only extras but necessities of diet became even stronger.[4] The situation created by shortages of food and rationing quickly showed up all the weaknesses of rough and ready methods of catering. Most housewives learnt that rationing demanded careful planning and more effort in the preparation of meals. The hospitals, however, found it difficult to adapt themselves to the drastic changes in the food situation which the war imposed. They needed, not only more and better qualified staffs and more modern kitchen equipment, but a new approach to the task of feeding sick people. In all too many hospitals food was regarded as an item of secondary importance which should cost as little as possible.

As a result of either economy or bad distribution many patients did not even get their full rations.[5] In a number of hospitals social distinctions were made in the standard of meals served to officers and other ranks of the Armed Forces and to patients in private and public wards.[6] There was also an officially prescribed distinction involving different ration scales for Service patients and civilians.[7] This caused difficulties for hospital caterers, and in surroundings where all the

[1] See, for instance, 'A Survey of Diets in the Maternity Wards of Scottish Hospitals', Cruikshank, E. W. H., *Proc. Nutrition Society*, 1947, vol. 5, no. 3, p. 149.

[2] Leading article in the *Lancet*, 6th January 1945, i, 19.

[3] 'At the moment, almost any hospital can find a good excuse for unsatisfactory feeding arrangements, for it can be claimed truthfully that dieticians with experience in kitchen management and large-scale cookery are almost non-existent, and even food supervisers without a dietetic diploma are hard to come by' (Pybus, R., *Proc. Nutrition Society*, 1947, vol. 5, no. 3, p. 147).

[4] An investigation into hospital diet in Edinburgh in 1943 'found that the calorie value of the food the patients were receiving was satisfactory for patients in bed, but that the patients relied for energy to the extent of one-third on their friends, who supplied eggs, fancy breads, jam and fruit' (Lyon, D. Murray, *Proc. Nutrition Society*, 1947, vol. 5, no. 3, p. 141).

[5] 'The diets of hospitals and institutions are capable of many improvements. There are still many institutions whose stewards or caterers congratulate themselves on keeping down the expenditure on food to the lowest possible figure by providing cheap and bulky meals of little nourishment. The most needed food is often the most expensive, and in the war, if all rationed foods were not drawn and equally distributed, there was a danger of a deficiency of some essential nutrient' (*Report of the Chief Medical Officer of the Ministry of Health*, 1939–45, p. 118).

[6] '. . . Improper social distinctions have crept into hospital feeding. Thus officers may have good food at the expense of other ranks in the same hospital who do not always get enough, and "surplus" rations from the public wards may be used to make sweets and puddings for the private patients' supper. This sort of thing cannot possibly be justified. Rations leave no margin for generosity to the well-to-do' (Article on 'Who Should Feed the Sick' in the *Lancet*, 6th January 1945, i, 19).

[7] Ministry of Health circular E.M.S.I.98, 20th December 1939.

people were engaged on the same job of getting well it was often felt to be unjust.

The Ministry of Health, in directing the emergency hospital scheme, discovered that food was one of the many hospital matters with which it had to concern itself. At first, the Ministry lacked both information and experience. Moreover, as food was a question of internal hospital administration it could not direct; it could only advise, persuade and tactfully suggest.[1]

The difficulties and complaints about hospital meals which reached the Ministry were dealt with either by the regional hospital officers or by its own food expert when visiting the hospitals. Through these channels, and as a result of letters of complaint from patients, members of Parliament and others, it became apparent that the authorities of many hospitals needed—and were beginning to seek—informed advice and help. In May 1942 a handbook on 'Wartime Feeding in Hospitals' was published by the Ministry. 'Experience has shown', stated the introduction, 'that the food provided in many hospitals is unsuitable, badly cooked and badly served, with the result that the patients' recovery is delayed'. It went on to say that 'suitable meals, well cooked and attractively served, constitute as important a part of the treatment as careful nursing and skilled medical attention'. The handbook advised hospitals on the organisation of catering departments and on the best way of utilising the available rations.

It is difficult to estimate to what extent this advice was followed by hospitals. In February 1943 a Ministry of Health circular to regional officers reviewed the results of a number of inspections and concluded: 'In some instances patients are not receiving their fair share of the ordinary rationed and unrationed foods, the inference being that the diets of the staff are enriched at the expense of the patients'. Hospital officers were asked to report the most obvious instances known to them for special inspection. In 1944 the Ministry added to its staff three dieticians to inspect and advise hospitals and other institutions. As a result, serious deficiencies in diet were discovered about which a number of hospital managements had no knowledge.

Meanwhile, King Edward's Hospital Fund for London was carrying out certain valuable investigations. With the help of the Ministry of Food, the diets of patients and staffs in three general hospitals in the London area were carefully analysed. When the facts were published in 1943 the hospital world received something of a shock.[2] It

[1] This was explained in a departmental circular to regional officers in February 1943: 'The dietetic standard for patients in hospital is, of course, a question of long standing, though it has been thrown into more prominence during the war years because of the system of rationing. The Ministry would obviously be on difficult ground by bringing this matter to the notice of hospitals however guarded the method of approach might be'.

[2] *Memorandum on Hospital Diet for consideration by hospitals*, King Edward's Hospital Fund for London, July 1943.

was generally known that hospital food was often unsatisfactory but the extent of the deficiencies had not been realised. In the cautious language of the memorandum the results of the survey were described as disturbing, although not necessarily typical. This publication received greater attention from hospital managements and medical staffs than the inconspicuous but more extensive activities of the Ministry of Health. King Edward's Fund followed up this work with a further memorandum in 1945 containing advice and detailed recommendations.[1] It also assisted hospitals by organising training courses in hospital catering.

All these efforts led to improvements during the later stages of the war. The fact, too, that war conditions made hospitals more accessible—and likewise sensitive—to public opinion was a contributory influence. As a result, many hospital authorities became conscious of the need for reform. It was accepted that balanced, well cooked and attractively served meals suited to the needs of each patient should form an essential part of hospital treatment.

These developments in hospital feeding, like the advances in the field of rehabilitation, are illustrations of war stimulating progress because of the greater need for patients to recover from their injuries and illnesses as quickly as possible. But while the circumstances of war created this impulse they were, simultaneously, the cause of conditions which made it hard for action to follow. This was particularly true where hospital feeding was concerned; moreover, the desire for change came late in the war when shortages were greatest and when it was most difficult to improve kitchen and catering equipment and to find qualified staff.

In other fields of hospital work the barriers to practical action were perhaps a little lower, and the driving forces more powerful. The development of the public health laboratory and blood transfusion services were conspicuous instances of advance accomplished despite countless restraints. But all the time the Health Departments were struggling, not only to bring about better services in the emergency hospital scheme, but to prevent war-time restrictions and shortages from causing a deterioration in standards. The time came, however, when part of the hutted hospital programme had to be abandoned; when all schemes for repairs and alterations were ruthlessly pruned; when supplies of equipment had to be carefully husbanded, and when hospitals had to fight not only for each doctor and nurse, but for each porter and kitchenmaid.

It was in the face of all these hostile forces that the emergency hospital scheme had to discharge its responsibilities as a war-operational service. Had the demands upon it been as heavy as was

[1] *Second Memorandum on Hospital Diet*, King Edward's Hospital Fund for London, June 1945.

originally feared, it would almost certainly have broken under the strain. Had it not been national in scope, with power to influence the distribution of national resources, the story of hospitals for war victims might have made a depressing record. In fact, it is for the most part a record of achievement and progress.

When the last test came in 1944 the emergency medical service passed with flying colours. It was elastic enough to expand and contract according to the needs of the moment, and it was sufficiently equipped to offer a comprehensive service of high standard to the sick and injured of the Armed Forces. The progress of a generation seemed, at that time, to have been compressed into a period of less than five years.

The success of the emergency medical service for war casualties cannot be doubted. But success in war is almost always bought at a price, and this service was no exception. An attempt will now be made to add up the social costs, to reckon the bill, and to explain how it was paid and by whom.

CHAPTER XXIV

HOSPITALS FOR THE SICK

(i)

Two Basic Problems

How did the war, as a whole, affect the position of the sick population of men, women and children who needed treatment in hospital? What was the price of the success achieved by the emergency medical scheme and who paid it? These two questions form the main theme of this concluding chapter on hospital service in wartime. The answer to the one is closely bound up with the answer to the other.

The influence of the emergency scheme on the day-to-day work of the nation's hospitals went far beyond the limits of its own particular field of action. To judge the scheme on its operations within these limits would be to ignore, therefore, the fact that it 'became in effect the war-time treatment of the whole hospital problem'.[1] Whatever the nature of the action taken by the Ministry of Health—the reservation or dereservation of beds, the provision of new services or the curtailment of existing ones—it could not fail to affect all hospital users either directly or indirectly. The victims of enemy air attack and the victims of disease used the same hospitals. Many of the improvements introduced by the emergency scheme could not be restricted to particular groups of patients, and in varying degrees they all profited. But because there were not enough beds in the hospitals to meet all demands, priority for one group could be established only at the expense of another. This was one of the two basic problems which faced the Ministry throughout the war. The other arose from the contradictions between great responsibilities and limited powers.

The Ministry was expected, in fact, to do the impossible. Even before the war the hospitals of the country had been unable to meet all demands and the service provided had not been of a uniformly good standard. Now these hospitals were asked to carry a double burden and to improve the quality of their work as well. When they were mobilised for war, they had to prepare for risks unknown in size and time, keeping vacant and ready large numbers of beds. Waste of resources on a big scale had to be accepted as an inevitable corollary of war. At the same time, the ordinary sick needed hospital treatment

[1] *Summary Report of the Ministry of Health for* 1941–2 (p. 25).

as usual. All subsequent improvements, extensions and efforts to rationalise hospital organisation were insufficient to bridge the gap between what was needed and what was available. Somebody had to pay the price of war by going without, waiting longer, getting less or being pushed about to make room for others. Air raid casualties and men and women in uniform had first claim upon the hosptals. Every practical, political and psychological consideration supported that claim. Those who suffered hardship were the civilians, and among those who suffered most were the poorest, the most helpless and the 'useless' members of the community.

This conflict over needs and resources lasted all through the war. In a number of instances it was resolved for some people by accepting into the emergency scheme particular groups of patients. But the large mass of the civilian population remained outside. They had no claims upon the scheme, and if some of the benefits of the scheme came their way it happened incidentally and not by design. The Ministry could not, however, disregard the pressure of the civilian sick upon the country's hospital accommodation nor did it wish to do so. At certain critical stages of the war this pressure exercised a direct influence upon policy, and it never ceased to be a source of embarrassment and strain.

The Ministry had to grapple with these responsibilities without interfering either with the ownership or the administration of hospitals. The emergency scheme was regarded as something provisional and temporary, a war expedient created for a defined purpose, designed and conducted in such a way that the *status quo* in the hospital world would be maintained along with all existing rights, privileges and interests. Each component part of the scheme remained an independent unit, responsible only to its own board or its own council. The result was a loosely knit organisation, aiming at being a national hospital service for a particular emergency purpose only, and consisting of hospitals averse from change, jealous of their rights and more accustomed to competition than co-operation. By rendering great material assistance to hospitals, the Ministry could help to remove deficiencies and improve services, but it could not eliminate all the contradictions in organisation and function.

To achieve its purposes under such conditions, the Ministry had to be guided in its actions not by what it was legally permitted to do but by what was politically expedient and practically possible. Legally, its powers under the Defence Regulations were wide;[1] in practice

[1] Section 34 of the Defence Regulations, 1939, empowered the Minister of Health, and any person authorised by him, to give directions with regard to the management and use of hospitals in order to secure proper hospital treatment for persons 'who may be suffering from any injury, disease or incapacity in consequence of war operations, or who may leave their homes in consequence or in apprehension of attacks by an enemy'.

they had to be exercised with great caution and tact. Legally, the Ministry could issue formal directions to hospitals, but in practice it had to refrain from doing so. In all its dealings with hospitals it had to take into account the susceptibilities and interests of the two different types of hospitals—the voluntary group and the public group.

In this field of hospital service, as everywhere else, the national discipline imposed by the war produced more unity and willingness to co-operate than existed in normal times. But in its day-to-day work the Ministry needed some means by which its decisions might be enforced, and this it derived only indirectly from its material assistance to hospitals, and from the national control of manpower, materials and transport. In almost all its measures of policy, whether they concerned the increase or decrease of bed reservations, the admission or transfer of various groups of patients, or the food and welfare services in hospitals, the Ministry had to suggest and negotiate rather than instruct. In doing so, it was expected to take into account not only the operational needs of the emergency scheme but the interests—and sometimes the long-term interests—of the hospitals concerned. The finance of voluntary hospitals, for instance, was at the root of many difficulties which arose when decisions had to be made and policies shaped.

These circumstances explain, more than anything else, the slow pace at which the emergency scheme adapted itself to new situations.[1] Long negotiations and much diplomatic ingenuity were necessary when everything cried for prompt action. The Ministry could not act quickly; all it could do was to remove obstacles and propose remedies and hope that the hospitals would themselves act.

This is where the two main problems which faced the Ministry are linked together. The double burden placed upon inadequate hospital systems and the limited authority of the central department to make the fullest possible use of all available resources—these two factors are the key to understanding the social history of the emergency medical service.

(ii)

The Position of the Civilian Sick

How did the Ministry and the hospitals approach the problem of the needs of sick civilians during the years of war? For the Ministry, the experience of 1939 had been an important lesson. The almost

[1] It took from December 1940 until January 1942 to carry out the cuts in bed reservations proposed by the Ministry when it was found that fewer emergency beds were required than had been estimated. See chapter XXII, p. 453.

complete disregard of ordinary civilian needs during the first weeks of war had caused much hardship, and it had not proved possible to keep all the sick out of the hospitals for long. They were a part of the 'home front', and their circumstances could not be separately considered and regarded as something apart from the general hospital situation.

It was of course easier to curtail the civilian services than to re-establish them, but by the time heavy bombing began after a year of war many of the early restrictive measures had been lifted. The position of the civilian sick was, however, greatly worsened by the direct and indirect effects of the raids, and in December 1940 the Ministry issued an appeal to hospitals to do as much civilian work as possible.[1] By this time, many more complaints were reaching the Ministry. They recorded the detail of individual tragedies which were not exceptional but symptomatic of the general situation. These complaints, some publicly stated, aroused compassion, for the war had not altered the standards of ordinary humanity among the people. The Ministry, sensitive to parliamentary and public criticism, tried to help when it was approached.[2] It was anxious to show that the emergency scheme had not prevented civilians from getting hospital treatment. The reservation of beds, it always argued, was not a rigid arrangement; the beds could be used for people who really required them.

What the hospitals performed did not, however, necessarily agree with what the Ministry proposed. Evidence accumulated that many hospitals and doctors went further than the Ministry wished them to go.[3] Civilian patients were refused admission while casualty beds remained unoccupied. The 'urgency' of a 'case' was defined in the strictest sense.[4] General practitioners refrained from referring patients to hospital because they were under the impression that admission could be obtained only if it were a matter of life or death. Some evidence of this state of affairs was in the Ministry's postbag; some

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[1] Ministry of Health circular E.M.S.I.258, 5th December 1940.

[2] This was not so true in the early stages of the war (September 1939 to about January 1940) when the Ministry was not disposed to be sympathetic or to take much action about complaints received.

[3] To the numerous letters received at the Ministry of Health there was a more or less standard reply that 'the Minister has made it clear to all hospitals and hospital authorities that patients in urgent need of institutional treatment must be admitted to hospital, notwithstanding the international situation, and, if your medical adviser is of the opinion that it is urgently necessary for you to be admitted to hospital, he should be able to arrange that for you'. In the most pathetic instances, the Ministry took the matter up with hospital officers.

[4] One instance was reported in the press after a public inquest. A window-cleaner in Yarmouth had a fall, sustained injuries and was taken to a local hospital. He was treated and sent home. Within a few hours he was dead. The only empty beds at the hospital were reserved for casualties. At the inquest the coroner gave his opinion that perhaps the man should have been kept in hospital (*Lancet*, 1940, i, 473).

was recorded in the reception wards of public hospitals which were filled to overflowing.

By the end of 1940 the Ministry was worried by the rising volume of complaints. The events of the winter and spring of 1940–1 in London (described in earlier chapters) did nothing to arrest this trend. It was, in all the circumstances, inevitable that sick civilians should be the first to go short. Every measure to provide for the needs of air raid casualties and Service patients indirectly deprived other claimants. This was certainly not the Ministry's wish, but it was a logical consequence of the conditions created by war. In addition, the Ministry's financial arrangements with the voluntary hospitals discouraged the extension of civilian work. In its relationship with the Red Cross auxiliary hospitals various factors operated in the same direction. Beds stood empty waiting for casualties while waiting lists grew. There was only one type of institution upon which sick civilians still had a formal claim—the public hospital. Intense pressure for hospital care was concentrated upon it. But the demand for beds was far too great to be met by this branch of the hospital service alone.

The flow of patients into and out of all hospitals was determined by written and unwritten priorities. Some people got little or nothing; others received what they needed or even more. Among the four main groups of patients who competed for hospital care, the aged and chronic sick were the least favoured. The fact that they needed beds for long periods, and that they were not likely to be 'useful citizens' again, were two reasons why they were placed at the end of the queue. The second least favoured group included all other civilians who had no claims on the emergency medical service. They were ordinary sick people, men, women and children suffering from acute conditions, or they were expectant mothers in need of maternity beds. Their position was somewhat better than that of the aged and chronic sick. Hospitals took them more readily because their stay was not likely to be long. They were less helpless, more inclined to defend their claims, and they could get a hearing more easily because most of them were likely to be 'useful' again after recovery.

A third group, smaller in number, were the 'civilian E.M.S. patients', comprising air raid casualties, the 'transferred sick', certain industrial workers, evacuated mothers and children and others. In terms of priority, these people were the privileged group among civilians needing hospital care because the majority were either war victims or war workers. Finally, there were the Service patients, the most favoured group of all, who got the lion's share of hospital care throughout the war.

The emergency medical service tried to distinguish between the first two groups which were not its concern and the second two groups which were its responsibility. But the Ministry of Health, at the head

of the service, found it difficlut to maintain the distinction. As the department charged with watching over the state of the nation's health it had to consider everyone—the not-so-favoured as well as the favoured. It was in the centre of the conflict between the needs, claims and interests of all groups of sick and injured people. For social, political and financial reasons it wanted the hospitals to treat as many civilians as possible. Yet it was the target for all complaints, and it accepted the role of mediator in all disputes. Thus the Ministry, for the first time in its history, found itself acting as the principal champion of sick people in need of hospital care.

(iii)

The Price Paid

It has been shown that the emergency medical service only achieved its success at a price, and that the price was primarily paid by sick civilians. There remains the much harder task of assessing the amount of the price. The difficulty is, however, that no comdrehensive figures exist. It is not easy to estimate what the hospitals did during the war; it is impossible to find out exactly what they could not do or failed to do. Waiting lists, for instance, even when they are available provide only a rough guide, for many people do not get on them. Who were these recorded and unrecorded people, and how many of them were there? How many were admitted to hospital only after serious delays? How many were discharged before they should have been? How many failed to secure a bed in a first-class hospital and had to be satisfied with lower standards? In short, how many people got less than they needed or got it too late or got nothing at all because the hospitals were mobilised for war?

No conclusive answers can be given to these questions. The picture that emerges from a study of all the facts that have been brought together is a mosaic, consisting of scraps of information from individual hospitals and regional offices, stories of hardship extracted from ministerial files, reports from local authorities, scattered inquiries into waiting lists, and facts drawn from the *Hospitals Year Book* and other published material. The results are impressive though they cannot satisfy the demands of the statistician.

The complaints received by the Ministry of Health represent, in the aggregate, a sufficient number of documents to show in a very general way the upward and downward trend of hardship during the war. In the early months of the war the curve rose steeply, but it went down in the first half of 1940 when many of the civilian services were being re-established. By the end of the year another crisis had

developed, and during the remainder of the war the flow of complaints never completely ceased. During 1944, when severe restrictions were imposed upon civilian hospital admissions to provide for the wounded from Europe, there was another peak.

These letters, some of them pitiable in the humility of their appeals, showed the kind of hardship which many civilians experienced. There were complaints about delayed operations and inadequate treatment, and complaints about changed medicines and treatment as a result of a transfer to a different hospital. There were the elderly people suffering from arthritis or rheumatism who were labelled 'chronics' and refused admission by voluntary hospitals. There were the sick of limited means who were forced to go to nursing homes and found themselves unable to meet the bills. Even during the years 1942 and 1943, when some of the earlier restrictions on admissions had been removed and when the demand for casualty beds was very low, complaints about the failure of hospitals to admit patients in need of urgent operations continued to arrive. Yet many of these hospitals had vacant casualty beds which might have been used.[1]

With the exception of a limited inquiry in 1942, few facts were collected during the war concerning the size and composition of hospital waiting lists. These lists were not, of course, a particular war-time development,[2] and perhaps for this reason they were not at first taken very seriously. At a time when queuing had still to be described as 'Britain's national vice', the invisible and unpublicised queues at hospitals were automatically accepted as a normal feature of the hospital world. Later in the war these queues began to be questioned, and they no longer remained so apathetic and unpublicised. Unused casualty beds suggested that hospital accommodation was being withheld, perhaps unnecessarily. The claims of the emergency medical service could serve as an explanation, rightly or wrongly, for every waiting list, but the Ministry could more easily be called to account than hospital boards. The Department was concerned, therefore, to see that waiting lists were kept within manageable limits.

In 1942 the Ministry arrived at the surprising conclusion that 'at most hospitals the lists are smaller than in peacetime and at many much shorter'.[3] Assuming the conclusion to be factually true, it could not possibly mean that an improved balance had been achieved between the demand for hospital accommodation and the supply of it.

[1] For example, a voluntary hospital in Berkshire with fifty vacant E.M.S. beds refused to admit a badly injured child, and was unable to give any adequate reason for its action. A departmental minute described the affair as 'criminal'. Many other instances of hospitals refusing to admit civilians were recorded in departmental files.

[2] The pre-war position was described in chapter V, p. 73.

[3] Minute by a high official of the emergency medical service on 18th April 1942, summarising the information sent in by hospital officers in reply to a circular of February 1942 inquiring about waiting lists.

This was a time when thousands of hospital beds were kept free for casualties and when further thousands had been temporarily or permanently lost by bombing and the closing of wards because of air raid risks. Moreover, new demands were growing upon the reduced number of available beds. The plight of old people in London and the needs of transferred war workers have already been described.[1] As military and industrial mobilisation proceeded and families were broken up and scattered, many people needed hospital care for comparatively simple complaints. Those who lived alone or away from home in hostels or billets could not be nursed by relatives. Great movements of population about the country led, in many localities, to acute shortages of hospital accommodation. The evacuation of mothers and children, the growth of war-time industries, and the establishment of army camps in rural areas placed an almost unbearable strain upon the resources of some provincial hospitals. Finally, there were the sick Servicemen who received a much larger share of hospital care than they would have received as civilians before the war.

These conditions obtained in 1942 and, indeed, throughout most of the war. The additional hospital accommodation created by the emergency medical service did not make up for all the reserved beds, the losses by air attack and new demands of a kind already described. There was, too, as another factor, the trend of sickness among the civilian population. Claims upon hospital accommodation are strongly affected by changes in the general level of sickness, and the deterioration in national health statistics during 1940 and 1941 suggested that demands for hospital care may have risen in consequence.[2] Moreover, the particular population group—the elderly and infirm—which makes substantial calls on hospital accommodation had grown in size since 1938.

If, therefore, the Ministry of Health was right in concluding that the hospital waiting lists of 1942 were shorter than those of pre-war years, there must have been some formal change in the composition of the lists. An analysis of the reports on which the 1942 inquiry was based reveals the nature of the change. In Swansea, for instance, a waiting list of 1,172 was noted; but it was emphasised that the figure 'is not a true indication of the serious position in this area. A large number of patients who should be hospitalised are not even entered on the list . . .'. For the whole of Wales, the 'facilities for medical cases are generally so inadequate that such cases are not put down for admission'. In Birmingham, the Children's Hospital turned away at least four to five medical cases daily—they were not entered on

[1] Chapter XXII, pp. 450–2.
[2] These statistics are examined in chapter XXV, pp. 517–31.

waiting lists—but 'recently a new ward was opened and eleven children were admitted on the day the ward was opened who would otherwise have been refused admission'. A study of these reports suggests that waiting lists were generally reserved for 'surgical cases'; 'medical cases' were not even registered and were usually left to be cared for by overworked general practitioners.

The existence of this large, hidden and unsatisfied demand for hospital treatment was not acknowledged in the Ministry of Health's summary of the situation in 1942. The true significance of these waiting lists can only be judged, of course, by recognising all the hidden demands.[1] Even so, the figures that did emerge from the 1942 inquiry—an inquiry, incidentally, that was incomplete because it covered only certain hospitals in each region[2]—were formidable enough. Over 43,000 civilians, including some 6,000 women with gynæcological troubles, were waiting for hospital treatment in England and Wales. In the Manchester region alone the figures for nineteen hospitals were 11,000 and 2,500 respectively.

Women and children made up a large part of the waiting lists. In Birmingham 'the number of gynæcological patients seeking admission to the Queen Elizabeth Hospital is so great that with the present accommodation and medical staff it will take years to work off'. At some voluntary hospitals children with squints had been waiting for two years; children requiring orthopædic operations for three months; and children needing operations to their eyes for over two months.

Many of the patients on these lists were recorded as 'cold' surgical cases, a somewhat cynical description of patients who, in the opinion of doctors, were not needing immediate attention. But waiting for hospital treatment is not just a surgical or medical matter. Long delays may mean weeks or months of worry, discomfort and distress for the patient and for his or her family.[3]

[1] 'In addition to apparent shortage, there can be little doubt of the existence of a considerable hidden shortage which is brought to light whenever a good new service is established. For example, a local authority appoints an obstetric and gynæcological consultant and gives him beds in a municipal hospital; very soon the number of beds provided has to be increased and everyone wonders how it was possible to get along before the new department was created . . . The general conclusion that there is a considerable hidden need and total shortage of hospital beds seems to be inescapable.' (*Hospital Survey of the North-Western Area* reporting on the 1938 position, Ministry of Health, 1945.)

[2] Waiting lists were included in the survey only if hospital officers considered them to be disturbingly high. Consequently, no comparison can be made with the totals of hospital waiting lists either before the war (chapter V, p. 73) or in 1946 (p. 504 below).

[3] 'Long waiting lists entail more hardship than is perhaps generally realised, for although it is usual to give priority to those patients who are suffering from malignant disease or other urgent illness, there are many conditions which, though not immediately dangerous to life, give rise to disability or debility which seriously interferes with the patient's work and livelihood. Further, the psychological effect on some patients of waiting for weeks and perhaps months before they are admitted to hospital cannot be overlooked.' (*Hospital Survey of the North-Eastern Area* reporting on the 1938 position, Ministry of Health, 1946.)

The 1942 inquiry into waiting lists showed up again the nature of the conflicts in the hospital world which had caused so much difficulty in London during the winter of 1940–1. The same financial questions hindered the full use of available beds and discouraged a more equal distribution of patients. There was one hospital, for instance, with seventy-five vacant casualty beds and a long waiting list. 'It is only right for me to explain', commented the group officer, 'that in my opinion this hospital does not make sufficient use of its beds'. He concluded that at least a third of the beds should have been used for ordinary patients. This, however, would have converted the beds from a financial asset into a liability, a consideration which, it was thought by the Ministry of Health, applied to other hospitals in the emergency medical service. When the question arose in 1942 of introducing in England a scheme for the reduction of waiting lists (similar to that already adopted in Scotland[1]), it was believed in the Ministry that it would not work because 'the hospitals are not themselves concerned about the lengths of their lists.' And when hospital officers tried to place more Service patients in municipal hospitals the voluntary hospitals did not welcome such action. It was said that they 'always do their best to get hold of Service cases as there is a financial aspect.'[2]

The Ministry of Health could not order hospitals to treat more civilians but it could, by various measures and to a limited extent, improve the position of sick civilians needing hospital attention. It could add new groups to the list of those entitled to the benefits of the emergency medical service, and it could attempt to free more beds by reducing the number reserved for casualties. Another method, and perhaps the most flexible one, was the use of the so-called 'E.M.S. 116 machinery' for the transfer of patients.[3] Originally, this had been designed for the specific purpose of removing civilians from beds, needed for casualties by the emergency scheme in London and other danger areas, to hospitals in the country. These patients became a financial responsibility of the scheme, but they had to contribute to the cost according to their means. This procedure was used to a greater extent than the Ministry had at first intended, and the principles on which it was based received in the course of time a wider interpretation.[4] By 1942 these transfers were held to apply to 'any kind of case where a patient is deprived of treatment—or has to wait for it—through our E.M.S. intervention in his normal hospital or through other war causes'.

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[1] See below, p. 495.

[2] Letter from regional hospital officer to the Ministry of Health, 16th March 1942.

[3] E.M.S.116 was the form on which the names of the patients to be transferred were submitted to officers of the emergency medical service. The form was originally issued with Ministry of Health circular 1938A on 29th December 1939.

[4] See chapter XXII, pp. 446–7.

This broad definition gave some hospital officers in London and other bombed areas the opportunity of keeping waiting lists within bounds, provided the hospitals and the patients agreed to the transfers taking place, and provided also that the beds were available. There was, however, always the difficulty that the receiving hospitals might not be of a sufficiently high standard to deal with patients suffering from certain conditions, or that various specialised services, such as gynæcological units, might be inadequate to meet the need.

In May 1942, when the results of the inquiry into waiting lists were to hand, a number of important questions of policy were formulated by the Ministry of Health. Although some of these lists had been described as 'smaller than in peacetime', the Ministry was seriously concerned about the general situation of sick civilians. Should it now agree to the transfer of sick people awaiting hospital care, even if the fact of their waiting was not due to the activities of the emergency scheme or to the war? If so, could the Ministry add to or improve those particular facilities in emergency scheme hospitals which it did not need for the limited war-time purposes of the scheme?[1] Or should the Ministry introduce the Scottish 'waiting list scheme' in England and Wales?

In Scotland, a special 'attack on the waiting lists of voluntary hospitals' had been launched in January 1941.[2] Hospitals with long waiting lists were invited to refer sick people from their lists to emergency scheme hospitals for treatment at a charge (to the voluntary hospitals) of 30s. per patient. After a year's work, during which only people whose stay in hospital was expected to be not more than two weeks were included in the scheme, the result was described as 'small and disappointing'. In consequence, the scheme was extended in January 1942 to all those on waiting lists except the chronic sick. The contribution remained at 30s., regardless of the length of stay of the patient in hospital. As a result of this extension, over 16,000 patients were treated under the scheme in two-and-a-half years, a considerable proportion of them after a waiting period at voluntary hospitals of over three months.[3] By June 1945 the number had risen to 32,826,[4] and it was then no longer possible to doubt that this scheme to use surplus casualty beds for the benefit of sick civilians had been a decided success.

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[1] There were long waiting lists, for instance, for gynæcological and ear, nose and throat operations. The emergency medical service, primarily conceived to deal with the casualties of war, was not generally equipped for such work.

[2] *Health and Industrial Efficiency*, published by the Department of Health for Scotland, July 1943 (p. 8).

[3] *Health and Industrial Efficiency*, published by the Department of Health for Scotland, July 1943 (p. 8).

[4] *Summary Report of the Department of Health for Scotland for* 1945, Cmd. 6661 (p. 15).

In England and Wales, this Scottish venture found few supporters. When the Ministry of Health considered it in 1942 the scheme had been in force for only a year or so and it 'did not appear to have succeeded'. It was thought that there would be little response among voluntary hospitals to the idea of paying 30s. for each person removed from their waiting lists. Moreover, the direct administration of emergency hospitals by the Department of Health, which unquestionably helped the working of the scheme in Scotland, had no parallel in England and Wales. From the point of view of the voluntary hospitals, the transfer of patients from waiting lists under the existing emergency scheme machinery, which involved them in no financial obligations, was obviously preferable. The British Hospitals Association in England and Wales, while deprecating 'any departure from existing practice or policy in the matter of each voluntary hospital endeavouring to meet the demands made by the public upon its services', approved of such transfers, but it was opposed to the 'curious arrangement' in Scotland.

It was in these circumstances that the Ministry decided, in July 1942, to use the existing procedure for transferring patients with 'more elasticity'.[1] Where the transfer was from a voluntary to a municipal hospital in the same area the Ministry accepted no financial responsibility, but in other instances—and the new rules applied to all general hospitals with waiting lists[2]—the 'E.M.S.116 machinery' was used and the additional costs were borne by the Ministry. If the specialist services in the receiving hospital were found to be inadequate for the needs of the transferred patients, the regional or sector hospital officers were empowered to arrange for the establishment of new specialist units by moving staff from other hospitals, or by persuading other hospitals to share their staff. The new rules for the reduction of waiting lists were not circulated to the hospitals themselves; it was left to the responsible E.M.S. officer in each sector or region to apply them whenever necessary.

Despite all the practical and psychological handicaps, the Ministry of Health succeeded in effecting some reduction in the waiting period for some sick civilians. How well it succeeded cannot be estimated; nothing short of a national survey covering the records of each hospital would suffice to measure, however roughly, the degree of achievement. Difficulties of measurement cannot, however, obscure the fact

[1] Ministry of Health circular E.M.S.370, 14th July 1942. The gradual extension in the use of these arrangements was reflected in the figures of patients whose transfers were recorded on form E.M.S.116. From a little under 59,000 in 1940, the number rose steadily to 1943 when 126,000 patients were transferred; in the following year it fell to 73,000, and in 1945 to 60,000. The total number of patients transferred during the years 1940 to 1945 was over half a million (figures collected for the Medical History of the War under circular D.G.L. 170, 12th August 1942).

[2] Hospitals for infectious diseases and tuberculosis, mental hospitals and institutions, and mothers confined in hospitals were excluded (Ministry of Health circular E.M.S.370, 14th July 1942).

that both the Department of Health for Scotland and the Ministry of Health undertook the first real attack ubon voluntary hospital waiting lists ever undertaken.

The deprivations of hospital service for physically sick civilians were paralleled in the mental hospitals and mental deficiency institutions. More than 25,000 of their beds in England and Wales, including some complete hospitals, were given up and handed over to the emergency medical service and to the Service authorities.[1] In addition, other institutions were wholly or partly reserved for mental patients from the Armed Forces.[2] Bomb damage, and the necessity of relinquishing some institutions situated on the coast, still further reduced the accommodation available for mental patients from the civilian population.

It was not, therefore, surprising that overcrowding in mental hospitals, which amounted to 2·3 per cent. in 1938, rose to 14·4 per cent. in 1939, and to a peak of sixteen per cent. in 1940.[3] In other words, the mental hospitals in England and Wales were compelled to squeeze 116 patients into the space originally occupied by a hundred. In the mental deficiency institutions a surplus of 337 beds in 1938 was converted, by the needs of war, into a deficit of 6,000 beds by 1943—an overcrowding rate of fourteen per cent. Towards the end of the war there was a fall in both these rates, but they were still as high as 11·5 and 12·9 per cent. respectively in 1945.

Shortages of space and staff in the mental hospitals, bad ventilation during 'black-out' hours and other factors 'created conditions in which the health of the patients was bound to be adversely affected'.[4] The consequences were reflected in a higher death rate, particularly from tuberculosis, and an increased number of patients suffering from this disease.[5] 'But the effects of overcrowding are not only physical. When beds are too near to each other and contact between patients during the day is too close, the patient seems to become part of a mass rather than an individual member of a group; physical and mental discomfort is increased and nursing and medical treatment loses much of its value'.[6]

Among both mental hospitals and mental deficiency institutions there were fewer admissions and more discharges during the war than before. So far as the mental hospitals were concerned, the causes were

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[1] *Annual Report of the Board of Control for* 1945.

[2] The emergency medical service was not responsible for mental patients from the Armed Forces. The Services ran their own mental hospitals, where patients could be kept under military discipline without the need for certification and all that it involved (*Annual Report of the Board of Control for* 1945, p. 8).

[3] In 1938 there was a deficiency of 2,993 beds and in 1940 the deficiency was 18,227 beds (*Annual Report of the Board of Control for* 1945).

[4] *Annual Report of the Board of Control for* 1945 (p. 1).

[5] Ibid (p. 18).

[6] Ibid. (p. 13).

very complex; shortage of accommodation was only one among many. There can be little doubt, however, about the reason for these changes in the work of the mental deficiency institutions. The fall in admissions was due to 'shortage of beds, as every local authority still reports a long waiting list of patients in urgent need of institutional care', and the rise in discharges was explained by 'emergency medical service requirements' and 'pressure on institutional accommodation'.[1] In other words, many mental defectives who should have been in institutions were either not admitted or were discharged too soon. 'Unlike psychotics, defectives often show no dramatic need for institutional care. They can remain at home without apparent failure, but in many cases only at the expense of much suffering to themselves, to their families and to the community. Social and domestic damage is especially apparent in the case of court cases and of low-grade defectives, many of whom have now to be left in the community without the needed institutional training and control'.[2] This was not only a description of what happened during the war; it was also an explanation of the cause of certain social ills which the community inherited—and which continued to fester—after the war.

Perhaps the most depressing entries in this war-time record of shortage and sacrifice concern the fate of children in need of hospital and convalescent care. The effect of the war on the special schools for physically handicapped children, for instance, was 'profoundly disturbing', and the accommodation in residential schools for mentally defective children was said, in 1945, to be 'quite inadequate'.[3] Many of the hospital schools, providing treatment for children and special educational facilities, were taken over partly or wholly by the emergency medical service and used for other purposes. Some of the convalescent schools for crippled children suffered in the same way. In addition, a considerable number of these residential schools catering for various classes of handicapped and sick children had to be closed because of their situation on the south and south-east coasts.

These disturbances and losses were partly responsible for the fact that, throughout the war, there was an acute shortage of convalescence facilities for children. Some children, who were not at first seriously ill, later developed chronic complaints because hospital treatment was not followed by a period of convalescent care. They then drifted back into hospital and occupied beds which were needed for other patients. At the same time, convalescent beds were standing empty. Among the auxiliary hospitals earmarked for civilian patients, only two or three were ready to admit child convalescents who, as the

[1] *Annual Report of the Board of Control for* 1945 (pp. 18–20).
[2] *Annual Report of the Board of Control for* 1945 (p. 19).
[3] *Report of the Chief Medical Officer of the Ministry of Education*, 1939–45 (pp. 82–90).

Ministry of Health remarked in October 1942, 'have not been very welcome in the auxiliaries'.

By the end of 1942 it was apparent that the waiting lists for convalescence at children's hospitals were growing to serious lengths. The Charity Organisation Society[1] and the Invalid Children's Aid Association were inundated with applications, and they appealed to the Ministry for help in the provision of beds in auxiliary hospitals and offered to pay the cost.[2] The Ministry again approached the British Red Cross War Organisation, and after months of negotiations an agreement was reached.

It had not been easy to find auxiliary hospitals which were both suitable for children and ready to admit them. In many regions the search proved fruitless, but ultimately eight hospitals with a total of 374 beds were set aside for child convalescents over five years of age. No general circular was issued to notify other hospitals and organisations of this new provision—the number of applications might have been too great—and it was left to hospital officers to make the best use of the available beds. It transpired, however, that the scheme was even more limited than it had appeared when it was launched in March 1943. Only a few weeks later the owner of the largest auxiliary hospital in the scheme withdrew his agreement allowing the admission of children,[3] and in the following year most of the children in the other hospitals had to make way for the reception of Service patients from the Continent.

It is clear that children, far from occupying a privileged position in the war-time hospitals, had to make their contribution to the social costs of the emergency medical service. At the other end of the age scale, elderly and old people were compelled to make an even larger contribution to the success of the service. Because many of them—designated the 'chronic sick'—suffered from diseases needing prolonged medical and nursing care, their demands on the hospitals were great[4]. These demands, already substantial before 1939, increased

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[1] Later known as the Family Welfare Association.

[2] The Charity Organisation Society, in writing to the Minister of Health in October 1942, said that 'the problem of providing convalescent treatment for children is rapidly becoming a nightmare', and reported that one society—the Invalid Children's Aid Association—already had a waiting list of 500 children. At about the same time the Gt. Ormond Street Hospital (London) for Children raised similar questions. Convalescent facilities were needed for the children it was treating so as to enable the hospital to free some of its beds and reduce its waiting list. In November 1942 this list consisted of 43 medical cases, 511 surgical cases, and 1,321 tonsils and adenoids cases.

[3] This was a mansion in Worcestershire, converted into an auxiliary hospital, and providing 100 beds.

[4] The number of 'chronic sick' and 'aged infirm' in hospitals and public assistance institutions in England and Wales was estimated at 78,000 in 1946 (*Report of the Working Party on the Recruitment and Training of Nurses*, July 1947). But this figure does not show the true size of the problem. There is no clear line of division between

during the war, largely as a result of all the disturbances to family life, the break-up in cities of settled groups of neighbours and friends, and the destruction of homes by bombing. The claims of this group on hospital accommodation throughout the country were, in fact, so substantial that there was bound to be conflict between their needs and the war-time needs of air raid casualties and members of the Armed Forces. This conflict could be resolved only in one way; the aged sick and the infirm had to suffer.

The sacrifices imposed on this group in the interests of Britain's war effort took two forms: more of them were excluded from hospital care,[1] and a proportion of those who were admitted had to accept inferior standards. These experiences were illustrated in chapter XXII, which discussed the difficulties of sick civilians in London during the winter of 1940–1, and described the scheme for removing old and infirm people from shelters to hospitals in the country.[2] As a result of this scheme and other arrangements for the transfer of patients from one hospital to another, some of these aged sick found themselves in institutions which for long they had dreaded. While younger patients were usually transferred from one general hospital to another, the elderly and chronic sick were sometimes shifted from place to place until they ended up in institutions of the workhouse type.[3]

The shock of the country women who billeted children from the slums was not greater than that of patients, accustomed to London's hospitals, who were transferred to some of the bleak public assistance institutions in the country. Husbands and wives and friends were

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chronic and curable, or long-stay and short-stay hospital patients, least of all in a service where the term 'chronic' has generally been used with insufficient discrimination. No one knows, for instance, how many 'chronic sick' might fully or partly recover if their medical and nursing care were adequate. On the other hand, no one knows how many sick and infirm people are not in hospitals and institutions because there is no room for them, or because they refuse to enter. The total of 78,000 patients mentioned above excludes people suffering from tuberculosis and accommodated in sanatoria. The war-time difficulties of these people, and the general problems which faced the tuberculosis services, will be considered in a second volume in this series of histories.

[1] A *Memorandum on the Care of the Chronic Sick*, prepared by the Institute of Hospital Almoners in May 1946, summarised the results of a survey and concluded that there was a 'great shortage of accommodation for patients suffering from advanced malignant disease for whom continuous nursing is required'. An investigation by the public assistance officer for Kent showed that by 1946 the hospital organisation in the county for chronic sick patients had 'completely broken down'. There was a waiting list of some 650 persons, a large proportion of whom were desperately ill and urgently needing nursing care, while many old people were dying in their homes unattended (*Public Assistance Journal and Health and Hospital Review*, 8th February 1946, p. 106).

[2] See above, pp. 450–2.

[3] The Ministry of Health's *Hospital Survey for the Yorkshire area* (1945) summed up the problem of the chronic sick in institutions of this kind: '. . . it is true to say that in general the care of the chronic sick requires complete and revolutionary change if these people are to be adequately cared for and looked after in a reasonably humanitarian and social sense'

separated,[1] pension books impounded and records lost.[2] These indignities of the poor law were visited only on some, but there were enough to create many protests to local authorities and social workers. Eventually, action by the Ministry of Health remedied the worst of these complaints.

It was not long, however, before they were joined by other protests from people who, after being used to the amenities of middle-class life, found themselves in public assistance institutions and public hospitals of a similar character.[3] This was one result of the shortage of domestic help for the old and infirm allied, in many instances, to the increased cost of prolonged care in privately-run institutions and nursing homes.

The arrival of some middle-class patients in public assistance institutions, painful as it must have been for the patients themselves, led to a good deal of publicity and some vigorous complaints. Conditions which previously had been known only to the sick and aged poor were, as a result, more widely discussed by doctors, welfare workers and the general public. These were but some of the streams of awakening concern to the social problems of old age which, in the immediate post-war years, broadened into a strong current of public interest, research and medical investigation.[4] If the conception of a collective conscience has any reality, then it may be said that the British people began to show, in the late nineteen-forties, many symptoms of uneasiness about their treatment of old people before and during the Second World War.

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[1] The following example, taken from the files of the Islington Charity Organisation Society, may not be typical but it illustrates what happened to some old people. Mr. and Mrs. M. were bombed out of their home, and when Mr. M. was discharged from hospital he could not find out where his wife had been sent. Inquiries began in October 1940 and went on for a long time. Finally, her death was presumed in 1943. Later, the Poplar Citizens' Advice Bureau took up the search again, and Mrs. M. was found to have been transferred to Cannock Public Assistance Institution in October 1940. She had sustained a shock as a result of the bombing and could not speak very clearly. She did not, of course, know where her husband was. She died in this institution in May 1941.

[2] Many of the patients moved from hospital to hospital were mentally or physically unable to notify their relatives or friends themselves, and because records were not kept or were mislaid the whereabouts of some of these old people could not be traced for weeks or even months. Thus, twenty-one old people transferred from Bermondsey in October 1940 to institutions in the country were still 'missing' in May 1941.

[3] For instance, a retired colonel, suffering from paralysis agitans, had to be admitted to a public assistance institution because his wife had no domestic help and could not get anyone to help her look after her husband. A 'middle-class woman' of forty admitted to a London teaching hospital in 1939 was sent, on the outbreak of war, to a teaching hospital in Oxford. From there she was moved on to Chipping Norton and placed, according to the Ministry's informant, in 'this very bleak poor law institution, in a most poverty-stricken small bedroom, with two old ladies aged seventy-six and eighty-four'. Other examples of people with means being taken into public assistance institutions because their relatives could not look after them were cited in *Public Assistance Journal and Health and Hospital Review*, 15th March 1946 (p. 213).

[4] See, for example, *Old People: The Report of a Survey Committee on the Problems of Ageing and the Care of Old People* (1947), and *The Social Medicine of Old Age: Report of an inquiry in Wolverhampton*, Sheldon, J. H. (1948).

(iv)

Towards a National Hospital Service

This final chapter on Britain's war-time hospitals ends, inevitably, on a sombre note. Much of it has had to be devoted to an account of work not done or done indifferently. It is, in great measure, the story of people, from the very young to the very old, who were deprived of hospital care because there was a war and because national survival was more important than the relief of individual needs. This record—or social history—of hospital work would not have been complete if the debit entries had been left out. But seen as a whole and in historical perspective, even the apparently negative and depressing passages acquire meaning and purpose. The Government's policy on the development of the emergency medical service during the war was increasingly influenced by the continuing story of civilian difficulties and deprivations. Again and again, the unyielding logic of these facts forced upon the Government decisions which, at an earlier date, it had been disinclined to consider.

In 1939—in contrast to the position reached by 1942—the attitude of both the Government and the medical profession to the problems of the hospital needs of all groups in the community had been very different. The question of organising hospital provision for war victims was approached as a separate and self-contained issue. It was agreed that the existing pattern of hospital organisation should be preserved for the civilian population, but for those patients, regarded by the Government as its own responsibility in wartime, a nationally planned and financed service, based on regional groups of hospitals, was accepted as the only satisfactory solution.

With the formation of the emergency hospital scheme, new areas of tension were added to those already in existence. In theory, at least, there were now two hospital services in England and Wales superimposed on two hospital systems; one service for special war-time purposes and another for the ordinary sick. One was nationally directed and financed; the other was not. The same doctors and nurses worked sometimes in one, and sometimes in the other. The dividing line ran right through the individual hospital. Strong and repeated efforts were made to keep it in sight, but often it was blurred and occasionally it was invisible.

The Health Departments soon found that they could not limit their interests and activities to the emergency sector of the hospital services as they had originally intended. Government responsibility was expanding in nearly every branch of social provision, and hospital work

could not continue to be unaffected by the general trend of social development. In total war the troubles of individuals often multiplied until they became matters of national concern, while the demands of humanity pointed, just as often, in the same direction. Inevitably, the Health Departments found themselves assuming, almost unconsciously, the role of principal advocate for the welfare of sick people. As this role grew in importance, and as the Departments continued to discharge their duties towards war victims, new and hitherto unattended responsibilities crowded in; the standards and conditions of work among nurses became, for the first time, matters of direct concern to the Government, so, too, did the kind of food that patients received in hospital, their fitness for work when they were discharged and many other aspects of hospital care.

The assumption by the central authorities of these new responsibilities was at the same time stimulated by the progress and achievements of the emergency hospital scheme. Developments in one branch of the hospital services could not fail to influence those in another. Both war victims and sick civilians needed hospital attention and it was in the public interest that they should get it. But the hospital resources of the country were not large enough for this double task, and they were not, moreover, always used to the best advantage. All through the war painful issues of priority arose which could not be settled at the centre. There was no authority in a position to tackle the problem of hospital needs as a whole. The means and the powers of the Health Departments bore no relation to their greatly enlarged field of responsibility. As a result, the price paid by the civilian sick for the achievements of the emergency hospital scheme was larger than it would otherwise have been.

The price was increased, too, by the conditions of strain and shortage in which the hospitals had to do their work. The Armed Forces inevitably had prior claims on doctors, nurses and other hospital staffs, and the war industries absorbed many of the domestic workers. The nursing problem, already present before the war, became more acute as demands increased, thus forcing the Government to concern itself with questions of recruiting, distributing and keeping nurses in hospitals.[1] As regards the supply of doctors, the position was that in the later years of the war most of those who still staffed the civilian hospitals (apart from the newly qualified and inexperienced) were the elderly and the unfit.[2] Many of these doctors—and nurses, too—had to carry a heavy load of responsibility when, in more normal

[1] In the spring of 1945 hospitals in England and Wales reported a need for over 16,000 additional nurses, and in Scotland the estimate was nearly 2,000. An account of the problems of nursing and midwifery during the war, with particular reference to the needs of hospitals, sanatoria and maternity homes, will be included in a second volume in this series of histories.

[2] Some further reference is made in chapter XXV (pp. 530–1) to the question of the number of doctors serving the civilian population during the war.

times and by virtue of their age, their burdens would have been eased. The price for the success of the emergency medical service was, therefore, partly paid by the hospital staffs themselves in terms of long hours of work and crowded hospitals under the strains of war and bombing. In all other respects the social costs fell upon the civilian patients, men, women and children, who stood at the end of the queue for hospital beds. Part of this cost was carried over into the post-war years.[1]

The emergency medical service should not, however, be judged solely on its achievements in action and the costs it entailed. It left behind a heritage of advances in hospital care, and a fund of knowledge and experience in organisation and administration. It demonstrated, in its limited field, what a hospital service could be, and it gave many institutions of varying character and type their first real opportunity to work together for a common purpose. This was not the result of deliberate acts of policy. History was often made by seemingly insignificant and unconnected decisions imposed by immediate necessities and carried out despite formidable psychological and practical handicaps. The demands of war were inescapable, but once accepted, they produced ideas as relevant to the needs of peace as of war.

It was only two years after the outbreak of war—and just when a second winter of air bombardment was expected—that the Minister of Health and the Secretary of State for Scotland made their statement about the future of Britain's hospital services. 'It is the objective of the Government', they said, 'as soon as may be after the war, to ensure that by means of a comprehensive hospital service appropriate treatment shall be readily available to every person in need of it'.[2] At

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[1] A survey of waiting lists among voluntary hospitals in the Greater London area, undertaken in June 1946 by the voluntary hospitals' emergency bed service, showed a total of some 33,000 people waiting admission. The secretary of this service, reporting to the Director-General of the E.M.S., wrote: 'The worst delays occur in female, surgical, gynæcological, orthopædic and ear, nose and throat cases, in which categories it appears that it is fairly common for a patient to wait for a year or more. In some hospitals the ratio of patients awaiting admission is out of all proportion to the beds available.' If the relationship between these waiting lists and the total population of Greater London were broadly applicable to the whole of England and Wales, then it would seem that roughly 200,000 people in the country were awaiting hospital treatment a year after the end of the war. This is about double the estimate made on a similar basis for 1938–9 (see chapter V, p. 73). A strict comparison between the two estimates is not, of course, possible, one reason being that not all voluntary hospitals in the Greater London area participated in the 1946 inquiry. To this figure of 200,000 for 1946 some addition should be made for waiting lists at public hospitals (there were, apparently, very few people on these waiting lists in 1939—see Hospital Survey reports). An inquiry in November 1946 by the Medical Officer for Kent showed that there were 822 chronic sick people awaiting admission to public hospitals in the county. If the situation in Kent at that time was more or less true of the whole of the country, then a further 25,000 people (making 225,000 in all) were in the queue for hospital beds.

[2] H. of C. Deb., 9th October 1941, vol. 374, col. 1116.

that time no fundamental changes in the ownership and finance of hospitals were contemplated, but it was announced that hospital surveys would be started immediately 'to provide the information needed as a basis for future plans'. By 1946, when the last results of the surveys had been published, more was known about Britain's hospital resources and needs than had ever been known before. This was the first step on the road towards reconstruction.

CHAPTER XXV
UNFINISHED BUSINESS
(i)
The Social Services: Decision and Development

THE three themes of evacuation, hospital service, and help for the victims of air attack have largely dominated this book. The effects of the war on the ordinary, peace-time social services have not been described in detail, chiefly because the plan of the history allowed for studies of this kind to be brought together in a second volume.[1] In the opening part of this last chapter of the first volume, however, some of the more important developments in the field of social policy are briefly noticed; these, set against the background of Government policy to protect and sustain the civilian population from air bombardment, serve as an introduction to a tentative analysis of the total effects of the war on the people's health.

It would, in any relative sense, be true to say that by the end of the Second World War the Government had, through the agency of newly established or existing services, assumed and developed a measure of direct concern for the health and well-being of the population which, by contrast with the role of Government in the nineteen-thirties, was little short of remarkable. No longer did concern rest on the belief that, in respect to many social needs, it was proper to intervene only to assist the poor and those who were unable to pay for services of one kind and another. Instead, it was increasingly regarded as a proper function or even obligation of Government to ward off distress and strain among not only the poor but almost all classes of society. And, because the area of responsibility had so perceptibly widened, it was no longer thought sufficient to provide through various branches of social assistance a standard of service hitherto considered appropriate for those in receipt of poor relief—a standard inflexible in administration and attuned to a philosophy which regarded individual distress as a mark of social incapacity.

That all were engaged in war whereas only some were afflicted with poverty and disease had much to do with the less constraining, less discriminating scope and quality of the war-time social services. Damage to homes and injuries to persons were not less likely among

[1] It is hoped to include in a second volume a series of studies on such subjects as maternity and child welfare, the nursing and midwifery services, day and residential nurseries for children and certain aspects of the public health services.

the rich than the poor and so, after the worst of the original defects in policy had been corrected—such as the belief that only the poor would need help when their homes were smashed—the assistance provided by the Government to counter the hazards of war carried little social discrimination, and was offered to all groups in the community. The pooling of national resources and the sharing of risks were not always practicable nor always applied; but they were the guiding principles.

Acceptance of these principles moved forward the goals of welfare. New obligations were shouldered, higher standards were set. The benefits were considerable. The community relinquished, for instance, a ten-year old practice of not providing cheap school meals unless children were first proved to be both 'necessitous' and 'undernourished'.[1] Better pensions were given to old people as a right and not as a concession. Certain groups—expectant and nursing mothers and young children—were singled out to receive extra allowances and special aids, not because they were rich or poor or politically vocal, but because common-sense, supported by science and pushed along by common humanity, said it was a good thing to do.

These and other developments in the scope and character of the welfare services did not happen in any planned or ordered sequence; nor were they always a matter of deliberate intent. Some were pressed forward because of the needs of the war machine for more men and more work. Some took place almost by accident. Some were the result of a recognition of needs hitherto hidden by ignorance of social conditions. Some came about because war 'exposed weaknesses ruthlessly and brutally . . . which called for revolutionary changes in the economic and social life of the country'.[2]

Reports in 1939 about the condition of evacuated mothers and children aroused the conscience of the nation in the opening phase of the war; much sooner, indeed, than might have been expected from the country's experience in previous wars of changes in the conception of the nation's responsibilities towards the poor and distressed. It was in 1815—after Waterloo—that Lord Brougham's committee met to consider 'the Education of the Lower Orders'. It was after victory in the Boer War that inquests on the physical condition of the people were opened.[3] It was not until the later years of the First World War that plans for reconstruction began to take shape.[4] But the evacuation

[1] Board of Education circular 1567, 21st October 1941.

[2] Mr. Anthony Eden, M.P., speaking in the House of Commons on 6th December 1939, H. of C. Deb., vol. 355, cols. 756–7.

[3] See the reports of the Royal Commission on Physical Training (Scotland), 1903, Cd. 1507–8, the Interdepartmental Committee on Physical Deterioration, 1904, Cd. 2175, 2186 and 2210, and the Departmental Committee on Medical Inspection and the Feeding of Children attending Public Elementary Schools in England, 1905, Cd. 2775 and 2784.

[4] See *Report on the Work of the Ministry of Reconstruction*, December, 1918, Cd. 9231.

of mothers and children and the bombing of homes during 1939–40 stimulated inquiry and proposals for reform long before victory was even thought possible.[1] This was an important experience, for it meant that for five years of war the pressures for a higher standard of welfare and a deeper comprehension of social justice steadily gained in strength. And during this period, despite all the handicaps of limited resources in men and materials, a big expansion took place in the responsibilities accepted by the State for those in need.

The reality of military disaster and the threat of invasion in the summer of 1940 urged on these tendencies in social policy. The mood of the people changed and, in sympathetic response, values changed as well. If dangers were to be shared, then resources should also be shared. Dunkirk, and all that the name evokes, was an important event in the war-time history of the social services. It summoned forth a note of self-criticism, of national introspection, and it set in motion ideas and talk of principles and plans. *The Times*, in a remarkable leader a few weeks after the evacuation of the British Expeditionary Force from the Continent, gave expression to these views. 'If we speak of democracy, we do not mean a democracy which maintains the right to vote but forgets the right to work and the right to live. If we speak of freedom, we do not mean a rugged individualism which excludes social organisation and economic planning. If we speak of equality, we do not mean a political equality nullified by social and economic privilege. If we speak of economic reconstruction, we think less of maximum production (though this too will be required) than of equitable distribution.'[2]

This was a declaration of faith. In a few months it was to be repeatedly affirmed with the bombing of London and Coventry and many other cities. The long, dispiriting years of hard work that followed these dramatic events on the home front served only to reinforce the war-warmed impulse of people for a more generous society.

These broad generalisations, subject, as they will be, to revision by historians better placed to study this phase of the war, are relevant to the story of welfare. For it was during this period, extending from June 1940 until bombing temporarily ceased in the following year, that certain decisions were taken and certain policies were shaped which not only looked forward to 'social reconstruction' after the war, but were destined also during the war itself to play a vital role in sustaining the health and working capacity of the people. To the examples of these policies that have been given in earlier chapters[3] others will now be added; together, they support the proposition that

[1] See *British War Economy*, Hancock, W. K., and Gowing, M. M., 1949, especially the account in chapter XIX of war-time reconstruction plans.
[2] *The Times*, 1st July 1940.
[3] See e.g., chapters XIV, XIX and XXIII.

this dangerous period of the war was most fruitful for social policy and action.

The provision of meals at school had been interpreted by most education authorities, until a decisive change in Government policy in July 1940, as a relief measure for malnourished children.[1] Dinners of a poor quality were frequently supplied, often by private caterers; a charity outlook combined with the caterers' need to make a profit were reflected in the poverty of the meals and a lack of decency in serving them. 'Many of the dietaries are out of date, having been introduced ten and in some cases twenty years ago.'[2] These conditions in many parts of the country did not make the school meals service attractive to self-respecting parents.

In July 1940 positive steps were taken, with Treasury backing, to broaden the scope of the service and to improve its quality.[3] The number of school meals supplied doubled in twelve months and the provision of school milk rose by about fifty per cent. These advances more than recovered the ground lost by the disruption of the social services during the first year of war. In September 1941 policy took another big step forward. Three ministers presented to the War Cabinet a joint paper recommending that a greatly increased rate of grant-in-aid should be given to local authorities.[4] As part of the national food policy it was proposed to expand the provision of school meals and milk as quickly as possible. Evidence of unsatisfactory health indices during the first two years of war—for instance, higher infant death rates and rising tuberculosis rates—had a hand in these proposals. 'There is a danger', it was said, 'of deficiencies occurring in the quality and quantity of children's diets.... There is no question of capacity to pay: we may find the children of well-to-do parents and the children of the poor suffering alike from an inability to get the food they need'. The War Cabinet agreed to these proposals, and the campaign, originally launched in July 1940, was pressed forward with renewed vigour to increase the number of children taking meals at school and to provide milk for every child at every school in the country.

Within three years the situation had been completely transformed, both in quantity and quality of service, despite all the very real difficulties caused by the need to provide new dining rooms, school

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[1] According to the Senior Inspector of School Meals of the Scottish Education Department, 'These free meals for necessitous children did a great deal of good, but were, frankly, available only to the half-starved' (*British Journal of Nutrition* (1948), vol. 2, no. 1, p. 77).

[2] Quoted from a report by the Board of Education's dietician in 1938. See also Langley, E. M., 'School Diets in Elementary Schools', *Proc. Nutrition Society* (1945), iii, 131.

[3] Board of Education circular 1520, 22nd July 1940.

[4] President of the Board of Education, Minister of Food and Secretary of State for Scotland.

canteens, kitchens and equipment, the rationing of food supplies, inadequate transport facilities in rural areas and shortages of staff.[1] In February 1945, 1,650,000 dinners were taken on every school day in England and Wales, about fourteen per cent. being free and the rest costing the parents 4d. to 5d. a meal.[2] In July 1940 the corresponding figure had been 130,000.[3] In round figures, one child in three was fed at school in 1945 in place of one child in thirty in 1940. The speed at which these changes were accomplished may be judged by a contrast with the years 1935–9; a period during which efforts were also being made to expand the school meals service under the spur of nutritional science and reports of under-nourishment in industrial areas. In 1935, 143,000 dinners were provided daily in England and Wales; four years later the number stood on the brink of 160,000.[4]

Between 1940 and 1945 a big advance was also made in the number of children receiving milk at school, although the aim of universal provision was not achieved by the end of the war. In July 1940 the proportion benefiting in primary and secondary schools in England and Wales was around fifty per cent.; by February 1945 it had risen to seventy-three per cent.[5] The increased quantity of milk being drunk in 1945 was greater than the difference between these figures suggests, for the proportion of children taking two-thirds of a pint each day rose from nineteen per cent. in February 1941 to forty-six per cent. in February 1946.[6] The milk-in-schools scheme (with its benefit of a reduced price) was also extended to pupils attending private and other non grant-aided schools; thus, children at all types of school in the country were entitled to participate in the scheme.

These developments in the provision of meals and milk at school expressed something very close to a revolution in the attitude of parents, teachers and children to a scheme which, only a few years earlier, had not been regarded with much respect or sympathy. In place of a relief measure, tainted with the poor law, it became a social service, fused into school life, and making its own contribution to the physical nurture of the children and to their social education.

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[1] A comprehensive account of the school meals and milk services is the concern of Dr. Weitzman's volume on education in this series of histories.

[2] Primary schools 1,329,000, secondary schools 291,000, and junior technical schools 30,000. These figures include free and paid meals.

[3] In Scotland, the number rose from 40,000 in 1940 to 183,000 in 1945 (public and other grant-aided schools).

[4] Annual Reports of the Chief Medical Officer of the Board of Education.

[5] About ten per cent. of the children received free milk. The rest paid ½d. for one-third of a pint a day. A corresponding advance in the milk-in-schools scheme also took place in Scotland.

[6] *Report of the Chief Medical Officer of the Ministry of Education for* 1939–45 (pp. 24–30). The quantity of milk consumed under the school milk schemes in Great Britain nearly doubled between 1940 and 1944; from 2,100,000 gallons a month to 4,100,000 gallons (Central Statistical Office, *Monthly Digest of Statistics*, April 1948, table 101).

The national milk scheme, conceived and developed by the Ministry of Health and destined to play an important part in sustaining the health of mothers and young chlldren during the war, was also adopted by the Government in the summer of 1940 without dispute or financial argument. Before Dunkirk, the Ministry of Health had been worried by the failure of its scheme of August 1939 for supplying cheap milk to mothers through the maternity and child welfare authorities.[1] What it wanted to do could not, seemingly, be done without a big Exchequer subsidy, and no one believed that this would be forthcoming. But on 7th June 1940 the Food Policy Committee of the War Cabinet approved in principle a scheme for supplying cheap or free milk to mothers and children and gave the Ministers of Food and Health authority to work out the details without further reference to the Cabinet.

Introduced in July 1940, the national milk scheme provided for every child under five and for all expectant and nursing mothers in Britain a pint of milk daily at 2d. instead of the price of 4½d. a pint ruling in most districts at the time.[2] If the family income was below 40s. a week (plus an allowance of 6s. a week for each non-earning dependant) the milk was supplied free. The scheme was administered, not by the local government bodies who had handled the abortive measure of 1939, but by the Ministry of Food and the local food offices. The whole cost was borne by the Exchequer.

For over a decade many authorities, vigorously led by Sir John Orr, had demonstrated the need for getting more milk into mothers and children. Consumption per head of the whole population of the United Kingdom was little higher in the nineteen-thirties than it had been before the First World War.[3] Among the better-off income groups, however, the quantity drunk each day was about three times in excess of that consumed by the poor.[4] It was, in the main, a problem of purchasing power. This problem was solved for mothers with young children by decision of the Government five days after the evacuation of the British Expeditionary Force from Dunkirk.

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[1] This scheme enabled (but did not compel) local authorities to buy liquid milk at 2d. a pint and to supply it (according to income scales approved by the Ministry of Health) to mothers either free or at any price up to 2d. a pint. The scheme was a failure. Although the outbreak of war hampered its development, the chief reasons were the complications and stigma of a means test, the opposition of distributors who, in some areas, refused to take it up, and the attitude of local authorities who disliked it because of its complications and because it placed some extra expense on the rates, (Ministry of Health circular 1840, 2nd August 1939).

[2] For infants under one year of age an equivalent amount of dried milk could be obtained as an alternative. In April 1941 arrangements were made under the scheme to supply a half-cream as well as a full-cream dried milk.

[3] Davis, J. G., 'Milk and the Consumer', *Food Manufacture*, July, November, December, 1944 (table 2).

[4] Crawford, W., and Broadley, H., *The People's Food*, 1938, and McCance, R. A., Widdowson, E. M., and Verdon-Roe, C. M., *J. Hyg.*, 1938, xxxviii, 596.

The scheme was an immediate success. Within three months the response had falsified the estimates of the experts in the Ministries of Food and Health, who appear either to have under-estimated the effect of insufficient purchasing power on the consumption of such an essential food as milk, or to have misjudged the extent to which the higher income groups would share in a welfare service of this character.[1] Of the 3,500,000 or so mothers and children in Britain entitled to participate, seventy per cent. were doing so in September 1940, and of this proportion nearly thirty per cent. received their milk free of cost. This figure of thirty per cent., representing families living in a state of poverty, fell in a remarkable way during the war. It fell to two per cent. by 1945. Thus, even though the test of resources made no allowance for increases in the cost of living, the decline in the number of free beneficiaries was a rough measure of the economic effects of the war in diminishing the amount of poverty among families containing expectant or nursing mothers and young children.[2]

There are problems affecting the production and supply of milk—including its quality[3]—that cannot be considered here;[4] but it is important to observe at this point that the national milk and the milk-in-schools schemes led to a more equitable sharing out of what was available, and to increased consumption among those groups in the

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[1] It had been estimated that 60,000,000 to 70,000,000 gallons of milk a year would be taken under the scheme. In September 1940 consumption in the United Kingdom was at the rate of 100,000,000 gallons a year; in 1941 it rose to 128,000,000, an increase which steadily continued to 1945 when total liquid sales stood at 178,000,000 gallons. The rise in the birth rate between 1941 and 1945 accounted for only a small part of the increased consumption (*Monthly Digest of Statistics*, Central Statistical Office, April 1948, table 101).

[2] A further important factor contributing to the diminution of poverty among such families was the reduction in the number of babies born into large families during the war and the increase in the number of first births to newly married couples (see below pp. 536-7).

[3] A memorandum by the Minister of Food to the War Cabinet in March 1943 opened with the statement 'I am seriously concerned regarding the safety of milk'. In encouraging greater consumption among mothers, babies and young children, the Minister felt that he had an obligation to ensure that 'milk of the highest standard of purity is supplied'. 'Much of the milk is not at present of a high standard', said the Minister in a letter to the Lord President in January 1944, 'as prior to the war it was produced for manufacturing purposes and not for human consumption. Also, conditions under which milk is produced have in many cases deteriorated owing to the war and it may take some years before they get back at least to normal. While these conditions exist the risk of milk-borne diseases will not be lessened'. In 1943 the Medical Research Council sponsored an inquiry into the relationship between the war-time rise in the non-pulmonary tuberculosis death rate and changes in the quality of milk. A preliminary report in 1947 suggested that the nation's raw milk supply 'appears to be almost as heavily contaminated with tubercle bacilli now as it was twenty years ago' (*Report of the Medical Research Council* 1939–45, Cmd. 7335, pp. 171–2).

[4] They will be dealt with in the volumes concerned with food and agricultural policies.

community who most needed milk.[1] As between families of the same size with the same number of children of comparable ages, weekly consumption figures collected by the Ministry of Food during 1941–3 still showed a steady increase—in common with other important foods—from the lowest to the highest income groups. The differences, however, were much less striking than before the war.[2]

The special schemes took their place within the general rationing arrangements for milk.[3] Priority of supply was guaranteed to expectant and nursing mothers and children, and also to invalids and sick people suffering from certain diseases. The intervention of the State led to about eighteen per cent. of total milk supplies being made available for the priority groups of expectant and nursing mothers and children up to school leaving age.[4] (The figures for the other priority group of sick people were affected by some anomalies in distribution.) This quantity of milk was not only provided for these groups of mothers and children but positive economic measures were taken to ensure that it actually reached them.[5]

Closely associated with the national milk scheme, in intention and administration, was the vitamin welfare scheme. This was introduced in Decemper 1941 because of misgivings about a possible shortage of vitamins in the diet of young children resulting from the lack of fruit, particularly oranges, and the shortage of butter and eggs. The

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[1] A survey by the Milk Marketing Board on the consumption of milk in various towns in 1935 and in 1944 showed the great extent to which unevenness in milk consumption had been levelled. In towns in the North—Gateshead, Jarrow, Newcastle and South Shields—consumption was twice to four times as high in 1944 as in 1935, whereas in towns in the South of England the increase was only about five to twenty per cent. (*Farmer and Stockbreeder*, 11th April 1944). For a review of published data on milk consumption by various groups of the population see Marrack, J. R., 'Investigations of Human Nutrition in the United Kingdom during the War', *Proc. Nutrition Socy.*, 1947, iv, 213.

[2] Among families spending less than 7s. per head weekly on food the total consumption of milk (liquid, condensed and dried) was 3·9 pints per head weekly at the end of 1943 as compared with 4·6 pints among families spending over 13s. per head on food. Before the war, the poorer families were probably consuming only about 1·5 pints per head weekly.

[3] The Ministry of Food estimated that if the liquid consumption of milk in Great Britain had been unrestricted in 1948 the demands would have totalled about 1,500,000,000 gallons. This would have involved an increase in production of approximately thirty per cent. (*Report of the Committee on Milk Distribution*, Cmd. 7414, 1948 (p. 9)).

[4] Of the quantity available for civilian consumption in 1943. The total liquid sales of milk in the United Kingdom at that time were about 1,170,000,000 gallons (*Monthly Digest of Statistics*, Central Statistical Office, April 1948, table 101). By contrast, the milk-in-schools scheme and the supply of liquid and dried milk at maternity and child welfare centres accounted, in 1938, for under five per cent. of the total liquid consumption in England and Wales.

[5] The amount paid by the Government in the form of milk subsidies under the national milk and milk-in-schools schemes in Great Britain rose from £650,000 in 1938 to £19,000,000 in 1945. The total cost of all milk subsidies rose from £1,500,000 in 1938 to £55,700,000 in 1946–7 (*Report of the Committee on Milk Distribution*, Cmd. 7414, 1948, (p. 82)).

scheme began by providing free of charge blackcurrant syrup or purée and cod liver oil for children up to two years of age. A few months later, the blackcurrant products were gradually replaced by orange juice, and the issue was made subject to a small payment. Further extensions of the scheme led to all expectant mothers and children aged under five who received cheap or free milk being automatically entitled to cheap or free supplies of orange juice and cod liver oil. For expectant mothers, who could not always take cod liver oil, vitamin A and D tablets were provided as an alternative. In January 1944 the proportions entitled to these supplements who actually collected them were: orange juice fifty-seven per cent., cod liver oil thirty per cent., vitamin A and D tablets forty-five per cent.[1]

What was remarkable about these war-time developments in the provision of school meals, milk and special foods for certain groups in the community was the unanimity underlying policy and the speed at which decisions were acted on. No longer was it argued (as it often was before the war) that the condition of the people did not warrant such measures, or that nothing should be done until unmistakable evidence of a deterioration in the public health had shown itself for some time.[2] No longer were fruit juices for children dismissed as 'exotic',[3] or state aid in such matters as school dinners regarded as an invasion of parents' rights. It was the universal character of these welfare policies which ensured their acceptance and success. They were free of social discrimination and the indignities of the poor law.

The same impulse to remove or lessen inequalities was apparent elsewhere: in the higher pensions paid to old people and their removal from the machinery of the poor law;[4] in the abolition of the

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[1] These and other Ministry of Food figures were based, not on the number of persons actually taking welfare foods, but on the quantities issued at stated intervals of time.

[2] The attitude of the Government during the war to the relationship between nutrition and health was very different to that adopted by other Governments before the war. The manner in which a report on health standards was received and remarked on by the Ministry of Health in 1934 illustrates the change in official views on the subject in the space of less than ten years. This report, written for the Government's Economic Advisory Council by Prof. (later Sir Edward) Mellanby, Sir F. Gowland Hopkins and Sir Daniel Hall, stated that the health of the people was in a 'deplorable condition', and made a series of recommendations designed, so it was said, to bring about a national food policy. In comments to the Minister of Health it was dismissed by one high official as an 'irregular screed and an unreliable outburst', and by another high official as 'improper, unfair and heavily overdrawn'. It was further said that the authors of the report had thought of nothing else since 'their "discovery" of vitamins'; that the facts they quoted concerning the physique and health of Army recruits were fallacious, and that much was being done by local authorities in giving advice to 'dole-receivers as to food values'.

[3] They were so dismissed in the Ministry of Health before the war.

[4] Not only was the value of the pensions (and supplementary allowances) considerably increased, but the total number of people in Great Britain receiving old age pensions rose by nearly 1,000,000 during the war, partly because of extensions to the schemes and partly because of the growth in the number of old people in the population. In 1938, there were 2,629,000 beneficiaries, and in 1945, 3,607,000.

household means test from social service payments;[1] in the transformation after 1941 in the quality of the Assistance Board's work and in the relationship between its officers and its clients (symbolised by the employment of 'friendly visitors' to call on old age pensioners);[2] and in the nation-wide character of the scheme for immunising children against diphtheria under which nearly 7,000,000 children in Britain were treated during 1940–5.[3] In all these instruments of welfare there was a conspicuous absence of direct or implied discrimination. Where it was present, as in the ill-fated Ministry of Health scheme for giving special monetary allowances only to tubercular people likely to benefit from treatment, it aroused resentment.[4]

By and large, the experience of those who used the social services after 1940 was different from that of the people who had sought social assistance during the nineteen-thirties. The spirit in which many of these services were ordered and administered from about 1941 onwards underwent a subtle but noticeable change. To an increasing

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[1] The question of the household means test was discussed by the War Cabinet in October 1940. This review of policy led to the Determination of Needs Act, 1941. Under this Act, the statutory requirement by which the resources of all the members of the household were aggregated and included in the resources of the applicant, subject to the deduction of certain allowances for the personal requirements of the members concerned, was replaced by a rule under which a contribution never more than 7s. a week, towards the rent and household expenses had to be assumed in respect of each such non-dependant. The old household means test therefore ceased to be applied in the assessment of unemployment assistance allowances, supplementary pensions and other payments. Subsequent changes under the National Health Insurance Act, 1941, and the Pensions and Determination of Needs Act, 1943, made the test of resources more generous still.

[2] See *Report of the Assistance Board for the year ended 31st December* 1944, especially the sections on 'Loneliness', 'Domestic help' and 'Housing' in chapter II and appendix III.

[3] It was not until the end of 1940 that the Health Departments undertook the free provision of diphtheria prophylactics. From then on a great campaign of immunisation was waged throughout the country. By December 1944 it was roughly estimated that between fifty-five to sixty per cent. of the child population had been immunised. In 1939 there were 56,819 diphtheria notifications (all ages) in England, Wales and Scotland; an increase took place in 1940 and again in 1941 (to 63,192). Thereafter, the number fell, reaching the astonishingly low figure of 24,275 in 1945. Likewise, the number of deaths declined; from 2,525 in 1939 and 3,135 in 1941 to only 818 in 1945 (Registrars-General's Reviews and Annual Reports of the Health Departments 1939–45).

[4] As a result of certain recommendations of the Medical Research Council's committee on tuberculosis in wartime the Ministry of Health introduced in May 1943 a scheme of special financial assistance to persons undergoing treatment for tuberculosis (memorandum 266/T). Hitherto, the chief source of financial aid to those in need had been the poor law. But the scheme applied only to patients with pulmonary tuberculosis (and not to other forms of the disease) who were considered to be likely to return to work after treatment, a distinction which, as the *Lancet* said (23rd March 1946), led to injustice in some cases and unwarranted despair in others. Numerous reports to the Ministry from tuberculosis officers, social workers and others spoke of the resentment caused by attempts to apply this distinction. Moreover, it would seem that many of those who were eligible for grants preferred to apply to the poor law, despite the stigma attached, because of the lower rates of allowances under the Ministry's scheme. The Treasury was informed, when the scheme was launched, that it might cost around £3,000,000 a year. In fact, however, expenditure was only about one-fifth of this sum for the year ended March 1945.

degree, human needs were considered and dealt with in a humane way. This was a sharp contrast with the mass treatment of individual distress during the years of heavy and prolonged unemployment.

Between these two periods of time with their different conceptions of the meaning of social duty there was the year of re-valuation; the year when needs were made manifest and complacencies shaken. Evacuation, 'the most important subject in the social history of the war because it revealed to the whole people the black spots in its social life',[1] was the first big entry in the balance sheet which war, beginning its great audit, made inevitable. Then came, in the summer of 1940, the 'remarkable discovery of secret need'[2] among some 750,000 old people. A new act,[3] setting up a scheme whereby old age pensioners and widows could apply for supplementary allowances if their resources were insufficient, led to over 1,000,000 pensioners receiving extra grants at an annual cost to the nation of £26,000,000 in 1941 rising to £60,000,000 in 1945.[4] Before the Act took effect in August 1940, it had been estimated that only 275,000 pensioners were receiving supplementary allowances from the poor law at an annual cost to the rates of £5,000,000.[5]

Another surprising experience during the same year was the unexpected success of the national milk scheme; the first warning that demand for milk, for long lagging behind production, would outstrip available supplies and compel the Government to establish a system of rationing. From yet another field of the public health there came, too, evidence which called for—and obtained—a new examination of old facts. The standard of fitness of the nation's young men was found, in 1940, to fall short of what many believed had been achieved during the nineteen-thirties. It had been claimed that the results of the medical examination of men aged twenty and twenty-one under the Military Training Act, 1939, showed a remarkably high standard of fitness. 'Only 2·3 per cent. of those examined are definitely unfit for military service', said the Minister of Health; 'these are striking results'.[6] 'Others besides the military authorities will be pleasantly surprised', echoed *The Times* in a leader headed 'An A1 People'.[7]

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[1] *Economist*, 1st May 1943.
[2] *The Times*, 19th August 1940.
[3] Old Age and Widows' Pensions Act, 1940.
[4] By the end of 1945 the number of persons in Great Britain receiving supplementary pensions had risen from 750,000 in 1940 to 1,470,000 (Reports of the Assistance Board 1940–5).
[5] Memorandum by the Chancellor of the Exchequer to the War Cabinet, January 1940. 'It is difficult to believe', ran the argument of this memorandum, 'that there are still any very large number of old age pensioners who prefer destitution to the alleged indignity of applying for public assistance. Inquiries I have made seem to show that, while much is made by our opponents in the House of the stigma of public assistance, the great majority of industrial workers do not feel very strongly on this point'.
[6] Reported in *The Times*, 17th June 1939.
[7] 20th June 1939.

But within a year these views were to be upset. The Comptroller and Auditor General was one of several authorities to put their doubts in writing: 'It appears to me' (he wrote in 1941) 'that during the early months of the war many men, who were accepted following a cursory preliminary medical examination, were later found on a more thorough examination to be unfit for military service'.[1]

But if the physical health of the people was not all that it had been thought to be, this year of great events, of setbacks and self-criticism, did not close without at least one reassuring message. Trial by bombing was endured without panic or hysteria; the people, responding to vigorous leadership, showed deep reserves of mental stability.

In many ways it was fortunate for the nation that this revision of ideas and rearrangement of values came so early in the war. They allowed and quickly encouraged great extensions and additions to the social services; they helped many of these services to escape from the traditions of the poor law, and they made them more acceptable to more people. The fact that the area of collective responsibility moved out so soon in a wider circle, drawing in more people and broadening the opligations to protect those in need, was to serve the nation well during the following five years of strain and deprivation. Some of the benefits contributed to a good record of national health during these years. It now remains to consider this record.

(ii)

War-time Health: Complexities and Contradictions

An explanation that will satisfy everyone will probably never be given of the causes of the deterioration in certain health indices in 1940 and again in 1941, nor of the reasons why this downward trend was suddenly reversed in 1942, and why improvement continued to the end of the war and beyond. The conjunction of these trends and the new policies of welfare embarked on during the twelve months or so following Dunkirk suggests an easy and simple answer. But cause and effect are seldom demonstrated as fluently as this; the correlation is by no means perfect, the facts fit in some places but not in others; there is always a history of the health of nations as there is of the health of individuals.

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[1] Army Appropriation Account 1939, H.M.S.O., 1941. The results of medical examinations for the Armed Forces during the war are the concern of other volumes of the War History.

During the first year of war there were many expressions of surprise and relief by medical authorities and members of the Government that the health of the nation had been maintained at a high standard. So long did this feeling of relief prevail that, even as late as September 1941, the Minister of Food was saying that the nation had 'never been in better health for years'.[1] Yet, in retrospect, it seems probable that these authorities were still more astonished when, after five years of war, of food shortage, of bombing and other tribulations, many of the important health indices showed improvement, and in some respects astonishing improvement, over the figures for 1938 and 1939.

This relief, so naturally and spontaneously expressed in the first twelve months of war, was, to a limited extent at least, a reaction from previously held fears. It had been thought that if war was to come, with its new and violent threats to civilian health and life, there might well be more disease in various shapes and forms, and a general deterioration in national stamina.[2] But there were no explosions of disease; no dramatic upsets in standards of health. In some measure, of course, the feelings of relief were psychological descendants of the view of the nineteen-thirties that there was not much wrong with the nation's health. According to that view, there was relatively little to gain but a great deal to lose. After a year and more of war, nothing seemed lost.

But, as the winter of 1940 passed, with its strains of bombing and shelter life, and as fresh restrictions were imposed on food supplies,[3] a more cautious note began to colour official views about the health of the people. Signs were accumulating that a deterioration might be setting in; tuberculosis deaths were increasing in number faster than had been the case during 1914–16—particularly at ages under twenty[4]—infant mortality and deaths among young children had risen in 1940 and again in 1941, and reports were reaching the Health Departments of more anæmia among certain groups of women and children.[5]

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[1] Quoted in *The Times*, 15th September 1941.

[2] See chapter II, pp. 14–5.

[3] During the winter of 1940–1 the import of fruit from abroad was drastically cut, the weekly meat ration tumbled, within a month or so, from 2s. 2d. to 1s., and there was a shortage of cheese, fish and liquid milk. These changes in the food situation will be dealt with in Mr. Hammond's volume on Food Policy.

[4] Stocks, P., *British Medical Journal*, 1942, i, 789. The increase in the number of deaths from pulmonary tuberculosis in Scotland during 1940–1, which was especially marked at ages fifteen–twenty-five, led the Secretary of State for Scotland to obtain approval from the War Cabinet for certain measures to be taken for keeping a careful watch on the health of the adolescent population in the Clyde area.

[5] See, for instance, 'Anæmia in women and children on war-time diets', by Mackay, H. M. M., Wills, L., Dobbs R. H., and Bingham, K., *Lancet*, 1942, ii, 32; 'Nutritional Iron Deficiency Anæmia in Wartime', by Davidson, L. S. P., and others, *British Medical Journal*, 1942, ii, 505; and *Report of the Medical Research Council for* 1939–45, 1947, Cmd. 7335 (pp. 331–2).

These pieces of evidence, though not firmly conclusive and in some respects equivocal,[1] suggested that there might be danger ahead. With the prospect of a long war, the probability of heavier bombing to come, and a growing conviction that the shortage of food, clothing and houseroom was no temporary matter, the authorities began to look round for means to study and watch the trend of civilian health. At the same time, symptoms of public uneasiness found expression in demands for a national nutrition council to stimulate and aid research.[2] It was during this period that the war-time search for signs of undernourishment began in earnest.

The trouble was that most of the existing methods of diagnosing the state of the public health relied on instruments which time and progress had blunted. The rate at which people died, a valuable index in the hands of Chadwick and Farr when outbursts of cholera and other dramatic forms of disease were likely at any time, had lost some of its value to a society with a higher standard of life, a cleaner environment, and which at least knew how to prevent people from dying if it did not know how to keep them healthy. The advances in medical and allied sciences since the nineteenth century, developments in the use of the sulphonamide drugs, and the growth of the social services, had all contributed to a decline in the usefulness of the death rate as a ready index of trends in the nation's health.

But, as yet, little had peen put in its place.[3] No comprehensive figures were available before the war concerning the amount of sickness in the community[4]; information on absence from work because of ill-health was fragmentary and unreliable; the statistics of notifications of certain diseases, e.g. tuberculosis, were unsatisfactory[5]; and

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[1] One contradictory feature was that the number of deaths from rheumatic fever and heart diseases among children and young people (considered by some authorities to be affected by the amount and degree of poverty in a community) fell steadily between 1938 and 1942 but rose slightly in 1943–4 (Glover, J. A., *Monthly Bulletin of the Ministry of Health*, October 1946). A second was the puzzling behaviour of the infant mortality and stillbirth rates. While the number of infant deaths was increasing during 1940 and 1941 the number of stillbirths was falling (see table on p. 521). The rise in the former rate was the result of more deaths during the first four weeks of life from infective diseases, bronchitis and pneumonia and congenital malformations, and of more deaths from most causes during the later months of the first year of life. This contradiction in the trend of two such closely related vital indices was not noticed or discussed in the medical literature, official and unofficial.

[2] See *The Times*, *Lancet* and *British Medical Journal*, September to November 1942.

[3] The Chief Scientific Adviser to the Ministry of Food, in a report on the nutrition of the people after two years of war, found it necessary to point out that there was 'a regrettable dearth of trustworthy information upon which to review the public health'.

[4] One reason for this was the failure of the Ministry of Health during the inter-war years to make any use of the statistics of sickness provided by the National Health Insurance scheme.

[5] See discussion by Russell, W. T., 'The Morbidity of Pulmonary Tuberculosis', *Tubercle*, 1946, ix, 138.

the results of the medical inspection of the nutritional state of schoolchildren had proved to be ambiguous and untrustworthy.[1] The lack of sensitive instruments for recording disturbances in the public health handicapped the authorities when they tried to estimate the effects of food shortages and other war-time changes in the standard of living. It meant that there was no reliable pre-war base-line from which moderate degrees of change could be measured.[2]

There was only one way to overcome this lack of public health data; to set on foot *ad hoc* inquiries and surveys to search out and watch for danger signals. At various times during 1941–2 and later in the war many investigations of different kinds were made by the Medical Research Council, the Health Departments, the Ministry of Food, other bodies inside and outside the Government and individual research workers. Among the more important of these were the Medical Research Council's investigation into anæmia (known as the hæmoglobin survey),[3] the report of the Council's committee on tuberculosis in wartime,[4] and the Ministry of Health's monthly survey of sickness in a small but representative sample of the population aged over sixteen.[5]

Many of the new investigations had not progressed very far before it began to appear that the signs of deterioration, which had shown themselves during 1940–1, were fading away. The increases in the death rate among infants and young children, and from diseases of poverty like pulmonary tuberculosis, were arrested in 1942. They then began to turn downwards.[6] Some important factor, or more

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[1] A special inquiry by the Board of Education and the Ministry of Health in 1933–4 showed that the results of the nutrition assessment of schoolchildren were worth very little. It was decided not to publish the report of this inquiry. A critical examination of these assessments was later made by Mr. Huws Jones in a paper to the Royal Statistical Society in 1937. This clearly revealed the untrustworthy nature of the published results and of the interpretations which had been drawn from these attempts to assess the nutritional state of schoolchildren (*Journal of the Royal Statistical Society*, pt. 1, vol. CI).

[2] Dr. P. Stocks, Chief Medical Statistician, General Register Office, summed up the situation when he wrote: 'The need for some index of the amount of illness, kind of illness, loss of ability for work and demands made upon doctors in the civilian population became obvious in England about 1942, when alarmist rumours of deterioration in health began to circulate and were difficult either to substantiate or refute' ('Morbidity Statistics', *Public Health*, p.137, Vol. LX, 1947).

[3] Medical Research Council, Special Report Series 252, *Hæmoglobin Levels in Great Britain in* 1943, 1945.

[4] Medical Research Council, Special Report Series 246, *Report of the Committee on Tuberculosis in Wartime*, 1942.

[5] The results of a large number of other investigations and surveys of war-time diet, family budgets, nutritional states, body weights and height and weight changes, were described in the reports of the Medical Research Council, the Chief Medical Officer of the Ministry of Health and the Department of Health for Scotland. A comprehensive summary of 'Investigations of Human Nutrition in the United Kingdom during the War' was published by Marrack, J. R., in *Proceedings of the Nutrition Society*, vol. 5, no. 4, 1947.

[6] This was not true of the pulmonary tuberculosis death rate in Scotland. See below, p. 525.

probably a combination of factors, became sufficiently powerful during the third year of the war to exert a favourable influence on these rates of mortality. The improvement in certain of these vital indices continued to the end of the war and beyond.

The total mass of material bearing on the public health during the war is so immense, and so complex in character, that this discussion can only treat broadly and superficially two or three features of general interest. Among all the changes in health indices between 1941 and 1946, perhaps the most striking were the reductions in the rates of death for infants, young children and mothers in childbirth. The movement of two of these rates is shown in the following table, and it may be seen, by reference to the annual reports of the Registrars-General, that changes of corresponding magnitude occurred among young children—especially those aged from one to five—and that much greater reductions were recorded in the rate of maternal mortality.

Infant Mortality and Stillbirths

	Number of infant deaths under one year per 1,000 related live births		Number of stillbirths per 1,000 total live and stillbirths	
	England and Wales	*Scotland*	*England and Wales*	*Scotland*
1936–8 average ...	56	77	39	—[1]
1939	51	69	38	42
1940	57	78	37	42
1941	60	83	35	40
1942	51	69	33	38
1943	49	65	30	36
1944	45	65	28	32
1945	46	56	28	33
1946	43	54	27	32
1945 % of 1936–8	82	73	72	79[2]
1946 % of 1941	72	65	77	80

[1] Not registered before 1939.
[2] Per cent. of 1939.

The improvements shown in this table would have been considered by any student of national welfare as a remarkable achievement in peacetime; they were more remarkable for a period of war, and doubly so when set in a wider frame of history. In the hundred years or so since national records of infant mortality were first kept for England and Wales, the decline of twenty-eight per cent. in the rate between 1941–6 was only once equalled for any similar or shorter period of time.[1] In Scotland, the decline of thirty-five per cent. in the rate between 1941–6 was easily the greatest percentage reduction since records were first kept in 1855.

[1] Between 1918 and 1923 when the infant mortality rate fell by twenty-nine per cent.

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The total mass of material bearing on the public health during the war is so immense, and so complex in character, that this discussion can only treat broadly and superficially two or three features of general interest. Among all the changes in health indices between 1941 and 1946, perhaps the most striking were the reductions in the rates of death for infants, young children and mothers in childbirth. The movement of two of these rates is shown in the following table, and it may be seen, by reference to the annual reports of the Registrars-General, that changes of corresponding magnitude occurred among young children—especially those aged from one to five—and that much greater reductions were recorded in the rate of maternal mortality.

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Such figures as these, although they are only death rates and in no positive sense an index of health, must surely mean something important. It is inconceivable that the saving of child life at this rate could have been accompanied by a deterioration in the general state of health and well-being of the average child. The results of a variety of clinical and biochemical studies, of height and weight changes and other investigations among children of all ages, did not show that any deterioration took place between 1942 and 1945.[1]

The improvements in the vital statistics of infancy during 1942–5 were probably shared by all social classes. Surprisingly, the stillbirth rate for Scotland suggested, however, that it was the better-off income groups—and not the poor—who registered the greatest reductions during the war, although there was much less scope for further gains by these groups as their pre-war rates were easily the lowest.[2] While, therefore, all social groups in Scotland showed better figures, the gap between the best and the worst widened by 1945 in comparison with the difference in 1939.[3] To those who believed that the Government's food and economic policies were bound to lead to less inequality in the distribution of death these Scottish figures were unexpected and difficult to interpret.[4] There may be some explanation of a medical or biological nature which has not yet been identified, or the answer may have to be sought in the actual working of the food rationing system or in a differential consumption by expectant mothers of the relatively expensive and scarce non-rationed foods. But vague speculations of this kind cannot obscure the fact that knowledge in this field of the interaction of social and biological forces is still very limited.

There was still, it is true, undernourishment, bad feeding and stunted growth, particularly among large families,[5] and in areas like Merthyr Tydfil, Liverpool and Glasgow which had suffered acutely during the years of unemployment. The consumption of certain rationed and unrationed foods, especially of meat and meat products, fish, vegetables and fruit, was, during the war, still largely governed

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[1] For a summary of the results of these studies see *Report of the Chief Medical Officer of the Ministry of Education*, 1939–45 (pp. 11–22).

[2] See Annual Reports for 1939–45 of the Registrar-General for Scotland and Baird, D., 'Social Class and Fœtal Mortality', *Lancet*, 1947, ii, 531.

[3] This was also true of the death rates for Scottish infants aged one to twelve months. The rates for the first month of life showed, however, a contrary trend. For this period, while all social classes registered improved figures in 1945 as compared with 1939, the chief gains were made by the groups comprising the families of skilled, semi-skilled and unskilled workers. It is not possible, without further research, to reconcile these conflicting trends.

[4] No corresponding figures are available for England and Wales.

[5] Dr. Yudkin showed that, in Cambridge, elementary schoolchildren from larger families were on the average shorter and lighter, and had lower hæmoglobin levels and a weaker strength of grip, than similar children from smaller families (Yudkin, J., 1944, *Lancet*, ii, 384).

by purchasing power and again, therefore, in many instances, by the number of children in the family.[1] The war did not abolish poverty; rationing by price continued to exist side-by-side with rationing by coupons. But nothing emerged from all the available evidence to suggest that these social and economic ills were more common than before the war. In many respects they were much less common and much less serious. That there were some groups in the community who were significantly better off in their diets while others were worse off cannot be doubted; what is not known, however, is the respective size of these groups, their composition at different periods of the war, and the extent to which their diets rose or fell in nutritional value by peace-time standards.[2]

Among young people and adults, war-time vital statistics are even less informative and more difficult to analyse than those for children. Death rates and measures of sickness and absence from work were confused by many special factors, notably the selective recruitment of several million men and women into the Armed Forces, the changing age and sex composition of the civilian population and the effects of air raids. If the death rates for older men and women are studied, however, it is apparent that substantial gains were achieved after 1941.

In comparing the figures for 1945 with those for 1938, there is nothing in the table on the next page to suggest that any deterioration in health standards took place among middle-aged and elderly men and women. On the contrary, when these reductions in death rates are set against the background of war-time strains and stresses, and when further comparisons are made with the trend of the death rates during the nineteen-thirties (especially for men[3]), the gains appear in a more impressive light.

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[1] A series of surveys undertaken by the Ministry of Food into expenditure on, and consumption of, rationed and unrationed foods repeatedly demonstrated that a proportion of families with several children, and particularly the mothers, received a diet inferior in quality and variety to that of smaller families. This was markedly true of the larger families where the husband was in the Armed Forces. In terms of the weekly expenditure on all foods, these Ministry of Food figures showed that the consumption of rationed foods increased with increasing expenditure per head. Thus, comparing the two extreme expenditure groups—less than 7s. per head weekly and 13s. and over—the consumption of all rationed and unrationed meat and offals per head rose from 18·4 to 37·9 ozs., liquid milk from 3·6 to 4·0 pints, cheese from 2·6 to 3·4 ozs., butter, margarine and cooking fats from 7·7 to 10·2 ozs., and sugar from 8·1 to 9·0 ozs. Greater differences were shown for unrationed foods, e.g. fish from 2·7 to 10·5 ozs., and fruit from 7·0 to 28·0 ozs. These figures relate to the end of 1943. Somewhat similar differences were also found at the end of 1941.

[2] These questions were examined in detail by the British Medical Association's Committee on Nutrition. The Committee had not reported by the time this book went to press (April 1949).

[3] See *Registrar-General's Statistical Reviews* for 1930–38. At ages fifty-five to sixty-five, for example, the death rate for men was 23·6 in 1930–32 and 23·1 in 1938, and for women 17·2 and 15·5 respectively.

Death rates per 1,000 *population: England and Wales*[1]
Civilians only from 3*rd September* 1939 *for men, and* 1*st June* 1941 *for women*
All causes of death excluding those due to operations of war

	Men			*Women*		
Ages	45–55	55–65	65–75	45–55	55–65	65–75
1938	10·2	23·1	53·7	6·97	15·5	38·8
1939	10·3	24·3	55·4	7·05	15·7	40·5
1940	11·7	27·4	60·5	7·49	17·1	44·3
1941	10·3	24·3	54·5	6·82	14·9	38·9
1942	9·41	22·2	51·1	6·28	13·8	35·3
1943	9·82	22·7	51·3	6·36	13·8	36·3
1944	9·33	22·4	50·3	5·96	13·1	34·3
1945	9·00	22·2	50·2	5·85	13·2	34·5
1945 ... % of ... 1938 ...	88	96	93	84	85	89

Most of the rates for different causes of death which make up the total mortality declined in varying degrees during the war. There was, however, one big exception—that of tuberculosis—to the generally favourable experience. War and tuberculosis have so often conspired to kill that an increase in the power and spread of the disease after 1939 might have been expected. A serious rise did, in fact, take place in 1940 and again in 1941, both in the number of civilian deaths and the number of people notified as suffering from tuberculosis.[2] The drastic ejection of many patients from sanatoria on the outbreak of war, and their return home in an infective state, probably contributed to these increases.[3] The attack, however, took somewhat different forms and affected somewhat different groups of the population from that which had developed during the early years of the First World War. More children died, for instance, from tuberculosis of the glands, bones and joints, and perhaps because of the discharge of infective patients from sanatoria more deaths were recorded among children from tuberculosis of the nervous system. There was, too, a rise in the number of deaths from respiratory tuberculosis among young women and older men.[4] But after 1941 there was, in general, and except in Scotland, a surprising reversal of these upward trends in mortality.

[1] In Scotland, where the death rates for men and women of these ages are higher than in England and Wales, the war-time movement of the rates was very similar (see Annual Reports for 1938–45 of the Registrar-General for Scotland).

[2] For the statistics of deaths and notifications see the Annual Reports of the Ministry of Health and the Registrar-General's Annual Reviews and Quarterly Returns.

[3] See chapter XI, pp. 193-4.

[4] For details see Medical Research Council, *Report of the Committee on Tuberculosis in Wartime*, Special Report Series 246, 1942.

By the end of the war practically all the tuberculosis death rates for England and Wales had either returned to the level at which they stood in 1938 or had registered some small improvements.[1] Most of the gains were achieved by women over fifteen years of age. Scotland, however, fared badly. The number of deaths from all forms of the disease was, despite some reduction after 1941, about eleven per cent. higher in 1945 than in 1938.[2] What was particularly bad about these Scottish figures was the adverse trend in mortality among young people and, in rather less degree, schoolchildren. During the two post-war years 1946–7 the combined death rate from the respiratory and meningeal forms of the disease was one-third higher at ages five to fifteen and fifteen to twenty-five than during 1937–9.[3] This rate meant for the latter group of young people that mortality at the end of the war was thirty per cent. higher than it had been seventeen years earlier—in the depression years of 1931–3. For schoolchildren, it was about ten per cent. higher in 1946–7 than in 1931–3.

In both countries the number of people newly notified each year as suffering from respiratory tuberculosis[4] rose more or less continuously throughout the war, and was higher at the end than in 1938.[5] Again, Scotland's experience was much more unfavourable with a rise of over fifty per cent. in notifications in 1945 as compared with 1938. Better and quicker diagnosis was no doubt one reason for these increases,[6] for the figures of notifications are a guide to the degree of ascertainment rather than to the incidence of the disease. But that a real increase in the number of civilians in Britain suffering from tuberculosis did take place during the war is beyond question. Because of the time that elapses between the onset of the disease and death, many additional deaths will thus be recorded in peacetime—deaths primarily due to war conditions.

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[1] If, however, the rates for England are broken down geographically they show that some of the northern industrial areas had an unfavourable experience comparable to that reported by Scotland.

[2] Based on the civilian population for 1945 (*Annual Report of the Registrar-General for Scotland*, 1945).

[3] The figures include both civilians and members of the Armed Forces. For a study of war-time trends see 'The Recent Changes of Tuberculosis Mortality in Scotland', McKinlay, P. L., *Health Bulletin*, Department of Health for Scotland, October 1948, vol. VI, no. 4.

[4] Civilians and non-civilians.

[5] The number of people awaiting treatment in sanatoria rose to a greater extent, chiefly because of the shortage of beds and nursing staff. In England alone the waiting list before the war was probably about 1,000; by March 1945 it had increased to 4,628 (*Report of the Chief Medical Officer of the Ministry of Health*, 1939–45 (p. 62)). In Scotland, the position was worse, there being 1,776 persons on waiting lists on 31st March 1945 (H. of C. Deb., 15th May 1945, vol. 410, cols. 2280–1).

[6] Up to 30th June 1946, approximately 1,111,000 persons in England and Wales had been examined by mass radiography of whom only 4,200 were diagnosed as suffering from active tuberculous conditions (H. of C. Deb., 12th December 1946, vol. 431, col. 278). The position regarding completeness of notification during the war is discussed in *Sickness in the Population of England and Wales in* 1944–7, Stocks, P., General Register Office, 1949.

While Scotland lost much ground in the war-time battle against tuberculosis, England and Wales just about held their own. But to maintain this position meant that the downward trend of the disease before the war flattened itself out during the war—for at least six years. In other words, many more people in England and Wales, and proportionately more in Scotland, contracted the disease and died from it as a result of the war.[1]

The national bills of mortality, recording the particulars of nearly 3,250,000 people in Great Britain who died between the beginning and the end of the war, can profitably be studied in many different ways. In the present chapter only three subjects have been selected from this mass of data for brief examination: infant mortality and stillbirths, death rates among men and women aged forty-five to seventy-five and tuberculosis. They were arbitrarily chosen because they seemed to present important features in this discussion of war conditions and the public health, because in some respects they show divergent trends, and because they point to the futility of generalising about the whole population irrespective of the age and the experience of life of different groups of people both before and during the war.

Despite the limitations in the use of death rates as an index of tendencies in public health, the conclusions to be drawn from the rates for infants and children are not at variance with the results of the clinical and other studies undertaken in the later years of the war. No evidence was found, for instance, of more undernourishment, more rickets or more anæmia[2]. On the contrary, signs of betterment were detected; one being the improved condition of children's teeth,[3] although the amount of dental treatment given to children under the school medical service was much reduced during the war.[4] Little can be said here about the effects of the war on young men and women because the question of their health is mixed up with their experience of service in the Armed Forces; the subject is, therefore, left to the medical historians.

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[1] Dr. Stocks estimated the number of excess deaths from respiratory tuberculosis at about 6,000 up to the end of 1943 for England and Wales alone. Moreover, as the number of additional cases of the disease was considerably larger than 6,000 'a debt of several thousand deaths has still to be paid from this part of the account', (Stocks, P., *Practitioner*, 1944, cliii, 1). In Scotland, Mr. McKinlay found that the respiratory death rate for the total population at the end of the war was nearly fifty per cent. higher than the rate that would have been expected had pre-war trends continued to operate (McKinlay, P. L., *Health Bulletin*, Department of Health for Scotland, October 1948, vol. VI, no. 4).

[2] See *Report of the Medical Research Council for* 1939–45, 1947, Cmd. 7335.

[3] Surveys by M. Mellanby, H. Mellanby and H. Coumoulos of five-year-old London schoolchildren in 1929, 1943, 1945 and 1947, showed remarkable improvements during and after the war in the structure and the condition of the children's teeth (*British Medical Journal*, 1944, i, 837; *ibid.*, 1946, ii, 565; and *ibid.*, 1948, ii, 409).

[4] *Report of the Chief Medical Officer of the Ministry of Education*, 1939-45, table VI.

As regards the older men and women who were not recruited into the Forces and who made up the bulk of the civilian population it is not easy to sum up the effects of the war on their health. The trend of the death rate at different ages among men and women considered separately, the different behaviour of the rates for different causes of death, and the varying records for different parts of the country, suggest that the effects were not uniformly borne; some groups and some areas saw more of the adversities of war than others. Conversely, some groups benefited more than others from the social and economic changes wrought by the war. While it is necessary to emphasise these reservations, and to remember that averages can hide greater or less internal variation though still presenting much the same sort of face to the world, it is nevertheless clear that, considered as a whole, the trend of the death rate for middle-aged and elderly men and women was far more favourable than might have been expected in 1939. When, however, rates of sickness are examined the evidence is less favourable. There was, for example, unlike the downward trend during the First World War,[1] a substantial rise in the number of claims for sickness benefit by insured workers under the national health insurance scheme. This was due to an increase in illnesses of short duration and not to any change in the amount of prolonged illness.[2] Many reports from war factories about attendance at work during 1941–4 spoke in similar terms. It is arguable that this increase in the number of short-term illnesses could have been brought about by the great changes which occurred in the composition of the working population, leading to the employment of a much larger proportion of women and unfit and elderly men. Dr. Stocks has shown that women, irrespective of whether they are 'gainfully employed' or not, have more minor illnesses and fewer serious illnesses than men.[3]

When the statistics of workers who drew sickness benefit are looked at closely, it appears that there was a substantial increase among each of three groups considered separately—men, spinsters and widows, and married women.[4] These increases, which began during 1941–2, reached very high levels in 1943–5—the years when nearly every pair of hands in the country was called into service of some kind. With

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[1] *Report by the Government Actuary on the Valuation of the Assets and Liabilities of Approved Societies as at 31st December* 1918.

[2] *National Insurance Bill*, 1946. *Report by the Government Actuary on Financial Provisions*, Cmd. 6730. The Ministry of Health's monthly survey of sickness among men and women aged 16–64, which did not start until October 1943, had not shown any very clear trends by 1945. See *Annual Report of the Chief Medical Officer of the Ministry of Health*, 1939–45 (pp. 229–34).

[3] Stocks, P., *Annual Report of the Ministry of Health for* 1946, Cmd. 7119 (pp. 102-6).

[4] The war-time changes were measured against the average experience for the years 1936–8 (Report by the Government Actuary in *Annual Report of the Ministry of Health for* 1947, Cmd. 7441).

the end of the war and a rapid demobilisation of the Armed Forces the rates of sickness turned downwards in 1946. They continued to decline in 1947.

This big increase in short-term sickness during the war could, therefore, be explained, at least in part, by changes in the age composition of the insured population, and by the employment of a larger proportion of workers in an inferior state of health and carrying heavier domestic responsibilities. Other factors, which cannot easily be discounted, include the effects of re-employment and long hours of work on people who previously had been unemployed or underemployed, and the consequences of transferring workers away from their homes. Moreover, some increase must be attributed to all the social, psychological and industrial stresses of war, the immediate and after effects of air raids, the evacuation of members of families, the worry and anxiety caused by the absence of menfolk on service and often in danger, the difficulties of getting hospital treatment, greater overcrowding due to the housing shortage and many other factors.

According to some authorities, diminished resistance to infection as a result of changes in the character of the diet may have played a part in causing more minor illnesses among certain sections of the population. Slight, rather than substantial, deficiencies in the value of the food consumed by some adults at certain times during the war may have contributed, in combination with other difficulties of life, to a more widespread feeling of tiredness and vague ill-health. More people may have suffered, for a variety of reasons, from digestive upsets,[1] peptic ulcers, rheumatic pains, colds, constipation and headaches—some of the principal maladies which lead to an immense amount of absence from work and disturbance in the home. But all this is conjectural. Even if adequate records of the quantities and causes of sickness were available for the war years no figures of pre-war experience exist for purposes of comparison.

What is known, however, is that in certain parts of the country the number of medical prescriptions given to insured workers increased during the war, particularly for vitamin preparations, nerve sedatives and tonics.[2] Moreover, an astonishingly large proportion of the

[1] Partly because of the fact that a great increase took place during the war in the number of reported cases of food infections at canteens, restaurants and other eating-places—see *Report of Chief Medical Officer of the Ministry of Health*, 1939-45.

[2] This happened in Scotland—see *Report of the Drug Accounts Committee (Scotland) for* 1945. In England and Wales, experience was variable, the average annual number of prescriptions per insured person rising in some years and falling in others. For most of the war years the averages were lower than those for pre-war years. One reason for this was that many more people in the big centres of population and in the new and 'under-doctored' war production areas went direct to chemists. There was probably a great increase in 'counter-prescribing', partly because people had more money and patent medicines were one of the few things which remained plentiful in the shops, and partly because visits to overworked doctors involved long waits at awkward hours—particularly for shift workers.

adult population—perhaps a larger proportion than before the war—dosed themselves with patent medicines, laxatives, aspirins, cold preventives and vitamin preparations.[1] One remarkable feature of the economic history of the war was the stability of the patent medicine industry; after four years of war, and despite the shortage of paper, the industry was still spending as much as £2,250,000 a year on press advertising alone. While the industries concerned with household equipment, cigarettes, travel, magazines, newspapers, books and other educational items reduced their press advertising expenditure by nearly ninety per cent. between 1938 and 1943, that of the patent medicine industry fell by only twenty-eight per cent. although there was no evidence of a fall in demand for its products.[2]

Whatever the reasons for this state of affairs may be, it does seem to follow from evidence of this kind that the inidvidual worker did not, in himself, feel better in health as the war went on. It cannot, however, be concluded that a majority of the insured population, or even a large proportion, felt decidedly worse. There may have been as much—or more—self-medication before the war. Unfortunately, however, comparisons cannot be made with the nineteen-thirties, for very little is known about the standard of health of the working population, and especially about those who were unemployed at the time but who joined the ranks of the employed population during the war and added a new, and perhaps excessive, quota of claims for sickness benefit, medicine and medical treatment.

When the whole monotonous array of strains and stresses that have forced themselves haphazardly into this book are assembled in some sort of order, and when account is also taken of war-time working conditions—long hours and night shifts,[3] bad ventilation and artificial light because of the 'black-out', the employment of young, inexperienced and elderly people and those excluded from the Armed Forces, loss of sleep as a result of air raids, and the hardships of queueing for and travelling by crowded buses and trams—it may be

[1] Davies, J. N. P., *British Medical Journal*, 1944, ii, 87. A medical examination of 1,352 male workers aged seventeen to sixty-four revealed that sixty-one per cent. dosed themselves with purgatives, mostly at very regular intervals. These workers lived in the midlands, and the inquiry was made shortly before the outbreak of war in 1939 (Morris, J. N., *Lancet*, 1941, i, 51). In 1946 a Gallup Poll found that forty-seven per cent. of a representative sample of adults admitted taking 'medicine, pill, capsule or powder' during the preceding seven days. Only seventeen per cent. were prescribed by doctors (*News Chronicle*, 16th December 1946).

[2] Figures compiled by the London Press Exchange Ltd., and quoted in the *Economist*, 4th March 1944 (p. 312).

[3] Adolescents were affected as well as adults. A survey carried out for the Ministry of Health in 1941 concerning the health and nutrition of workers aged fourteen–eighteen in factories, offices and shops showed: that about forty per cent. of these children were working nine or more hours daily, including one-fifth of those aged fourteen; that one-fifth of all the children were working overtime and one-tenth spent nine to eleven hours a day at work; that one-tenth were travelling for two or more hours daily, and that over twenty per cent. did housework regularly in addition, and a further twenty per cent. occasionally.

thought a remarkable fact that there was not much more sickness and many more absences from work among all adult groups. If doctors could not help, and if aspirins, sedatives, cigarettes and laxatives helped people to stay on the job then they—and the patent medicine industry—were good things in the short run. And if, in 1945, it meant that health troubles had been stored up for the future, at least there was some satisfaction in knowing that the war was over.

It is clear that the costs of the war in terms of impaired bodily and mental health were not distributed evenly over the whole of the population; nor had all the bills been rendered by the end of the war. It is also clear that there was no steady progression upwards or downwards during the war in standards of life and standards of health among the civilian population. The events that stand out sharply in this brief survey of the public health are three in number. There was the deterioration during 1939–41 and then the arresting change in health trends in 1942. There were the astonishing improvements after 1941 in the health and expectation of life of infants and young children. There was the absence of any sure signs that the health of the workers and the housewives had been undermined despite the burdens they carried for over six years. The war did not lead to any serious recession in the public health or to any dramatic increase in disease. This, in the circumstances, may be regarded as a remarkable and unexpected experience.

It was remarkable, too, when set against the fact that the war deprived the civilian population of a large part of its pre-war medical resources. The difficulties and delays encountered by sick people in getting access to hospital care have already been stated. Similar difficulties, caused by shortages of medical, dental, nursing and other staffs hampered the school medical services, the maternity and child welfare clinics and other branches of public health work. By 1943, for example, the number of doctors in all the public health services in Britain had fallen by over twenty per cent. from the 1939 strength. The number of dental officers in the school medical service fell to a greater extent.[1] In all these services, and in all the hospitals, clinics and sanatoria, the medical staffs who were left to carry on were generally either very young or elderly or unfit for military service. More important still, the ranks of the general practitioners in Britain were depleted by the end of the war by over one-third, and of those who remained ten per cent. were over seventy years of age. Even as early as January 1943, three general practitioners were trying to do the work formerly done by four.[2]

[1] England and Wales, 1938 and 1944–5 statistics (*Report of the Chief Medical Officer of the Ministry of Education*, 1939–45, appendix A).

[2] The situation was much worse in many areas of the country owing to the unequal geographical distribution of general practitioners. In November 1942 the average for England and Wales was one general practitioner to every 2,717 people, but in some areas the ratio was one to under 1,000, and in others one to 3,500–4,300.

The standard of medical service available for the civilian population was, in the judgment of the Lord Privy Seal in June 1943, 'dangerously low'. This was the conclusion of a special inquiry carried out for the War Cabinet, the first thorough and searching examination of the great demands of the Armed Forces for more doctors.[1] At that time, for instance, there were five times more doctors per 10,000 population for the Army stationed in Britain[2] than were available for civilian needs.

Although it was considered by some authorities that certain notable health records were among the 'medical triumphs of the war'[3] it is, nevertheless, difficult to believe that they were attributable to more and better medical care. The use of the sulphonamide drugs, penicillin, blood transfusion and other scientific advances undoubtedly offset to some extent the subtraction of medical manpower and hospital resources from the civilian sector, but their achievements in saving life cannot explain, for instance, more than a small part of the fall in infant and child mortality.

Why, then, was the health of the people and, in particular, the health of babies and young children so well maintained during the war? Why did it start to deteriorate, then stop, then recover? Hardly anyone, medical or lay, expected the British nation to emerge from the rigours of six years of war, bombing, food shortage and incomparably worse housing conditions with some of its vital statistics more favourable than they had ever been in its history. But this was not the first time when many of the privations and calamities attendant upon war had been held at bay. They had been held at bay during the two decades of struggle against Revolutionary and Napoleonic France. 'England', a distinguished statistician has written, 'was healthier at the end than the beginning of the eighteenth century and indeed continued throughout the *Sturm* and *Drang* of the struggle for existence against Bonaparte to be healthier than it was ever to be again until a time within the memory of some now living'.[4]

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[1] The total claims of all the Armed Forces in 1943 for specialists could not be met for the number did not exist.

[2] Non-Field Force formations (including A.A. Command) in Great Britain.

[3] For example: leader on infant mortality and stillbirths during the war, *Lancet*, 1947, ii, 547.

[4] Greenwood, Major, 1944, *British Journal of Industrial Medicine*, i, 1. So far as the writer is aware, no critical and comprehensive study has been made of the public health during the First World War. A number of studies have examined the trend of certain diseases—e.g. tuberculosis—and these have shown that the war led to a marked fall in health standards among particular groups. On the other hand, there was a reduction in infant mortality, and there were reports that claims for sickness benefit declined substantially during the period of hostilities. (*Annual Reviews of the Registrar-General for England and Wales*, 1913–20, *Tuberculosis and Social Conditions in England*, 1939, D'Arcy Hart, P., and Wright, G. P., and *Report by Government Actuary on the Valuation of the Assets and Liabilities of Approved Societies as at 31st December* 1918).

Full employment, doubtless, had had much to do with the good record of the British people's health during the Bonapartist wars. In the Second World War full employment was not achieved for some time[1]; but from 1941 onwards the number of people whose diet was gravely circumscribed by the amount of money in their pockets must have been small. Up to 1941, the rise in the cost of living had been faster than the rise of wage rates—if not earnings[2]; but in the middle of the year the Government decided to take firm control of the cost of living.[3] Moreover, in 1941 the first benefits were felt of the social policies—chief among them the national milk scheme—which were so bravely born in the summer of 1940. The year 1941 was, thus, a year of many turning-points.

Regular employment for all who were capable of work and, in consequence, regular weekly sums of housekeeping money for food, clothes, rent and other necessities, not for a limited span of months but for a period of years, represented, alongside a stable price level, the first defence against a fall in health standards. A state of full employment and stable prices needed, however, to be accompanied by a fair distribution of what was scarce; by measures to influence the quality of what was distributed—bread being the supreme example —and by schemes to meet the special needs of special groups—of expectant mothers and young children, the families of Service men, the war injured, old people and others.

The successes and the failures of the Government in all these fields of the war economy will be told in the history of food policy and other volumes of this series. In considering their combined effect on the nation's health comparisons should, of course, be made with the state of employment and the value of money before the war, the consumption of food at that time by different groups in the community, the quality of the food that was consumed, and with many other factors that directly and indirectly contribute to the standard of living.

After a broad assessment of the relative influence of all these pre-war and war-time factors, and after applying certain tests drawn from public health statistics, it may be concluded here that the results of Government action to safeguard the nation's health were far more effective than anyone expected or thought feasible in 1939. While it remains true that the dramatic change in the curve of vital statistics in 1942 was attributable to many complex forces joining hands at a

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[1] See *British War Economy*, Hancock, W. K., and Gowing, M. M., 1949.

[2] The problems of the cost of living, wage policy, subsidies and economic matters in general were discussed at length in *British War Economy*, chapters VI, XII and XVII, Hancock, W. K., and Gowing, M. M., 1949.

[3] The Government's policy of stabilising the cost of living was announced by the Chancellor of the Exchequer on 7th April 1941 (H. of C. Deb., vol. 370, cols. 1320–2).

particular moment in the nation's history, nevertheless, the decisions taken and the policies shaped by the Government earlier in the war may be counted among the predominantly favourable forces.

A period of time had, of course, to elapse before the effects of these policies were sufficiently powerful to make an impression on the course of vital statistics. An improvement, for instance, in the character of the diet of the poorest third of the population was not likely to be reflected at once in clear-cut signs of better health. But by 1942 the social schemes that had been developed in earlier years were spreading their benefits, and the rationing of food was beginning to rest on sounder nutritional principles. These favourable processes were reinforced in 1942 by a general increase in the consumption of milk,[1] by an improvement in supplies of meat, cheese, fresh fruit and vegetables,[2] by a growth in the provision of meals in canteens, schools and British restaurants,[3] by increases in financial aid to members of the Armed Forces and their families,[4] and by the fact that heavy air raids ceased. Finally, there was the important fact that the nutritive quality of bread was greatly improved by the Government's decision, taken in March 1942 because of the shipping situation, to raise the extraction rate of flour from about seventy per cent. to eighty-five per cent., thus leaving in the flour some fifteen per cent. more of the wheat berry rich in essential nutrients.

All these measures and events, supported by a steady expansion in the application of scientific knowledge of nutrition to the task of providing a good diet in circumstances of shortage, helped to sustain the health and working capacity of a people who were fully employed, and who carried more money in their pockets than they had been accustomed to for a very long while.

This powerful combination of influences—full employment, food subsidies, 'fair shares', price control and the welfare foods schemes—which drew their inspiration and bestowed their benefits as a result of Government action, and which weighed the scales of national health in favour of less serious disease and fewer deaths, were strongly aided by other forces less directly in the gift of contemporary Government. The nation was remarkably fortunate, for instance, in escaping any disastrous epidemics. It may, perhaps, be said that on the whole the weather during six winters of war was helpful; certainly there was no

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[1] The consumption of liquid milk by working-class families in urban areas of Britain increased from 3·5 pints to 4·1 pints per head per week between 1942 and 1945.

[2] See *Food Consumption Levels in the United Kingdom*, Cmd. 7203, 1947.

[3] For instance, the number of British restaurants in the whole of the country was 287 in May 1941, 1,280 in June 1942 and 1,931 in December 1944. The number of industrial canteens, catering establishments and staff dining rooms rose from about 14,700 in May 1941 to 34,800 in December 1944.

[4] These were set out in Cmd. 6260, April 1941, Cmd. 6318, October 1941 and Cmd. 6336, February 1942.

long and rigorous spell of cold comparable to that which the country experienced in 1947 when its fuel supplies ran short.[1]

Many authorities had expected that the evacuation of city children to rural areas in 1939 would lead to an increased spread of the infectious diseases of childhood; yet, to the surprise of the medical profession, there was less disease than usual.[2] Many more feared that the overcrowding of shelters, tube stations and rest centres in the winter of 1940, and the constant migration of people to and from bombed areas, would cause outbreaks of respiratory disease; yet, again, nothing exceptional happened. 'The year 1941 will long be remembered by those of us who foolishly imagined that we knew all about the causes of influenza epidemics', wrote one authority in reviewing the history of the disease.[3] 'Our gloomy prophecy proved unjustified; no spreading epidemic developed, and we were spared a disaster.' Throughout the war, in fact, and in spite of great overcrowding in houses and even greater movements of population, outbreaks of influenza were milder than in pre-war years.[4] Apart from a sharp increase in cerebro-spinal meningitis in the early period of the war, the country was indeed favoured by the absence of serious epidemics of any kind during the years when it was commonly thought that the people's resistance to disease was lower than usual.

While those who labour to understand the inconstancies of infective disease continue to be puzzled by the mutual reaction of host and microbe, and by the sudden re-appearance of disease often in waves of mortality and by its equally sudden disappearance, there are few who question the achievements of the authorities in protecting the country from a serious outbreak of typhoid during the war. Despite the bombing of water mains and sewers and the many consequential opportunities for dangerous pollution to occur, not a single case of typhoid attributable to the water supply was recorded in London throughout the war, and no outbreaks of water-borne disease occurred anywhere in the country as a result of enemy action.[5] Thebenefit of clean water from a public service provides yet one more reason why the nation's vital statistics were better than anyone had expected.

[1] See, for example, the data provided by the Registrar-General for the period 1914–45 on the number of deaths attributed to influenza, pneumonia and other respiratory diseases (*Statistical Reviews for England and Wales*, especially tables 6 and 7).

[2] Stocks, P., *Journal of the Royal Statistical Society*, pt. IV, vol. CIV, 1941, and pt. IV., vol. CV, 1942, and *Report of the Chief Medical Officer of the Ministry of Health*, 1939–45, pp. 2–3.

[3] Stuart-Harris, C. H., *British Medical Journal*, 1945, i, 210.

[4] During the six years 1939–44 there were 7,720 influenza deaths on an average each year in England and Wales (including non-civilians), the peak year being 1943 with 12,616 deaths. In 1918 there were 102,988, in 1919 41,062, and in three other inter-war years (1927, 1929, 1933) the yearly total exceeded 20,000. Only in six years between 1919 and 1939 were the number of deaths lower than the war average of 7,720 (*Report of the Chief Medical Officer of the Ministry of Health*, 1939–45 (pp. 32–3).

[5] *Report of the Chief Medical Officer of the Ministry of Health*, 1939–45 (p. 246).

Many reasons have now been entered in this catalogue of social defences to account for the state of the people's health during the Second World War. Some defences were vital to the well-being of all groups; some were worth more to particular groups and less to others; some played a subordinate role at certain times and places and a more effective role at others. Among all the physical elements which can and do dispose in favour of good health some, to adapt the words of René Sand, were purchased by decision of the Government. 'We can', he said, 'buy human life. Each country, within certain limits, decides its own death rate'.[1]

Such decisions in favour of a lower death rate were taken, not only during the Second World War, but before it began. The health of one generation is reflected—again, within certain limits—in the health of a succeeding generation. Changes in the average environment to which children born in successive periods of time are exposed in their early years tend to impress themselves on subsequent rates of dying throughout life.[2] Changes in the death rate from a particular disease may express not what is happening to the disease at the moment but what happened, perhaps a decade earlier, when the pathological process was beginning.[3] To understand to the full, therefore, why the health of expectant mothers and young children improved, why the condition of children's teeth was better, and why certain mortality and stillbirth rates declined, it is necessary to consider the quality of the diet and the general circumstances of life, not only at the time when the child was born, but when the mother herself was born and grew up.

It was not an accident that with each succeeding year of the Second World War there was an increasing number of mothers bearing children who had themselves been born and bred in more favourable circumstances than previous generations of mothers. The legacy of infantile rickets, for example, reflecting the social conditions of one age and leading, twenty to thirty years later, to pelvic contraction with its *sequelæ* of deaths and injuries to mothers in childbirth, had been diminishing with the disappearance of rickets in its grosser forms. In short, it is probably true to say that mothers who were bearing children during the nineteen-forties were, on the average, better physical stock than the mothers of the nineteen-twenties and the nineteen-thirties.

[1] *Health and Human Progress*, 1935.

[2] In their statistical work on death rates, Mr. Derrick, Dr. Kermack, Mr. McKinlay and others developed the concept of 'generation mortality'. Reference should also be made to Professor Major Greenwood's contributions to the general theory, particularly the discussion in his paper on English and Swedish vital statistics where he observed the long-term effects on mortality rates of the industrial revolution (Derrick, V. P. A., *Journ. Inst. of Actuaries*, 1927, lviii, 117, Kermack, W. O., McKendrick, A. G., and McKinlay, P. L., *Lancet*, 1934, i, 698–703, and Greenwood, M., *Journ. Roy. Statist. Soc.*, 1924, lxxxvii, 493).

[3] Stocks, P., *Proceedings of Royal Society of Medicine*, 1944, vol. xxxvii, no. 10, pp. 593–608.

Broadly, two reasons may be advanced in support of this proposition. One is represented by the gradual—if uneven—improvement in the conditions of life for the mass of the people since the turn of the twentieth century, brought about by a rise in the average level of real wages, better food, better housing and the first effects—mental as well as physical—of developing State education and welfare policies. The full fruits of such policies rarely show themselves at once and never dramatically; a long time may elapse before the nation can assess by scientific method the benefits of universal education, school meals and milk services and social insurance. If Britain continued to gather, during the Second World War, more of the benefits of past endeavour for social justice, the rewards could not have come at a more propitious time.

The second reason may be sought in the decline of the birth rate, and principally in the decline among the families of industrial workers since the census of 1911. Between this census and the outbreak of war in 1939 the national rate had fallen by roughly forty per cent.; most of it being due to the smaller families born to the mass of the workers earning less than £5 a week. This great section of the population, dominating as it does the general level of national birth and death rates, achieved a substantial rise in its standard of life by reducing the size of its families by, perhaps, one-half in less than half a century. Children born into these families thus had a better start in life, and were better able to draw benefit from the expanding social and education services. It was not until the late nineteen-thirties and especially the nineteen-forties that these children, springing from smaller families, enjoying more parental time and care, and more attention from the State, began themselves, in their turn, to found families. History would have been utterly confounded if, as mothers, they had not performed better in childbirth and if their babies had not been healthier babies.

The effects of these biological changes on the structure, size and economic circumstances of families had been showing themselves for some years in lower death rates and a longer expectation of life at birth[1]. This process continued during the war. Although the birth rate, which fell at the beginning of the war, recovered after 1941 and rose substantially, the number of families containing four or more dependent children fell steadily during the whole of the war.[2]

[1] It is relevant to point out here that the combined stillbirth and neonatal death rate for England and Wales first began to fall in 1934, and that by 1939 it had declined by ten per cent. (*Registrar-General's Statistical Review*, 1938–9, Text, p. 22).

[2] Partly because the large-sized families of the past were growing up, their place being taken by more but smaller-sized families, and partly because of a decline in the number of fourth and higher order births to existing families. The Scottish Registrar-General's analysis of the birth order of children born during the war showed that the number of fourth and subsequent births fell by eighteen per cent. between 1939 and 1945 (*Annual Report of the Registrar-General for Scotland*, 1945, p. 74). For some figures on changes in family size in recent decades see *Report of Royal Commission on Population*, 1949, Cmd. 7695.

Moreover, because of the recognised association between large families and poverty, it is relevant to this discussion to record the further fact that the trend was just as marked—if not more so—among the families of industrial workers.

As the risk of death among infants increases with increasing size of family,[1] a continuing decline in 'high-order' births would, almost automatically, bring about some reduction in the infant death rate during the war. Another important rate—the stillbirth rate—which also fell decisively during the war is similarly affected by changes in family size and by changes in maternal age. The war-time records show a larger proportion of second and third births, a smaller proportion of fifth and subsequent births, and a lower average age among all mothers who bore children. All these changes favoured a lower stillbirth rate for the country.[2] It is not possible, however, to state how influential these so-called biological factors were in contributing to the decline that occurred in both the infant death rate and the stillbirth rate.

Such reductions in the number of large families, in conjunction with the pronounced trend towards earlier childbearing, may well have had other consequences beneficial to the nation's vital statistics. Because, for instance, there were fewer older mothers bearing fifth or subsequent children the maternal mortality rate may perhaps have profited. There may, too, have been less sickness and ill-health following upon childbearing as a result of these changes in the age and order of reproduction. And because there were fewer large-sized families there were, correspondingly, fewer children living in those circumstances of hardship historically associated with big families.

So far, then, as the statistics for mothers and children are concerned, the impressive reductions in death rates which were registered during the war cannot be wholly ascribed to the effects of full employment and all that the Government achieved in the field of nutrition and health. Some part of the improvement must, it seems, be credited to the past, and some part to the collective decisions of parents both before and during the war to limit the size of their families. The contribution made to the maintenance of health standards by these and all the other inter-related forces discussed in this

[1] 'The first point in regard to child mortality which emerges on examination of the census data is its enormous increase with increasing numbers of children born . . . in view of this close relationship between the size of the family and the mortality of its members it will be seen that the recent decline in the mortality of early life must to a considerable extent be attributable to the reduction in size of the family, and must to that extent be discounted as an indication of sanitary progress'. This was written by the Registrar-General for England and Wales in concluding a study of infant mortality and family size based on the census of 1911. Although no similar study has since been made there is every reason to suppose that a relationship between mortality and family size still obtains. (Census 1911, vol. xiii, part ii, pp. xlix and lii).

[2] The age of the mother is much the most important factor—see Registrar-General for England and Wales, *Statistical Review*, part II (Civil) for the years 1938–46.

chapter cannot, of course, be precisely determined. Nevertheless, the deterioration in health indices observed during 1940–1 and the arresting change in trends thereafter, which cannot be fully explained by these favourable social and biological factors, point to the supreme importance of full employment and an adequate diet. This, perhaps, is the predominant strand of truth in a bundle of many strands, many-sided, interdependent, all more or less true. The achievements of the Government's food and social policies in bringing about an improvement in the diet of poor families may well have been reinforced and backed by the action of other forces, but without these policies there is no evidence that the deterioration would have been arrested.

But just as the advances of one generation may only show their full effects through the lives of succeeding generations so, too, may the retreats. Some of the scars of the First World War may not yet have been wiped away. It has been suggested, for instance, by Dr. Stocks that the unfavourable trend during the nineteen-thirties of the death rate among middle-aged men, and particularly that part of it attributable to heart disease, may have been due to the strains and hardships to which they were exposed as younger men during 1914–18.[1] The same authority has pointed out also that the arrest in the fall of tuberculosis mortality among young adults after 1926 could possibly be traced to the effects on children of the food shortages of 1916–18, resulting in a lowered resistance to active tuberculosis of the lungs as these children reached the sensitive period of young adult life.[2]

These may not be the best illustrations to use, but they suffice to show the character of the legacy that modern war can bequeath to the future. Perhaps all the advances that were made on the social front in 1940 and in subsequent years were sufficient to protect the people from carrying into the future the scars of the Second World War. Perhaps only the children were adequately protected—and here it should be recalled that the nation had 2,000,000 fewer to nourish than during the First World War. Perhaps more lasting harm was wrought to the minds and to the hearts of men, women and children than to their bodies. The disturbances to family life, the separation of mothers and fathers from their children, of husbands from their wives, of pupils from their schools, of people from their recreation, of society from the pursuits of peace—perhaps all these indignities of war have left wounds which will take time to heal and infinite patience to understand.

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[1] Stocks, P., 1943, *Lancet*, i, 543.
[2] *Statistical Review of the Registrar-General for England and Wales*, 1934 (Text).

Appendices

APPENDIX 1
Items in the Planning of Evacuation

(Chapter III)

1. Arrangements for road transport for expectant mothers, blind persons and physically handicapped children.
2. The registration of expectant mothers at maternity and child welfare centres, the issue of permits for different types of transport, and the maintenance of a 'live' register of mothers within one month of confinement.
3. The enrolment and organisation of an adequate number of teachers and helpers to travel with the schoolchildren.
4. Advising all parents of the luggage and clothing to be taken by children.
5. Arrangements for assembly points, entraining and detraining stations, including the organisation of reception staff (with armlets).
6. The provision at railway stations and for the journey of water supplies and first aid and sanitary facilities.
7. The production and distribution by the London County Council of a complete terminology of evacuation issued to prevent misunderstanding.
8. The distribution by the London County Council of an evacuation pamphlet for mothers and children, including a number printed in Greek for Cypriots in Soho.
9. Arrangements for a special registration day in London for the Jewish community.
10. Rehearsals by London schools in methods of crossing roads (demonstrations of 'wave' crossing).
11. Provision and distribution of emergency food rations (meat, milk, biscuits, chocolate and carrier bag) for forty-eight hours through the Food (Defence) Plans Department, and the subsequent increase of food supplies in reception districts.
12. Arrangements with the police to control entraining and detraining at main stations.
13. Preparation of billeting forms and notices, appointment warrants, identity labels, final warning notices, telegrams, posters, wireless, press and cinema notices and arrangements for loud-speaker vans.
14. The organisation of petrol supplies for road transport at detraining stations.
15. Arrangements for the transfer and reception of the children and staff of day nurseries and nursery schools.
16. Arrangements with the British Medical Association for the medical treatment of children.

17. Provision of accommodation for handicapped children including the staffing and equipping of premises.
18. Provision of adequate nursing and medical services in the reception areas, including hospital accommodation, maternity homes and midwives and obstetricians for expectant mothers.
19. The purchase and distribution of camp beds, palliasses, blankets and rubber sheeting.
20. The appointment of billeting and reception officers and the organisation of their work.
21. Arrangements with post offices for the payment of billeting allowances.
22. Preparations for the appointment of tribunals in reception areas to hear appeals from occupiers to vary or cancel billeting notices.
23. Arrangements (including the opening of special offices) by the Unemployment Assistance Board to pay allowances to evacuated adults in need of temporary assistance.
24. The preparation of railway vouchers for helpers returning to the evacuation areas.
25. The printing and distribution of postcards for the use of evacuees to announce their safe arrival and address.

APPENDIX 2

Voluntary Evacuation on the Outbreak of War

England and Wales

(Chapter VII)

Under the official plans, 1,298,325 children, mothers and certain special groups were evacuated from the vulnerable areas of England on the outbreak of war.

The number of individuals who made their own arrangements to go to private houses, hotels and boarding houses in the safer areas of the country, and who evacuated themselves from London and other areas before the war and during the first week or so of September, was very large. This problem of private evacuation, in trenching on the supply of billets for mothers and children under the official schemes, was, throughout the history of evacuation, a continual source of worry to the Government. It is not, however, possible to make an accurate estimate of the amount of private evacuation after the year 1939, owing to the disturbances to the statistics created by extensive population changes, enlistments and other factors. This appendix is therefore devoted to a study of the movement between midsummer 1939 and the date of national registration, namely, 29th September 1939. The result, when compared with the volume of *official* evacuation, affords, however, some guide to the quantity and direction of *private* evacuation at other periods during the war.

Six of the larger evacuation areas in England were first selected for analysis. The loss of population between mid-1939 and the end of September, after making allowance for enlistments[1] and natural increase, was:

Table 1

	Loss of Population
Greater London	1,444,000
Liverpool and Bootle county boroughs	86,500
Birmingham and Smethwick county boroughs	50,000
Manchester and Salford county boroughs	123,700
Leeds county borough	33,000
Sheffield county borough	13,200
	1,750,400

This figure includes of course both official and non-official evacuees. It is considerably less than the number of people who actually left these areas

[1] National registration excluded non-civilians and the population of ships in or nearing port. These excluded sections are estimated to amount to 2·2 per cent. of the total population for the whole of the United Kingdom—see *National Register: Statistics of Population*, 29th September 1939 (1944).

owing to the return movement between 3rd and 29th September. The size of this return movement has now to be estimated—first for the official evacuees.

When a national evacuation count was taken in the reception areas on 8th January 1940, it was found that forty-four per cent. of the unaccompanied children in England and Wales had returned. Assuming the return movement was equally distributed over the 127 days then twenty per cent. of the returning children would have left the reception areas by 29th September. By 8th January 1940, eighty-eight per cent. of the mothers, eighty-six per cent. of the accompanied children, eighty-one per cent. of the other classes, and fifty-five per cent. of the teachers and helpers had returned.

An earlier estimate of the return movement was made by the sending authorities on 5th December 1939. This showed that for each of the six areas in question the proportion returning by 5th December 1939 was, for the three important classes:

Table 2

Proportion returning Home

	Unaccompanied children	Mothers	Accompanied children
	%	%	%
Greater London	30	50	49
Liverpool and Bootle	31	84	82
Birmingham and Smethwick	25	89	89
Manchester and Salford	50	67	69
Leeds	36	50[1]	50[1]
Sheffield	55	95	89

For the three classes as a whole and for all six areas, the rate of return worked out at forty-three per cent. or, broadly, fourteen per cent. per month. By 8th January 1940, when the national count was taken, it was found that fifty-nine per cent. of all the evacuated classes in all areas of the country had returned. As the areas included in table 2 account for the majority of the evacuees, and can therefore be accepted as representative of all areas, it may therefore be assumed that during the thirty-four days between 5th December 1939 and 8th January 1940 a further sixteen per cent. of the evacuees returned. This, however, was mainly because of a much greater rate of return among mothers and accompanied children during December and the Christmas period. Between the two dates, 5th December 1939 and 8th January 1940, the proportion of unaccompanied children returning rose from thirty-three per cent. to forty-four per cent., among mothers from fifty-eight per cent. to eighty-eight per cent.,[2] and among accompanied children from fifty-seven per cent. to eighty-six per cent.[2] Apparently, Christmas was a very important influence in determining the rate of return among mothers with young children.

[1] These figures look suspiciously like guesswork. The numbers involved, however, are so small that any error would not significantly affect the conclusions drawn from this table.

[2] It was estimated in the Ministry of Health that by 24th October 1939 about forty-five per cent. of these groups had returned.

It is clear that the rate of return, among the different groups and back to different areas, was not evenly distributed over the first three to four months of the war. Among unaccompanied children the rate appears to have been heavy during the first few weeks;[1] the flow gradually declined and it does not appear to have been significantly affected by the Christmas period. Perhaps this was because some of the children went home for Christmas, returning after the holidays to their foster-parents. Among mothers with children there occurred an immediate and heavy return in September. The drift back subsided in October and November but rose considerably in December, so much so that only thirteen per cent. remained in the reception areas on 8th January 1940.

On the evidence presented here and from a study of many reports from reception areas it has been assumed that, of the return to all areas by 5th December 1939, forty per cent. of the returning unaccompanied children left the reception areas by national registration day and sixty-five per cent. of the mothers and accompanied children. In actual numbers, this assumption means that of 738,770 unaccompanied children sent on the outbreak of war 98,500 had returned by 29th September, the corresponding figures for mothers and accompanied children being 408,930 and 154,167. The combined percentage return by 29th September is therefore assumed to have been twenty-two. This figure probably errs on the low side, particularly if the experience of Cambridge, Glasgow and other areas that kept careful records was representative. The true figure may have been nearer forty per cent.

Proceeding, however, on the assumption that of all those evacuated twenty-two per cent. had returned by 29th September, calculations were then made of the number of official evacuees, in each class and for each of the six areas, who were still away from their homes on 29th September 1939. The difference between the figures thereby reached and the loss of population given in table I represented (after allowance had been made for the small number of other classes officially evacuated) the number of private evacuees who had not returned by 29th September 1939.

The next step was to estimate the drift back among private evacuees during September. In the absence of any statistics, it has been assumed that private evacuation was composed of mothers and children in the same proportions for the different areas and for the total movement as for official evacuation. This of course was not the case, as national registration showed that the additional population in many reception areas on 29th September included a considerable number of adult men and elderly women. It is therefore arguable that the return movement in September was higher among private than official evacuees. The heavy weighting of official evacuation with unaccompanied children and their relatively

[1] Cambridge, for example, received 6,700 evacuees. In September 2,500 returned and in October 800. The monthly rate of return thereafter continued to fall. In Glasgow, forty-three per cent. of the evacuated schoolchildren had returned by 5th November. The corresponding proportion for all Scottish areas was thirty-eight per cent. The rate of return among mothers and other children was much higher, for, by 5th November, sixty-three per cent. of them had returned to the Scottish evacuation areas. For other evidence of a heavy return in September see pp. 548-9.

slower rate of return is the basis for this argument. Nevertheless, for the purpose of this analysis some figure had to be adopted, and it was therefore assumed that the rate of return was proportionately the same in both groups.

The number of private evacuees from the six major evacuation areas still remaining in reception areas on 29th September 1939 having been calculated, the figure was then increased by the estimated volume of return during September. A total of 1,311,300 (1,200,000 from Greater London) was thus reached. This figure was then stepped up in the same proportion as the number of persons officially evacuated from the six areas bears to those officially evacuated from all evacuation areas in England on the outbreak of war. A total of 1,808,300 was thus obtained.

This figure of 1,808,300 private evacuees excludes the not inconsiderable movement from inner London to neutral areas in Greater London;[1] it excludes Scottish movements, and it rests on certain favourable assumptions concerning the rate of return during September.

To check this figure the problem was investigated from the reception end, namely, the increase of population by 29th September 1939, as disclosed by national registration.

(*a*) For all reception areas in every receiving county in England and Wales the difference in population was calculated for the period mid-1939 to 29th September 1939.

(*b*) Allowance was made for natural increase and enlistments.

(*c*) To the number of official evacuees known to have been received by each county at the beginning of September, the September drift back assumptions were applied and the resulting sum was deducted from the calculated additional population.

(*d*) The balances for each county were taken to represent the number of private evacuees still away on 29th September 1939. The results were then multiplied for each county by the factor $\frac{100}{78}$

e.g. the assumption was made that the drift back among private evacuees was the same as for official evacuees, namely twenty-two per cent.

The result of this arithmetic was a total figure of 1,514,500 private evacuees. This figure, reached by estimating the *inward* flow, is lower than that (1,808,300) arrived at by estimating the *outward* flow. While the figure of 1,514,500 appears to understate the actual volume of private evacuation, it does confirm that the total movement was large and that it ranged between 1,500,000 and 2,000,000. The rate of return during September among private evacuees was in all probability higher than that for the

[1] Neutral areas surrounding London showing a reduced population on 29th September may be estimated to have lost at least 84,000 people, while other neutral areas in the same region had an aggregate rise of about 69,000. Thus, without allowing for any return movement, it may be presumed that about 150,000 people moved into or out of the neutral areas surrounding London.

officially evacuated (twenty-two per cent.) and may have reached forty per cent. If a percentage return of forty is applied then the figure rises from 1,514,500 to 1,969,000. It is also important to note that the calculation of the inward flow excludes all movements from evacuation to neutral areas, such as from London to neutral areas in parts of Essex, Hertfordshire, Kent, Middlesex and Surrey, and similarly in the provinces, namely, neutral areas in Cheshire, Derbyshire, Durham, Lancashire, Northumberland, Nottinghamshire, Southampton, Staffordshire, Warwickshire, Worcestershire, Yorkshire East Riding, Yorkshire North Riding, Yorkshire West Riding, Glamorganshire and Monmouthshire. If the effect of this movement into all neutral areas could be assessed it would add considerably to the figure of 1,514,500 (or 1,969,000).

What cannot be allowed for in this study is the number of people who were on holiday in reception areas on 29th September and who might (depending on the address given to national registration officials) be counted in this analysis as 'private evacuees'. It is unlikely, however, that the number of such holiday-makers could have been sufficiently large after four weeks of war to affect significantly the broad conclusions drawn here.

From this examination of the available statistics it can reasonably be stated that, in addition to the 1,300,000 persons officially evacuated in England, nearly 2,000,000 persons moved under private arrangements. The figures for some counties are particularly interesting. The additional population in the reception areas of Devonshire on 29th September 1939 was 64,556 (after making the appropriate adjustments). The number of official evacuees sent to that county was 10,440. Thus, if no private or official evacuees had left the county by 29th September 1939, private evacuation out-numbered the official movement by 5 to 1. But if allowance is made for some return during September then roughly 71,800 private evacuees[1] went to Devonshire as compared with 10,440 official evacuees. The ratio of private evacuation to official evacuation was also strikingly high in such counties as Cornwall, Somersetshire, Gloucestershire, Herefordshire, Buckinghamshire and Sussex East and West.[2] This agrees substantially with the results of the analysis of the geographical distribution of reserved accommodation revealed by the February 1939 survey when 1,100,000 people had reserved rooms.[3] Both investigations show that private evacuation to the western half of the country was much greater than that to the eastern half. The figures for the reception areas of Wales are also interesting. Approximately 56,000 official evacuees were received in Wales in September. The additional population on 29th September 1939 was shown to be 132,000. If adjustments are made for a return movement in September then at least 120,000 private evacuees went to Wales.[4] This figure may be compared with an estimate made for

[1] On the assumption of a twenty-two per cent. drift back, and ignoring private evacuation into neutral areas of Devonshire.

[2] Conversely, the ratio was low in Lancashire, Durham, Cheshire, Suffolk East, Bedfordshire, Cambridgeshire, Huntingdonshire, Nottinghamshire and Leicestershire.

[3] See chapter III, pp. 37–8.

[4] On the assumption of a twenty-two per cent. drift back, and ignoring private evacuation into neutral areas of Wales.

the Committee of Imperial Defence in 1938, which concluded from railway statistics that at least 150,000 people arrived in Wales at the time of the Munich crisis.

Note on the assumption of a twenty-two per cent. drift back of official evacuees during September 1939.

Reasons have been given for thinking that a percentage of twenty-two errs on the low side. This view is supported by a study of the payment of billeting allowances and the recovery of such allowances during the period September 1939 to February 1940.[1]

(A) *The Payment of Allowances.* The average weekly payments for the billeting of all evacuated persons were approximately:

	£	Fall £
September	415,000	—
October	320,000	95,000
November	274,000	46,000
December	254,000	20,000

Of the total fall in average weekly payments between September and December, fifty-nine per cent. applies to the October figure. No data are available showing the division of these sums between unaccompanied children and mothers with accompanied children, but there is no doubt that the bulk of the cost was accounted for by the payments made for unaccompanied children.

(B) *The Recovery of Allowances.*

For the four-week period ending	Number of schoolchildren in respect of whom payments were made or who were on 'Nil Assessments'
25th November 1939	420,240
23rd December 1939	434,926
20th January 1940	393,143
17th February 1940	365,242

The recovery scheme began to operate in the last week of October and some delay in the complicated work of recovery and assessment explains the rise in the December figure. It is impossible to say what part of the December figure should be transferred to November to correct this distortion. These figures should, however, be compared with the total number of unaccompanied children evacuated at the beginning of September, namely, 738,770. Unless the machinery for recovering allowances from parents was grossly at fault, and large numbers escaped payment and assessment, the magnitude of the difference between the number of children actually evacuated and the number of recoveries and assessments strongly suggests that the bulk of the drift back occurred in September and early October 1939.

[1] For England and Wales only.

Summary

Both these inquiries point to a greater percentage return by 29th September than twenty-two. The higher this return is fixed the greater will be the volume of private evacuation. If, for instance, a figure of thirty per cent. is adopted for official evacuees then the forty per cent. return for private evacuees suggested above appears to be reasonable. In that case, the amount of private evacuation at the beginning of the war can be put in round figures at 2,000,000 persons for England and Wales.

APPENDIX 3

Number and proportion of unaccompanied schoolchildren evacuated from certain areas on the outbreak of war

(Chapter VII)

County borough[1]	No. of children (approx.)	No. of children evacuated	% of children evacuated
Newcastle	39,800	28,300	71
Gateshead	14,900	10,598	71
South Shields	12,300	3,826	31
Tynemouth	4,600	1,481	32
Total	71,600	44,205	62
Sunderland	25,100	8,289	33
West Hartlepool	8,000	2,881	36
Middlesbrough	16,700	5,171	31
Total	49,800	16,341	33
Leeds	57,400	18,935	33
Bradford	29,900	7,484	25
Total	87,300	26,419	30
Bootle	10,500	7,123	68
Liverpool	99,500	60,795	61
Wallasey	3,500	2,662	76
Birkenhead	15,100	9,350	62
Total	128,600	79,930	62
Manchester	96,000	66,300	69
Salford	23,800	18,043	76
Total	119,800	84,343	70
Rotherham	4,100	332	8
Sheffield	35,600	5,338	15
Derby	12,700	3,438	27
Nottingham	21,600	4,763	22
Total	74,000	13,871	19
Walsall	2,000	360	18
West Bromwich	6,900	1,786	26
Smethwick	9,300	2,219	24
Birmingham	101,000	25,241	25
Coventry	15,400	3,082	20
Total	134,600	32,688	24

[1] Only in a few instances outside London was the whole area under the local education authority evacuated. Most county boroughs included both neutral and evacuation zones. The figures given refer to the latter.

County borough	No. of children (approx.)	No. of children evacuated	% of children evacuated
Portsmouth	39,900	11,970	30
Southampton	30,200	11,175	37
Total	70,100	23,145	33
Grand total	736,000	320,942	44
London (Administrative County)	490,000	241,000	49
Total county boroughs and London A.C.	1,226,000	562,000	46
Accompanied schoolchildren[1]			
Glasgow	170,225	71,393	42
Edinburgh	65,900	18,451	28
Dundee	28,030	10,260	37
Clydebank	7,795	2,993	38
Rosyth	1,500	540	36
Total for Scotland	273,450	103,637	38

[1] In Scotland, schoolchildren did not go out in school parties but were evacuated with their mothers.

APPENDIX 4

Proportion of total evacuable population of mothers and children actually evacuated on the outbreak of war

(*Chapter VII*)

	Per cent.
Gosport B.	67
Bootle C.B.	66
Chester R.D., Runcorn R.D. and Runcorn U.D.	60
Wallasey C.B.	60
Newcastle C.B.	57
Crosby B.	56
Salford C.B.	56
Gateshead C.B.	49
Widnes B., Warrington R.D. and Whiston R.D.	49
Birkenhead C.B.	44
Liverpool C.B.	44
Manchester C.B.	44
Stretford B.	41
London (metropolitan boroughs plus eleven boroughs in Middlesex and Essex)	37
Hull C.B.	31
Gravesend B., Northfleet U.D., Dagenham B. and Thurrock U.D.	29
Tynemouth C.B. and Wallsend B.	29
Jarrow B.	28
Southampton C.B.	28
Chatham B., Gillingham B. and Rochester B.	26
Leeds C.B.	26
Remainder of outer metropolitan group	26
South Shields C.B.	26
West Hartlepool C.B.	24
Birmingham C.B.	21
Felling and Hebburn U.Ds.	20
Portsmouth C.B.	20
Sunderland C.B.	20
Middlesbrough C.B.	18
Bradford C.B.	17
Smethwick C.B.	15
Coventry C.B.	14
Derby C.B.	14
Sheffield C.B.	13
Nottingham C.B.	12
Walsall C.B., West Bromwich C.B. and Oldbury B.	11
Hartlepool B.	9
Grimsby C.B. and Cleethorpes B.	7
Rotherham C.B.	6
(in most provincial towns, evacuation applied only to the more vulnerable and densely populated areas)	
Scotland (all evacuation areas)	31

APPENDIX 5

England and Wales. Wholly Reception Counties

(Chapter VII)

	Total accommodation available February 1939	% privately reserved February 1939	Number received September 1939	% of evacuees received to total accommodation	% received to numbers expected
	(a)	(b)	(c)	(d)	(e)
Bedfordshire	110,945	11	37,163	33	45
Berkshire	142,128	25	36,832	26	50
Buckinghamshire	116,245	27	31,345	27	47
Cambridgeshire	71,584	18	14,480	22	34
Cornwall	137,205	20	2,576	2	3
Cumberland	78,698	16	22,499	29	51
Dorsetshire	102,646	23	19,807	19	44
Isle of Ely	30,586	10	8,425	28	40
Herefordshire	41,404	25	6,697	16	38
Huntingdonshire	26,477	13	8,658	33	52
Lincolnshire (Holland)	37,115	13	8,682	23	33
Lincolnshire (Kesteven)	46,970	11	1,655	4	7
Northamptonshire	129,726	10	42,529	33	44
Oxfordshire	89,756	25	21,502	24	43
Soke of Peterborough	24,969	12	2,424	10	15
Rutland	8,288	15	2,712	33	49
Shropshire	85,972	18	20,604	24	45
Somerset	215,359	22	46,532	22	42
Suffolk East	130,225	11	38,842	30	59
Suffolk West	38,496	18	8,842	23	38
Sussex East	227,802	24	72,527	32	53
Sussex West	123,030	26	41,656	34	51
Westmorland	29,338	23	9,775	33	55
Isle of Wight	40,360	17	5,201	13	23
Wiltshire	119,843	21	25,659	21	45
Wales ex. Glamorgan and Monmouthshire	330,363	19	56,987	17	32

APPENDIX 6

A Note on the Law of Settlement and Removal as it affected Local Government in England & Wales in 1939

(*Chapter XII*)

Every person becoming destitute and in need of relief is primarily chargeable to the county or county borough in which he falls destitute, but if he has no settlement there the council of that area can transfer the liability for the cost of relief granted to that person to the area in which he may be settled, unless he is irremovable from their area.

The law relating to settlement and removability, which is very complex, is contained in part III, i.e. sections 84–109, of the Poor Law Act, 1930. The following is a brief summary of the law.

A person is deemed to be settled in the county or county borough in which he is born (subject to certain restrictions and modifications) until a later settlement can be established. Such later settlement may

(*a*) be derived from a parent or a husband,

(*b*) be acquired by residence, apprenticeship, estate, renting a tenement, or the payment of rates and taxes, or

(*c*) be presumed by reason of an estoppel.

A settlement by residence is acquired by residence in the same county or county borough for three complete consecutive years, and the residence in each of the years must be such as to create a status of irremovability.

A person is irremovable from any county or county borough if he has resided in that area for one year, but any time during which he is in receipt of poor relief, is serving in His Majesty's Forces, or is in prison, in a mental hospital or in certain other classes of institutions is excluded in the computation of time.

The transfer of liability from the council of the area in which relief is given to the area of settlement can be effected by the bodily removal of the destitute person to the area of settlement, or by obtaining an order for such removal and not executing it, but, armed with it, obtaining the agreement of the council of the area of settlement to a repayment of the cost of the relief granted.

Much of the hardship which would be caused to poor persons if the law of settlement and removal were strictly enforced is in practice avoided by mutual arrangements between many councils under which able-bodied outdoor poor and other classes of poor are relieved in the area in which they reside without bodily removal.

APPENDIX 7

Weight of Bombs dropped on the United Kingdom during 1939-45.

(Chapter XVI)

All estimates are given in metric tons = 2204·6 lbs. The term 'bombs' covers high-explosive bombs, all mines, oil bombs and kilo incendiary bombs. Flying-bombs and long-range rockets have been estimated at one metric ton war-head.

It has to be emphasised that the figures given below are only estimates, and are not necessarily final. The difficulties of identifying every bomb dropped on land, and assessing its weight in metric tons, are sufficiently obvious without explanations of a technical character.

On 1st September 1941, a bomb census organisation, set up by the Research and Experiments Department of the Ministry of Home Security, began to report the fall of bombs throughout the whole country. Previous to this date, the census operated only in certain selected areas. In the absence of comprehensive census returns, the only available bases for calculating the number and weight of bombs dropped are the Air Ministry estimates of the number of long-range bomber sorties carried out by the German Air Force. Various assumptions were then made by the authorities concerning the average bomb load per day and night sortie for fighters and bombers, and tonnages were worked out accordingly.

Apart from the possibility of a wide range of error in estimating bomb loads, there was the difficulty of obtaining accurate data about the number of German planes in each sortie. Air Chief Marshal Sir Hugh Dowding described this problem in his despatch on the Battle of Britain.[1] 'Our estimates of the strength in which attacks were made is based on much less reliable evidence. The radio-location system could give only a very approximate estimate of numbers and was sometimes in error by three or four hundred per cent. This is no reflection on the system, which was not designed or intended to be accurate in the estimation of considerable numbers; moreover, several stations were suffering from the effects of severe bombing attacks. As the average height of operations increased, the Observer Corps became less and less able to make accurate estimates of numbers, and, in fact, formations were often quite invisible from the ground.'

The claims made by the German Air Force in respect to tonnage considerably exceed the estimates shown in tables 1 and 2. If the

[1] Despatch submitted to the Secretary of State for Air on 20th August 1941 (supplement to *The London Gazette*, 10th September 1946).

difference between the claims put forward for seven heavy raids in 1940–1[1] and the Air Ministry calculations roughly measure the disparity, then it may be said that the German figure is 2·7 times higher than the British. This would mean, if the German claims were approximately true, that 174,000 metric tons[2]—and not 64,393 (70,995 less flying-bombs and rockets)—were dropped by piloted aircraft on the United Kingdom during 1939–45.

Table 1

Estimated Tonnage of Bombs dropped on the United Kingdom 1939–45.[3]

	Metric tons
1939	100
1940	34,870
1941	22,176
1942	3,032
1943	2,239
1944	1,963
1945	13
1944–5 (flying-bombs and rockets)	6,602
	70,995

Table 2

Estimated Tonnage of Bombs dropped on London civil defence region 1939–45.[3]

	Metric tons
1940–1	8,200
1942	7
1943	142
1944	939
1944–5 (flying-bombs)	2,416
1944–5 (rockets)	518
	12,222

[1] London: 15th October and 15th November 1940, 19th March, 16th April and 19th April 1941. Coventry: 14th November 1940. Birmingham: 19th November 1940.
[2] Excluding flying-bombs, rockets and cross-channel shelling.
[3] Source: Civil Defence Department of the Home Office.

APPENDIX 8

Civilian Casualties in Great Britain caused by enemy action during 1939-45.

(*Chapter XVI*)

Some explanation is necessary to account for the difference between the two sets of figures in table 3. The figures supplied by the Ministry of Home Security include civil defence personnel, but exclude the National Fire Service, the Police, H.M. Forces, the Home Guard, Observer Corps and men of the Merchant Navy. On the other hand, the Registrars-General's statistics, while excluding H.M. Forces (except for women in the Forces up to mid-1941) do include the National Fire Service, the Police, the Home Guard, merchant seamen dying in Great Britain as a result of enemy action of any kind, and civilians killed at sea by enemy action.

The two sets of figures do not, therefore, cover precisely comparable groups of the population. Moreover, neither is restricted to casualties caused directly by bombing. In the first place, the Home Security statistics do not include a proportion of the deaths of persons who were injured by enemy action and subsequently died. The Registrars-General's returns do, assuming that death certification gives precedence to the initial injury, and insofar as deaths occurred before the end of the German war. Then again, the former includes civilians killed by cross-channel shelling, by machine-gunning from German aeroplanes, by exploding anti-aircraft shells and as a result of other defending action. But the Registrars-General's figures are wider in scope, for they include in addition civilian casualties caused by sea-mines, crashed Allied aircraft, Army manœuvres and battle exercises, train and vehicle accidents caused by enemy action and other deaths due to operations of war.

Another reason for the difference between the figures is that death registration could not be carried out until identification was completed. In many instances, bodies—and parts of bodies—were not recovered for a long time, and identification was delayed for weeks or months. Where no remains were found, it was necessary to establish the fact that the missing person had been on the spot at the time of the 'incident' before registration could be effected and satisfactory evidence produced. All this meant delays before death registrations were made. This factor applies particularly to the Scottish data which are tabulated only by date of registration.

The injury statistics in tables 5 and 6 are only approximate estimates. They are likely to under-estimate, rather than exaggerate,

the number of civilians injured by war operations in general and air bombardment in particular. The chief reason would appear to be that an unknown number of seriously injured people (and some whose injuries were first thought to be slight but later were found to be serious), and a large number of slightly injured people, never went to a hospital or first-aid post and were consequently omitted from official records. In addition, numbers of first-aid posts were bombed and records destroyed, while in times of stress injuries were attended and not recorded. The distinction between seriously and slightly injured is somewhat thin, for the method of recording often varied from hospital to hospital, and by no means all hospital cases were, in reality, seriously injured. The figures must simply be accepted as showing the order of magnitude of casualty rates. Tables 5 and 6 exclude injuries to the Police, the National Fire Service, H.M. Forces and certain other categories.

Ministry of Home Security statistics, based chiefly on police notifications, give a total of 149,040 slightly injured civilians for the whole of Britain. This total is smaller than the figure of 165,743 compiled from first-aid post records, but the latter includes a proportion—estimated at one-fifth—who were sent on for hospital treatment. If the estimate of 149,040 is taken to represent the slightly injured, and the 85,504 hospital cases are added, a ratio of 3·9 injured persons to one killed is thus obtained.

The statistics of killed and injured (see tables 3–6) when analysed separately for London show the following ratios:

Ratio of killed to all injured

London region 1940–3 (piloted aircraft)	1 : 3·6
London region 1944–5 (flying-bombs and rockets)	1 : 7·0
Rest of Britain 1940–5	1 : 3·2
Scotland 1940–5	1 : 2·5

A study by the Research and Experiments Department of the Ministry of Home Security of the data for a large number of towns during 1940–1 showed that the ratio lay fairly consistently between 1 : 3 and 1 : 4.

A statistical analysis, by the General Register Office, of the sex and age distribution of civilians injured by enemy action and admitted to emergency medical service hospitals was published in 1948.[1] The following ratios serve to show how the different forms of enemy action affected the injury rates for the sexes, for children and for adults under sixty-five and older people. The figures do not represent annual rates, but the relative incidence of injuries resulting in hospital

[1] *Report of the Ministry of Health for* 1947, Cmd. 7441, pp. 97–8. The analysis also includes a study of the kinds of injury responsible for hospital admission.

admission among the six groups of the population can be compared by expressing each series of rates in terms of the corresponding rate for females aged fifteen to sixty-four taken as 100, namely:

Period	Boys under 15	Girls under 15	Men aged 15–64	Women aged 15–64	Men 65 and over	Women 65 and over
1st January 1940 to 12th June 1944. Air raids	49	41	185	100	177	172
13th June to 31st August 1944. Chiefly flying-bombs	35	35	92	100	162	211
1st September 1944 to the end of the war. Flying-bombs and rockets	56	61	83	100	106	139

(continued on page 560)

Table 3

Number of civilians in Great Britain killed by enemy action 1939–45.

	(1)	(2)	
	Compiled by Ministry of Home Security from police and medical reports[1]	Classified as due to operations of war by the Registrars-General[2]	
		England and Wales[3]	Scotland[4]
1939	—	40[5]	—
1940	23,767	23,186[6]	196
1941	19,918	18,450[7]	1,905
1942	3,236	3,708[8]	82
1943	2,372	2,978[9]	132
1944	8,475	9,329[9]	33
1945	1,860	2,404[9]	21
	59,628	60,095	2,369
Northern Ireland (1941)	967		
	60,595	62,464	

The total of 60,595 is made up of 26,923 men, 25,399 women, 7,736 children under sixteen years of age and 537 unidentified.

[1] Source: Civil Defence Department of the Home Office.
[2] Source: Annual Reviews and tables specially provided for the War History.
[3] By date of occurrence or believed occurrence.
[4] By date of registration.
[5] Thirty-five deaths resulting from previous wars have been deducted.
[6] Eighty-two deaths resulting from previous wars have been deducted.
[7] Eighty-nine deaths resulting from previous wars have been deducted.
[8] Ninety deaths resulting from previous wars have been deducted.
[9] Including an unknown number of deaths resulting from previous wars—probably between 70–100 annually.

The comparatively low rates among children reflect the results of evacuation. During the period of aircraft bombing civilian men aged under sixty-five suffered nearly twice the rate experienced by women of the same ages, but during the flying-bomb and rocket attacks their rate was slightly less than that of women. This contrast is explicable by the greater exposure to risk of men during air raids at night, owing to civil defence and other duties, than was the case during the flying-bomb and rocket attacks. The high rates among old people were probably due to the fact that comparatively few were evacuated, that they found it difficult to take shelter during raids, and to their greater need for hospital care when slightly injured.

Table 4

Number of civilians in London civil defence region killed by enemy action 1939–45[1]

1939	—
1940	13,596
1941	6,487
1942	27
1943	542
1944	7,533
1945	1,705
	29,890

[1] Compiled by Ministry of Home Security from police and medical reports.

Table 5

Number of civilians in Great Britain injured by enemy action 1939–45

	Admitted to hospital (in most cases seriously injured)[1]	Slightly injured[1]	Treated at first-aid posts and mobile first-aid units (estimated that one-fifth of these were sent to hospital)[2]
1939	—	—	—
1940	30,529	54,020	54,700
1941	21,165	34,116	43,775
1942	4,148	7,160	8,719
1943	3,450	5,427	6,598
1944	21,989	39,555	41,116
1945	4,223	8,762	10,835
	85,504	149,040	165,743
Northern Ireland (1941–2)	678	1,793	
	86,182	150,833	

[1] Source: Civil Defence Department of the Home Office.
[2] Source: *Report of the Chief Medical Officer of the Ministry of Health*, 1939–45.

Table 6

Number of civilians in London civil defence region injured by enemy action
1939–45

	Admitted to hospital (in most cases seriously injured)	Slightly injured
1939	—	—
1940	18,378	33,756
1941	7,641	13,236
1942	52	63
1943	989	1,015
1944	19,611	33,212
1945	3,836	7,560
	50,507	88,842

APPENDIX 9

Government Evacuation Scheme

Total number billeted in all areas (*Chapter XVIII*)

	England and Wales					Scotland					Total for Great Britain (all classes)
	Unaccompanied children	Mothers and children	Teachers and helpers	Other adults[1]	All classes	Unaccompanied children	Mothers and children	Teachers and helpers	Other adults[1]	All classes	
September 1939	765,000	426,500	89,000	18,000	1,298,500	62,000	99,000	13,000	1,000	175,000	1,473,500
January 1940	420,000	56,000	43,400	3,380	522,780	37,600	8,900	3,100	200	49,800	572,580
August 1940	421,000	57,000	27,000	14,000	519,000	17,900	7,400	1,600	100	27,000	546,000
February 1941	480,500	571,000	25,000	262,200[2]	1,338,700	11,800	15,700	1,000	1,500	30,000[3]	1,368,700
September 1941	435,700	450,000	21,000	157,000	1,063,700	25,600	85,000	1,300	29,700	141,600[4]	1,205,300
March 1942	332,000	279,000	18,000	109,000	738,000	18,400	47,400	1,400	13,400	80,600[4]	818,600
September 1942	236,000	196,000	13,000	85,000	530,000	13,600	31,500	1,200	8,200	54,500[5]	584,500
March 1943	181,000	148,000	9,000	68,000	406,000	9,500	23,000	1,000	6,500	40,000[6]	446,000
September 1943	137,000	124,000	6,400	55,000	322,400	7,800	18,800	900	5,500	33,000[7]	355,400
March 1944	124,000	132,000	5,400	58,000	319,400	6,000	15,700	700	7,600	30,000[8]	349,400
September 1944	284,000	601,000	6,800	121,000	1,012,800	5,100	15,900	400	6,000	27,400[9]	1,040,200
March 1945	132,000	243,000	4,000	59,000	438,000	1,700	11,200	100	3,200	16,200[10]	454,200
September 1945	13,250	—	—	—	13,250	150	3,550	—	1,800	5,500[11]	18,750

[1] Includes homeless persons, expectant mothers, children in nurseries, camps and hostels, invalids, old people, the crippled, the blind, civil defence personnel, emergency medical service staff and war workers up to April 1942. The last three groups are excluded thereafter.
[2] Mainly homeless people; including 66,200 such people billeted in evacuation areas.
[3] Including 11,700 evacuees from English areas billeted in Scotland.
[4] Including an unknown number of evacuees from English areas billeted in Scotland.
[5] June 1942. Including an unknown number of evacuees from English areas billeted in Scotland.
[6] December 1942. Including an unknown number of evacuees from English areas billeted in Scotland.
[7] June 1943. Including an unknown number of evacuees from English areas billeted in Scotland.
[8] December 1943. Including 4,300 evacuees from English areas billeted in Scotland.
[9] June 1944. Including 5,100 evacuees from English areas billeted in Scotland.
[10] April 1945. Including 10,600 evacuees from English areas billeted in Scotland.
[11] October 1945. Including 850 evacuees from English areas billeted in Scotland.

APPENDIX 10

Government Evacuation Scheme

Estimated number of persons evacuated in organised parties or assisted with travel vouchers and billeting allowances between September 1939 and September 1941 in Great Britain[1] (*Chapter XVIII*)

Period	Unaccompanied children	Mothers and children	Children under five evacuated to nurseries	Expectant mothers evacuated under the special scheme	Teachers and helpers	Other classes (homeless persons, etc.)	Total
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
September 1939	797,000	524,000	7,400	12,700	103,000	7,000	1,451,100
September 1939 to April 1940	36,000	—	—	575	—	—	36,575
May to 1st August 1940	213,000	Included in column 7	—	—	9,000[2]	56,000	278,000
Children's Overseas Reception Board evacuation (summer 1940)[3]	2,664	—	—	—	—	—	2,664
1st August 1940 to February 1941	120,000	565,000	—	—	—	262,000	947,000
February to September 1941	120,400	173,000[4]	—	—	—	—[5]	293,400
September 1939 to September 1941	—	—	4,000	—	—	—	4,000
May 1940 to June 1941	—	—	—	20,700[6]	—	—	20,700
	1,289,064	1,262,000	11,400	33,975	112,000	325,000	3,033,439[7]

[1] Including mothers, children and other classes evacuated to hostels, group homes, residential nurseries, camp schools and other institutions, but excluding most of those who were helped with travel vouchers and who found their own accommodation for which billeting allowances were not paid.

[2] This figure refers to staff accompanying only a proportion of the children. For other schemes in 1940 and for the years 1941–5 no details are available of the evacuation of teachers and helpers.

[3] The Government also permitted the evacuation (by private arrangements) of some 15,000 children and adults to the U.S.A. and Canada.

[4] Including some homeless persons and other classes.

[5] A number of 'other classes' are included in the figure of 173,000 under col. 3 and in the figure of 262,000 under col. 7, but for the bulk of the movement under this heading during February-September 1941 no figures are available.

[6] Excluding Scotland, the figures for which are included in appendix 11.

[7] This statement includes a small number of persons assisted to move to Eire and N. Ireland but it excludes:
(*a*) about 10,500 Gibraltarians, some 29,000 Channel Islanders, refugees from over forty different countries totalling just over 30,000 and
(*b*) transferred doctors, nurses, health visitors, social workers, medical students, industrial workers, nursery staffs, civil servants, sick patients, civil defence workers, police and others. Many of these people were billeted in reception areas.

APPENDIX 11

Government Evacuation Scheme

Estimated number of persons evacuated in organised parties or assisted with travel vouchers and billeting allowances between September 1941 and the end of the war in Gt. Britain[1] (*Chapter XVIII*)

Period	Unaccompanied children	Mothers and children	Children under five evacuated to nurseries	Expectant mothers evacuated under the special scheme	Teachers and helpers	Other classes (homeless persons, etc.)	Total
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
September 1941 to March 1942 (England and Wales)[2]	5,300	300	—	—	—	—	5,600
September 1941 to end of war (Scotland)[3]	—	—	—	—	—	—	6,500
September 1941 to end of war (London)	—	—	24,500	—	—	—	24,500
January 1941 to end of war (provincial cities)	—	—	4,000	—	—	—	4,000
July 1941 to end of 1945 (England)	—	—	—	140,000	—	—	140,000
September 1939 to end of war (Scotland)	—	—	—	4,700	—	—	4,700
July to September 1944 (organised parties from Metropolitan evacuation area)	101,000	183,000	—	—	—	—	284,000
July to September 1944 (organised parties from South-east England evacuation area)	12,000	11,600	—	—	—	—	23,600
July to September 1944 (assisted private evacuation from Metropolitan area)	—	471,000	—	4,600	—	51,400	527,000
July to September 1944 (assisted private evacuation from South-east England)[3]	—	—	—	—	—	—	25,000
	118,300	665,900	28,500	149,300	—[4]	51,400[5]	1,044,900

[1] Including mothers, children and other classes evacuated to hostels, group homes, residential nurseries, camp schools and other institutions, but excluding most of those who were helped with travel vouchers and who found their own accommodation for which billeting allowances were not paid.
[2] No figures are available for the period September 1941 to July 1944 of the number evacuated under the assisted private schemes.
[3] No figures are available to show division of total.
[4] No figures are available for the period from September 1941 onwards.
[5] No figures are available for the period up to July 1944.

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