HISTORY OF THE SECOND WORLD WAR

UNITED KINGDOM CIVIL SERIES

Edited by Sir Keith Hancock

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STUDIES IN THE SOCIAL SERVICES

BY

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LONDON: 1954

HER MAJESTY'S STATIONERY OFFICE

AND

LONGMANS, GREEN AND CO

First published 1954

HER MAJESTY'S STATIONERY OFFICE

London: York House, Kingsway, W.C.2 & 423 Oxford Street, W.1
Edinburgh: 13a Castle Street — Cardiff: 1 St. Andrew's Crescent
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Price £1 2s. 6d. net

Printed in Great Britain under the authority of H.M. Stationery Office by
The Chiswick Press, New Southgate, N11

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PREFACE

THIS BOOK is a successor to *Problems of Social Policy*, by Professor R. M. Titmuss. While he was preparing that book Professor Titmuss, assisted by Miss R. Hurstfield and Miss G. Wortley, made some important studies for which there was no convenient place in a volume that was intended to be synoptic; he also identified a number of associated topics that would repay further research. It seemed to me that some at least of this work ought to be completed and published in a volume that would discuss the family and the efforts of public policy to help it bear the strains of war. Professor Titmuss, though he was drawn into other work, thought that he would be able to write the book with the assistance of Mrs. Fitzgerald and Mrs. Ferguson. Recently, ill-health and the pressure of University duties have compelled him to resign his commitment as author; but he has continued to give assistance to his two colleagues, and the book that they have now completed conforms closely to his original plan. In order that the publication time-table should be kept, Mrs. Gowing wrote an introductory chapter. It has, however, been necessary to drop from the book studies of one or two aspects of family life such as divorce and juvenile delinquency, which would have required wide and long research.

The first chapter of the book examines some of the war-time pressures, such as the dispersal of families and the mobilisation of women, which made it necessary for the State to support family life. The chapters that follow discuss specific problems of mothers and young children and the attempts to bring those problems under control: in general, they show a movement from improvisation and experiment towards systematic and sometimes enduring policies. Two of the chapters—those dealing with tuberculosis and the nursing services—may need a word of explanation. Tuberculosis is not merely a family problem, but some of its consequences bear particularly harshly upon family life; it is these consequences, and the attempt to mitigate them, that the authors discuss. Their chapter on the nursing services may seem more remote from the family; but it exemplifies vividly the shortages of staff which became, in a nation so highly mobilised, a salient and often the dominant problem of all the services that supported family life. This chapter also repeats and emphasises an important theme of Professor Titmuss's book: the breakdown of the assumption, frequently made before the war and in its early phases, that social services for the civilian population could be reduced in war-time.

W. K. HANCOCK

CHAPTER I

INTRODUCTORY

(i)

The Growth of Government Action

FAMILY life at the beginning of the Second World War was in many ways different from family life twenty-five years earlier when the First World War broke out. It had been influenced by all kinds of changes—changes in standards of living, in housing, in education, in the social services and in the position of women. One of the most important changes of all was in the size of the family.

Married women in England and Wales who were born in 1861–65, and were therefore around 50 years old in 1914 had borne an average of 4·66 children.[1] Married women who were between 45 and 50 at a date not long after the Second World War had an average of only 2 children each.[2] Other figures of comparison are even more striking. Of the women between 45 and 54 who were married at the ages of 20–24 and had been married for 25 to 30 years in 1911, 71 per cent. had four or more children and 41 per cent. had seven or more; only about 5 per cent. had no children.[3] Of the married women who in 1951 were roughly the same age and who had been married at the same ages and for roughly the same length of time, only about 25 per cent. had four or more children, and only 5 per cent. seven or more; nearly 11 per cent. had no children.[4] It is true that far more children born to the earlier generation died in childhood, but it nevertheless remains true that the family circle of 1910 and thereabouts was very much wider than it was 30 or 40 years later.

The fall in the size of the family had many implications for

[1] Live births. Figures from *Royal Commision on Population, Report.* Cmd 7695, Chapter 3.

[2] Live births. Figures from *Census 1951, Great Britain, One per cent. Sample Tables, Part II.*

[3] Figures from *Census of England and Wales 1911, Vol. XIII Fertility of Marriage, Part II,* Table 19.

[4] Figures from *Census 1951, Great Britain, One per cent. Sample Tables, Part II,* Table x.4. The figures cover women aged 45-49, married at the ages of 20–24 and for periods of 25 years and over.

individual families and indeed for the nation. One implication that is important for this book is that as the family shrank the possibilities of inter-family help also shrank. The people who were really old in 1939—those over, say, 75—had still had pretty large families but the succeeding generations had not. Middle-aged people had fewer young relations to help them in the crises of life. Young adults who were forming their own families in the late nineteen thirties and in the nineteen forties tended therefore to have a good many aunts and uncles but fewer of the really near relations—brothers and sisters—who were more likely to help in emergencies. Moreover, as the families with dependent children were small, fewer families had older, reasonably responsible, children who could help with babies and the two to five year olds.

It is a commonplace of population studies that from the time when the birth-rate began to fall in the latter years of the nineteenth century, it fell first and farthest among the more prosperous social classes. The young adults of the late nineteen thirties whose families had belonged to these classes for two or more generations did not even have large numbers of aunts and uncles. At the time of the 1951 Census it was still true that although the differences between the size of family of different classes had narrowed, the classes in professional, managerial and skilled jobs had families smaller than the average and the classes in semi-skilled and unskilled jobs had families larger than the average.[1] The fall in the average size of the family had therefore left the more prosperous classes with particularly few opportunities of mutual family help in times of trouble.

Even in peace-time this general shrinkage of family circles may well have caused difficulties. But even though the margins of help were sometimes narrow they still existed for the great majority of people. Mothers of small children had their husbands at home to help in such emergencies as their own illness or confinement, and older people often had unmarried children at home or married children nearby.[2] Moreover most people led reasonably settled lives; they knew their neighbours and neighbours were often both willing and able to help at moments of trouble. For the professional and managerial classes the disadvantages of small families were to some extent masked by a plentiful supply of domestic servants. The Registrar General estimated that in 1931 nearly half a million private families in England and Wales employed over 700,000 indoor resident domestic servants.[3] There are no comparable figures for 1938

[1] See *Census 1951, Great Britain, One per cent. Sample Tables, Part II.*

[2] See e.g. J. H. Sheldon, *The Social Medicine of Old Age.*

[3] *Census of England and Wales 1931, General Report*, p. 152.

or 1939 but one estimate puts the total number of private domestic servants[1] (indoor and outdoor, resident and non-resident) in Great Britain in mid-1939 at 1,590,000.[2] The more prosperous classes could not only rely at times of family crisis on domestic servants but also on hotels and nursing homes which were plentiful and, in terms of pre-war middle-class incomes, inexpensive.[3]

In war-time the small families were far more vulnerable to trouble than in peace-time. There were two main reasons for this. In the first place individual families were dispersed and so, in the bombed cities, were whole neighbourhoods. Secondly, mobilisation of man and woman power was so rigorous that it left unoccupied very few people in the community other than the very young, the very old and the incapacitated.

The first dispersal of families accompanied the outbreak of war. Reservists of various kinds were called up to the Services, mothers and children were evacuated, and so were many offices of different kinds. Even by mid-1940 the Armed Forces had enlisted nearly 2¼ million men or nearly 15 per cent. of the male working population and by mid-1944 4½ million men or about 30 per cent. of the male working population. For the vast majority of these men service in the Forces meant continuous separation from their families punctuated only by intermittent leave. Very few men were near enough to their homes to be able to pay frequent visits and give help in times of trouble. When men were stationed abroad they were especially remote and inaccessible; in the Army alone almost a million men were stationed abroad in March 1945.[4] Moreover some of the men who served abroad were there for periods which to the families involved were very long. By the end of 1945 at least a quarter of a million Army men had served abroad during the war for continuous periods of five years or more.[5] Moreover it must be remembered that by the end of the war nearly 265,000 men had been killed and 172,000 were prisoners of war. Not all the men in the Services were, of course, married but judging by the percentage of married men in the Army at the end of 1944, some 55 per cent. of the men in the Services at that date were probably married. There were therefore at the peak of the war effort, possibly some 2½ million husbands living away from their wives and families. The calling up of

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[1] Aged 16–64.

[2] *Journal of the Royal Statistical Society*, Vol. CVIII, Parts III-IV, 1945. 'The Industrial Distribution of the Population of Great Britain in July 1939' by H. Frankel.

[3] For example, advertisements in *The Times* for hotels in the autumn of 1938 show that good hotels at 2–3 guineas a week were plentiful.

[4] This figure excludes men stationed in Western Europe.

[5] For various reasons—mostly operational ones—men in the R.A.F. and Royal Navy served abroad for shorter periods.

unmarried men must, in addition, have removed the props from many middle-aged and elderly parents.

The call-up to the Services was perhaps the most ruthless instrument in dispersing families. But a good many civilian families were also separated. Munition workers had to move to areas where big new factories were established and many civil servants and other office workers were evacuated from London. An unknown proportion of the married men found temporary homes nearby for their families but others, no doubt, had to leave them behind. The welfare authorities of the Ministry of Labour and the Supply Departments were anxious to build more homes for munition workers' families in areas where there was a big new demand but their attempts to do so almost invariably foundered on the shortages of building labour and materials. Some of the greatest difficulties which this movement of civilian workers caused may well have been in the families where unmarried women were important mainstays. Such women often supported, both financially and domestically, elderly parents whom they must now often have had to leave on their own.

The Government evacuation scheme for mothers and children also, of course, dispersed families. Even when the numbers of people evacuated under the scheme reached their nadir—in March 1944—there were still 124,000 unaccompanied children and 132,000 mothers and children billeted in reception areas. These figures too represent a diminution in the possibilities of mutual help. They represent the absence from home of an appreciable number of older children who might otherwise have been able to help in emergencies, and the removal of a fair number of women from the vicinity of parents and brothers and sisters who might from time to time need help.

War broke up not only families but also neighbourhoods. This happened in varying degrees all over the country but especially of course in the bombed areas. There is no doubting the magnitude of movements among the civil population; there were 60 million changes of address between the outbreak of war and the end of 1945 in a civilian population of about 38 millions.[1]

The dispersal of families and neighbourhoods removed many of the possible sources of self help among families and friends. The mobilisation of women removed still more. The shortage of manpower proved in the end to be the main limitation on the size of the

[1] c.f. the figure of 34,750,000 in R. M. Titmuss, *Problems of Social Policy*, H.M. Stationery Office, 1950, p. 413. The lower figure does not include local removals within the area of residence. With such an unbelievably large number of removals, the services provided by the National Register administered by the General Register Office were of very great value. Not only did the Register play its part in manpower mobilisation and in food and clothes rationing. It was also used to trace families separated by war conditions; in this way it was a great help to Service Welfare Associations and other voluntary organisations concerned with family life.

British war effort—that is, the combined strength of the Services and the munition industries could not be increased above the level of mid-1943 unless they took men and women who were needed to keep essential industries and services going or unless civilian standards were reduced to a scale lower than anyone had yet contemplated. By the end of 1943 indeed, manpower had been mobilised in Britain to a degree that no other country could emulate. It was inevitable that all fit men of working age or beyond should be called upon to work but what distinguished British experience and what is of great importance to the theme of this book, is the unparalleled mobilisation of women and, in particular, of married women.

Labour became generally scarce from about the spring of 1941; this quickly led to demands for large numbers of women for the Services, the factories, the railways, the bus services, the shops and so on. At the end of 1940 the War Cabinet had approved the use of the Minister of Labour's powers of registration and direction to whatever extent might be necessary to ensure adequate labour for essential work. From March 1941 onwards successive groups of women were called upon to register and by October 1942 the net had been spread upwards to catch the 45½ year old women and downwards to catch the 18½ year olds. In the summer of 1943, when the pressing labour needs of the aircraft factories accentuated the general manpower shortage, the War Cabinet agreed that conscription of women must be pushed still further; registration was to be extended to include women of fifty.

When registration of women first began, there had been a belief in Government circles that it would reveal considerable reserves of unoccupied women who had neither jobs nor household responsibilities. But this hope was disappointed. To meet the demands for labour it was necessary to transfer many women in existing jobs to more essential work and to call upon the services of married women. After their registration, women were interviewed and were persuaded or, in the very last resort, directed to do what seemed best in the national interest. The emphasis of manpower policy in dealing with young single women was on mobility. Four age groups—those born in 1918 to 1921 inclusive—were conscripted for the Women's Services but then from 1943 onwards the needs of aircraft production were paramount and young single women were directed to factories.

Married women were never asked to move away from their homes. But they were needed either for direct war work in their own district or to replace men and women in civilian industries and services who were moved to other parts of the country. The definitions of household responsibilities that might exempt married women from work were narrowed. And even those with such responsibilities were

interviewed and classified into those available for full-time work, those available for part-time work and those not available for any work. Married women with children under 14 living at home were not called to interviews and there was no direct pressure upon them to work. But the Ministry of Labour was anxious to encourage such women to work at least part-time and local appeals to them were often made.

Between the middle of 1939 and the middle of 1943 the number of women in Great Britain aged 14–59 who were in the Forces, paid Civil Defence work and industry had increased by about 2,160,000.[1] Two part-time workers are counted as one in this figure; if they are counted separately the figure must have approached 3 millions. In addition many women over 60 were working and at least one million women were giving voluntary unpaid service in canteens, nurseries and so forth.

It is not known how many of these additional women who were drawn into industry were single, how many were married or how many had young children. The Ministry of Labour estimated, however, that at the peak of mobilisation, in mid-1943, roughly 80 per cent. of all single women between 14 and 59, 41 per cent. of wives and widows of these ages without children under 14 and 13 per cent. of those with children under 14 were in the Forces, industry and Civil Defence. For the age groups 18 to 40, the percentages were 90, 81 and 12 respectively. These figures, again, understate the number of people at work since two part-time workers are counted as one unit. It is clear that mobilisation on this scale and the transfer of many young women away from home into the Services or into industry must have considerably reduced the help which members of families and neighbours were able to give each other. For example, there must have been fewer daughters available to help with elderly parents, fewer sisters to help with young nephews and nieces and fewer middle-aged women to help with young grandchildren. Another consequence of mobilisation was a very steep reduction in the number of domestic servants. Accurate figures do not exist but during the war the number of female resident servants in domestic posts in England and Wales probably fell by about half a million—that is, by 75 per cent.[2]

The dispersal of families and the mobilisation of women were the two main reasons why families were less self-reliant in war-time than in peace-time. There were, of course, other reasons. For example,

[1] *Statistical Digest of the War*, prepared by the Central Statistical Office, H.M. Stationery Office, 1951, Table 9.

[2] This figure is obtained by comparing the figures in the *Census of England and Wales 1931, General Report* and the *Census 1951, Great Britain, One per cent. Sample Tables*. It assumes that the number of servants was roughly constant between 1931 and 1939 and between the end of the war and 1951.

there was the housing shortage. In the course of the war 222,000 houses were destroyed or damaged beyond repair, and a total of about three and a half million different houses received damage of varying degrees, some of it rendering houses unfit for occupation for several years.[1] On an average two houses in every seven were affected in some way by enemy action; in heavily attacked areas the proportion of damage was of course much higher. The general shortage of living space must have meant that many women who might otherwise have had their babies at home were now unable to do so and that many people who might otherwise have looked after young children or sick relatives had no room to spare. For more prosperous people the war meant far fewer opportunities of retiring at times of crisis to hotels or nursing homes. Many hotels were requisitioned and rationing arrangements often made it a disadvantage for hotels to take in people for more than short stays. Moreover costs of hotels and nursing homes went up and those middle class people who had fixed incomes and were paying increased war-time taxes were less able to afford them.

All these threats to the stability of family life came at a time when dependent members of family circles were increasing in number. The number of persons in England and Wales who were of peculiarly dependent ages—under 5 or 75 and over—rose during the war out of all proportion to the increase in the total population. The total increase in the population was about 1,390,000 and the very young and the very old together accounted for over half a million of this increase.

For all the reasons we have been enumerating, the family in war-time was increasingly unable to deal with such normal emergencies of life as childbirth, the illness of a mother of young children and the sickness of elderly relations. Moreover as the demand for woman-power grew and even mothers with children under school age were encouraged to work, there were fewer friends and relations able to look after the children during working hours.

What the family and neighbourhood could now no longer do for themselves, the State had to help them to do. The social services, therefore, far from being reduced in war-time had to be expanded. To most people in 1939 it would have seemed scarcely credible that the war should prove an agent of great social advance; there was an assumption inside and outside Government Departments that the normal services available for civilians could be curtailed and, indeed, when war broke out a good many of them were at first cut. But as *Problems of Social Policy* has shown, it was not long before new services had to be built up and old ones expanded to deal with some of the problems associated with evacuation. Services also had to be built up

[1] R. M. Titmuss, *op. cit.*, pp. 329 *et seq.*

or expanded to deal with problems that were due fundamentally to the dispersal of families, the mobilisation of women and the housing difficulties which war brought in its train. Thus we shall see in the chapters of this book the growing demand for institutional confinements among expectant mothers, the urgent need for nurses to look after the civilian sick and especially the chronic aged sick, the need for residential nurseries for children who had, temporarily or permanently, no one to look after them and the need for day nurseries for young children whose mothers went to work.

It was clearly out of the question completely to reorganise the nation's social services during the war. What happened was that the Government stepped in to plug the worst gaps in the services that war caused or revealed. It did not, and indeed could not, have filled all of them. In its work the Government was helped and sometimes stimulated by voluntary organisations; the chapters of this book will testify to the partnership, in many fields, of the Government and voluntary bodies. At a different level, the voluntary organisations themselves worked to fill many of the family needs that the war brought. The Women's Voluntary Services, in particular, showed themselves to be a flexible body that was full of initiative in developing new services to meet new or growing needs.

It was important that the war-time social needs that this book will discuss should be met if only for questions of morale. Morale is not capable of precise measurement but there was no doubt in the minds of the Services that the morale of the soldiers, sailors and airmen was of great importance for their fighting efficiency, and that it suffered if the men felt that their families were in trouble and nothing was being done to help them. The Service Departments were very conscious of the multitude of personal troubles that national service caused or aggravated and the war brought a remarkable development of the Welfare organisations of the three Services.

Serious family hardship could be alleviated to some extent by compassionate leave or postings for Servicemen. The Army, which was by far the largest Service, had a variety of expedients for meeting compassionate needs. Men in the United Kingdom could apply to their commanding officer, for a maximum of twenty-eight days' compassionate leave. No central records were kept of such applications but it was thought that at the beginning of 1944 leave granted by commanding officers was running at the rate of over 100,000 men a year. These short periods of leave may well have enabled many families to surmount temporary emergencies. If they did not meet the case they could be extended or else men might be given temporary compassionate release from the Army. In the first quarter of 1944 the number of applications for release was equivalent to an annual rate of about 80,000. For men overseas, the only possibility

was compassionate home posting. The number of such applications in the first half of 1944 amounted to an annual rate of perhaps 10,000 a year. Without such compassionate arrangements the plight of families in war-time would have been infinitely worse—and the morale of troops would have been much lower. But with all the goodwill in the world the War Office could not be very generous in granting more than the normal 28 days' compassionate leave. The shortage of manpower and—for men overseas—the shortage of shipping were too great. Officers of the War Office believed that at least 90 per cent. of the applications for the various types of compassionate leave were genuine and that very few were made with the intention of getting out of the Army. Yet the War Office and commanding officers overseas were obliged to adopt standards for judging applications that would, in less dangerous times, have been considered harsh.[1] Thus less than 60 per cent. of the applications for compassionate release that we have mentioned were granted and only 40 per cent. of the applications from men overseas for reversion to the home establishment.

The State had therefore to take a hand in looking after Servicemen's families when they were in trouble and also after many others who were swept by the war into difficulties. It was not enough to say that such families should make use of the pre-war assistance services, for many of the pre-war services, especially those that looked after the very young and the very old, were based on the old poor law and the workhouse tradition. Many of the people who needed help in war-time would have regarded any suggestion that they should use the existing public institutions with horror. The Army authorities were agreed that soldiers whose families needed help had a quite extraordinary antipathy to Public Assistance and the Relieving Officer. And so, as we shall find, for example, in the case of residential nurseries, some of the services that were needed in war-time had to be built on new foundations.

One successful social service was however built up by a well-established and not very popular pre-war institution, the Assistance Board. In 1940 supplementary pensions were introduced for those old-age pensioners in need and the Act that did this required the Board to conduct its administration 'in such manner as may best promote the welfare of pensioners'. Thus there was inaugurated a national scheme of welfare for old people who needed financial assistance.[2] The Board collected information about the living conditions of pensioners who applied for supplementary pensions and of

[1] For example, if the wife of a soldier suffered from an illness that was chronic and had been in that condition when the soldier went abroad the case was considered to be weak. For the grading of applications see H. of C. Deb., Vol. 404, Cols. 1231–1242.

[2] *Report of the Assistance Board for the year ended 31st December, 1944.*

those needs that called for something more than cash payments. After finding out the needs of individual pensioners the Board was able to call upon the services provided by local authorities and voluntary organisations to help them. The Report of the Board showed that 'the variety of ways in which pensioners have been helped include the provision of spectacles, crutches, dentures, surgical aids, invalid chairs and home nursing necessities, through a local authority or voluntary organisation; arranging for the admission to an almshouse or old people's hostel of a pensioner who could no longer live entirely alone or of a crippled daughter to a training school; securing the intervention of the sanitary authorities to compel a landlord to effect essential repairs, and the provision of transport by a voluntary organisation to bring a daily hot meal to a bedridden pensioner.'

One obvious way of helping old people or families in distress was to supply them with domestic help. In fact the Maternity and Child Welfare Act of 1918 gave welfare authorities permissive powers to run home helps schemes and these schemes ranked for grant; by 1938 about 190 out of a total of 305 authorities ran schemes. But the pre-war schemes were limited to help for mothers during and after their confinements. In war-time with the absence of husbands, difficulties of finding relations to help, the shortage of hospital beds and the shortened stay in hospitals, the importance of this home helps service grew and in the summer of 1942 the Ministry of Health began to make enquiries about the extent of existing arrangements. By then only about 55 per cent. of welfare authorities had some kind of scheme working. Others would have been glad to start a scheme but all authorities found great difficulty in obtaining suitable labour. The Ministry of Labour agreed in the autumn of 1942 that the work was of national importance and said that it would encourage immobile women over 40 to take it up. By 1944 the Ministry of Labour was giving the home helps service the same high priority as domestic service in hospitals, but the work was, in general, neither well paid nor attractive. The initiative in starting schemes was left with local authorities and by 1945 the number of maternity cases helped by the service was only 13,605 compared with 12,316 in 1938. This was useful but it only touched the fringe of a pressing problem.

Under their pre-war powers local authorities could only provide domestic help for maternity cases. But war-time conditions made it clear that there were other people such as the old or the sick who needed similar help and various voluntary organisations established services for such people. At the end of 1944 the Ministry of Health issued a new Defence Regulation to give local authorities power to establish similar services.[1] This was called the domestic help service

[1] S.R. and O. 1944, No. 1313 and Ministry of Health Circular 179/44.

and was kept separate from the home helps service run by the maternity and child welfare authorities. The Ministry of Health urged local authorities to run domestic help services wherever there was clear need and where it seemed possible that the necessary labour might be obtained; the Ministry would reimburse the cost of the schemes to the authorities. The shortage of the right kind of labour was, here again, the obstacle to development; by February 1945 there were only nineteen local authorities who were known to be starting schemes.

So far this chapter has been designed to show that social services had to be extended in war-time if only to supply help which in normal times would probably have been forthcoming from within family circles. But there were also other causes that inspired Government action. For example as food supplies fell, the Government was increasingly anxious to protect the health of expectant and nursing mothers and young children. By far the most important measure for this purpose was the National Milk Scheme. This and the vitamin food scheme will be described in this volume; measures to protect the health of school children will be discussed elsewhere.

While the maintenance of food supplies to the civilian population was a primary concern of a country at war, the Government was also called upon to deal with war-time shortages of certain consumer goods that pressed particularly hard on the family. Most raw materials were very scarce and, as we have seen, there was an acute and general shortage of labour; production of almost all consumer goods fell. The fall in the production of goods that were essential for babies and small children was especially serious because of the war-time rise in the birth-rate—a factor that no one could possibly have foreseen and provided for in advance. The Board of Trade was the 'production department' for all the goods in question but their responsibility for seeing that output was adequate was a difficult one. Statistics of output and of demand were scanty and the Board did not of course themselves order or distribute the goods. Moreover, a slight shortage of a commodity often turned rapidly, through panic hoarding, into a serious one. And then output had to be increased to a point where the shop shelves were filled with stocks for all to see.

While the Board of Trade were the production department for consumer goods, the Ministry of Health had a close interest in those shortages that bore most directly on the health of women and children. Some of the shortages—of clothing, household goods and household textiles—were of course of very general interest. But the Ministry concerned itself a good deal with such things as clothes coupons for expectant mothers, and shortages of children's footwear, prams, rubber teats, nappies, elastic, rubber knickers, cots, chambers,

babies' powder, knitting wool and sanitary towels. Some of these shortages were in the end overcome but usually only after a considerable time lag. For example, the shortage of rubber teats first became apparent in the summer of 1944. Rubber was extremely scarce and the Rubber Control authorised manufacturers to acquire rubber for a great variety of purposes. In 1942 the Control believed that there were surplus stocks of teats and it cut the allocation of rubber manufacturers severely, without taking advice from other departments on such relevant points as the birth-rate and the effects of the mobilisation of women on breast-feeding. When the stocks had been used up and the effects of the cuts in production were felt there was a public outcry. Rubber allocations to manufacturers were quickly increased but there was almost a year between the appearance and disappearance of the shortage. What this meant in terms of worry and unhygienic improvisation is of course unknown.

Other shortages could never be wholly overcome. For example, there was not enough rubber, steel, or leather cloth to provide a really adequate supply of prams of really satisfactory quality. Supplies of prams and push chairs on the home market in 1942 were only 324,000 compared with 590,000 in 1935. Supplies were increased to a rate of 482,000 at the end of 1944. This was in itself an achievement in war-time conditions[1] but in terms of the rising birth-rate it was still scarcely adequate. A great deal of inconvenience was undoubtedly caused to war-time mothers, but by the use of second-hand prams serious hardship was probably avoided.

There was one shortage that brought the Ministry of Health up against an important question of policy. The acute shortage of rubber imperilled not only the supply of rubber teats but also of contraceptives. While the Ministry could obviously urge from the onset of shortage the importance of the supply of teats for babies' bottles, the shortage of contraceptives placed it in something of a dilemma. The State had played practically no part in the great spread during the twentieth century of the knowledge and use of birth control methods. Those clinics and centres of advice that existed were wholly voluntary and the only women to whom local authorities were empowered to give advice through maternity and child welfare centres were those for whom pregnancy would be detrimental to health. Indeed, the whole subject of birth control was surrounded by taboos of silence and secrecy and of course by strong religious and moral objections. It was therefore natural that when the question of maintaining supplies of contraceptives for the civilian population first arose, the Ministry should firmly state 'the Minister has no direct concern in the matter'.

[1] Some of the increase in output was achieved by controlling quality and cutting out luxury prams.

This attitude did not, however, stand the test of time. The Ministry's function was purely advisory as it was not a production department. But for months the various production departments—the Directorate of Medical Supplies, the Rubber Control, the Board of Trade—argued about the responsibility for what was to them, a distasteful subject. While this argument proceeded the threat of shortage grew worse; at one stage indeed the Rubber Control cut off all rubber supplies for the manufacture of those appliances that were used purely for contraceptive purposes and not as preventatives against venereal disease. And before long complaints about shortages were coming from the clinics. At this stage, the Ministry of Health reversed its negative attitude. Now the considered opinion of the Chief Medical Officer was that on social and medical grounds a shortage of any of the main types of rubber contraceptives was most undesirable; the Ministry henceforth strongly urged on the other departments the claims of the manufacturers for larger supplies of raw material.

War-time shortages made the Government an arbiter on questions of social policy from which it had formerly stood aside and they also brought the Ministry of Health to the fore as an advocate for the daily and intimate requirements of mothers and children. Yet another reason for the extension of social action by the Government was the need to deal with inevitable social evils of war such as illegitimacy and venereal disease. It is no new phenomenon that when human beings are uprooted from their normal habitat and from their families and neighbourhoods their behaviour frequently changes; the farther they are removed the greater the changes. Men and women may behave with far less restraint when they are away from home and in uniform and with still less when they are abroad. Since the proportion of British men between the ages of 19 and 40 under arms was so high and since the number of Allied Servicemen stationed in Britain was so great,[1] it is not surprising that problems of sex relations loomed large. The facts about illegitimacy will be examined at some length and it will be shown that when the figures are compared with those for premarital conceptions they are not of themselves necessarily an indication of the extent of sexual immorality. But there were certainly many more illegitimate babies than in peace-time. And for the first time in history the Government found itself involved in the welfare of these babies and their mothers. This concern was itself in part an inevitable consequence of the mobilisation of women. The Government by

[1] Immediately before D-Day the number of Allied, Dominion and Colonial troops in the United Kingdom was 1,421,363. This was an exceptionally high figure. At most other periods of the war the number of non-British troops in the United Kingdom was between a quarter and a half million. These figures exclude sailors and airmen from abroad.

doing everything it could to encourage young women to move from their homes and go into the Services or into areas of acute labour scarcity could hardly stand aside when some of these same young women came to grief. And here again, it was useless to rely wholly on the resources of public assistance institutions which had the stigma of the poor law and frequently unsatisfactory conditions and standards.

Thus the Government found itself implicated in action to meet difficulties that did not normally come its way—difficulties that were in peace-time surrounded by silence. In the same way the Government was impelled to take resolute action about another unsavoury facet of war-time life—the increase of venereal diseases. The first public scheme to combat the diseases had been launched in the First World War. General practitioners were given special facilities to treat the disease and local authorities were required to set up centres for treating (without payment) persons suffering from venereal disease. Local authorities were also empowered to promote propaganda against the disease but only some of them used these powers and even then not very strongly. In the nineteen-thirties it seemed that the disease declined a good deal; the cases of early syphilis dealt with at treatment centres in 1939 was over 45 per cent. less than in 1931.

In the days of pre-war preparations, the Ministry of Health foresaw that war would mean a substantial increase in the number of V.D. cases and at least one official suggested that preparations should be made for a nationwide supplementary V.D. service which would include mobile treatment units; this should cover civilian and Service cases. This suggestion foundered because the Services wished to look after their own cases and because it seemed unlikely that the necessary finance would be forthcoming. The Ministry of Health therefore concentrated, in the months before the outbreak of war, on holding regional conferences with V.D. medical officers to ensure that the service would be protected from excessive call-up of the staff and that it would be as well prepared as possible for the war-time rush.

With the upheavals of war cases of venereal disease did indeed soon begin to increase. In 1941 the number of new cases of syphilis contracted in England and Wales by British subjects that came forward for treatment showed an increase of 113 per cent. for men (civilians and Forces combined) over the 1939 figure and an increase of 63 per cent. for women; the new cases of gonorrhoea showed an increase of about 90 per cent. for men (again civilians and Forces combined) and 81 per cent. for women. Early in 1940 the Ministry of Health planned to urge local authorities to provide additional treatment centres including mobile units and also to organise V.D. services by general practitioners. The Treasury would not at first make additional grants to local authorities to cover such expenditure

as it was intended to be covered by the block grant but by the autumn of 1940 they had agreed to do so. For the rest of the war the Ministry of Health spent much time in urging local authorities to increase the facilities for treatment where they were inadequate and to ensure that centres were open at convenient times. Forty-one new centres were opened[1] and in addition there was a scheme for encouraging the treatment of cases by general practitioners.[2]

Another weapon that the Government used against the increase of V.D. infection was publicity. The Ministry of Health decided to 'try to break the taboo on the public mention of syphilis and gonorrhoea and so dispel the atmosphere of ignorance and secrecy which for generations has favoured the spread of the venereal diseases'.[3] The venereal diseases campaign was launched in the autumn of 1942 and was, said the Chief Medical Officer of the Ministry, 'the most intensive effort in the field of health education yet undertaken in this country'.[4] After debates in Parliament, press conferences and national conferences, there was intensive press advertising about the prevalence of the diseases, their causes and the ways of curing them;[5] this campaign lasted for the rest of the war. The number of new cases of infection of syphilis and gonorrhoea among men that came forward for treatment reached a peak in 1942 and thereafter declined[6] but the number of new infections among women continued to rise for the rest of the war years. It is impossible to tell how much of the latter increase was due to a real increase in infection for it is certain that the Ministry's campaign did much to encourage victims to go to centres for treatment.

Another measure taken to fight the disease was Defence Regulation 33B. As early as 1940, Government Departments were concerned that there were no satisfactory means of bringing under treatment a number of girls and women who were responsible for much inefficiency of Servicemen through their infection with venereal disease. The new Regulation which was issued in 1942 provided that any person who was suspected by a specialist in venereal diseases of having infected two or more patients might be compelled to undergo examination and treatment. This regulation stimulated the work of contact tracing and the Ministry asked two separate committees to enquire into the desirability of widening the whole scope of compulsion. The

[1] There were 188 centres in peace-time.

[2] 600 cases were dealt with by general practitioners in 1944.

[3] *Summary Report of the Ministry of Health for the year ended 31st March 1943*, Cmd 6468.

[4] *On the State of the Public Health during Six Years of War, Report of the Chief Medical Officer of the Ministry of Health 1939–45.*

[5] Ibid. pp. 249–251. Some newspapers refused to accept advertisements. Cf. the refusal of most national newspapers to accept advertisements in a campaign against paratyphoid fever owing to the wording: 'Always wash your hands after using the W.C.'

[6] Some of the decline may have been due to posting of more Servicemen abroad.

committees thought however that any general system of compulsory notification would as yet be premature.

Another unpleasant infection which the Government had to combat more vigorously was scabies. A common complaint about cases of vermin was that it was difficult to deal with the family, the source of infection. The procedure under various public health and education powers was cumbersome and magistrates were often unco-operative. By November 1941, however, scabies in particular had become such a problem that the Minister of Health, 'satisfied that scabies . . . is so prevalent as to prejudice the efficient prosecution of war', made an Order under the Defence Regulations enabling local authorities to deal with scabies and verminous conditions in general.[1] The legal procedure remained somewhat complicated but medical officers could now get to the real root of the trouble, and reach not the individual alone but the whole of his family.

* * *

These introductory pages and the chapters that follow emphasise one of the central points that has already been made in *Problems of Social Policy*: war brought what seemed improbable but proved inevitable—a great development in the Government's social policy, in direct action by the Government to meet social needs. A good many existing social services were at first disrupted by the war but then of necessity they expanded once more—an example of this which is discussed in the following chapters is the maternity services. In other cases—for example, day nurseries or the tuberculosis allowances scheme—we find defence expedients developing into something much more akin to social services. Then also some social needs that existed in peace-time but were badly provided for were so aggravated by the war that they could no longer be neglected; examples of this are unmarried mothers and children temporarily or permanently deprived of home care.

The war-time development of the social services was in part a by-product of war-time needs—the services were needed to speed mobilisation or to maintain morale in the Services. But it would be a mistake to deny altruism to the nation's social progress in the war years. At a time of great national danger there was general agreement that the most vulnerable classes of the population must be protected. Women and children were in the front line of battle in a way to which there was no parallel in British history. But when it came to allocating scarce physical resources on a national scale[2]

[1] S.R. and O. 1941, No. 1724.

[2] e.g. food and clothing. Housing was not of course allocated centrally—there was virtually no new building in war-time and there was much evidence that in renting accommodation young mothers, particularly wives of Servicemen, were at a disadvantage.

expectant mothers and children were consciously put at the top of the priority list. It is perhaps of some significance that in shopping queues the right to jump the queue was given only to expectant mothers. And at a time when the battle was to the strong there was an almost unprecedented interest in the fate of the weak. A lively public interest in two of the most helpless classes in the community —the aged and the 'deprived' children—began during the war.

This phenomenon has no doubt a wide variety of causes, besides mere idealism. For example, there was a far greater tendency in the Second World War than in the First World War to think of problems in terms of the family; Freud's teaching may have had something to do with this and alarm at the declining birth rate almost certainly did.

Then there was a much more general interest in social justice and the social services because war had spread so widely the area of social need. There was in general less economic distress, though it must be remembered that unemployment did not 'disappear' until mid-1941 and that until the last year or so of the war the families of the lowest paid Servicemen were often in financial difficulties. But the causes of need were now not necessarily predominantly economic. The sick, the lonely and the helpless were, as always, spread through all classes of society but now a modest competence (to use an old-fashioned word) could not necessarily buy self help. As need became more widespread in the community a demand for higher standards was bred. For the same reason it was increasingly apparent that services should not be discriminating in their choice of beneficiaries but should be available to all who needed them. In two of the services discussed in this volume—the care of unmarried mothers and the tuberculosis allowances scheme—there was discrimination without regard to need and in both cases the results were unhappy.

It is already a matter of history that the advances in the social services during the war could not be retraced and that the signal was set for further advances. It is not the purpose of this chapter to discuss these developments. Instead, before going on to the detailed studies of the book, it is worth surveying very broadly how 'the family' in fact fared in war-time.

(ii)

Ups and Downs of the Family

How, amidst the dissolution of traditional family ties and the difficulties generated by physical shortages did the family eventually fare during these war-time years? According to some of the evidence the family flourished. In particular the levels of marriages and of

births were high. The number of marriages and the marriage rate per 1,000 population both rose sharply in 1939 and 1940 under the stimulus of war; the marriage rate reached a figure that was markedly higher than any similar rate recorded since official registration was introduced. The rate then fell and reached a very low level in 1943 from which it proceeded to rise.[1] When the numbers of marriages are related not to the total population but to the population able to marry—that is, to the single and widowed population above the age of 15—the average marriage rates for the war years (1940–45) show a substantial increase over the average for the preceding six years. The average rate of marriage for men in England and Wales rose from 62·6 to 65·9 per 1,000 non-married and the rate for women from 48·8 to 50·8.[2]

This further increase in the popularity of marriage—it had already been increasing in the nineteen thirties—was accompanied by an acceleration of the peace-time tendency to younger marriage. Many more people marrying for the first time married between the ages of 20–24 and rather fewer between the ages of 25–34. An even more striking feature of war-time marriages—and one that had no precedent in the First World War—was the great increase, especially among women, in the number and proportion of people marrying under the age of 21. Of the women marrying for the first time during the war, nearly 30 per cent. were under 21. Another marked feature was the number of marriages of British women to members of the Armed Forces of the Dominions, Colonies and Allies. In Scotland such marriages accounted for 5 per cent. of total marriages. If this percentage is applied to England and Wales it would yield a figure of 100,000 such marriages in the war years.

It is still too soon to see the long term trend of post-war marriage rates and to decide how far trends that began or were accelerated in war-time will go. It is perhaps worth mentioning, however, that in 1949, four years after the war ended, the rate of marriage among the marriageable population was still well up to the war-time level, the average rate of marriage had increased to the pre-war level, and

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[1] Marriage rates in England and Wales per 1,000 population were as follows:

1938	17·6
1939	21·2
1940	22·5
1941	18·6
1942	17·7
1943	14·0
1944	14·3
1945	18·7

The First World War experienced the same cycle of boom, slump and recovery in marriage rates. But the scale of disturbance caused by the Second World War was greater.

[2] *Registrar General's Statistical Review of England and Wales for the Six Years 1940–1945, Text, Vol. II, Civil.*

the proportion of marriages accounted for by women under 21 was still very high.

While the pattern of marriage was very similar in the two world wars, the pattern of births was very different. For the popularity of marriage in 1939–45 was matched by the popularity of having babies. In the First World War there was, says the Registrar-General, 'an abnormal and continuous fall in the birth rate throughout the whole period of hostilities followed by a complementary and equally abnormal boom in the immediately ensuing years'. In the Second World War, however, the birth rate in England and Wales after at first falling until it reached in 1941 the lowest point ever recorded in registration history—that is 13·9 per 1,000 of the population[1]—climbed in 1942 to 15·6 which was the highest point reached since 1931. In 1943 the figure was 16·2 and in 1944 17·5. The rate fell in 1945 but rose once more to reach a maximum of 20·6 in 1947. By 1951 the rate had dropped to 15·5 which was still a little above the pre-war level. This increase in the war-time birth rate which, if allowances are made for the changing age composition of the population, was even greater than the above figures suggest, was quite unexpected.

To some extent of course the rise in the birth rate reflected the high birth rates of the years following the First World War, the abnormal rise in marriages early in the Second World War and the lower ages of marriage. Indeed, the figures for legitimate births expressed as a rate per 1,000 married women aged 15–45 show that the pre-war level was exceeded only in one war-time year—in 1944. This however may well give an unduly unfavourable picture of the tendency of married women to have babies in war-time. It is necessary to make allowances for two factors. First, under war-time circumstances a good many babies were registered as illegitimate who, under peace-time conditions, might reasonably have been expected to come under the heading 'pre-nuptial conceptions of married women'.[2] Moreover, the war undoubtedly prevented a large number of births; some were merely postponed but some whether through ageing or war casualties could never be made up.[3] If allowances are in fact made for these factors it seems that the fertility of married women in the war years was rather higher than in the immediate pre-war period.[4] Curiously enough when the birth rate rose in the

[1] The 1938 figure was 15·1 per 1,000. The previous lowest point was 14·4 per 1,000 in 1933.

[2] This point is fully discussed in Chapter III.

[3] It is interesting to note that one of the grounds on which men in the Army overseas could apply for compassionate home posting was the desire, for medical reasons or reasons of advancing age, to start a family without further delay.

[4] See *Registrar General's Statistical Review of England and Wales for the Six Years 1940–1945, Text, Vol. II, Civil.*

later years of the war, it was the women who were married before the war who had more babies than might have been expected on 1938 standards from their duration of marriage. The women married early in the war had fewer babies than might have been expected from their duration of marriage. Women marrying from 1943 onwards, on the other hand, had more babies in the first two years of married life than was usual among women who had been married for this length of time just before the war.

It will be many years before it is possible to assess with confidence the meaning of the war-time rise in the birth rate. Not until the childbearing lives of the women who were of childbearing age during the war are completed will it be possible to see how far the later war-time and the post-war births represented borrowing from the future and postponement from the past and how far they represented a real turn in the desire for more children, for bigger families. From the sample tables of the 1951 Census there appears indeed no evidence that the larger families of five or more children were more popular in war-time. There is, however, some evidence that fewer married couples chose to have no children.[1] But whatever the long-term implications of these facts and figures the point that is important for this book is that despite all the trials and tribulations of war, women were more ready to have babies than in peace-time. According to this important piece of evidence it could be said that family life was strong in war-time.

If the war-time rise in the birth-rate is considered to be evidence of the strength of the family, there are other facts that can no doubt be brought as evidence on the other side—as evidence of fissures that appeared in the structure of the family. There is in the first place divorce. The number of divorce petitions filed in England and Wales rose from 9,970 in 1938 to 24,857 in 1945 and to a post-war peak of 47,041 in 1947.[2] For various reasons it is difficult to assess the real meaning of these figures. In the first place new legislation increased from 1st January 1938 onwards the grounds on which a divorce petition could be filed. Moreover during the war members of the Services were able to obtain divorces more cheaply and expeditiously. And, indeed, the general rise in money incomes must have facilitated divorce. Nevertheless, it is clearly true that while the war was a stimulus to marriage rates it was an even more powerful stimulus to divorce.

[1] Of the married women aged 45–50 at the time of the census, 20·6 per cent. had no children; of those aged 35–40 (who were at the main childbearing ages for most of the war years) 14·2 per cent. had no children—a percentage that might decline a little further by the time the childbearing lives of these women were completed.

[2] The percentage of petitions filed by husbands rose from 46 per cent. in 1938 to 58 per cent. in 1945 and 61 per cent. in 1947. Of the total petitions, 50 per cent. were put forward on grounds of adultery in 1938, 70 per cent. in 1945, and 67 per cent. in 1947. *Annual Abstract of Statistics.*

Figures for juvenile delinquency are often put side by side with figures for divorce as indications of the disintegration of the family. In war-time, figures for juvenile delinquency certainly rose. The number of boys under 14 who were found guilty of indictable offences rose from 14,724 in 1938 to 22,525 in 1944, the last complete year of the war. For girls of the same age the figure rose from 835 to 1,558. For boys between 14 and 17 the figure rose from 11,645 to 14,620 and for girls of these ages from 912 to 1,846.[1] Moreover, the number of children committed to the care of fit persons as being in need of care and protection or beyond control rose from 879 in 1939 to 1,908 in 1944.[2]

The facts about divorce and juvenile delinquency need far deeper and wider research than they have yet received. Here we can simply say that both sets of figures do betray some malaise in the war-time family. They could be joined by other indications of instability—for example, the number of people found guilty of cruelty to or neglect of children nearly doubled between 1938 and 1944 and offences against the Education Acts—mainly non-attendance at school—more than doubled. But it should occasion no surprise that the institution of the family cracked a little under war-time strains. The fact that is surprising is that the cracks which appeared were not very much wider.

For the upheavals that British society endured in war-time were on a scale that it had not experienced for many centuries. The upheavals were social rather than economic. Indeed to families which had suffered from pre-war unemployment or employment in those industries such as coalmining where wages were low, the war must in many ways have brought economic relief. It is of course extremely difficult to generalise about the economic position of families in war-time. Service in the Armed Forces brought greater prosperity and an unaccustomed regularity of income to some families and hardship to others. The wives of the lowest ranks of the Services (privates and their Naval and Air Force equivalents) who had small children and no other income but their allowances and their husbands' compulsory allotments, must have lived until the last year of the war in conditions that certainly were near to hardship even if they did not topple over the borderline. The system of War Service Grants certainly did much to mitigate hardship but for the first two years of war eligibility for them was narrowly restricted. Moreover, as late as 1944 the Ministry of Pensions could remark,

[1] The proportion of boy offenders per 100,000 of the population in their age groups rose continuously till 1941 but was lower in 1942 and 1943 than in 1941; thereafter it rose again. For girls between 8 and 14, 1943 was the peak year for offences; for girls between 14 and 17 1941 was the peak year and for the rest of the war the proportion continuously declined. *Criminal Statistics England and Wales 1939–1945.* Cmd 7227.

[2] Figures supplied by Home Office.

'We have talked War Service Grants, we have plastered canteens and Post Offices with War Service Grants and 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'. The financial burdens of the families of the lowest ranks were not really lightened until April 1944, when allowances were greatly increased. Until 1942, a private's wife with two children received only 38s. a week in allowances and compulsory allotment. The figure then went up to 43s. and in 1944 it went up to 60s. There were other classes of the population that did not share in the war-time financial prosperity.[1] Supplementary old-age pensions brought relief to the aged[2] but some other social service payments—for example, sickness benefit—did not keep pace with the rising cost of living.

For most people, however, the main strains of war were not financial ones. These other strains have already been referred to in this chapter—evacuation, housing, separation and the mobilisation of women. Evacuation and the disruption of education in the evacuation areas affected the lives of hundreds of thousands of children.[3] The grave shortage of housing meant that many families lived in conditions that were as unfavourable as they could be to a happy, ordered life and that many young couples started their married life in their parents' already cramped homes or had the greatest difficulty in finding even a furnished room.[4] It is perhaps worth saying a little more from fresh angles about the two factors that have already taken up a good deal of this chapter—separation and the mobilisation of manpower. Separation, particularly the absence of married men in the Services, meant that many families lived artificial lives, often for several years. The conditions of war favoured quick courtships and early marriages and once these marriages were contracted couples would be separated for months or years with at best occasional, brief meetings which were more like honeymoons. When married men served abroad—and the Registrar-General estimates that five million years of life were spent abroad between 1940 and 1945 by men from England and Wales in the various theatres of war[5]—the possibilities of difficulty were immense. Means of communication were reduced to letter writing. The Government fully understood the importance of reliable, quick and cheap postal and telegraph services

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[1] No account is taken here of the redistribution of incomes between social classes.

[2] See above p. 9 and also R. M. Titmuss *op. cit.* p. 516.

[3] R. M. Titmuss *op. cit. passim.*

[4] The wives and families of Servicemen often had particularly acute housing difficulties. See R. M. Titmuss, *op. cit.* p. 414.

[5] *Registrar General's Statistical Review of England and Wales for the Six Years 1940–1945. Text, Vol. II, Civil,* pp. 88–89.

and was indeed ultimately remarkably successful in organising them.[1] But the overwhelming proportion of the population had left school at 14. When men and their wives were separated by oceans and when they were undergoing quite different and often quite new experiences, their literary ability frequently provided inadequate means of expression. Misunderstanding was often inevitable. To the men undeviating fidelity was still very often the highest virtue of a wife.[2] The absence of letters or clumsily phrased letters might lead to all kinds of misinterpretation especially in an atmosphere where other men were suffering in the same way. On the other hand, wives resented unfounded jealousy. And so suspicion was nurtured on both sides. Sometimes the suspicions were of course well founded; when there were so many such long absences it would have been unreal to expect all women to be able to withstand the years of loneliness. One Middle East medical officer is quoted as saying that in his experience the fidelity of wives usually stood two years' separation but that in the third and subsequent years an increasing percentage lapsed. The ill-effects of separation were not of course confined to relations between husbands and wives; it does not need a psychologist to recognise the disadvantages of the fatherless home.

While many fathers were away from home, many mothers spent far less of their time at home. There are no figures for the numbers of married women employed in 1939 but numbers certainly rose very greatly during the war: Britain's mobilisation reached the peak it did largely because so many married women took up work. The position of women in Britain in the twenty years before the Second World War had changed a great deal—they had attained civic equality, smaller families gave them greater freedom, and avenues of employment had been widened. But it is reasonable to believe that it was exceptional for women to work after marriage. There were of course areas where industry depended heavily on married women—for example Lancashire—but they were probably few. In war-time however it became very usual for married women to work. Married women under 50 with no children under 14 were exempted from work only for very strong reasons. And as we have seen married women with young children were encouraged to work. We have already mentioned the guesses made during the war of the percentages of married women who were in employment—about 81 per cent. of married women between 18 and 40 without children under 14 were thought to be employed and 12 per cent. of those with young

[1] Cf. 'Two Years of Military Psychiatry in the Middle East' by H. B. Craigie, M.B., D.P.M., *British Medical Journal* 22nd July, 1944. 'The very great importance of a regular and reasonably rapid mail service was in constant evidence—delay, irregularities or non-arrival of mail were potent causes of anxiety and depression even in the most stable personalities.'

[2] See E. Slater and M. Woodside, *Patterns of Marriage*.

children. It was pointed out earlier that these figures were probably considerable underestimates.

Even in war-time it was still clearly the exception rather than the rule for married women with children of or below school age to go out to work. Nevertheless, a considerable proportion did go. There were probably more than half a million homes or more where mothers of children went out regularly to paid work. There were undoubtedly a variety of reasons why they did go in such large numbers. Often, especially perhaps among Servicemen's wives, they were attracted by the money. Often—again especially among Servicemen's wives—they probably went to escape loneliness. And sometimes too there must have been less tangible reasons of patriotism. While it seemed—however obscurely—patriotic to have a baby in war-time, it seemed less worthy to stay at home and get tea for children coming home from school; war work was necessary for that sense of 'belonging' to the community which assumed new importance in war-time.

The effects of this going out to work on families must have been considerable. It was clearly essential to make arrangements for the under-fives to be looked after during working hours. But the school children—and the adolescents who were working, often very hard, at first jobs—could more easily be left to fend for themselves until mother came home, or in the school holidays. Experts in war-time paid a good deal of attention to the psychological effects of a mother's absence from the under fives but much less to the effects on the older children. Yet it is open to question whether these effects—certainly in the short-term—may not have been more serious. Certainly mothers who worked and could not afford or get domestic help must have had much less time for their children. There were probably other effects on family life. Sometimes mothers' new-found independence and interests might ease old tensions but they were equally if not more likely to create new ones. The additional physical strain of war-time life may well have meant more irritability in the home and more of that condition of slight if undefinable ill-health which was even in peace-time the lot of so many mothers. The war-time extension of communal feeding lightened married women's work in one way. But those who worked war-time hours and travelled and shopped in war-time conditions faced an arduous life. One survey of women working in munition industries showed that the number of cases of sickness among married women was 48 per cent. higher than among single women and that the average sickness absence of married women was 65 per cent. longer than that of single women.[1] Older married women—those over 40—were absent less often and for

[1] S. Wyatt, *A Study of Certified Sickness Absence among Women in Industry*. Industrial Health Research Board.

shorter periods than the younger women. The increase in the amount of time lost by married women was particularly noticeable in diseases of the digestive system, fatigue and locomotory groups and in absence due to accidents. Such facts and figures suggest that the strain of doing a double job—especially where there were children to look after—was severe.

From time to time there were fears that women in industry remained at work until a late stage in pregnancy or returned to work shortly after their confinement. An investigation by the Government Actuary early in 1944 showed, however, that of the married women only about 5 per cent. continued to work up to four weeks or less before confinement and that twelve weeks after confinement 93 per cent. had not returned to work. Of the unmarried mothers, on the other hand, about 30 per cent. continued to work until the last month of pregnancy or later and over half had returned to work three months after confinement.

Housing conditions, the separation of families and the effects of the mobilisation of women were perhaps the most severe strains on the family in war-time. When other anxieties and other social upheavals—such as bombing, evacuation and the presence in Britain of so many overseas servicemen—are also considered, the stress on the family adds up to something very formidable. Against this background the fact that is striking about, for example, juvenile delinquency figures is not that they rose but that the number of boys under 17 found guilty of indictable offences was less than 2 per cent. of the male population of those ages; the number of girls under 17 found guilty was not much over .02 per cent. Figures for divorce and venereal disease can be viewed in a similar light.

In a war that tore societies and families apart on an unprecedented and dramatic scale, unpleasant social results were indeed apparent but they were on a much less dramatic scale. The war may well have loosened many bonds between the immediate family—husband, wife and dependent children—and the extended family—the less close relations. But for those 'immediate families' that faltered under the strains of war there must have been many unrecorded ones that were drawn closer together. The social stability of families as a whole and of the nation as a whole was, under the circumstances, remarkable. To take one small indication: alcohol is one of the long recognised ways of drowning sorrow. A social history of the First World War if it had been written, could hardly have avoided mention of the drink problem. Early in the First World War there was a strong feeling that excessive drinking was having adverse effects on the efficiency of war workers and the Government took strong measures to curtail consumption and production of

beer.[1] In the Second World War, however, there was never a drink problem. Personal expenditure on alcoholic beverages at 1938 prices fell during the war years even when expenditure of foreign troops in the United Kingdom was allowed. Convictions for drunkenness fell by more than half between 1938 and 1944.[2]

Certainly the habits of society proved in many ways more stable in war-time than could reasonably have been expected. But if social upheavals go deep so probably do the consequences. The war set patterns of behaviour that could not be expected to cease with the gunfire and its imprint on the minds of men, women and children could not be erased by victory proclamations. It seems for example, that the war-time habit of married women going out to work will be a continuing one—certainly in times of full employment. And the children whose home life was disrupted for perhaps six years could not regain those years. And so the effects of war on the family will take many years to work themselves out. If wars distort the economies of nations it would be foolish to expect them to leave unscathed men's minds and social institutions.

[1] G. B. Wilson, *Alcohol and the Nation.*

[2] These figures would not, however, include most cases of military drunkenness.

CHAPTER II

THE EMERGENCY MATERNITY SERVICE

(i)

The Preparatory Stage

IN THE plans for the war-time operation of the social services considerations of safety rather than considerations of welfare were predominant. Inevitably, therefore, the maternity services did not loom very large in the plans. For the maternity services had no claim to special usefulness in war. It was agreed that pregnant women and mothers with young children should be moved away from the danger areas into safer parts of the country and that the Government should pay billeting allowances in order to keep them there. But up to the beginning of 1939 it was taken for granted that this was all that needed to be done. No attempt was made to face the consequences of evacuation or the conflict between the demands of war and those of normal life upon limited resources. It was assumed that the maternity services would function as before.

The pre-war functioning of the maternity services was a matter of much public interest and in the early nineteen-thirties there had been serious concern about it. The maternal mortality rate had been persistently high[1] and official committees appointed to investigate the causes had come to the disquieting conclusion that many of these deaths could have been prevented by better ante-natal care and better midwifery.[2] In the years immediately before the war the introduction of the new sulphonamide drugs together with improvements both in midwifery and in living conditions led to a decline in the maternal death rate.[3] The maternity services, particularly in country

[1] There had been a slow rise in the maternal death rate (including deaths from abortions) from 3·8 per 1,000 live births in 1922 to 4·6 in 1934. (See the annual *Registrar General's Statistical Review of England and Wales.*)

[2] *Interim and Final Reports of the Departmental Committee on Maternal Mortality and Morbidity, 1930 and 1932; Report on Maternal Morbidity and Mortality in Scotland, 1935; Report on an Investigation into Maternal Mortality, 1937,* Cmd 5422; and *Report on Maternal Mortality in Wales, 1937,* Cmd 5423.

[3] By 1938, the maternal death rate (including deaths from abortions) had fallen to 3·1 per 1,000 live births. (*Registrar General's Statistical Review of England and Wales for the year 1938.*)

areas, were, however, still below the standards set by the official committees. As a first step to carry out some of their recommendations, the Midwives Act of 1936[1] had been passed but when war broke out this Act and its Scottish counterpart[2] had not yet been fully enforced.

The maternity services of 1939 were as much a product of historical accident as of conscious design. In this field, as in many others, voluntary organisations had prepared the way, and they had been followed by the more enterprising local authorities. At the end of the First World War this work was still in its infancy. It was then that the legislative basis was laid for a wide network of services and that Exchequer grants were made available to local authorities and voluntary organisations for the purpose.[3] In the course of the inter-war years, health visiting developed all over the country; clinics for ante- and post-natal care, infant welfare centres and dental treatment centres for mothers were set up. Individual general medical practitioners participated in these schemes, working at clinics or from their own surgeries, and in a number of areas medical supervision was supplemented by food schemes and the provision of domestic help during confinement. Most of these services were free, but for some small charges were made, and the number of women making use of them increased from year to year.[4]

There was a similar development in the public provision for confinement. Up to 1929, the only public maternity beds had been in poor law institutions. When local authorities were empowered to provide their own general hospitals,[5] modern maternity wings were built, and in 1939 the number of confinements in municipal institutions was far greater than that in voluntary hospitals.[6] In 1902 the first Midwives Act[7] had given statutory recognition to a profession of registered midwives with a specified training. In subsequent years, this training was progressively improved, and the Acts of 1936 and 1937 made it a duty of local authorities to provide an adequate service of whole-time salaried domiciliary midwives in their areas.

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[1] 26 Geo. 5 & 1 Edw. 8, Ch. 40.

[2] Maternity Services (Scotland) Act, 1937. 1 Edw. 8 & 1 Geo. 6, Ch. 30.

[3] Maternity and Child Welfare Act, 1918. 8 & 9 Geo. 5, Ch. 29.

[4] In 1938, two of every three mothers in England made use of the public ante-natal services and took their infants to welfare centres but only 12 per cent. attended post-natal clinics. 97 per cent. of all new-born infants were visited by health visitors in their homes. All these figures, however, apply to first visits only. (*Twentieth Annual Report of the Ministry of Health, 1938–39*, Cmd 6089, p. 240.) See also page 30.

[5] Local Government Act, 1929, 19 Geo. 5, Ch. 17.

[6] In England 32 per cent. of all births in 1938 took place in hospitals either owned or subsidised by local authorities. In addition, 47 per cent. of all expectant mothers were attended by municipal midwives. (A Complete Maternity Service, *Planning* No. 244, 31st January 1946, p. 8.)

[7] 2 Edw. 7, Ch. 17.

This was the first compulsory legislation of its kind, and as such it marked a new beginning in the field of maternal care. All other welfare services for mothers were based on permissive powers, not on duties, and great variations in both quality and quantity were the inevitable result.

The network of maternity services which covered the country at the outbreak of war had one primary characteristic: it was strong in some and weak in other places. The more advanced and wealthier authorities provided services of a high standard; in poor and backward areas few facilities were available. Country districts were often badly served, and many a countrywoman's only alternative to a home confinement was the public assistance institution with its stigma and poor standards. Even within towns, where the services were numerically adequate, quality varied from one district to another, with the poor, thickly populated industrial areas often at a disadvantage. One of the most disquieting features of all was the maldistribution of obstetric skill. In some parts of the country specialist advice in childbirth was almost unobtainable.

An essential need of a comprehensive maternity service is continuity of care from early pregnancy to the post-natal stage. It was for this reason that the division of the country's medical services into several unco-ordinated parts—medical practice, hospitals and local public services—was felt more painfully in the maternity services than anywhere else. The great differences in the standard and extent of the provision in different areas magnified still further the effect of divided rule. In England and Wales over 400 welfare authorities with permissive powers provided such services as health visiting and clinics.[1] There were 188 supervisory authorities for domiciliary midwifery.[2] Two different types of hospital, municipal and voluntary, maintained the beds for institutional confinements and usually also their own ante- and post-natal clinics. The health visitor, the domiciliary midwife and the hospital, all supposed to work hand in hand, were often responsible to different authorities or boards. The medical officer at the local clinic was cut off from the institutional services and never saw a confinement. The general medical practitioner, unless he was called in privately or happened to be employed by a local authority, did not come into the picture at all, except in domiciliary emergency cases, if he was prepared to attend them.[3]

[1] All county councils (with the exception of London), all county borough councils and 243 county district councils; in London the Metropolitan Borough Councils and the City of London Corporation.

[2] All county councils, county borough councils and 43 county district councils.

[3] The large majority of general medical practitioners, and particularly the older ones, were not eager to answer midwives' calls which consumed much time, involved many night visits and upset a busy doctor's routine. ('A Complete Maternity Service', *Planning* No. 244, 31st January 1946, p. 20.)

More often than not, when he was called in by a midwife, he saw the patient for the first time and knew nothing about her history.

Sometimes the gaps between all these agencies were partly bridged by records, but often they were not. Even in the better provided areas the inherent structural defects in the services made themselves felt. A mother might be attended by a number of different people at different times; she might receive quite contradictory advice or no advice at all. Follow-up systems, where they existed, were mostly ineffective. High 'first attendance' figures in official reports concealed the much more important fact that many mothers went without the continuous care they needed.[1] In most parts of the country the post-natal services were inadequate and not sufficiently used. Such provision as dental treatment for mothers and domestic help in confinement showed, even more than other services, how widely the views on mothers' needs differed in different parts of the country.[2]

In many publications, official and unofficial, which were published on the subject from 1928 to the present day, these deficiencies—and others—were enumerated. Lack of maternity beds in many areas, perfunctory ante-natal care, hurried and unskilled midwifery, absence of post-natal supervision and failure to look after the social needs of mothers were the chief ones among them. It was in country areas, not in the cities, where the main gaps could be found. The Royal College of Obstetricians and Gynaecologists, in its survey of the maternity services, came to the conclusion that they were 'not of the class deserved by a great nation'.[3]

This, then, was the situation in 1939 when the Government proposed to move thousands of mothers from cities into the country. The original view that they could be treated like any other group of evacuees did not survive for long. If the Government undertook to move them to safety it had to accept some share in the responsibility for their welfare at their destinations. Early in 1939, when the Ministry of Health had taken over the administration of the evacuation scheme, it appointed a small office committee to study the problems involved in the registration, transport and reception of expectant mothers. The committee's recommendations were embodied in a circular to local authorities in May 1939.[4]

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[1] Royal College of Obstetricians and Gynaecologists and Population Investigation committee, *Maternity in Great Britain*, 1948 (p. 29).

[2] Most authorities made arrangements for dental treatment of expectant mothers, but the majority provided for extractions only and not for conservative dentistry; many authorities providing for extractions made no provision for dentures. (*Report on an Investigation into Maternal Mortality*, 1937, Cmd. 5422, p. 265.) In 1938, only 191 of over 400 welfare authorities in England and Wales had instituted home help schemes for mothers in confinement.

[3] *Report on a National Maternity Service*, 1944 (p. 8).

[4] Ministry of Health Circular 1800 and Memo. Ev. 4, dated 1st May 1939, Appendix E.

The first necessity was a register, kept continuously up-to-date, of expectant mothers living in the areas scheduled for evacuation. The councils in such areas were urged to find out immediately, by means of surveys, how many expectant mothers would wish to leave in the event of war. The receiving authorities were faced with the more difficult task of finding suitable accommodation for them. It was realised, even at that stage, that billeting would prove difficult if the householders were not assured from the outset that they would be spared the inconvenience of confinements taking place in their homes. For this reason billets had to be within easy reach of maternity units and this meant that they had to be in the more urban parts of the reception areas. The Ministry of Health foresaw that the existing maternity beds would not be enough and the receiving authorities were asked to look out for suitable houses which might be equipped and staffed as maternity homes. They were also advised to keep in touch with the sending authorities so that a sufficient number of doctors and midwives could be procured if the scheme had to come into operation.

There followed three months of intensive planning to carry the Ministry's suggestions into effect. The London County Council assumed responsibility for the operation of the scheme throughout the Metropolitan area[1], and it evolved a red and blue card system as an easily understandable method of registration. Expectant mothers in evacuation areas could register at any maternity and child welfare clinic and they received either a red or a blue card. The holders of blue cards were those who expected their babies within a month; their journeys would be by road, in the company of midwives, to places where billets and maternity beds were known to be available. The remaining expectant mothers, holding red cards, would go by ordinary train. The red card was changed into a blue one when a woman reached the eighth month of pregnancy.

In July 1939 the Ministry again urged the local councils in the reception areas to review their arrangements and to see that sufficient consultant, medical and midwifery staff, billets and maternity beds would be available to deal with abnormal or difficult cases. It was assumed that in most areas the existing maternity units would have to be supplemented by turning private houses into emergency maternity homes. But even at this late stage there was no general sanction for local councils to take over and prepare such houses. In each individual case, the details had to be submitted to the Ministry for approval,[2] and the Treasury was inclined to regard such expenditure

[1] Consisting, at the time, of the County of London and the neighbouring boroughs of Acton, Barking, East Ham, Edmonton, Hornsey, Ilford, Leyton, Tottenham, Walthamstow, West Ham and Willesden.

[2] Ministry of Health Circular 1841 and Memo. Ev. 5 dated 28th July 1939.

with disfavour, until the war had become a certainty.[1] Not until 25th August 1939, eight days before evacuation began, were the reception authorities asked to get on with the job of adapting and equipping houses as emergency maternity homes. Costs could then be approved on the spot by regional medical officers of the Ministry, and the purchase of beds, bedding and whatever medical equipment was needed was left to the discretion of local authorities.

Thus began a desperate last minute search for buildings, equipment and staff. County and county borough medical officers of health were made responsible for the administration of the improvised maternity units. Together with the regional officers, they tried to make up for lost time and worked under extreme pressure. Although the procedure of taking over houses was simplified by the delegation of the Minister of Health's requisitioning powers to town clerks and clerks of the council,[2] it was now much more difficult to find suitable buildings; other government departments and private business concerns were strong competitors in the field. When a house had been taken over, maternity cases could only be admitted after certain minimum requirements of sanitation, water supply, heating, lighting and cooking facilities had been fulfilled. All over the country, bathrooms, sluices, gas stoves and radiators were hastily installed in dozens of houses and mansions.

In those feverish late-summer days of 1939, feats of improvisation were achieved which bordered upon the impossible. In the Eastern Region, for instance, 650 'blue card' mothers were expected to arrive, but on the 25th August only 115 beds, some of them thought to be unreliable, had been procured. By the 30th August 663 beds were ready to be used under somewhat makeshift arrangements, and by the 2nd September the total number of beds in normal and emergency units had risen to 1003. There were similar last minute efforts in other Regions, and by the end of the first week of September seventy-two emergency maternity homes with roughly 2,100 beds were ready for use.[3] In this unorthodox and almost violent manner the emergency maternity scheme was hastened into life. It had one purpose only: safety for mothers and babies. But it was destined to serve more than one purpose and to be moulded by the stress of war into a shape not envisaged by its founders in September 1939.

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[1] See R. M. Titmuss, *op. cit.* (Chapter VIII, p. 113).

[2] Ministry of Health Circular 1857, dated 27th August 1939.

[3] The number of births per month to be expected in the evacuation areas was about 16,000.

(ii)

The Scheme in Operation

On the 1st September 1939 the great movement of evacuation began with the departure of the schoolchildren and their escorts. Most of the expectant mothers were scheduled to leave on the following day. It was then that the organisers of the maternity scheme received their first surprise. Early estimates had suggested that 140,000 pregnant women would be evacuated. Only 5,600 women departed from the Metropolitan area, however, and a further 6,700 from other towns.[1] The remainder preferred to stay with their families at home or made their own arrangements to leave the cities.

It is impossible to say what would have happened if the response had been on the expected scale. For more reasons than one it turned out to be a blessing that so many mothers-to-be were less afraid of bombs than of the uncertainties of strange surroundings. Even with the greatly reduced number, and in spite of advance planning and valiant last minute efforts in most reception areas, there was much confusion, particularly in the areas receiving London mothers. Carefully laid departure plans were upset at the last moment and women whose confinements were imminent turned up at places where they were not expected and where no preparations for lying-in had been made. Householders who had looked forward to receiving schoolchildren into their homes regarded expectant mothers as unwelcome guests and in the absence of maternity beds babies were born in billets. Even those women who were deposited at their right destinations often encountered difficulties of various kinds. For in many places accommodation, equipment and trained staff were lacking.

Local officials, regional officers and many public-minded citizens worked feverishly to sort out the confusion: finding suitable billets, preparing extra maternity beds and securing more staff and equipment. To compensate householders for special inconvenience and responsibility where mothers were confined in billets, an additional payment to them of five shillings per week for two weeks was authorised.[2] By the end of the first week in October, the number of emergency maternity homes in England and Wales had risen to 137, with 3,700 beds, and 2,881 confinements had taken place in them.[3]

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[1] *Summary Report of the Ministry of Health for the period from 1st April 1939 to 31st March 1941*, Cmd 6340 (p. 31).

[2] Ministry of Health Circular letter to reception authorities, dated 11th September 1939. Later on, this payment was raised to 10s. per week for the two weeks immediately following confinement in a billet. (Ministry of Health Circular 2204, dated 16th November 1940.)

[3] Figures based on the weekly returns of the Regions to the Ministry of Health.

Improvisation had succeeded in saving the situation, but not without hardship for many of the people immediately concerned.

When the first rush had subsided, there followed an anti-climax. The crisis of overcrowding was succeeded by a crisis of inactivity. Most of the expectant mothers had gone back to their homes and the flow from the cities had ceased almost completely. Some women had returned immediately after arrival, without waiting for their babies to be born; others had left shortly after confinement. Of 140 expectant mothers from Birmingham, for whom billets had been found in Gloucestershire, only eighty could be traced two days later, and many more returned in the subsequent weeks.[1] Of seventy-eight mothers evacuated from the Borough of Leyton, 75 per cent. were back home within six weeks.[2] These were no exceptions; the experience was the same in most reception areas. In the new maternity homes beds stood empty and staffs were idle, while the partly dismantled urban services were working overtime. The trend back to the cities was irresistible, and in the absence of bombing it was likely to continue. It threatened to disrupt what had been built up only a few weeks earlier.

The Ministry of Health did not want this to happen. Now that a new maternity organisation had been built up outside the large cities, it was necessary to maintain it. When air raids started, there would be a second wave of evacuation, and for this reason alone the new maternity homes could not be abandoned. The best way of keeping them in existence was to use them to their fullest extent. Financially, too, it would have been indefensible to leave them empty and to allow doctors and midwives to stand by for an indefinite period.

As a temporary device, until another mass exodus became necessary, a new method of evacuation was adopted which became known as the 'trickle' scheme. It was carefully planned and provided for the evacuation of women whose confinement was expected within a month. Experience had shown that movements of pregnant women demanded detailed control and that the consent of the receiving authority was needed before any party of women was sent on its way. The new arrangements provided for specified numbers of expectant mothers at the end of the eighth month of pregnancy to be moved at specified times to pre-arranged places, where billets and beds in emergency homes were waiting for them. The regional medical officers were asked, first of all, to make sure that the emergency beds in their areas were of reasonably good standard and not fully used. Groups of women, who had registered for evacuation, could then be received by direct arrangement with the evacuating authorities.

[1] *Public Health*, Vol. LIII, May 1940 (p. 172).
[2] *Public Health*, Vol. LIV, May 1941 (p. 141).

In the reception areas the scheme was welcomed as a step in the right direction. It aimed at preserving what had been created with much effort and expense. It also offered an opportunity for discarding or re-organising some of the improvised units which might have brought discredit upon those who were responsible for them. During the scramble of August and September almost anything had seemed good enough, and some of this accommodation would not have stood the test of regular use. Here, as in so many other fields, time was gained for re-consideration and adjustment. But there was little response among the expectant mothers themselves. In the first fortnight after the new scheme began, only two women had registered in the whole of the London County Council area; in Birmingham the number was nine and in Leeds two. In the North-West, only about a dozen left Manchester weekly for Blackpool, and two small groups were evacuated from Liverpool. The 'trickle' scheme lived up to its name and seemed to have failed. Nobody could foresee at the time that it would justify its existence over and over again in the succeeding years.

The 'trickle' method of evacuation possessed the advantage of flexibility. It could be adapted to the constantly changing needs in individual Regions and in the country as a whole. Later experience showed that the tides of war, population movements of various kinds and changes in the birth rate demanded a scheme in which elasticity of administration was a vital factor of success. Expectant mothers could register for evacuation if and when they wished. They were urged to do so early in pregnancy, although they were moved only during the last month before confinement. This enabled the authorities to plan ahead and to use their beds to the best advantage. The regional officers were in constant touch with both the evacuating and the receiving authorities, co-ordinating and pooling their resources and avoiding pressure at any one point. The Ministry itself acted as co-ordinator for the London area and received the reports from the Regions on beds available for London mothers. Routine arrangements were worked out by the officials at both ends for the departure and reception of women at fixed intervals, usually weekly, and a new, smoothly functioning administrative machinery gradually came into being. In a service which was concerned with delicate human problems, administrative efficiency was of more than practical importance. It gave much needed reassurance to the women who left their homes and families at a critical stage in their lives.

All this, however, was only achieved after the quiet scene of 1939 had been transformed. During the first war winter, the 'trickle' scheme was in its infancy and it did not attain its aim of filling the maternity homes. The cost of maintaining them was out of all

proportion to the use made of them. By the end of 1939 the Government was again facing the dilemma which it had hoped to resolve by introducing the 'trickle' scheme. At that time, when some homes had already been closed as unsuitable and others had been placed on a care and maintenance basis, there were still eighty-six homes with 2,254 beds only 494 of which were occupied.[1] Since the beginning of the war, little more than 6,000 confinements had taken place in emergency beds, and even during the busy September weeks the percentage of occupied beds had never been more than 52·6. In Scotland, the picture was similar. By September 1939 twenty-four emergency maternity homes with 550 beds had been equipped, and a further 200 beds were available in institutions. At the end of the year, sixteen houses with about 400 beds remained, and only some 350 confinements had taken place in these special units. In January 1940, the number of evacuated expectant mothers still in the reception areas in the whole of Britain was in the neighbourhood of 1,100.

It was difficult to justify the immobilisation of trained midwifery staff in country areas, while their services were urgently needed in the towns. Moreover, some of the midwifery training schools which had been transferred as units to the reception areas were finding themselves without 'material' for teaching pupil midwives. The Government was in some doubt whether the evacuation of adults, including expectant mothers, should not cease altogether, in view of the unfortunate experience of September 1939. New evacuation plans, made known to local authorities in February 1940, were limited to schoolchildren and were only to operate, if heavy and continuous bombing started.[2] But this negative policy could not be maintained for long. The Ministry knew only too well that a maternity service could not be improvised and that unpreparedness in 1940 would be even less defensible than it had been in 1939. It was also essential that hospital beds in danger areas should not be filled with maternity cases but be kept free for the reception of casualties.

After a comprehensive survey of the emergency maternity homes, it was decided, early in 1940, to retain most of the units, either in working order or on a care and maintenance basis, and to review this decision in a few months' time. The assumption was that a second large-scale evacuation of expectant mothers would become necessary when bombing started and that the 'trickle' method, which had been more than adequate for the few, would not be suitable for the many who would wish to leave when bombs were falling.

In March 1940 expectant mothers in evacuation areas were asked to register under a new plan which was intended to supplement the 'trickle' scheme and to come into operation on a signal to be given

[1] See Appendix I.

[2] Ministry of Health Circular 1965 and Memo. Ev. 8, dated 15th February 1940.

when bombing started. The new arrangements provided for the evacuation, from the London area alone, of 3,000 women in the last month of pregnancy.[1] This figure was not based on registrations, which continued to be on a small scale, but upon the estimated number of women at any one time in the last month of pregnancy. The plan covered 30 to 40 per cent. of these women, although a lower proportion had been evacuated in September 1939. Pre-war preparations for the provision of emergency maternity beds had been based on 60 per cent. of the 'last month' cases, which had proved to be an overestimate, and the Ministry was satisfied that the lower figure would fully cover the needs. But an element of risk remained: this time evacuation would be postponed until after the attack had begun, and the reactions of pregnant women to the terrors of air warfare were as yet unknown.

The new scheme embodied the main rule of the 'trickle' arrangements: departures would be governed strictly by the number of beds available in emergency maternity homes. This meant that the Regions had to get their homes ready to work at full capacity at short notice. They were again asked to survey all accommodation and to procure any additional equipment and staff that might be needed. A distinction was made between two different types of homes: Class A, running with full or slightly reduced staff and available at once, and Class B, kept on a care and maintenance basis or temporarily used for other purposes and available for use within thirty-six to forty-eight hours after the scheme was put into operation. In addition, there were some beds, mostly in public assistance institutions or private nursing homes, about which the evacuating authorities were not informed. The Ministry kept them as a secret reserve.[2]

In the early summer of 1940, all these preparations appeared to be complete. The 'trickle' scheme was still functioning within narrow limits, and the 'signal' scheme was ready for the swift evacuation of large numbers at the critical hour. But the course of war again defied expectations. With the enemy's advance in the Low Countries and France, a large coastal belt, until then a reception area, became exposed to air attack and invasion. All evacuation planning was temporarily thrown out of gear. Many improvised maternity units suddenly found themselves in front line positions and had to be abandoned; new reception areas were needed not only for the coastal districts themselves, but also for the expectant mothers who had previously been sent there.

There ensued another period of intense and hurried activity. The

[1] Up to the end of March 1940, the London County Council had only moved 246 mothers since the 'trickle' arrangements had started in November 1939.

[2] There were 328 such reserve beds for London mothers in addition to the 1,527 emergency beds in fifty-six Class A and B homes allocated to London.

regional offices were asked to find premises to replace all emergency maternity homes which were situated within twenty miles of the coast. Houses were taken over, adapted, equipped and staffed in record time, and 'trickle' parties left the new evacuation towns with very little delay. In the Southern Region, for instance, five houses were inspected on the 28th May. Within seven days they had been requisitioned, blacked out, laid out with linoleum, equipped, staffed and occupied by sixty-nine expectant mothers from the Chatham and Dover areas. When the movement of the children from the coast and Greater London began, as a precaution against impending air attack, the Regions were informed that expectant mothers could now transfer their registrations from the 'signal' to the 'trickle' scheme, if they wished. This was not a call for general evacuation, but a measure to enable more expectant mothers in the last month of pregnancy to leave before bombing started.

At that time, the full advantage of the 'trickle' scheme became clear. During the period of sporadic raiding in the summer of 1940, it was used to an increasing extent not only by mothers from the new evacuation areas, but also by London women. Some 430 left the capital between the middle of June and August 1940 compared with 246 during the first five months of 'trickle' evacuation. Their numbers slowly rose as the battle drew nearer. This movement proceeded smoothly, without the disadvantages connected with mass evacuation on a specified day. Those homes which were out of commission could be reopened one by one, and there was more time to recruit the additional staff. What had been planned as a single large operation was turned into a series of movements which became more numerous with the rising tide of events.

When the attack on London began in September 1940, the 'signal' scheme was not put into operation. The 'trickle' method had been tested and had proved workable. It was no longer doubted that it could deal with increased numbers. Parties of expectant mothers were sent more frequently into the country, and the close co-operation between the Ministry, the Regions and the local authorities was maintained. In November, the separate 'signal' scheme was abandoned, and those who had registered under it were incorporated in 'trickle' parties. The method was accepted in all evacuation areas and it fulfilled its purpose well. Much of its administrative efficiency was due to the experience gained in September 1939 and to the preparatory work done in the quiet months of the war.

One other factor, outside the sphere of official control, contributed much to the success of the 'trickle' arrangements. It had been expected—indeed all plans had been based on the assumption—that great numbers of expectant mothers would want to leave when

bombing started and stay in the country after confinement. The small response earlier in the war was no reliable guide. Those who had scorned the idea of leaving their homes when all was quiet might feel differently when bombs were falling. In the summer of 1940, all preparations which depended for their effectiveness upon the behaviour of the civilian population under air attack, were based on conjectures and necessarily arbitrary estimates. This was true, for example, of the assumption, that 30–40 per cent. of all expectant mothers would want to be confined in the country—and stay there with their babies. When London became the chief target of the enemy's bombs in 1940, the assumption proved incorrect. The emergency maternity scheme was not called upon to carry the load for which it had been designed.

The first reaction to the attack was a rapid increase in the number of registrations. During the first eight months of 1940, only 1,148 women had left London under the official plan. But in September alone 1,174 departed, and in October the number rose to 1,486. Even this was less than half of the 3,000 women in the last month of pregnancy who were expected to be evacuated under the 'signal' scheme. And when the first fury of the assault had spent itself and Londoners had settled down to their new, precarious routine, the attractions of the country diminished further. In November just under 1,000 and in December 664 expectant mothers left for safer areas. In other parts of Britain, the experience repeated itself. Until Birmingham and Coventry were visited by the enemy, the weekly parties from these towns consisted of not more than half a dozen women. When the enemy had attacked, they grew to thirty or forty, but as the bombers chose new targets, the numbers dwindled again. In September, when the Battle of Britain was raging over the coastal districts of Kent, only ninety-five mothers left that area which included the target towns of Dover and Chatham. By November the monthly figure had fallen to forty. Simultaneously, there was the trek back from the country into the towns. Some expectant mothers changed their minds even before confinement; others never intended to stay after their babies were born. The conclusion was unmistakable: the appeal of the emergency maternity scheme, even under bombing, remained limited. It fulfilled a genuine need for a minority and enabled thousands of women to get away from bombs for a few important weeks. But the majority of the expectant mothers preferred to stay with their families and friends at the critical time of confinement. For them as for so many other groups of people,[1] the deep-seated conviction that war's disasters would be less terrible if endured together with those near and dear, proved more powerful than all the reasoned arguments and exhortations of government. It

[1] See R. M. Titmuss *op. cit.*

bound the majority of the expectant mothers to the cities; it induced others who had registered for evacuation to change their minds on the day of departure, and it prevented most of the remainder from staying in the country after their babies had been born.

(iii)

The Second Phase

By the middle of 1941, there were the first signs of a new trend in the emergency maternity service. The phase of vacant beds was coming to an end. What the threat of the enemy's bombs had failed to achieve, was brought about by social need. In 1940, the year of the *blitz*, just over 10,500 confinements had taken place in emergency homes; in 1941, when bombing subsided, the number rose to 27,868.[1] In the second half of the year and the early months of 1942, when there was hardly any air activity over the capital, from 850 to over 1,000 women left the London area each month. From April 1942 onwards, the monthly figure rose to between 1,000 and 1,300. Even at the worst times of bombing, there had been spare beds in the emergency homes; when the air war over Britain had practically ceased, they were sometimes full to overflowing. More than once, 'trickle' registrations in London had to be interrupted, and the authorities, who had urged all expectant mothers to leave the towns, were themselves compelled to hold them back.

This was not evacuation in the accepted sense of the term. The emergency maternity service no longer served the purpose for which it had been created and which it was to serve again in 1944. Its character had changed, and it had accepted a new function. The women who registered did not seek safety but maternity beds. The emergency homes, which had been useful as an insurance against air attack, had become an indispensable extension of the social services. With war-time dislocations and shortages, the dispersal of staff and the rise in the birth rate now added to the reservation of thousands of hospital beds for the injured, the 'normal' maternity services were no longer able to do the work that needed to be done. The newly created emergency homes were acting as a safety valve, but not of the kind they had expected to be.

The transition from the one extreme to the other was an uneven process. After the rapid rise in the number of registrations during the months of continuous raids in the autumn of 1940, there was another decline. In April 1941, a month remembered by Londoners for the

[1] See Appendix I.

two most serious night attacks on the capital, the parties leaving the evacuation areas were only sufficient to occupy just over a quarter of the available beds. As staff could not be relinquished without being irretrievably lost, even a temporary closure of some of the homes seemed out of the question, and a general reduction in the number of emergency beds was not suggested again.

In this situation the Ministry agreed in the summer of 1941 that 'private' evacuees and even some local women should be admitted to emergency homes.[1] According to the letter of the law only mothers who had left the towns in official parties had a claim to use these homes; 'private' evacuees were expected to make their own arrangements. But local medical officers of health, who had difficulties enough in providing for their own residents, did not appreciate this fine distinction between two different types of newcomers to their areas. Moreover local mothers who would normally have had their babies at home were now applying for admission to hospital often because they shared their houses with evacuees. The local medical officers saw that the emergency homes had beds to spare while local hospitals and domiciliary midwives were over-burdened with work.

The Ministry's permission for 'concession cases' to be admitted into emergency homes sanctioned what had already been done unofficially in many places as a matter of necessity and common sense. It was given on condition that the beds would be freed if they were needed for official evacuees. When this situation did arise, as will be seen, it was not easy to expel the intruders.[2]

By the summer of 1941, the incipient crisis in the maternity services came out into the open. Registrations under the 'trickle' scheme were on the increase and under-occupation of beds in emergency homes was no longer a problem. Three main factors combined to bring about this result: there was a steep increase in the demand for institutional confinement; there were fewer maternity beds in hospitals, nursing homes and other institutions; and there was a great shortage of midwives and other staffs.

In the years between the wars, an increasing number of mothers had shown preference for having their babies in hospitals,[3] and this general trend was intensified by war conditions. As people lost their

[1] See pp. 59 and 60 about the financial arrangements made in these cases.

[2] See pp. 46, 47 and 51. In England and Wales the total number of 'concession cases' was 4 per cent. of all women admitted to emergency homes in 1943 and 7 per cent. in 1944. The percentage continued to rise and by 1946 some emergency homes admitted more local women than evacuees. In Scotland, 40 per cent. of the women confined in emergency maternity homes during the years 1940 to 1944 were local women.

[3] In 1927, 15 per cent. of all births in England and Wales took place in institutions; in 1932 the percentage rose to 24 and in 1939 to 34. The percentage varied in different parts of the country. The figure for London—81·9 per cent. in 1937—was exceptional, as about one quarter of it concerned women from other areas who had come to London for confinement. (*Registrar General's Statistical Review of England and Wales for the Year 1937, Text*, p. 217).

homes or were compelled to share them with others, more women found themselves unable to have their confinements at home. As families were dispersed by the circumstances of war, friends and neighbours swallowed up by the war factories and women drafted from private domestic work into national service, it became increasingly difficult for mothers to find paid or unpaid help at a time of crisis. When the Ministry of Health urged local authorities, later in the war, to build up their home help schemes more energetically,[1] the shortage of women workers was so great that these services could not be sufficiently expanded. In some areas there were not enough domiciliary midwives to accept all cases, and many general medical practitioners were not eager to undertake maternity work which made heavy demands upon their time.

Under these circumstances, more and more mothers applied for beds in hospitals, and their number increased still further when the birth rate rose from 1942 onwards. There were also more illegitimate births,[2] and most unmarried expectant mothers asked for institutional care. In a way, the emergency maternity scheme itself encouraged the demand, because it made the advantages of institutional confinement—rest and freedom from home responsibilities—known to women who might otherwise never have experienced them.

While the demand increased, the supply of maternity beds was restricted. There was, indeed, a shortage of every type of institutional bed. In London the position was more serious than anywhere else in the country. Before the war, there had been roughly 2,100 maternity beds there, about equally shared by voluntary and municipal hospitals and homes. In September 1939, the London County Council in agreement with the Ministry, had reduced its maternity beds by two-thirds and the voluntary hospitals had followed suit. Whole wards were closed, top floors ruled out for maternity cases and staff and equipment transferred to country annexes or emergency maternity homes. During the first few months of the war, there seemed to be no cause for alarm. Mothers who could not secure maternity beds could usually find another solution to their problem. Houses were still undamaged, and friends, relatives or domestic workers could still be called in to help. The London County Council increased its staff of domiciliary midwives from 70 to 136,[3] and the scene seemed set for a shift from institutional to home confinement.

When the attack on London began, some of the remaining mater-

[1] Ministry of Health Circular 2729, dated 23rd November 1942.

[2] See Chapter III.

[3] The average weekly number of confinements attended by London County Council domiciliary midwives during the first eight months of 1939 was eighty-eight. Between the 2nd September and the end of the year the weekly average rose to 133. (London County Council, *Interim Report of the County Medical Officer of Health and School Medical Officer for the year* 1939.)

nity units suffered damage, and by the end of 1941 there were only about 400 maternity beds in London County Council hospitals, 350 in voluntary hospitals and a further 500 in the surrounding counties, mostly reserved for London women. If the evacuation scheme had functioned as intended, the loss of 800 to 900 beds for London mothers, representing about 17,000 confinements a year, might not have been serious. But most of the mothers who needed them remained in London, and the birth rate was going up. Tens of thousands of houses were destroyed, bomb-blasted or seriously overcrowded. The mobilisation of women was gaining speed. There were not enough midwives in domiciliary and institutional work, and more and more expectant mothers could not arrange for either a home confinement or admission to hospital.

In 1942, when the crisis in London was severe, some of the beds reserved for the admission of casualties were used for maternity cases, and the Ministry urged the hospitals to reopen or extend their maternity departments as far as possible. It supported their applications for some controlled materials and equipment and it also gave its blessing to negotiations between the representatives of the voluntary hospitals and the Metropolitan boroughs to work out a more satisfactory financial agreement on maternity cases.[1]

The most formidable obstacle, however, was the shortage of staff. The Ministry of Labour was urged to give special consideration to institutions where maternity beds could not be opened for lack of midwives, and from 1943 onwards it was as helpful as circumstances permitted. There was a shortage of midwives everywhere in the country, and some hospitals and maternity homes were bound to be understaffed. In the summer of 1942, there were 560 vacancies in maternity institutions, including the emergency maternity homes. Some beds in central London were re-opened by slow degrees—less than 300 in 1942[2]—but the demand continued to outstrip the supply.[3] By the spring of 1943 the London voluntary hospitals refused admission to every second mother who applied, and the refusals of this

[1] Early in 1943, the London Maternity Services Joint Committee negotiated with the Metropolitan Boroughs' Standing Joint Committee for a more even rate of payment for patients admitted to voluntary hospitals at the request of maternity and child welfare authorities. Some borough councils only made a single payment of 10s. per patient; others paid as much as five guineas a week. As a war-time expedient, the London County Council, as hospital authority for London, agreed to reimburse the borough councils the net cost of any approved arrangement made with the voluntary hospitals so that uniformity could be achieved. With the help of this additional income, the voluntary hospitals hoped to open a further 150 maternity beds without delay.

[2] About 150 in London County Council hospitals and 130 in voluntary hospitals.

[3] Difficulties of staffing were probably the main reason for the closure of many private nursing homes. According to local authority returns, the number of nursing homes on the register in England and Wales fell by 531 between 1938 and the end of 1943. This involved the loss of roughly 3,600 beds some 450 of which were classed as maternity beds.

group of hospitals alone amounted to between 600 and 900 a month.[1]

The position of London mothers would have been desperate, if it had not been for the emergency maternity homes. Without them, London's maternity services might well have broken down. The domiciliary midwives of the London County Council were working at high pressure, and any further strain might have resulted in wholesale resignations or collapse from overwork. By accepting a thousand London women each month into emergency maternity homes, the Ministry in effect added 500 to 600 beds to the pool available in London, and the London County Council came to regard these beds as a normal supplement to the maternity provision in the capital. By the summer of 1942, mothers who attended antenatal clinics and were expected to have normal confinements, were refused hospital beds as a matter of routine. Difficult or emergency cases were admitted,[2] but all other mothers were faced with the choice between a confinement at home or evacuation.

Although the Government had never adopted a policy of compulsory evacuation, many mothers were now, in effect, forced to go into the country for confinement. The majority accepted the situation, but a few determined women offered vigorous and successful resistance. Some showed their indignation by ceasing to attend antenatal clinics when evacuation had been suggested to them, and by making no arrangements at all for their confinements. Others registered for evacuation, but failed to appear on the day of departure. In the end, most of these women were admitted as emergency cases by their nearest hospitals when labour had started. This form of gatecrashing resulted in much dislocation in London hospitals and wastage of beds in the emergency maternity homes.

The failure of some registered mothers to appear at the assembly points for departure caused much irritation in the reception areas. The beds reserved for the defaulters could not be used, at short notice, for other women, and they often remained vacant for weeks at a time. Some reception authorities were so accustomed to the arrival of smaller parties than notified that they used some of their beds for local women. Considerable numbers were involved[3] and many complaints were addressed to the London County Council and the Ministry.

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[1] The figure of 600 to 900 refusals probably includes duplications, as some of the women may have applied to several hospitals.

[2] Abnormal cases were not included in the official scheme. The facilities for dealing with them in the reception areas were not extensive enough, and it seemed the lesser risk to arrange for their confinement in London. Such cases were defined as stretcher cases. Women who might later require hospital treatment, but were capable of travelling with the official parties, were accepted for evacuation, but it was indicated on their record cards that they would need special attention. See also p. 67.

[3] In a London County Council circular to the Medical Officers of Health in the Metropolitan boroughs, dated 12th August 1942, it was stated that 20 per cent. or more of the registered expectant mothers failed to attend on the day of evacuation.

It might have been possible to assume a number of absentees when the 'trickle' parties were arranged, but this suggestion was firmly refused. It would have involved the risk that in some instances more mothers appeared at the assembly points than had been notified to the reception authorities. The London County Council, which would have had to bear the blame, insisted upon the principle of relating the size of the parties to the number of beds reserved. There was no acceptable solution to this problem, and the defaulters never ceased to be a source of wastage in the emergency maternity homes. Their numbers could be kept down by careful administration, but they remained the uncertain human element in a well-organised scheme.

For the Ministry, the full use of the homes was of economic as well as social importance. It went so far as to suggest to the London County Council that the number of beds for normal confinements re-opened in London should be related to the demand, at different times, after taking the emergency beds fully into account. This suggestion could not be carried into practice. The extension of London's maternity accommodation was far too complex an undertaking to be slowed down whenever the emergency homes were not fully used. But the Ministry, by raising this issue, had demonstrated its eagerness to keep the emergency units working to full capacity, in spite of the change in their function.

When the scheme came up for the usual periodic review at the Ministry in the middle of 1942, it was described as a 'special scheme of country maternity homes for city mothers'. Admittedly, hardly any of the women who registered intended to remain in the reception areas. Strictly speaking, therefore, it was no longer justifiable to finance the emergency homes from the evacuation account, but this consideration was never seriously pursued. The alternative to the national scheme would have been the transfer of the homes to the control of the local welfare authorities with the far-reaching administrative and financial consequences this would have involved. It would have caused serious embarrassment to the authorities and severe hardship to many mothers.

Total war in civilian society tended to make nonsense of many fine administrative distinctions and turn into national problems what had previously been matters of local concern. Not the violence of war, but its social consequences, upset the calculations of the Government in this field. Not where to find a maternity bed, but how to find one at all, was the question which faced the expectant mother. The answer could not be given by local action alone. The emergency maternity service did on a national scale what was most needed for the welfare of mothers in war. It added to the total pool of maternity beds and it helped to adjust maldistribution and local shortages. The

problem of maternity in war was not, as had first been believed by the Government, primarily one of safety. The emergency maternity service proved more essential than ever when the issue of danger had taken second place.

The Ministry, therefore, accepted the new situation and allowed the 'trickle' scheme to continue.[1] By the autumn of 1942, the wheel had turned full circle: registrations of London mothers exceeded the number of beds available for them in the reception areas and some bewildered women were told that they could not, after all, be confined in the country. A crisis was averted by the opening of more maternity beds in London, and registrations for evacuation were soon reopened. But the safety margin had become exceedingly small.

(iv)

The Last Phase

In many respects, 1943 was a year of consolidation for the emergency maternity service. Its transformation from an evacuation scheme into a supplementary source of maternity beds was practically complete. As the highest birth-rate since 1928 was being recorded,[2] earlier misgivings of the authorities about this change of function were rapidly disappearing. The 2,800 beds in the emergency homes, sufficient for roughly 56,000 births annually,[3] had become an asset more precious than had been foreseen by the planners and organisers of 1939.

Evidence of the heavy call on maternity beds came from all parts of the country. In many areas the poor heritage of the past made it impossible for local resources to meet local needs. In May 1943 the emergency home at Luton in Bedfordshire was taken out of the official scheme and handed over to the local council for its own use. The claims of local mothers outnumbered those of evacuees. Registration figures were rising not only in London but also in other towns which had been free from enemy attack for considerable periods. To the surprise of the authorities, forty-seven mothers left Nottingham in 1943. Leeds sent a monthly average of sixty-two women to nearby emergency units where local West Riding women had booked many beds for two and three months ahead. There was a similar

[1] Organised evacuation of other priority classes was suspended in November 1942, except in a number of vulnerable coastal areas.

[2] In England and Wales, the birth rate per 1,000 population rose from 14·8 in 1939 to 15·6 in 1942 and 16·2 in 1943. (See the annual *Registrar General's Statistical Review of England and Wales.*)

[3] i.e. an average rate of twenty confinements per bed per year.

competition between local and evacuated mothers for the emergency beds in many other areas, and in the autumn of 1943 the London County Council complained that the evacuation areas were having to take what was left when all others had had their pick.

There was more than a little truth in this assertion. The number of beds offered to London mothers by the Regions had dropped from the usual 260 a week to 210. There was a growing reluctance in the reception areas to shoulder the burdens of the towns while all was quiet and the needs of local mothers were equally pressing. The Ministry, however, insisted that evacuated mothers should have first claim upon the beds. Renewed air attacks, secret weapons, large-scale enemy retaliation after the Allied assault on the Continent—all these remained possibilities. At any time the scheme might have to revert to its original function.

The five Regions receiving London mothers[1] were asked to reserve beds sufficient to take the full complement of 260 London mothers a week during the first three months of 1944. They were also urged to consider how this figure could be raised to 500, if the necessity should arise. Their answers were not encouraging. They amounted to the offer of 375 beds per week, if forty-five additional midwives and sixty additional domestic workers could be procured. At that time, in spite of the tightening control over the midwifery profession, there were almost 1,200 vacancies for staff in the country's maternity institutions, and any attempt to expand the scheme seemed doomed to failure on this score alone.

This was the position, when the long lull in the enemy's air attacks was broken early in 1944 by a series of short, concentrated raids on London. One of the immediate results was a rise in the registration figures of the emergency maternity scheme. In January 942 women left London under the official arrangements; in February the number increased to a little over 1,000, and in March it reached 1,399, the highest monthly total since 1940. This put a severe strain on the reception areas, and the Ministry made every effort to come to their aid. In its feverish search for more midwives and domestic workers, it enlisted all the help it could get. The Ministry of Labour promised assistance by restricting the inflow of midwives into London. The London County Council offered the loan of some of its staff if its own commitments were reduced by evacuation. The Regions were urged to prevent maternity beds from being blocked by lack of ante- and post-natal accommodation and it was arranged that mothers should not leave London more than three weeks before the expected date of confinement.

This general gearing up of the emergency maternity organisation

[1] The North Midland, Eastern, Southern, South Western and South Eastern Civil Defence Regions.

in the early spring of 1944 proved a valuable prelude to the events that followed a few months later. When the German flying-bomb attacks in the summer brought a return of *blitz* conditions in London and South East England the pressure on the emergency scheme became greater than it had ever been before. Organised evacuation of all priority classes from the Metropolitan evacuation area and from the new target zones of the south was re-opened at the beginning of July and many expectant mothers joined in the general movement. At the same time, the industrial towns of the Midlands and the north and east coast ports (with the exception of Hull) ceased to be evacuation areas under the scheme.[1] The beds formerly allocated to women from these towns could now be used for mothers from the south. As the old labels of evacuation, reception and neutral areas were swept away, the country was newly divided, and groups of expectant mothers from London set out for Blackpool and the north.

Not only the mothers themselves, but also some of the maternity services took part in the general movement. In the South Eastern Region four emergency homes and six ante-natal hostels were gradually emptied and closed and their staffs were sent to other homes. Whole maternity units with their staffs and equipment were transferred from this dangerous corner of England to hastily acquired buildings in the Midlands, the north and the west. Old public assistance institutions, country houses and empty seaside hotels were rapidly taken over and used as temporary refuges for bombed-out or evacuating maternity institutions. Hospitals in safe areas extended their maternity departments by using some of their casualty beds for evacuated mothers. After years of quiet routine work, there was again that spirit of urgency which had achieved so much in September 1939. Within a few weeks, nearly 800 beds were added to the pool of almost 3,000 in the old emergency homes.[2]

While all this work was proceeding, there was a frantic search for additional staff. The Ministry of Labour was asked to direct all newly qualified midwives to emergency units. Staffs were borrowed from the voluntary hospitals, the London County Council and other local councils in the south. The maternity accommodation in London was reduced by almost half so that midwives could be released for work elsewhere. Even health visitors with recent midwifery experience were diverted from their tasks to assist in the reception areas. What had appeared impossible only a few months earlier, was achieved in the face of supreme necessity. Almost 200 additional midwives, apart from pupil midwives and assistant nurses, were drawn into the emergency maternity homes.

[1] In Hull local maternity institutions had been so severely damaged that mothers in that town continued to use an emergency home in the North Midlands Region.

[2] *On the State of the Public Health during Six Years of War, Report of the Chief Medical Officer of the Ministry of Health 1939–45.* Cmd 6340 (p. 95).

By the beginning of August 1944 expectant mothers were leaving the London area at the rate of 700 to 800 a week. It will never be known how many of these wished to go, and how many were compelled to do so by the drastic curtailment of the confinement services in the capital. The Ministry was rightly proud that no expectant mother who was medically fit to travel had been turned back. This fact outweighed, in its view, any other consideration. The humane principle of offering safety to all who wanted it lay at the very root of the scheme. But the rapid and ruthless changes in the maternity services which had resulted in this success had also caused much hardship. Thousands of mothers in evacuation and reception areas who had already made their arrangements for confinement were forced to alter their plans at the last moment.

The picture changed, almost overnight, when the attack declined in September 1944. Some maternity units were still in process of transfer and others had only just settled down in their new surroundings, when the first signs of a return movement became noticeable. In spite of the rocket attacks which followed the flying-bombs the drift back to the south soon turned into a mighty stream. The final and most complete mobilisation of the emergency maternity service was followed abruptly by the first stages of demobilisation. This was, indeed, the beginning of the end. All assisted evacuation of mothers and children ceased, and the Government found that the time had come for it to honour the pledge it had given to evacuees at the outbreak of war. The following months were devoted to the complex operation of bringing them back.

It had been assumed, as a matter of course, that the emergency maternity scheme would come to an end with the main evacuation scheme. In November 1944 it was closed to mothers from most evacuation areas but in Hull, in certain parts of Hampshire and in Southern England it continued to function. Rockets were still falling and 250 to 300 women were still leaving London and its neighbourhood every week. In other parts of Britain, demobilisation was gathering speed. Local authorities began to turn their attention to post-war needs and many seized the opportunity of taking over ready-made maternity units released from the scheme. Other homes were closed as the buildings were reclaimed by their owners. At the end of 1944, 2,900 beds had been available in about a hundred houses; six months later there were only 1,600 in fifty-five different buildings.

With the formal end of the evacuation scheme on 15th May 1945, the emergency maternity scheme lost its basis of existence, but the beds in many of the homes were still booked for months ahead. At a time when most mothers would have wished to be near their families and friends to share with them in the joy of victory, almost 300 women were still leaving London each week for confinement in the

country. The dual function which the scheme had carried out was never more clearly demonstrated than at the end of the war. The capital could not do without the maternity beds in the country on which it had come to rely. It could not, in its own hospitals and institutions, provide a confinement service for all its mothers.

The Ministry of Health was as anxious as the London County Council to avoid the breakdown in London's services. Until more beds could be opened in the capital, some of the homes and hostels in the surrounding counties had to be retained. But there was no longer the same justification for paying for them from central funds. The evacuation account was being wound up and the Government was eager to place financial responsibility where it traditionally belonged—upon the home authorities of the mothers.

It was a new scheme, administered on the old principles, that emerged on 1st September 1945, when the financial changes came into force. The authorities in the London evacuation area were entitled to use it and the London County Council operated the machinery as before. The receiving authorities continued to run the emergency units and hostels, and in some areas, where hostel accommodation was scarce, billeting still served as an alternative. Each sending authority, however, was now compelled to assume full financial responsibility for its own expectant mothers and to recover from them part of the cost according to its own rules of assessment. After the 31st August 1945, the emergency maternity scheme ceased to be chargeable to the Government evacuation account.[1]

Many different councils were involved, at both ends, in the financial transactions which now became necessary, and the Ministry agreed to centralise the work of accountancy by acting as an honest broker for them all. The reception authorities continued to bear the administrative costs of running the homes and hostels and to reclaim their expenditure from the Ministry. The sending authorities paid the Ministry for the services their expectant mothers received, but it was not possible to calculate the cost of each individual case. A flat rate of 14s. a day, to cover the ante-natal period, the confinement and the journey both ways, was laid down to simplify procedure.[2] Some authorities complained about this burden on their local rates and maintained that the councils in the most severely bombed areas were penalised financially, but the Ministry replied that it would have been more costly for them to make their own provision in the ordinary way.

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[1] Subsequently no charge was made to the London County Council and the other authorities concerned for the period between 31st August and 31st October 1945.

[2] When the ante-natal period was spent in a billet at a 5s. lodging rate, the flat rate charge for the whole period of evacuation was adjusted to 11s. a day. From 1st May 1946 the flat rate of 14s. was increased to 15s.

When the new post-war arrangements came into operation, forty-six maternity homes with 1,407 beds, most of them in the Home Counties, were still in existence,[1] and six months after the end of the war 180 to 200 mothers were still leaving London each week for confinement in the country. During the whole of 1945 over 23,000 expectant mothers, including about 2,200 local women, entered emergency maternity homes, and 8,500 of these confinements occurred in the last six months of the year, when the war was over. During the same year, 12,600 babies were born in London County Council hospitals and 1,700 more domiciliary confinements took place in the County of London than there had been in 1944. Between VE day and the end of the year, the London County Council had succeeded in raising the number of its maternity beds from 500 to 650 and it could have opened another 170 beds if sixty more midwives had been available. The voluntary hospitals, too, had put more maternity wards into operation, but they were still 200 beds below their pre-war service.

While all London's confinement services were used to capacity, the emergency maternity service continued to function. But its scope was diminishing, and its limitations became more marked with every succeeding post-war month. As midwives were seeking more permanent posts, it became almost impossible to staff the temporary units. As local women asserted their rights, they claimed an ever-increasing proportion of the beds. Early in 1946, one Hertfordshire home offered only five of its thirty-eight beds to London women, and in a three months' period 45·4 per cent. of all admissions to Wiltshire emergency units were local mothers. The Ministry protested, but it was not able to check this development. Provincial needs, the local councils insisted, could no longer be sacrificed to the needs of London.

As the birthrate continued to rise, the demands upon the emergency scheme again began to exceed the supply. During the first three months of 1946, the number of births in Greater London showed an increase of over 5,000 compared with the previous quarter, and a further rise of 11,000 was expected between July and September. From the records of voluntary hospitals, there emerged the astonishing story of women booking maternity beds before conception or during the first few weeks of pregnancy. Of twenty-seven voluntary hospitals in the County of London, four had their maternity beds fully booked for nine months ahead; twelve for eight months; five for seven months; and the remainder for six months. In February 1946, thirty-one women who had registered for evacuation could not be sent into the country; in the succeeding weeks, beds could not be found for seventy-eight, eighty-eight, and 130 expectant mothers who had

[1] *Report of the Ministry of Health for the year ended 31st March 1946*, Cmd 7119 (p. 51).

registered. When the numbers booked exceeded 870 a month, the London County Council closed its registration lists, and at the end of February bookings under the emergency scheme were suspended until the summer.

In London itself, drastic measures were taken. The lying-in period in hospitals was cut down. Post-delivery homes were used to free hospital beds. The ratio of midwives to patients was reduced. General hospital beds were taken away from the sick and used for confinements. Married midwives were engaged for part-time and shift work. Health visitors and school nurses with maternity experience were called away from their normal tasks. Foreign and male domestic workers were employed in hospitals.

The post-war crisis in the maternity services, which was as serious as any during the war years, could not be greatly relieved by the meagre remnant of the emergency organisation. The process of dissolution was gathering speed and it could not be held up. During 1946 over 10,000 confinements had still taken place in emergency homes, but by March of the following year only twelve units with 365 beds were left. In 1947 the number of confinements in emergency homes dropped to 4,640, and at the end of the year only seven emergency units remained in existence.[1] The 'trickle' scheme passed away as slowly and reluctantly as it had come to life.

(v)

Billets, Hostels and Finance

The broad administrative record of the emergency maternity service has now been given from beginning to end, but another part of the story remains to be told: that of the billets and hostels in the reception areas and of the financial arrangements. The social problems connected with childbearing away from home and the background for the mothers' attitude to evacuation will emerge more clearly when these aspects of the scheme have been considered.

The emergency maternity homes were not destined for purposes other than those of confinement and lying-in. Mothers were admitted when labour was imminent or had begun. They were normally discharged two weeks after childbirth. But they were taken into the country at least two or three weeks before the baby was likely to be born. Confinement dates were often in doubt and miscalculations were common. If mothers had been asked to travel immediately

[1] *Report of the Ministry of Health for the year ended 31st March 1947*, Cmd 7441 (p. 69) and *Report of the Ministry of Health for the year ended 31st March 1948*, Cmd 7734 (p. 99).

before the expected date of childbirth, they would have been exposed to considerable risks. It was necessary, therefore, to provide accommodation for pregnant women before they entered the maternity homes and for the mothers with their babies upon discharge.

From the very first, billets for expectant mothers were difficult to find. Even in September 1939 most householders were reluctant to accept them into their homes, and they became the 'problem cases' of billeting officers. Women in the last stages of pregnancy needed special consideration and their normal physical discomforts were often enhanced by worry and fear. They were not the easiest of guests, and there was always the possibility that labour might set in precipitately and the baby be born in the billet. The Government promised to pay householders an extra 5s. (later 10s.) a week for two weeks, if such a contingency should arise,[1] but this did not lessen their objections. They feared the extra burden of work and responsibility that they might have to bear.

It was not intended that mothers should be confined in their billets. After the experience of September 1939, they were billeted, wherever possible, in close proximity to maternity homes where beds were reserved for them. This caused some ill-feeling in the particular neighbourhoods because people considered themselves unduly burdened with a difficult type of evacuee. The Government again tried to sugar the pill by a financial concession[2] but with very little result. In September 1941, the Southern Region reported that of thirty-two local authorities seventeen had no hope at all of finding ante-natal billets and eleven had very little hope indeed. In other parts of the country the situation was largely the same.

The general financial arrangements for billeting mothers were the subject of many complaints. Both householders and billeting officers were of the opinion that the ordinary adult allowance of 5s. a week was inadequate to meet the special circumstances of pregnant women in the last month before confinement. It covered the cost of lodging, and the mothers were expected to provide their own food. But it was hardly worth while for them, during the short period of their stay, to make special arrangements for separate cooking, and in many instances they shared the food with their hosts. Some mothers, however, did not make the payments they had promised to make for their board. There were also complaints that women had not been properly informed about their position before they left the towns. Some believed that they were entitled to receive free board. Others

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[1] Ministry of Health Circular Letter dated 11th September and Circular 2204, dated 6th November 1940.

[2] If a householder gave a written undertaking, covering a specific period, to billet a succession of expectant mothers during that time, a reservation fee of 5s. per week could be paid to him by the local authority whenever the billet remained unoccupied.

thought that they would enter a maternity home at once and protested at being billeted.[1]

More and more householders and billeting officers asked for an inclusive billeting allowance, and the Government complied with their wish in November 1940. The new allowance was 21s. a week and contained a 'board element' of 16s. which the reception authorities were expected to recover from the mothers either wholly or in part. The new rate was not intended to apply generally, but only where circumstances demanded it, and it was not paid for privately evacuated mothers.[2]

In practice, extensive use was made of the new allowance, but views varied about its effect upon the billeting position. Most householders found it more convenient to share meals than kitchens, and most mothers were glad to be relieved of the task of getting their own food. In some areas the billeting officers felt that the new arrangement had 'saved the day' but there were also complaints that the money was not sufficient. Some of the loudest criticism came from Blackpool, where the billeting authorities found themselves completely outbid in the matter of accommodation.[3] Landladies who could get 30s. to 35s. a week for munition workers and 30s. a week for Royal Air Force personnel, who took one meal a day at a canteen, were not eager to accept expectant mothers for a guinea a week and provide them with full board. There was one circumstance which the authorities tended to overlook: the food to which a pregnant woman was entitled under various priority schemes added up to five shillings' worth of milk, eggs and meat in addition to the rations of an ordinary adult.

The billeting allowance was fixed on a national basis and could not be raised for one locality, but Blackpool's complaints were soon followed by appeals for an increase from other reception authorities. They, too, made comparisons with the payments householders received for other groups of people. Civil servants, for instance, who were only entitled to two meals a day in their lodgings, were billeted at 21s. a week. The rate for evacuation helpers was the same but they were expected to add to it from their own pockets.

Householders were being used for the emergency scheme, although safety of the mothers was no longer its primary purpose, and the Ministry was uneasy about the position. But it hesitated to act. Any

[1] In January 1941 the London County Council asked all Medical Officers of Health in its evacuation area to make sure that the mothers were properly informed.

[2] This rate was only paid for women who had reached at least the eighth month of pregnancy, and it ceased on confinement.

[3] In Blackpool, an irregular payment of a guinea a week had been made for each expectant mother billeted there since September 1939. No recovery had been attempted. Up to November 1940, when the board and lodging rate was introduced, excess payments on billeting amounted to about £12,000. The Treasury agreed in September 1941 to let this matter drop.

increase in the billeting allowance for expectant mothers was bound to have repercussions upon the rates for other classes of evacuees. Only in the spring of 1944, when the Treasury consented to a general increase of billeting allowances was the rate for expectant mothers raised to 25s. a week. At the time of the announcement, only about 300 billets were estimated to be still in use. When the new allowance came into operation on 1st July 1944, the emergency maternity service had reverted to its original function. Many more billets were needed as 700 to 800 mothers were leaving the areas under flying-bomb attack each week. The increase in the billeting allowance therefore, proved even more useful than it had been expected to be.

Billeting alone would never have been sufficient to provide all the ante- and post-natal accommodation needed under the emergency scheme. As early as 1939, it was supplemented by hostels and in the later war years it was almost replaced by them. Originally, hostels had been planned for 'difficult' mothers or for those areas where billets would be found to be particularly scarce. It was soon discovered, however, that billeting was unpopular not only among the householders; the mothers themselves usually preferred to enter a hostel. In 1939 there were seventeen ante-natal hostels with 308 beds and their number increased with every succeeding year. Towards the end of the war it had risen to ninety-nine with a total of 2,100 beds.[1]

It was not an easy task for a reception authority to establish an ante-natal hostel in the right place and under the right kind of management. The houses had to be situated within easy travelling distance of maternity homes and in the later war years suitable premises were often impossible to find. A matron with midwifery experience, a cook and some other domestic workers constituted the staff. The mothers themselves were asked to undertake some light duties to help with the housework.

The hostels were expected to be as near self-supporting as possible, but they proved a more expensive method than billeting. Each mother was assessed and asked to make a reasonable financial contribution to her board. Sixteen shillings, corresponding to the 'board element' in the billeting allowance, was considered a fair charge but the average amounts actually recovered were between ten and eleven shillings a week.

Financial comparisons, however, were not allowed to determine policy. The Regions were urged to provide as many hostels as possible[2]

[1] See Appendix II.

[2] The Shakespeare Committee which inquired into the welfare of evacuated persons in the winter of 1940 stated in its report in January 1941 that the usefulness of the emergency maternity homes would be increased if more ante- and post-natal hostels were associated with them. (*Report on Conditions in Reception Areas*, 1941.)

and in some areas they were so successful that billeting became almost superfluous. By September 1942 the Southern Region was able to claim that 92 per cent. of the expectant mothers received under the 'trickle' scheme were admitted to ante-natal hostels on arrival. This state of affairs was never even approached in the country as a whole. It would have demanded one or several hostels in the neighbourhood of each maternity home with at least twice as many beds again as were in the home itself.

Most mothers liked the companionship in the hostels and they found the daily routine adapted to their needs. Those who had come because they believed in the advantages of institutional confinement were generally also in favour of entering a hostel. Some mothers had enjoyed their first stay so much that they asked to be sent to the same place again when they expected their next baby.[1] But standards varied, and there were also numerous complaints about food and amenities. The personality of the matron was all-important. If she understood the mothers' needs and troubles, she could turn even a poor hostel into a home and a distressing waiting period into a time of restful anticipation.

What has been said about ante-natal billets and hostels applied, in many respects, to the post-natal arrangements in the reception areas. Few householders were prepared to accept a mother with a baby into their homes and few mothers with new-born infants liked to be billeted. Having a baby in the house meant constant washing and drying; it usually also meant restlessness and noise. These things were not easily borne when the baby was not one's own. The mother herself was compelled to look after her baby in unfamiliar and sometimes hostile surroundings. She longed for her home where she was free to do as she pleased.

The problem of billeting would have been insoluble if the mothers with their babies had followed the Government's advice and stayed in the reception areas. Local billeting officers were aware of this and were glad to see them go. At a later stage, the Ministry itself admitted the fact. It continually urged the regional offices and local authorities to see that there were enough post-natal billets and hostels and that no mother could give lack of accommodation as the reason for her return. A reservation fee was introduced to help billeting officers in their work. If a mother had been happy in her ante-natal billet and wished to return there after her confinement the householder was paid the weekly lodging allowance during her absence. This arrangement, however, could not be widely applied. The Shakespeare Committee in 1941 had stressed the danger of overburdening the immediate neighbourhood of emergency maternity

[1] See p. 66.

homes with mothers and babies and had asked the authorities to place them over a wider area.[1]

The number of post-natal hostels remained small. In England and Wales there were rarely more than twenty, with a maximum of 340 beds,[2] and in Scotland there were none at all. Even the few available beds were not fully used.[3] The hostels had been intended as long-term homes for mothers with their babies who wanted to stay away from the bombed areas but they became clearing houses for 'difficult cases'. They were mostly used by women, many of them unmarried, who had nowhere to go and would otherwise have blocked maternity beds.[4] The few mothers who wanted to remain in the country with their babies were not eager to pass through post-natal hostels but preferred to avoid the double move and to get settled at once into a good billet.

When Southern England was attacked by flying bombs in the summer of 1944 there was, for a brief period, an acute shortage of post-natal accommodation. What had come to be regarded as the normal rhythm of the 'trickle' scheme, with its outward and inward movements, was interrupted by the desire of more and more mothers to stay away from the danger areas. The few hostels were quickly filled and there was a frantic search for billets. As an extra inducement, householders were offered 5s. a week for two weeks in addition to the normal billeting allowance, if they accepted mothers and babies straight from the maternity home. But the crisis was short. When the attack had passed its peak, the mothers with their babies were among the first to flock back home and the old rhythm of the emergency scheme was soon re-established.

The difficulty of finding billets, as has been shown, was partly a result of limited financial provision. It will now be necessary to examine, in a more general way, the financial principles applied in the scheme and their influence upon its work. The Government was neither empowered nor inclined to provide thousands of women with a free maternity service and a free stay in the country but it did not wish money to stand in the way of mothers leaving the towns. These were the two considerations which determined financial policy, and the Government steered, as a result, a cautious middle course.

The Government was prepared to pay for 'extras' which were the corollaries of evacuation, such as transport into the country and lodgings before and after confinement. But it refused to bear those

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[1] *Report on Conditions in Reception Areas*, 1941.

[2] See Appendix II.

[3] One large post-natal hostel with fifty beds had an average occupancy of six beds in September 1941.

[4] See also Chapter IV, pp. 107 and 108.

costs which were regarded as 'normal', such as board in billets or hostels and fees for the confinement. The Ministry of Health was compelled to advance money by paying board allowances and providing hostels and homes. But it was determined to recover from the mothers the whole or as much as possible of this outlay. The usual local assessment machinery was put into motion and the means test became an important feature in the financial administration of the scheme. This was in accordance with customary practice in both public and voluntary hospitals. It was the obvious course for the Ministry to take.

In the official view, a woman using the scheme was not worse off, financially, than one who was confined in her own local hospital and there was no financial barrier against the evacuation of mothers. Where this assertion was put to the test it was often refuted by practical experience. For the mother, as will later be shown, a confinement in the country involved more, financially, than the charges made by the reception authorities.[1] There were also apparent injustices in the methods of assessment which caused much resentment and could not be understood.

It was a rule of the scheme that the authority in charge of the emergency maternity home applied its own local scales of assessment. These varied from one area to another, and they were often less generous in country areas than in the towns. London women were usually asked to pay more than they would have had to pay in their local hospitals.[2] When complaints became numerous, some emergency units began to adopt the London scales for London women[3] but the Ministry asked them to abandon this practice. Payment of different rates by mothers in the same maternity home, it was argued with some justification, was even more objectionable than differentiation between women who came from the same Metropolitan borough but were confined in different reception areas. The further argument that safety during confinement might warrant slightly higher costs was less to the point; it was advanced at a time when most of these mothers would have preferred to stay in London if beds had been available.

Dissatisfaction with some of the financial arrangements was not confined to the mothers. The reception authorities had difficulties in recovering their costs, because the assessment machinery moved slowly and the women had often left the district by the time it had

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[1] See p. 65.

[2] Two London mothers, for instance, who were confined in a Leicestershire unit, were each charged £5 10s. for their fortnight's stay. Their local London Hospital would have asked them to pay only £3 each.

[3] One example was the Surrey County Council. London mothers preferred Surrey to other counties, because the confinement fees were lower there than in other reception areas, and the fare home was comparatively small.

completed its work. The Ministry suggested that the home and reception authorities should get in touch with each other to ensure that the mother's contribution was paid. It was hoped that the home authority's more intimate knowledge of the family's circumstances would facilitate the recovery of charges. There was much correspondence to achieve some result, but most of these efforts were without success.

The emergency maternity scheme was only one of the many instances where the ordinary peace-time methods of book-keeping proved tortuous and cumbersome under war conditions.[1] It proved impossible to sort out the many claims made by local authorities against each other. Neither the organised nor the spontaneous population movements of the war respected local boundaries, and the national schemes, which were superimposed upon the local services, created new problems calling for new solutions. It was not easy to find a simple way through the maze of contradictory issues. To decide upon general principles was one thing; to apply these principles to individual cases was another. Human needs in war were too varied to fit into any rigid pattern; the machinery to deal with them could not always keep up with the changing demands.

All approved expenditure for the emergency maternity service, less the recoveries from the mothers, was chargeable to the local authorities' evacuation accounts and ranked for 100 per cent. Treasury reimbursement. This was comparatively simple but complications of all kinds were introduced when women not strictly entitled to use the scheme were allowed to take advantage of spare beds in the maternity homes. The full maintenance costs of local residents admitted to them were a responsibility of the local authority concerned. This, too, was simple. But who ranked as a local resident in this war-time medley of semi-nomadic individuals and families? In Scotland, for instance, the wives of all Servicemen who followed their husbands from station to station were classed as evacuees unless they happened to be in their home districts. In England such women were not generally accorded this title. The costs of their confinements, therefore, could not be charged to the Government evacuation account but were a responsibility of their respective home authorities. In each individual case letters were written, charges were made out and pressure was put on some local council situated perhaps several hundreds of miles away. Much time and effort were vainly spent to recover from the home authorities of 'unofficial evacuees' that part of the confinement costs which was not covered by the mothers' own contributions. In the end few of the reception authorities ever received their money.

There are no separate records of the cost and recoveries of the

[1] See also R. M. Titmuss, *op cit.* Chapter XII.

different evacuation services, and the total cost of the emergency maternity scheme to the Exchequer is therefore unknown. Both costs and recoveries varied widely in different emergency homes. In some the weekly cost per patient was £6 to £7; in others it was less than £4.[1] The average sums recovered from the mothers in three emergency homes in one county were 11s. 6d., 15s. 1d. and £1 1s. 6d. per week during 1941–42. The Accountant-General's Department of the Ministry of Health stated in 1941 that most authorities failed to secure a satisfactory average rate of contribution from the mothers. A marked improvement took place whenever trained almoners were put in charge of the work. The Hertfordshire County Council, for instance, reported an increase in the average weekly payment per patient from 13s. 6d. in 1940 to £1 4s. 5d. in 1942, when the assessment work had been taken over by almoners. In May 1944 the local authorities were informed that they could accept vouchers of voluntary contributory schemes in payment of confinement fees at emergency units if this was their usual practice in their own maternity institutions.[2] Much bitterness would have been avoided, if this decision had been made four years earlier.

One financial issue which caused more controversy than any other was that of the return fares of mothers with babies who went back to the cities on their own accord. When the emergency scheme had been planned, the question of return fares had not arisen. It had been assumed that those who left the towns under official arrangements could and would remain in the country until, in fullness of time, the Government would bring them back. This theory was still maintained when it had long been abandoned in practice and thousands of mothers with their babies had already returned. The Government insisted that they should bear the cost of their return fares themselves.

When the 'trickle' arrangements were evolved women were warned that they would get no assistance if they wanted to go back. By 1940, however, there was a slight change of emphasis in the Ministry's pronouncements. It was no longer a declared duty of mothers to stay in the country but this did not mean that their return would be encouraged by the payment of fares. When the attack on London had started and invasion appeared probable the one-way principle of evacuation was no longer challenged. Most mothers still returned soon after childbirth and they still paid their own fares,

[1] At two Hertfordshire homes in 1940 the average weekly costs were over £7 per patient. At three emergency units in Surrey, costs for the year 1943–44 worked out at £6 18s. 4d., £6 15s. 4d. and £7 18s. 6d. per patient per week. At two Northamptonshire homes the average cost per patient per week in 1941–42 was £3 18s. 4d. and £3 19s. 9d. At another unit in the same county the cost was £4 12s. 9d.

[2] In 1944 the Home Counties negotiated a settlement with the Hospitals Savings Association whereby they agreed to accept three guineas per case for every contributor admitted to their maternity homes.

often with difficulty. Little, if any, attention was given to the mothers who had to return to look after their other children; the request that mothers and babies should stay away from the bombed areas was generally assumed to be eminently reasonable.

Not until the autumn of 1941, when the changing nature of the maternity scheme became evident, did evacuated mothers find a champion to take up their demand. The 'trickle' scheme was not working too well. Many mothers feared to be sent to the more distant maternity homes where the fare would prove a serious obstacle to their return. The London County Council asked the Ministry to help these mothers, even if it involved a departure from general evacuation policy. The scheme had developed on different lines from those originally laid down and an element of compulsion was creeping in. The new situation demanded a new approach. But the Ministry firmly adhered to its original position. So radical a concession to one group of evacuated people might threaten the design of the whole evacuation scheme.

Six months later the question was discussed again. By that time the Ministry had admitted that most mothers registered for evacuation to obtain maternity beds, and the London County Council maintained that not even 1 per cent. of the roughly 10,000 mothers who had left in the course of a year had stayed in the reception areas for any length of time after confinement. The Ministry, however, was still unwilling to relent. What it feared most of all was to overstep the bounds of current Treasury sanction and to accept a responsibility which might properly lie elsewhere. It was bad enough to finance from the evacuation account a scheme whose primary purpose was no longer evacuation. It would have been worse to proclaim the fact by paying return fares. It was one thing to continue an old procedure for a new purpose. It would have been another to accept new financial obligations as a result of it. The one was an accomplished fact before the Ministry was even aware of it; the other would have been a deliberate departure from accepted principles.

These were some of the considerations which the Ministry had in mind. In the summer of 1942, however, it began to revise its original views. Was it possible to assist mothers without incurring additional expenditure? The coaches that took the expectant mothers into the country might be used to bring back mothers and babies on their return. Authority was given for this to be done provided that no additional mileage was travelled which would involve more expense. The results of this half-hearted measure were greater injustices than had existed before. Some women found themselves in maternity homes in the neighbourhood of London; others were faced with train journeys from Yorkshire or Derbyshire which might cost

anything up to 30s. or even more. The coaches would pick up some mothers and babies at the nearest emergency units while the women who were unfortunate enough to find themselves in remoter homes did not benefit at all from the new arrangements. For the London area, moreover, the plan proved unworkable because mothers could not be deposited anywhere near their homes without the deviation of the coaches from their allotted routes.

This state of affairs was untenable and early in 1943 matters came to a head. A question was asked in Parliament and the House of Commons listened to distressing tales of women with new-born babies hitch-hiking home or being stranded with their infants in remote parts of the country.[1] To avoid further embarrassing publicity, an immediate solution had to be found. It was first suggested that the evacuation authorities might be made responsible for bringing their mothers home, as it was largely their failure to provide maternity beds which had forced them to go away. But the administrative effort of such a course would have been out of proportion to the amount of money involved. It was estimated that a sum of £3,000 a year would be necessary to cover the fares of necessitous women and the Treasury was asked to sanction this expenditure from the evacuation account. Payment of all fares was never contemplated.

In March 1943, only a few weeks after the revelations in Parliament, permission was given for the payment of return fares in full or in part if mothers were unable, without hardship, to bear the cost themselves. No general publicity was given to this arrangement, and each mother had to justify her claim to the reception authority. Even at that stage the Ministry was not prepared to abandon the fiction of evacuation and to admit officially what it had long ago admitted in its own departmental minutes. Its case to the Treasury had been that expectant mothers were a special class which should be given facilities for 'temporary evacuation'. Their return, the argument ran on, was in some respects not to be regretted. They were difficult to billet and the scheme would work more smoothly if they were not held back in the country.

This form of reasoning, although evading the essential facts, fitted into the grooves of the accepted evacuation principles. For the mothers, the result was an unsatisfactory compromise which introduced another means test and left many of them with a keen sense of grievance. In Scotland, where less attention was paid to the niceties of the evacuation argument, the Department of Health agreed to the cost of return fares being met whenever a local authority raised the matter.

With the reopening of the main evacuation scheme during the

[1] H. of C. Deb., Vol. 386, Col. 1957, 18th February 1943.

flying-bomb attack in the summer of 1944, the whole question of the return fares came to the fore again. The Ministry now adopted a more realistic attitude and acknowledged that many expectant mothers did not leave the cities from choice. It admitted that those who were sent to the more distant maternity homes were unfairly penalised and deserved some assistance with the cost of the fare home. For the many mothers, however, who had already borne this additional burden which the war had imposed upon them this admission came too late.

There was one other financial issue which caused some embarrassment to the Ministry towards the end of the war. Certain voluntary hospitals in London had their own evacuation arrangements for women who attended their ante-natal clinics. These expectant mothers were transferred for confinement to special maternity units in the country which had been largely staffed and equipped by these hospitals in the years 1939 and 1940.[1] The homes had been established hurriedly, and the financial arrangements were somewhat haphazard. The Government had agreed to pay the total net deficit of the 'linked' maternity homes.

Early in 1944 the Ministry found that some of the hospitals had derived financial advantage from this arrangement. They had been relieved of a large part of their normal administrative costs by the establishment and maintenance of the emergency units at Government expense. Regional finance officers were instructed to go into the matter, and the hospitals were asked what contribution they were prepared to make to the Exchequer. But the negotiations failed and the Ministry refrained from forcing the issue. It wished to retain the staffs and services of these special units and the goodwill of the voluntary hospitals.

At the end of the war, when new financial arrangements were made for the emergency maternity scheme,[2] the Ministry agreed to continue its full payments for the special units until the end of 1945 but it informed the parent hospitals that during the first six months of 1946 payments would be progressively reduced and come to an end on 30th June 1946. Some of the hospitals declared themselves unable to pay even part of the costs and warned the Ministry that they would be compelled to withdraw the units from the scheme unless full Government subsidies continued. But the Ministry hoped that the loss, when it came, would no longer be serious, and it let its decision stand. Another account reflecting the improvisation in war-time financial policy was thus closed.

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[1] Five homes with a total of 168 beds received cases direct from London voluntary hospitals and not through the arrangements of the London County Council.

[2] See p. 50.

(vi)

The Mother and the Service

It has been said, earlier in this chapter,[1] that the human element often proved an uncertain factor in a well-organised scheme. It would be equally true to say that this same element helped to make the scheme work more efficiently than it would otherwise have done. The mothers were less eager than the authorities had expected to use the emergency maternity service, and this contributed to its success. Even during periods of intensive air attack the majority of them stayed in the bombed towns. This was a remarkable fact, and it needs explanation.

What did a mother's evacuation involve for herself and her family? It was an unsettling and usually also a costly experience. She had to entrust herself to strangers at a time when she was most in need of the people near and dear to her. She had to share the home of other people or lead a communal life in a hostel and adapt herself to the habits and standards which were customary there. More important still: she had to be away from home for five to six weeks or longer, and abandon her responsibilities while the rest of the family remained to face the dangers of air attack.

A woman expecting her first child might be able to leave her home unattended. An expectant mother with children was tied to her family more firmly. There runs, through the history of the war, a record of women's efforts to keep their homes together in the face of every adversity. A mother might accept the strangeness of life away from home but she would not easily agree to desert her post.

Before the war many women had refused to go to a nearby hospital for even two weeks because they could not be spared at home. Many a working class mother had run her household and looked after her children from the lying-in bed and had been on her feet again a few days after childbirth.[2] The war did not remove such family problems; it made them more numerous and more difficult to solve. Husbands were away on war service or working long hours and could not stand by. The traditional helpers in family crises—relatives, neighbours or friends—were often unable to come to the rescue.

The presence of children under five years of age was the greatest obstacle to their mothers' confinement in an emergency home. They could not be sent to the country like their elder brothers and sisters

[1] See pp. 44 and 45.

[2] See e.g. *Maternity in Britain*, 1948, pp. 177–191.

under the official evacuation scheme. Early in the war they had been allowed to accompany their mothers in the official parties and the reception authorities had cared for them while their mothers were laid up. Under the 'trickle' scheme, this was no longer permitted and the parents were expected to 'make their own arrangements'. If relatives or friends in reception areas agreed to look after the children, the Government assisted financially by paying their travelling expenses and those of their escorts and by granting the ordinary billeting allowance. But such helpful people were increasingly difficult to find.

Most residential nurseries, which might have admitted such children, were overcrowded. A London mother could apply for her children to enter a nursery run by the social welfare department of the London County Council or a short-stay nursery in the country, but she was expected to exhaust every other possibility before she applied. The demand was greater than the number of vacancies, and the chance of acceptance was small.[1]

Apart from the difficulty of finding temporary homes for the children, there was the deterrent of extra expense. For the poorer women, and particularly for Servicemen's wives, a confinement in the country must have been a major financial undertaking. The actual confinement charges as we have seen were often higher than they would have been in town,[2] but this difference was only a small part of the additional burden. There were the less obvious items like the indirect effects of the mother's absence from home on the family budget and the obvious items like the straightforward payments on board charges, the husband's fares when he visited his wife and the mother's own fare when she returned with her baby.

Even before the mother set out on her journey money would nearly always have to be spent. When she contemplated leaving her home and sending the children away, her thoughts would naturally turn to the question of clothes. Her only maternity dress might by then be almost worn out; shoes might need soling or replacement; underwear, particularly, might be in a hopeless condition. What had been sufficient, with frequent washing and mending, in the privacy of the home, was often not good enough for life among strangers.

Most mothers wanted themselves and their children to be respectably dressed when they stayed away from home. However poor they might be they would have standards below which they would be ashamed to fall.[3] Their ideas of self-respect and respectability had not changed when the war had shattered their normal existence.

[1] A specially constituted Women's Voluntary Services Panel examined each case. See also Chapter VII.

[2] See p. 58.

[3] See R. M. Titmuss, *op. cit.* (Chapter VIII, pp. 114–120) on the clothing of evacuated children.

Even in extraordinary times ordinary conceptions and values still moulded people's behaviour. These were the same women who calmly swept the glass from their steps after the night's attack. They maintained, amidst the turmoil of war, the basic order and the decencies of life.

A household is not usually managed with the same care and efficiency when the housekeeper is away, and expenditure rises. The charge for the mother's board in a billet or hostel would rarely be offset by equivalent savings in the budget for the rest of the family. It costs relatively more for people to provide for themselves separately than to be fed together. There would be the extra cost of meals taken out if the husband looked after himself. There would be another mouth to feed if a relative took charge of the home. The low recovery rates of board charges cannot be simply ascribed to inefficient collection or to some mothers' unwillingness to pay what they could afford.

Whatever complaints there may have been about the confinement service, few came to official notice. Such dissatisfaction as was expressed centred around the social problems of families, the burden of billeting, confinement and travelling costs, the lack of amenities and poor quality of food in some of the hostels and homes, the methods of assessment and the loss of benefits under hospital contributory schemes. The delays in dealing with some of these questions contrasted sharply with the promptness of Government action in other respects.

Both the quality and the spirit of the service varied widely in different areas and units. In some places the poor law atmosphere of the old local institutions tended to creep into the emergency maternity homes; in others there were warmth and friendliness combined with efficiency. Even in the early years of its work the service received its tributes. In 1941 the London County Council began to obtain 'repeat orders' from women who wanted to come again for their next confinement. The administration valued such compliments and took personal wishes into account. In one home the births of three babies to the same mother were recorded—in 1939, 1940 and 1942. Each time the mother had arrived with an official party.

The emergency maternity service had one advantage when compared with the other parts of the Government's evacuation scheme. The services for evacuated expectant mothers in the reception areas were already a serious concern of the authorities when the probable social needs of other groups of evacuees had not even been considered. It could not be assumed, as was done in the case of school children, that safety and shelter were the only immediate needs and that the rest could be left to local resources. It was clear to the Ministry of Health, when it took charge of the scheme in the beginning of 1939,

that the evacuation of pregnant women would involve more than train schedules and billeting, and demand elaborate preparations for reception and care in the country.

Not lack of foresight, but hesitation, delays, financial restrictions and pre-occupation with large numbers were the causes of the painful experience at the start. When the attack did not come and the demand turned out to be only a fraction of what had been expected, emphasis was promptly shifted from quantity to quality, from rough improvisation for tens of thousands to a reasonably good standard of service for defined and organised parties. These principles of quality and carefully planned movement were maintained in the face of a rising demand. The breathing space during the first months of war and the efficient way in which it was used enabled the scheme to stand up to the severe tests later on.

The service was planned for medically fit women whose confinements were expected to be normal but it had to be prepared for every eventuality. Resident medical officers were appointed for all units of forty beds and more, and in the smaller units the midwives called in local doctors in case of need. For women who required more specialised treatment than the homes could provide, beds were made available in local hospitals. In nine areas, where the local hospital resources were insufficient, special emergency units were equipped and staffed to deal with difficult obstetric cases. Where the local consultant service was inadequate or non-existent, obstetric specialists were appointed to serve the needs of one or several reception areas.

Most of the homes were short of staff and some of the buildings were ill-suited even for normal midwifery, but the service maintained a high standard in spite of these adversities. Its quality was reflected in its medical record. Up to the end of 1944, 152,000 mothers had been confined under its auspices and only 128 (or 0·8 per 1,000) had died. The stillbirth and neo-natal death rates[1] were as low as 19·3 per 1,000 births and 9·6 per 1,000 live births.[2] These figures cannot, of course, be compared with the general rates for the country.[3] They apply to a selected group of mostly healthy mothers

[1] The neo-natal death rate which normally covers the first four weeks of life is calculated, in this instance, only for the period of the mother's stay in the emergency maternity home, i.e., usually two weeks.

[2] *On the State of the Public Health during Six Years of War, Report of the Chief Medical Officer of the Ministry of Health, 1939–45* (p. 95). The equivalent rates for Scotland, where 7,800 women were confined in emergency maternity homes during the same period were as follows: Maternal deaths 0·53 per 1,000; stillbirths 17·9 per 1,000 and neo-natal deaths 10 per 1,000 live births. (Figures provided by the Department of Health for Scotland.)

[3] In England and Wales the maternal mortality rate per 1,000 births (excluding abortion) was 2·55 in 1939 and 1.52 in 1944; the still-birth rate was 38 per 1,000 births in 1939 and 28 in 1944; the neo-natal death rate was 28·3 per 1,000 live births in 1939 and 24·4 in 1944.

and cover only the period during which the mother and her baby were in the charge of the emergency service. In the nine specialist units, where the most difficult cases were concentrated, the death rates were inevitably higher.[1]

The medical reports from the emergency maternity units were unanimous in saying that in most cases labour was remarkably easy and that the minor complications of childbirth were surprisingly rare. This may have been partly the result of the mothers' enforced rest during the last weeks before confinement. However restless and uneasy some of them may have felt in their billets or hostels, they were removed from the strain of city life and freed from household drudgery. After confinement the mothers again enjoyed a longer period of recuperation than most of the poorer women would normally have had. In all emergency homes a lying-in period of at least fourteen days was maintained throughout the war.[2]

It has been said that the emergency maternity scheme, although necessary for purposes of safety, stood in the way of restoring the normal services and that its benefits, therefore, were heavily counterbalanced by disadvantages. This argument ignores the all-important factor of time. Maternity services cannot be moved quickly according to the fortunes of war. If an attempt is made to do so, as during the flying-bomb attacks of 1944, it results in much hardship and dislocation. The Government was right in insisting that no substantial part of the emergency accommodation should be relinquished while serious attacks were still possible.

In the course of the war, in spite of the scheme's demand on the limited number of qualified midwives, four thousand new permanent maternity beds were opened in public and voluntary institutions.[3] The three thousand additional beds in the emergency homes were indispensable while this expansion was taking place. Before the war about one third of all births had taken place in institutions. By 1944 there were enough beds in the country for 50 per cent. of all confinements, but these beds were not sufficient to meet the greatly increased demand.

In spite of its shortcomings and its limited appeal, the emergency maternity scheme proved one of the Government's most successful social ventures during the war. As an evacuation scheme it fulfilled most of the demands that were made upon it. As an institutional confinement service it added to the country's normal resources and helped

[1] Up to the end of 1944, just over 29,800 confinements took place in specialist emergency homes and the rates were as follows: maternal deaths 1·9 per 1,000; stillbirths 25·6 per 1,000 births, and neo-natal deaths 13·9 per 1,000 live births. (*On the State of the Public Health during Six Years of War, Report of the Chief Medical Officer of the Ministry of Health, 1939–45* (p. 95).

[2] This compares favourably with the practice in many hospitals during the war where the length of stay was cut to ten days or less.

[3] See Appendix III.

to distribute them more fairly. As a health service, concerned mainly with normal childbirth, it was reliable and safe. Some of its units helped to redress the poor pre-war balance in the provision of different areas by becoming part of the country's permanent maternity services. In some of the more backward parts of the country, where the needs of expectant mothers had been neglected, it became a stimulus to progress by its precept and example. Its value, for the mothers of the country, is beyond dispute.

APPENDIX I

Emergency Maternity Homes

Figures for England and Wales, compiled by the Ministry of Health from returns received from the Regions

Year Ending	Number of Homes	Beds		Confinements	Births		Deaths	
		Provided	Occupied		Live	Still	Maternal	Infant
1939	86	2,254	494	6,081	5,951	164	14	56
1940	84	2,479	1,381	10,518	10,357	238	8	97
1941	115	3,150	1,753	27,868	27,442	643	31	265
1942	105	2,884	1,534	32,515	32,052	629	11	349
1943	100	2,813	1,424	33,689	33,305	538	28	300
1944	103	2,892	1,778	41,248	40,732	716	36	367
1945	41	1,112	664	23,578	23,325	397	12	213
1946	21	398	264	10,175	10,033	181	9	83

APPENDIX II

Ante- and Post-Natal Hostels

Figures for England and Wales compiled by the Ministry of Health from returns received from the Regions

Year	Ante-Natal		Post-Natal	
	Hostels	Beds	Hostels	Beds
1939	17	308	4	34
1940	24	328	4	34
1941	58	1,360	10	80
1942 Jan.	64	1,338	18	208
July	69	1,484	16	340
1943 Jan.	75	1,680	18	260
July	81	1,489	13	211
1944 Jan.	78	1,802	14	108
July	98	2,017	27	130
1945 Jan.	99	2,102	16	207
July	76	1,462	7	90
1946 Jan.	46	878	6	99
July	38	671	7	124

APPENDIX III

Maternity Beds in England and Wales

Figures compiled by the Ministry of Health from Forms MCW. 96 and MCW. 96A (Revised 1943)

Institution	1938	1939	1940	1941	1942	1943	1944	1945
(*a*) Separate Local Authority Maternity Institutions	1,871	1,857	2,012	2,133	2,310	2,503	2,720	3,371
(*b*) Other Local Authority Institutions with maternity beds . . .	5,611	5,158	5,166	5,517	6,092	7,007	7,577	7,931
(*c*) Institutions provided by voluntary bodies and subsidised by Local Authorities	2,402	2,307	2,359	2,132	2,160	2,630	2,496	2,581
Total (I)	9,884	9,322	9,537	9,782	10,562	12,140	12,793	13,883
Maternity beds in homes for mothers and babies provided or subsidised by Local Authorities	322	382	419	364	326	268	220	254
Total (I and II) . . .	10,206	9,704	9,956	10,146	10,888	12,408	13,013	14,137
Emergency Maternity Homes . .	—	2,254	2,479	3,150	2,884	2,813	2,892	1,112
Grand Total . . .	10,206	11,958	12,435	13,296	13,772	15,221	15,905	15,249

These figures do not include (1) Beds provided for maternity cases in voluntary hospitals not subsidised by Local Authorities and (2) Maternity beds in private nursing homes.

APPENDIX III (*contd.*)

From figures given in the Hospital Year Books it would seem that maternity beds in voluntary hospitals not subsidised by Welfare Authorities numbered 1,369 in 1938, 1,383 in 1943 and 1,770 in 1945. But the Hospital Year Books do not include all hospitals and the figures are not complete. The Ministry of Health did not know the total number of maternity beds in voluntary hospitals.

From returns by local authorities on Form Hosp. 8 (revised 1942), the number of beds provided for maternity cases in nursing homes registered under the Public Health Act, 1936, appeared to be as follows:

1938	1939	1940	1941	1942	1943	1944	1945
6,535	6,126	5,814	5,622	5,511	6,090	6,601	6,561

These figures, however, are unreliable, because the beds are often interchangeable with those provided for other purposes.

CHAPTER III

ILLEGITIMACY AND WAR: THE PROBLEM

(i)

Introduction

WARS AND social upheavals are always accompanied by a loosening of the conventions which normally shape the relations between the sexes. When millions of people, men, women and even children, live strange and unsettled lives, often away from home, when the future is uncertain and death may not be far away, social inhibitions lose some of their restraining force. People are eager to make the best of the present without looking ahead. There is more light-hearted pleasure-seeking and perhaps more promiscuity. Many courtships are short; many marriages are never given a chance to mature; many intended marriages never take place.

The birth of illegitimate children is one of the inevitable consequences of this disruption of human relationships. More unmarried girls and more married women give birth to such children and find themselves in distress. Their problems are more complex and delicate than those of other mothers. Moral and social factors are intermingled; public prejudices and the demands of humanity may be in conflict. Each case is unique in its own way, and the difficulties bear no relation to the numbers. Most of these mothers are in need of help and the help must be adapted to their special needs.

In ordinary times, when the problem is less acute, it receives little public attention. Indeed, there is so little literature on the history of the subject that we shall, in this study, devote more space to it than would otherwise be justified. Even the work of social research seems to have been affected, in some measure, by the existing social taboo and many facts that might help to devise social policies and guide public opinion are buried in the records and case notes of social welfare organisations and public authorities. Moral considerations, which are simple and straightforward, tend to overshadow complex social causes and remedies.

This study is not concerned with the moral aspects of sex relation-

ships outside marriage but with the social problem of illegitimacy. There is, however, no clear dividing line between the two. It is the moral issue which partly creates the social problem; without it the social needs of the unmarried mother would be the same as those of other mothers who are without husbands to support them. Religion condemns the mother of an illegitimate child because she has offended against the moral law of the Christian church. Society condemns her because she has infringed one of its main principles: that the family is its basic unit and that a child is the family's responsibility. For centuries she was exposed to disgrace, poverty and hardship of every description. She was imprisoned, castigated, starved and shamed in every possible way, and often her child with her. Even in our more civilised society of to-day the controversy on what help she deserves is by no means closed. We have ceased to lock her up in a penitentiary, to pillory her in the market place or to force her to stand at the church doors on Sundays, wrapped in a white sheet. We no longer regard her offspring as an outcast from the day of his birth. But some people are still in doubt whether disgrace and punishment should be wholly replaced by kindness and assistance.

Social attitudes and methods change with the transition from one historical epoch to another. The position of unmarried mothers in different social surroundings and at different times has reflected these changes. In the agricultural communities of the past premarital sex relationships were probably frequent and they were normally followed by marriage if they resulted in the pregnancy of the girl. Fertility of the bride enhanced her value as a wife[1] and the close community of the village watched over the behaviour of its members. Even if a child was born outside marriage it would usually be accepted into the mother's home for the working capacity of each member of the family was of value to the whole. It was the unmarried mother without a family, the woman who became an inmate of the workhouse and a burden to the parish, upon whom society concentrated its wrath.

With the growth of the towns and, even more, with the advance of the industrial revolution, this social pattern was torn to pieces. Away from their home communities men were no longer bound by the moral code of the village and women were without protection. In the villages there was a surplus of girls, as more men than women drifted into the towns, and for these girls extra-marital sex relationships involved a greater risk than before. If pregnancy occurred it was no longer necessarily followed by marriage. That was the time when illegitimacy increased, when the chastity of girls became a vital concern of their families and when the unmarried mother

[1] See e.g. R. Briffault, *The Mothers*, Vol. III, 1927 (p. 312).

became a social problem of importance. The 'fallen woman' and her fatherless child developed into familiar figures in literature, and religious charities like the 'Female Mission to the Fallen', the 'Female Penitentiary' and the 'Asylum for Females who have deviated from the Paths of Virtue', made efforts to redeem her through penitence and punishment. The very names of these institutions were typical of the approach which was usual in the eighteenth and nineteenth century.

Unmarried mothers were moral and social outcasts. Their crime against religion was only matched by their crime against society in becoming burdens of their own and other parishes. They could be found in the workhouses up and down the country and under the Law of Settlement they were forcibly taken back to their home villages, sometimes in the last stages of pregnancy. Infants were born in ditches so that they might not acquire a new Settlement in a parish which was not the mother's own; abandoned babies were found by the hundreds at the roadside, in church doors and at the entrances of workhouses.[1] Infanticide was rife, and baby farmers flourished.

During this transition from the old agrarian to the new industrial society, there appears to have been a substantial rise in the rate of illegitimate births. Figures for the whole country were not available until the middle of the nineteenth century, but some evidence has been preserved in the church registers of individual parishes. Mary Hopkirk[2] quotes the parish registers of Letheringham, Suffolk, as typical for the trend all over the country: From 1588 to 1600 there were no extra-matrimonial births at all. From 1600 to 1650 there was one in every 144 births. From 1650 to 1700 there was one in 74, from 1700 to 1750 one in 33, and from 1750 to 1800 one in 21. The first attempt to record illegitimate births for the whole of England was made in the Census of 1831, but the figures were incomplete and not quoted in later returns. In 1845, when the first more comprehensive figures were compiled, 7 per cent. of all births, or one in fourteen, were registered as illegitimate, and from then onwards there was a slow downward trend. In 1938, 4·25 per cent. of all live births in England and Wales were illegitimate.

The earliest national figures for illegitimate births revealed great differences between the counties. Some agricultural areas were named by the Registrar General with regretful comments as having the highest rates in the country, frequently exceeding 10 per cent. of

[1] 'The precincts of the Temple in London, with its many courts and passages, was a favourite parking-place for redundant babies and during the eighteenth century the baptisms of no less than two hundred and forty foundlings and the burial of one hundred and seventy are recorded in the registers of the Temple Church. Nearly all were given the surname Temple' (Mary Hopkirk, *Nobody Wanted Sam*, 1949, p. 84).

[2] Ibid (p. 83).

all births.[1] But the records of those years, when social statistics were in their infancy, have to be taken with reserve, particularly where they apply to urban areas. In the country, where the individual was known, it was difficult to make a false registration, but in London and in the larger towns it was much easier. Abnormally low rates of illegitimate births were recorded, particularly in London, and in successive *Annual Reports* the Registrar General commented upon the ease with which false names could be given and illegitimacy concealed.

It is likely, nevertheless, that illegitimate births were more frequent in the country than in the towns. The old *mores* were still alive in the villages, and the surplus of women, which is always associated with a higher illegitimacy rate, reduced the chances of marriage in rural areas. Numbers were still further increased by the return from the towns of pregnant girls who had been turned out of workhouses. To-day, when registrations are more reliable (although there may still be instances of concealment), the rate still tends to be higher in agricultural areas than in the cities, but the difference between the two is less pronounced than a hundred years ago.[2] Knowledge of birth control, which is more widespread among city populations, is probably one explanation for this fact.

The illegitimate birth rate considered on its own is not a reliable guide to the extent of extra-marital sex relationships. Such relationships are probably widespread. It is notable that there has been no spectacular fall in the illegitimate birth rate during the present century even although the practice of birth control has reduced the risk of pregnancy. Moreover before the war pre-marital pregnancies which were legitimised by marriage before the birth of the child were estimated at more than three times the number of illegitimate births.[3] Then too the desire to prevent illegitimate births has not lessened and there are indications that the number of criminal abortions is high.[4]

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[1] Norfolk, Herefordshire, Shropshire, Nottinghamshire, Cumberland and Westmorland were specially mentioned. Registrar General's *Annual Reports*, particularly those for the years 1845, 1851–53, 1856 and 1867.

[2] It is interesting to note that the development in Sweden, for instance, was quite different. A hundred years ago the illegitimate birth-rate in the towns was about four times as high as that in the country. By 1939 the difference had become slight, but the urban rate was still higher than the rural rate. (Alva Myrdal, *Nation and Family*, 1945, p. 41).

[3] *Registrar General's Statistical Review of England and Wales for the years 1938 and 1939, Text* (p. 193). See also pp. 104–105.

[4] The Inter-Departmental Committee on Abortion (1939, p. 117) estimated in its report that from 16 to 20 per cent. of all pregnancies end in abortion, which would amount to between 110,000 and 150,000 abortions a year, of which about a quarter were thought to be criminal. The Committee suggested, as one of the steps to prevent abortion, a more humane and enlightened attitude towards unmarried mothers. The

[*continued overleaf*

It is the birth of an illegitimate child much more than sex relationship outside marriage which provokes public censure, and this censure, as in the past, is almost exclusively directed against the woman. Most unmarried mothers are still compelled to pass through a painful ordeal. They usually suffer the misery and disillusionment of being deserted. They go through all the terrors of discovering pregnancy and of trying to hide it as long as possible. They may consider abortion or even suicide. Through many weary months, which are months of pride and fulfilment for other women, they are in uncertainty about their future. They have to face their families, who may be unsympathetic, and their neighbours, who may despise them. Or they may be alone, fearing a hostile landlady and an unfriendly employer. They may lose their jobs and even their homes without knowing where to go and how to support themselves. They may decide to have their babies adopted and to start life afresh, but then they may find that they cannot bear to part with the baby. Whatever course they take will be hard and painful. For a mother to part with her child nearly always leaves a scar; it is like an operation. For a mother to bring up her child alone, in an often hostile world, nearly always entails a life of self-sacrifice. Perhaps the heaviest burden of all is the feeling of guilt and shame which often accompanies these conflicts. It may turn into bitterness and cynicism, if nothing is done to restore the mother's confidence and hope. Help and kindliness from her own family can greatly lighten her ordeal and outside assistance, given with sympathy and understanding, can tide her over the most difficult period. But she can rarely escape the deeper emotional consequences of her position and she cannot offer to her child the security and affection of a normal parental home.

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Royal Commission on Population (Cmd. 7695, 1949, p. 33) believed that 'abortion is extensively practised at the present time'. A criminal abortion rate of 2 per cent. of all pregnancies or 17 per cent. of all abortions was calculated in a sample investigation of 7,625 pregnancies. (*Family Limitation and its Influence on Human Fertility during the past Fifty Years.* Papers of the Royal Commission on Population, Vol. I, 1949, p. 173.) A gynaecologist who made a special study of abortion cases in two hospitals situated in a respectable working class neighbourhood in London came to the conclusion that of 2,665 consecutive cases about 90 per cent. were induced. Three hundred and three of the women were single and twelve widows; among this group, 14 per cent. showed severe complications; the corresponding figure for married patients was 6 per cent. This difference was not due to later abortion but is ascribed to inexperience, isolation and the desperate nature of these girls' predicament. The author believes that the proportion of single women among abortion cases is higher in rural districts and in 'less respectable' urban areas. At Paddington Hospital, for instance, nearly 50 per cent. of all abortion cases are single women. (Albert Davis, 2,665 Cases of Abortion; A Clinical Survey, *British Medical Journal*, Vol. II, p. 123, 15th July 1950.)

(ii)

Social Services for Unmarried Mothers

Those who were most immediately concerned with the moral issue of illegitimacy—religious-minded people and church organisations—were the first to come to the aid of the unmarried mother, and this work has remained an almost exclusive preserve of religious charities to the present day. It has been said that religion was both 'the main driving force in tackling the problem [of illegitimacy] and the greatest obstacle in the way of its solution'.[1] The history of the services for unmarried mothers, from the early correction houses and penitentiaries to the mother and baby homes of to-day, reflects the conflict between the urge to help the repenting sinner and the fear of condoning or subsidising immorality. Religious workers in the eighteenth and nineteenth centuries set out to rescue the 'fallen woman' because the moral problem was a challenge to their faith. They wanted to redeem the soul rather than comfort the body, and they believed in punishment and penitence as the only road to salvation. To many unmarried mothers they offered the only alternative to the workhouse or the street: food and shelter, prayers and hard work.

The first rescue homes, as distinct from the then usual correction houses and penitentiaries, date back to the middle of the eighteenth century, when the Magdalen Hospital and the Lock Asylum were founded as refuges for 'penitent prostitutes'. At that time people were not inclined to make fine distinctions between different degrees of moral turpitude. In a society which turned many of its unmarried mothers into social outcasts without homes and hope, illegitimacy and prostitution, as cause and effect, were closely bound up with each other. The two institutions were far in advance of their time in their spirit of kindliness and tolerance. In the Magdalen Hospital girls were to be treated with 'the utmost Care and Delicacy, Humanity and Tenderness; so that this Establishment, instead of being apprehended to be a house of Correction, may be gladly embraced as a safe, desirable and happy Retreat'.[2] Such rules were unprecedented and for a hundred years or more they remained exceptional.

Self-righteous condemnation, which was characteristic of the period, could not easily be combined with the spirit of Christian charity. It demanded punishment and neither the Church nor individual benefactors could, or usually wished to, ignore this

[1] *Planning* No. 255, 13th September 1946 (p. 1).
[2] Mary Hopkirk, *Nobody Wanted Sam*, 1949 (p. 38).

demand of public opinion. Most homes for unmarried mothers were still called 'penitentiaries', and they deserved the name. Many of them were indistinguishable from prisons: their doors were locked and their windows barred. For their inmates hard work, self-abasement and religious exercises constituted the day. These homes often lacked the most elementary amenities, and they were not subject to any kind of public inspection or supervision. Only the most desperate girls were prepared to accept the life of humiliation and self-sacrifice they were expected to lead.

In these places there was no room for babies. The very suggestion of keeping mother and child together would have been contrary to their spirit. The joys and satisfactions of motherhood were not for those who had no right to be mothers, and the fate of the child was a secondary consideration. Until late in the nineteenth century it was the normal thing for an unmarried mother, unless she enjoyed the full support of her own family or intended to live in the workhouse indefinitely, to free herself from the encumbrance of her child. It was a condition of admittance to a rescue home and of ultimate return to normal life. Illegitimate babies were passed to orphanages or foundling hospitals—the few that existed were always overcrowded—or to anybody who was prepared to take them. Baby-farming was almost a profession, and babies died like flies in foster homes and institutions. In the eighteenth and nineteenth centuries illegitimate infants who were parted from their mothers had no protection and little chance of survival.

When the first mother and baby home was founded in 1871 by the Female Mission to the Fallen,[1] it marked a new stage in this field of charitable work. Punishment was no longer the primary consideration although an element of it has survived to the present day. The needs of mother and child were regarded as one problem and it was one of the aims of the new movement to encourage and help the mother to keep her child. These ideas were mainly associated with the name of Josephine Butler, the wife of the Principal of Liverpool College, who devoted her life to the welfare of unmarried mothers and their babies and to the fight against white slave traffic and exploitation of girls. She was a deeply religious woman with the temperament of the pioneer. For many decades she stood at the head of the movement for a more enlightened approach to the problems of illegitimacy and struggled against the narrow-mindedness, hypocrisy and ignorance of her time. In her opinion, charity and good intentions were not enough; a moral welfare worker needed both special human qualities and a special training. A training college for moral welfare workers was founded in memory of her in Liverpool which is now the only college of its kind.

[1] Mary Hopkirk, *op. cit.*, pp. 151–2.

From these early beginnings there emerged, in the course of time, the moral welfare movement as an essential branch of modern social work. In 1939 moral welfare associations existed in many parts of the country. Most of them were affiliated to the Church of England Moral Welfare Council, the largest national organisation of its kind. There were, in addition, moral welfare organisations of the Salvation Army, the Roman Catholic Church, the Free Church Council, and other bodies, some of them non-denominational. They maintained homes and hostels of various kinds and employed moral welfare workers to do social case work inside and outside these hostels.

In 1918, when the illegitimate birthrate was on the increase and the death rate of illegitimate infants caused concern,[1] a first attempt was made to co-ordinate these various activities in a very general way. The National Council for the Unmarried Mother and Her Child was formed as a non-denominational national centre of interest, information and advice. It did not wish to supersede the work of other organisations, but to stimulate and supplement it. It did not open and finance its own homes, but it kept in touch with all the national and most of the local bodies concerned with moral welfare work and assisted them in various ways. Its individual case work expanded between the two wars from 600 to 1,500 a year and by the beginning of 1939 it had handled over 17,000 cases. It was then recognised in Britain and outside as an authority on the subject and widely consulted on the many different aspects of helping unmarried mothers and their babies: the various types of homes and hostels and the best methods of running them; the legal situation of the mothers and their children; and the different ways of re-establishing mother and child in normal life. Either directly or indirectly, the Council had a share in most of the advances achieved in this field during the inter-war years, and it also worked for a more enlightened public opinion.[2]

When war broke out in 1939 services for unmarried mothers and their babies existed in many parts of the country, but they were still far from adequate. Their quality was not always high and there were not enough places in homes and hostels. Their distribution in the country, as that of most services relying mainly on charitable support, was uneven and there were no common standards of work. Each organisation had its own ideas and principles and worked with little consideration of the activities of others. Most national bodies did not control their local associations, and no national body—not even the

[1] In his Report for the year 1917-18 (*Forty-Seventh Annual Report of the Local Government Board 1917–18, Supplement containing the Report of the Medical Officer*, Cd. 9169, p. xxix) the Medical Officer of the Local Government Board described the misfortune of birth outside matrimony as one of the chief causes of excessive mortality.

[2] Lettice Fisher, *Twenty-one Years and After*, The Story of the National Council for the Unmarried Mother and Her Child, 1946 (pp. 1–8).

National Council for the Unmarried Mother and Her Child—possessed full information of all the services available in the country.

There were great differences in the outlook and training of individual moral welfare workers and in the methods of running the homes and hostels. A moral welfare home might have anything from less than ten to more than fifty beds. Many admitted only girls of their own area and denomination but some were inter-denominational or non-denominational and took girls from all parts of the country. There were ante-natal and post-natal hostels and hostels which combined these two or one of the two functions with those of a maternity home. The large majority only accepted mothers who expected their first baby. There were a few homes for girls suffering from venereal disease who were not admitted to others. The one religious organisation whose homes admitted every type of case was the Salvation Army but the discipline maintained in its homes was severe.

The atmosphere in moral welfare homes depended upon the matron and upon the type of girl admitted. If some of the mothers were adolescents or of a low mental type, discipline was usually strict. If the home had a long tradition and an elderly matron, it sometimes maintained some of the less desirable customs of the past. There were still homes with locked doors where emphasis was on sin and penitence. There was still the fear, among some of the people concerned, of 'condoning immorality' by making life 'too easy' for the mothers. Some of the moral welfare workers were inadequately trained and their outlook was narrow. They employed the cruder forms of religious pressure in order to win the girls for their particular faith.

Side by side with these survivals of the past there was a new spirit. Social workers and matrons with an enlightened outlook and a thorough training were increasing in number and doing effective social work. They possessed a wide knowledge of the social agencies they could call to their aid, of the various possibilities of resettling mother and child, and of their legal position.[1] Many were women with a sense of vocation and with deep understanding of the psychological and practical problems they were likely to meet. Their first consideration in advising and helping the mother was the future welfare of the child. They realised that good social work was the key to the moral problem and that it was more important to develop the mother's self-respect and self-reliance than to insist on religious observances. If she found help and understanding during the critical

[1] Most moral welfare workers take a special training at the Josephine Butler Memorial House, Liverpool. Some take the Social Science Certificate as a basis for their training. For matrons of moral welfare homes domestic science or teaching qualifications are considered valuable. A number of religious organisations provide special evangelistic training. There is a Moral Welfare Workers Association; its membership was 365 in 1947. (*Training in Child Care. Interim Report of the Care of Children Committee*, 1946, Cmd 6760, and Eileen L. Younghusband, *Report on the Employment and Training of Social Workers*, 1947.)

time of pregnancy and childbirth, and if she was enabled to shoulder her responsibilities and keep her child, she would regain confidence in the future and be less likely to make the same mistake again.

The local case worker, to whom an expectant mother was referred at the time of her greatest distress, was usually the first to help her. Some girls succeeded in hiding their condition and continued at work almost up to their confinement; they needed maternity accommodation at the last moment. Others found themselves homeless and workless when pregnancy became visible; they needed admission to a hostel, where they could await their confinement. It was for the welfare worker to make all the necessary arrangements and to discover if the girl herself, her parents or the putative father could contribute financially. Wherever necessary or possible, she acted as a tactful mediator between the expectant mother and her parents or relatives. Sometimes, as a result of such intervention, the girl's problems were solved quickly and in the best possible way; she could remain at home or return home after confinement and her child was accepted into her family.

Those mothers who received little or no help from their own people or the father of the child were the main concern of the moral welfare services. They needed a period of recuperation after childbirth, training in child care and advice in making arrangements for their future. Unless the mother was clearly unfit, mentally or morally, to have the responsibility for a child, she was encouraged to keep it, but if she insisted on adoption, she was given help in arranging it through recognised channels. Temporary separation of a homeless mother from her child was almost always unavoidable, unless she was fortunate enough to find a residential domestic post where she could keep her baby. Usually the child was boarded out with a foster-mother or admitted into a voluntary or a poor law institution for there were very few nurseries where working mothers could leave their babies during the day. The social services for mothers without husbands and children without fathers were pitifully inadequate.

This state of affairs reflected society's failure to face the social problem of illegitimate birth. Public opinion was uninformed and indifferent or prejudiced and hostile, in spite of the valiant efforts by an enlightened minority to bring about a change. The moral welfare societies were therefore handicapped in their work by lack of money and support. The ordeal of unmarried mothers was intensified by unfriendly landladies, employers, neighbours and even relatives. Spontaneous kindness was often stifled by the fear of what other people might think. Those who were readily prepared to cast the first stone were numerous enough to influence the behaviour of others.

In public the problems of unmarried mothers and their babies were either ignored or concealed. Occasionally, in the abstract, they

were romanticised. Those who provided the services for unmarried mothers hesitated to go further in speech and in action than public opinion would tolerate; those who used them were inarticulate and had every inducement to remain in the background. As a result, the services lacked the stimulus of public encouragement and discussion which is the lifeblood of social advance. In theory it was not denied that unmarried mothers needed help and should get it. In practice it was felt that they should be found at the end of the queue for social assistance and that there was a danger of putting a premium on immorality.

This attitude of mind explains the reluctance of public authorities to concern themselves with the welfare of unmarried mothers. Public funds are not usually spent on unpopular causes if the most visible needs can be met by private charity. For centuries, and until recent times, the poor law was the only public service of which unmarried mothers, like other persons in distress, could avail themselves. They were regarded as a troublesome and objectionable burden on the public purse,[1] and the conception of 'less eligibility' which applied to all persons on public relief seemed particularly appropriate in the case of unmarried mothers who had brought their misery upon themselves. No attempt was made to consider their special problems; the poor law authorities were incapable of the discrimination and individual case work which voluntary organisations had developed at an early stage. Once a girl became part of the grey miserable mass of destitute humanity which filled the workhouses, she had little hope of detaching herself from it again, unless she received help from outside. She was bound to the workhouse by her child and could not even seek work without carrying it with her; she was not permitted to leave the building alone lest she abandoned her baby.[2]

[1] 'Concerning bastards begotten and born out of lawful matrimony (an offence against God's and Man's laws) the said bastards being now left to be kept at the charges of the Parish where they be born, to the great burden of the same parish and in defrauding of the relief of the impotent and aged true poor of the same parish, and to the evil example and encouragement of the lewd life, it is ordained and enacted. . . .' This was the preamble to the Act of 1576, the first Act concerned with illegitimate children. (Quoted from the *Law in Relation to the Illegitimate Child.* A Report of the Joint Committee on Psychiatry and the Law, appointed by the British Medical Association and the Magistrates' Association, 1952, p. 4.) The Committee stated that 'the main concern of Parliament was not the welfare of these children but the relief of public expenditure and the exposure of the moral failure of those who were responsible for bringing these children into the world', and that some of this spirit has survived to the present day.

[2] This custom survived in the public assistance institutions until after the Second World War. (Ethel Cassie, 'The Care of Illegitimate Children', *Public Health*, February, 1944, Vol. LVII, p. 54.) In 1950, when the poor law no longer existed and mixed institutions in which hospital beds predominated had been taken over by regional hospital boards, a study of eleven such institutions with 909 residents revealed that some of the residents who had been admitted in the first instance under section 24 of the Lunacy Act, 1890, had probably never suffered from mental illness at all. This applied particularly to some women who had apparently been admitted for the sole reason that they had had an illegitimate child or children. They had been deprived for years of the privileges accorded to normal residents, such as the freedom to go for walks. One woman of forty had been admitted in late adolescence. (Christine Grant, and J. C. Sawle Thomas, 'Residents in Mixed Institutions', *Lancet*, i. p. 282, 3rd February, 1951.)

In 1909 the Royal Commission on the Poor Laws had studied the problems of illegitimacy in the workhouses.[1] They had found that by throwing together mothers of all types, from the hardened prostitute to the young, comparatively innocent girl, the workhouse actually encouraged immorality; 'demoralisation becomes', they said, 'almost a matter of inheritance'. The Royal Commission found, moreover, that while the workhouse was an undesirable place for young girls it was definitely dangerous for their babies. Infant mortality there was two to three times as high as among the general population; it was estimated that over a third of all babies born in English workhouses and remaining there after birth died in those institutions during their first year of life and over a half of those born in Scottish workhouses.[2]

The Royal Commission on the Poor Laws had recommended that girls on their first lapse should not be sent to the workhouse but be placed in suitable voluntary institutions before and after confinement to restore them to a good and useful life. The Commission had proposed that the authorities should promote the establishment of 'such certified voluntary homes to which patients may be admitted direct on the order of the Public Assistance Committee, subject to their making such payments as may be agreed for the maintenance and care of the individual case. Failing these, the Poor Law authorities should institute homes of their own'.[3] Thirty years later when the Second World War raised the issue in an acute form the recommendations had not yet been carried out on any significant scale. In large areas of Britain there were neither voluntary nor public homes for unmarried mothers and only a limited proportion of the voluntary homes enjoyed some public financial support.

In 1909 there had existed about 300 voluntary rescue homes in England and Wales and a partial survey had revealed that a hundred of these homes had recently admitted an average of 5,000 mothers a year.[4] The maternity and child welfare legislation of 1918 had extended the powers of local authorities to provide for unmarried mothers and their babies and under the Local Government Act of 1929 the national grants to voluntary bodies had been replaced by local grants and by payments for individual cases. But little use had been made in the inter-war years of these new opportunities for action. In 1938 it seems that public grants were made to only 93 voluntary mother and baby homes[5] and that there were only four

[1] *Report of the Royal Commission on the Poor Laws and Relief of Distress*, 1909. Cd. 4499. See e.g. *Majority Report* p. 564, *Minority Report* pp. 775–776, 778, 779. At the time of the report about 70 per cent. of all births in workhouses in England and Wales were illegitimate and 18 per cent. of all illegitimate births took place in workhouses.

[2] Ibid. *Minority Report*, pp. 776–784.

[3] Ibid. *Majority Report*, p. 565.

[4] Ibid. *Minority Report*, p. 788.

[5] *Twentieth Annual Report of the Ministry of Health, 1938–39* (Cmd 6089).

publicly provided homes for unmarried mothers in the whole of England and Wales. These 97 institutions contained less than 2,000 beds and about 3,800 mothers had been admitted to them during the year.

There was little progress in another field of social provision which closely affected the welfare of unmarried mothers and their babies. Pre-war Britain lagged behind some other countries in the social protection of mothers in employment. The National Health Insurance scheme did not include a maternity service and an insured woman was not entitled to free attendance in confinement. Moreover, she could not claim sickness benefit during her period of absence from work unless her incapacity had other causes besides pregnancy. In practice sickness benefit was frequently paid to expectant mothers in the later stages of pregnancy but the weekly rate of 12s. was wholly inadequate. An insured mother was entitled to a single maternity benefit of £2 (a married employed woman to £4 for her own and her husband's insurance), but during the four weeks following childbirth no benefits of any kind were payable. As a result many unmarried mothers continued at work up to their confinement and returned to it as soon as physically possible. The Factories and Public Health Acts did indeed prohibit the employment of women in factories and workshops during the first four weeks after childbirth, but this rule was frequently circumvented.

In 1919 the International Labour Office had adopted a Draft Convention which specified that every woman absent from work due to childbirth should receive free attendance by a doctor or certified midwife and benefits sufficient for the full and healthy maintenance of herself and her child for a period of six weeks before and six weeks after confinement. The British Government however never ratified this Convention because it felt that the problem in Britain was not large enough to justify the substantial changes in the social services which would have been necessary.

This, then, was the position in the period immediately preceding the outbreak of the Second World War. Nobody knew exactly the size, type and quality of the existing voluntary services for unmarried mothers. Local grants of varying size were given to a limited number of voluntary homes but otherwise the local welfare authorities made little use of their increased powers to help unmarried mothers and their babies. The homes which had received official recognition or which were run by enterprising local authorities[1] accommodated in all about 3,000 to 4,000 mothers a year when the total number of illegitimate births in England and Wales was between 25,000 and 26,000 annually. The employed mother was entitled neither to a

[1] The only authorities maintaining their own mother and baby homes were Birmingham, Newcastle and Nottingham.

free maternity service nor to financial support during her absence from work. The public assistance institution was still the most usual place for an unmarried mother to go, and it was almost the only place where a 'second offender' could gain admittance.[1] It was no longer as dangerous as it had been a few decades earlier for a baby to be born in the workhouse, but illegitimate infants were still exposed to great risks and their chances of survival were less favourable than those of other children.

The illegitimate infant mortality rate provides the only tangible evidence of a nation's success or failure in caring for its unmarried mothers and their babies. In the first quarter of this century it was twice as high as that for legitimate infants.[2] Some of this difference can be explained by the high proportion of first births among the illegitimates and by the fact that most unmarried mothers belong to the poorest social groups with the highest infant mortality. But most of the excess reflects the special disadvantages under which illegitimate babies are born and reared. The workhouses demanded a heavy toll of infant lives and in the voluntary homes the mother's moral rehabilitation was the main consideration; this tended to overshadow the even more vital question of the child's welfare. In 1918 the Medical Officer of the Local Government Board referred to homes for illegitimate infants 'under zealous and devoted women who often have no nursing and hygienic knowledge, and under whose care an appalling loss of infant life and health occurs'. He devoted a special chapter of his Annual Report to this excessive loss of life, and his recommendations resembled those which again occupied the authorities and voluntary services a quarter of a century later.[3] His remarks were based on the figures of 1916 when the death rates for legitimate and illegitimate infants were 87 and 183 respectively, and when 3,600 lives would have been saved in a single year if the rate for the legitimates had applied to all. Of the illegitimate babies of mothers in the most unfavourable occupations—the textile and earthenware industries—almost a third died in infancy. By 1939 the death roll among illegitimate babies had declined with the general fall in infant mortality. But although its absolute figure was less dramatic than it had been earlier, its relative size was still disquieting. In the thirty years since 1909, the infant death rate for legitimate

[1] The homes of the Salvation Army formed an exception; they admitted cases of second and subsequent pregnancies.

[2] See the annual *Registrar General's Statistical Review of England and Wales.*

[3] *Forty-Seventh Annual Report of the Local Government Board, 1917–18, Supplement containing the Report of the Medical Officer.* Cd. 9169, p. xxix. The Medical Officer suggested, among other things, that mother and baby should be kept together, wherever possible; that foster-mothers should be carefully selected and supervised by the local authority and that their pay should be supplemented from public funds; that infants under six months should not be collected in institutions in considerable numbers, and that wherever this was unavoidable, the most rigid hygienic precautions should be taken.

babies had fallen by 53 and that for illegitimate babies by 57 per cent.,[1] so that the gap between them had narrowed. But the ratio, which had been 1 : 2·0 was still 1 : 1·8[2] and the death rate of illegitimate infants had only come down to the level which the death rate of legitimate babies had already reached over twenty years earlier.

(iii)

The Consequences of War

War mentality is a mixture of violent contrasts. Cruelty and compassion, death and a craving for the enjoyment of life, destruction and plans for a better future, heroism and irresponsibility go hand in hand. There is much loneliness but also much social activity. Life may be strenuous and even dangerous but it is often richer and more interesting than it was in the narrow circle in which most people normally pass their days. As millions of men and women are taken out of their usual surroundings, new associations are formed to replace those which are temporarily broken. There is comradeship and there is love. Above all, there is speed in the making and breaking of human contacts, as there is speed and improvisation in many things in time of war.

In war-time people's environment, occupations and company change. Families are dispersed far and wide; husbands and wives are separated for long periods. Men, women and children live in camps, billets, air raid shelters or even ruins. Girls hardly out of school are left to themselves or burdened with home responsibilities beyond their powers. Young women are sent to war work in the new industrial centres that arise or they are put into uniforms of many kinds. Meanwhile in the ports, in the amusement centres of the cities and in the public houses of country towns and villages, British, Dominion and Allied soldiers, sailors and airmen with money in their pockets and time on their hands seek entertainment and companionship. In the countryside boredom and its dangers to morale become important problems. The new industrial centres lack the

[1] The legitimate infant mortality rate fell from 104 to 49 per 1,000 legitimately born and the illegitimate infant mortality rate from 211 to 90 per 1,000 illegitimately born. (See the annual *Registrar General's Statistical Review of England and Wales.*)

[2] Infant deaths from syphilis, diarrhoea and congenital debility were proportionately much more numerous among the illegitimates than among the legitimates, but there were fewer deaths from tuberculosis and acute specific fevers. In 1939, the stillbirth rates for legitimates and illegitimates were 37·3 and 46·8 per 1,000 births respectively; in the same year infant deaths during the first month of life were 27·1 per 1,000 live births among the legitimate and 50·2 among the illegitimate infants. (*Neo-natal Mortality and Morbidity*, Report by a Joint Committee of the Royal College of Obstetricians and Gynaecologists and the British Paediatric Association, Ministry of Health, 1949, p. 20.)

amenities of towns and townspeople are forced to live away from the comfort of their homes and the diversions of urban existence. In town and country young men and women are thrown into each others' company by the chances of war. Inevitably the changes in the outward conditions of life produce changes in outlook and behaviour. Both the excitements and the boredoms of war call for companionship and wear down some of the customary restraints. Men who go to the wars are not easily refused. Young women who live in a world of instability and uncertainty do not always act as they would in ordinary times.

NUMBERS

Much of this social disturbance was present during the First World War. Nevertheless it is a somewhat remarkable fact that there was no substantial increase in illegitimacy in England and Wales over the years 1915–1919. A sudden post-war rise in 1920 was followed in 1921 by an even more sudden decline. It is true that owing to the fall in the legitimate birth rate, the proportion of illegitimate births per 1,000 total births rose by about 50 per cent. between 1914 and 1918. But this index is misleading; indeed, during and after the war it misled many people who were persuaded to voice the gloomiest of views about the decline in moral standards among the youth of the country. A better representation of the trend is given in the following table which summarises the statistics for the two war periods:—

TABLE 1

Illegitimate Live Births. England and Wales.[1]

First World War			Second World War		
	No. of illegitimate births	Per 1,000 single and widowed women 15–45		No. of illegitimate births	Per 1,000 single and widowed women 15–45
4 yrs. 1911–1914	150,399	8·0	6 yrs. 1934–1939	153,075	5·5
1915	36,245	7·6	1940	25,633	5·9
1916	37,689	7·8	1941	31,058	7·4
1917	37,157	7·7	1942	36,467	9·0
1918	41,452	8·5	1943	43,709	10·9
1919	41,876	8·6	1944	55,173	13·8
1920	44,947	9·3	1945	63,420	16·1
1921	38,618	7·9	1946	53,919	14·0
			1947	46,603	12·5
4 yrs. 1915–1918	152,543	7·9	6 yrs. 1940–1945	255,460	10·4

[1] *Registrar General's Statistical Review of England and Wales for the Year 1924, Tables, Part II, Civil* (pp. 4, 5), *Registrar General's Statistical Review of England and Wales for the Six Years 1940–1945, Text, Vol. II, Civil* (p. 79) and *Registrar General's Statistical Review of England and Wales for the Year 1949, Tables, Part II, Civil* (pp. 7, 8).

Contrary to experience in the First World War, when there was very little change in either the total number of illegitimate births or the incidence, the Second World War saw a great increase in both figures. Approximately 102,000 *additional* illegitimate births were registered which would not have occurred had the rate for 1934–1939 been operating, and the rate itself rose by 1945 to nearly three times the pre-war level. Taken as a whole, the rate for the six years 1940–1945 was nearly double that for the preceding six years.[1]

The kind of conclusion that is often drawn from statistics of this nature is that there was a corresponding increase in the extent of sex relationships outside marriage. From this it is easy to pass to general statements about a loosening of moral standards and the spread of unrestrained sexual behaviour among young men and women. Behaviour may have changed during the war; the point that needs to be made here, however, is that these statistics of illegitimacy, when related to the statistics of pre-marital conceptions, do not support such generalisations.

One of the facts of sociological importance brought to light by the working of the Population (Statistics) Act of 1938[2] was that a large proportion of first births to married women were conceived before marriage. It was learnt that, by regarding maternities occurring within eight-and-a-half months of marriage as pre-marital conceptions, approximately one seventh of all children born in 1938–1939 were products of pre-marital conceptions. It was also learnt that nearly 30 per cent. of all mothers conceived their first-born children out of wedlock. At ages under twenty this proportion was as high as 42 per cent.[3]

There is no reason to suppose that these facts were other than representative of attitudes and behaviour under peace-time conditions. It is not known, however, whether the proportion of children conceived out of wedlock was higher or lower in earlier years. But it is clear that any deductions or generalisations about sex relationships in our society will be misleading if they are based solely on the statistics of illegitimate births. To measure, therefore, the extent of

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[1] Illegitimacy increased in all regions, but the rate of increase varied from one part of the country to another. London, for instance, showed less than the remainder of the south east and the south west of England. In the eastern region of England, however, the increase was more substantial than in any other region of England and Wales. (*Registrar General's Statistical Review of England and Wales for the Six Years 1940–1945, Text, Vol. II, Civil*, p. 110). In Scotland the war-time increase in illegitimate births was less pronounced, but during the inter-war years the Scottish rate had been persistently higher than the rate in England and Wales.

[2] 1 & 2 Geo. 6 Ch. 12.

[3] The recorded pre-marital conception rates, however, do not necessarily give a complete picture, as birth certificates do not always give the date of the parents' marriage, and in the case of pre-marital conception the date may be deliberately withheld. (*Papers of the Royal Commission on Population*, Vol. II, Reports and Selected Papers of the Statistics Committee, 1950, p. 136.)

extra-marital conceptions (one indicator of sex relationships outside marriage), it is necessary to add together the statistics of illegitimate maternities and the statistics of legitimate maternities conceived before marriage. The following table sets out these statistics for the ten years 1938–1947:—

TABLE 2

England and Wales[1]

Year	Illegitimate maternities	Pre-maritally conceived legitimate maternities	Total maternities conceived out of wedlock		Percentage of irregularly conceived maternities regularised by marriage of parents before birth
			Numbers	Per cent. of all maternities	
1	2	3	4	5	6
1938	28,160	66,221	94,381	14·6	70·2
1939	26,569	60,346	86,915	13·8	69·4
1940	26,574	56,644	83,218	13·7	68·1
1941	32,179	43,362	75,541	12·7	57·4
1942	37,597	40,705	78,302	11·8	52.0
1943	44,881	37,271	82,152	11·8	45·4
1944	56,477	37,746	94,223	12·3	40·1
1945	64,743	38,176	102,919	14·9	37·1
1946	55,138	43,488	98,626	11·8	44·1
1947	47,491	59,633	107,124	12·0	55·7

Column 3 of this table shows that there was a substantial fall during the war in the number of legitimate maternities conceived out of wedlock. This decline is further expressed in column 6 where it is seen that the percentage of irregularly conceived maternities later regularised by marriage fell from 70 per cent. before the war to only 37 per cent. in 1945. It can only be concluded that war factors prevented or hindered the regularisation of maternities conceived out of wedlock. This conclusion is given added force by the fact that as soon as the war was over the proportion regularised by marriage rose to 44 per cent. in 1946 and 56 per cent. in 1947.

The most important point in Table 2 is the conclusion to be derived from adding together the illegitimate maternities and the pre-maritally conceived legitimate maternities. This is done in column 4, and in column 5 the total is expressed as a percentage of all maternities. These percentages show that the proportion of all maternities conceived out of wedlock was substantially below the pre-war figure in five out of the six war years and only in 1945 did it

[1] *Registrar General's Statistical Review of England and Wales for the Six Years 1940–1945, Text, Vol. II, Civil* (p. 80).

rise fractionally above that for 1938. In 1946 and 1947 the percentage again fell well below the pre-war figure. Instead of the irregularly conceived being one seventh of all children born, as before the war, the proportion for 1940–47 was about one eighth—not a startling change perhaps but one of improvement rather than deterioration. This conclusion is in striking contrast to the widely held belief that extra-marital conceptions greatly increased during the war.

The explanation of the rise in illegitimate maternities and the fall in pre-maritally conceived legitimate maternities is obviously to be found—at least in part—in the enforced separation of the sexes imposed by the progressive recruitment of young men into the Armed Forces and their transfer to war stations. This made immediate marriage increasingly difficult and, in the case of many, quite impossible. To this must be added the general loosening of social restraints and compulsions in time of war, the easier avoidance of responsibility brought about by a slackening in conventional ties formerly imposed by the families concerned, by friends, and by neighbours.[1]

How many children were thus transferred from the legitimate to the illegitimate class as a result of war factors cannot be precisely determined; nevertheless, it is clear from Table 2 that the number must have been in the region of 100,000. Not all these children will have been permanently 'illegitimate' in the generally accepted meaning of the term; where the parents were reunited after the war they will have married and thereby have legitimated the children and secured to them a normal home life. In such circumstances it is in the interest of the child for the parents to complete the 'legitimation' process by re-registering the birth under the arrangements authorised by the Legitimacy Act of 1926.[2] The record of re-registrations up to 1950 shows that was not done to any great extent.

[1] In the United States illegitimacy increased substantially during the war, although some of the precipitating factors operating in Britain did not apply there. The illegitimate birth rate in 1938 was 7·0 per 1,000 unmarried women aged 15–44; by 1947, it had risen by 73 per cent. to 12·1. Almost the entire increase took place after 1940, and the greatest rise was recorded at the end of the war and during the post-war years. The increase for white women between 1940 and 1947 (the two years for which separate figures are available) was 75 per cent.; for non-white women it was only 57 per cent., but in both years the rate for non-white women was much higher than that for white women. By far the highest rate was found in the age group 20–24, but the percentage increase was highest—129 per cent. in the age group 25–29 (combined white and non-white). All the above figures are estimates only. In some States a legitimacy statement is not required on the birth certificate in the interests of the illegitimate child. The number of such States rose from four in 1938 to fifteen in 1947, and they include New York, Massachusetts and California. Illegitimacy rates for the whole of the United States are calculated on the basis of the rates in those States where a legitimacy statement on the birth record is required. There is, however, reason to assume that false registrations are fairly frequent and that all illegitimacy rates understate the true position. (*Illegitimate Births 1938–47*, Selected Studies, Vol. 33, No. 5, 15th February 1950. Federal Security Agency, National Office of Vital Statistics, Washington.)

[2] 16 & 17 Geo. 5, Ch. 60.

It is probable however that parents do not know that they can re-register such births.

In the following table the irregularly conceived maternities—illegitimate and legitimate combined—are analysed according to the mother's age and are shown in the form of rates per thousand of the unmarried female population in each group (to which the mothers of the legitimate section have been restored).

TABLE 3

Irregularly Conceived Maternities per 1,000 Unmarried Females - England and Wales[1]

Age of Mother		1938	1939	1940	1941	1942	1943	1944	1945	1940–45 average	1946	1947
15–		12·0	12·1	11·4	10·1	10·4	10·7	11·4	12·4	11·1	11·4	12·7
20–		37·1	36·5	36·2	32·3	34·0	34·9	38·4	43·3	36·5	42·1	50·0
25–		27·6	26·6	28·1	28·6	30·5	33·4	43·0	46·5	35·0	46·6	53·6
30–		16·0	15·8	16·1	18·0	20·5	23·5	29·9	33·2	23·5	33·4	35·2
35–		10·6	10·0	9·7	10·7	11·9	13·2	15·6	17·2	13·0	17·9	18·9
40–		4·2	4·0	4·0	4·7	5·1	5·7	5·9	5·9	5·2	5·9	6·2
15–45		19·8	19·0	18·9	17·9	19·0	20·2	23·3	25·8	20·9	25·2	28·4
Ratio to 1938	Crude	1·00	·96	·95	·90	·96	1·02	1·18	1·30	1·05	1·27	1·43
	Standardised	1·00	·98	·98	·92	·98	1·04	1·18	1·32	1·07	—	—

When expressed in relation to the unmarried female population at risk in the successive years, the bottom two lines of the table show that the general incidence of the irregularly conceived maternities declined up to 1941, and that though it rose thereafter, it was only in the last two years of the war that it was materially above the 1938 level, there being an excess of 18 per cent. in 1944 and 32 per cent. in 1945. For the six years 1940–1945 as a whole, the average, standardised to allow for changes in age, was about 7 per cent. above the 1938 figure, a comparatively modest increase in view of the quite exceptional circumstances of the period.

The real interest of this table lies, however, in the different trends for the younger and older age groups. Among mothers under the age of twenty-five, the percentage of irregularly conceived maternities during the whole of the war was actually lower than in 1938–39. This, in the circumstances and in contrast to the popular belief, is an astonishing fact. What is nearly as astonishing is the substantial rise in irregularly conceived maternities among older women; at ages 25–30 the war average exceeded the pre-war level by 24 per

[1] *Registrar General's Statistical Review of England and Wales for the Six Years 1940–1945, Text, Vol. II, Civil* (p. 82).

cent.; at ages 30–35 by 41 per cent.; at ages 35–40 by 19 per cent.; and at ages 40–45 by 20 per cent.

What is the meaning of this trend among the older unmarried women? Is it, in some form, connected with the extraordinary rise in the popularity of marriage which has been such a feature of the vital statistics of Western Europe during recent decades? To some extent, this trend towards a higher proportion of illegitimate births among older women is paralleled in England and Wales by a rise, during the war, in the proportion of first babies born, within existing marriages, to older women. Or has the explanation to be sought in differing levels of knowledge about birth control among younger and older unmarried women? And is it relevant that the maximum rise (at ages 30–35) occurred in the group who passed much of their childhood in the First World War? No confident answer can, however, be given to these speculative questions until a much more searching analysis has been made of all the social, economic and psychological factors concerned in contemporary attitudes to sex relationship and marriage.

It seems clear, however, that during the past half-century the recorded changes that have been taking place in England and Wales in the amount of marriage, in the age at marriage, in divorce and separation, in pre-marital conceptions and in the extent and character of illegitimacy are all related. In effect they are all part of the same problem and they all reflect, in one way or another, different facets of deepseated changes in attitudes to marriage, sex and childbearing and, above all, in the relationships between men and women both before and after marriage. The causes will have to be sought in the social history of our times. The position of women in society, the levels of education and material prosperity among the people, the relations between different social classes—all these have altered substantially during the present century; the trend has been towards more equality in social status and in codes of behaviour both between men and women and between members of one social class and those of another. It is in the nature of modern war to hasten and intensify such changes. This subject, however, cannot be pursued here. The concern of these chapters is with the social problems arising from the fact that more illegitimate babies were born in Britain during the Second World War than in ordinary times.

CAUSES

It is comparatively easy to describe the general conditions of life in time of war which result in an increase in illegitimate births. It is more difficult to explain why some girls, and not others, succumb to the strains and temptations of this life. Far too little is known about the factors which predispose to illegitimacy and about the types of

girls who become unmarried mothers. The social workers who collect the case histories and have access to reliable information are usually too busy to concern themselves with research. In the absence of facts, there is a temptation to generalise and oversimplify; individual views are often coloured by prejudice and wishful thinking or by a particular kind of religious approach.

It is well-known that girls of low mentality—the unstable, the irresponsible, the near-mentally deficient—often have illegitimate children, but it is not known how large a percentage they form of the whole. It is also assumed that unfavourable home conditions are a contributory factor[1] but there appears to have been no large-scale attempt to ascertain how far illegitimate birth, institutional upbringing, adoption, disunity at home and other abnormal circumstances in a girl's life may influence her sexual behaviour. Even less is known about those unmarried mothers who seem to belong to neither of the two groups but come from good homes and are of average or even above average intelligence.

From all the reports and case histories that have been studied, it would appear that the women who bore illegitimate children during the war belonged to all classes, types and age groups. Some were adolescent girls who had drifted away from homes which offered neither guidance nor warmth and security. Still others were married women with husbands on war service, who had been unable to bear the loneliness of separation. There were decent and serious, superficial and flighty, irresponsible and incorrigible girls among them. There were some who had formed serious attachments and had hoped to marry. There were others who had a single lapse, often under the influence of drink. There were, too, the 'good time girls' who thrived on the presence of well-paid servicemen from Overseas, and the semi-prostitutes with little moral restraint. But for the war, many of these girls, whatever their type, would never have had illegitimate children.

Some of the unmarried mothers of the war were of a 'new type' and surprised the moral welfare workers to whom they were referred. Their spirit of independence was considerable, and there was little of the sinner and the penitent about them. However desperate their position, they disliked to resort to moral welfare societies for help 'because of the rigid rules and religious background'; in many such cases, it seemed, distress of mind was leading to threats of suicide. They resented the punitive atmosphere still prevailing in some of the

[1] J. Bowlby, quoting the results of studies undertaken in the United States and Canada, arrives at the conclusion that the mother of an illegitimate child often comes from an unsatisfactory family background and has developed a neurotic character. A high percentage of the girls whose histories had been studied by American investigators came from broken homes. (J. Bowlby, *Maternal Care and Mental Health*, World Health Organisation, Geneva, 1951. pp. 93–94.)

voluntary homes and objected to the very term of 'moral welfare' which seemed to imply reproach and moral censure.[1] 'I do not think it is entirely the "unthankful and the forward" who object', a Ministry of Health official remarked. 'It is also that a more independent type of young woman is coming to be dealt with and one who, I think, even the old-fashioned among us sometimes feel is not suitably dealt with by the old methods.' Some girls protested against the rules of moral welfare homes which made long periods of residence—often six months or more—a condition of admission. These girls wanted to regain their independence as early as possible after childbirth. They could easily obtain work and earn good wages to maintain themselves and their babies. 'The modern girl, accustomed to keep herself, will not lightly give up her liberty and submit to rules. This independence can be a valuable foundation on which to build a sense of responsibility.'

These were not women of low mentality, amoral and without self-respect. They were of normal intelligence and their ideas of right and wrong were not very different from those of other girls. This very fact added to their distress but it also helped them to accept the consequences of their actions. They could not usually master their problems without assistance but most of them were not of the type to take that assistance for granted. The lowest mental group among the unmarried mothers appears to have been comparatively small. In the A.T.S., where they were excluded from recruitment, no correlation was found between intelligence and illegitimacy.[2]

The war with its temptations and upheavals sometimes revealed maladjustments resulting from insecurity and lack of affection in childhood. There are no studies based on the cases of older girls but the distressing stories of adolescents are contained in the files of probation officers up and down the country. These girls, some of them hardly out of school, were brought before the juvenile courts as 'in need of care and protection' or 'beyond parental control'. They were kept under supervision for long periods and their backgrounds were carefully studied.[3]

[1] Many moral welfare workers themselves dislike the term and consider it unfortunate. 'It suggests a moral superiority on the part of those engaged in it and appears to limit morality to sex morality'. (*Social Case-Work in Great Britain*, edited by Cherry Morris. Barbara Reeve, and Ena Steel, 'Moral Welfare'. 1950, p. 144.) 'It is to be hoped that the moral welfare case worker will in time find a new name less embarrassing to some of those who need her services.' (Eileen L. Younghusband, *Report on the Employment and Training of Social Workers*, 1947, p. 106.)

[2] *Planning*, No. 255, 13th September 1946 (p. 4).

[3] In August 1945 the Home Office asked the probation officers of ten areas, including London and Liverpool, for short notes on the various aspects of social work during the war, under the following headings: (1) Effect of the war on family life; (2) adolescents and sex problems; (3) the care and maintenance of illegitimate children; (4) the spread of venereal disease among young people; (5) the effects of the presence of American and Allied servicemen; (6) the work of probation officers in relation to Army Welfare. The following facts and quotations are taken from individual probation officers' reports or from the Home Office summary of this survey.

Some of these girls had spent much of their time in the company of Servicemen and were already far on the way to prostitution when the authorities intervened. Some were infected with venereal disease and pregnant at an age when they were neither physically nor mentally fit for motherhood. Others were only just beginning to taste the pleasures of being treated as adults and of being wanted by men. Their numbers increased as the war went on; many of them were already the products of earlier war-time disturbances in family life. They were the evacuated children whose experience had been unfortunate; the children who had gone without schooling for long periods; the school girls with fathers on war service and mothers in war factories. 'Unhappy home', 'unhappy home background', 'a broken home', 'a home which does not satisfy', 'a misfit at home'—these are the comments which recur monotonously in all the probation officers' reports. Every single girl under the supervision of one probation officer at the Chelsea Juvenile Court (which covers the West End of London) within a period of eighteen months had come from an unsatisfactory home; the large majority were either illegitimate[1] or had one step-parent. 'As a general rule', the same probation officer remarks, 'the girls from the West End who are brought to Chelsea Juvenile Court are above normal intelligence, well spoken and good looking. Only two girls under my care were sub-normal, the remainder being specially bright and attractive'.

These girls were tempted by a life of pleasures and excitements which would normally have been beyond their reach. The presence of foreign Servicemen was the greatest of all attractions. 'One of the most remarkable features', read a report from the London dock areas, 'has been the way in which girls of about fourteen seem to attract them—all that seems to be necessary is for the girl to have a desire to please. . . . Those girls who are misfits at home or at work, or who feel inferior for some reason or another, have been very easy victims. Their lives were brightened by the attention . . . and they found that they had an outlet which was not only a contrast, but was a definite compensation for the dullness, poverty and, sometimes, unhappiness of their home life'.

The situation in many parts of the country was vividly described in the Home Office survey: 'To girls brought up on the cinema, who copied the dress, hair styles and manners of Hollywood stars, the sudden influx of Americans, speaking like the films, who actually lived in the magic country, and who had plenty of money, at once went to the girls' heads. The American attitude to women, their proneness to spoil a girl, to build up, exaggerate, talk big, and to act

[1] A series of investigations into juvenile delinquency tend to support the view that there is a greater risk of a child becoming a delinquent if he is illegitimate. (*The Law in Relation to the Illegitimate Child*, British Medical Association, 1952.)

with generosity and flamboyance, helped to make them the most attractive boy friends. In addition, they "picked up" easily, and even a comparatively plain and unattractive girl stood a chance'. In one central London area, the number of very young girls in need of care and protection was five or six times as high in 1945 as it had been before the war. 'Many of our present cases', wrote still another probation officer, 'would probably have scraped through the difficult adolescent period comparatively harmlessly without the temptations of wartime. . . .'

Apart from these adolescents and the girls in the factories and Services, there were the married women who became mothers of illegitimate children. Marriage bonds are tested severely in war; unless they are strong, they may break under the strain of separation. An increase in the number of divorces is one of the many social consequences of war.[1] Here again, weaknesses are brought to light which might have been less apparent in normal times. The unhappy marriage, or the hasty war marriage, does not often survive separation but even a satisfactory relationship may be undermined by the stress of war-time life. Married men and women were exposed to the same temptations as unmarried people. They were often lonely and they had many opportunities to meet members of the other sex and form new attachments. If an illegitimate child was born a marriage which might have been rebuilt after the war was often irretrievably broken.

It is not known how many illegitimate children were born to married women during the war. A married woman's child is assumed to be her husband's, unless she states otherwise when registering the birth. But the authorities were well aware of the problem; most of these mothers needed help and advice, and some of the husbands, too, reported their troubles to the Army Welfare Service. In Birmingham, where the public health department kept careful check on illegitimate births and was in touch with practically all the mothers of illegitimate children, the percentage of married women among them trebled between 1940 and 1945. During the last two years of the war one third of all illegitimate children in the city were born to married women. Not all these women, however, were still maintaining marriage relationships. Of the 520 reported in 1945, 283 had husbands in the Services (five of them prisoners of war), but the remainder were divorced, widowed or living apart from their husbands.[2]

[1] Divorce petitions filed in England and Wales rose from 22,188 in the years 1936–38 to 60,294 in the years 1943–45 (*Registrar General's Statistical Review of England and Wales for the Six Years 1940–1945, Text, Vol. II, Civil* (p. 54).

[2] See the annual *Reports of the Medical Officer of Health for the City of Birmingham.* In some other areas the percentage of married women among the mothers of illegitimate children was even higher. Lindsey reported that approximately half of the illegitimate children born there in the first six months of 1945 were of married women. In Southsea the figure for the same period was given as 'just under 50 per cent.'

Most of these young wives earned their own living and worked together with men. They had no proper home life and after a hard day's work they longed to enjoy themselves. Public houses and dance halls attracted the married and the unmarried and male company was abundant. 'Many excellent young mothers', wrote a probation officer at the Thames Police Court, 'have been unable to stand the loneliness at home, particularly when their husbands are abroad, with not even spasmodic leave to break the monotony. . . . Hasty war marriages, on embarkation leave, sometimes between comparative strangers, with a few days or weeks of married life, have left both parties with little sense of responsibility or obligation towards one another'. The Army Welfare Service, when investigating the domestic troubles of soldiers, often enlisted the probation officers' help, particularly if adultery was suspected or an illegitimate child had been born to a soldier's wife. One probation officer, who handled 171 Army Welfare cases in the later stages of the war, found adultery proved in fifty and suspected it in many more.[1]

The distress of a married woman, when she found herself pregnant by another man, was usually even greater than that of an unmarried girl. If she had older children her position was desperate. She could not keep her husband in ignorance because she needed his consent if she offered her baby for adoption. She could ask him to forgive her but he would rarely be prepared to do so unless she gave up her child. Some husbands, however, behaved with exceptional understanding, particularly when they had seen the baby. They forgave their wives and accepted the child as their own.[2]

DISTRESS

In terms of total numbers the problem of illegitimacy was serious enough. In terms of social distress it was out of all proportion to numbers. Even in the early years of the war unmarried mothers were often homeless and destitute. Many were away from home, on war work or in the Services. Some did not want to tell their parents. Others were cast off by their families. Still others might have received some help but their relatives' own lives had been disorganised by the war. The moral welfare services had never been able to meet the full need, and they were now partly out of action. Some mother

[1] See footnote 3, p.96. 'Things generally might have been much worse', read a report from Liverpool, 'but for the active interest and the intense co-operation of the Welfare Services of the Forces. From all over the world came letters of enquiry and requests for help from the men and women themselves, or their commanding officers, or padres, or company officers and non-commissioned officers. "What about my wife?"; "What about this man's home?" . . . "Please reply, please enquire, urgent". They were all urgent, and they were all treated as such'. . . . (John Woolfenden, Principal Probation Officer of the City of Liverpool, *Memorandum on Probation During the War*, January 1946).

[2] There was mention of at least one husband, in the Home Office survey, who agreed to accept his wife's two illegitimate children into the family.

and baby homes had been closed or were being used for other purposes and some moral welfare workers were engaged on other tasks.[1] When minds were filled with thoughts of air attack and invasion illegitimacy seemed a problem of secondary importance.

Unless she lived at home, an unmarried mother would often find herself without a roof over her head when her pregnancy became known. If she was in the Women's Services, she would be promptly discharged.[2] If she lived in a war workers' hostel, she would have to give up her room when she stopped working, usually two months before her confinement.[3] If she was billeted in a private house or lived in furnished lodgings, she would often be asked to leave when her condition became visible. After confinement, when she had to care for her child, her position would be even more precarious. Some unmarried women who had been evacuated under the official scheme for expectant mothers did not know where to go when they were discharged from the emergency maternity home. Billets for married women with babies were difficult to obtain; unmarried mothers had practically no hope of finding them. Foster-mothers or helpful relatives who would take care of the baby and enable the mother to earn her living were also increasingly rare, and the few existing nurseries were overcrowded.

Normally, public assistance would have been the answer—an unsatisfactory answer—in some of these situations. But most of the mothers were away from their home areas and most local councils were reluctant to admit other than local people to their institutions or to spend their money on them in other ways. In the country districts, with their limited resources and swollen populations, the social services were strained to breaking point. At a time, therefore, when the Government urged all mothers with babies to stay away from the bombed cities, unmarried mothers were often encouraged to return to their homes, wherever they might be.

Like other 'displaced persons' in war-time Britain, these unmarried mothers found themselves in the wrong places for public relief. The pattern of social welfare did not fit the pattern of war-time society. The social services were not built for a nation of migrants but for people with a settled way of life. They were locally organised and financed and they were destined for the local population. From the earliest times of the poor law, a 'native' in one parish

[1] About 50 per cent. of the beds in moral welfare homes were closed. In addition, unmarried mothers were affected by the general shortage of maternity accommodation and the closure of certain holiday and convalescent homes.

[2] It was considered, on medical and social grounds, that the Services were not suitable places for pregnant women, and expectant mothers were discharged at the third month, unless they concealed their condition. See p. 115 ff. for the steps taken from 1943 onwards to help unmarried mothers in the Services.

[3] It was a rule in Royal Ordnance Factories that expectant mothers had to cease work two months before confinement.

had been a 'foreigner' in another, when it came to the relief of distress. Unmarried pregnant women had been forcibly removed to their places of Settlement so that they should not be a burden on the rates elsewhere. During the later part of the nineteenth century and and in the twentieth century the vagrant without means of support was no longer feared so much and the 'foreigner' was treated more kindly. The administrative areas were widened, and the most extreme forms of parochialism came to an end. But the principle of Settlement and Removal, although less frequently applied, was never wholly discarded.

When war broke out, instead of a steady movement of people from ill-provided rural areas into the more prosperous towns, there was a gigantic reverse migration from the cities into the smaller towns and villages. Millions left their homes for the many different purposes imposed by war. They joined the Services, worked in war factories, hospitals, schools or on farms; they sought safety from bombs or shelter after their homes had been destroyed. As the number of migrants increased, the local social services were taxed beyond their strength, and the Government was compelled to treat the welfare of evacuated mothers and children as a national concern. For destitute people, however, who did not fit into any of the special national schemes, local boundaries regained some of their former importance. Local authorities began thinking again in the archaic terms of public assistance removal and unmarried mothers, who were often in need of relief, were one of the groups most severely affected. They would be referred from one public assistance authority to another in their search for shelter and a place for confinement; they did not usually know that the nearest public assistance institution was obliged to take them in. Once admitted, however, they ran the risk of being removed to their home areas under a Justice's Order of Removal, if their own council accepted responsibility for them.

Most local authorities tried their best to ward off at least some of their new burdens by urging people to go elsewhere or they sought to recover the costs they had incurred from the home authorities of the newcomers. The exchange of thousands of small charges and counter-charges between hundreds of local authorities was one of the peculiar growths of war-time social administration.[1] It was even suggested, later in the war, that unmarried expectant mothers should not be allowed to take up employment in districts other than their own. Wherever they went, they were regarded as a serious liability, and often their welfare and peace of mind were utterly disregarded.

[1] See R. M. Titmuss, *op. cit.*, Chapter XII, for a detailed discussion of local boundary problems in relation to the war-time social services.

In this field, as in other spheres of social welfare, the growing needs and the new kinds of needs could no longer be satisfied in the traditional way or be left unattended. The resources of the voluntary bodies were small, scattered and not always suitable for the new type of girl who sought assistance. With few exceptions, local welfare authorities had never concerned themselves with the delicate human problems of unmarried mothers; they lacked experience and they were not inclined to burden themselves with new responsibilities. Much of the demand, moreover, was concentrated in areas which were least equipped to deal with it. The public assistance authorities still approached the subject merely from the old poor law angle of expense and of Settlement. They were hardly more fitted than they had been in 1909 to do this skilled and specialised work.

It was argued that the Government, by creating conditions which produced illegitimacy, was itself partly responsible for this difficult situation and should therefore come to the rescue. Girls who had been compelled to join the Services or work in factories away from their homes had been exposed to temptation and they could not be left stranded when they had succumbed to it. For the Government, however, the welfare of unmarried mothers and their babies was a delicate subject. Any step taken or not taken could have political repercussions. Whether, and to what extent, it should intervene was not merely a question of practical possibilities. Doing too little or doing too much could be equally harmful. A single instance of bad neglect might lead to a public scandal. Elaborate provision for unmarried mothers, however, might easily be taken as proof that the problem was larger than it was in reality. The Ministry of Health was fully aware of this dilemma. Cautiously, it tried to find the way out.

CHAPTER IV

ILLEGITIMACY AND WAR: SOCIAL POLICY

(i)

Introduction

IN THE six years from 1940 to 1945 almost 300,000 illegitimate babies were born in England, Scotland and Wales, or over 100,000 more than in the six years preceding the war. In the three post-war years 1946 to 1948 160,000 were born, or almost 70,000 more than in the three years before the war. There were thus, in the course of nine years, 170,000 illegitimate births over and above the 'normal' number.[1] It is reasonable to suppose that if there had not been a war, these babies would have been born legitimate, with a father and a mother responsible for them, or they would not have been born at all.

The war affected not only the size but also the character of the social problem which was caused by illegitimacy: unmarried mothers met with greater obstacles in trying to help themselves or to obtain help. They were often away from their home communities, living in hostels, billets or service camps. The social services were curtailed and disorganised. There were fewer beds in hospitals and homes. There was less chance of finding foster-mothers or places in nurseries for the babies. There were fewer welfare workers to devote their time to the problems of unmarried mothers.

When the first warning voices were reaching Whitehall in 1939 and 1940, it was maintained that this was not the concern of Government. Illegitimacy there had always been; it was not a special feature of wartime society. Numbers were not yet disquieting, and the normal services were expected to deal with the needs. The Ministry of Health was not inclined to look ahead and speculate about possible future demands. It did not want to add to its many new commitments and do work it had never done before. Its ideas were vague about the size and character of the voluntary services and about the methods of moral welfare work. It made no attempt,

[1] *Papers of the Royal Commission on Population*, Vol. II, Reports and Selected Papers of the Statistics Committee, 1950 (p. 207).

by enlisting the help of the Registrar-General, to find out what was happening in different parts of the country.

(ii)

Evacuation of Unmarried Expectant Mothers

Illegitimacy, as a war-time social problem, made its first appearance in 1939, when the emergency maternity scheme began to function. Unmarried mothers were accepted for evacuation in the ordinary way, but the arrangements did not provide for their special needs. Under the 'trickle' scheme[1] a woman was sent into the country during the ninth month of pregnancy and normally discharged from the maternity home a fortnight after the birth of the child. She would then be billeted in the country, together with her baby, unless she preferred to return home at once.

The Ministry of Health firmly insisted on the principle of equal rights for all mothers. It allowed no discrimination against unmarried women but it was equally opposed to granting them favours. Some would have liked to be accepted at an earlier stage in pregnancy, but the Ministry did not want the scheme to be used for the temporary 'disposal' of girls whose presence at home was an embarrassment. Many had nowhere to go when they were ready for discharge from the maternity home but they could not be allowed to stay on and occupy beds which would be needed for others. In theory they should have been billeted; in practice they often overstayed their time in the maternity home or drifted into poor law institutions. Some found themselves stranded because they could not pay for their return journeys. It was almost impossible to find billets for an unmarried mother with a new-born baby, and in the opinion of voluntary welfare workers some of these mothers would not have been suitable for billeting. They needed a period of convalescence and training before they were fit to be in charge of a baby.

The Ministry of Health tried to enlist the help of voluntary bodies at an early stage in the war. It consulted the National Council for the Unmarried Mother and Her Child and the Church of England Moral Welfare Council. In December 1939 a list of addresses of local welfare workers was circulated to the regional medical officers, and efforts were made to secure the admission of some of the mothers and their babies into moral welfare homes. But the result of these steps was disappointing. There was little response in the Regions to

[1] See Chapter II.

the Ministry's letter and there were very few vacancies in voluntary homes. As a result of the war the number of places in them had been halved, and those that remained were accorded to mothers who agreed to stay for many months. The voluntary associations were not prepared to modify their policy of long-term rehabilitation by accepting girls for short periods on their discharge from the emergency homes. The mothers themselves were not always eager to avail themselves of voluntary help. Some feared that visits of welfare workers in their homes might cause them embarrassment later on and few were prepared to submit for long periods to the rules and restrictions imposed in most of the homes.[1]

The evacuation authorities did their best to send unmarried mothers to those areas in which moral welfare organisations were active. Oxford, for instance, was one of the best-provided cities and received many pregnant girls from London. The Oxford City Moral Welfare Association arranged for its outdoor workers to visit the emergency maternity home at regular intervals and to advise and help the mothers before they were discharged. By 1941, however, so many girls had been sent to Oxford that the Association pleaded with the Ministry for the establishment of a post-natal hostel. It was no longer possible to find billets and the public assistance institution was crowded. The Association, moreover, believed that it was not in the interest of unmarried mothers to be maintained, indefinitely, from public funds. It wanted to help them to stand on their own feet and to earn a living for themselves and their babies. By the summer of 1942 Oxford had been so over-burdened with unmarried mothers that it was unable to accept any more.

There arose, in an acute form, the problem of local government boundaries. From 1941 onwards the Ministry and the London County Council received complaints about destitute women and their babies being 'unloaded' in the reception areas, where the public assistance institutions were full. The local authorities in the country districts were not prepared to pay for the maintenance of destitute people from London and they were not convinced that the home authorities of the mothers would refund them their outlay. Some public assistance authorities were less patient than others in carrying such

[1] Some committees of moral welfare homes agreed to consider a reduction in the usual length of stay during the war, but admission could rarely be secured for less than three months after confinement. 'In most of the homes', a Ministry of Health minute explained, 'inmates are required to wear some sort of uniform, at least a coloured overall, or something of the kind; correspondence is supervised; attendance at prayers is expected; inmates are not, as a rule, allowed to go out alone and there is definite restriction on "comings and goings"; help in the routine household duties is required, according to the health and capabilities of the individual. Misunderstanding on the question of these simple rules and regulations, which vary in the different homes, but are always to be found in some degree or other, leads to trouble, and it is most important that any unmarried expectant mother who is to be transferred to such a home should know something of what is to be expected of her'.

burdens and applied drastic measures. In Somerset, for instance, two London girls with their babies were simply given their fares home by the public assistance authority and the London County Council was advised of their arrival by telegram.

In other areas the methods employed were less forceful but the principle was the same. In the Cheltenham emergency home a London girl was still occupying a bed six weeks after the birth of her child although she would have been fit for discharge four weeks earlier. A Ministry of Health official described her as a poor law case and remarked that she should really be sent back to London. He took it for granted that she would be passed to the charge of the Gloucester Public Assistance Authority which would then put in motion the usual machinery for recovery from the public assistance authority of the place of settlement.

By the beginning of 1943 between eight and nine unmarried expectant mothers were evacuated from London each week, and they caused trouble out of all proportion to the numbers involved. Their numbers might have been larger still but the London County Council, to avoid trouble with the reception authorities, arranged for mothers living on public relief to be confined in London public assistance institutions or voluntary homes.

The position of unmarried mothers was becoming increasingly unsatisfactory. In most parts of the country there was little co-operation between the Ministry of Health's regional offices and the voluntary agencies and the list of addresses of welfare workers circulated in 1939 had never been brought up to date. At the beginning of 1943 the London County Council appealed to the Ministry to give a lead. It suggested that welfare workers in evacuation and reception areas should co-operate and that an unmarried mother who registered for evacuation should be referred by the London welfare worker to her colleagues.

As a result of this approach representatives of the Ministry, the London County Council and the voluntary bodies consulted together in January 1943. They were faced with some difficult questions. Should unmarried mothers be excluded from evacuation altogether? Was it practicable to do so? Or should they be sent to selected areas where welfare workers could take care of them? There was no doubt, by that time, that most mothers applied for evacuation because they could not find maternity beds in town.[1]

Discrimination was an ugly word with unpleasant implications. The evacuation scheme was designed for all expectant mothers who wished to use it. The status of a woman, moreover, was not always known when she registered for evacuation and it was hardly possible

[1] See Chapter II.

to instruct the welfare centres to ask all expectant mothers for their marriage lines. There was, therefore, no way of making sure that unmarried mothers would not be evacuated or sent only to areas with moral welfare services. The conference indeed agreed that it would be neither politically expedient nor practicable to discriminate against the unmarried mother in registration for evacuation. When other expectant mothers were urged to leave the capital, unmarried women could not be asked to stay behind. In the Ministry opinion on this subject was somewhat divided, and there were those who felt that it was sentimental to talk about 'discrimination', when most unmarried mothers would probably prefer to stay in London. The London County Council, however, was short of maternity beds and not prepared to give preferential treatment in its hospitals to this group of expectant mothers.

The conference decided that evacuation of unmarried mothers should in future be more carefully directed. Reception areas served with ante- and post-natal hostels, with well developed moral welfare organisations and helpful public assistance authorities would be best suited to receive unmarried women. Meanwhile the voluntary bodies, with the support of the Ministry, would try to re-open some of their homes in London and reclaim others which had been requisitioned. The Ministry also hoped that its decision, taken soon after the conference, to pay the return fares of evacuated mothers with limited means would also help unmarried mothers.

These decisions, however, did not result in far-reaching changes. It was found two years later that very little came of them. Unmarried mothers continued to block beds in the maternity homes and to drift into remote public assistance institutions. The reception authorities continued to complain and to send their accounts to London. But without the efforts that were made to direct the flow and to make a better use of existing resources, dislocation and hardship would have been more serious. The Government's post-natal evacuation hostels, for instance, which had never been widely used were now filled with unmarried mothers from London and from the Services.[1] Even some local girls were admitted while there was room to spare.

But there came the time when all available space was filled to overflowing. In the beginning of 1943, an average of eight to nine unmarried mothers had left London each week; in the autumn of 1944 the number had risen to fifteen, and in February 1945, it soared to thirty. Public assistance institutions, voluntary homes and Government hostels were crowded. The canalising machinery for

[1] In the first quarter of 1943 the average weekly bed occupancy of the 259 beds in the Government's eleven post-natal evacuation hostels was as low as eighty-one. See also pp. 116 and 117.

directing these women to the most suitable places had never been fully effective and could no longer cope with the numbers.

As time went on, not only maternity beds were blocked but also beds in the evacuation hostels. There were those mothers who waited for the completion of adoption proceedings or for other plans to mature. There were others who had pretended to be married and arrangements for them had not been made in time. Then there were married women with illegitimate babies who wanted to hide in the country for the longest possible period. Many of these mothers with their babies remained in the hostels, while two or three authorities argued about their Settlement. There was, for instance, the London girl whose home was stated to be in Scotland where she did not want to go. There were the women who refused the help of moral welfare workers. There was, to crown it all, the American negro mother whose name became a byword among the officials in London and elsewhere. Nobody was responsible for her and her case was insoluble.

The Ministry and the local authorities remained very dissatisfied with the arrangements for unmarried mothers and the way they were working. During 1944 and 1945 correspondence on the subject grew in volume and exasperation. The Ministry and its regional offices found themselves in the centre of a storm. The reception authorities were overburdened, impatient and often unhelpful. The London County Council and the Greater London boroughs were still battling in the defensive. All were deeply involved in the time-honoured and bitter controversies of Settlement. Sometimes the home authority would deny responsibility; sometimes it would offer to pay, but refuse to provide a bed; sometimes it would take back a mother with her baby. The anger of the reception authorities was reflected in some of the letters the Ministry received from its own regional offices. 'We cannot willingly have the evacuation scheme used as a means of shelving obligations of London welfare authorities', wrote Notttingham. Letters in a similar strain came from Leeds, Bristol and the West Riding in quick succession.

The London County Council was ready to admit that its arrangements were not working too well.[1] Too many difficult cases were slipping through the net, and there were too few welfare workers in the reception areas. 'There is perhaps the tendency', the Council confessed, 'for a high proportion of the difficult cases to gravitate

[1] As early as 22nd December 1942 the London County Council had issued instructions that no unmarried woman should be registered for evacuation unless known to a responsible person, preferably a welfare worker, who could co-operate with the reception authorities in helping the mother on her discharge. The intention was to ensure her welfare before she was sent away. These instructions were widely disregarded and they were repeated on 19th November 1943. The above admission was made when the Ministry presented a list of names of eleven London unmarried mothers who were stranded in Somerset.

towards the evacuation scheme, because the voluntary hospitals and societies dump them on the municipal hospitals and maternity and child welfare authorities, who in turn dump them somewhere'. The Ministry deprecated this tendency for London hospitals and boroughs to dump the most difficult cases on to the Government evacuation scheme but it was difficult to see what could be done. Another conference was called in February 1945. It proved, however, no more effective than the previous one.

In the middle of 1945, when the war in Europe was over, mothers were still registering for evacuation to obtain maternity beds, and there was a high proportion of unmarried girls among them. The hostels were still crowded, and the battle about Settlement went on. The local authorities in the reception areas were more averse than ever from taking the London problem cases in addition to their own. The birth-rate was high; the dislocations of war had not yet been made good; and the maternity services of the country were working under the greatest strain in their history.

The problem of the evacuated unmarried mother was never solved by official action, but it ultimately solved itself when evacuation ceased. All through the war these mothers and their babies remained an embarrassment to local authorities and voluntary workers up and down the country. There was no national scheme to help them back to normal life. Their numbers diminished as more maternity beds were opened in London and they ceased to exist with the emergency maternity service itself.

(iii)

A Scheme for War Workers

In the war-time social services distinctions were often made between the rights of one group of people and those of another although their needs were the same. Priorities were inevitably based on the expediencies of war. There was one law for unmarried mothers who used the evacuation scheme; there was another for unmarried mothers who were war workers of a particular kind, and a third for unmarried mothers in the Services.

In 1941 there were signs of impending trouble among women workers in certain industrial areas. Quiet market towns with leisurely ways were transformed into busy centres of industry. Women workers were transferred there from other parts of the country and were housed either in billets or hostels. In the country

surrounding these towns there were usually military camps.[1] Inevitably illegitimate children were born, and inevitably the local authorities, thinking in terms of rates, resented the claims of the immigrant unmarried mothers upon their services.

The first demand for help from Whitehall came from Hereford, a new centre of war production whose pre-war population had more than doubled. A Royal Ordnance factory in the town employed almost 4,000 women, most of them from other areas, and their numbers were rising. Some were volunteers and others had been called up for war work. By the summer of 1941 seven illegitimate babies had been born to war workers in Hereford and it was believed that about a hundred more were on the way. These unmarried mothers found themselves in serious difficulties. They were asked to cease work at the factory two months before their confinement and they were not taken back until one month afterwards. There were no arrangements to tide them over this period of three months and there were no funds upon which they could draw if they had no savings. Nor were there any nurseries where they could leave their babies. They were expected to go back to their own homes—if they had homes—even though this meant returning to a bombed city. But many could not or would not go.

The factory medical officer and the woman labour officer of the Hereford Royal Ordnance factory urged that there was an immediate and pressing need for provision for maternity cases especially for unmarried mothers. They pointed out that fifteen auxiliary hospitals of the emergency hospital service were standing almost empty waiting for military patients who did not come. Furthermore, these officers complained about the unhelpful attitude of the local council. The Ministry of Health in turn emphasised that it was the duty of local councils to provide services for newcomers as well as for residents and that they had been promised financial cover for any additional net expenditure incurred on temporary immigrants. The Ministry however held out no hope of using the auxiliary hospitals—they must be kept ready as an insurance against sudden demand; nor were they equipped for maternity cases. In any case it transpired that the trouble in Hereford was not a lack of beds for the actual confinements. The need was for ante-natal hostels where unmarried expectant mothers could go on discharge from the factory and residential nurseries where they could leave their babies on return to work.

By the summer of 1941 the Hereford problems were appearing in many other parts of the country. 'I am inundated with small babies',

[1] Some of the girls' hostels were situated immediately opposite large military establishments and regional medical officers strongly opposed such siting when new hostels were planned.

wrote one probation officer. 'It is utterly impossible to find foster homes. . . . Many of these girls are in desperate plight as they cannot go out to work and earn a living for themselves and the child.' Meanwhile, there were reports that some local councils had threatened to cut their grants to voluntary homes if they admitted other than local women. 'It seems almost impossible to suggest', the Ministry of Labour remarked, 'that Ministry of Supply hostels should have attached to them a residential nursery for illegitimate children'. Nevertheless something had to be done. The Ministry of Labour and the Ministry of Supply in particular felt that since the problem had been created by the war it should be treated as a national concern; if the State transferred a girl away from home for war work it surely had some responsibility for her welfare and that of the child.

The Ministry of Health, the Ministry of Labour and the Ministry of Supply consulted together. They agreed that pregnant girls should be asked to leave the factory area and to return to their own families if they could possibly do so. Return fares were already being paid in such cases by the Ministry of Labour and the Ministry of Supply's sickness allowance of 3s. 6d. a day for three weeks could be used to tide the expectant mothers over the time between discharge and departure. But there still remained the girls who could not or would not go home. Guesses were made about their probable number when war production would have expanded still further. Early in 1941 only 520 girls were living in hostels attached to Royal Ordnance Factories but the figure was expected to be 12,000 by the end of the year and 48,000 when the building programme was completed. On the Hereford precedent, it was believed that three to four per cent. of the transferred girls might become pregnant, and that between fifty and a hundred 'hard cases' would be in need of special assistance during the first year in the whole of England and Wales.

The Ministry of Labour was asked to help in limiting the size of the problem by administering the transfer machinery with greater care. Some girls had already been pregnant on their arrival in the factory area and these were usually the girls who refused most obstinately to return to their homes; they had often grasped at an opportunity of leaving their home districts and escaping the stigma of unwanted pregnancies. It was hoped that some, if not all, of these transfers could be avoided, but complaints about the arrival of pregnant women in the production areas continued to come in at intervals all through the war. There was no way of preventing a sufficiently determined girl from seizing this chance of getting away from the district where she was known, and many succeeded in hiding their condition almost to the day of confinement. More than one baby was born in an industrial hostel, and more than one woman

in labour was taken straight from the work-bench into a maternity home.

On one point all three interested departments were agreed; it would be much better to contract with experienced societies than take any steps through local authorities, or otherwise, to set up homes officially. The Ministry of Health accordingly opened discussions with the various voluntary bodies concerned but it found them in 'low water' and short of both money and places in hostels. Most of their homes in the cities were closed and some of their country hostels had been taken over by the Government for evacuees. They wanted to regain control over some of these homes and to enlarge others, but they could not accept additional cases without a financial guarantee. If payment were made they hoped to find fifty places for women war workers.

In September 1941 a carefully circumscribed scheme on 'Maternity Provision for Unmarried Women War Workers' was submitted to the Treasury for sanction. It was not well received. The Treasury believed that the councils in the new industrial areas should be prosperous enough to make the necessary provision themselves. But the Ministry of Health rejected this argument, and it finally got its way. It was agreed that the scheme should be tried as an experiment and be kept strictly confidential. After six months the position should be reviewed and meanwhile each case would be examined by the Ministry's own financial department.

The scheme provided that unmarried transferred war workers who were unwilling to or unable to go home and for whom the local authority in the factory area could make no arrangements could be admitted into voluntary homes two months before their confinement and remain there until they were fit to return to work. The usual charge at the homes was about 25s. a week, and the National Council for the Unmarried Mother and Her Child undertook to find the necessary vacancies. The cost was to be met partly by the girl herself, who was expected to contribute £5 or more from savings and insurance benefits, and the remainder, up to a maximum of £20 for each case, would be paid by the Exchequer. It was assumed that £25 would cover the cost of confinement, the maintenance of the mother for three to four months and the maintenance of the baby for one to two months. There was no provision for pocket money or clothing. With up to a hundred applications a year, the expenditure was estimated at not more than £2,000 annually.

In October 1941 the Ministry's regional offices were informed and the new arrangements were put into operation. Their primary purpose was 'to maintain the usefulness of the factory worker'; as a measure of social welfare they were wholly inadequate. Hardly any thought had been given to the human complexities of the problem

and to the care of the babies when the mothers returned to work. It was left to the voluntary societies to do what they thought best and what they were able to do with their limited resources. The Government's only contribution was a small sum of money and even this grant was limited to cases of extreme hardship. To obtain it the most exacting conditions had to be fulfilled, and applications were invariably refused if, pending the Ministry's decision, temporary local help had already been given to the girl.

After six months the scheme was reviewed and thereafter it continued unchanged. Each individual application for help was reported to London and no single grant was made without the express permission of an official in Whitehall. At the end of the first six months only ten applications had been received; four had been granted, five refused and the remaining one was still being considered. Even when the scheme was formally brought to an end early in 1948, only 36 unmarried mothers had received help under its provisions, of these, only eleven had received the full amount of £20; the remainder had received sums ranging from 15s. upwards, fourteen having been allowed less than £10 each and five of these less than £5 each. The total amount spent in over six years was below £500 or less than a quarter of the £2,000 sanctioned by the Treasury for the first year alone. Such was the difference between intention and achievement.

Many of the people immediately concerned were never informed about the scheme. Social workers in many parts of Britain battled with distress and did not know that the Ministry might have helped. Local authorities, receiving appeals and complaints, were often ignorant about the scheme although the Ministry's regional offices should have informed them. Most factory welfare officers, the first to advise and assist mothers in industry, knew nothing about the arrangements. In Swynnerton, for instance, where thirty to forty babies were born annually to unmarried workers at the local Royal Ordnance Factory, voluntary workers were trying to raise money for an ante-natal hostel. Even letters and reports from the Ministry of Labour and the Ministry of Supply complaining about the lack of provision for unmarried mothers among war workers did not mention the Government scheme.

Distress among these unmarried mothers continued. From at least one Region there were reports of nervous breakdowns among mothers and even attempted suicide. Lack of residential nurseries compelled many mothers to give their babies away for adoption. Other babies had a succession of unsatisfactory foster parents.

A more generous application of the Government scheme would have saved some of this misery. But greater liberality would have come up against another problem: the lack of vacancies in voluntary homes. The voluntary organisations were working overtime and

most of their homes were booked up for months ahead. In the spring of 1942, when a survey was undertaken, only four out of sixty homes had vacancies to offer.

In Whitehall there was from time to time some heart-searching about the scheme. The Ministry of Labour urged that the policy should be revised so that help could be given to the pregnant girls when it was needed—that is when it was asked for—and not after the case had been referred to London. Some officials in the Ministry of Health also felt that the scheme was not doing the necessary work for which it was framed. Secrecy had been overdone, they thought, and the whole machinery was too cumbrous. Many mothers could not wait for help until their cases had been examined but if they obtained help elsewhere their applications were refused as 'retrospective'. There was at least one case of a girl who was sent to a voluntary home straight from a factory and gave birth to a child on the same day. After much correspondence, payment to the home was refused as a matter of principle even though this was the very kind of case for which the scheme had been introduced. 'Who would have looked after Miss X had there been no war or war service?' asked one officer who believed that his policy was right. 'I assume', another replied, 'that the baby would have arrived, as babies do, and if this is to be the criterion, then we need have no scheme.'

In spite of doubts within the Ministry of Health, the rigidity in administering the scheme was not mitigated. It would be wrong to say that this was due to the Treasury's rules of secrecy and centralised control. It was the Ministry of Health which drove these rules to extremes[1] and made its own scheme appear superfluous. It went further than the Treasury had asked it to go, and it found itself in the queer position of explaining to the Treasury why so little money was being spent. This policy of a social service Department, and not the Treasury's attitude, is the inexplicable factor in this story. At that very time the same Ministry showed that it could act in a very different manner. Its maternity scheme for unmarried mothers in the Women's Services was a model of planned social rehabilitation. Yet the two groups of mothers suffered the same kind of distress for the same reasons, and the Government bore a responsibility for them both. In the one instance, the Ministry's approach seemed to confirm the worst suspicions of those people who expected every official

[1] This applied, above all, to the rule of secrecy. In the original circular the Ministry's regional offices had been asked to let local authorities know about the arrangements. Over two years later the Ministry expressed doubt that this had actually been done, but no steps were taken to correct the omission. Moreover, many Ministry of Labour welfare officers remained ignorant about the scheme although it was agreed that they should know about it. Factory welfare officers employed by the managements were not supposed to know about it, although they were the first to be asked for help. There is, moreover, no indication that the Treasury had demanded that all 'retrospective' cases should be refused.

scheme to be run on poor law lines; in the other it displayed the enlightenment and humanity which inspire the best kind of modern social service.

(iv)

Social Help for Unmarried Servicewomen

In August 1941, before the war workers' scheme was launched, the Ministry raised the question of unmarried mothers in the Women's Services and it was told that there was no need to include them in the new arrangements. Military discipline and an emphasis on the prestige of the Services were encouraging good standards of behaviour, and the number of illegitimate pregnancies was negligible. A few months later however, both the A.T.S. and the W.A.A.F. wanted the scheme to cover Servicewomen but the Ministry refused. A second request by the A.T.S. in May 1942, was also turned down. The Services, the Ministry said, should themselves be able to deal with a problem which they had described as negligible.

The truth was that even a few unmarried mothers among Servicewomen were causing a disproportionate amount of worry and upheaval. There had been hints and rumours about immorality in the Services and each case of illegitimacy that did occur was a potential danger to recruitment. The Services were eager to dispose of such cases promptly and quietly. The chief sufferers, apart from the girls themselves, were not the Service Departments but the civilian authorities. These Servicewomen were facing the same kind of difficulties as unmarried mothers in civilian occupations who had been transferred away from their home areas. But in one respect their position was more serious; they were discharged as soon as possible after the third month of pregnancy and could not be re-enrolled until six months after confinement. The critical interim period, therefore, was almost a year for a Servicewoman as compared with three to four months for a woman working in a Royal Ordnance Factory.

Unmarried mothers, however, were usually anxious to delay their discharge[1] and often succeeded in hiding their condition until it was too late for them to make plans for their future or to travel long distances. In some cases indeed babies were even born before the mother was discharged. Such mothers were taken to a local hospital and became burdens on the local rates in the areas where they

[1] In the A.T.S. the average time of discharge was the fourteenth week of pregnancy for married women, and near the twentieth week of pregnancy for unmarried women.

happened to be stationed.[1] The Services were not prepared to accept responsibility for expectant mothers whose confinement was imminent. Nor were there any Service Funds to help them financially.

'The Army is no place for expectant mothers', ran the first sentence of a memorandum instructing A.T.S. units on the subject of pregnancy discharges. The Army authorities showed themselves fully aware of the difficulties arising for unmarried mothers and their advice was sensible and balanced. A.T.S. Officers were asked to co-operate closely with voluntary organisations and to inform the local employment exchange if a mother needed civilian employment for the remaining months of pregnancy. In addition a special A.T.S. discharge depot was established where pregnant women could stay until they had completed their arrangements for discharge.

Once a girl was discharged the Service authorities accepted no further responsibility for her[2] and there was no authority to follow up her case. She was left to her own resources if she did not act on the advice she had received[3] or if the arrangements made for her broke down. In the end, such girls usually entered poor law institutions, and when their babies were born they did not know where to go.

The Service authorities were seriously concerned about this state of affairs. They disapproved of ex-Servicewomen becoming poor law charges and wrote again to the Ministry of Health early in 1943. This time their request was favourably received and almost immediately followed by action. There was a reason for this: some months earlier the Markham Committee had completed its report on welfare conditions in the Women's Services and had urged the Ministry to give immediate attention to the problem of pregnant women.[4] It had become clear, by that time, that an extension of the war workers' scheme to Servicewomen would no longer meet the case and that more than money grants would have to be provided. By happy coincidence the means to satisfy the needs were already at hand. The Government's post-natal evacuation hostels were at that time almost unused as most married mothers who were evacuated for confinement returned to the cities immediately after child-birth.[5]

[1] In 1942, the Ministry of Health began to receive complaints from its own regional offices about such cases. In a letter from the Nottingham office, dated 7th July 1942, five recent cases were quoted and the Ministry was urged to help.

[2] But it was possible for Servicewomen, even after their discharge, to keep in touch with the Service authorities. The A.T.S. memorandum on the discharge of pregnant women contained a special section in which officers were asked to take down particulars of any complaints about the voluntary services received from ex-Servicewomen.

[3] Some women objected to making use of the voluntary moral welfare services and did not get in touch with the local welfare worker even if advised to do so.

[4] *Report of the Committee on Amenities and Welfare Conditions in the Three Women's Services*, 1942, Cmd 6384 (p. 32). The Committee investigated, among other things, the rumours about widespread immorality among Servicewomen and strongly refuted them. 'We can . . . with certainty say that the illegitimate birth rate in the Services is lower than the illegitimate birth rate among the comparable civilian population' (p. 50).

[5] See Chapter II.

These hostels could now be made to serve an urgent and useful purpose.

A MATERNITY SERVICE

In co-operation with the Service authorities and the voluntary organisations, the Ministry evolved a special maternity scheme for unmarried ex-Servicewomen. The Service authorities promised to continue their practice of urging pregnant girls to go home or helping them to enter moral welfare homes. If both these courses failed application would be made for the girl to be admitted into one of the Government hostels set aside for the purpose. She would usually stay there for two months before and two months after the lying-in period and contribute to the cost as far as she was able to do so. The National Council for the Unmarried Mother and Her Child and the Soldiers', Sailors' and Airmen's Help Society offered to act as links between the Services and the Ministry. The cases would first be referred to them and they would sift them before application was made. They also agreed to take full responsibility for the expectant mothers from the time they left the Services until they entered the hostels. They would place them in lodgings or homes, help them to find work through the Ministry of Labour and see that they obtained ante-natal care. They would again help them, after the baby was born, in making their plans for the future. Normally only unmarried mothers with a first child would be included in the arrangements but in exceptional cases married, divorced or widowed women could also apply, and each case of a second (or subsequent) illegitimate pregnancy would be judged individually.

The Treasury agreed to sanction the necessary expenditure which was estimated at up to £25,000 a year on the assumption that up to 1,000 women would be found in need of help. It was assumed that only the irreducible minimum of cases would be accepted. The cost was regarded as a war service expenditure and was to be included in the expenses of the emergency hostels, for which local authorities were fully reimbursed.

Towards the end of May 1943 the new arrangements began to work. They were kept confidential but people who needed to know about them were informed. They applied to mothers who could not obtain assistance elsewhere but this rule was generously interpreted. By the end of the first year, 346 applications had been received and all but eight had been accepted. Most of the mothers were admitted into one of the seven regular units which were either wholly reserved for unmarried ex-Servicewomen or had a definite number of beds set aside for them. In addition a few mothers were 'infiltrated' into other hostels of the emergency maternity service, but wherever

possible the regular units, with their more experienced staffs, were given preference. The confinements took place in nearby maternity homes, most of them part of the emergency service, but two of the Servicewomen's hostels had their own small maternity units.[1]

By the late summer of 1944 applications were coming in at the rate of 500 a year and numbers were rising. Early in 1945 the average weekly number of applications had increased to sixteen, which called for at least 240 ante- and post-natal beds. The Service authorities did not expect a reduction in numbers until at least two years after the end of the war in Europe and even then pregnant Servicewomen were still expected to return from overseas.[2] Great efforts were made to increase the number of beds in the regular units and admissions of married women and of mothers expecting a second illegitimate child were severely cut down.[3] At the end of the first year there had been only about 120 beds in the regular units, but by the autumn of 1944 they had been increased to almost 180. A year later there were 240 and in January 1946, when the demand reached its peak with an average of twenty-three applications a week,[4] eight regular units with up to 260 beds were in full operation.[5]

One cause for this steep increase in demand was the fact that a greater proportion of the unmarried Servicewomen who became pregnant applied for admission to Government hostels.[6] Like the emergency maternity service as a whole[7] the scheme had become a means of relieving pressure upon the general maternity services of the country. Just as married women in London registered for evacuation to emergency maternity homes, although the war was over, unmarried Servicewomen applied for admission into Government hostels although they were not necessarily homeless or deserted

[1] For each fifty beds in maternity hostels ten beds in maternity homes were needed.

[2] Servicewomen found pregnant at Overseas stations were brought home immediately, usually by air, for reasons of health and to avoid complications about the nationality of the child.

[3] During the first year, seventeen married, twenty-two widowed, divorced or separated women and forty-four women expecting a second (or subsequent) illegitimate child were accepted. None of them would have been admitted by moral welfare homes and their only alternative would have been poor law institutions.

[4] It was suspected that the festivities of VJ Day on 15th August 1945 had something to do with this rise.

[5] These beds were by no means enough. Experience had shown that an average of twenty applications a week allowing for cancellations and some applications for post-natal care only, resulted in at least fifteen confinements and fifteen admissions a week. These demanded a working basis of 300 beds to allow a margin for delays and emergencies.

[6] Later on, when the Registrar-General had analysed the figures, it was found that in the period from September 1945 to June 1946, when illegitimate births declined by 2 per cent. and Service strength by 18 and 20 per cent., applications increased by 20 per cent. and admissions by 13 per cent. Some moral welfare societies and local authorities were inclined to use their limited accommodation for non-Service cases and to leave the Service cases to the Government.

[7] See Chapter II.

by their families. The Ministry accepted these applications and made no attempt to cling to the letter of the law but it was constantly faced with the rival claims to the same maternity beds by married mothers from London.

By June 1946, the weekly rate of applications had fallen to an average of eleven but the total for the first half of the year was higher than that for the corresponding period of 1945. The hostels and maternity homes for ex-Servicewomen were still working under pressure, and it took at least six months for the lower rate of applications to have its full effect on the demand for beds. The Ministry was not yet convinced, in the summer of 1946, that it could safely plan for substantially smaller numbers and it lacked the information necessary to make a decision. The peace-time strength of the Women's Services had not yet been determined. More important still, the Ministry's officials did not know what proportion of the unmarried mothers in the Services had made use of the scheme. The Service authorities did not disclose the illegitimate birth-rate among Servicewomen.[1]

During the second half of 1946, applications declined still further and the number of beds for ex-Servicewomen was gradually cut down. Some hostels were closed and the buildings returned to their owners; others were increasingly used for London expectant mothers. The scheme continued working on a reduced scale for another year but by the end of 1947 only a few remnants of it were left. In the course of over three years it had assisted more than 2,000 unmarried mothers from the Services, and it was wound up with an impressive record of achievement.[2]

ADMINISTRATION

Behind the figures of applications and beds and admissions, there was a story of humane administration and successful social work. This was not a machine dealing mechanically with cases and numbers, but a service with a purpose. The people in charge at the Ministry and in some of the key positions outside impressed a personal stamp upon much of the work that was done. In their reports, memoranda and minutes an element of eagerness and urgency tended to creep into the usual language of cool detachment. The needs of

[1] The Ministry was compelled to consult the Registrar-General in order to obtain an estimate of the probable future demand. Such an estimate was made, on the assumption that the peace-time strength of the Women's Services would be in the neighbourhood of 90,000. It was based on the illegitimate birth rate in the civilian population and the number of applications received from Servicewomen in the past. The conclusion was that during the first quarter of 1947 between 100 and 140 women would need help.

[2] During the first three years of the scheme's existence 2,118 applications had been received (A.T.S. 1,019; W.A.A.F. 918; and W.R.N.S. 181) 22 of which had been refused either for medical reasons or on account of a temporary shortage of beds. Of the 1,799 mothers admitted into hostels by June 1946, 1,734 had been sent to the regular units and 65 had been 'infiltrated' into general emergency hostels.

unmarried mothers went beyond the bare necessities of food, shelter and maternity care, and for the first time a Government department was intimately concerned with them. The team work on which the service was based became closer with every year. Frequent conferences were held with representatives of the Services and the two voluntary organisations were in almost daily contact with the Ministry. There was a steady flow of inquiries, instructions, information, complaints and encouragement between Whitehall on the one hand and the local authorities and hostels on the other. Locally, medical officers of health and almoners, representatives of voluntary bodies and senior women officers of the Ministry of Labour assisted the matrons in their work.

There were moments of crisis when beds were short and the number of applications was rising. At least one hostel—the largest and most successful of them all—had neither gas nor electricity: it used coal for cooking and an oilstove for sterilising. The existence of a whole establishment could be threatened by the sickness of a matron or the loss of a cook. With the shortages and restrictions of war, minor troubles tended to become major catastrophes which had to be considered at Whitehall. Yet there was time to take into account not only the physical well-being of the mothers, but also their individual psychological problems. As each of the hostels began to develop its own character, efforts were made to admit each girl to the hostel best suited to her particular needs.

From the very beginning, records were kept and returns made to the Ministry about each case. Facts and figures emerged about subjects on which little had previously been known. Some generally held opinions were confirmed and others refuted; lessons were learnt which should be of permanent value. Most mothers were deeply grateful for the help they received and anxious to contribute to the cost if they possibly could. Troublemakers were few and there was no evidence that second confinement cases were more difficult to handle than others. The social value of the scheme was demonstrated again and again.

Almost a quarter of the girls who applied were found to be homeless and friendless. Some were orphans and had been brought up in institutions or by successive foster-parents. Others had a step-parent or came from disunited and unhappy homes. Then there were those who had been denied help by their own people at a time when they needed it most. During the first year, every third application came from a girl whose parents had refused all responsibility for her—'a surely deplorable misconception of the duties of parenthood', as one official remarked.[1] Still another group had parents who were less

[1] During the whole of the three year period the percentage of mothers whose families refused responsibility was lower (23·9). This may be due to the fact that later on, when the general shortage of maternity beds became the main reason for application, more girls applied whose families were ready to help them financially or take them back after confinement.

unsympathetic but either unable or unwilling to help at this early stage. Every fifth mother had refused altogether to get in touch with her relatives.[1]

Many girls had concealed their condition, and when it was discovered it was sometimes too dangerous for them to travel long distances in the crowded war-time trains. They were then admitted into the nearest hostels and last minute changes had to be made in the Ministry's plans. In one-third of the cases pregnancy was said to be anything from seven to eight-and-a-half months advanced at the time of application, but not all these confinements took place at the expected time. The determination of confinement dates always remained a difficulty, and some mothers stayed in the hostels much longer than intended, as a result of miscalculation.[2] A mother who was admitted too early in pregnancy was not, on this account, discharged sooner after childbirth. 'It may be remarked', the Ministry said, 'that no amount of urging from Headquarters, distracted with applications, has yet succeeded in making a matron discharge a mother and baby until she was satisfied that the time had come to do so.'

The hostels were run economically, but they had nothing in common with poor law institutions. During their stay in the hostels the mothers shared in the household duties and in various communal activities. Make-do-and-mend classes were organised, where the girls were taught to repair their clothes and make layettes for their babies. Wool and material were centrally allocated for use in the hostels and the mothers could keep the garments they made, if they gave coupons and paid for the cost. After confinement they had time to regain their strength and to learn how to look after their babies. Recovery—in more senses than one—was the primary object to be attained.[3] The two voluntary bodies with their affiliated associations and local representatives helped to fill the gaps that were left in the official arrangements. The Soldiers', Sailors' and Airmen's Help Society provided clothing and financial grants in cases of special need. The National Council for the Unmarried Mother and Her Child gave freely from its accumulated fund of knowledge. The

[1] The Service authorities did not inform a girl's parents against her wishes. The only exception concerned girls under twenty-one years in the W.A.A.F. whose parents were notified. The Ministry regarded a girl's refusal to inform her parents as sufficient reason for her admission into a hostel (where she might later be persuaded to change her mind). Understanding was shown for the fear of many mothers that their predicament might become known in their home towns or villages. Some mothers even refused to apply for maternity benefit under the National Health Insurance scheme, if application had to be made to the local branch of their approved society.

[2] This was offset by the fact that some mothers could leave the hostels before their time was completed, because they could return home or because their babies had been adopted.

[3] Special expenditure was authorised to improve equipment and to help with the training and resettlement of the mothers.

Ministry itself was in continuous touch with the matrons and closely interested in the details of their work. As a guide of policy and procedure, 'Notes for Matrons' were issued which covered a wide range of subjects,[1] and a matrons' meeting was held in London to strengthen the personal ties and enlarge the common pool of experience.

The matrons were interested in the mothers' welfare in a very personal way, and the best kind of matron would act as a friend and adviser to every one of her charges. To help each mother in making her plans for the future, to reconcile her family and protect her legal rights, to find suitable employment for her and a home for her baby—these were some of the most difficult, but often the most rewarding tasks of matrons and social workers. 'Miss K.', reads a report, 'combined with her heavy duties as a matron the whole administrative work on the welfare side—case work, all the contact with the Ministry of Labour Senior Woman Officer, correspondence and interviews with parents and putative fathers, correspondence with the National Council for the Unmarried Mother and Her Child, the Soldiers,' Sailors' and Airmen's Help Society and individual welfare workers about financial and material help, correspondence about adoption or placing babies, much form filling, a good deal of follow-up, not to speak of continued arrangements for christenings and, upon occasion, weddings!'

Not all matrons had as broad a conception of their duties as this summary conveys, nor was it possible to turn all hostels into model institutions. This was hardly to be expected. It would not have been easy in ordinary times to find the right type of matron for these hostels. During the war, with its chronic shortage of midwives, it was infinitely more difficult. From time to time, when the position became serious, the War Office released Army Sisters to help, but they were liable to be recalled at short notice, and most of them did not like the work.[2] The matrons were often so overburdened with other duties that they could not give enough time and energy to the social welfare side of their work. There was also a scarcity of domestic workers which was painfully felt and later on some of the mothers accepted residential posts in the hostels, where they could have their babies with them.

Most matrons, the Ministry wrote, 'have known how to turn

[1] The 'Notes for Matrons' issued on 26th April 1944 dealt with record keeping, pocket money, insurance, clothing, adoptions, affiliation orders, employment, nurseries, co-operation with the voluntary societies and other subjects. Revised 'Notes' were issued from time to time, and later in 1944 a special memorandum on affiliation problems, if the father was an Allied or Dominion Serviceman, was circulated. The memorandum had been prepared by the National Council for the Unmarried Mother and Her Child.

[2] The Queen Alexandra's Imperial Military Nursing Service was so averse to being identified with the nursing of unmarried mothers that its members were asked to wear white overalls on duty and mufti off duty instead of the regular indoor and outdoor uniforms during their service at the hostels.

depressingly bare and shabby premises into a temporary heaven for large numbers of utterly friendless girls who may never in their lives have known a home, or whose parents set their own petty respectability above the ordinary decencies of human relationships. . . . Some day it may be possible to describe the life in the hostels, from the day in each week, when an uneasy collection of newcomers waits to be met at the railway station, to the day, several weeks later, when they return to play their parts in civilian life. In between times, they may have learnt how to cook and sew and look after a baby. They may have realised that, thanks to the persevering devotion of matrons and social workers, parents may relent or baby's father may be fetched home on compassionate leave for a wedding. Those who are not so fortunate will, however, leave the hostel with a great deal more confidence than they had when they arrived. They will have learnt that no one person has a monopoly of trouble, and that there are people and agencies to help those in need.'[1]

The weekly cost of each mother was between £2 10s. and £4 in ante- and post-natal hostels and it ranged up to £7 in maternity homes.[2] The mothers were expected to contribute to the cost of their stay as much as they could afford without hardship, and they were assessed by the voluntary organisations before they entered the hostels. It was usually the matron who made the final assessment, because she was best able to judge each mother's ability to pay and local almoners collected the contributions at regular intervals. It was hoped that weekly payments of 10s. to 15s. would be the rule, and that each girl would contribute at least the maternity benefit of £2 to which she was entitled under the National Health Insurance scheme.

In fact, during the first year, only 25 per cent. of the mothers made any payment at all, and the remainder were found to be so poor that they were allowed to retain the maternity benefit. Most mothers had spent all or most of their savings to maintain themselves and buy civilian clothes before they entered the hostels and they had to have some money in hand when they left with their babies. Some paid as little as 3s. a week, but others, who received substantial help from outside, were able to contribute £2 to £3 or even the full cost. 'The parents' attitude varied from readiness to pay a small sum, though family circumstances were difficult, to ability to pay a substantial sum and complete repudiation of any financial liability on the ground that the situation in which their daughters found themselves was a Government responsibility.'

In the second year, 57 per cent. of the mothers made some

[1] This is an extract from the Ministry's report on the first three years of the scheme. This very human report was never duplicated and circulated because it was not couched in the language of an official document.

[2] The scheme formed part of the emergency maternity service and its expenditure was charged to the Government evacuation account. The total cost, therefore, is not known.

payment, and the situation improved still more when the war in Europe came to an end. All Servicewomen discharged after 7th May 1945, were entitled to leave pay, war gratuity, a civilian clothing allowance of £12 and a portion of their Service clothing. The Ministry insisted that they should pay 15s. a week from their own resources and more if they received financial help from relatives or the father of the child. Discretion was still left to the matrons to reduce or even waive the contributions in exceptional cases. During this last stage, 86 per cent. of the mothers contributed to the cost, but the average weekly amount was only 11s.

The Ministry admitted that the suggested sum of 15s. a week had proved too high, and there was no suggestion that the mothers had tried to evade their obligations. There was evidence, however, that contented mothers made greater efforts to pay, even if they had little money to spare, and that a happy atmosphere in the hostel was the best incentive. One matron received money from girls who had already left the hostel and chose this form of expressing their gratitude.

REHABILITATION

Every effort was made to enable the mothers to keep their babies and adoption was regarded as a last resort. Only after child-birth, if the mothers still insisted, were arrangements made through the National Children Adoption Association to find a good home for the baby. Many mothers, who were first determined to have their babies adopted, changed their minds later on, but over one-third went through with the adoption proceedings. 'It is true', said the Ministry, 'that many girls never waver in their intention to have the baby adopted, but there are others who can only submit when the choice lies between losing home and parents and giving up the baby. . . . Only the matrons and social workers who have been with these mothers through their stay in the hostels know what it has cost many of them to let their babies go when it came to the point.'[1] Some mothers changed their minds when the babies had already been placed, and more than once a matron and a mother went out together to reclaim a child when it was almost too late.

Lack of nurseries and foster mothers was one of the greatest obstacles for mothers who wanted to keep their babies. It was possible to secure places for some babies in residential nurseries run under the Government evacuation scheme, provided the mothers accepted essential war work and were prepared to pay 10s. 6d. a week. 9 per cent. of the babies were admitted to such nurseries

[1] 37 per cent. of the babies had been adopted up to 1st June 1946. The percentages in different hostels varied between 20 and 64 per cent. and reflected, to some extent, each matron's success as a social worker. The high proportion of adoptions in Government hostels may be due to the fact that girls who were determined on adoption were not admitted to some of the voluntary homes.

and an enquiry showed that most mothers visited them regularly, provided them with clothes and kept up their payments. But this was only a temporary solution, and when the war came to an end one nursery after another was closed down. The Service Departments protested and were seriously perturbed, but the Ministry felt that the Service charities might do something for these babies and that the Service Departments themselves, or voluntary bodies on their behalf, might take over some of the nurseries in working order. Everybody agreed that residential nurseries and mothers' clubs with day nurseries were needed, but the conferences which considered these questions were not followed by action.

Great efforts were made to find suitable employment for the mothers but the difficulty of finding homes for the babies detracted much from their value. Some girls would have liked to re-join the Services but their chances of being accepted were small unless provision by adoption, or other means, had been made for their children, and unless their record of behaviour during their previous service was good. The senior women officers of the Ministry of Labour were in close touch with most of the matrons and took a keen interest in helping the girls to return to their former occupations. Some mothers were given a chance to participate in Government training schemes and to learn a trade or to become secretaries, teachers and nurses. But apart from those whose babies were admitted into residential nurseries, only 1 per cent. took non-residential posts on their discharge and placed their babies with foster mothers or in day nurseries.[1]

Most of the mothers who wanted to keep their babies and could not go home accepted the traditional way-out of the unmarried mother: they became residential domestic servants. There was no shortage of suitable posts; many employers were prepared to take a mother with a baby as their only chance of obtaining help in the home and some even addressed their enquiries direct to a neighbouring hostel. 16 per cent. of the mothers went into residential domestic employment and for most, if not all, this was the only alternative to offering their babies for adoption. These mothers had to accept an existence which always involved them in conflict of many kinds, and unless they were adaptable and fortunate in the choice of their employers their prospects for the future were doubtful.[2]

[1] This figure does not include mothers who first went to their own homes or to friends and took employment later on.

[2] '. . . We have the mother who goes into domestic service with, let us hope, a quiet baby who lies contentedly in his pram all day and gives no trouble. But in a few months that same baby will be teething and fretful and will take up more of his mother's time. Before long he will begin to crawl, then to toddle. He will fall, tweak the cat's ears and the dog's tail, clutch everything that comes his way, and howl when the damage is done. The employer will not always be long-suffering or a child-lover, and mother and baby may end up travelling from pillar to post in a world in which a domestic with a baby is becoming a less attractive proposition than during the leanest years of war. . . .'

Only 30 per cent. of the mothers—fewer than those whose babies were adopted—were made welcome with their babies by their families or by friends and could rebuild their lives among their own people. Some parents who were unwilling to help when the mother left the hostel may have subsequently changed their minds and others who were unable to make a home for daughter and grandchild may later have succeeded in doing so. But the fact remains that the large majority of mothers could not count on the wholehearted and unconditional support of their families at a time of supreme crisis.

The workers in the scheme could do little to lighten the burden of a mother who was the sole supporter of her child. If the plans made for her future broke down later on, they could not come to her rescue again.[1] They had helped her through the first and most difficult stage when she was unable to face the world alone, and they had prepared her, as far as it lay in their power, for the hard life that lay ahead. But they could not solve the problem of the unwanted and deprived child which troubled the conscience of the nation at that time, and they were painfully aware of the limits set to their work.

(v)

A General Policy

For almost four years of war, illegitimacy, as a social problem, was not regarded as a responsibility of Government, and there was no general policy to deal with it. The Ministry of Health left the matter to those who had been concerned with it before: the voluntary societies and the poor law. When these proved unequal to the task, national arrangements were made to help some of the mothers whose plight could be clearly ascribed to the war. This is why this chapter, up to this point, consists of three separate stories, all with the same background and with different courses of events. These several accounts can now be drawn together.

The position of unmarried mothers and their babies became more serious as their numbers increased. By 1943 lack of provision for them had become a national problem and had swamped local resources. More and more voices were calling for Government action. In a personal letter to the Minister of Health, the Bishop of Derby said that the State should accept responsibility; there were no hostels and no mother and baby homes in the whole of Derbyshire. In the columns of *The Times*, well-known figures in public life demanded

[1] At least one matron remained in touch with many mothers long after they had left the hostels. They repeatedly turned to her for advice.

more hostels and residential nurseries.[1] It was clear that the root of the problem had not been touched by the limited schemes for some of the mothers. In this, as in other fields of social welfare, new ideas were breaking through the surface of war-time life. It was apparent that the voluntary services were too small and that they were not always acceptable. The poor law as a panacea for all evils was no longer considered good enough.

In 1943, for the first time since 1919, an annual report of the Ministry of Health referred to the illegitimate birth-rate.[2] And in the spring of 1943 the Minister of Health asked his Advisory Committee on the Welfare of Mothers and Young Children 'to consider and report upon the problems which arise under present conditions in caring for illegitimate children, and whether any action within the powers of the Ministry of Health can be taken'. The answer he received was in strong affirmative terms. The Committee had looked beyond the immediate war-time needs; it stressed that action 'must be not merely expedient, but such as will be conducive to the welfare of the child now and in the future'. It recommended that the care of the unmarried mother and her baby should be made the special duty of welfare authorities and be regarded by them as of paramount importance. The authorities should appoint carefully selected social workers; their personal interest in the mothers and their babies 'would be the greatest factor in the success of any scheme which the authority might adopt'.[3] Wherever possible, the authority should co-operate with existing voluntary associations which had done splendid work for many years. But the Committee realised that the resources of these bodies were not large enough to do all that needed to be done, and that many unmarried mothers were not in sympathy with their objects.

THE MINISTRY'S CIRCULAR

A few months later the Ministry issued a circular to all local

[1] Letters to *The Times* by Lady Caldecote, dated 7th July 1943 and by the Viscountess Davidson, Irene Ward, Ralph Glyn and Quintin M. Hogg, Members of Parliament, dated 16th July 1943.

[2] *Summary Report of the Ministry of Health for the year ended 31st March 1943*, Cmd 6468 (p. 31). The writer has been unable to find any direct reference to illegitimate births or the welfare of unmarried mothers and their babies in any of the Ministry of Health's annual reports up to 1943, with the single exception of the first (Cmd 923, p. 53) which was published in 1920 and covered the period immediately following the First World War. From 1943 onwards, the illegitimate birth rate was given and commented upon in every annual report, and a special section on the welfare of illegitimate children has since become a regular feature of these reports.

[3] The Committee suggested that a social worker should be appointed for each 200 to 300 illegitimate babies and that it should be her duty 'to acquaint herself with the expectant unmarried mothers in her area, to persuade as many of them as possible to return to their own homes, to make contact with them during their lying-in period, to advise them on their social and legal rights, to consider their rehabilitation, and to assist them in deciding which method would be most conducive to the welfare of the babies.'

welfare authorities.[1] It embodied the general principles and most of the detailed recommendations of the Advisory Committee, and it has remained, ever since, the basis of Government policy. 'There can be no complete solution of the problem', the Ministry said, 'since every child needs both a father and a mother, affection, security and the shelter of a normal home'. But much could be done to help the mother and to safeguard the child. It was for the welfare authorities to co-operate with and reinforce the work of existing voluntary moral welfare associations and to do their best to keep mother and child together. No longer was it assumed, as it had been before, that the poor law was the right public service for unmarried mothers and illegitimate children. Those who prepared these instructions would not allow any reference, however indirect, to public assistance to appear in the circular. No longer was social case work among unmarried mothers regarded as an exclusive preserve of voluntary effort. It was suggested that welfare authorities, either singly or jointly, should employ their own social workers who would closely co-operate with the health visiting staff. Preferably, they should be women with a social science training and special experience in moral welfare, probation or similar work. The right type of worker would not, however, be easy to find and some authorities might have to work, for the time being, through the voluntary societies. The authorities were asked to treat the matter as urgent and to submit their schemes to the Ministry.

In the following year, the Department of Health for Scotland followed the Ministry's example and took action on similar lines.[2] It was mainly concerned with the disquieting loss of life among illegitimate babies. Infant mortality generally was higher, and the ratio between the legitimate and illegitimate death rates even less favourable in Scotland than in the rest of the country. In England and Wales it was roughly 1:1·5; in Scotland, in some of the war years, it was nearer 1:1·7. The illegitimate infant death rate, moreover, was consistently above 10 per cent. of all illegitimate births, and it did not fall below that figure until 1945.[3]

By March 1945, 339 authorities in England and Wales had submitted their schemes, and 210 of them were working together with voluntary bodies. 50 had appointed qualified social workers, and a number of others had placed a health visitor in charge of the work.

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[1] Circular 2866, dated 1st October 1943.

[2] Department of Health for Scotland, Circular 61/1944 and followed by Department of Health for Scotland, Circular No. 131/1949.

[3] The illegitimate infant mortality rate in Scotland reached its war-time peak in 1941 with 129 per 1,000 illegitimate births; it fell from 108 in 1944 to 88 in 1945. In England and Wales, the rate had not exceeded the hundred mark since 1933, when it was 106. (*Twenty-Ninth Annual Report of the National Council for the Unmarried Mother and Her Child (Inc.)*)

In some areas subsidised foster-mother schemes, as recommended by the Ministry, had been introduced,[1] and a few hostels and residential nurseries had been opened or were being planned.[2] When considering the different schemes, the Ministry was not content with generalisations. 'If replies merely state that the problem is being adequately dealt with, we ask for specific details', wrote an official. 'If replies state that a health visitor will undertake the work, we usually ask the Woman Inspector to look into her special qualifications and experience, especially if there are a fair number of illegitimate births in her area.'

Some councils, for example Kent County Council, took vigorous steps to improve their services, but one city stood out as an example to all. Birmingham's scheme for unmarried mothers and their babies had already been functioning for years when the Ministry appealed for action. In 1930, when the Corporation's Health Department became responsible for Infant Life Protection, the first social worker had been appointed to look after illegitimate children. Soon afterwards a foster-mother scheme had been introduced, and the Department had opened its own mother and baby home. From 1926–30 to 1936–40 the five-yearly rate of illegitimate infant deaths in the City had fallen by over 30 per cent., compared with a fall of only 10 per cent. in the rate for all infants. Nearly all illegitimate children born in Birmingham were known to the health visitors of the Public Health Department, and the merits of various ways of helping unmarried mothers and their babies were constantly studied in practice. In 1940, and again in 1943, Birmingham's illegitimate infant mortality rate fell below the rate for legitimate infants. This was not typical for the position even in this City,[3] but it was a success never experienced before.

In 1945, when questions about unmarried mothers and illegitimate children had not yet been included in the regular annual returns of the welfare authorities,[4] the Ministry undertook a special survey in areas with high illegitimate birth rates to review the effect of its circular. The medical officers of health in eleven counties and sixteen boroughs were asked for detailed reports and for their views about future policy. The answers revealed great differences in approach

[1] Where such schemes were in existence, the welfare authority guaranteed payment to the foster-mother and recovered the money from the mother in accordance with her means.

[2] *Summary Report of the Ministry of Health for the year ended 31st March 1945*, Cmd 6710 (p. 25).

[3] *Public Health*, Vol. LVII, February 1944 (p. 54), Ethel Cassie, 'The Care of Illegitimate Children'; and the annual *Reports of the Medical Officer of Health for the City of Birmingham*. In 1940, the death rates for legitimate and illegitimate infants in Birmingham were 70 and 69 per 1,000 legitimate and illegitimate births; in 1943 they were 56 and 52, but in 1944 they were 41 and 62.

[4] After 1945, questions about illegitimate children, the employment of a social worker, existence of mother and baby homes, etc. were included in the annual return form.

and achievement. During the first six months of 1945, the period under review, 7,500 illegitimate babies had been born in the particular areas. On a rough estimate 81 per cent. of the children had remained with their mothers. Among the remainder, 12 per cent. had been adopted and 4 per cent. had been placed with foster-mothers or in residential nurseries.

In most of the areas the services fell short of the needs. Only 571 mothers, or less than 10 per cent. had been admitted into mother and baby homes, although more would have benefited from such care. Four out of five mothers who could not keep their babies had offered them for adoption. Good foster-mothers were difficult to find[1] and there were not enough places in residential nurseries. Foster-mother schemes on the Birmingham model existed in very few areas, and selected lodgings schemes[2] had not even been tried. A few authorities were leading the way with long-stay hostels for working mothers[3] but the majority were not inclined to embark on experiments. They feared that a stigma would soon attach to all who lived in such hostels, that the mothers would object to leading a communal life, that staffing would be difficult and that the cost would be too high. In the meantime, mothers were driven to part with their babies and to sign away their maternal rights.

THE VOLUNTARY SOCIETIES

In the last two years of the war co-operation between voluntary bodies and local authorities in the work for unmarried mothers and their babies developed in many parts of the country. In some areas the health visitors gained experience in case work from voluntary workers. In others the authority contributed to the salary of a moral welfare worker. Many voluntary associations received annual grants from local councils and many mother and baby homes were paid for each case that was sent to them. The welfare authorities and their staffs often lacked the experience, flexibility and the personal touch which were needed in this work. On the other hand, some of the voluntary associations did not move with the times and did not welcome the public incursion into their particular field. Time was

[1] The Senior Probation Officer at the Clerkenwell Magistrates Court stated in a report to the Home Office on 1st September 1945 that registered foster-mothers were almost unknown in her area. The only one she had met for two years was so unsatisfactory that the child had had to be removed from her at a moment's notice. One girl who lived on prostitution had a baby to whom she was devoted and who was left in the care of several unregistered foster-mothers in succession. The first charged the mother £1 a day and the second £4 a week.

[2] Under such arrangements, the local authority pays the rent and recovers it from the mother. The landlady looks after both mother and baby, and sometimes the baby is placed in a day nursery, while the mother is at work. Birmingham regarded selected lodgings as the best solution for mothers who could not return to their families.

[3] Leeds, for instance, had opened a home for thirty mothers and babies, and Essex maintained a hostel where girls could stay for up to a year.

needed for mutual distrust to be overcome and for confidence to develop.

Both the Ministry and the National Council for the Unmarried Mother and Her Child were eager to help in bringing voluntary and public workers closer together. Centrally, co-operation was no longer spasmodic as it had been before. The National Council was doing work for ex-Servicewomen on the Ministry's behalf, and its help in many matters of common concern was proving increasingly useful. In the autumn of 1943 it applied for official recognition and asked for a money grant, for its financial resources had not increased with its obligations.[1] The payment of £500 on the Ministry's War Service Vote was sanctioned by the Treasury, and the grant was repeated in each of the succeeding years. Towards the end of the war a Scottish Council for the Unmarried Mother and Her Child was established to work on the same lines as its counterpart in England and Wales. Many of the tasks which the two councils and other voluntary bodies performed the Ministry might otherwise have had to do itself, with less experience and probably at greater expense.

During the later stages of the war the National Council became a kind of clearing house for difficult cases, particularly those involving Allied or Dominion Servicemen, and it was in constant touch with the Allied and Dominion Service authorities in order to obtain financial help for the mothers.[2] The Scottish Council was specially concerned with the welfare of Polish and half-Polish illegitimate children in Scotland.[3] Towards the end of 1944 another perplexing problem, that of the coloured illegitimate child, was demanding attention, and the National Council made it the subject of a special conference of welfare societies.[4]

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[1] By the middle of 1943 the cases handled by the Council averaged 200 a month and had almost doubled since the outbreak of the war.

[2] In 1945, one quarter of all the cases handled by the Council concerned American Servicemen. If the man denied paternity or had left the country, the mother had practically no chance of obtaining money from him. The position was different if he admitted paternity and the right approach was made. An American Serviceman, for instance, could claim a dependant's allowance for an illegitimate child. Some mothers also obtained a contribution to the costs of confinement.

[3] Many of these children and their mothers benefited from services run under Polish auspices in and near Edinburgh. There were a Polish hospital with maternity wards, several convalescent homes, an ante- and post-natal hostel and a residential nursery school. (Facts supplied, on behalf of the Scottish Council for the Unmarried Mother and Her Child, by Miss Anne Ashley, M.A., General Secretary of the Edinburgh Council of Social Service.)

[4] The problem had always existed in port towns, but it was new and disquieting in the rural areas, where coloured troops were stationed. The League of Coloured Peoples mentioned 554 cases of illegitimate babies with coloured American fathers in a report to the Ministry at the end of 1945, but the figure was not claimed to be complete, as it did not include children whose circumstances were satisfactory or whose coloured fathers were not American. The Ministry of Health did not want to create the impression that these children were singled out for special action, and it made no attempt, therefore, to find out their number.

The future of the children, even more than their immediate welfare, was causing

[*continued overleaf*

Inevitably, with the increase in their public support, the voluntary services were viewed more critically. The welfare authorities showed more interest in their quality and methods of work. There was a feeling that conditions in some of the moral welfare homes were unsatisfactory and the atmosphere excessively penal. 'Some of these homes for mothers are much too rigorous and impose unreasonable discipline and too heavy work, while the diet, heating and sanitary arrangements may be of too low a standard for a woman in advanced pregnancy. . . . In some homes floor polish is more noticeable than cheerfulness.'[1] This view of a woman who was qualified to judge was shared by other informed people.

There were complaints about two different types of institutions: the shelters to which women could go during the early stages of pregnancy, and the mother and baby homes. The shelters accepted girls of all types including court cases and prostitutes. Life there was said to be generally unpleasant: the doors were locked and the rules were stringent. The mother and baby homes varied considerably in their standards and rules. The Church of England Moral Welfare Council was not in favour of rigid regulations and had informed its affiliated bodies of its views but it could not control the work of the individual committees in charge of the homes. The Salvation Army maintained strict rules in all its homes: letters were read and on occasion withheld; girls were not allowed to go out alone; writing materials, stamps and money were taken away, and boredom was common. The Catholic Moral Welfare Council did not control its affiliated homes, and the rules there tended to be as strict as in the Salvation Army Homes.

One of the reasons for the harshness of some of the homes was that

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concern. Foster-mothers would not take them and adoption was out of the question. If the mother was a married woman, it was almost always impossible to repair her marriage. Well-meaning people, some of them coloured themselves, favoured what would have been, in effect, a form of racial discrimination. They wanted special residential nurseries to be provided to protect coloured children. Others suggested that they should be sent to coloured families abroad who had offered them homes. Many of the mothers, however, did not want to part with their babies and did not seem to be in the least perturbed about their colour. The fathers, moreover, rarely tried to back out of their responsibilities and often offered to marry the mother and adopt the child.

The Ministry was firmly opposed to discrimination in any form and to treating the children as a group apart. It wanted them to grow up with other British children and their problems to be solved individually by the existing social services. Some of the fathers repeatedly urged the authorities to allow them to adopt the children and to take them to their families overseas, but their applications were turned down. The Adoption Acts did not permit British children to be taken abroad for adoption. Ultimately a few exceptions from this rule were specially authorised by the Home Office, after careful investigation of the circumstances. (Margaret Kornitzer, *Child Adoption in the Modern World, 1952*, pp. 244–245.)

[1] *Public Health*, Vol. LVII, February 1944 (p. 54), Ethel Cassie, Sen. M.O.H. (for Maternity and Child Welfare), Birmingham (retired), The Care of Illegitimate Children.

girls of all types were herded together. Borstal girls or hardened prostitutes might be dishonest and reckless in their behaviour, dirty in their habits, averse from work of any kind and unappreciative of anything that was done for them. They and the young girls who were little more than children obviously required different treatment from the large majority of mothers, who, as the scheme for Servicewomen showed, could fit into a friendly community with a minimum of rules. Institutions that took all these types and modelled their rules on the lowest common denominator were inevitably unsatisfactory.

The Ministry, even at the end of the war, had no list of the existing voluntary homes; its latest statistics dated back to before the war and it had no official knowledge of homes not receiving public grants. There was also some doubt as to how far the Ministry and the local authorities could intervene in the affairs of the voluntary bodies. Inevitably the authorities could not exercise much control over the 'tone' of an institution run by a voluntary association. Subsidised homes were inspected by the welfare authorities but mainly from the sanitary and medical aspect. The authority's right of entry, in the case of non-subsidised homes, depended upon specific functions, such as the registration of nursing homes, the supervision of midwives, or public health sanitary powers. Some inspections took place by chance, when a specific question had arisen, and some shelters, which were 'approved' for remand cases, were inspected by the Home Office. The departments concerned had manifold and confusing powers under various Acts and were often in doubt about their rights and their duties.[1] There was little co-operation between them, and some institutions were visited frequently, by different people for different purposes, while others were not visited at all.

Early in 1945 a member of the Minister of Health's Advisory Committee proposed that the Ministry should make a general inquiry about the homes. The Ministry decided however that the time was not ripe for such an inquiry. There was a danger that drastic steps from the centre would hinder co-operation between voluntary societies and local authorities. The Ministry, moreover, was all too conscious of its own lack of experience and of the delicate issues that were involved.

ADOPTION OF CHILDREN

Since 1926, when the first Adoption of Children Act[2] was passed, the number of legal adoptions in England and Wales had increased

[1] In 1944, the Children's Branch of the Home Office inspected some hostels for mothers and babies, but the officials were not sure whether they were right in doing so, or whether inspection should have been made by the Ministry of Health. One of the homes had apparently been inspected by both the Ministry of Health and the Board of Education. No one really knew who was responsible.

[2] 16 & 17 Geo. 5. Ch. 29.

from year to year, and from 1942 onwards the rise became dramatic. In the five years 1934–1938 over 26,500 adoption orders were made; in the five years 1940–1944 the number was 50,000; and in the three years 1945–1947 it mounted to 55,000, with a peak of 21,000 in 1946 alone.[1] Not every adoption order involved a change in the life of the adopted child. It was estimated that about one-third of the orders provided for the adoption of children by their own mothers[2] and that the majority merely legalised an existing state of affairs.[3]

Opinions differ about the advantages of legal adoption when it involves the final separation of a mother from her child. As far as the unmarried mothers are concerned few are lightly prepared to give up their babies but many are compelled by adverse circumstances to do so against their wishes.[4] Most people believe that a mother who is fit to bring up a child should be urged to keep it but that she should not be forced to do so.[5] Adoption, however, is an irrevocable step and if it proves wrong later on, the damage cannot be repaired. Some people consider a well-planned adoption a complete and desirable solution for the problem of an illegitimate child without a happy home. Others regard it as a last resort, where a mother is either unfit or unwilling to care for her child. They lay stress on the risks that are involved for all concerned: the child, the mother and the adoptive parents. Biological ties are broken and the new relationship may not endure under strain. However strict the legal safeguards and public supervision of adoption there remain the risks which result from wrong motives, values and judgments. Loneliness or a preference for golden curls do not necessarily qualify for motherhood and the neurotic woman whose doctor has 'prescribed' a child may not be fit to accept the responsibility. Narrow and conven-

[1] Figures supplied by the Home Office and *Registrar General's Statistical Review of England and Wales for the Six Years 1940–45, Text, Vol. II, Civil* (p. 145).

[2] H. of C. Deb., Vol. 461, Col. 1479.

[3] In Scotland, where the adoption figures for some of the post-war years were analysed, 466 adoption orders, or almost a quarter of the total in 1948, were granted to the child's own mother, mostly in conjunction with her husband who was not necessarily the child's father. Nearly all children whose adoption was arranged by Adoption Societies were babies, but during 1946 and 1947 less than half the total number of adoption orders made in Scottish Courts concerned children under two years. The remainder were probably adoptions which legalised an existing relationship. Many adoptive parents want to settle the child's surname and status at the time of entry into school or employment. In both years there was a sharp drop in the number of adoptions for both sexes after the sixth birthday and an equally sharp rise, particularly for boys, during the fifteenth year. (Anne Ashley, Adoption without Transplantation and other Ways of Acquiring the Right to a Family Surname, *Social Work*, Vol. 6, No. 3, July 1949, p. 311.)

[4] A Scottish moral welfare worker observed that unmarried mothers who were themselves adopted children almost always refused to allow their babies to be adopted. (Facts supplied on behalf of the Scottish Council for the Unmarried Mother and Her Child for the Official War History by Miss Anne Ashley, M.A., General Secretary of the Edinburgh Council of Social Service.)

[5] See e.g. Helene Deutsch, *The Psychology of Women*, Vol. II, Motherhood, London 1947 (pp. 345–346).

tional views, an over-emphasis on the value of money and social status and a sentimental approach may cloud the judgment of those who are responsible for arranging and supervising adoptions.[1] And there always remains the incalculable human factor on which success depends. Unfortunately there is no research to show how adopted children fare in later life.[2]

Since Josephine Butler's times it has been the declared aim of the moral welfare movement to enable unmarried mothers to keep their babies if they wished to. In the mother and baby homes it is one of the matron's tasks to show them a way of shouldering their new responsibilities. If they still insist on adoption after the child is born, they are put in touch with a recognised adoption agency. But some moral welfare homes do not like to admit girls who want to offer their babies for adoption; it is sometimes assumed rather too readily that such girls are of an irresponsible type and likely to get into trouble again.

Even before the war, the Adoption of Children Act, 1926[3] had been found inadequate to prevent undesirable and uncontrolled adoptions. It was followed in 1939 by the Adoption of Children (Regulation) Act,[4] which embodied the recommendations of the Horsbrugh Committee[5] and extended the supervisory duties of local welfare authorities. The new Act, which was intended to come into operation on 1st January 1940, prohibited any body of persons other than a local authority or an adoption society registered by a local authority from making arrangements for adoptions, and it provided that private individuals who assisted in placing children were obliged to inform the welfare authorities. It also restricted adoption advertisements and the sending of children abroad for adoption. But the new legislation did not affect arrangements which were made direct between a child's parent or guardian and an adopter.

When war broke out and the local authorities were engaged on more urgent tasks, the operation of the Act was indefinitely postponed. By 1943, however, the Ministry of Health and the Home Office were urged to put it into force at once. The number of adoptions had greatly increased and there were disquieting rumours and Press reports about abuses. Adoptions, it was alleged, were being casually arranged in public houses and fish queues; unwanted babies were being disposed of to strangers in the most haphazard

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[1] Ibid. p. 350 and J. Bowlby, *Maternal Care and Mental Health*, World Health Organisation, 1951, pp. 102–105.

[2] Margaret Kornitzer, *Child Adoption in the Modern World*, 1952, p. xiii.

[3] 16 & 17 Geo. 5. Ch. 29.

[4] 2 & 3 Geo. 6. Ch. 27.

[5] A Departmental Committee under the chairmanship of Miss Florence Horsbrugh, M.P., was appointed in 1936 to inquire into the activities of adoption societies.

way;[1] and some childless women adopted children as a means of evading their duties under the National Service Acts. Many of these reports were lurid exaggerations, but some were not far from the truth. *The Times*,[2] among others, voiced serious concern about the gaps in the law.

The Ministry was aware of these gaps from its own bitter experience. It was fighting, at that time, a secret battle against the matron of a private nursing home who boasted of having arranged 400 adoptions herself. The staff and the patients of her nursing home consisted almost exclusively of unmarried mothers who paid fees but had to work hard. It was understood that all babies born there would be adopted and the matron took care that the intention was carried out. She was a plausible woman and posed as a benefactress of girls in distress. The local doctors who attended the mothers approved of her home and she was recommended by many highly respectable people. Members of Parliament, to whom she appealed from time to time, were favourably impressed by her work. Yet the Ministry knew that this woman traded in babies. It received a flood of complaints about the home and about suspicious adoption cases in many parts of the country which could all be traced to this single source. New-born babies were taken on long railway journeys, sometimes in the depth of winter, and handed over to strangers without inquiries on either side.

The 'astute Mrs X.' kept carefully within the law, and it could not be proved that she had demanded payment for her adoption arrangements. Her home was inspected more frequently than any other but no evidence for a prosecution could be found. It was not illegal to extract cheap labour from pregnant girls and none of the mothers was prepared to testify in a court of law, although some made statements in private. 'This dreadful case', as an official called it, was exceptional and extreme, but it showed how much harm a single unscrupulous person could do without being caught by the law.[3]

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[1] For example in July 1942, a newspaper in a town in Southern England published the following advertisement: 'Would some kindly person be willing to adopt baby expected 25th August'.

[2] *The Times*, 7th August 1942.

[3] Mrs X continued her evil trade even after the Act of 1939 had come into force, but she was compelled to inform the welfare authority whenever she placed a child for adoption. Her nursing home remained under the watchful eyes of inspectors until 1948, when it was closed. She then took charge of a club where she employed pregnant girls as domestic workers, but the authorities received no further complaints against her. The following passage in the Curtis Committee Report may have been inspired by Mrs X.: 'We have heard some disquieting evidence about adoption agencies not covered by the terms of the Adoption of Children (Regulation) Act. There is in that Act nothing to prevent "third parties" who are in a special relation to infant children—e.g. the matron of a nursing home—making a business of arranging adoptions without proper inquiry as to the home to which the child is sent and without any security that an adoption order will be applied for. There may be nominally no fee for the service,

[*continued on next page*

On 1st June 1943 the Act of 1939 was put into operation,[1] and three months later nineteen adoption societies, many of them moral welfare associations, had been registered under its provisions. By 1946 their number had increased to forty-five.[2] Public supervision of adoptions was strengthened, but it was not yet wide enough. Local authorities and registered adoption societies[3] always undertook detailed inquiries before a child was placed, and they provided for a probation period with supervision of three months or more between the placing of the child and the adoption order. In most privately arranged adoptions, however, there was no probation period and the preliminary inquiries were inadequate.[4]

At the end of the war the existing laws on adoption were again reviewed and found wanting. The Curtis Committee Report described successful adoption as 'the most satisfactory method of providing a substitute home', but it was critical about the legal position. It recommended a compulsory probation period, combined with public supervision, for all adoptions, including those privately arranged, and it asked that there should be powers enabling the authorities to remove a child from an unsatisfactory home either during the probation period or when an adoption order had been refused.[5]

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but there appears sometimes to be a concealed fee—e.g. in the form of work by the mother of the child given before and after the birth or as part of the overall payment made for the confinement. There may even be an illegal payment by the persons receiving the child which would be very difficult to discover. The "third party" is obliged to notify the placing to the welfare authority, but this falls far short of the precautions required from an adoption society.' (*Report of the Care of Children Committee*, Cmd 6922, 1946, p. 455.)

[1] S.R. & O. 1943, No. 378.

[2] H. of C. Deb., Vol. 424, Cols. 338–9, 4th July 1946.

[3] Registered adoption societies were only responsible for about a quarter of all adoptions; the remainder were arranged by local authorities, or 'third parties' or by the parent or guardian of the child. (*Report of the Care of Children Committee*, Cmd 6922, 1946, p. 23.)

[4] The Birmingham Welfare Authority decided in 1944 to insist on a satisfactory statement of health from both prospective parents and excluded a proportion of would-be adopters who might otherwise have been approved. In 1945, the health visitors of the City reported about the condition of 712 adopted children under their care. 7 per cent. were unsatisfactorily placed, as far as physical circumstances were concerned, and 8 per cent. lived under unfavourable psychological conditions. Unsatisfactory placings were twice as frequent among those whose adoptions had been privately arranged as among those whose adoptions had been arranged by the local welfare authority or by adoption societies. (See the annual *Reports of the Medical Officer of Health for the City of Birmingham.*)

[5] *Report of the Care of Children Committee*, Cmd 6922, 1946 (pp. 148–149). In 1949 a further Adoption of Children Act (now consolidated in the Adoption Act 1950) was passed which extended public supervision and clarified doubtful points in the previous Acts. No adoption order may now be made without a probation period of at least three months during which the child is under the supervision of the welfare authority. Some courts now insist on a probationary period of six months.

(vi)

After the War

It was one of the social consequences of the war that the Government accepted new responsibilities for the welfare of unmarried mothers and their babies. They were no longer left wholly to the care of voluntary bodies or of the poor law. Local authorities were encouraged to take action, and the Ministry pointed the way by devising schemes for particular groups of unmarried mothers. Some of its steps were half-hearted, but its scheme for ex-Servicewomen became a most enlightened social experiment. A new spirit developed in the approach to an old and neglected problem and the lessons learnt under the pressure of war conditions were of great and permanent value.

Most of this work was treated as confidential, and only an inner circle of officials and social workers was kept informed. The Ministry feared publicity and a possible exaggeration of the problem which might have had bad effects upon public morale. This rule of secrecy was only relaxed after the war had come to an end. A first public statement was made late in 1945 by the Senior Medical Officer of Maternity and Child Welfare, Ministry of Health, at a conference arranged by the National Council for the Unmarried Mother and Her Child.[1] This speech was reported in the Press, and as a result many unmarried expectant mothers or their relatives wrote to the speaker and to women editors of newspapers appealing for help. (Newspaper editors, in turn, wrote to the Ministry of Health for advice on what to reply.) For one short moment, the hidden anxieties of girls in many parts of the country were revealed direct to a Government Department. 'I am at my wits' end', was the recurring theme in all these appeals which contained many moving personal stories, self-accusations and cries of despair.[2] The writers were put in touch with their local services or with the National Council for the Unmarried Mother and Her Child. The replies were friendly and

[1] Opening address by Dr Dorothy Taylor at the conference held on 29th November 1945. In this address the Ministry's scheme for ex-Servicewomen was mentioned in public for the first time.

[2] 'I can assure you', wrote a factory worker, 'I have regretted it most bitterly and deeply, and life to me since has been just torture. I beg of you to believe me, when I tell you I am not a bad girl. . . . My home is a long way from here, as soon as I knew I was going to have this baby I came up here, as I dare not let my mother know, she has had such a hard life herself, still has, there are eleven of us in the family. . . . I am the first to fall, if my mother knew, I feel she would never forget or forgive me, and it hurts me terrible. . . . Please, I am pleading with you for some advice and help. . . .'

encouraging, and the personal circumstances of each girl were taken into account.[1]

By the end of 1947, 81 social workers were employed by welfare authorities in England and Wales, some by several authorities combined, and in 296 other areas different arrangements had been made for this social case work to be done, usually in co-operation with voluntary bodies.[2] The war had resulted in progress which would not have been possible, at that rate, in ordinary times. The local authorities had learnt to appreciate the help of experienced voluntary workers and the usefulness of well-managed voluntary homes. The voluntary bodies had grown to rely on the co-operation of health visitors and medical officers of health. But there were still places where the old suspicions lingered on and voluntary assistance was not used.[3]

With the fall in the illegitimate birth rate after the war,[4] the strain upon the welfare services became less acute. There was no longer a general shortage of beds in mother and baby homes,[5] but local shortages were often severely felt.[6] The public share in the social work among unmarried mothers and in financing the services for them had increased substantially but the number of hostels and homes run by welfare authorities had remained comparatively small. In 1949, when a directory for England and Wales was published, only about 10 per cent. of the beds were in publicly provided homes.[7]

In the opinion of many social workers, publicly subsidised and inspected voluntary homes can provide a more flexible and varied service than homes run by welfare authorities whose work is limited to particular areas. The mothers, moreover, are often particularly impressed and grateful, if something is being done for them which they cannot claim as a right. Some prefer voluntary homes, because

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[1] For example the replies were addressed to 'Mrs . . .' in cases where mothers lived in lodgings and their landladies believed them to be married.

[2] There were still twenty welfare authorities in whose areas no such social work was done.

[3] *Report of the Ministry of Health for the Year ended 31st March 1948*, Cmd. 7734 (p. 110).

[4] The illegitimate birth rate in England and Wales fell from 9·3 per cent. of all births in 1945 to 5·2 per cent. in 1947. (See the annual *Registrar General's Statistical Review of England and Wales.*)

[5] *Report of the Ministry of Health for the year ended 31st March 1948*, Cmd 7734. (p. 110).

[6] There was, for example, no accommodation west of Cardiff and only one home in the whole of East Anglia. (*Planning* No. 255, 13th September 1946, p. 11).

[7] *The Directory of Homes and Hostels for the Care of Unmarried Mothers and Illegitimate Children*, 1949, published by the National Council for the Unmarried Mother and Her Child, contained the addresses of 159 homes with about 2,240 beds in England and Wales. Only sixteen homes with over 200 beds were run by local authorities. Ninety-one were Church of England homes, thirty Roman Catholic homes, eleven Salvation Army homes and thirty-two were non- or inter-denominational; the remainder were provided by smaller religious bodies. In London, early in 1947, 570 beds were available for unmarried mothers; by February 1948 the number had been increased to about 650, almost as many as before the war. Four new homes with beds for sixty-six mothers and forty-six babies had been opened in the course of the year.

they think that their secret will be more secure in the hands of voluntary workers or because they wish to get away from the areas where they are known. With increased public grants and more public inspection and advice, the voluntary homes now have a better chance than before of raising the standards of their work.[1] In some of them, however, out-of-date methods are still being applied, and denominational barriers continue to exist.

When the great social enactments of the post-war period came into operation, the position of the unmarried mother in society changed beyond recognition. Over a wide area of needs, charity and poor law relief were replaced by defined social benefits.[2] All mothers are now entitled to free maternity care at home or in hospital. Expectant mothers in employment can claim sickness benefit during incapacity. Most important of all, they receive a maternity allowance of 36s. a week during their absence from work at the time of confinement and are no longer tempted to stay at work almost up to childbirth. The allowance is paid for thirteen weeks and can be supplemented, in case of need, by the National Assistance Board. With the abolition of the poor law, the homeless unmarried mother has become the responsibility of the local welfare authority and must be admitted into a public or a voluntary home at the authority's expense.

The psychological and long-term result of this new situation is often as great as its immediate economic effect. The maternity allowance, more than any other single factor, has changed the position of the unmarried mother within her family. She need no longer be a financial burden while she is unable to go out to work, but can pay her way and preserve her self-respect. She has a greater chance of remaining at home, and the prospects for her own and her child's future are more hopeful than ever before.

The illegitimate child benefits greatly from the improvements in the child protection services which followed the publication of the Curtis Committee Report, and its interests are further protected by the introduction in 1947 of a new abridged birth certificate in England and Wales which does not reveal illegitimacy or adoption.[3] It is sufficient to provide proof of age which is often needed for purposes of education or employment. As it is available at less than the usual fee, it is already extensively used by the general public and is fulfilling its purpose.

[1] A Consultative Committee on Homes and Hostels, formed by the National Council for the Unmarried Mother and Her Child and consisting of representatives of all affiliated homes, contributes, by its discussions, to this process of improvement.

[2] 'All this means that she is no longer dependent upon charity for her maintenance, and that, with organisation and money all available for her help, instead of having to search desperately for money, we now explain to mothers the various public funds upon which they are entitled to draw.' (The National Council for the Unmarried Mother and Her Child, *Twenty-Ninth Report, 1949*, p. 13.)

[3] In Scotland, an abridged birth certificate had already been in use for some time.

No satisfactory way has yet been found in our industrial society for a mother without a breadwinner or a helpful family to combine the two tasks of earning a living and making a home for her child. Local authorities and voluntary bodies are now experimenting with a new kind of social provision—hostels or residential clubs for working mothers, married and unmarried, where the children are in the care of a skilled staff during the day. The greatest single need to-day, in the opinion of many informed people, is for more such hostels.[1] By 1950, six were known to exist in England and Wales and seemed to be working well. They may prove to be an answer to the question which faces every unmarried mother without a home.

In this and in the previous chapter, many official and unofficial sources have been quoted to confirm facts or to emphasise opinions. But the voice of the unmarried mother herself has hardly been heard. She is rarely vocal, and she shuns publicity. If she expresses her views, she does so in confidence, and her testimony is hardly ever recorded.[2] But even in the absence of the principal witness, there is convincing evidence to show that progress has been achieved and that the war has helped to bring it about. Public responsibility for the welfare of unmarried mothers and their babies has been widely extended and this has led to an expansion and improvement of the services. Illegitimate children have a better chance of survival[3] and of becoming healthy and happy members of the community.

[1] *Report of the Ministry of Health for the year ended 31st March 1948*, Cmd 7734 (p. 110). It is of interest that at least two hostels were founded as far back as the end of the 1914–18 war.

[2] The confidential case files of the Ministry's scheme for ex-Servicewomen which might have yielded some human material were destroyed at the end of the war.

[3] During the years 1940–45 mortality among illegitimate babies was still almost 50 per cent. higher than among legitimates, but the chance of survival for the illegitimates improved at a greater rate than that for the legitimates.

Percentage Reductions in Stillbirth, Neo-natal and Infant Mortality Rates, 1938–39 and 1944–45—England and Wales

	Legitimate		Illegitimate	
	Male	Female	Male	Female
Stillbirth rate . .	29	28	32	34
Neo-natal mortality .	14	14	27	21
Infant mortality .	13	12	25	19

(*Registrar General's Statistical Review of England and Wales for the Six Years 1940-1945, Text, Vol. II, Civil*, p. 127.)

CHAPTER V

THE WELFARE OF YOUNG CHILDREN

THE LAST three chapters have discussed problems associated with pregnancy and childbirth. Now the focus will be changed from the mother to the young child. We will take up the story from the birth of the baby through the first few years of his life. The present chapter will describe the impact of war on the infant welfare services that had developed during the previous half century. It will be mainly concerned with the child who remained with his mother throughout the war, and with the services that helped mother and child through these difficult days. The next two chapters will deal with two specific groups of young children who, for one reason or another, could not be looked after in the normal way by their mothers. The first and larger group was that of children whose mothers took up war work and for whom day-time care was needed. The second group was drawn from the war-time social casualty lists. Illegitimacy, neglect and desertion were no new welfare problems but the added strain of modern war accentuated the need to provide for young victims of broken homes and social disorganisation. The first of these issues, the organisation of nurseries for the children of women engaged on war work, will provide the substance of Chapter VI. Chapter VII will deal with the second problem—with those children for whom day-time care was not enough and for whom residential nurseries were needed.

(i)

The Background to Infant Welfare

Public interest and a feeling of communal responsibility for infant welfare date from the end of the nineteenth century: they sprang chiefly from concern at the continued high rate of infant mortality. A variety of reforms during the previous twenty-five years had been accompanied by a fall in the general death rate, but in 1899 an unenviable record was achieved when out of every 1,000 children born that year, 163 failed to reach their first birthday.[1] These alarm-

[1] 'The tens of thousands of infants who died of diarrhoea in that year can claim the posthumous honour of having started a movement to ensure that such a holocaust shall never occur again.' *Medical Officer*, 1945, Vol. LXXIV, p. 187.

ing statistics coincided with a great upsurge of interest in national well-being. The uneasiness aroused by such social investigators as Booth and Rowntree deepened when recruiting for the Boer war revealed evidence of widespread malnutrition and disease. A Royal Commission and two Government Committees[1] produced more disquieting data and led to a burst of legislation widening the functions of local authorities. The emphasis at this stage was laid mainly on the group that was most easily reached—children of school age; among other things authorities were empowered to provide free meals for under-nourished school children and they were obliged to organise the regular medical inspection of all children in their schools.

The child below school age was unaffected by these developments. From 1908, with the first of his annual reports on 'The Health of the School Child', the Chief Medical Officer of the Board of Education stressed the poor physical condition of many of the recruits to the elementary schools. Four in every ten needed medical attention at the outset of their school careers and most of the defects—the results of poverty, ignorance and neglect—could have been prevented. The school medical service was, in fact, 'a receiver of damaged goods'[2] and was forced to spend time and energy in patching them up.

The early development of services for children below school age was left to a number of voluntary workers and a few enterprising local authorities. Following the pattern of the French *Consultations de Nourrissions*, 'milk depots' were opened by such municipalities as St. Helens, Liverpool and Battersea and a few by voluntary organisations. The initial idea had usually been to provide food and clothing for mothers in poor districts but many of these depots developed into 'infant consultations' and 'schools for mothers', where advice was given on feeding, clothing and hygiene. At these centres babies were kept under regular supervision with weekly weighing and supplies of sterilised milk where necessary.[3] Some organisations and authorities introduced house-to-house visiting of babies in their own homes, and nursery schools and day nurseries were set up by such enthusiasts as

[1] *Report of the Royal Commission on Physical Training (Scotland)* 1903, *Vol. I*, Cd 1507, *Vol. II*, Cd 1508; *Report of the Inter-Departmental Committee on Physical Deterioration* 1904, *Vol. I*, Cd 2175, *Vol. II*, Cd 2210, *Vol. III*, Cd 2186; *Report of the Inter-Departmental Committee on Medical Inspection and Feeding of Children attending Public Elementary Schools*, 1905, *Vol. I*, Cd 2779, *Vol. II*, Cd 2784.

[2] *Report of the School Medical Officer of the London County Council for the year 1926*, quoted in '*The Maternity and Child Welfare Movement*', G. F. McCleary, M.D. (Cantab)., D.P.H., p. 105.

[3] In 1911 the Association of Schools for Mothers and Infant Consultations (later called Association of Maternity and Child Welfare Centres), was formed. One year later it combined with other central organisations to form the National Association for the Prevention of Infant Mortality. In 1917 nine central organisations combined to form the National League for Health, Maternity and Child Welfare which in 1928 became part of the National Council for Maternity and Child Welfare. McCleary, *op. cit.* p. 213–214.

Margaret MacMillan and members of the newly formed National Society of Day Nurseries.

Despite overwhelming evidence of need, there was little official action to provide welfare services for children under five until nearly the end of the First World War. During the war the voluntarily run day nurseries had been given financial aid to help free mothers for munitions work but it was not until 1918 that the prospects for infant welfare really brightened. Local authorities were empowered to set up maternity and child welfare centres, employ health visitors and run day nurseries, nursery schools and nursery classes for children under five years of age.[1] Most of the legislation was, however, permissive and in consequence infant welfare services developed unevenly throughout the country. In addition, progress in many districts was inhibited by the inter-war economy drives.

Throughout the twenties and thirties the health of the pre-school child remained a matter for serious concern in medical and educational circles. It was admitted that hundreds and thousands of children 'have no help, direction or succour from public sources however much they need it', and that it was 'grossly uneconomic to allow the health and stamina of infants to deteriorate till five years old and then spend large sums of money trying to cure them between the ages of five and fifteen'.[2] The most important factor was the gap in medical care—young children were not covered by the National Health Insurance Scheme and mothers who could not afford doctors' fees tended to delay or avoid seeking medical advice. The help of the child welfare centre was free but the centres were primarily for children in ordinary health and were not intended to be used as sick clinics. Moreover, as we shall see, most children did not attend the centres after their first birthday. Their health and welfare then received no public supervision until they began school at five and the school medical service took them over.

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[1] The Maternity and Child Welfare Act, 1918 (8 & 9 Geo. 5. Ch. 29), enabled local authorities to do anything sanctioned by the Local Government Board (which shortly afterwards became the Ministry of Health) to attend to 'the health of expectant and nursing mothers, and of children who have not yet attained the age of five years and are not being educated in schools recognised by the Board of Education'. Grants up to 50 per cent. of approved expenditure would be paid to local authorities and a model scheme of maternity and child welfare was set out indicating the extent of the field that was now open. This included: health visitors on the average of one visitor per 400 births, maternity and child welfare centres in each health visitor's district, the provision of food and milk for expectant and nursing mothers and infants needing nourishment, a trained midwives service, a service of nurses for illnesses of pregnancy and of childhood, including infectious diseases, the provision of hospital, convalescent and other homes for mothers, children, widows and deserted or unmarried mothers, the provision of day nurseries for the children of working women and the organisation of the 'home helps' service. (Circular M. & C.W. 4, 9th August 1918, issued by the Local Government Board.)

The provision of nursery schools and nursery classes was authorised in the Education Act, 1918 (8 & 9 Geo. 5. Ch. 39).

[2] Joint Circular issued by the Board of Education (Circular 1405) and the Ministry of Health (Circular 1054), 5th December 1929.

This weak link in the organised medical services occurred just at the stage when children are most susceptible to those diseases which, if not carefully treated, can so easily cause lasting damage. Catarrhal conditions, dental caries, enlarged tonsils, adenoids, visual defects and the deformities that follow rickets—all these could escape notice until the first school medical inspection, by which time much of the damage had been done. In his last Report before retirement, Sir George Newman, Chief Medical Officer of the Board of Education, emphasised once again the point he had been making for more than twenty years—

> Let us make clear, precise and definite these facts, (1) that the child under five stands at the gate of our educational system, (2) that the child is the seed-plot of everything medical, physical, mental and moral, (3) that what happens to the child before it is five is bound invariably to have results for good and evil—and finally, that the child is not yet being effectively provided for.[1]

Before the Second World War infant welfare services were thus an example of that familiar blend of voluntary and official effort that has so frequently typified British social development. There were three overlapping methods of approach, loosely co-ordinated by local authorities, voluntary organisations and the Ministry of Health.

The first and perhaps the most important branch of the services was the health visitor.[2] Since the compulsory notification of all births[3] it had become possible to organise the systematic visiting of young children in their homes. It was the function of the health visitor to see each child as soon as practicable after it had left hospital or when the doctor or midwife had stopped calling, and to revisit at regular intervals. According to the Ministry of Health 97 per cent. of children born in 1938 in England and Wales were visited at least once and regular visits were paid to a rather smaller proportion.[4] The number of cases each visitor had to deal with

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[1] *The Health of the School Child. Annual Report of the Chief Medical Officer of the Board of Education for the year 1933*, p. 59.

[2] In order to qualify for the Health Visitors' Certificate, essential for all appointments, evidence must be produced of either—(1) Having undergone a two years' course of training in Public Health work; had six months' training in a General Children's or Fever Hospital; obtained the Part I Certificate of training of the Central Midwives Board; or (2) Having undergone three years' training in sick nursing in a General or Children's Hospital approved by the General Nursing Council; obtained Part I certificate of training of the Central Midwives Board; completed a course of training in Public Health work lasting for at least six months. Health visitors were, before the National Health Service, normally appointed by the welfare departments of local authorities but in some cases they were appointed by voluntary bodies to whom certain powers of maternity and child welfare had been delegated.

[3] In 1915 the Notification of Births (Extension) Act (5 & 6 Geo. 5. Ch. 64), which was an extension of the adoptive Notification of Births Act, 1907, (7 Edw. 7. Ch. 40) made it compulsory upon the doctor or midwife to notify all births within thirty-six hours to the local Medical Officer of Health.

[4] *Annual Report of the Chief Medical Officer of the Ministry of Health for the year 1938.*

varied from authority to authority but it was not uncommon for a visitor to supervise more than 1,000 infants, perhaps scattered over a wide area; she would have to make visits from door to door in all weathers and this in addition to her other duties.[1] The competent health visitor needed to be a trained observer, a teacher of mother-craft, an adviser on health matters for mother and child, and a social worker. She was able to detect complaints that needed skilled attention from family doctor or local hospital but perhaps her most important duty was to advise on hygiene, feeding and minor ailments. The health visitors were, in fact, in a position to perform 'the only mass-observation made of pre-school children'.[2]

The second component of the pre-war infant welfare services was the maternity and child welfare centre where mothers could get advice on the ordinary day-to-day questions of their babies' feeding and general care. The clinics were run by local authorities or voluntary organisations and were staffed by the health visitors and voluntary workers, and a doctor was usually in attendance. Mothers were encouraged by the health visitors to take their children to the centres for regular examination. Furthermore, most of the centres tried to attract the mothers by maintaining a friendly social atmosphere.[3] Unfortunately, some authorities and many mothers regarded the centres as primarily for children under one year old. Even where 'toddlers clinics' were separately organised, the extra nuisance of bringing an older, heavier and more active child to the centre was often a deterrent, and many women were not convinced that regular supervision was any longer important now that their babies were a little older. As we have already mentioned, the centres were not designed as sick bays nor were they intended to compete with general practitioners and treat sick children, although it was inevitable that a certain amount of incidental nursery treatment for minor complaints should be given. Some progressive authorities, however, developed ancillary services, such as dental and orthopaedic treatment, massage and artificial light. The simpler problems of nutrition were more generally catered for and many centres supplied dried milk and other food products either at reduced prices or free. In 1938 there were 3,580 officially recognised welfare centres in England and Wales; in that year 65 per cent. of the

[1] In 1938 in England and Wales the number of health visitors employed by local authorities was equivalent to 2,598 full-time workers and by voluntary organisations to 472 full-time workers. (Ibid. pp. 84–92.)

[2] *Health and Social Welfare* 1945–1946, 'The Health Visitor', Jessie Barraclough, S.C.M., Cert., R.S.I. p. 86.

[3] 'The success of the Infant Welfare Centre is in some degree attributable to the pleasure the mother finds in spending an afternoon away from home and in meeting kindly doctors and nurses as well as other women with whom she can talk.' Introduction by Dame Janet Campbell to *Working Class Wives*, Margery Spring Rice, Penguin Books, 1939, p. IX.

children born in England and 72 per cent. in Wales attended a centre at least once.[1]

The third main contribution to the infant welfare services came from the various types of nursery.[2] In 1938 about 14,000 children in England and Wales were being looked after during the day in day nurseries and nursery schools, and while attending received meals, milk and medical attention. In addition there were a further 170,000 children under five in the nursery classes or baby classes of the public elementary schools and so under the supervision of the school medical service.

Before the outbreak of the Second World War these services for the under-fives suffered from lack of co-ordination in administration and were extremely uneven in distribution and in quality.[3] The infant welfare movement had developed from a variety of agencies which acted under the general aegis of the Ministry of Health (and to a limited extent of the Board of Education) but which sometimes tended to pull in diverse directions. Local authorities and voluntary bodies had achieved much success during the previous forty years but it was inevitable that such a piecemeal growth, depending so much on local initiative and enthusiasm, should display many gaps and inconsistencies. War-time strains were soon to expose the weak places in the structure and to demand a more comprehensive service. The rest of this chapter will describe the war-time work of the centres and the health visitors and some of the new measures that were introduced to meet newly accepted responsibilities.

(ii)

The Established Services: Recoil and Recovery

In 1938 the Anderson Committee recommended that, in the event of war, children under five should be evacuated only if accompanied by their mothers.[4] It was asking too much, thought the Committee,

[1] From figures given in the *Annual Report of the Chief Medical Officer of the Ministry of Health for the year 1938.*

[2] A full account of the nurseries is given in Chapter VI.

[3] This was still the case at the end of the Second World War. It was stated for instance, that few of the buildings in use as welfare centres in 1946 conformed to the standards recommended by the Ministry of Health in 1919. (Ministry of Health Memorandum 14/MCW. Memorandum in regard to Maternity and Child Welfare Centres. H.M.S.O. 1919.) *Maternity in Great Britain*, by a Joint Committee of the Royal College of Obstetricians and Gynaecologists and the Population Investigation Committee, 1948. pp. 93-106.

[4] The Anderson Committee was appointed in May 1938 to consider evacuation problems. Its report was published in Cmd 5837, 27th October 1938. See also R. M. Titmuss, *op. cit.* Chapter III.

to expect householders in the reception areas to accept responsibility for children so completely dependent on adult care. It was accordingly ruled that these children would only be eligible for evacuation if accompanied by a responsible adult. Exceptions were made for two specific categories—nursery parties with nursery staff in complete charge and a few children who were to be allowed to go with older brothers and sisters. But the general principle was quite clear—the under-fives were to stay with their mothers, whether the latter were evacuated or whether they stayed behind in the towns. No new measures for the special welfare of children below school age were yet contemplated.

In September 1939, 260,000 children under five were evacuated with their mothers, another 40,000 who were nearly five years old were allowed to go with older brothers and sisters in the school parties, and 5,000 went with the nursery parties. But within a few months most of the children who had gone with their mothers had returned home. The evacuation of mothers and young children had not been a success and the Cabinet decided that the experiment should not be repeated. In June 1940 however assistance was authorised to mothers and children prepared to make private arrangements for accommodation in the reception areas.[1]

When the first upheaval of evacuation subsided, therefore, the pattern of demand for the infant welfare services was almost back to normal. There were fewer children in the towns, where the services had usually been better developed, and rather more children in the countryside, where the services had often been more sketchy. But more important than these slight variations in the distribution of demand was the shrinkage in supply caused by the diversion of resources. All over the country clinics were requisitioned for civil defence and military purposes and large numbers of health visitors were seconded to work in the new posts. For the first few days of the war all the centres closed but as staff returned and buildings were recovered, or alternative premises found, they began to reopen and health visitors began to go out on their rounds again. In some places centres were only closed for a few days, in others for a week or two, but many were closed for weeks and even months.

Local authorities had different ways of dealing with the problem of maintaining their child welfare services.[2] Evacuation authorities

[1] Ministry of Health Circular 2071 and E.V.10, 27th June 1940. Mothers and children who could make their own arrangements for accommodation in the reception areas were given travel vouchers and the householders with whom they stayed could be paid 5s. a week for the mother and 3s. a week for the child by the Government.

[2] There is very little information on the Government files about what actually happened. Hardly any inspections took place and local authorities did not have time to send in reports on how their centres were faring. Most of the material for this section was obtained from the individual Annual Reports of local Medical Officers of Health to their own authorities.

were the least prepared to continue as before for it had been assumed that most young children would be evacuated and would not come back to the towns. One London borough, normally maintaining an active and efficient system of welfare services, held no clinic sessions from 1st September 1939, to 22nd April 1940, and until late in January 1940, eight of its nine health visitors were on full-time civil defence work; yet in a neighbouring borough not one visitor had been diverted and clinic sessions had continued practically without a break. In Paddington ten out of the twelve health visitors were transferred to A.R.P. work and normal visiting stopped for some months; Southwark, on the other hand, maintained its usual services almost without interruption. Many evacuation authorities reduced the number of their welfare centres. In Wandsworth, centres were cut from 13 to 10, as owing to evacuation there was temporarily less demand. In Hackney three centres were taken over as first-aid posts and many health visitors were seconded. In Hampstead welfare centres run in peace-time by voluntary organisations found that their usual sources of income had dried up and they were consequently taken over by the borough council after two months of war. Home visiting in most of the evacuation districts fell away as the nurses were given new tasks or in some cases were sent to help in the reception districts.[1]

For the first few weeks of war child welfare resources in the reception areas were strained to the uttermost. Some of the children arriving in the country were verminous, suffering from skin diseases and unclean in their habits, and the health visitors were overwhelmed with calls for help. This situation was, however, short-lived, for mothers and their babies were soon streaming back to the towns. The countryside was unfamiliar and not always too hospitable, and as the fear of air raids waned, they preferred to face the hypothetical dangers of the future at home rather than remain as uninvited and unwanted guests.

Reception authorities had been instructed to extend their existing child welfare services—health visiting, welfare centres, cheap milk and meals and dental treatment—to evacuees on the principle of equality with local inhabitants.[2] But although only a limited number of mothers and children remained, they soon made a noticeable addition to demand in areas where the services were often rudimentary. In many cases centres were held even in normal times in church halls or village institutes and mothers had sometimes to travel long distances to attend sessions that were held much less regularly than in the urban areas. The residue of town mothers had perhaps been more accustomed to depending on 'the welfare', and away from their

[1] Birmingham, for instance, originally sent twenty-eight of their eighty-six visitors to reception areas.

[2] Ministry of Health Circular 1882, 2nd October 1939.

homes and friends they needed advice more than ever. Certainly there were complaints that they missed the amenities of their local centre, especially the cheap baby foods.[1] Because of evacuees, authorities such as Tunbridge Wells and Winchester reported record attendances at their centres and Torquay opened an additional clinic. Cheshire County Council started two new centres for evacuated children, and when the evacuees returned home the centres remained in use for local inhabitants. But as well as having to contend with an increased number of children, authorities in the reception areas had also to suffer the inroads made by requisitioning. In Durham the military and A.R.P. authorities had taken over many buildings and there was some delay while alternative quarters were found. Kent County Council closed some centres and amalgamated others; it paid the bus fares of those mothers who had to travel long distances and could not afford the extra expense. Health visitors in these areas found it difficult to get around to both their old and their new customers.[2]

Difficulties caused by population movements were not confined to the evacuation and reception areas. Even in areas nominally 'neutral', private evacuation or an adjacent reception area often increased the number of children in the neighbourhood and the demands on local services.[3] Neither were the neutral areas immune from the requisitioning of premises and losses of staff. Thus the dislocation of infant welfare services, though varying immensely in degree, was in fact nation-wide.

But apart from population upheavals, the depredations caused by requisitioning and losses of staff, other problems had to be faced. The danger of air attack could never be ignored and some cover had to be found for mothers and children caught at a centre during a raid. When clinic sessions were resumed there was often a strict limitation of the number of mothers who might be present at any one time which made health talks and class teaching at the centres virtually impossible. The black-out added to the difficulties. Some authorities opened their clinics in the mornings or earlier in the afternoons so

[1] 'Personally, I am finding the provision of cheap dried milk through the Welfare Centres is a great bother', wrote a health visitor from the Isle of Wight. 'We do little in this way as a rule, but most of our vistors demand it.' *Evacuation Survey* edited by R. Padley and M. Cole, p. 108.

[2] 'What with vermin, ringworm, impetigo, conjunctivitis, bed-wetting, "incompatibility of temperament" between hostesses and guests, toddlers to be provided for while mother is in bed with the new baby . . . there are not nearly enough health visitors to go around.' Extract from a note by the County Superintendent Health Visitor, Durham County, quoted in R. Padley and M. Cole, *op. cit.* p. 110.

[3] A Watford (neutral area) health visitor wrote on 27th September 1939—'The villages surrounding the borough are reception areas. The only change we are experiencing is more work. Ordinarily we have from seventy to a hundred babies with their mothers a day at our own clinics: now it is a surging mass—of course, the rural areas have no clinics(!). Our dried milk sales have trebled.' R. Padley and M. Cole, *op. cit.*, p. 108.

that mothers could get home again before dark. Sometimes centres had been made dark and gloomy by blast-walls and permanent black-out arrangements. Moreover before long many of the voluntary helpers began to disappear into war-time jobs.

By the early part of 1940, however, many of the infant welfare services were beginning to function normally again. In Birmingham it was reported that the number of evacuated mothers and young children had been so small that welfare activities in the city had not been appreciably affected; indeed so far had Birmingham been able to preserve its services that a general inspection in November and December 1939 remarked on the efficiency of the city's organisation and its success in maintaining its pre-war standard of achievement. The expected air attacks on the big cities had not yet materialised and staff at the A.R.P. posts was only 'standing-by'. Most authorities soon arranged that nurses and doctors, while nominally available for civil defence duties, could continue with their ordinary work. Sometimes welfare clinics were actually conducted in the A.R.P. and first aid posts.

Hardly had the services recovered from this early dislocation, however, than disruption again set in. In May and June 1940 the German break-through into Belgium, Holland and France, the evacuation of Dunkirk and the apparent imminence of invasion changed the danger map of Britain. Priority classes in the coastal areas and the children and institutions sent to these districts in the first evacuation movements had to be evacuated to other parts of the country. The return of the British Expeditionary Force and the speeding up of civil defence preparations increased the strain on the national resources of accommodation and welfare centres again became good places to requisition. The pressure of numbers in the reception areas increased further when, in the late summer, the long-expected air attack began and large numbers of mothers and young children again left for the country whether under their own arrangements or under the 'assisted private' evacuation scheme.

For infant welfare workers in London and the other bombed towns the cold of winter, the possibility of all-night raids and the inevitability of cross-infection in damp overcrowded shelters[1] produced something of 'a hygienic nightmare'.[2] Nurses and doctors were recalled to their A.R.P. duties and to work in the rest centres, and the remaining welfare centre staff had to work under increasingly difficult conditions. Although large numbers of young children had been taken out of London during the early raids the population was

[1] Head lice, for example, were far more prevalent among children under five than among older children. See Dr K. Mellanby, 'The Incidence of Head Lice in England', *Medical Officer*, 1941, Vol. LXV. p. 39.

[2] *Abridged Report on the Health and Sanitary Condition of the Metropolitan Borough of Shoreditch for the year 1939.*

very fluid and it was difficult to keep track of children needing attention. One health visitor declared that by the time she had combed one street the families at the beginning of it had already left.[1]

Yet even under these trying conditions normal work was gradually resumed. Most mothers were staying with their babies in the bombed towns and they still needed the welfare services. Such was the unexpected adaptability and cohesion of the family that a routine life could be evolved even among these unprecedented strains. Families slept in a public shelter, in the 'Anderson' or under the kitchen table, and mothers shopped and took their babies to 'the welfare' between air-raid warnings. Most centres closed during an alert and mothers were directed to the nearest shelter. Some centres continued their sessions there but in most shelters it was too cold and damp to allow the children to be undressed and for work to continue properly. Hours of opening were usually extended to compensate for the interruptions. Centres that were damaged could generally reopen fairly quickly; they needed no elaborate equipment, and improvisation in a rest centre, school hall, or the like was always possible.

In the reception areas local services were again under pressure. By now it had been realised that welfare services of all types were important to the success of evacuation. Authorities were advised that health services, including health visiting, facilities at clinics, the provision of milk and meals and dental treatment, should be made available for those who had made their own arrangements for evacuation as well as for those evacuated under the Government scheme.[2] To discourage any new flood back to the towns, welfare authorities were given the task of organising nursery centres[3] and it was strongly recommended that they should open social clubs for evacuated mothers.[4]

As the war went on the difficulties facing the welfare centres grew. More and more doctors were called up to the Armed Forces and those that remained in civilian life had increased numbers of patients to look after. Inevitably, therefore, there were fewer doctors available for infant welfare work. The number of health visitors also declined though not seriously. There were considerably fewer working for voluntary organisations but the number employed by local

[1] *Medical Officer*, 1941, Vol. LXV. p. 22.

[2] Ministry of Health Circular 1998, 19th April 1940. Additional costs were to be recovered from the evacuation authorities.

[3] See Chapter VI.

[4] 'The provision of adequate welfare facilities is the essence of good reception', concluded the *Report on Conditions in Reception Areas* by a Committee under the Chairmanship of Mr Geoffrey Shakespeare, M.P., January 1941. Among the measures they recommended were clubs for mothers combined with communal feeding where possible, nursery centres, recreational activities, bathhouses and laundry facilities and the provision of weekend hostels for husbands.

authorities actually increased.[1] Since, however, health visitors were increasingly diverted to other tasks such as those connected with civil defence, evacuation, midwifery and illegitimacy, the figures do not necessarily give an accurate picture of the care given to young children.

Nevertheless, by the beginning of 1941 the Ministry of Health was able to point to real achievement made in the face of the dislocation caused by a year and a half of war. It had been necessary to concentrate on maintenance rather than development.[2] A year later the Ministry could go further and claim that essential maternity and child welfare services had been well maintained and that they could be viewed 'as a bulwark in a system of national defence'.[3] There were, in fact, more infant welfare centres in operation in 1941 than in 1938 and home visiting had been restored to its pre-war level.

As the war went on mothers made more use of the infant welfare centres. In 1942 an investigation indicated that, of a sample of parents questioned, about 58 per cent. took their children under five to welfare centres with some regularity. The proportion was higher (60 per cent.) in the lower income groups, but there were also a considerable number (34 per cent.) of middle-class users. By the end of 1944 there were 600 more centres than in 1938,[4] and 71 per cent.[5] of children born that year were said to have attended a centre at least once, as opposed to 66·2 per cent. in 1938.[6]

[1] *Health Visitors Employed 1938-1946*

England and Wales	1939	1940	1941	1942	1943	1944	1945	1946
(*a*) Number employed by Local Authorities .	3,595	3,615	3,654	3,637	3,682	3,716	3,711	3,776
(*b*) Number employed by Voluntary Associations	2,448	2,231	2,160	2,054	2,105	2,229	2,135	2,045
Total . .	6,043	5,846	5,814	5,691	5,787	5,945	5,846	5,821

(Figures supplied by the Ministry of Health)

[2] *Summary Report of the Ministry of Health for the period from 1st April 1939 to 31st March 1941.* Cmd 6340, p. 8.

[3] *Summary Report of the Ministry of Health for the period from 1st April 1941 to 31st March 1942.* Cmd 6394, p. 16.

[4] 3,261 in 1938 and 3,932 in 1944. From the *Twentieth Annual Report of the Ministry of Health 1938-39*, Cmd 6089, and *Summary Report of the Ministry of Health for the year ended 31st March, 1945.* Cmd 6710.

[5] The 71 per cent. figure and the 66·2 per cent. for 1938 may give an unduly rosy picture of the use made of the centres. In a survey conducted in 1946 by a Joint Committee of the Royal College of Obstetricians and Gynaecologists and the Population Investigation Committee, only 65 per cent. first attendances were recorded. The Report believed that the Ministry of Health's figures might be inflated by the multiple counting of some babies, when babies were registered as first attendances although they had previously been taken to another centre under the same or another authority. *Maternity in Great Britain*, Oxford University Press, 1948, p. 96.

[6] These figures are of notified live births.

This expansion in provision and in use was caused by a number of factors; the rising birth-rate could not wholly account for the increased demand for welfare services. This increased demand was partly a continuation of the expansion in the infant welfare services that had occurred over the past twenty years; but it was also, in part, a reflection of the spirit of the times, in which the rights of mothers and children to special social benefits were receiving particular recognition. The centres came in for some incidental publicity through such widely advertised developments as the National Milk and vitamin food schemes and the diphtheria immunisation campaign. General problems of social policy were being enthusiastically debated, and prominent among them were advances in the field of child welfare. In such an atmosphere mothers were encouraged to make use of the whole range of amenities available for their children. Perhaps, too, the absence of fathers in the Forces, the disruption of neighbourhood life and the fact that many women were strangers away from their familiar background, meant that mothers were glad to have someone to talk to, and to advise them, about their babies.

(iii)

New and Extended Functions

The story of infant welfare in the Second World War cannot be confined to a discussion of the pre-war services and their fluctuating fortunes. Important though these services remained, big developments in child care came from other quarters and the Government took new measures to protect the health of children. To give detailed and practical advice on special problems, the Minister of Health set up an Advisory Committee on Mothers and Young Children in 1942. The Committee investigated such matters as the care of feet, the incidence of head lice, the importance of breast-feeding, the diphtheria immunisation campaign and the steps to be taken to combat rickets. Another committee—the Scientific Sub-Committee of the War Cabinet—gave attention to the nutritional state of mothers and young children, and advised on the need for special allotments of particular foods to correct any possible deficiencies in diet. The recommendations of these committees and the conclusions of various *ad hoc* investigations were constantly translated into advice and exhortation to local authorities and into improved ration scales or priority allowances.

To ensure that babies and children did not suffer from food shortages, services far in advance of those available in peace-time

were gradually built up. Such was the success of this policy, that in the middle war years, it was possible to say that many young children were more secure nutritionally than they had been in the years before the war. Two contributions to this successful nutritional policy—the National Milk Scheme and the provision of vitamin foods—will be discussed in this chapter and a war-time development in preventive medicine, the diphtheria immunisation campaign, will also be described. The first two measures, though linked to some extent with the welfare centres, were mainly organised outside the existing infant welfare services, being administered through the local offices of the Ministry of Food as a general social service rather than as an aspect of public health policy. The diphtheria immunisation campaign, as far as children under five were concerned, was, however, an expansion of the work of the welfare clinics.

THE NATIONAL MILK SCHEME

One of the original aims of the maternity and child welfare movement was to supply free milk to poor mothers and babies, and many of the early voluntary centres began as 'milk depots'. A number of local authorities were also active in this work and anticipated the legislation of 1918 by providing free or cheap milk. By the time of the Maternity and Child Welfare Act in 1918 there were already 1,200 centres in existence, more than half of which were publicly provided. In the inter-war years most centres supplied dried milk for babies either cheaply or free in cases of need. A few authorities also provided meals for expectant or nursing mothers and cheap liquid milk and other food supplements for both mothers and children. Local authority welfare schemes were, however, extremely uneven in this respect. Some areas supplied milk to the under-fives quite liberally; in others milk was not easily obtained or willingly offered.[1]

Early in the 1930's a national surplus of milk led to the Milk in Schools Scheme[2] whereby children could get a third of a pint of milk a day at school at the subsidised price of ½d., or free in cases of poverty. As a result of this scheme more than half of the country's school children were drinking cheap milk by 1939. But the great majority of the under-fives did not go to school and so they did not share in these concessions. In August 1939, the Ministry of Health attempted to remedy at least part of this omission. Authorities were urged to buy milk on special terms from the Milk Marketing Board and supply it cheaply or free to mothers and young children of families below suggested income levels; a few imaginative local

[1] For example in 1937 one borough with 858 births granted cheap milk to 575 children at a cost of £1,795 while another with 889 births helped only 21 applicants at a cost of £11. *Medical Officer*, 1939, Vol. LXII, p. 73.

[2] The Scheme was introduced in 1934.

authorities had indeed already made such arrangements under their general maternity and child welfare powers. The scheme was announced on 2nd August 1939[1] and the Ministry asked authorities to submit detailed plans for putting it into operation in their areas. It was, however, purely permissive and although the milk was to be obtained at a reduced price, the scheme still involved the authorities in expenditure from the rates.

'We have got it at last', was the editorial comment of the *Medical Officer*, 'and it behoves us to make the most of it.'[2] But a less propitious moment for such a measure can hardly be imagined. Before local committees had digested the new proposals war had broken out and everything else became subservient to their new emergency duties. During the early months of the war a few replies trickled in to the Ministry. Some authorities were glad to make use of these new opportunities. Bournemouth replied almost by return of post that they wished to introduce the scheme immediately and Hertfordshire and Carlisle were others quick to appreciate its possibilities. But most local authorities felt that the times were not appropriate. Leicester, Devonshire, Durham County Council and Derby, for instance, were not prepared to adopt the cheap milk scheme.

Some authorities complained that the administrative work would be too much at a time when they were already beginning to lose staff. But probably the strongest objections sprang from the cost involved. Durham said the scheme would cost them approximately £1,200 a year plus about £2,300 for additional health visitors and clerical work. Birmingham declared that on the income scales suggested they might well be faced with an expenditure of about £50,000 a year. Dundee,[3] on the other hand, after estimating that the scheme was likely to cost the city over £6,500 a year, welcomed the proposals as more than ever urgent in view of rationing and rising food prices. Several authorities, amongst them Kensington[4] preferred to continue their own schemes and supply only dried milk to the babies attending their clinics. One Medical Officer of Health saw the scheme as 'without pride of ancestry or hope of posterity', and merely a means of 'using Ministry of Health paper for furthering the Milk Marketing Board's interest'.[5]

Progress was slow. In January 1940 the Minister of Health reported that the scheme was functioning in only seven areas—176 authorities had submitted proposals and 25 of them had been approved.[6] By the spring of 1940 the scheme had become more or less a dead letter.

[1] Ministry of Health Circular 1840, 2nd August 1939.
[2] *Medical Officer*, 1939, Vol. LXII, p. 73.
[3] *Lancet*, I, 1940, p. 190.
[4] *Medical Officer*, 1941, Vol. LXV, p. 21.
[5] *Public Health* No. 5, Vol. LIII, Feb. 1940, p. 109.
[6] H. of C. Deb. 18th January, 1940, Vol. 356, Col. 268.

A few months later, however, this first ineffectual measure was replaced by a scheme that became a land-mark in war-time nutritional policy. The right to cheap milk was no longer to be decided by complicated income scales and local ratepayers were no longer expected to share in the cost. From the outset it had been only too clear to the Ministry of Health that their modest proposals of the previous August had withered for lack of Exchequer help. In June 1940, five days after the evacuation from Dunkirk, the War Cabinet approved without dissension the principle of a milk scheme which it was estimated would cost the Exchequer £7,500,000 a year.[1]

In July the National Milk Scheme began to operate. All children under five years of age and all expectant and nursing mothers were entitled to one pint of milk a day for 2d. (the current price being 4½d. a pint), or free if the family income was below a certain level.[2] Now the entire cost was met from central funds and the scheme was administered by the Ministry of Food through its local offices. The very universality of the scheme dissolved any possible taint of charity; it was the public recognition of the overriding claims of mothers and babies to priority in supplies of essential foodstuffs. The appearance of the National Milk Scheme coincided with the formation of the Coalition Government and with the new spirit of unity and resolve which pervaded the country. Under something like conditions of siege the principle was accepted that 'the child should be the first to receive relief in times of distress'.[3]

The new scheme was an immediate success. By September 1940 70 per cent. of the three and a half million mothers and children eligible were receiving subsidised milk, and to 30 per cent. of these the milk was free. The response was much higher than had been anticipated—possibly the officials had under-estimated the extent to which middle-class parents were ready to take advantage of the concession. Some few voices were, however, raised in opposition. Some believed it wasteful to distribute the milk so widely and would have preferred to confine the scheme to the welfare centres and those in the greatest need.[4] Other critics feared that the cheap milk would merely find its way into the family tea, thus halving the normal milk bill, and that the neediest would actually suffer. The old arrangements of some authorities under which the milk was drunk at the welfare centre at least possessed the virtue of ensuring that those who

[1] For a discussion of the political and administrative background to the introduction of this scheme see R. J. Hammond, *History of the Second World War: Food*, H.M.S.O., 1951, pp. 101-102.

[2] If the family income was below 40s. plus an allowance of 6s. for each non-earning dependent the milk was supplied free.

[3] 'Declaration of Geneva' of the League of Nations Fifth Assembly.

[4] In addition it was argued that as free liquid milk was no longer to be supplied through the welfare centres there would be a falling off in attendances and consequent loss of medical supervision. This had already happened in Newcastle-on-Tyne claimed one Member of Parliament. (H. of C. Deb. 1st April 1941, Vol. 370, Col. 869.)

needed the milk actually drank it. One Member of Parliament so far failed to appreciate the new principle of universal distribution as to complain that the scheme was being misused, since families with an income of £7 or £8 a week were obtaining the cheap milk.[1]

The National Milk Scheme was not confined to liquid milk; from August 1940 onwards the alternative of 'national dried milk' was also available for babies under twelve months old for whom liquid milk was unsuitable. Dried milk was sold at 1s. 2d. for a 20-oz. packet, which involved a subsidy of 7d. to 9d. a packet. The competing proprietary brands of baby food sold at twice and three times this price and the trade circles feared that they would be driven out of business and that a valuable export trade in baby foods would be damaged.[2] The Ministry of Food, however, maintained that its dried milk could not be regarded as competitive with the composite products of the proprietary brands as it had no added ingredients. It was purely an alternative to liquid milk and carried a comparable subsidy. The Ministry of Health and the paediatricians were, however, in favour of adding vitamin D to national dried milk but they encountered opposition from the trade against any such step. In 1944 a Report by the British Paediatric Association[3] recommended the distribution of vitamin D as a safety measure although there was in fact no evidence of an increase in the incidence of rickets. The Ministry seized this welcome opportunity to arrange for the addition of vitamin D to national dried milk against the wishes of the baby-food manufacturers.[4]

The National Milk Scheme, both for liquid and dried milk, continued to be widely used throughout the war and afterwards. By March 1941, 10,000,000 gallons had been distributed under it to 2,800,000 persons, one-third of whom obtained it free.[5] The number of consumers rose to nearly 4,000,000 during the final year of the

[1] H. of C. Deb. 18th December 1940, Vol. 367, Col. 1216.

[2] See for instance H. of C. Deb. 14th August 1940, Vol. 364, Col. 802 and H. of C. Deb. 6th August 1940, Vol. 364, Col. 49.

[3] *Report on the Incidence of Rickets in War-time* by the British Paediatric Association, 1944.

[4] This step was only taken after much discussion with the trade. The manufacturers of national dried milk also manufactured the proprietary baby foods. They claimed that with the introduction of vitamin supplements the dried milk would become a subsidised 'composite food', and as a Ministry of Food official put it, they were ready to fight this proposal to the last ditch. Realising, however, that the Ministry of Health took the recommendations of the British Paediatric Association very seriously, the manufacturers put up two alternative proposals: (1) the distribution of national dried milk should discontinue and be replaced by subsidised proprietary brands distributed through the normal trade channels and welfare centres; or (2) national dried milk should be fortified with vitamin D and distributed as before but the Ministry of Food should refrain from any undue publicity and should give the manufacturers full facilities to add similar vitamin concentrates to their own products. The first proposal was definitely rejected by the Departments but the second one, with certain modifications, was accepted.

[5] *Lancet*, I, 1941, p. 429.

war; by that time only about 3 per cent. of them were unable to pay for their milk.[1]

During the first nine months of its existence the National Milk Scheme had no statutory backing. It enabled those for whom it was intended to buy milk at reduced rates; it did not, however, ensure that the milk was actually supplied. But once the Government had offered cheap milk to mothers and children, it was clearly obliged to see that they would get it. If there was not enough milk for all consumers, mothers and children had to be given priority. In April 1941, restriction of ordinary domestic milk consumption became necessary to ensure sufficient supplies for the priority classes.[2] The Order enforcing this restriction was accompanied by another Order which gave the National Milk Scheme its statutory authority.[3]

The first milk restriction scheme was of a somewhat haphazard nature and it was replaced in the autumn of 1941 by a more elaborate milk distribution scheme which was based on the principle of individual registrations. Its declared aim was to see that the priority classes—mothers, children, invalids, schools and certain other institutions—had the first claim on the nation's milk and that all other consumers shared the remainder.[4] Ultimately, the general distribution scheme and the National Milk Scheme were administratively linked and procedure was simplified. All holders of green ration books which were issued to expectant mothers and children under five were automatically entitled to milk under the National Milk Scheme and the supply was maintained unimpaired throughout the war.

As the war went on national milk consumption increased[5] and supplies were differently distributed. Many nutritional inequalities between different sections of the population were disappearing and one of the most striking agencies of this trend was the National Milk

[1] *How Britain was Fed in War-Time, Food Control 1939-1945*, Ministry of Food, H.M. Stationery Office, 1946 (p. 62).

[2] Sale of Milk (Restriction) Order, 1941, S.R. & O., No. 503.

[3] Milk (National Scheme) Order, 1941, S.R. & O., No. 541. Milk Supply Scheme Order, 1942, S.R. & O., No. 1804.

[4] *How Britain was Fed in War-Time, Food Control 1939-1945*, Ministry of Food, H.M. Stationery Office, 1946 (pp. 60-61).

[5] The figures for annual consumption per head of milk and milk products (excluding butter) were:

	Pre-war	1944
Milk, liquid (pints) . . .	169·3	237·3
Milk, dried (pints equivalent*) .	12·8	25·2
Milk, condensed and evaporated (pints equivalent*) . . .	26·9	9·1
Cheese (lbs.)	8·8	10·3

* i.e., the equivalent volume of full-cream or skim milk. *How Britain was Fed in War-time, Food Control 1939-1945*, Ministry of Food, H.M. Stationery Office, 1946 (p. 3).

Scheme. It was 'strange that rationing should mean better food for the country at large', said Professor Drummond, 'and stranger still that we should take this revolution so much for granted'.[1] In the Rhondda Valley at the end of 1941 the consumption of milk was double that of 1939 and in Glamorganshire as a whole it had more than doubled.[2] In 1942 the poorest families were drinking nearly 3½ pints of milk per head weekly and well-to-do families scarcely more than 4½ pints. Before the war, on the other hand, families spending more than 18s. per head per week on food had been drinking 6 pints each while those spending less than 5s. had been unable to afford more than 1½ pints.[3]

In 1943, 90 per cent. of the eligible mothers and children were taking up their allotments under the National Milk Scheme. This and the vitamin foods scheme had created an important precedent —'For the first time', said one commentator, 'foods were being provided according to biological requirements and not according to capacity to pay'.[4] So much was this part of the pattern of expectation, so much a universal social service, that no government would have felt able to discontinue it when the war was over. The National Milk Scheme had become a permanent feature of national life.

VITAMIN FOODS

Closely linked with the National Milk Scheme, in purpose and later also in administration, was the distribution of various vitamin supplements. Even before the war some welfare centres had supplied mothers and young children with certain special foods at cost price. But such facilities were not general and did not reach a large number of young children. From 1941, however, a selection of different vitamin foods was available, either free or very cheaply, to all expectant and nursing mothers and their children.

During 1941 the absence of imported fruits and scarcity of dairy products led to the fear that deficiencies might occur in the diets of young children and their mothers. It was, for example, suggested that 'mixed feeding' for babies over six months old should be planned to

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[1] Address by Professor J. C. Drummond to the Royal Society of Arts, 6th May 1942. *Lancet*, I, 1942, 598.

[2] H. of C. Deb., 3rd March, 1942, Vol. 378, Col. 543.

[3] Address by Professor J. C. Drummond to the Royal Society of Arts, 6th May 1942. *Lancet*, I, 1942, 598. Before the war many of the poorer families relied to a large extent on cheap tinned skimmed milk which was imported from the Continent and no longer obtainable during the war. K. A. H. Murray and R. S. G. Rutherford found in 1938 that fresh milk consumption rose as incomes rose and that increasing numbers of adults or children in the household tended to decrease the amounts of milk consumed per head. (*Milk Consumption Habits*, Agricultural Economics Research Institute, 1941, p. 90.)

[4] F. Le Gros Clark, Secretary of the Children's Nutrition Council, at a meeting of the Nutrition Society, 22nd May, 1943. *Lancet*, I, 1943, p. 720.

compensate for any lack of vitamin C due to the disappearance of oranges. Vegetable purée, particularly of potatoes, could help to fill the gap—it was pointed out that the popularisation of the potato by James I had abolished the endemic scurvy of the nation.[1] In July 1941, having in mind the danger of rickets, the Ministry of Health Chief Medical Officer's Standing Committee on Medical and Nutritional Problems recommended that vitaminised oil should be made available to all children then benefiting under official milk schemes. Other sources of vitamin C were also explored and two of them, blackcurrants and rose hips, were found satisfactory.

In December 1941 free blackcurrant extracts and cod-liver oil were available for all children under two years of age and could be collected at welfare centres and food offices.[2] In February 1942 all children under five became entitled to free cod liver oil. During that same month national rose hip syrup appeared on sale in chemists shops[3] and was reserved mainly for young children. A few months later, concentrated orange juice was obtained from the United States on Lease-Lend and this gradually replaced the blackcurrant products. They were withdrawn from the scheme and placed on sale in chemists' shops from June 1942. By the middle of the year the age limit for children entitled to vitamin products was raised from two to three and by December all children under five and expectant mothers were included in the scheme and supplied with cod liver oil and orange juice.

From April 1942 the schemes for free or cheap milk, whether liquid or dried, and for cod-liver oil and fruit juices were merged and the procedure that mothers had to follow was simplified.[4] Nevertheless queueing at food offices was still often necessary and there were complaints of 'obstacles in the way of the busy mother' and 'regulations administered by a host of petty bureaucrats in the spirit of the Poor Law'.[5] Such arrangements were certainly not in the spirit of these schemes, and in 1943 a still more simplified procedure was adopted.[6] To begin with in order to save time and to make these supplements available before the winter of 1941–1942, which was expected to be a critical one, the cod-liver oil and juices were issued free, but from

[1] *Lancet*, I, 1941, p. 48.

[2] Ministry of Health circulars 2520, 5th November 1941 and 2557, 14th January 1942.

[3] A special campaign had been organised during the summer and autumn of 1941 and schoolchildren, Girl Guides, Boy Scouts, members of Women's Institutes and of the Women's Voluntary Services had scoured the hedge-rows for rose hips. In all they collected 200 tons, or about 134,000,000 berries, and nine firms made syrup from their harvest. (*Lancet*, I, 1942, p. 112.)

[4] The schemes were merged from 1st April 1942, and all the benefits could be obtained by making application twice a year at the local food office.

[5] *Lancet*, I, 1943, p. 126.

[6] Ministry of Health Circular 2765, 16th February 1943.

1st April 1942 small charges were made.[1] From April 1943 expectant mothers were supplied with fish-liver oil capsules and vitamin A and D tablets in the place of cod-liver oil which many had found objectionable. The Parliamentary Secretary to the Ministry of Food clearly defined the principle that lay behind these schemes—his department was determined to supply to children and expectant mothers 'whatever they needed, not only for an adequate, but for a full diet. . . . The raw material of the race is too valuable to be put at risk'.[2]

The vitamin foods were never as popular as the National Milk Scheme. In spite of extensive publicity and simplified distribution it was difficult to convince most women of the value of these supplements. In 1943 only about 35 per cent. of those eligible in England and Wales were taking up their fruit juices—a proportion which rose to 54 per cent. in 1944 but fell again to 42 per cent. in 1945. Understandably enough, cod-liver oil was even less popular; 21 per cent. took it in 1943, 26 per cent. in 1944 and 21 per cent. in 1945. Vitamin A and D tablets or fish-liver oil capsules were accepted by 43 per cent. of expectant mothers in 1944, and 37 per cent. in 1945.[3] In Scotland less use was made of these welfare foods than in England and Wales—7 per cent. less in the use of cod-liver oil, 18 per cent. less in orange juice and 20 per cent. less in vitamin tablets.[4]

During 1942 and 1943, in the course of a study of food in wartime, some views on the vitamin supplements were obtained from a small cross-section of women.[5] The investigators questioned 828 mothers whose children (under five) were entitled to cod-liver oil and 538 mothers whose children (under two) were entitled to fruit juices. Of those entitled to cod-liver oil, 38 per cent. took it regularly, 3 per cent. gave it to their children but bought it themselves from a chemist, 32 per cent. had at one time taken it but had given it up and 27 per cent. had never taken it at all. The main reason given for not using cod-liver oil was that the mothers saw no importance in it for the health of their children and this feeling was strengthened by three other factors—the special journey at particular times that was often necessary to collect it, the fact that some children objected to the taste and that some mothers themselves disliked the smell so much that they could not bring themselves to give it to their children.

[1] 10d. a bottle for cod-liver oil—a six weeks' supply; 5d. a bottle for blackcurrant syrup or orange juice—a two weeks' supply; 2½d. a tin for blackcurrant purée—one week's supply. Payment was made by sticking postage stamps on permit coupons. Children getting free milk could get the cod-liver oil and fruit juice free too.

[2] H. of C. Deb., 13th May 1943. Vol. 389, Col. 822.

[3] From *Summary Report of the Ministry of Health for the year ended 31st March 1944*, Cmd 6562 and *Summary Report of the Ministry of Health for the year ended 31st March 1945*, Cmd 6710.

[4] *Lancet*, I, 1944, p. 387.

[5] *War-time Social Survey, Food Supplements*, H. 25, April 1944.

Cod-liver oil was considerably more widely used by mothers regularly attending the welfare centres than by those who did not (54 per cent. as against 28 per cent.). As to fruit juices, 54 per cent. of the survey sample took the juices while the rest gave much the same reasons for not taking them as for cod-liver oil. Once again the proportion taking fruit juices was much higher among mothers attending clinics than among mothers who did not use the welfare centres (71 per cent. as against 46 per cent.).

The vitamin foods scheme had played some part—though a much smaller part than that of the National Milk Scheme—in maintaining the health of mothers and children at a time of food shortages. Moreover, it demonstrated by its very existence, the need of mothers and young children for supplementary food; thereby it exercised a useful educational function.[1]

After the war when fresh fruit and other sources of vitamins appeared on the market again, the nutritional importance of the scheme inevitably declined. In July 1946, however, when the Family Allowances Scheme was introduced, both the National Milk Scheme and the vitamin foods scheme were associated with it as benefits in kind. They were renamed the Welfare Foods Service. The price of liquid milk under the service was reduced from 2d. to 1½d. a pint and of dried milk from 1s. 2d. to 10½d. a tin. Cod-liver oil and vitamin A and D tablets were provided free.[2] In contrast to the pre-war years,[3] the essential needs of mothers and young children had now, in the war and post-war years, been given clear public recognition.

DIPHTHERIA IMMUNISATION

In 1938 nearly 3,000 children under fifteen died of diphtheria; in 1945 about 720 died. Before the war diphtheria cases averaged

[1] In view of the low take-up of some of these products and the lack of detailed knowledge about their distribution, no definite conclusions can be drawn about the effects of the scheme on the national health. (See R. J. Hammond, *Food*, p. 371.)

[2] *A.B.C. of Rationing in the United Kingdom*, Ministry of Food, 1951 (pp. 52–53). When cod-liver oil and vitamin A and D tablets were distributed free of charge, 'take-up' of cod-liver oil rose from about a quarter to over a third of the potential demand. In 1948, 37·7 per cent. of the orange juice, 33·6 per cent. of the cod-liver oil and 38·9 per cent. of the vitamin A and D tablets were taken up (*Report of the Ministry of Health for the year ended 31st March 1949*, Cmd 7910, p. 163).

[3] By way of contrast there can be quoted extracts from a letter to the Ministry of Health in November 1938 from Mrs B. of Billingham-on-Tees, Durham, who had four children and whose husband earned £2 3s. 1d. a week. 'On Tuesday my baby eleven months old had no food and I had only 1s. and applied to the welfare for a box at half price but found I could not have it and as the food is 1s. 5d. per box, the baby had to do without. . . . You see her dad is working and we ought to be able to provide even if we had ten kiddies, but we do not get extra feeding for our new arrivals. . . . We have no doctor, I can't afford one. . . . I am not grumbling, we are glad we are working, but some provision should be made for our babies. I don't mind going without, I understand, but baby does not. Don't you think I ought to be able to get milk cheaper for her sake? I do.'

50,000 a year; by 1945 this figure had been halved. The decline in diphtheria in Great Britain was in striking contrast to the experience of some other European countries where there occurred the worst epidemics for fifty years—Germany had over 244,000 cases in 1942, as compared with a pre-war average of 78,000; Sweden had 1,000 cases in 1942, in comparison with 100 in 1939.[1] There can be little doubt that one of the main reasons for the dramatic progress made in the struggle against diphtheria was the successful diphtheria immunisation campaign launched in 1940.[2]

Before the Second World War some local authorities provided a diphtheria immunisation service for children under five as part of their maternity and child welfare services, and a few authorities undertook the immunisation of school children under their general health powers. But in most districts such arrangements were not widely publicised or used. The Ministry of Health, as early as 1932, had advised authorities of the potentialities of diphtheria immunisation[3] but the Public Health Act of 1936 made it necessary to obtain express permission before spending money on immunisation schemes. The initiative lay entirely in local hands[4] and in 1937 only 600 out of the 1,532 local authorities in England and Wales had established schemes. A few authorities, for example Birmingham and Chester, made good progress. But it was estimated that in 1937 not more than 5·3 per cent. of the children of London had been immunised, and by 1939 only about 8 per cent. of the total children in England and Wales.[5]

Already diphtheria immunisation prophylaxis had passed the experimental stage, and medical circles knew of its spectacular successes in Canada and the United States.[6] It was, however, still a

[1] *Public Health Reports*, Vol. 61, No. 7, 15th February 1946, p. 204.

[2] 'It is noteworthy that no similar fall, or indication of it, is observable in children or adults in any previous sequence of years, that in point of time it is coincident with the rise in immunisation, and that this is the only new factor operating for or against the younger population.' J. A. H. Brinker, B.A., M.B., D.P.H., Medical Officer, Ministry of Health, *Monthly Bulletin of the Ministry of Health and the Emergency Public Health Laboratory Service*, Vol. 4, p. 215, October 1945.

[3] Ministry of Health Memo. 170/Med., November 1932.

[4] The Ministry deliberately adopted a policy of telling local authorities that they should merely make it known that they were willing to carry out immunisation for those who wanted it—that is, the initiative was with the parent. This was because the Ministry feared 'mass immunisation' and carelessness.

[5] *Medical Officer*, 1946, Vol. LXXVI, p. 64.

[6] For instance in New York during the period 1910–1919 the average annual number of cases of diphtheria notified was 14,282 with 1,290 deaths, or a death rate of 83 per 100,000 children living under fifteen years old. Active immunisation started in 1920 and the corresponding figures for 1920–29 were 16,685, 684 and 42. By 1940 the figures were 386, 10 and 0·7. In Toronto, with a population of 674,000, the average annual number of cases of diphtheria for 1926–30 was 1,006 and of deaths 80, an annual death rate of 9·7 per 100,000 of population. Active immunisation had started in 1925 and comparable figures for the two subsequent quinquennia were 1931–35—164, 13 and 2.0; 1936-40—24, 1 and 0.3. (*On the State of the Public Health during Six years of War, Report of the Chief Medical Officer of the Ministry of Health 1939-45*, p. 26.)

controversial issue in Great Britain and the Ministry of Health was not yet sufficiently convinced of the benefits to give it active encouragement. Not until the winter of 1940 did the Ministry take its first steps towards the opening of a national campaign. 'Wars are often the harbingers of social reforms', declared one protagonist of immunisation, 'and there are indications that this one may hasten a public health measure which is long overdue for the protection of the population against diphtheria.'[1]

In January 1940 the Ministry of Health had repeated its early advice on diphtheria immunisation and had given local authorities general permission to incur expenditure.[2] This meant that the authorities no longer had to submit individual schemes. But there were still plenty of obstacles to the widespread introduction of schemes; one of them was the cost of vaccine which was a heavy expense for local funds. There was much criticism of the Ministry of Health by the medical profession, local authorities and interested organisations who felt that the Ministry's new move did not go nearly far enough. In some quarters really drastic action was favoured, and the Ministry was urged to introduce the *compulsory* inoculation of all children. Although the Ministry at no stage felt it desirable or practicable to make diphtheria immunisation a matter for compulsion, it appreciated the importance of progress. Gradually it abandoned its earlier rather passive attitude and conducted a serious and forceful nation-wide campaign.

In the autumn of 1940 widespread immunisation became particularly urgent in London, where crowded air raid shelters and the congested conditions under which so many of the population slept and travelled increased the risk of diphtheria epidemics. The Metropolitan Boroughs were asked, therefore, to immunise as many as possible of the children remaining in London and the Ministry of Health offered to pay the cost of the materials used.[3] A little later the Minister of Health strongly advised all parents to see that their children were protected against this most dangerous of children's diseases, which under war conditions would inevitably become an even greater risk.[4] From now on the cost of the materials for immunisation was to be a national charge. Although the service would be operated through the local authorities, publicity and propaganda would be on a national scale.[5]

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[1] *Lancet*, II, 1940, pp. 749–750.

[2] Memo. 170/Med. (revised) with Ministry of Health Circular 1903, 26th January 1940.

[3] Ministry of Health Circular 2220, 22nd November 1940.

[4] Pamphlet for distribution through schools, welfare centres, etc. first issued December 1940.

[5] Ministry of Health Circular 2230, 7th December 1940.

Local authorities responded in vastly different ways to this new opportunity. Where the local medical officer of health was an enthusiast who secured the co-operation of the education authorities, a high percentage of the child population was soon protected. Indeed in one mid-Sussex area a keen Medical Officer of Health with co-operative helpers had succeeded even before the national campaign began in immunising 91 per cent. of children under fifteen in his area. That was in 1939 and in the next two years the figures were 95 per cent. of the under-fives and 96 per cent. of school children.[1] By the middle of 1942 other local authorities were showing big successes. Dudley with 89 per cent. was leading in the immunisation of school-age children, with Preston and Oldham close behind with 80 per cent. and 78 per cent. respectively. Rochdale at the other end of the scale, had only immunised 18 per cent. of its school children and Sunderland 19 per cent. It was always more difficult to reach the children under five than those at school; in 1942 Birmingham had the highest score for immunising the under-fives with 53 per cent. while Bradford with 50 per cent. was second. The worst area for the under fives was Worcester where only 6 per cent. were inoculated.[2]

Sometimes unorthodox methods brought good results. In Portsmouth, for example, a city which suffered frequent air-raid warnings and much anti-aircraft activity, it was found that mothers in the outlying districts would not bring their children to the clinics, so the clinics had to be taken to them, in the form of a mobile immunisation unit.[3] In Finsbury it was found possible to capitalise the local interest and alarm caused among spectators who gathered to watch the ambulance take away a diphtheria case. On the same day if possible, and about the same time as the case was removed to hospital, relays of visitors were sent to the area to answer questions and to canvass for the immunisation scheme. In 1943, 20 per cent. of the total immunisations in Finsbury were the direct result of this method.[4]

Since the Ministry of Health was not prepared to force immunisation on the country, the success of the campaign depended on the public interest that could be created. Advertising in the national Press, in women's magazines and in local papers, editorial publicity, broadcasts, trailer films, displays in shop windows, an open letter to parents by the Ministry of Health, the use of slides and a film 'Defeat Diphtheria' by the Ministry of Information, mobile film

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[1] *Medical Officer*, 1942, Vol. LXVII, p. 69.

[2] H. of C. Deb., 10th November, 1942, Vol. 383, Cols. 2280–2284.

[3] *Medical Officer*, 1942, Vol. LXVIII, pp. 93 and 135.

[4] *Medical Officer*, 1944, Vol. LXXI, p. 125.

units, leaflets and posters by the Central Council for Health Education and a brochure of advice on how to conduct a local campaign[1] —all these aimed at telling parents of the danger of the disease to their children and the precautions that could be taken.

An investigation in 1942 showed the relative effect of the different types of propaganda. Less than one-third of the parents interviewed knew anything of the cause of diphtheria, though a much higher proportion were aware of the seriousness of the disease. It was clear that the possibility of prevention was much better appreciated than were the causes and dangers of diphtheria. 66 per cent. of the parents questioned knew that immunisation was the method of prevention. Parents whose children had already been immunised were asked how they had come to hear of the scheme—49 per cent. mentioned the school attended by their children, 45 per cent. the welfare centre, doctor or health visitor, 25 per cent. had noticed the publicity in the press, on the radio, posters or other media, 12 per cent. heard through neighbours or relatives. Among the parents whose children had not been immunised, 26 per cent. had never heard of the arrangements for free immunisation, 57 per cent. realised the benefits to a greater or lesser extent but had not yet done anything about it. Apparently there was some misapprehension as to the age at which a child should be immunised—12 per cent. of the mothers thought that their child was not old enough and were waiting until it went to school. Another investigation on the same subject concluded that the methods of direct approach, particularly at the schools and welfare centres, stood out as far superior to the haphazard impact of general publicity.[2] The Advisory Committee on Mothers and Young Children stressed the same point; its recommendation that each health visitor should be made responsible for securing the immunisation of children under five was passed on by the Ministry to local councils in October 1942. If necessary, it was suggested, the health visitor should be relieved of some of her other duties (other than clinic attendances, first visits and urgent cases) so that she could carry out her house-to-house mission of persuasion.[3] The teachers were thought to be in the best position to influence parents of older children.[4]

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[1] All Members of Parliament in England and Wales were written to by the Minister of Health asking them to help in their constituencies by finding out what their local authorities were doing and by mentioning the importance of immunisation in their speeches.

[2] Report by the Committee for the Study of Social Medicine. *Lancet*, II, 1942, p. 642.

[3] Her target was to be 80–100 per cent. of her one to fives. On enquiry she would probably find about one-fifth too young to be immunised and one-quarter already protected, which might leave something like 550 children whose immunisation it would be her duty to secure. Ministry of Health Circular 2713, 30th October 1942.

[4] Board of Education Circular 1610, 2nd November 1942.

It was not long before the campaign began to show results, though it had always been stressed that until 75 per cent. of the child population had been protected, epidemics would persist. The diphtheria death rate for children under 15 in 1942 was the smallest ever recorded, being 14 per cent. better than the previous lowest figure.[1] In 1943 diphtheria deaths among children fell again, though the death rate for people over 15 increased; it looked, said one expert, 'as if diphtheria mortality was billed to rise but was held down at the principal ages by mass immunisation'.[2] In 1942, 1943 and 1944 it was estimated that four out of every five of children notified as suffering from diphtheria, and about 29 out of 30 of those who died from it, were not immunised, although the total population of immunised and non-immunised children were roughly equal. 'The evidence, therefore, that immunisation is protection against infection and death is plain', declared the Chief Medical Officer of the Ministry of Health.[3]

Yet it must not be assumed that the campaign was conducted without criticism. There were for a time technical objections to the potency of the toxoid available and recommended by the Ministry of Health. Medical controversy developed around the dosage, and experts argued whether or not immunity should be confirmed by post-Schick tests.[4] There seems little doubt that some of this criticism was justified and that in some districts a false sense of security was felt by parents whose children had in fact been given insufficient doses. Later the Ministry of Health arranged for supplies of a standard product of sufficient potency to be available and issued advice on the dosages needed.[5] It left the matter of post-Schick tests to the local doctors operating the scheme.

Other and more fundamental criticisms came from those opposed to the whole principle of immunisation. Three or four Members of Parliament asked questions at regular intervals, implying that the results were not as satisfactory as official statements suggested, that immunised children had died or suffered ill-effects after inocula-

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[1] 'Vital Statistics of 1942', Percy Stocks, M.D. (Cambs.), D.P.H., Medical Statistician to the General Register Office. *Lancet*, I, 1943, p. 672.

[2] 'Vital Statistics of 1943', Percy Stocks, M.D. (Cambs.), D.P.H., Medical Statistician to the General Register Office. *Lancet*, II, 1944, p. 66.

[3] *On the State of the Public Health during Six years of War, Report of the Chief Medical Officer of the Ministry of Health 1939-45*, p. 29.

[4] See for instance articles and letters by Dr Guy Bousfield, M.D., B.S. (Lond.): *Medical Officer*, 1941, Vol. LXV, p. 169; 1941, Vol. LXVI, pp. 155, 157, 174 and 175.

[5] The Ministry of Health believed that 'criticism of the efficiency of the present method of immunising against diphtheria . . .' was 'without substantial foundation.' Some of the early batches of A.P.T. had been of low antigenic potency but in March 1941 this production was suspended and a standardised product, on which work had been done on potency and optimum dosage, was substituted. (*Monthly Bulletin of the Emergency Public Health Laboratory Service*. January 1942, Vol. II, p. 1.)

tion, that the service was very costly and that any fall in diphtheria was the result of a general decrease in the disease and had little connection with the immunisation campaign.[1] Other Members of Parliament, feeling equally strongly on the other side, objected to the issue of pamphlets by a voluntary organisation urging parents not to allow their children to be immunised, and referred to 'counter-propaganda of interested agencies financed by sentimental old women.'[2] Three organisations previously somewhat at loggerheads with one another, united to campaign against diphtheria immunisation. One Member of Parliament suggested that 'in view of the fact that the benefits up to now have been quite nil, the expense should be terminated';[3] another, at a different time, infuriated by this sniping, asked the Government to 'arrest the Hon. Member for causing the death of innumerable children.'[4] Anti-vivisectionists objected to the anti-toxin used, but an eminent correspondent to *The Times* suggested that a 'public expression of gratitude to cavia cobaya (the guinea pig) is more sensible and patriotic than trying to stop children from being immunised against diphtheria.[5]

By 1945 about 58 per cent. of children under 15 in England and Wales had been immunised and as compared with the pre-war level the yearly number of diphtheria cases had been almost halved, and the death rate had fallen by two-thirds. But there was still considerable apathy on the part of parents and there were enormous variations between one area and another in the proportion immunised. A later investigation into diphtheria immunisation in 1945[6] showed that the publicity campaign was now making more headway among parents. In as many as 35 per cent. of the cases interviewed, children had been immunised on the parents' own initiative and as a result of the general publicity. About 67 per cent. of the children considered had been immunised; the proportion in the North of England being relatively low (59 per cent.) as compared with other regions (70 per

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[1] See for instance H. of C. Debs. 5th May 1942, Vol. 379, Col. 1232; 5th May 1944, Vol. 399, Col. 1578 and 8th November 1945, Vol. 415, Col. 1575.

[2] H. of C. Deb., 15th October 1942, Vol. 383, Col. 1744.

[3] H. of C. Deb., 1st April 1943, Vol. 388, Col. 332.

[4] H. of C. Deb., 24th November 1942, Vol. 385, Col. 665.

[5] Only twenty guinea-pigs were needed to ensure that each batch of A.P.T. was safe and effective and the guinea-pig suffered, the writer claimed 'no inconvenience or pain'. 'Thus twenty guinea-pigs allow 100,000 to be immunised; 5,000 children to each guinea pig. Of these 5,000 children according to the statistics of the pre-immunisation years, 500 would have contracted diphtheria, 25 would have died from it. Not bad work for one guinea pig, saving the lives of twenty-five children! Especially when we remember that children are in very short supply, while a pair of guinea-pigs may have forty descendants in a year'. Letter to *The Times* by Professor A. V. Hill, 23rd July 1943.

[6] *The Social Survey, Diphtheria Immunisation*, N.S. 69, October 1945.

cent.). There were no great differences between the proportions of country and town, though the children of more prosperous and better educated parents were rather more frequently immunised than the children of poorer and less educated parents.

But still more remained to be done. The Ministry of Health could not feel satisfied until at least 75 per cent. of all children under 15 had been immunised, and in particular, until a much larger number of pre-school age children had been protected. Diphtheria during the war, said the Ministry, had been more lethal among children than air raids.[1] If the majority of children under 15 were protected 'diphtheria would cease to be a national public health problem.'[2] It was a continual process needing constant publicity. Each term new pupils, many of them not yet inoculated, entered the schools and it was up to the local authorities to see that the high proportion of immunity within the schools was maintained. For children under five it was even more important. A certain number were easily reached in the various war-time nurseries. Many authorities used a birthday greeting card to remind parents of each child reaching one year old that now was the time to have their baby immunised.

Diphtheria was an expense in lives and money that the nation could avoid. The Ministry of Health put the annual cost of treating diphtheria patients, before the immunisation campaign was under way, at £2 million. A further illustration of the cost can be quoted from the experience of Scotland in 1940, before the campaign had begun: 'in an average year there are about 10,000 cases of diphtheria in Scotland; each patient stays in hospital for over 30 days at an average daily cost of at least 7s. 6d. The total yearly bill may be roughly estimated at well over £100,000; which does not include the incalculable items of about 400 deaths each year and the prolonged disability of many who do not die. The cost of immunisation is estimated at 1s. per head.'[3] In answer to a Parliamentary Question in 1944 the Minister of Health claimed that the £32,467 spent on publicising diphtheria immunisation was money well spent; annual deaths from diphtheria had fallen to one-third of the pre-war average and the number of cases had fallen by 28,000. 'As each child suffering from diphtheria costs about £30 for hospital care', said the Minister, 'this means a saving of over £800,000 a year.'[4] Immunisation was, in fact a good investment even in money terms. If as Osler claimed of typhoid fever, diphtheria can be seen as 'an index of the

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[1] *Lancet*, I, 1945, p. 837.

[2] *Lancet*, II, 1944, p. 645. Broadcast by the Chief Medical Officer of the Ministry of Health, 31st October 1944.

[3] Report by the sub-committee on infectious diseases of the Scientific Advisory Committee to the Department of Health for Scotland. *Lancet*, II, 1940, p. 817.

[4] *Lancet*, II, 1940, p. 817, H. of C. Deb., 25th October 1945, Vol. 414, Cols. 2179-80.

sanitary intelligence of the community', the years 1939–1945 demonstrate an unprecedented growth in that intelligence.[1]

(iv)

Health Record

Towards the end of 1944 the Minister of Health declared that he was proud to hold his office at a time when it was possible to report in the fourth year of war, that the infant mortality rate was the lowest on record; the neo-natal mortality rate was the lowest on record; the maternal mortality rate was the lowest on record; the birth-rate was the highest for fifteen years; the still-birth rate was the lowest on record and the chances of a still-birth were only three-quarters of what they were even five years previously.[2]

The course of vital statistics had been most impressive. 'This cannot be just an accident', said the Chief Medical Officer of the Ministry of Health. 'All that's been done to safeguard mothers and children must have had some effect.'[3] Unfortunately, however, it is impossible to isolate the credit due to any one, or all, of the welfare services—either to their continued and extended work or to the work done by the new agencies—or to the other developments in war-time life. It is only possible to record the successes achieved and to try to enumerate the main factors contributing to these successes.

Mortality rates provide one of the few sources of actual data to support the contention that infant health improved in war-time. There is little other reliable information on national sickness rates and health standards. Apart from a few sample investigations on specific subjects, there is no other statistical evidence to test the generally accepted hypothesis that infant health was sounder at the end of the war than at the beginning. The figures for infant mortality are in themselves, however, most important. 'The most sensitive

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[1] Reviewing the first decade of the national immunisation campaign in 1951, during which the incidence of diphtheria had fallen so dramatically, the Ministry of Health's *Monthly Bulletin*, however, gave a warning against complacency: 'It is salutary to recall that once at least in this country, the disease was comparatively rare—and then got out of hand. Sir John Simon, when he first assumed the post of medical officer to the Privy Council in 1858, wrote—'diphtheria is a disease which though it was experienced in former times, is well-nigh unknown to the existing generation of medical practitioner'. *Monthly Bulletin of the Ministry of Health*, June 1951. Vol. 10, p. 132.

[2] Presidential address to the National Conference of the National Association of Maternity and Child Welfare Centres, 23rd November 1944. (*Medical Officer*, 1944, Vol. LXXII, p. 181.)

[3] Broadcast by Sir Wilson Jameson, 31st October 1944, *Lancet*, II, 1944, p. 645.

index of a nation's health', said the Chief Medical Officer of the Ministry of Health, 'is probably the proportion of infants dying in their first year of life.'[1] In the First World War the mortality rate for infants under one year old had risen steadily. In the Second World War the rate rose in 1940 and 1941 but between 1941 and 1946 it fell by 28 per cent. in England and Wales, a fall only once matched in a comparable time since records were first kept.[2] The decline was even greater in Scotland, where a fall of 35 per cent. was easily the greatest reduction since records began in 1855.[3] By 1944 the rate in the country as a whole was the lowest ever recorded.[4] This would have been a proud achievement for any period; in the face of the strains, shortages and inevitable makeshifts of war it is the more remarkable.

Although there are no conclusive figures on general infant health it can be fairly assumed that a decline in infant mortality would carry with it the concomitant of improved infant health. Surveys into the incidence of particular diseases certainly point in this direction. It was found, for instance, that in spite of fears of certain dietary deficiencies, there was no increase in anaemia among young children,[5] the condition of the teeth of children of five years old improved[6] and an investigation into the prevalence of rickets showed no war-time rise.[7]

During the first year or so of war when defence production had not yet taken up the slack of unemployment, when Service allowances were often inadequate, when evacuation and air attack were at their height and before some of the special social services got under way, the strain on many families produced an inevitable and immediate echo in an increased infant mortality rate. But as these first disruptive effects were evened out, as incomes rose and fair shares of food were assured, there was a radical improvement in the standard of life of those sections of the community that had previously fared worst. Higher incomes, often achieved by mothers going out to work, meant more to spend on food. In these circumstances, food rationing for many families did not mean a restricted consumption of valuable foodstuffs, but rather the right to buy, and the ability

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[1] Ibid.

[2] Between 1918 and 1923 when infant mortality fell by 29 per cent.

[3] R. M. Titmuss, *op. cit.* p. 521.

[4] In 1939 infant mortality in England and Wales was 51 per 1,000 live births. In 1940 and 1941 it was 57 and 60 respectively but in 1942–44 the rates were 51, 49 and 45.

[5] Medical Research Council, *Special Report Series 252, Haemoglobin Levels in Great Britain during 1943*, 1945.

[6] *British Medical Journal*, 1944, I, p. 837; ibid, 1946, II, p. 565; and ibid, 1948, II, p. 409.

[7] *Report on the Incidence of Rickets in War-time* by the British Paediatric Association. (Ministry of Health Reports on Health and Medical Subjects, No. 92, 1944.)

to pay for, more of these foods than they had consumed in peacetime.

Sir John Boyd Orr estimated in 1936 that about one-third of the population lived on an inadequate diet and that the majority of children belonged to the underfed classes.[1] But by 1946 the pattern of national expenditure on foodstuffs had been radically changed, and the Chief Medical Officer of the Ministry of Health was one of those to testify to the result. 'I am one of those', he said, 'who believe that the unexpected and rather wonderful vital statistics of the war period must be attributed in the main to the manner in which the country has been fed. The continued fall in the still-birth rate (and) the infant mortality rate . . . has probably some relationship to the fact that certain essential foods were secured for the priority classes at a low price and that generally speaking these classes had the money to pay for them.[2] Although it is impossible to isolate their exact contribution to this improvement in child health, the National Milk Scheme,[3] the distribution of vitamin products and the expanded child welfare services doubtless added their weight to this turning of the scales. It would, of course, be easy to exaggerate the achievements of these services and to attribute to them results which sprang from more fundamental social changes. Probably the most important factors were the improvement in family incomes and the guarantee through the system of rationing and food subsidies[4] of adequate and cheap supplies of the basic foodstuffs.

That family income is of major importance in determining the chances of life for babies is clearly illustrated by the figures of the Registrar-General. In 1930 to 1932, the chances of death during the first year of life were four times greater among the poorer sections of community (Class V) than among the professional and richer classes (Class I), while in the second year of life the danger was five times greater.[5] A Report by the Royal College of Obstetricians and Gynaecologists made it clear that adverse social and economic conditions materially reduce the chances of a child being born alive and materially increase the chances of its dying within one month of

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[1] John Boyd Orr, *Food, Health and Income*, 1936.

[2] Presidential address by Sir Wilson Jameson to the Congress of the Royal Sanitary Institute, 1946. *Jour. Roy. San. Inst.* Vol. 66, 1946, p. 274.

[3] It was claimed, for instance, that the addition of half a pint of milk a day would have been sufficient to cancel out the inadequate diet of the high proportion of the population that Sir John Boyd Orr had found to be underfed. Article by Sir William Savage, B.SC., M.D., D.P.H., *The Practitioner*, Vol. CL, No. 898, 1943, p. 199.

[4] Food subsidies were introduced as an anti-inflationary measure and not as a social service (see R. J. Hammond, *op. cit.*, Chapter VI). However, in their absence, food prices would have risen rapidly and the poorer families including those with many children might have had difficulty in buying their full rations.

[5] Figures from *The Registrar-General's Decennial Supplement, England and Wales, 1931, Part IIa, Occupational Mortality.*

birth.[1] An investigation into infant mortality rates in the county boroughs of England and Wales showed 23·1 deaths per 1,000 live births among those classed as 'better off', 108 per 1,000 among the overcrowded poor and 153 per 1,000 among the unemployed and overcrowded poor. The investigators estimated that during the eleven years they had considered (1928 to 1938), over 250,000 infant deaths, or 63 per cent. of the total, could be ascribed to bad social conditions.[2] Morbidity rates showed the same striking inequalities. In Newcastle-on-Tyne in the early thirties, 38 per cent. of the children of the working classes had measles and 13·5 pneumonia while for the professional classes the figures were 5 per cent. and 2 per cent.[3]

Most students of social medicine regarded family income as the main factor in creating and maintaining high standards of maternal and child health.[4] 'Failure to recognise the basic importance of family income', argued one of them, 'explains the relative ineffectiveness of our previous planning'; it was the reason why welfare services had not previously attained results either on the maternity or on the child side commensurate with their growth and the amount of public money expended on them.[5] Between the wars, he maintained, the clinics sponsored by the Ministry of Health and local authorities had been expensive palliatives designed to right damage that was caused by forces outside their control; bad social and economic conditions inhibited real improvement.

When the time came to plan the post-war child health services, there were two main objectives that had to be achieved. First there was the need to ensure that low incomes did not again have such far-reaching repercussions on young children. To help children of large and poor families, the Beveridge Report recommended that family allowances should be paid for all children after the first in each family while existing benefits in kind such as cheap milk and vitamin

[1] *Maternity in Great Britain*, Survey by a Joint Committee of the Royal College of Obstetricians and Gynaecologists and The Population Investigation Committee, Oxford University Press, 1948, p. 20. The Biological and Medical Sub-Committee of the Royal Commission on Population which analysed legitimate births in England and Wales in 1939 for each of the Registrar-General's five social classes gave specific evidence on this point. The stillbirth rate for Class I (the most prosperous) was 24·0 and for Class V (the least prosperous) 40·3. The infant mortality rates for these classes were respectively 26·8 and 60·1 and the neo-natal death rates were 18·9 and 30·1 respectively. (*Papers of the Royal Commission on Population. Vol. IV, Reports of the Biological and Medical Committee*, 1950, pp. 8–17.)

[2] B. Woolf and J. Waterhouse (1945): *Jour. Hyg.* 44, 67.

[3] J. Spence, *Annual Report to the Ministry of Health*, 1933, p. 214.

[4] For example, it can be noted that the fall in the infant mortality rate which began in Great Britain at the beginning of the century was not appreciably hastened by the Maternity and Child Welfare Act, 1918, and that in comparison with Australia, New Zealand and Holland, where living standards were higher, the improvement in Britain was relatively slow.

[5] Paper by James Young, D.S.O., M.D., F.R.C.S., F.R.C.O.G., read to the Newcastle-on-Tyne and Northern Counties Medical Society, 14th June 1945 (*Medical Officer*, 1945, Vol. LXXIV, p. 119).

foods should continue. The second approach to child welfare was to bridge the gap in medical care that had always existed by providing free doctors for all under the National Health Scheme so that children need no longer go without medical attention because of the cost involved. The child welfare centres would continue their valuable work in advising on general health questions, though they might later be absorbed into the more comprehensive family health centres.

The war had impressed upon the nation the need for active measures to maintain the health of babies and young children, and had shown up serious gaps that had existed in the pre-war services. 'The small families of to-day make it neccessary that every living child should receive the best care that can be given to it', declared the Beveridge Report. 'The foundations of life must be laid in childhood.'[1] In war-time it had been urged that 'the promotion of child health should take precedence of almost every other medical movement at this moment because we want the children and we want them well'.[2] So much had been achieved under difficult war conditions—'how much better ought we to be able to do when the war is over'.[3]

[1] *Social Insurance and Allied Services*, Report by Sir William Beveridge, Cmd 6404, p. 154.

[2] H. of L. Deb., Vol. 126, Col. 260, 24th February 1943.

[3] Presidential address by the Minister of Health to the National Association of Maternity and Child Welfare Centres, 23rd November 1944. (*Medical Officer*, 1944, Vol. LXXII, p. 181.)

CHAPTER VI

DAY NURSERIES

(i)

Introduction

THE WELFARE services described in the previous chapter were available to *all* children under five years of age. But some young children needed more specific and detailed care—children whose mothers, for one reason or another, could not look after them in the ordinary way. Most babies, even under war conditions, would still be cared for by their mothers, whether at home or in an evacuation billet, but for some a substitute for or supplement to a mother's care had to be found. Full-time residential provision was necessary for a comparatively small number of these children;[1] a much larger number—the children of women war-workers—needed somewhere to go only during the day. This chapter will describe the development of war-time day nurseries designed to meet this need.

From its beginnings public nursery provision in Great Britain has tended to reflect the social and economic pressures of the day. In the nineteenth century even after the coming of compulsory education, children under five were usual in the ordinary schools, whether in the Dames' Schools, the National Schools or the new Board Schools. Married women were out at work in large numbers, and their children needed somewhere to go during the day. The schools were not the only form of shelter however—some specialised nurseries had also been set up in industrial areas by philanthropic bodies, and they took in babies of working mothers or children who were particularly in need of care.[2]

After 1905, however, the peak was passed in the number of young children accepted in the ordinary schools, and their numbers dropped

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[1] The story of these children is told in Chapter VII on Residential Nurseries.

[2] One of the earliest day nurseries in this country was opened by Sir William Mather in 1883 in Salford. It was free for the poor children of the area, and it gave them baths, meals, toys to play with and beds to rest on, and a German *Kindergärtnerin* was brought over to help. (*Report of the Consultative Committee on Infant and Nursery Schools*, 1933, p. 34.)

steadily.[1] Whereas in 1890, 33·5 per cent. of children between three and five years old attended school and in 1900 the percentage had risen to 43·1, by 1910 the proportion had fallen to 22·7.[2] Voluntary day nurseries were, however, increasing,[3] and a new strand appeared with the development of the nursery school which was concerned with education and health.[4]

In the First World War nursery provision expanded. The impetus was economic—women were needed in the factories in unprecedented numbers and publicly provided nurseries were a partial answer to the problem of releasing women with young children. With grants from the Board of Education, a considerable number of nurseries were set up and by 1919, 174 officially-sponsored nurseries were at work.[5]

At the end of the war public nursery provision was placed on a new and permanent footing.[6] Two types of nursery were distinguished. The first were the day nurseries, taking the children of working mothers at any age under five. These nurseries were mainly concerned with the preservation of health. They were staffed by nurses and became the responsibility of the new Ministry of Health, the local welfare authorities and various voluntary bodies. The second group were those that were broadly educational in aim—the few nursery schools and the nursery classes in the public elementary schools. These took children between two and five years old (or three and five in the case of the nursery classes) and were the responsibility of the Board of Education, the local education authorities and various voluntary organisations.

Between the wars the development of both groups of nursery was affected by economic policy; retrenchment in the economy drives of 1921 and 1931 included limitations in nursery development. Day

[1] In 1905, a Board of Education Committee of five women Inspectors declared that children between three and five 'gained no profit intellectually from school instruction and that the mechanical teaching which they often received dulled their imagination and weakened their power of independent observation', and that their health was endangered by lack of fresh air and room to move. As a result of the recommendations of this Committee, local education authorities were empowered to refuse to admit children under five to their schools, where their presence seemed undesirable. (*Report on Children under Five Years of Age in Public Elementary Schools by Woman Inspectors of the Board of Education.* 1905, Cd 2726, pp. I-II and passim.)

[2] *Report of the Consultative Committee on Infant and Nursery Schools*, 1933, p. 29.

[3] In 1906, the National Society of Day Nurseries was founded by enthusiasts interested in some thirty nurseries; it aimed at defining standards and encouraging more day nurseries.

[4] In 1911 Rachel and Margaret MacMillan opened their nursery school at Deptford—a model to be an inspiration and pattern for much future development.

[5] *Annual Report for 1917 of the Chief Medical Officer of the Board of Education*, 1918, pp. 22-23, Cd 9206.

[6] The Maternity and Child Welfare Act, 1918, empowered the new local welfare authorities to set up day nurseries and to make grants in aid of voluntary nurseries. The Education Act, 1918, and the Education (Scotland) Act, 1918, empowered local education authorities to establish nursery schools or nursery classes in public elementary schools, and to aid voluntary nursery schools.

nurseries actually declined—the 174 of 1919 had fallen to 104 by 1938. Nursery schools grew only slowly—from 19 in 1919 to 118 by 1938—and although their educational value for *all* children was being more and more emphasised, they tended to be concentrated in areas where 'rescue' work was the first priority. Largely in the interests of economy the Board of Education stressed the cheaper alternative of nursery classes, which did not have to be restricted to districts with low economic standards.

Before the outbreak of the Second World War, out of 1,750,000 children under five in England and Wales, only a little more than 180,000 were attending a publicly sponsored nursery or school.[1] The 10 per cent. attending nurseries fell mainly into specific groups; they were the children of working women and under-nourished children from poor areas. Those attending nursery classes were not necessarily in either of these groups, but in practice the classes were more frequently provided in the poorer urban areas where it was more obviously desirable to rescue young children from the streets.

(ii)

War and Strain: Nursery Centres

On the outbreak of war nurseries shared in the general upheaval of the welfare and educational services. From the Metropolitan area, and to a lesser extent from provincial evacuation areas, day nurseries and nursery schools were evacuated to the country as residential units;[2] nursery classes were abandoned and children who had attended them were either evacuated with their mothers or older brothers and sisters, or else remained behind in the towns. In neutral and reception areas all types of nursery closed—sometimes only for a few days until the position became clearer; sometimes for months until shelters were provided; and, in the case of nursery classes,

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[1] For the year 1938 there were: 104 day nurseries accommodating 4,291 children (*Twentieth Annual Report of the Ministry of Health, 1938-39*, Cmd 6089); 118 nursery schools accommodating 9504 children (*Health of the School Child, Annual Report of the Chief Medical Officer of the Board of Education for the year 1938*). In Scotland approximately 2,000 children attended the 55 day nurseries, toddlers' playgrounds and child gardens associated with child welfare schemes. 38 of the nurseries were run by voluntary organisations (*Tenth Annual Report of the Department of Health for Scotland*, 1938, p. 79, Cmd 5969). In addition, nearly 170,000 children under five were attending public elementary schools, though probably not more than half of them were in properly organised nursery classes, the remainder being in babies or reception classes of different kinds. (From a Memorandum on Nursery Schools and Nursery Classes supplied for the Histories of the Second World War by the Board of Education, 1945.)

[2] See Chapter VII on Residential Nurseries.

often for a long period, because the schools had been occupied by civil defence or military detachments.[1]

But during the early months of war interest in the under-fives was inevitably centred on those in the reception areas and it was here that the first moves towards new nursery provision were made. These extensions came as a hurriedly-devised stop-gap designed to cope with entirely unforeseen conditions in the reception areas. Children under five were included in the Government's evacuation scheme only if accompanied by a responsible adult or, in certain instances, if accompanied by older brothers and sisters.[2] But apart from arranging to transport them to safety, no new measures for their welfare had been taken. Nor was it appreciated how difficult it would be to billet mothers and their young children.

Billeting was at best accepted by householders in the reception areas as an unpleasant necessity.[3] It is easy to see that extra strain and friction could arise when these very young children were included. The most rampageous and grubby schoolboy was at least away at school during the day. Moreover, the older child was to some extent independent and adaptable and able to adjust himself to new standards and conventions. But children under five were dependent either on their mother or their new foster-mother. If their mother were with them, difficulties arose from the shared kitchen, the shared bathroom, the shared house. The damage done by young children, their untidiness and their noise—all these are accepted in the child's own home, but in someone else's homes such tolerance could scarcely be expected. Staid, elderly people, long out of touch with the needs of growing and energetic children, must often have found this sudden invasion of their homes a nerve-racking experience.

From the outset news from the reception areas told of the problems involved in settling mothers with young children. Children of school age had friends in the school parties, familiar teachers, and even a sense of adventure. Life for the mothers, on the other hand, was too often merely tedious and irritating.[4] With few household duties to perform, yet unable to go to work because of their children, they

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[1] This will be described more fully in Dr Weitzman's book on education in this series.

[2] An exception to the recommendation of the Anderson Committee on Evacuation that children under five could only be included in the scheme if accompanied by their mother or other adult, was made in the case of (*a*) older children, often already attending school, who were allowed to go with bigger brothers and sisters in the school parties and (*b*) children attending day nurseries and nursery schools who could go with their own nursery staffs to residential homes.

[3] See R. M. Titmuss, *op. cit.*, Chapter VIII.

[4] Some women complained of having to carry their child everywhere as they had not been able to bring their prams with them, others had no sitting rooms and had to spend the whole day out of their billets.

could not settle down to a life without the known faces, the familiar streets, the day-to-day round they knew so well. The trek home began almost immediately and it was soon obvious that something had to be done, and done quickly, if the trickle was not to become a flood.

To help cope with this threat to the success of evacuation, the Nursery Centres Scheme was evolved. In November 1939, a joint committee of the Ministry of Health and the Board of Education worked out an economical plan for taking young children off the hands of their mothers and the householders on whom they were billeted. It recommended the provision of nursery centres—a rudimentary form of nursery school—to be staffed, if possible, by voluntary workers, and organised in groups, each group under the supervision of a trained nursery school teacher. Batches of twelve to twenty children between two and five would be given room to play and they would be trained in social behaviour and toilet routines.[1] It was hoped that accommodation and equipment would be either loaned or hired very cheaply. The children would return home to their billets for their meals.

The Treasury, however, proved the stumbling-block to any action sufficiently speedy to be effective. In its fears that the many enthusiastic supporters of the nursery movement might use this scheme as a lever to push for nursery extensions on a much larger scale than would ever have been approved in peace-time, the Treasury delayed its financial approval.[2] Three months later, after providing further evidence of the obvious need, the joint committee won its point, but too late.[3] Most of the mothers had returned home with their children,[4] and the scheme was, as one of H.M. Inspectors of Schools remarked, merely 'shutting the stable door after the evacuated horse'.

With the second wave of evacuation in mid-1940, the nursery centres scheme was revived and in many districts fulfilled a useful

[1] One factor which had quickly drawn public attention to the need for welfare facilities for children below school age was the shocking state in which some of the children arrived in reception areas. Head infestation among children generally was later found to be at an alarmingly high rate, but it was highest of all among the pre-school age children. Insanitary habits, bodily dirtiness, skin diseases, dirty and inadequate clothing, bad eating and sleeping habits—all these aspects of a part of the nation 'living below standard' were suddenly exposed by the social upheaval of evacuation. (On this subject see R. M. Titmuss, *op. cit.*, also H. C. Dent, *Education in Transition*, K. Mellanby article on 'Head Lice in England' in *Medical Officer*, 1941, Vol. LXV. p. 39, *Our Towns—a Close-up*, a study by the Hygiene Committee of the Women's Group on Public Welfare.)

[2] The estimated average cost of a centre was £4 a week, and the total expenditure envisaged in setting up nursery centres for 10,000 children was not more than £100,000 a year. It should be noted that already by November the estimate was based only on 10,000 children, although 300,000 had originally been evacuated.

[3] The Scheme was announced in Board of Education Circular 1495 and Ministry of Health Circular 1936, 9th January 1940.

[4] By January 1940, 88 per cent. of the mothers had returned home, taking with them 86 per cent. of their children. (From figures given in the *Summary Report of the Ministry of Health for the period 1st April 1939 to 31st March 1941*, Cmd 6340.)

function. By this time it was accepted that evacuation policy did not begin and end with the transport and billeting of evacuees and the collection and payment of billeting allowances. Bitter experience produced the comment of the Shakespeare Committee in March 1941 that 'the provision of adequate welfare facilities is the essence of good reception arrangements'.[1] As part of these facilities the Committee recommended nursery and play centres for evacuated children and more social clubs for their mothers.

Until then nursery policy in war-time had been mainly one aspect of evacuation policy. The need for a general increase in nursery provision in order to free mothers for war work had hardly yet been contemplated for the war economy could still be fed with labour by taking up the peace-time slack. But as economic mobilisation began slowly to gather momentum, day nursery policy changed in character until woman power, rather than the success of evacuation, became the essential element.

(iii)

War-time Nurseries

TOWARDS A DAY NURSERY POLICY

The ponderous apparatus of total mobilisation had begun to operate slowly. As late as June 1940, official unemployment figures stood at 645,000.[2] Although some districts were experiencing an early demand for women in the factories, it was not until the Spring of 1941 that the need for woman-power became a pressing problem. During these first eighteen months, therefore, no great general advance was made in welfare and nursery provision designed to ease the flow of women into industry.

Although no plans were made on a nation-wide scale until 1941, piecemeal local action had been needed. In some areas an unfulfilled peace-time need was heightened by war conditions.[3] In London, for instance, in February 1940, there was evidence of a definite demand for nurseries in eleven of the Metropolitan Boroughs and slight

[1] *Report of Conditions in Reception Areas* by a Committee under the Chairmanship of Geoffrey Shakespeare, M.P., 1941.

[2] *Statistical Digest of the War*, Table 9, p. 8.

[3] A strong case for nurseries 'over and above those provided for munition workers' children' was made in a Memorandum from the National Society of Day Nurseries submitted through the National Council for Maternity and Child Welfare to the Ministry of Health and the Board of Education in July 1940. Evidence of need, including details of waiting lists at existing nurseries, reports from individuals and organisations on particular requirements and cuttings from local papers, supported the contentions made by the Society.

demand in ten others. In these cases inadequate Service pay was often a compelling factor—wives were having to work to supplement the family income. In other areas, around the big new munitions factories, there appeared the first signs of the labour shortage which was soon to impress itself on the whole of official thinking and planning.[1] In some of the factories—such as filling factories—a very high proportion of women workers were needed and from about May 1940 the Ministry of Health and the Ministry of Labour were beginning to contemplate the provision of more nurseries. Policy was not at first nation-wide; in districts where the Ministry of Labour reported a special need, the Ministry of Health was to encourage local welfare authorities to do something under their existing powers.

Progress was slow and hesitant and finance was the great obstacle. Under the existing block-grant arrangements, local welfare authorities had every incentive to resist expansion and impecunious voluntary organisations could do little to help. The Ministry of Health soon realised that the Treasury would have to share more of the financial burden if real progress was to be made.

The Ministry of Health was prepared to accept full responsibility for future development,[2] but although it was now thinking in terms of an extended day nursery policy, and even of an approach to the Treasury for greater financial help, there was still no question of a large-scale expansion. The need for nurseries was in evidence but had not so far become pressing and in May 1940 one official estimated that an extra £10,000 a year would meet the need. The Ministry of Labour for its part was, as yet, only concerned in specific instances, though it was already alive to the possibility that the future might demand a change in policy.

During the summer of 1940, however, social and economic policy flourished in a new atmosphere of unity and resolve. The Government was looking on welfare projects with a kindlier eye and the National Milk Scheme, more school meals and milk, and more day nurseries were accepted with comparative ease.[3] Even more pressing, however, than the welfare aspect of day nurseries was the growing

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[1] An investigation was conducted by Ministry of Labour Officers at the Royal Ordnance Factory at Euxton, near Chorley, Lancashire, in April 1940. 1,607 out of the 5,000 or so women employed there were interviewed, and it was discovered that of these, 1,034 were married, and that 612 of the married women had children. 106 mothers said they would use a crèche if it were provided.

[2] Some officials were mindful of the difficulties that had arisen in the last war from the divided control between the Ministry of Munitions and the Board of Education over war nurseries. Their readiness to accept full responsibility was expressed by the Ministry's representatives at an Inter-Departmental Meeting on Industrial Welfare which was held at the Home Office on 17th May 1940.

[3] The Treasury made the proviso, however, that they accepted 'the principle that some form of Exchequer participation in the cost is inevitable if the matter is to be regarded primarily as a scheme for facilitating labour supply and the health aspect is only incidental thereto'.

consciousness that the war had really begun and that millions more women would soon be needed to throw their weight into the war effort. And a new interest was now being taken by the Government in the whole question of industrial welfare as an aid to production. The Minister of Labour's interest was particularly strong—he felt 'that attention to the human problems of industry had lagged behind production problems but should be ahead of it', and he was anxious that his Department should push forward with welfare provision both inside and outside the factories. Such services as communal and school feeding, play centres, day nurseries and organised recreational activities should, he thought, all be developed and encouraged.[1]

Acting in the spirit of the times, the Ministry of Health in June 1940, submitted new proposals to the Treasury and soon received approval. Action was still to be confined to specific districts where the Ministry of Labour reported an actual or potential shortage of women workers. Welfare authorities in these selected districts were informed by the Ministry of Health that they should set up one or more day nurseries. It was of 'paramount importance', the Ministry urged, to make use of any reserves of female labour that existed within travelling distance of the important war factories, and in order to recruit such women without jeopardising the well-being of the children day nurseries must be speedily provided. The Exchequer would bear the entire capital cost of these nurseries and would contribute 1s. a day for each child in attendance. It was open to local authorities to entrust the provision of nurseries to a voluntary agency if they preferred, but local Medical Officers of Health were, in all cases, to be responsible for general supervision. Few standards on premises, equipment or staffing were yet laid down. No specifications were given for buildings, beyond that there should be a minimum space per child of not less than 25 square feet and facilities for the children to play and sleep out of doors; provision for air-raid shelters would also be necessary. The nursery was to be run by an experienced Matron, who had either children's or nursery nurse training, with the aid of a trained helper and an additional helper where there were more than 40 children. Probationers and assistants were to be voluntary if possible and in the ratio of one to five children. It was thought desirable that there should be some 'occupational training' for children over two years given by nursery or infant school teachers.[2]

[1] In June 1940 a new Factory and Welfare Department of the Ministry of Labour, with officers in all the Regions, was set up to deal with the expansion of industrial welfare. The issues they were to deal with included transport facilities for workers coming from a distance, billeting of transferred and bombed-out workers, the provision of hostels, communal feeding, shopping arrangements for women, play centres, school meals and day nurseries.

[2] Training of staff would be provided under the Board of Education Regulations for Further Education.

The responses of local authorities to the Ministry of Health approach were as diverse as local government achievement and efficiency in so many other fields. Some authorities, such as Birmingham, were already well advanced in maternity and child welfare services and felt no diffidence about increasing their nursery provision. Others, previously deterred by financial considerations, were glad of this new opportunity to develop a needed service. But some authorities, and especially those in rural areas, were strongly opposed to providing nurseries on the terms proposed. Chorley Rural District Council, for instance, was convinced that any attempt to establish a day nursery would be a failure; they felt somewhat overwhelmed and unable to cope with the strain of meeting the large new welfare demands created by war and the vast Chorley Ordnance factory. Some authorities made it very clear that despite the improvements, financial help was still inadequate. Bedford Town Council's attitude is a case in point. At the end of 1940 and the beginning of 1941 it strongly resisted the efforts of officials to induce them to set up a nursery for the children of the balloon-makers at Cardington. The Town Clerk estimated that a heavy extra charge would fall on the rates if they did so and he was not willing to recommend his Council to take any action unless the Ministry's grant was increased. And to a large extent, there was justice in the argument. Nurseries were being advocated as a part of a national policy and it was hardly fair to call on particular bodies of citizens to shoulder part of the cost, merely because the factories needing women happened to be in their areas.

For a time the results produced were negligible. By November 1940, after six months of the new campaign, fifteen nurseries had been opened, seven of which were in Birmingham. Seventeen others were approved and in various stages of development. Finance remained the main obstacle but it was also difficult to persuade authorities to set up nurseries for *potential* need. Hard-headed councillors wanted to see an *existing* need before committing themselves and the ratepayers' money to any new venture.[1] And this in turn began a vicious circle, as many mothers were reluctant to take a job until there was somewhere to leave their children.

The whole position was complicated by the fact that some nurseries when eventually opened, sometimes limped along only half full.[2] It

[1] Even in Birmingham it was noted that there was difficulty in getting new projects past the Rates Committee, since the payment by the mothers plus the Ministry of Health grant left a considerable sum to be found out of rate income. (From material on Day Nurseries in Birmingham supplied for the Official Histories by Mrs W. E. Cavenagh, B.SC.(ECON.).)

[2] Attendances at the seven Birmingham day nurseries during the three weeks preceding 13th December 1940 provide an example in point:

[*continued on next page*

must have been galling to Ministry of Labour and Ministry of Health officials when unwilling authorities, finally coaxed into opening a nursery to meet an anticipated demand, were then able to adopt a 'told you so' attitude. Even in districts where the factories were filling up with women workers, there was often, for a time, an unexpected diffidence on the part of mothers to use the new service.[1] A tendency to 'wait and see what they're like' or the dislike of an early journey with the baby; the fear that baby might 'pick something up', a spell of bad weather—all these made some of the nurseries get off to a slow start and encouraged working mothers to go on making their own arrangements.[2]

In Lancashire and Cheshire this shyness in using the nurseries was no doubt partially due to the existence of child-minding as an accepted feature of everyday life. The cotton industry had always employed a large percentage of married women[3] and during the depression women had often been able to work while men remained idle. For many years wives' earnings had been an important feature in many a family budget and social convention did not frown on married women going out to work. Child-minding was a minor industry in itself; a source of income to older women and familiar to everyone. In consequence the need for day nurseries was not readily admitted. A Regional Officer of the Ministry of Health, discussing

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Name	*Number of Places*	*Attendance*
Birchfield Road . . .	60	18, 18, 14
The Settlement, Summer Lane	50	12, 13, 14
Bloomsbury Street . . .	42	15, 33, 32
Carnegie Institute . . .	32	17, 23, 23
Monument Road . . .	36	10, 10, 7
Coventry Road . . .	60	6, 11, 14
The Hawthorns, Beaufort Road	30	27, 25, 24

[1] This was not a new problem in the nursery world. A hundred years ago a similar difficulty was encountered! An extract from the *Manchester Guardian* of 15th November 1851 illustrates this: 'THE ANCOATS DAY NURSERY . . . has been frustrated by the deficiency in the number of children who have yet been received into the establishment. The object of the institution, as stated in a circular issued shortly before it was opened, is "to provide married women who are employed during the working hours of the day, with the opportunity of leaving their children in a healthful and well-conducted nursery, under the care of able nurses, whose whole time will be devoted to their duties, and to protect infant children against the use of all narcotic preparations, which, during the absence of the parents, are so commonly employed to keep them quiet by sleep, and which are so frequently the cause of convulsions and death." . . . In order, if possible, to extend the operations of the institution, and to induce more parents to send their children to it, the weekly charge for admission has been reduced from 2s. 6d. to 2s. per child. . . .'

[2] One of the Ministry of Labour's criticisms of the welfare authorities at this stage was that a day nursery approved for a certain number of children would only take that number on the register. The Ministry of Health was, of course, anxious to avoid over-crowding and increased infection risks. After representations had been made by the Ministry of Labour, however, it was agreed to register an additional 20 per cent.—20 per cent. being assumed to be the normal rate of absence.

[3] In 1937 out of every hundred insured workers in cotton spinning and weaving roughly fifty-six were women, thirty of them married or widowed. See E. L. Hargreaves & M. M. Gowing, *Civil Industry and Trade*, H.M. Stationery Office, 1952, p. 367.

the problem, quoted the elderly and respected Blackburn Councillor who explained that he was prepared to support the Ministry's plan for a day nursery—it was his duty to do what the Government wished. But he had been 'put out' by his mother, and if he had a child now, he would 'put it out', rather than send it to a nursery. However, these early delays in filling the nurseries soon passed; as the war progressed and more and more women took jobs, too few nurseries and long waiting lists became the rule. Lancashire was in time to prove one of the most successful areas for day nursery provision.

Finance had become an even more pressing issue by the Spring of 1941. Prices were rising, and it was obvious that the estimated cost of 3s. per child per day fell far short of actual cost which was now nearer 4s.[1] The original estimates had not allowed for rising wages and food costs, nor for periods when a nursery was half-empty—periods of minor epidemics, or quiet months sometimes experienced when the nursery was newly opened. The calculations had also been partly based on voluntary nursery experience, where unpaid assistance plays an important role; voluntary effort, however, could not be expected to make a major contribution to the staffing of official nurseries.

Something like deadlock was rapidly being reached. Local authorities were protesting against heavy and increasing charges on the rates while the Ministry of Labour was anxious that lack of nurseries or their high cost[2] should not obstruct the stream of woman-power flowing into the factories. By January 1941 the Minister of Labour foresaw that it would not be long before the supply of single women for industry was exhausted; the employment of married women would fast become essential. He had come to the conclusion that the provision of facilities for the care of children had become a State responsibility and that it was essential to organise nurseries in such a way as to make them meet present needs.

ADMINISTRATIVE CONFUSION

The realisation that policy had to be rescued from this impasse did not spring entirely from the needs of the Ministry of Labour. Two

[1] Costs at the three Preston day nurseries over the period October 1940 to March 1941 were at the rate of 6s. per day per child. Tottenham estimated that their municipal day nursery costs had risen to 4s. a day for each child. In Birmingham the average cost per child attending was about 25s. a week. The Ministry of Health grant reimbursed 6s. of this. The mother paid at most 12s., and the rest fell on the rates. (From material on Birmingham Day Nurseries supplied by Mrs W. E. Cavenagh, B.Sc. (ECON.).)

[2] It was particularly keen that there should be no criticism of nurseries being expensive to mothers as this might lead to claims for differential rates of pay for women workers with children. When the Minder Scheme was under discussion (see p. 201 *et seq.*) it suggested that the proposed rates of 6d. per day per child to be paid by mothers to minders should also be the rate of payment for day nurseries. The Treasury was strongly against this, on grounds of increased costs, and the Ministry of Health supported it, on the grounds that the services were not comparable.

other considerations underlined the need for action. In the first place voluntary bodies were emphasising the claims of 'a new type of woman worker who is not content to leave her child with an unknown minder.'[1] She was frequently the wife of a Serviceman, wanting to go out to work to supplement inadequate Service pay and allowances.[2] Secondly, there was growing criticism of the divided responsibility that had so long been a feature of nursery provision. The three pre-war strands of nursery provision—nursery schools, day nurseries and nursery classes—and the dichotomy between local education authority and maternity and child welfare authority and between Board of Education and Ministry of Health, still existed. The nursery centres of the Board of Education, the Minder Scheme of the Ministry of Health and a collection of playrooms and crèches run mainly by voluntary workers added to the complexity. Growing pressure to provide nurseries was therefore accompanied by a growing dislike of this hydra-headed system of administration. 'The time has come', said Lady Allen of Hurtwood, 'to bring some semblance of co-ordination to the work of caring for the welfare of the child from birth to five years of age.'

What direction should any new development take? Was it to be along the lines of the Nursery Centres Scheme with responsibility held by local education authorities and the Board of Education? Should the Ministry of Health persuade maternity and child welfare authorities to extend day nurseries or should they concentrate on the cheaper Minder Scheme? Perhaps the Ministry of Labour should itself establish and run crèches for the children of working mothers? Or alternatively, should each Department wrestle with its own part of the problem?

It was not an easy matter to decide. In the background were strong and diverse opinions about the proper role of nurseries, and the immediate concern of labour supply was not enough to patch them into complete unity. The old bone of contention—day nursery versus nursery school, or Ministry of Health versus Board of Education—was still a live issue. From the outset the Ministry of Health considered that war-time needs demanded day nurseries, staffed by

[1] Memorandum prepared by Lady Reading for the National Council of Maternity and Child Welfare dated 4th March 1941.

[2] Typical of the findings of the voluntary organisations during this period is this extract from a report sent by the Epsom Citizens' Advice Bureau to the National Society of Day Nurseries early in 1941—'. . . the Citizens' Advice Bureau feels that there is a great need for a day nursery in Epsom. We are constantly interviewing soldiers' wives who are having the greatest difficulty in making the Service allowance adequate for their bare needs. They frequently express their willingness to go out to work but are unable to do so because there is no place where their children can be cared for.

'This want is not confined to working-class mothers . . . the class of women who would come forward normally to do voluntary work are tied to their homes as many of them cannot now afford nurses or even maids, so are obliged to keep house and look after their children.'

nurses and open for long hours. It had also become clear that the financial arrangements needed revision and that expenses would have to be met entirely by the Exchequer and parents, and not by local authorities. The Board of Education were bound to admit that local education authorities could not cope with children under two and they reluctantly agreed that the new nurseries should be of the day nursery type.

Towards the end of April 1941, the Ministry of Health and the Board of Education concluded that the existing division of responsibility, and the distinctions between evacuation, neutral and reception areas, and between evacuated and other mothers, were no longer tenable.[1] It was agreed that the local welfare authorities should be responsible for setting up war-time nurseries and that the Ministry of Health should be in control at the centre. To ease the growing pains of the new venture, the good-will and the valuable experience of the interested voluntary organisations were enlisted and an informal committee of prominent members of these societies was set up.[2] With this re-alignment of the administrative machinery, the way was open for solid achievement.

PROGRESS 1941–1945

May 1941, saw, therefore, the turning point in war-time nursery policy. The broad decisions made at the centre were soon translated into the administrative detail[3] needed to give new life to the flagging efforts of local authorities. A national need was at last receiving treatment on a national basis. In Whitehall control was firmly in the hands of one Department—the Ministry of Health—which accepted responsibility for the entire net cost of the projected nurseries.[4]

Two types of nursery were to be provided. The first was the whole-time nursery, under the direction of a Matron, and providing full

[1] i.e. the distinction whereby nursery centres were only to be provided in reception areas and only for children from evacuation areas.

[2] This Committee was known within the Ministry as the 'Peeresses Committee'. Later, in February 1942, the knowledge of four women experienced in the nursery movement was enlisted on a full-time basis. The Minister of Health, in consultation with the President of the Board of Education, appointed four Regional Advisers on Child Care for parts of the country where the work of arranging for the care of the children of employed women was likely to be heavy. They were—Lady Reading, Midland Region, Lady Openshaw, N. W. Region, Mrs Eva Hubback, S. Region and Mrs T. Todd, N. Region. In London, Mr H. V. Willink, Regional Commissioner for the care of the homeless, undertook the general supervision of this work.

[3] Ministry of Health Circular 2388, Board of Education Circular 1553, 31st May 1941.

[4] While the Ministry of Health held central control, the interest of the Board of Education was recognised. A new Division of the Ministry, on Care of the Under-Fives, was established and a few senior officials of the Board were seconded to it. Later an H.M. Inspector and a Medical Officer of the Board of Education were detailed to work under the Chief Medical Officer of the Ministry of Health to deal particularly with the education side of the war-time nurseries work. The Ministry of Labour still had the important role of advising the Ministry of Health where the need for nurseries existed or was likely to arise in the future.

day-time care for children from a few months old up to school age. It would cater for the children of women in full-time employment and be open for twelve to fifteen hours a day, providing meals and milk and the chance of regular sleep and baths. A concession to the educationists was made by arranging for the appointment of a nursery school teacher or Child Care Reservist[1] to supervise the activities of the older infants. Secondly came the part-time nursery, normally to be run by a teacher, open during ordinary school hours, and catering in the main for children of two to five. This type of nursery was roughly a development from the Nursery Centre and was especially suitable for evacuated children and children whose mothers had part-time jobs. For the whole-time nursery, mothers were to pay 1s. for a full day, including meals. The charge in the part-time nurseries was 3d. a day if no meals were taken or 6d. if lunch were supplied, but the principle of the Nursery Centre was continued in that evacuated mothers not in employment were not expected to make any payment.

Progress during the next six months gives some idea of the pent-up demand for these nurseries and the changing attitude of local authorities under the warming influence of a 100 per cent. grant. By the end of November 1941, 194 war-time nurseries were open, 209 were approved but not yet ready, and another 284 were in active preparation. With all these nurseries open, something like 13,200 children could be cared for during the working day.

Progress was not, however, fast enough for the enthusiasts. One voluntary organisation, the Birmingham Day Nursery Campaign Committee, estimated in October 1941, that 300 nurseries were needed in their district alone. They quoted amongst their evidence a welfare supervisor of the local transport authorities who had 80 children under five awaiting accommodation and 75 women away on extended pregnancy leave. Resolutions from innumerable organisations and factories, petitions from housewives and even demonstrations of mothers with prams made it plain that there were big demands.

A quick and economical extension in the War-Time Nurseries Scheme was set in train in December 1941, by the inclusion of nursery classes in the public elementary schools.[2] As a temporary war-time measure the Board of Education agreed, where accommodation and staffing would allow, to lower the possible age of admission to these war-time nursery classes from three to two. Hours were extended and eating and washing facilities were organised. The same

[1] The Child Care Reserve Scheme for training nursery workers is described on p. 200 of this chapter.

[2] Ministry of Health Circular 2535, Board of Education Circular 1573, 5th December 1941.

scale of fees was charged and though these classes were run by the local education authorities, any extra expense they incurred was recoverable from the Ministry of Health.

In a few cases firms set up their own nurseries on the spot. There were some advantages—mothers left their children just before clocking on and so avoided a special journey to the nursery. If the child were ill, then the mother was immediately at hand. Perhaps she could see the children at play, and there was always an added sense of security if her child was near. But in general the Ministry of Health disliked the idea. If encouraged, low standards might have been adopted by less scrupulous employers; greater infection risks, possibly a longer and more tiring journey for the child, added pressure on public transport, and above all, the risk of air attack on the plant, all deterred the Ministry from actively encouraging any large-scale development. It was, however, prepared to pay grants-in-aid if none of these adverse factors seemed relevant. For similar reasons, it was generally thought politic to site the war-time nurseries near the homes of the workers rather than near the factories, though of course in many, or even in most, industrial areas the distinction was hard to make.

The peak of nursery development was reached in the summer and early autumn of 1944. In September of that year, more than 106,000 young children in England and Wales were receiving organised care outside their homes in the various types of nursery.[1] In addition

[1] The following table sets out the position:

	War-time (day) Nurseries					
	Whole-time		*Part-time*		*Total*	
	No.	*Accom-modation*	*No.*	*Accom-modation*	*No.*	*Accom-modation*
In operation September 1944	1,450	68,181	109	3,625	1,559	71,806
Approved but not yet in operation	37	2,431				

Nursery Schools and Nursery Classes	*No.*	*Accommodation*
Nursery Schools	62	6,227
Nursery Classes	784	28,650

There were also 87 nursery classes to accommodate 3,334 children approved but not yet in operation.

The 'spread' of the war-time nurseries throughout the country was as follows:

	Region	*Part-time Nurseries*	*Whole-time Nurseries*
I	Northern	0	69
II	North-Eastern	0	145
III	North Midland	2	86
IV	Eastern	20	72
V	London	2	390
VI	Southern	10	96
VII	South-Western	23	75
VIII	Wales	28	34
IX	Midland	0	190
X	North-Western	8	241
XI	South-Eastern	16	52

there were 102,940 children under five in the ordinary reception classes at public elementary schools. In Scotland there were some 139 war-time nurseries with accommodation for 6,338 children.[1]

LIFE IN THE NURSERY

In considering nurseries primarily as a thread in the story of economic mobilisation, it is perhaps too easy to concentrate attention on high policy—the great issues of production and manpower, the speeches and minutes of Ministers and the efforts and worries of officials. The story would not be complete, however, without some picture of the results as they affected the children, and in particular, of life in the nursery itself. Any such description is necessarily a generalisation. Nurseries varied in atmosphere and efficiency, each being moulded by the accommodation available and by the personalities and enthusiasm of staff and local officials.

Most of the nurseries were open for at least a twelve hour day—generally from seven in the morning to seven at night—and mothers with a full-time job could take their children there as they set off to work, and collect them again on the way home. Work in the nurseries was itself a full-time job. Staff were there early to take in children who were probably still asleep in their prams, and a long and tiring day lay ahead before the nursery finally closed.[2]

The day began with breakfast and went on to dinner, afternoon rest, tea and supper—interspersed with toilet routines, play, walks and the dispensing of milk, orange-juice and cod-liver oil. In successful nurseries the children were bright and lively, happy and well. In those less fortunate or less well run, the atmosphere could be damp and depressing, and the children listless and apathetic. The range in possible standards can be seen from descriptions of two nurseries in the same area:—

> The babies were fed with care and handled tenderly. . . . The children responded well to the staff and there was obvious good feeling between them. The tweenies were a merry group of children, they ran freely about the building and looked to the staff, particularly the Matron, as people with whom to have fun.
>
> There was constant crying, wet pants, running noses and general unhappiness. No child was seen engaged in lively interesting play. There was a lack of friendliness and feeling of affection and security.

War-time nurseries covering the 0–5 age range were normally divided into three sections. The young babies who had to have everything done for them occupied cots in the baby-nursery. Then came

[1] *Summary Report of the Department of Health for Scotland for the year ended 30th June 1944*, Cmd 6545.

[2] Nursery staff worked on a shift system, usually for eight hours a day. Some nurseries were open for as long as 15 hours, and there were also a few 24-hour nurseries.

the 'tweenies' of walking age, old enough to sit up to tables for their meals and co-operate in their own toilet, and needing a play-room of their own. Finally, there were the more independent 'toddlers' aged from about two and a half to five, who needed a separate play-room from the younger children.

In a good nursery there was always plenty to do. Slides, 'jungle-gyms', swings, rocking-horses, push and pull toys, sand pits, water and plenty of scoops and cans (overalls were provided), hammers, nails and odd bits of wood, building bricks, dexterity apparatus, paints, picture books, 'wendy houses' and cuddly toys would give a constant variety of creative and interesting occupation.[1] The activities of the older children were directed by a trained nursery teacher[2] so that the day was full of interest, and confidence, character, intelligence and good manners were always stimulated.[3] In those nurseries short of proper equipment, or where the primary concern of the staff was neatness and order, the day could be long and tedious and the children fractious yet dull.

Premises varied enormously. Good sanitary and washing arrangements were essential and a large garden for open-air play was a great advantage. An isolation room, for children with suspected infections, was standard in all nurseries but once illness was confirmed, the child was not accepted at the nursery. Later in the war it was often impossible to find any unoccupied building that could possibly be adapted for nursery use, and various types of pre-fabricated huts[4] were used instead.

SOME PROBLEMS FOR THE NURSERIES

The decision to provide nurseries on such an unprecedented scale

[1] Many a bleak and dreary nursery was transformed by gifts of money and equipment from America. In May 1941 the Nursery School Association introduced a useful scheme whereby A.R.P. depots made toys and nursery furniture out of waste material as they were 'standing by'. The scheme started by the Association persuading one London A.R.P. depot to help in this way, and after an exhibition of the equipment they had made was held, a booklet for the guidance of other working parties was issued. The W.V.S. launched a similar scheme in the Midlands, and later they and the Nursery School Association ran it on a nation-wide scale. Small grants for paint, nails, etc. were given. There was even an extension of the scheme for nursery toy-making in H.M. Prisons.

[2] Or by a Child Care Reservist with special training. See p. 200.

[3] A free advice service was run by the Mental Health Emergency Committee on the kinds of occupations and type of equipment most suitable for keeping children of the various age groups engaged and happy. It was anxious that 'a sound mental and emotional development shall be assured to children in the early formative years' and for this careful consideration of facilities for play and daily occupations was essential. Suggested lists of easily constructed toys and 'odds and ends' were drawn up. Help was also offered with 'problem' children who needed psychological treatment.

[4] The Ministry of Health was responsible for approving the type of hut to be used and agreeing which authorities should receive them, but the Ministry of Works dealt with the mechanics of production and distribution. The earlier huts included the Gyproc, the Maycrete and the Nashcrete designs and later came the more heavily built B.C.F. hut. Towards the end of the war a lighter but stronger hut called the M.O.W.P. hut was available.

concentrated attention on problems of principle which had long been discussed in medical and educational circles. Strong and divergent views were held on the scope of a nursery's work, its aims and its methods, and on the complementary question of how a nursery should be staffed. Each of these issues had to be recognised, and during the unfolding of war-time policy working compromises were achieved. Although these subjects are more conveniently discussed under separate headings, in practice they overlap and are fundamentally inseparable from one another.

(i) *Medical*

Few welfare authorities came to their new task of providing nurseries with any corpus of knowledge gained from their own experience. The nursery was a comparatively rare feature in the peace-time local government scene; the emphasis of child welfare work had lain on the value of breast-feeding and on guidance in the best methods of rearing a child in the home. Many medical officers of health and child welfare officers doubted the wisdom of nurseries at all. Strong opinions on the dangers of infection and the insistence of the psychologists on the importance of a close mother and child relationship, added to these doubts. On the other hand, there were authorities and medical officers who welcomed the spread of nurseries and acknowledged the need of many young children for skilled daily care.

Early criticism was mainly on the issue of breast-feeding and the health risks to the under-twos. It was claimed that the breast-feeding of babies had been an important contributory factor to the falling neo-natal mortality rate. Doctors who found it often a difficult task to persuade mothers to breast-feed their infants feared that if the artificial feeding of infants from one month were endorsed by the Ministry of Health it would be almost impossible to convince mothers of the extreme importance of breast-feeding. To a large extent the Ministry of Health agreed; the Ministry also believed that the right place for young children was with their mothers, at least to the end of the breast-feeding period.[1] But other criteria had to be considered; the production departments were pressing for action, there were women who would go out to work whatever medical opinion might say about a mother's place, and proper supervision of children in day nurseries was perhaps preferable to unskilled 'child-minding' or possible neglect.

In any case unanimity was not complete. The issue of breast-feeding, it was argued, was not as clear-cut as might appear. There was evidence to show that failure by mothers to feed their babies was

[1] Quoted by Professor Parsons in a letter to the *Lancet*, II, 1940, p. 467.

often due to anxiety, and war-time worries, especially financial troubles, would add to these failures.[1] There were those who believed that the advantages of skilled care outweighed any danger of cross-infection. Many mothers *had* to work, and as their efforts were urgently needed, the nation should, it was argued, at least guarantee that their children should be given skilled care, a proper diet and the best possible conditions.[2]

Experience did little to convert the convinced of either side, and investigations were carried out that strengthened either case. The Committee of the Medical Women's Federation conducted two surveys and arrived at the conclusion that 'the outstanding fact is the constant and considerable increase of respiratory infection'.[3] Another enquiry concluded that children at any age attending a day nursery were more liable to contract infectious diseases than were children living at home and that infections among the nursery population

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[1] Dr Dorothy Brenner quoted the figures of the 1938 Report of the Birmingham Maternity and Child Welfare Department that 33 per cent. of the failures in breast-feeding in that area were due to anxiety on the part of the mother. (*Lancet*, II, 1940, p. 569).

[2] This was the opinion of Dr M. H. Barrow, Hon. Sec. of the Birmingham Day Nursery Campaign Committee. He also pointed out that 'the nursing mother is treated with scant sympathy by the approved societies, and sick benefit which would in many cases be sufficient to keep her at home is denied to her. In the case of the soldier's wife . . . the Government allowance is not sufficient to give mothers and children a diet which is not lacking in some of the essentials for good health and therefore naturally the mother will seek work to supplement this allowance'. (*Lancet*, II, 1940, p. 569.)

[3] 'The Health of Children in War-time Day Nurseries'. A Report on an Investigation by the Day Nurseries Committee of the Medical Women's Federation, in conjunction with W. J. Martin, PH.D. (*British Medical Journal*, 1946, II, p. 217) and 'The Physical Health of Children Attending Day Nurseries', a Report to the Day Nurseries Committee of the Medical Women's Federation by Margaret E. McLoughlin, M.B., B.S., D.C.G., (*British Medical Journal*, 1947, I, p. 591, and 1947, I, p. 631.) The first investigation was carried out by doctors in the public health service in a number of areas and compared children who had attended day nurseries for more than six months with children at nurseries for less than a week and with children attending welfare centres. The second investigation compared over a period of twelve months (1944–45) a group of 557 children attending war-time nurseries in Birmingham with a control group of 641 children living in their own homes. The main results of the second survey were summarised as follows:

1. *The average weight of children* under two years of age attending day nurseries was consistently less than that of children living in their own homes, but from two years onwards the average weight of nursery children increased more rapidly and finally exceeded that of the home group of children.

2. *The general condition* as recorded from the clinical impression was inferior in nursery children under two years old to that of children of the same age living in their own homes.

3. *The incidence of respiratory tract infections* including acute and subacute infections present at examination and chronic conditions such as mouth-breathing and chronic tonsillar and cervical gland enlargements, was from two to eight times greater in nursery children than among those living at home. This excess was manifest at all ages and in every season.

4. *A significantly higher incidence of specific infectious fevers* occurred in the nursery group, and the epidemic occurrence of measles was more marked than in the home group. Among those children 'presumed susceptible' in the nursery group, the incidence of measles was four times greater than those 'presumed susceptible' in the home group.

5. Poor posture, *genu valgum* and *pes valgus* occurred more often in the nursery group than in the home group.

occurred at an earlier age than among children at home.[1] One doctor summed up nurseries as places with 'a high incidence of infections and a low incidence of happiness'.[2] Another investigator found that, of children under two years of age, 'a substantial proportion do not make satisfactory progress on admission to a day nursery, as judged by their weight gains in three-monthly periods'; improved nutrition was apparently offset by the emotional disturbance springing from separation from their mothers.[3]

On the issue of the separation of mother and child a contributor to the *British Medical Journal* urged that before embarking on a programme of nursery expansion, it should be noted 'that in infancy the loneliness involved in separation from home may be not only undesirable but lethal'. Attention was drawn to the experience and conclusions of Dr H. Bakwin of New York and it was claimed that many of his views corresponded alarmingly to those of observers in the war-time nurseries. The children observed by Dr Bakwin 'especially if admitted (to hospital) before two years of age, find it hard to give or receive affection comfortably; enuresis of loss of bowel control is frequent, as are excessive egotism, aggressive behaviour or shyness, tempers, demanding of attention, finger-sucking, and retarded speech. . . . If, as seems established', concluded this article, 'the biologic unity of mother and little child cannot be disregarded with impunity, it is well to hesitate before supporting a policy that separates so many young children from their homes.'[4]

On the other hand one medical officer of health declared that 'a child needs training and discipline from the very beginning of its life, and this training can only suitably be given when there are facilities for mixing with other children. . . . The children (in the nurseries) are taught regular habits and are given well-balanced meals adequate in quantity and quality, and have proper periods of rest and sleep as well as of activity'. He believed that not only the malnourished but also the normal child 'gains in health, in weight, in vitality and in happiness' from nursery care.[5] Another medical officer thought the dangers of infection were exaggerated. The mildest infection would be noticed and treated at a nursery whereas 'it is doubtful if more than half the cases of measles occurring in children at home are

[1] 'Incidence of Infections in War-time Day Nurseries', an article in the *Lancet* by G. M. Allen-Williams, M.D. (Camb.), D.P.H., Institute of Social Medicine, Oxford. (*Lancet*, II, 1945, p. 825).

[2] Dr Helen Mackay speaking at a Conference of the Medical Women's Federation on 23rd June 1943. (*Lancet*, II, 1943, p. 21).

[3] 'Children in Day Nurseries—with Special Reference to the Child under Two Years' by Hilda F. Menzies, M.D. (Aberd.), D.P.H., Deputy Medical Officer of Health, Leyton. (*Lancet*, II, 1946, p. 499).

[4] 'Loneliness in Infancy', *British Medical Journal*, 1942, II, p. 345.

[5] Paper to the Royal Sanitary Institute by Hugh Paul, M.D., B.C.H., D.P.H. (Fellow), Medical Officer of Health, Smethwick. (*Jour. Roy. San. Inst.*, 46, p. 322.)

actually notified, and highly probable that some are forgotten and some completely missed. Of other infections . . . the mild cases of rubella, chicken-pox and impetigo will often be mis-diagnosed by the mother as "food-rash", "heat-spots" and "cold sores".'[1]

Consideration of actual cases of infection produced equally indefinite conclusions. In a measles epidemic one body of investigators claimed that the percentage of children under eighteen months old developing measles was more than four times greater in a nursery group than among a group of children at home.[2] Another measles epidemic led another doctor to the conclusion that the proportional incidence of infection was almost exactly the same among young children at home as among the day nursery population.[3]

Between such conflicting and contradictory opinions the Ministry of Health steered an uneasy course. Although there were medical misgivings, particularly for the under-twos, labour policy continued to demand more nurseries, and the Ministry did its best to see that health standards were maintained, or even improved—according to the point of view. Controversy made the Ministry, local officials and nursery staffs doubly alive to the need for care and for the maintenance of high standards of hygiene and practice.

(ii) *Educational*[4]

Opinion on the best aims of the nursery movement had, for many years, been fundamentally divided. On the one hand stood the protagonists of the day nursery, believing that health was the first consideration, and that children needing help should be cared for by skilled nurses, and if necessary, from a few months old. On the other hand were the nursery school enthusiasts, believing that education and training should be the main aims, and that the teacher rather than the nurse was the right person to deal with children of

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[1] Letter to the *Lancet* by Dr J. D. Kershaw, Medical Officer of Health, Accrington. (*Lancet*, 1946, I, p. 107.)

[2] Report of an Investigation by the Day Nurseries Committee, Medical Women's Federation (*British Medical Journal* 1947, I, p. 591, and *British Medical Journal* 1947, I, p. 631).

[3] 'In 1944 there was a severe measles epidemic in Smethwick and a number of children in the day nurseries contracted the disease. I therefore carried out a rough experiment to find out whether the incidence of infection was greater in the nurseries or outside. The health visitors chose at random 406 houses in their districts, unselected in every way except that there was at least one child in each house. The total number of children in those houses was 1,005 and there were 407 cases of measles amongst them. (Incidentally only 120 of these were notified—in the other cases no doctor was called.) This proportional increase in the 1,005 unselected children was almost exactly the same as for the day nurseries, and suggested that this highly infectious disease was not increased in incidence by congregation in day nurseries.' Paper by Hugh Paul, M.D., B.C.H., D.P.H., (Fellow), Medical Officer of Health, Smethwick. (*Jour. Roy. San. Inst.*, 46, p. 322.)

[4] These problems will be discussed more fully in Dr S. Weitzman's education volume in this series.

pre-school age, and that, in any case, a child should not be parted from its mother until two or three years of age.

During the barren inter-war years, however, when progress by either side was difficult, it was inevitable that both schools of thought should have concentrated on the health of the nursery children. The first needs were decent food, medical attention, fresh air and adequate sleep for children who could never know these things in their own homes. It was to do just this sort of work that the MacMillan sisters had founded their famous school. But they, and their enthusiastic supporters, were anxious that the wider possibilities of nursery training should not be lost sight of by concentration on 'rescue' work. The nursery school had too much to offer to *all* children to be allowed to degenerate into 'a way-side concession to charity'.[1]

The first eighteen months of war saw no fundamental changes in the nursery provision advocated by the two schools of thought. There was some small expansion in day nursery services but, on the other hand, the nursery centre had much in common with the nursery school. The introduction of the War-time Nurseries Scheme in 1941, was, however, a decisive victory for the day nursery. The Ministry of Health and the Maternity and Child Welfare Authorities were in charge, and although educational provision for the older children was recommended, it was clearly only a secondary consideration. To the supporters of the nursery school, the War-time Nurseries Scheme was a set-back to the movement for nursery education, and they feared they might sacrifice a quarter of a century of struggle if they acquiesced in nurseries for physical well-being only.[2] The main anxiety was, of course, that a war-time measure designed to meet a war-time need might set the tone for post-war policy.

Within the nurseries themselves the interests of health and education sometimes came into conflict. In the whole-time nurseries a Matron was in command, and a teacher, if employed for the two to fives, was under her direction. Unless duties were very carefully defined and the prerogatives of teacher and matron mutually recognised, difficulties were inevitable. Some nurses had only been trained to deal with sick children and still tended to regard the child 'as an object to be attended to and to be fussed over, to be kept clean and have everything done for it'.[3] Teachers believed in directing the child to do things for himself, even if it took longer and resulted in a somewhat grubbier child. Some nurses complained that the children

[1] A phrase of Professor Tawney's, quoted in *Life in the Nursery School* by Lillian de Lissa.

[2] Mr Kenneth Lindsay claimed that 'the decision to transfer the work to another Department goes against the experience of all the best workers of the last thirty years'. (H. of C. Deb., 31st July 1941, Vol. 373, Col. 1527.)

[3] *Nurseries and Nursery Schools* by Violet Creech-Jones, Fabian Research Series No. 89.

were kept out in bad weather, were too noisy, too dirty, or were not getting enough sleep. Teachers complained that the proper use of equipment was subordinated to tidiness, that movement was restricted, or that children were not given a chance to cope with their own toilets. An added source of friction between the staff was the different rates of pay and hours of work.[1] To some extent, however, these differences of approach were later ironed out. Training schemes were designed to help both matrons and teachers to appreciate each other's role, and new recruits to day nursery work were given a training wherein the two aspects of education and health were given their due place.

There can be no doubt that the older children in particular were happier and livelier when trained direction and good equipment were provided; play is, after all, the beginning of education. Psychologists and educationists stressed the importance of at least one member of the staff being trained in nursery methods, but as difficulties in obtaining staff increased there was frequently a tendency to manage without the educational side.[2] At opposite ends in the range of nurseries came 'those in which the children are kept scrupulously clean but are not allowed to do more than sit listlessly with their separate toys in neat, quiet rows' and those where 'the children play by no means quietly—in small groups under the unobtrusive care of trained staff'.[3]

Although the war saw acceptance of the day nursery system in public provision for the under-fives, the nursery school became the basis of post-war reconstruction thinking.[4] A considerable body of public and official opinion believed that when the demand for women in industry slackened, it was probably preferable for very young children to be looked after by their mothers in their own homes. After the age of two or three the case for nursery education was a good one, but then the need was for care on both the mental and physical sides during a fairly short day, rather than for the long hours of the day nursery.[5]

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[1] Teachers were paid at a higher rate than most nursing staff, were accustomed to a school day of about 9.0 a.m. to 4.0 p.m. with a lunch break and to about eight weeks' holiday a year. Nurses on the other hand normally worked longer hours for less pay and had a fortnight's holiday a year. In the main teachers fell in with the war-time nursery arrangements and took only the same holiday as the Matron, though they usually stayed for somewhat shorter hours than the nursing staff. These differences were minimised as teachers were replaced by Child Care Reservists who had no previous working standards to set against the new conditions.

[2] 'The elderly hospital nurse who is too often in charge, with 15 to 18-year-old assistants as the bulk of her staff, is apt to look on the emotional needs of the small child as luxuries.' 'Loneliness in Infancy', *British Medical Journal*, 1942, II, p. 345.

[3] *Planning*, P.E.P. Broadsheet No. 203, 16th March 1943.

[4] The development of reconstruction policy will be described in Dr S. Weitzman's education volume in this series of histories.

[5] A post-war investigation confirmed this opinion. See *Report of the Royal Commission on Population*, June 1949, Cmd 7695, H.M.S.O., p. 228.

The Board of Education, keen to seize the opportunity offered by war-time expansion to establish the nursery school firmly as the bottom rung in the educational ladder, had first to reach agreement with the Ministry of Health on the demarcation of functions. The Minister of Health, when approached on the subject, gave the unequivocal opinion that in normal times the proper provision for children over two years of age was the nursery school rather than the day nursery. He suggested that it might, however, be necessary to adapt the nursery schools to the needs of those mothers who might still have to work, by arranging for them to remain open for longer hours and during the holidays, and sometimes by accepting younger children.

By the time of the passing of the Education Act of 1944, nurseries were familiar to public and legislators alike, and whatever the merits of the nursery school *vis-à-vis* the day nursery, little or no opposition was raised to the provision of nurseries as such. Long years of agitation, frustration and hope at last bore fruit in the dry legalities of Parliamentary Counsel:

> . . . a Local Education Authority shall . . . have regard to the need for securing that provision is made for pupils who have not attained the age of five years either by the provision of nursery schools, or where the Authority consider the provision of such schools to be inexpedient by the provision of nursery classes in other schools.'[1]

As an ex-Parliamentary Secretary to the Board of Education said: 'The war experience proved to the country what Margaret MacMillan proved to the few.'[2]

(iii) *Staffing*

War-time nurseries could not, however, escape the very problem that they were intended partially to solve. They were one more demand on the national labour resources, and staffing problems, early felt with the Nursery Centres Scheme, became an important issue when large-scale expansion was finally agreed.

Four main categories of worker were needed. There were the trained and qualified nurses who could take full responsibility, were well equipped to tend to the under-twos, and could cope with general health questions throughout the nursery. Then there were the teachers or persons qualified to organise the training and activities of the older children. Third came the nursery helpers and assistants and finally, the domestic staff. Women in the first of these categories—the

[1] 7 & 8 Geo. 6. Ch. 31, Clause 8.

[2] H. of C. Deb., 16th February 1944, Vol. 397, Col. 206.

trained nurses—were desperately needed elsewhere, and their recruitment and training for nursery work was only one part of a much wider and serious problem.[1] Nursery teachers were also a difficulty for they were badly needed in understaffed schools. The shortage of domestic staff could only be dealt with in each locality and was a constant pre-occupation of all local authorities throughout the war.

The shortage of nursing and teaching staff for the nurseries was alleviated by recruiting untrained people and giving them short training courses. The idea of establishing an organisation for recruiting and training women for work in the nurseries originated in May 1940 in a Memorandum submitted to the Ministry of Health and the Board of Education by the National Council for Maternity and Child Welfare. The Departments accepted the proposal to establish a Child Care Reserve whose members would be trained to work in various types of nursery, help in the care of lost children, or do any other emergency work with children. Courses on an approved syllabus were to be run by local education authorities and would be eligible for grant under the Board of Education's Regulations for Further Education. On completion of a course, the student would receive a Child Care Reserve Certificate, which, while not guaranteeing a job, would qualify her for nursery and child welfare work for which she would be paid at the same rate as Women Civil Defence Volunteers (i.e. £2 a week). By June 1941, 17 Child Care Reserve Courses had been run—ten in London and seven in the Provinces.

It was not, however, until the announcement of the War-time Nurseries Scheme in May 1941 that the need for Child Care Reservists became urgent; the scheme had now to be modified to meet much larger demands for nursery helpers. The syllabus was revised to provide two courses—one concentrating on the care of childen under two and on general health questions, and the other specialising more on the normal day-time education of children between two and five. Later more courses were added—a Junior Course for girls between 16 and 18, and a Supplementary Senior course for prospective 'wardens'.[2]

By September 1942, the Child Care Reserve Scheme was operating successfully all over the country. 173 courses had been held and 4,017 students trained. When the scheme was finally wound up in 1945, 399 courses had dealt with 9,954 students. A valuable contribution had been made to the solution of nursery staffing problems, and

[1] The recruitment of nurses is dealt with in Chapter IX.

[2] Wardens replaced nursery school teachers. They could be in charge of a Part-time Nursery for two to fives only, or be under a Matron and in charge of the daily occupations for the older children in a Whole-time Nursery.

reports indicated that very competent nursery workers were produced.[1]

AN ALTERNATIVE?—BACK TO THE MINDER

There had been some early doubts in the Ministry of Labour and the Ministry of Health whether nurseries alone, without enormous expenditure in money and materials, could ever be enough to make a major contribution to the problem of woman-power. Towards the end of 1940, when nurseries were growing slowly and making no real impact on the habits of the nation, the Ministry of Labour turned to the 'minder' system which had been long known in such areas as Lancashire and the Potteries, where a high proportion of women traditionally went out to work. For a small weekly payment young children were 'put out' with friends or relatives; it seemed possible to the Ministry that if such arrangements could be officially organised and subsidised, a much speedier release of women for work might be achieved. The system would have obvious advantages—no extra accommodation would be needed, travelling for mother and child would be cut down and much-needed nurses and teachers would be freed for other tasks. The Ministry of Labour, therefore, appointed a committee to look into the matter.

There could, of course, be no pretence that a minder scheme would be anything other than an expedient. 'It has to be stressed', said the report of the committee, 'that the scheme is not designed as a measure of social progress, but as an emergency method which may have to be adopted to increase the available supply of woman-power'. It was hoped, however, that some social benefits would accrue; to qualify for a Government grant, many practising minders would come under control and any tendency to 'baby-farming' would be stopped.

The scheme, having been approved by the War Cabinet, was made public by the Minister of Labour when he opened his campaign for the large-scale recruitment of women into industry.[2] Women prepared to act as minders were asked to register with Maternity and Child Welfare Authorities. Each minder could only accept two or three children, and they were classified into those prepared to take charge of children during the day only, and those willing to take them for the night as well. For every child looked after

[1] An interesting set of courses was run by an eminent Canadian child psychologist, Dr Blatz. Visiting England in 1941 he was struck by the inadequate training in nursery school methods of many nursery workers, and in 1942 he set up a demonstration nursery in Birmingham staffed by Canadian volunteers. Lecture courses were held and matrons and nurses from the surrounding areas were able to see a model nursery at work. The Regional Child Care Adviser reported that this was responsible for a marked improvement in the nursery work in the Midland area.

[2] In a broadcast on 16th March 1941.

during a day and a night, the minder would receive 1s. 6d., of which the mother would contribute 10d., and the Ministry of Health the balance. For daily care the rate was 1s. a day—6d. to be paid by the mother and 6d. by the Ministry.[1]

The scheme was not well-received by many women's organisations who saw it as a shoddy alternative to a vigorous nursery policy.[2] Incapable of proper supervision, it was, they argued, a makeshift that could only result in slip-shod provision for children, who might or might not find themselves in the hands of capable and conscientious minders.[3] Many local authorities, on the other hand, liked the idea. Travelling was cut down, buildings were not needed and shift-workers had no need to worry about nursery hours. Because of awkward shifts, women in parts of Lancashire, for example, were not using the nurseries available but were falling back on minders, who insisted on taking a child permanently or not at all.

Despite official optimism, however, the scheme was never a great success. In particular areas intensive publicity campaigns were conducted and door-to-door canvasses were made in an attempt to find volunteers prepared to register as minders. The financial incentives were the main draw-back—6s. a week compared badly with the 10s. normally demanded by the professional minder in Leicester and Birmingham or the 13s. asked in Bolton. And not only was the 6s. payment comparatively low but it involved form-filling,[4] visits to the Town Hall and the irritating business of having one's home inspected.

Some minor successes were, however, scored. After the official arrangements had been tried with poor results, Birmingham set up its own 'Children's Home Service'. Administration was simplified, both mother and minder dealing only with the welfare department. Grant was paid monthly at welfare centres and mothers had to supply certain rationed foodstuffs and pay the minder a minimum of 10s. a week. Within three months 382 children had been placed and by September 1942, the figure reached 1,334, settling at about 1,100.[5] Nottingham found the official scheme useful. In August 1942, about 580 minders were registered and 630 children were being

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[1] Ministry of Health Circular ROA 322 of 25th March 1941 to Senior Regional Officers in specified Regions.

[2] Resolutions of criticism were received from Women's Co-operative Guilds, Labour Women's Advisory Councils, etc.

[3] In a pamphlet published by the Fabian Society in August 1941 Dr B. Stross wrote—'There is some advantage in the system in that infection and cross-infection is minimised, but obviously no progress in the education of the child or its mother is likely. In some cases the writer has seen infants grossly neglected by minders. Everything has been bad; the children have been dirty and unwashed, deprived of fresh air and sunlight and improperly fed.' (*Fabian Society Tract Series, No. 255.*)

[4] About eleven forms were involved.

[5] From material supplied to the writers by Mrs W. E. Cavenagh, B.Sc. (ECON).

cared for; there was also a black-list of 100 women who were refused registration as minders and kept under observation.[1] A contrasting experience was that of Bristol. 'The scheme started . . . on 8th January 1942. A very energetic member of the Women's Voluntary Services took charge of it and arranged for the Housewives Section of the Women's Voluntary Services to canvass 9,992 homes personally. The results were as follows:—Applications 175, Withdrawals 55, Unsuitable 42. This left 78 suitable daily guardians. Mothers wanting to place their babies were equally few—on 1st June there had been 93, but 32 later withdrew.'[2]

In all, the number of children cared for under the official minding arrangements was never great. The hope that this system would provide for the care of most of the children of women workers[3] was a long way from realisation even in 1944, when the figure of 4,280 children in the care of minders was to be compared with 71,806 in the war-time nurseries. Although inspection ensured that certain minima were observed, control was very tenuous and standards obviously varied from minder to minder.[4] Some were doubtless excellent in every way while others probably made up in kindness what they lacked in science. Children were often looked after by elderly relatives[5] in their own home or near it; this saved a tiring journey and protected them from any possible infection risks that life in a nursery might involve. The scheme was cheap both in money and materials and such labour as was released as a result was almost entirely a net gain; minders were generally elderly and otherwise exempt women who would have done no other work, and supervisory staff was negligible.

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[1] Paper by Dr Isabella M. Harkness (Senior Medical Officer for Maternity and Child Welfare, Nottingham), *Mother and Child*, August 1942.

[2] 'Mothers and Women-power in Relation to Nurseries, Foster-Mothers, and Daily Minders', paper by Dr Marguerite Hughes (Chief Assistant Medical Officer, Maternity and Child Welfare Department, Bristol) in *Mother and Child*, August 1942.

[3] Ministry of Health Circular 2535 and Board of Education Circular 1573, 5th December 1941.

[4] In Birmingham, or instance, there were no cases of children being taken away from minders when grants were withdrawn. The mothers could usually afford to make up for the loss of grant and the minders' home standards were often the same as their own.

[5] From the records of the Birmingham Welfare Department it appeared that at the beginning of their Children's Home Service Scheme, 74 per cent. of the applications to become minders were from friends or neighbours of the mother and 11 per cent. from relatives. By September 1942 the proportions had changed to 37 per cent. friends and 52 per cent. relatives, and in the opinion of health visitors, by the end of the war, 75 per cent or 80 per cent. of the minders were relatives. (From material supplied by Mrs Cavenagh.)

(iv)

The Balance Sheet

This chapter has traced the expansion and development of services for the day-time care of young children under some of the pressures exerted by war on national and family life. Now there remains the task of compiling, albeit roughly, some sort of profit and loss account. Several questions must be posed. Did the nurseries achieve a release of woman-power on a scale sufficient to justify their provision? At what cost were the results obtained? How well were the children cared for, and did they gain or suffer? To what extent did nurseries function as a social safety valve? To what extent did nurseries contribute to a social atmosphere that encouraged married women to work? What lessons for the future can be learnt from experience gained from war-time necessity?

WOMAN-POWER

Perhaps the most important angle from which to judge the service should be that of net labour releases. In any long-term sense, labour releases cannot be rated higher than issues such as child welfare and social stability, but since the main declared purpose of war-time expansion was to enable more women to work, the actual labour releases achieved must be used as the chief yardstick of success. Nevertheless, although manpower and not money can be taken as the main point of issue, it is also necessary to give some consideration to the cost of securing whatever labour releases were achieved.

The first fact which emerges when examining this aspect of nurseries is that there seems to have been very little careful analysis of possible achievements before the policy of expansion was accepted. The writer has been unable to find any evidence of a serious balancing between the labour needed to provide nurseries and the labour that would be freed as a result; instead it appears to have been tacitly assumed that nurseries would release woman-power and should therefore be provided.[1] When later criticisms on this issue caused the Department to consider labour releases, they were

[1] Later when nurseries were widely established the question of labour releases was considered in the cases of specific nurseries where attendances were consistently low and there was an obvious waste of staff. In such cases it was agreed that where a nursery had been open for more than six months and attendance had been at the rate of less than one-third of the places for the latter months the closure of the nursery should be considered.

inclined to take an optimistic view. The Ministry of Health found, from such information as it had, that on the average 90 women were released for every 100 daily attendances of children at the nurseries. On this basis, in July 1943 the nurseries released approximately 34,500 women for industry. Offset against this must be counted the 11,567 staff in the nurseries at that date.

Doubts were, however, felt at an early stage in some non-official circles. Lady Simon of Wythenshawe, for example, estimated in December 1940, that a full-time worker in a nursery released 2·2 mothers for factory work, and suggested this employment of nursery workers was uneconomical of woman-power and public money. She thought it would be preferable to pay the mother 10s. a week to stay at home to look after her own child, and to employ the nursery workers in munitions.[1] A minder system, supplemented by nursery classes and schools for children between two and five was, in her view, a much more practical proposition than day nurseries. 'I suggest', said Lady Simon, 'that the whole question of the employment of mothers with children under five should be looked at from the point of view of the best use of the woman-power of the nation and the welfare of the children—particularly that of the babies from one month to two years.'[2]

The particular example of Luton illustrates the point statistically. There the Medical Officer of Health analysed figures in connection with two day nurseries, and came to the conclusion that by providing accommodation for 100 children, there was a net release of 27 persons for whole-time war work. The net annual cost of the nursery service (excluding administration costs and capital expenditure, but including loan charges on capital) was £192 per person released for whole-time industrial work. These figures were given in 1943 and in the remaining war years nursery costs rose still higher. It must also be noted that in this analysis no account was taken of the extra manpower consumed in medical supervision, administrative and clerical work, laundry services, and in the provision of equipment and replacements.[3]

A detailed study of labour releases from war-time nurseries was

[1] This was especially true where a mother had more than one child under five. One writer on this subject quoted a newspaper cartoon to illustrate the point. A mother with a very large family was depicted as taking them to a nursery and being greeted by the matron who said, 'As you have rather a large family for us to look after, Mrs Timms, we think it best if you will give up the idea of part-time war work, and we'll send the day nursery along to you'. ('Mothers and Woman-Power in Relation to Nurseries, Foster Mothers and Daily Minders' Paper by Dr Marguerite Hughes, Chief Assistant Medical Officer, Maternity and Child Welfare Department, Bristol, in *Mother and Child*, August 1942.)

[2] 'Married Women in Munition Making' by Shena D. Simon, in *Industrial Welfare and Personnel Management*, December 1940, Vol. XXII, No. 265.

[3] *Statistical Report to the Luton Borough Council, 1943*, by Dr F. Grundy, Medical Officer of Health for Luton.

also made in Birmingham.[1] There the theoretical release was 3·6 mothers for each member of the nursery staff. But the investigator pointed out that further subtractions had to be made in order to give a realistic picture. 359 of the women with children in the nurseries were only part-time workers and could only be considered as equal to half as many full-time people. Moreover, on the average children only attended nurseries for about 75 per cent. of the days open, which tended to represent a proportionate amount of absenteeism by mothers; while on the other hand mothers away from work through sickness could send their children to the nurseries for a period not exceeding three weeks which meant that not every child attending a nursery could be taken to have a mother at work at the time. In addition to the actual nursery staff, the Public Health Department's returns showed about 140 other people directly employed—cleaners and others, mostly working part-time—who might be presumed to equal about 70 full-time workers. Finally, there were the doctors who inspected the nurseries, the extra staff at the Central Kitchens and all the people involved in the erection of huts and the adaptation and maintenance of premises.

The type of staff employed in the nurseries and the work of the mothers released should also be considered. When fully staffed, each nursery employed three valuable and highly qualified people (nurses and nursery nurses), plus nine to twelve others. Women between 18 and 30, could, however, only be employed in the nurseries if they were exempt from the call-up (if they had dependent children, for instance). The young nursery assistants of 14 to 18 were of course undirectable, but if they had not found work in the nurseries they would probably have worked elsewhere, and possibly in the factories.

[1] 'Day Nurseries and the Man-Power Problem' by W. E. Cavenagh, B.SC.(ECON.), D.P.A. in *British Medical Journal*, 1948, I, p. 1184, and another article by Mrs Cavenagh entitled 'Day Nurseries and the Scarcity of Labour' in the *Woman Health Officer*, September 1948. Mrs Cavenagh quotes the following picture drawn up by the Birmingham Public Health Department of the provision made by them in 1945 in their seventy-two nurseries and five 24-hour nurseries:

Nurseries and the Children

Capacity	3,695		
Vacancies	223		
Children on register	3,472		
Under 2	1,215		
Over 2	2,257	Mothers on register	3,143

Employment of Mothers

Employment	*Full-time*	*Part-time*
Factory	1,448	169
Transport	100	6
Canteen and Waitresses	277	30
Shop Assistants	293	34
Domestic	234	64
Other work	432	56

On the Birmingham ratio of one staff for every four children the number required would be 868, and on this basis there would be a theoretical 'net' release of about 2,275 mothers or 3·6 for each staff member.

It does, however, seem likely that a fair proportion of the staff, other than nurses,[1] were elderly and 'immobile' women or women with young children attending the nursery; these people were not necessarily substitutable in outside employment for the young mothers they released.

What sort of work did mothers with children in the nurseries actually do? No adequate records seem to have been kept by the local authorities or by the individual nurseries of the work on which mothers were employed. From May 1941 it was possible for the children of *any* women who were in employment[2] to use the nurseries and not only those in essential work. Women with young children had no liability under the Registration for Employment Order and they could therefore work for any employer without reference to the Ministry of Labour. In the Birmingham investigation[3] the categories of employment which seem of less obvious importance are 'shop assistants', 'domestic' and 'other work', comprising 959 full-time workers and 152 part-time workers, or one-third of the total of mothers. Doubtless some of the 'domestics' were in hospital or other important work, and the shop assistants in food distribution and so on. Probably, too, even those in less obviously vital work in turn released more mobile women for the factories. Yet it must be admitted that this analysis tends to detract from the picture of nurseries as instrumental in releasing essential woman-power.

But even though total net labour releases may have been low, it may still be argued that the type of labour released or the initial encouragement given to mothers to work, made the war contribution of the nurseries more important than numbers alone can show. Women would often find the nurseries useful when they first took up a job—later they would make their own arrangements. Similarly, if private arrangements broke down, there still remained the sheet-anchor of the nursery. Comparatively unskilled nursery workers might also release highly-skilled operatives. In the textile areas for example, and in some other skilled occupations, there is little doubt that young married women, valuable because of previous training, were able to return to their old jobs, and that nursery workers could in no sense have been substitutes for them in industry. Moreover, even a handful of extra women in a given place may have widened some critical bottleneck in production or may have made the difference to other workers between a quarter of an hour's wait and a 1¼ hour's wait for a bus. And there were certain types of employment

[1] The nurses were sometimes married women with children or other domestic commitments who were only available for daily employment and who could not have been always easily placed by the Ministry of Labour.

[2] Ministry of Health Circular 2388 and Board of Education Circular 1553, 31st May 1941.

[3] See p. 206.

—assembly work on radio valves is one instance—where the need for young women between 15 and 25 was so great that a case could have been made for nurseries, whatever the cost in other local woman-power.

It must also be emphasised that the reason for the low net release of female labour was that a high ratio of staff was required to maintain reasonable health standards. In the First World War the nurseries sponsored by the Ministry of Munitions and aided by the Board of Education achieved considerable labour releases. But in the thirty years that followed the standards of child care that authority could offer and the community would accept had altered. Greater anxieties about the dangers of infection, stronger views on space, fresh air, trained staff and sanitation all put up costs in the nurseries of the Second World War, and increased the staff regarded as essential.[1]

Especially high staffing ratios were necessary when children under two were accepted. Had nurseries been restricted to children between two and five years old, staffing could have been on the ratio of 1:8 or 10 instead of 1:4 or 5. Yet the Departments do not seem to have considered carefully whether, from the point of view of labour gains, it might not have been more rewarding to have limited most nurseries, or most places in the nurseries, to children of the two to five age group.[2]

Disquiet on this particular facet of the problem was voiced by the Committee of Public Accounts.[3] They found that the additional number of women who were actually working in industry as a result of the provision of nurseries was 'disappointingly small' and that it involved 'a disproportionate cost'. In 1943 a staff of 16,688 was employed to care for the 45,244 children attending the nurseries —2·7 children for each member of the staff; it was estimated that 38,829 of the mothers were in full-time employment. The Committee felt that the proportion of staff to children in attendance was very high and that 'the operation of this service . . . should be the subject of an early and continuous review . . . regard being had in particular

[1] The Select Committee on National Expenditure (*Seventh Report from the Select Committee on National Expenditure, Session 1941-1942*) demurred at the high staffing of the nurseries: ' . . . in the present emergency this standard, even though otherwise desirable must be lowered', said the Committee, 'if expenditure of public money on these new facilities is to be justified'. Over-generous staffing was a particular danger where attendances were low. The Ministry of Health replied, however, that 'this staffing was considered by their advisers to be the minimum necessary'.

[2] This policy was very strongly argued by supporters of the Nursery School Association. See for instance the arguments of Viscountess Astor in a Debate on the Civil Estimates 30th June 1942. She stated that the capital cost of nurseries taking children from 0 to 5 was £65 a head, but for children from 2–5 the cost was only £24 a head. Maintenance costs were respectively £27 per head and £12 per head. Staffing ratios were 1: 4 or 5 as against 1 : 9 or 10. (H. of C. Deb., 30th June, 1942, Vol. 381, Cols. 82–87.)

[3] *Second Report from the Committee of Public Accounts*, October 1944.

to the value of skilled staff absorbed by the nurseries as compared with that of the labour released'.[1]

THE COST

Against the perspective of total war expenditure, the financial costs of the war-time nurseries were doubtless a relatively unimportant issue. But as the Committee on Public Accounts did find them 'disproportionate' to the labour released,[2] it is worth considering briefly the price paid by the nation to secure this small addition of workers.

Daily costs per nursery place varied considerably between one locality and another, and even between one nursery and another in the same administrative area. The returns of one Metropolitan Borough for the period April to December 1943, showed that the total expenditure per place per day in seven war-time nurseries, including salaries, wages, heating and lighting, food, rent, rates, etc., and other expenditure, but excluding capital cost, was as varied as 1s. 11¾d., 2s. 9¼d., 3s. 3¼d., 3s. 4d., 3s. 5¼d., 3s. 6½d. and 3s. 9¼d., respectively.[3] The average weekly cost per child in attendance at a nursery was estimated by the Ministry of Health in November 1944, at 25s. 0d.[4] High costs arose when attendances at the nurseries were poor and when a large capital cost was necessary through the erection of a hut instead of the adaptation of an existing building.[5]

The annual cost to the Exchequer of the nurseries in the year 1943–1944 was £2¼ million, exclusive of rent and amortisation of capital.[6] Total costs for the period March 1940, to March 1945, were nearly £10 million.

HEALTH AND WELFARE

The divergent views of the medical profession make it difficult to

[1] A post-war critic of the war-time nurseries declared 'This is not a fruitful way to spend the money'—(his estimate was that the cost was sometimes over £3 per head per week)—'from the point of view either of health or of industrial production'. He had found 'little net gain in woman-power', since for every 100 mothers employed 50 workers were needed to look after the babies, and 'as every industrialist knows, mothers of young children are unsatisfactory employees and often absent on account of minor illnesses at home'. 'For these reasons', he recommended, 'day care as a means of helping the husbandless mother should be restricted to children over three who are able to adapt to a nursery school. Until the child has reached this age, direct economic assistance should be given to the mother'. (John Bowlby, M.A., M.D., *Maternal Care and Mental Health*, Report prepared by the World Health Organisation, Geneva, 1951, p. 86.)

[2] *Second Report from the Committee of Public Accounts*, October 1944.

[3] *Nurseries and Nursery Schools*, by Violet Creech-Jones. *Fabian Research Series No. 89.*

[4] H. of C. Deb., 14th December 1944, Vol. 406, Col. 1356.

[5] Capital expenditure on the first 1,129 nurseries was £1,876,000 or £1,662 per nursery. Owing to the rising costs, however, expenditure on the next 130 (end of 1943 and beginning of 1944) was £400,000 or £3,076 a nursery.

[6] *Second Report from the Committee of Public Accounts*, October 1944.

arrive at any absolute conclusions about the part played by nurseries in the maintenance of health. There does, however, seem to be an accumulation of medical evidence against the public nursery for children below the age of two. High infection rates and the more insidious psychological damage arising from the separation of a child from its mother were, as we have seen, quoted or prophesied from a number of sources. When to this are added the high staffing ratios and costs incurred in providing for the under-twos, a formidable case against their inclusion can be made. Had the scheme been restricted to, or even concentrated on, provision for the two to fives, uneasiness might well have been stilled, and money and woman-power conserved.

But the subject cannot be so easily disposed of. Most of the doctors were comparing nursery life with the good or the average home. It might well be true that it would have been better for young children, and especially for those under two, to have been with their mothers. In many cases, however, the simple choice of home or nursery was not possible. A mother might face not a choice but a dilemma—either she could work and to that extent 'neglect' her child, or she could stay at home and rear her child in poverty. Other women, attracted by war-time jobs and high wages, *would* work, even to the detriment of home and family. In many cases, therefore, the question was whether it was better for a child to be competently looked after in a nursery or to be left with a neighbour or relative, or even to play in the streets. The Government's policy, said the Minister of Health, 'is to obtain single women first, then married women without children and then married women with children'. The last group of women, he added, came forward either 'with a keen desire to help the war' or 'for economic reasons'. The Minister's duty was to meet the need for nurseries among these women and he did his best to fulfil it.[1]

In a sense then, these nursery services can be said to have acted as a social safety valve for the hard-pressed family struggling to hold together under war-time strains. A comment by a housing estate manager, on the need for nurseries in Manchester early in 1941, illustrates this quandary:—

'More and more mothers have to go out to work. Suitable minders are scarce and their services relatively costly. The children are running wild. In the past three weeks I have twice threatened to call in the N.S.P.C.C. because the mothers are working and the children left without necessary care and attention. I have had several such children come to my office with tears in their eyes, begging for food, because nobody was at home to give them a meal. Quite a number

[1] H. of C. Deb., 22nd January 1942, Vol. 377, Col. 410.

of mothers have had to give up work of national importance because they simply could not leave their children any longer'.[1]

From the point of view of the working mother, the nursery was clearly the most satisfactory place to leave her young child. There he would be looked after by trained nurses, he would be washed and fed, and would sleep. She no longer needed to worry about the neglect of a minder or the dangers of traffic. The only serious snag for the mother arose if she had to travel a long distance to and from the nursery with the child. Many mothers were believed to have taken up or to have kept on with war work because they themselves could eat at canteens and their children could eat at the nurseries, all without any surrender of rations. To the unmarried mother, or the widow without relatives to help in minding, the war-time nursery was an incomparable boon.

INTANGIBLES

In the face of the small net release of labour, the high cost, and the medical and psychological criticisms of nursery life, it might seem an obvious conclusion that the war-time nurseries did not justify themselves on the national balance sheet. These factors alone, however, do not tell the whole story. Were it simply a matter of the actual number of women released for work, it might indeed be claimed that only a very small contribution was made to the solution of the woman-power problem. But industrial welfare amenities —and nurseries among them—had more intangible effects than cold statistics can show. Without this emphasis on child care, could any Government have embarked on a campaign—such a successful campaign—to encourage married women to work? Nurseries were partly an expression of the *right* of mothers willing to contribute to the war effort, to this sort of service. Many women preferred, when it came to the point, to make their own minding arrangements, but the fact that nurseries were provided was something like an expression of the good intentions of the community towards them and their children, and an appreciation of the difficulties they had to face. The nursery was more than a mere device to get a maximum number of women on to the assembly line or into the weaving shed; it was a contribution towards the feeling of mutual responsibility between Government and the family.

[1] 'Nursery Schools: A Social Necessity.' From information collected by Kathleen Petty and Kathleen Newall, Social Science Students of Manchester University. (*Social Welfare*, April 1941, published by the Manchester and Salford Council of Social Service.)

CHAPTER VII

RESIDENTIAL NURSERIES

(i)

Introductory: The Problem

WHILE THE chief motive power behind the wide development of war-time day nurseries was the insistent demand of industry for more and more women workers, these nurseries did more than ease the pains of mobilisation. They also played a role among the social services of a community engaged in total war. By protecting the health and welfare of young children whose mothers went out to work and were unable to devote the normal time and attention to their needs, the nurseries helped to buttress and preserve a family threatened by new tensions and new emergencies. But only partially did the war-time day nursery take the place of the home—its aim was to supplement, rather than to replace, a family life that was being forced into abnormal and painful channels. For many children, however, this was not enough. Some families dissolved completely and the problem was no longer that of day-time assistance, but of the complete replacement of home life by full-time care. The aim of this chapter is to consider this particular aspect of the care of young children in war-time.

The problem of broken or disorganised families was not, of course, new. Many families in peace-time were smitten by illness or death, desertion or destitution, and needed help. Before the war, the assistance authorities were the sole source of public help; many families would apply to them, however, only as a last resort. Assistance was particularly needed when the linch-pin of the home—the mother—was missing. To contend with such emergencies, the usual course was to rely on neighbours and relatives for the care of children and husband, and so avoid recourse to 'the Guardians'.

In fact, the full-time care of young children was not a recognised social problem. The small and obvious needs that impressed themselves upon the public consciousness—the needs of the deserted, the orphaned and the children of unmarried mothers—were dealt with by the public assistance authorities and various voluntary bodies. What was numerically a much larger need—the full-time care of children during a family crisis—made little or no impression on

public thinking. The willing help of relatives and friends kept the issue below the surface of everyday life, and there, but for the war, it would probably have remained.

But could it be expected that in time of war individual kindness and family solidarity would continue to be enough? There were new strains: the call-up of men, evacuation, the direction of labour, the mobilisation of women. Although the atmosphere of combined effort and common danger sometimes produced an increased feeling of social solidarity, most war-time strains had the opposite effect; as friends and relatives dispersed, the family became more brittle. With neighbours and relations scattered, with men in the Forces and women in the factories, and with many of the older children evacuated, life became more precarious and uncertain. It was no longer possible to rely for help on those around one, and indeed, when air-raids began, looking after other people's children was a serious responsibility and an added anxiety in anxious days. Moreover, where the day nurseries and nursery schools and classes had been a possible source of relief in an emergency, there was at the beginning of the war a gap, for the nurseries were closed or evacuated to the country.

Government both central and local were slow to appreciate the new situation that had arisen. Remote from short-term family troubles, Whitehall and the Town Hall could not be easily persuaded that their responsibilites had fundamentally changed and for many months official action was limited to making more use of the public assistance facilities. Voluntary organisations often in closer contact with the people involved realised more quickly that a new and urgent need had emerged, and were prompt in doing what they could. But as the problem grew, the uneven resources of voluntary effort and public assistance were not enough, and slowly and hesitantly there was hammered out the solution of residential nurseries.

(ii)

The Problem Shelved

THE EVACUATION OF THE PRE-WAR NURSERIES

The war-time residential nursery made its first appearance not as an aid to families in trouble, but as a small off-shoot of the evacuation scheme. The Anderson Committee on Evacuation had recommended that children under five should be regarded as a priority class for evacuation only when accompanied by their mothers or some other responsible adult. Exceptions were, however, made for

children normally attending nursery schools or day nurseries in the evacuation areas, and children in public assistance nurseries and privately-maintained nurseries of various types. If the nursery was prepared to be evacuated as a unit and the staff were willing to take complete charge, then the children might go without their mothers.

In September 1939, 150 nursery parties (134 from the Metropolitan area) consisting of approximately 4,600 children, left the potential danger areas.[1] The children who went were not selected on any basis of need but were simply those on the registers of the nurseries whose mothers wanted them to go. During the Munich Crisis a number of London nursery and special schools had actually been evacuated and experience gained from this dress rehearsal had shown that it was essential for the nurseries to operate as complete residential units; it had not been found satisfactory to billet the children in ordinary houses and then provide them with a day-time nursery.[2] In September 1939, therefore, the nursery parties were sent to a number of large houses in the country.

Between the false alarm of 1938 and the evacuation of 1939 much work had been done; intricate problems of road transport were solved, accommodation was earmarked and inferior premises discarded in a search for the best possible quarters. At this stage three considerations dominated planning and thinking—the race against time, expectation of immediate and heavy air raid casualties[3] and the inability to spend money on adapting premises before evacuation actually took place.[4] Consequently, when the order to move eventually came, the actual transport operation went well but arrangements in the reception areas were not so successful. Little had been done to obtain the co-operation and supervision of local medical officers of health, and many nurseries found themselves bundled into most unsuitable buildings.[5]

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[1] Before evacuation these nurseries and schools had 7,400 children on their books. It is not known exactly how many were evacuated, nor is it known how many were fetched back by parents within the first few weeks. After the drastic processes of adjustment and resettlement had been completed the permanent residential accommodation was fixed at 4,600.

[2] The Rachel MacMillan Nursery School, for instance, which was evacuated to East Grinstead in September 1938, had their children distributed in about one hundred different billets.

[3] R. M. Titmuss, *op. cit.* Chapters I and II.

[4] The Treasury ban on pre-evacuation expenditure lasted right up to 25th August 1939 (Ministry of Health, G.E.S. 10, 25th August 1939), which meant that nothing had been done in advance to convert these old-fashioned country mansions into suitably organised premises to receive parties of young children.

[5] In a report from the Southern Region, for instance, it was stated that of the forty nursery units evacuated there, one half had been removed or would shortly be removed to other premises by January 1940. The results were sometimes humorous, said one official, as in the case of the great lady who led a matron and her staff on their arrival to the servants' hall where she explained that a nice covering of straw had been laid down upon which she felt sure that they would sleep comfortably.

There is always an element of risk in gathering young children together—in fact one of the arguments in favour of billets, as opposed to camps for evacuated school children, was that the danger of infection would be minimised. For children below school age the risks were even greater. And when to this hazard was added the fact that quite unsuitable premises had often been pressed into service, the wonder is that a more serious situation did not arise. It was more by good luck than good judgment, said one official, that there were not many deaths among the children. Cots were perforce cramped together; water supplies, sanitary facilities, heating and cooking arrangements were inadequate and antique; equipment and clothing, and above all staff, were seriously scarce.

But it was probably even more dispiriting for the nurseries to find that during the first few weeks of their new life there was no one to whom they could turn with their troubles. Amidst all the flurry and excitement they were 'stateless'. Financially they lived from hand to mouth by drawing billeting allowances and incurring debts. Technically, the Ministry of Health had placed responsibility on the receiving authorities, but in practice many of these could do little to help. They were often rural district councils and, while displaying general goodwill, were quite unfitted, either by experience or in administrative capacity, to contend with the problems involved in maintaining residential nursery units in improvised premises.

However, within a few months of the original evacuation movement, many of the difficulties of the badly housed nurseries had been solved. How this was done and by whom could only be discovered by examining detailed accounts of the vicissitudes of each individual nursery. But it can be said that a situation that could easily have led to serious casualty lists and a public scandal, was averted by the hard work and devotion of a handful of civil servants, local government officials, voluntary social workers, and, above all, by the matrons and staffs of the nurseries themselves. By December 1939 most of the parties were properly accommodated in new or improved premises, more equipment and staff had been found, and standards had been laid down to combat the problem of cross-infection. During this same period financial tangles were sorted out and the nurseries were established in a permanent relationship with either the London County Council, their original authority or a welfare authority in the district to which they had been sent.[1]

[1] The financial and administrative position of these evacuated nurseries was regularised in one of three ways:

(1) Parties that had been maintained or aided by the London County Council before the war became the full administrative and financial responsibility of the Council despite the fact that it was not a welfare authority. The Council was reimbursed by the Government on a system known as 'deficiency payments' for any additional expenditure beyond their peace-time commitments. (2) By the welfare authority in

[*continued overleaf*

NEW DEMANDS

While administrative and accommodation difficulties were being disentangled in the country, new problems were beginning to mount in London. Although only in its earliest phases, mobilisation had already cut away the ground of normality from beneath the feet of many families, and children, too young to be evacuated with the school parties, were in need. Even at this early stage the voluntary societies were being asked to help in caring for children temporarily without their parents.[1] Some of the old resilience compounded of family affection, neighbourly helpfulness and the familiar social services had already gone, and the assistance of outside bodies was needed to fill the gap.

These families so soon in trouble came from no particular strata of society. Although obviously not wealthy, they were by no means confined to the very poor, who in peace-time might have turned to the receiving officer for help. The call-up of men to the Armed Forces and the necessity forced on many women to work in order to supplement meagre Service allowances, left many families, normally completely independent, in a potentially precarious position. An illness, a confinement or an accident, and the position became immediately desperate. With no loss of self-respect, these new 'social casualties' were now turning for help to the newly instituted Citizens' Advice Bureaux,[2] and a mounting record of worry and distress began to emerge.

The official panacea was still the public assistance officer. The Ministry of Health had neither the machinery nor the necessary powers to act in *loco parentis* to a growing number of temporarily or permanently homeless young children. Instead the assistance authority (in the main the London County Council) and the voluntary societies were expected to deal with such cases. If a voluntary society evacuated a child to one of its nurseries in the country, then the Ministry would pay a billeting allowance of

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continued from previous page]

the evacuating area continuing to accept full financial and administrative responsibility for its nurseries, though recovering from the Government sums for expenses due to evacuation. This method was adopted in the case of a few nurseries fully maintained by Metropolitan and other borough councils before the war. (3) By the welfare authority in the reception district, mainly county councils, accepting responsibility for nurseries not falling under either of the two first categories. All expenses were covered by the Government, after deducting any income or grants made by voluntary societies or evacuating authorities.

[1] Within a week or two of the outbreak of war voluntary societies were being asked to help in cases such as that of a child of 2½ whose mother was ordered to hospital within two hours and whose father was in the British Expeditionary Force. Such cases began to pour in with the first few days of the war, and six were recorded on 7th September 1939. (From material supplied to the writers by the Waifs and Strays Society).

[2] These were usually organised by the Women's Voluntary Services.

8s. 6d. a week[1] under the evacuation scheme. But the Ministry of Health was only prepared to help voluntary organisations to set up new residential homes for the under-fives if they were restricted to public assistance cases, and then only on the understanding that assistance authorities remained responsible for the maintenance of these cases. If the parents of the child were destitute, had sought out the Relieving Officer and had fitted in to an appropriate legal category, then their problem could be easily solved. Unfortunately, for administrative tidiness, cases could not always be so neatly docketed—not all parents were so obligingly destitute.

Not unnaturally, the main assistance authority involved—the London County Council—was somewhat reluctant to play the role for which the Ministry of Health was so anxious to cast it. These children did not come from destitute families in any real sense of the word, so why should London ratepayers be expected to foot the bill? This was a national problem, a problem arising directly from the impact on the community of war and national policy. On the other hand the Ministry of Health felt that it could hardly sponsor the needed nurseries itself lest the Treasury should suspect it of attempting to use the Evacuation Account as a means of relieving social distress.

What alternative policy was possible? For example, could the nurseries be re-opened in the evacuation areas? Again there arose the stumbling block of financial responsibility. The local authorities and voluntary organisations who had previously run the day nurseries in the towns were now contributing to the cost of maintaining the evacuated nurseries, and were quite definite that they could only organise and re-open day nurseries in the towns if relieved of their financial liabilities in the countryside. Such an arrangement would, however, have involved a roundabout use of the Evacuation Account as an agency of social relief, and in any case there were other obstacles—it was difficult to obtain trained staff and no nursery could be opened until air-raid shelters had been built. The problem confronting the Ministry was how to finance a new war-time social service within the limits of the existing legislation which had been designed to deal with the specific issues of destitution or evacuation.

While these complex points of administrative principle were being thrashed out in the Departments, the need for action was growing daily. By December 1939, the Women's Voluntary Services knew

[1] The cost of maintaining a child in a residential nursery was between 28s. and 35s. a week. In June 1940 the Ministry agreed to pay one guinea a week in respect of each member of the staff of the additional nurseries opened by certain voluntary societies. This was in addition to the 8s. 6d. per week per child, but the new payments were subject to a maximum of 12s. 6d. per child per week, which allowed a staffing basis of roughly one adult to five children.

of 800 cases where young children needed full-time care. Voluntary organisations had already been doing what they could. The Women's Voluntary Services, for example, equipped and staffed a small number of country houses for some of these children and as early as September 1939, they established a Receiving Centre at Bedford Park College—an example followed a few weeks later by the Waifs and Strays Society. The function of the Receiving Centres was to act as a valve mechanism collecting children needing help and controlling their flow to vacant places in the nurseries.[1] To have sent them immediately without a thorough medical inspection would have increased the risk of epidemics to which such closed communities as residential nurseries are peculiarly susceptible. Sometimes a child had deteriorated sadly before arriving at the Centre, and before he could be sent to the country he needed cleansing, clothing and medical attention. In other instances, although the case was desperate, no immediate nursery vacancy might be available. Then the Centre could take the child in for a few weeks until the next vacancy occurred. During the first six months of the war, and with the assistance of such bodies as the Waifs and Strays Society,[2] Dr Barnardo's Homes, the Children's Country Holiday Fund and other societies, between three and four hundred children were evacuated. But in this period alone, the Women's Voluntary Services received nearly 1,200 appeals for help.

In December 1939 the Ministry of Health took its first tentative steps to deal with the situation; a conference of interested voluntary organisations was called to discuss the best use of the resources available. But confined as it was within the rigidities of the Evacuation Scheme and the Public Assistance regulations, it could do little more than publicise the existing facilities. The Government Evacuation Scheme, it pointed out, was never intended to be used to relieve at Government expense cases of hardship which ought properly to be dealt with by public relief or otherwise; 'hardship standing alone' could not be 'the sole test of evacuability'. Applications for evacuation—other than public assistance cases—were to be sent to the Women's Voluntary Services who would act as a clearing house for all the voluntary organisations involved.

In the following March this attempt to rationalise the use of

[1] Vacancies occurred when children were brought back home by their parents, and later when the evacuated children reached five years of age and could be billeted under the ordinary arrangements for evacuated children of school age.

[2] The Waifs and Strays Society, who were the first to offer their services, accepted the largest number of children during this period. By the end of 1939 they had taken charge of about 100 and had been of great help to the Ministry of Health by accepting into their Homes children under five who had been found to be unsuitable for billeting. On the outbreak of war they had evacuated nearly 1,000 of their own children, and in February 1940 they opened a new residential nursery, partly for evacuated under-fives and partly for their own children. (From material supplied to the writers by the Waifs and Strays Society.)

existing residential nurseries was placed on a more formal basis by the establishment of the Under-Fives Panel.[1] The task of the Panel was to consider applications for the evacuation of under-fives from the Metropolitan area, to draw up a priority list of those fulfilling the criteria for evacuation and to find them places in the reception areas, either in the nurseries or in specially selected and supervised billets.[2]

The Under-Fives Panel faced two main problems in carrying out this task. The first and easier one was to maximise resources by ensuring the co-operation of statutory and voluntary bodies in a comprehensive scheme. Sometimes this was by no means simple—some of the Metropolitan Boroughs, for instance, at first wanted to restrict the places in their evacuated nurseries to children from their own districts. But the second problem—that of applying the criteria for evacuation—was much more difficult. The guiding principle laid down by the Ministry of Health was that children were eligible 'who could not for some strong reason, such as the death or illness of the mother, be taken away from an evacuation area accompanied by an adult member of their family'. On the basis of this yardstick, 'Recommending Bodies'[3] were issued with a list of specimen cases suitable for evacuation.[4] As accommodation shortages ruled out all but the most urgent cases, the mesh was inevitably fine, but between

[1] The Panel was established at the instance of the Ministry of Health, and consisted of a representative of the Standing Joint Committee of Metropolitan Borough Councils, a senior Care Committee Organiser of the London County Council, a senior official of the Council's Social Welfare Department and a representative of the Under-Fives Section of the Evacuation Department of the Women's Voluntary Services. All clerical work was done by the Women's Voluntary Services who acted as a clearing house for all applications from the Metropolitan area and administered the evacuation of the children.

[2] When the children were billeted Welfare Authorities were advised to arrange for supervision by health visitors, similar to that afforded to children falling under the Infant Life Protection Sections of the Public Health Act, 1936. The Children's Country Holiday Fund did extremely useful work in supplementing the nurseries throughout the war by finding and supervising billets for young children. Voluntary workers known as Country Correspondents found suitable homes, supervised the billets and assisted the hostesses with any problems that arose. In March 1940 the organisation undertook the billeting of children who had reached 3½ years of age and during the next three years nearly 1,800 children from London were billeted. After September 1940, a similar scheme (known as the Yorkshire Aunties) was launched by Mrs Tayler-Dyson for taking under-fives from London. It also was worked through the Country Holidays Fund.

[3] Namely, Nursery Committees, Borough Infant Welfare Officers, London County Council organisers, Citizen's Advice Bureaux, Hospital almoners, voluntary bodies and social workers.

[4] Typical Cases:

1. Father serving in Army, Navy, Air Force or Civil Defence post which is, or would become full-time in the event of raids, mother dead, ill, or requiring to be removed to hospital (includes mental hospital), no relations to whom the child could be sent in the country, no other responsible member of the family who could accompany and care for the child in the event of raids.

2. Father not necessarily serving but working at a wage insufficient to pay for care of child, mother dead, ill or admitted to hospital, no grandparents or other members of family (or grandparents in London unsuitable to take charge of child and unable

[*continued overleaf*

March and July 1940, the Panel, operating as yet only in London, dealt with 4,000 applications and arranged for the evacuation of 1,700 children. Panels were not yet necessary in the provinces—elsewhere than in London the problem did not emerge on any scale until air-raids began.[1]

With the advent of the Under-Fives Panel, the Receiving Centres were put on a sounder footing. Originally initiated by and supported entirely from voluntary sources, they were now feeling the financial strain. At first the Ministry of Health had not been prepared to provide any financial help. For how could billeting allowances be paid for children actually located in an Evacuation Area? But now the Ministry agreed to regard the Centres as extra-territorial enclaves within the Evacuation Areas and to pay a billeting allowance immediately a child was accepted. While this helped, it did not cover the total expense of running these invaluable Centres and further assistance was needed if they were to carry on. To this end, the London County Council contributed financial and medical assistance, charging approved expenditure to the Evacuation Account. Anti-epidemic precautions were intensified—children were now admitted to the Centres only on the production of a medical certificate showing them fit for evacuation, and before actually leaving for the country they were examined yet again.[2]

The first nine months of war, therefore, saw no real increase in residential nursery accommodation but rather an attempt to make the most efficient use of what already existed. Voluntary workers accepted the main share of responsibility. The official contribution was confined to straightening out some of the administrative complications, encouraging the setting up of co-ordinating machinery and

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continued from previous page]

to remove it in the event of danger), sisters or other relatives engaged in work of national importance.

3. Father working on small wage, mother nearing confinement and able to show good reason why she has not accepted evacuation as expectant mother, no other member of family able to care for children in home.

4. Father working on small wage, mother nearing confinement with more than one child under five.

5. Father unemployed but looking for work, mother employed in work of national importance.

6. No father (includes mother deserted by father), mother engaged in work of national importance, no grandparent or other member of the family able to care for child and remove from danger.

7. No father (includes mother deserted by father), mother ill or expecting confinement, no other member of family able to take charge of child.

8. Father and mother both employed on work of national importance but unable to pay for care of child or to arrange for its evacuation.

9. Orphan child without father or mother, resident with aged or infirm grandparents.

[1] See pp. 225 and 226 below.

[2] Children needing hospital treatment were automatically accepted by the London County Council hospital connected with the nursery. Later when the Ministry began its campaign against diphtheria the Under-Fives Panel performed a useful function in bringing before parents the need for immunisation.

making a small and tardy contribution towards the running of the Receiving Centres. The reality of air attack still lay in the future and no attempts were made to anticipate needs that were soon to arise. For fear of 'opening the flood gates', as the Ministry of Health put it, children were accepted only on the basis of the most demonstrable need. But considerations of cost, though important in moulding policy, were not completely paramount. Any attempt to set up widespread residential nurseries would also have been challenged on medical grounds. The anxieties of the early months of evacuation[1] were too vividly at hand, and many of the Ministry's advisers were 'bitterly opposed' to more nurseries—the risks involved seemed too great. This fear, however, demonstrated a curious official astigmatism, for few objections were raised to the expansion of public assistance nurseries, where there was surely no reason to suppose that infection risks were any the less.

FIRST CRISIS

The events of May and June 1940, threw residential nursery policy into a state of flux. Not only did the steady flow of cases threaten to become a torrent, but some nurseries found themselves in localities that were suddenly potential areas of military operations. The immediate task was to get the children to safety, and with scant respect for the niceties of Government administration and finance, the nurseries in the new danger areas were moved into safer homes.

The pressure of events made it impossible to do much about the growing numbers of under-fives who had no one to look after them. Some help could be given. For example, to encourage private evacuation free railway travel was made easier to obtain and eligibility for billeting allowances was widened.[2] And the London County Council devoted part of its hospital and institution accommodation to use as short-stay homes for the young children of expectant mothers. But the tide of social distress was steadily mounting. In June 1940, the Women's Voluntary Services reported that the Under-Fives Panel could no longer cope with the rising number of applications for help—264 in March, 358 in April, 777 in May and now 1,644 in June.

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[1] See p. 215.

[2] Ministry of Health Circular 2071, 27th June 1940, and E.V. 10.

(iii)

Action

CRISIS INTENSIFIED: VOLUNTARY EFFORT PAYS

With the air attacks of the autumn, crisis grew to new proportions and was heightened by new tragedies.[1] There were more children with no one to look after them. There were also many under-fives who were terrified by air-raids, but who could not be evacuated because no 'responsible adult' could go with them and no private arrangements could be made for them.[2] In the period September to October 1940, 2,614 applications for the evacuation of young children were made, and authority could no longer play so passive a role. By September the Ministry of Health was aware that the immediate provision of new nurseries was vital if serious repercussions on morale, both civil and military, were to be avoided.

Who could be entrusted with the task? The orthodox answer was the local authorities in the reception areas, but orthodoxy seemed unlikely to meet the need. Local authorities, already straining to meet other emergency situations, were too diverse in administrative capacity and experience to assume successfully this delicate responsibility. Nor was much confidence inspired by their record in setting up nursery centres,[3] or by the use of their powers to establish short-stay homes. A possible alternative was the London County Council, an authority with ample resources of administrative talent and welfare experience, which was already running public assistance nurseries and some of the evacuated nursery parties. These reserves were already, however, at full stretch and the Council was too heavily engaged in other welfare problems arising from air attack to allow it to take on the whole of the job.

The best solution seemed to lie in the voluntary bodies. Untrammelled by statutory regulations, district auditors or Treasury control, they could act with speed and decisiveness. There remained, however, the problem of how to give them support from public funds

[1] The Ministry was faced abruptly with such cases as—John, aged one year six months; mother killed in air-raid. John crawled out of the wreckage the next morning. Father in pitiable state of distress, too unhinged to work. Terry, aged two years. Both parents burnt to death. Terry pulled out of blazing house with sight of one eye gone. Michael, aged two years four months. Mother killed in air-raid in presence of the child. Father in Forces.

[2] In November 1940 the London County Council conducted a personal visit campaign to encourage further evacuation. Their returns showed that over 2,000 mothers could not leave London and that they had nowhere to send their under-fives.

[3] See Chapter VI.

without at the same time introducing some measure of Treasury supervision.[1] Various ingenious devices were contemplated.[2] Happily the resources of the voluntary organisations were supplemented from an unexpected source and for a time, at any rate, the use of further public money was made largely unnecessary. Through the good offices of the Women's Voluntary Services, the American Red Cross became interested in the plight of temporarily and permanently motherless under-fives in London, and sufficient money was guaranteed to finance 100 new nurseries.[3] Later, other American and Dominion organisations added their help in cash and kind. With the financial problem solved, the Ministry of Health was able to throw itself whole-heartedly into helping the voluntary organisations to extend the residential nursery service.

There remained the practical problems of housing and equipping the projected nurseries. Pressure on all accommodation resources was growing as other Government Departments, the Services and various evacuated organisations scoured the country for suitable homes, and even when premises could be found, stringent building control made conversion and adaptation slow and difficult. In December 1940, Lady Reading, Chairman of the Women's Voluntary Services, made an urgent appeal to the Ministry to take energetic steps to find and equip a large number of houses for nursery parties. 'Vacancies available in nursery parties during the next ten days amount to no more than forty; children already passed by the evacuation Panel number over one hundred and sixty. At the end of this week the total will be well over two hundred. . . . The Panel have sent me a message that they feel it to be a travesty to continue selecting children for whom there is no immediate prospect of evacuation.' The War Office was the chief rival for premises, and it had developed an almost uncanny instinct for requisitioning just the type of house most fitted for use as a nursery. In January 1941, the situation had become so serious, and the waiting lists so long, that the Minister of Health personally approached the Secretary of State for War. The Prime Minister also intervened in this general field by asking the Minister of Works to 'use his utmost endeavours

[1] It is an interesting sidelight on the influence of the Treasury on policy-making that the suggestion was never made, even at the height of London's bombing, that the Treasury should find the money and forgo, temporarily, the machinery of financial scrutiny.

[2] The Ministry of Health, for example, made the suggestion to one organisation (even to the length of actually drafting a letter for it) that it should ask for a grant from the Lord Mayor's Fund for Air-Raid Victims. But the suggestion proved abortive as it was not clear whether the Fund's unspent millions could be devoted to relieving distress which was perhaps only indirectly caused by bombing.

[3] Money was also contributed by the Surdna Foundation. The offer of American assistance was first made to Lady Reading (Chairman of the Women's Voluntary Services) on 13th September 1940; sixteen days later the Waifs and Strays Society, to whom the money was allocated by the Women's Voluntary Services, opened two new residential nurseries.

to press on in conjunction with the Ministry of Health in the work of finding premises for welfare services of all kinds to meet the needs of the homeless as well as of the evacuation schemes'.

Supplies of equipment were no easier. Vast stocks of material had been destroyed in the blazing warehouses of London. Of five factories manufacturing cots, for example, four had been damaged. But all were anxious that the nurseries should be efficient and attractive places, and societies naturally felt an obligation to demonstrate to American visitors that their generous help was being put to good use. To this end the Ministry and the co-operating organisations had set up a 'Bottle-neck Committee' to solve equipment and accommodation problems; the Waifs and Strays Society were helped in organising an 'Equipment Pool' from which new nurseries could be fitted out; and the Ministry of Works' central purchasing machinery was invoked to buy and stock a large number of essential items.

An aim of 10,000 nursery places by the end of 1941 was now set.[1] As it seemed too much to hope that the voluntary organisations could achieve this alone, the London County Council was asked to co-operate and the Treasury agreed to refund completely the costs it incurred. By March 1941, 61 new nurseries, providing shelter and security for 1,850 children, had been established and during the following months the tempo quickened. On 1st September 1941, achievement of the set aim was already in sight—313 nurseries were operating with places for 9,544 children. Of this total 163 were new and 76 owed their existence to American funds. Yet despite the achievements of this period only the saddest and most desperate cases could be accepted. The Under-Fives Panel in the first nine months of 1941 evacuated 4,793 children but in that same time they had received 9,211 appeals for help. In September, however, the proportion of acceptances by the Panel began to rise and the Ministry of Health was able to face the question of the full-time care of young children during the third winter of the war with growing confidence.

The time had now come for a review of the basis on which the Under-Fives Panel had been forced, by physical shortages, to exercise its judgment. Although the percentage of acceptances had begun to rise, it had been felt by social workers that the criteria maintained by the Panel were too narrow.[2] Typical cases that had

[1] This excludes places for under-fives from destitute families which would be found by the public assistance authorities in the usual way.

[2] The Minister of Health had been impressed himself by the urgency of the need to expand the service. 'The view that it is the responsibility of the mother to take her young children away herself whenever such a course is remotely possible,' he wrote in a minute to his Department, 'is unchallengeable; but it is impossible to talk to social workers and shelter marshals without realising how many border-line cases still exist where it is virtually impossible for the mother to leave her other responsibilities.'

been rejected were cited: 'Mrs. X's husband suffers from very bad asthma and a weak heart and she cannot leave him, although Douglas, aged 14 months, is terrified of gunfire; her application was refused. Mrs. Y's husband is an Air-Raid Precautions worker suffering from duodenal ulcers. Mrs. Y cannot let him feed in cookshops. She has two children aged 3 years and 18 months; the Panel accepted the 3 year old but refused the child of 18 months. Mrs. Z has two children aged 4 and 2. Her husband was killed on demolition work, and she is most anxious to support her family as her only income is the widows' and orphans' pension. This case was also refused. In another case a small boy of 3½ was refused and had later to be evacuated through the Medical Officer of Health under the scheme for War Sick Children. It seems sad that some children should reach the country only by becoming ill through shock from air-raids.'[1] Not only were children such as those cited above excluded, but children of four and a half and over were not taken because they were so nearly five, and when they were five they could go away through the school. Voicing the general criticism of the facilities available, *The Times* declared in June 1941, that 'something more has got to be done—and something adequate—for the babies'[2] and shortly afterwards this disquiet was aired in the House of Commons.[3]

To assess the extent of this unsatisfied demand in the evacuation areas alone, is difficult and speculative. But there can be no doubt that the need was considerable. In London 20,372 applications were made to the Panel during 1940 and 1941, and of these only 51 per cent. were accepted in 1940 and 55 per cent. in 1941.[4] It should be further remembered that applications were not made *direct* to the Panel—they had already been screened by social workers and the recommending bodies, and those obviously unlikely to succeed had already been rejected. Moreover, ignorance that these facilities existed could mask a demand that made no statistical impact at all. Demand in the large provincial centres is even more difficult to calculate but long waiting lists for such nurseries as existed were the general rule. Birmingham, for example, in December 1941, had a list of 150 for its two nurseries 'which could easily be trebled'[5] and

[1] *Social Work*, July 1941.

[2] *The Times*, 6th June 1941, quoted several distressing cases, among them: 'K., aged three, whose mother, obliged to earn had become a window cleaner in the City, whose father is a soldier in hospital severely wounded. K. must continue to sleep under a railway because she fits into no category. T. and P. aged four and two, mother almost mentally unhinged because she must work and therefore cannot take the children away; although bombed out three times still ineligible.'

[3] H. of C. Deb., 11th June 1941, Vol. 372, Cols. 258–261.

[4] These figures include a small but unknown number of second applications.

[5] *Public Health*, 1941, Vol. LV, p. 64.

Plymouth had a long waiting list for the nurseries set up by Lady Gunston after the heavy raids of April 1941.

By the end of 1941 it was clear, therefore, that some relaxation was needed in the tests for admission. The problem was approached cautiously—it was always essential to keep in mind the possibility of fresh emergencies making sudden heavy demands. What new strata of eligibility could be accepted? How far could the door be opened without undue risk? Could the nurseries openly become a welfare service and no longer remain merely the creature of civil defence?

DECEMBER 1941: THE GOVERNMENT FOOTS THE BILL

Before these problems could be resolved, however, world events and domestic achievement precipitated a thorough-going review of the whole position. The entry of the United States of America into the war meant a diversion of American funds to their own welfare channels and so involved a reconsideration of the financial basis of the residential nursery service. Almost simultaneously the achievement of the aims set in September 1940 also called for a review of what should be the future aims and the future policy of the service.

By now the nurseries had fully justified themselves as a necessary evacuation service. Without demur the Treasury agreed not only to meet any expenses arising from the withdrawal of American support,[1] but also to cover all deficiencies in approved expenditure for existing parties and for any new nurseries established at the request of the Ministry of Health. In fact, the Treasury was now prepared to cover the total expenses of the nurseries, less any income they might be receiving from parents' contributions, local authorities, voluntary organisations, foreign donations and the like. Finance was now no longer a major pre-occupation for all those concerned in the service.

The target of 10,000 places by the end of 1941 had not been set up as an ideal—it had merely seemed a reasonable forecast of what was physically possible in the time allowed. It was useful as an incentive to action and as a measure of success but once the target was hit and financial help was assured, a broader view of the possibilities of the service could be taken. While the need for nursery facilities could not be accurately estimated, the Ministry knew only too well that it

[1] Not all American contributions ceased immediately and some organisations were more successful than others in arranging for the money to be prolonged. For example, Exchequer assistance beyond billeting allowance began at the following varying dates for the different societies:

British Red Cross Society, November 1941; Waifs and Strays Society, January 1942; Priestley Nurseries Ltd., March 1942; Society of Friends, June 1942; Save the Children Fund, January 1943; Lady Gunston's Nurseries (Anglo-American Relief Fund), January 1944; and Invalid Children's Aid Association, February 1944.

remained urgent and had become nation-wide. Air attack might begin again and there were temporarily and permanently motherless under-fives in the bombed and shelled towns, and in neutral and reception areas.

A new and again arbitrary target was therefore set—a programme was adopted of 15,000 nursery places by the end of 1942, which implied over 100 new nurseries.[1] It was further hoped that most of these additional 5,000 places could be provided within three or four months; this would satisfy outstanding demand and it would be possible to widen the criteria of acceptance. Accomplishment fell short of expectation, however, and by June 1942, only 1,100 additional cots had been found. Luckily, lack of achievement was to some extent matched by falling demand, or at least by the changing shape of demand. As air attack lessened, the number of applications shrank; by the middle of June they averaged 700 a month. Acceptances, which now included some types of cases that would previously have been refused,[2] had risen to 80 per cent. On 1st June, indeed, there were 900 vacancies in the nurseries and a further 434 places were blocked by quarantine precautions. Demand had begun to slacken as the physical obstacles to establishing new nurseries began to multiply, so the Ministry thankfully decided to lower its sights and review its target when a total of 13,500 places had been provided. Meanwhile there was now an ideal opportunity to explore the wider potentialities of the nursery service and to relax the tests for admission.

OPENING THE DOOR WIDER : FROM EVACUATION TOWARDS WELFARE

Until now the limits of residential nursery policy had been strictly prescribed by the terms of the Evacuation Scheme. The essential task had been to give shelter to young children in need of care from the evacuation areas—and from the evacuation areas only—whose mothers were unable to accompany them to safety. Even this restricted aim could be only partially fulfilled; in putting first things first, it had been possible to take in only the most urgent cases.

But solid achievement in providing nurseries, and a decreased demand for places as air attacks slackened, now made possible a broadening, in both a geographical and a social sense, of the catchment area from which the nurseries received their flow of social casualties. In April 1942 it was decided to accept children living in evacuation areas, aged between two and five, whose mothers wanted to take up nursing, to join one of the Women's Services or

[1] Again, excluding the purely public assistance cases.

[2] For example, children of women on work of national importance. See below.

to take a job covered by the Essential Work Order.[1] During 1942, 8,863 applications for nursery places were made to the London Panel, and of the 7,254 cases (or 82 per cent.) accepted, about 1,600 were the children of working women.

The next stage in the re-orientation of nursery policy was reached in August 1942, and marked the first departure from the previously axiomatic condition that before a case could be considered the child had to live in an evacuation area. The arbitrary distinctions between evacuation, neutral and reception areas had been blurred by 'tip-and-run' raids and coastal shelling, and the condition of an address in an evacuation area was no longer tenable. The nurseries were now opened, under the same terms as those applied by the London Panel, to children of two to five living in areas liable to sporadic attack and to children living in neutral and reception areas who had been deprived of parental care as a result of bombing.

In March 1943, the union of Evacuation Scheme and residential nursery was still further weakened, when the children of Servicemen living anywhere in the country became eligible for admission. During 1942, the Soldiers', Sailors' and Airmen's Families Association had drawn the attention of the Ministry of Health to the many urgent and pathetic cases of family crisis that it continually encountered; in neutral and reception areas these were being dealt with by Public Assistance Officers. If stationed in England, the father could normally get a short period of leave to sort out his family troubles. If abroad, he could do even less—compassionate leave was granted only in the most serious cases. The most common causes of distress were the illness or death of the wife, or her removal to a hospital, sanatorium or mental home, or her confinement.[2] In such cases, and where the children were likely to need care for a considerable time, a residential nursery could accept them. Where care was needed only for a short-time—less than three months—the Public Assistance Officer usually remained responsible.[3] An exception to the new extension of admission was, however, made where the child needed care because of defection by the mother. Where a mother deserted her family, it was the view of the Ministry

[1] In the case of women taking up industrial employment, the charge to the mother was 10s. 6d. a week, instead of the usual recovery of 6s. a week or less paid for older children. Later in 1942, the qualifications for this group were relaxed still further to give the Panel discretionary powers to admit a few cases where the mother was on work of national importance even if the Essential Work Order had not been applied, and also a few cases of under-twos. In November 1943 a further group were admitted —mothers, in any area, discharged from the Services and going to work of national importance and who could make no other arrangements for their children.

[2] Example. Case N. Army. Reception Area. Mother dead leaving four children aged two and a half to seven with grandmother too ill to care adequately for them. Father applied for discharge from Army.

[3] The question of short-stay accommodation is dealt with on p. 237 *et seq.* in this Chapter.

that the care of the children should remain a duty for the public assistance authority.[1]

At about the same time, and following a report on welfare conditions in the three Women's Services,[2] another group became eligible for the nurseries—'the children from six months to five years of Service-women (married or unmarried) who are anxious to re-enrol in their former Service and where the Service is willing to have them back'. Once again the distinction between evacuation and other areas was abandoned as a prerequisite of admission.

As the residential nursery service entered these new fields, efforts were made to persuade the Ministry of Health to relax its policy in other directions. Except in cases where there was no alternative and in the particular case of Service-women, it was the general rule that nurseries should not accept the 'under-twos'. These small children were better with their mothers if that were at all possible. Despite attempts to induce the Ministry to revise this view, the principle was broadly maintained throughout the war. Similar attempts were made to use the nurseries to alleviate the growing problem of illegitimacy[3] but again the Ministry stood firm. The Evacuation Scheme could not be used, it maintained, to solve the social and economic problems of illegitimacy, and the nurseries could not be employed 'in any way calculated merely to relieve those social services which are or should be provided out of the rates'. The children of unmarried mothers could only be accepted under the normal and now fairly wide terms of eligibility laid down by the Panels; illegitimacy was never, of itself, considered a particular qualification.

Although the functions of the residential nursery service had broadened, the physical expansion of the service had, by now, lost some of its original impetus. The already shrunken aim of 3,500 extra cots finally matured into the achievement of 3,000 places at the end of 1943. Difficulties had accumulated during the year—the voluntary societies were operating at full capacity, staffing shortages were more acute than ever, and every weatherproof building in Britain seemed to be already occupied. There was too, a growing feeling that the Treasury could not be expected to continue to authorise an expansion of the service to meet needs not directly associated with the principle of evacuation.

More important, however, than the physical and administrative problems involved, was the change in the climate of expectation in which the service was now operating. Air-raids were much more rare

[1] Example. Case D. Air Force. Reception Area. Wife of Pilot Officer abandons five children aged two to thirteen years. Father confronted with alternative of neglecting children or facing court martial as a deserter.

[2] *Report of the Committee on Amenities and Welfare Conditions in the Three Women's Services*, Cmd 6384, 1942.

[3] See Chapters III and IV.

and without the urgent compulsions of almost nightly attack the will to expand inevitably flagged. Total demand was not only falling—1943 saw 8,695 applications to the London Panel as against 8,863 in 1942[1]—but the type of demand was changing too. Urgent though these current demands undoubtedly were, they did not give the same incentive to action as the spectacle of children forced by family circumstances to remain without proper care in the bombed cities.

The position of the service had become somewhat equivocal. Initiated as an adjunct to civil defence, and still finding its main sustenance in the Evacuation Account, it had developed stage by stage into a social service only tenuously connected with defence against air attack. The children it helped were certainly the victims of war—their life as members of a family had been broken by military and industrial mobilisation, population movements and the accumulating deficiencies in house room—but they were not primarily refugees from air attack. The changing pattern of social distress and the development of the nurseries from 'evacuation' to 'welfare' is illustrated by an analysis of the type of case where the Under-Fives Panel in London was being asked to help:—

Applications to the London Under-Fives Panel for the admission of under-fives to Residential Nurseries for long-stay care[2]

September	Primary Reason				
	Air-raids	Parent in Hospital	Health	Work	Other Reasons
	%	%	%	%	%
1940	47	21	12	15	7
1941	28	20	13	35	4
1942	6	25	14	51	4
1943	0	39	13	43	5

Applications arising from air attack had disappeared but the impact of mobilisation registered directly and indirectly. The number of children in need because mothers were having to work had risen sharply—day nurseries were not the complete answer for all families. But mobilisation is also reflected in the cases arising from illness and admissions to hospital. By 1943, with the absence of husbands in the

[1] The Ministry of Health had no statistics showing demand and supply for provincial nurseries, either short-stay or long-stay.

[2] This analysis was made for this History by the Under-Fives Department of the Women's Voluntary Services.

Forces,[1] illness of wives meant more than ever that there was no one to look after the babies.

Although the nurseries were now dealing with types of need that might have been expected to be nation-wide, most of them still provided mainly for the Metropolitan area. Of the 13,000 cots available at the end of 1942, five-sixths served the London area, and of the 415 nurseries in existence, only 70 catered for other districts—mainly Birmingham, Bristol, Plymouth and the other large cities. In 1943 short-stay accommodation was about equally divided between London and the rest of the country, but for long-stay cases London employed 325 nurseries as against 55 for all other areas. Lack of statistics makes it difficult to judge the need in the provinces, but it seems probable that it existed and was met in other ways.

Why was London so disproportionately heavy in its demand? Perhaps neighbourhood life had always been closer-knit in the provinces and survived the tensions of war somewhat better. Families in London could sometimes lead an anonymous and shadowy existence without close contact with neighbours. Particularly was this the case when they had no roots in London, but had migrated there before the war. And, of course, London felt not only the first shock of air attack, but also the grinding away of normal routine life by long weeks of continuous raids. It also seems possible that the public assistance authorities were helping to meet needs that existed outside London.[2] For example, in what had been the Depressed Areas, the help of the Relieving Officer was perhaps sought less reluctantly than in other parts of the country. But whether this was a satisfactory solution, and how far it met demands, is problematical.[3]

FINAL ACHIEVEMENTS AND WINDING UP

In February 1944 the Ministry of Health made its first census of children deprived of normal family life and receiving public residential care in nurseries. The figures received, though incomplete, showed that 16,402 children were in the nurseries, and that 6,224, or 40 per cent. of them, were in nurseries run by public assistance authorities. Against this, there were 21,000 places available.[4] Although on paper the ratio of cases to accommodation appeared to

[1] When the 'occupation' of father was analysed by the Women's Voluntary Services it was shown that the percentage of Service cases for 1940–43 was 30, 42, 44 and 44.

[2] When the Ministry of Health invited a review of the situation from its Regional officers early in 1944, one of the reports suggested that the public assistance authority was 'as usual taking a considerable number of cases in an unobtrusive way'.

[3] See pp. 244 *et seq.*

[4] The enquiry covered England and Wales only and excluded, for instance, children in voluntary homes run without aid from public funds.

leave some margin for emergencies, the Ministry felt some uneasiness at the picture presented. Much of the accommodation, both used and vacant, was considered unsatisfactory and other cots were immobilised by quarantine or because staff was unobtainable. The apparent margin of manoeuvre was further restricted by the fact that accommodation was ill-distributed both geographically and by age-groups. Particularly was the Ministry worried about the accommodation available for the growing number of short-stay cases.[1]

Any considerable expansion was out of the question—staffing and accommodation difficulties made it impossible. But the position could be eased a little by administrative action. Steps were taken to provide more short-stay places and a few new long-stay nurseries were opened.

In June 1944, the long-expected emergency materialised in flying-bomb attacks, and the nursery service was called upon to take up its old role of an evacuation service. In July, 1,600 additional places were found by increasing the capacity of certain nurseries by 20 per cent., and under-fives were selected for evacuation at about the rate of 344 a week, as compared with the previous peak of 171 in 1941.[2] Some nurseries in the South-East were scattered along the path of the flying-bombs. 27 of them, containing 1,000 children, were removed to safety within a month of the attack opening, but not before one nursery had been hit and 22 children killed.[3] At the same time there developed an increased demand for short-stay care for the children of expectant mothers; certain day nurseries were pressed into providing a twenty-four hour service and 15 new short-stay units with 400 cots were opened.

This last spasm of furious effort was, however, short-lived. As the flying-bomb launching sites were overrun the problem of the under-fives needing care and protection again became a welfare issue. By now the end of the war and of the evacuation scheme were in sight. Already some evacuation areas had been designated 'go-home' areas and the time had at last come to consider the immediate future and the ultimate winding-up of the service.

To begin with the number of children in the nurseries fell rather slowly. Early in 1946 it stood at 12,276 in 384 nurseries.[4] At the end of the war in Europe the Ministry had estimated that because of the death of parents, destruction or severe damage of their homes or the absence of fathers in the Far East, as many as 2,500 children might remain in the nurseries for two years more. It was accordingly

[1] See p. 237 *et seq.*

[2] *On the State of the Public Health during Six years of War, Report of the Chief Medical Officer of the Ministry of Health 1939-45*, p. 101.

[3] Ibid.

[4] *Report of the Ministry of Health for the year ended 31st March 1946*, Cmd 7119, pp. 51 and 52.

arranged to retain 80 of the residential nurseries with accommodation for 2,900, the margin being provided to allow for contingencies.[1] In the event, however, the unexpected conclusion of the war in the East and the speedy demobilisation of older men meant that parents were able to bring their children home faster, and in greater numbers, than had been expected. Already by October 1946, the nursery population was below 2,000 and by the end of the year —many having been taken home in time for Christmas—only 28 nurseries with 521 children remained.[2] Many of the nurseries had been situated in country houses, and these were now de-requisitioned and returned to their owners. Wherever it was practicable, the premises were offered to the local welfare authorities, or to voluntary bodies, who might wish to continue to run nurseries or children's homes, and arrangements were made to enable such bodies to acquire the equipment that had been installed.

(iv)

Review

In describing the development of the war-time residential nursery service, the story has been presented more or less chronologically, as that of a small emergency service expanding and adjusting itself in response to the social solvent of modern war. But the major problems of providing nurseries quickly and in sufficient numbers could only be settled after decisions had been made, either explicitly or implicitly, on attendant issues of principle and detail. Some of these issues demand their separate treatment, for it was at their level that the peculiar character of the service was determined, and the individual child or the individual parent was concerned. Four major topics among the many facets of the complete nursery service[3] have been selected for particular consideration. They are: the type of service the nurseries provided—the special difficulties and the special needs; the use of voluntary help; the particular place filled by the public assistance nurseries; and the problems, both administrative

[1] *Report of the Ministry of Health for the year ended 31st March 1946*, Cmd 7119, pp. 51 and 52.

[2] *Report of the Ministry of Health for the year ended 31st March 1947*, Cmd 7441, pp. 76 and 77.

[3] Many have had to be omitted in the interests of space; among them the questions of food, clothing supplies and medical services in the nurseries, the recruitment of staff, detailed financial explanations, including the recovery of billeting allowances from parents, and many other connected subjects.

and human, in finally winding up the scheme and sending the children back to their homes.

THE SERVICE PROVIDED

(i) *The Special Difficulties of Nursery Life*

The decision to embark on a programme of nursery expansion was not taken without some heart-searching in the Ministry of Health. It was not until the crisis of 1940, when the choice became one of the dangers of air-raids or the dangers of nursery life, that the Ministry felt able to press ahead with new residential nurseries, even as a civil defence measure. The general belief at first held by the Ministry, and by a large number of child welfare workers, was that a young child was better with his mother if at all possible—that separation might involve greater risks than did air-raids, that 'children thrive better in bad homes than in good institutions'.[1] However, the question became somewhat academic when the relationship of mother and child was forcibly severed by illness or death.

Nevertheless, life in a nursery, even when accepted as an inevitable consequence of war, was the subject of much informed criticism. The medical world experienced similar qualms to those expressed when day nurseries were under discussion[2]—mainly the fear of serious epidemics, especially among the under-twos. In some ways this danger was less marked in residential nurseries where children did not go home daily and then import into the nursery new seeds of infection. So long as staffing and premises were good, the children normally appeared to thrive;[3] but there was always the possibility that any infection that was introduced might have been particularly virulent, for children in nurseries, like people in other isolated or sealed communities, might have lost some of their 'minimal dosage immunity'. However, apart from some attacks of gastro-enteritis and such usual childish ailments as measles and chickenpox, serious

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[1] K. M. Simonsen, *Examination of Children from Children's Homes and Day Nurseries*, Copenhagen. (1947.)

[2] See Chapter VI, p. 193 *et seq.*

[3] For example on the not unimportant issue of teeth—an interesting comparison between the dental condition of children in day, short-stay and long-stay nurseries was carried out in 1944–1945: 'Children who had lived in residential nurseries for the long term had much better teeth than had the day nursery children. 65 per cent. of the long-term residential nursery children had complete dentitions free from caries and their overall average of decayed or missing teeth was 1.2 per child examined. Only 26 per cent. of the day nursery children had complete dentitions free from caries, and they had an average of 4.6 decayed or missing teeth per child. 44 per cent. of the short-term children in residential nurseries were free from caries and their average of decayed or missing teeth was 2.0 per child.' (*Report of the Ministry of Health for the year ended 31st March 1946.* Cmd 7119, p. 90.)

epidemics were few.[1] Careful medical inspection at the receiving centres and strict standards of accommodation and hygiene kept most of the nurseries physically healthy.

But more serious than the danger to physical well-being was the threat to a child's mental and emotional development and the possibility of moulding an 'institutionalised' personality.[2] Again the story of the day nurseries was repeated. In too many nurseries daily routines lay along the lines of hospital life and staff trained in nursery school methods were rare.[3] There were sometimes regimentation in

[1] Records carefully kept and tabulated in the Ministry of Health's Region 6 give an illustration of the size of the problem. It covered 58 residential nurseries but no separation of figures was made between the 47 long-stay and 11 short-stay nurseries.

Table I. Rate per 1,000 child weeks exposed to risk.

Nursery Children

	1944	*1945*
Bronchitis	·198	·404
Diphtheria	·159	·182
Enteritis	1·641	1·816
Influenza	·777	·568
Jaundice	·291	·139
Measles	·159	3·276
Pneumonia	·596	·163
Scarlet Fever	·371	·491
Whooping Cough	3·521	·109
Tonsilitis	·251	·088

Table II. Group Totals 1945

Age Groups	Child weeks at risk	Total No. of cases reported	Rate per 1,000 child weeks exposed to risk
0–2 (6 nurseries)	4,344·7	90	20·7
2–5 (35 ,,)	31,206·3	271	8·7
0–5 (15 ,,)	18,330·5	415	22·6
1–5 (1 ,,)	782·6	13	16·6
4–5 (1 ,,)	272·6	1	3·7
Grand Total (58)	54,936·7	790	14·4

In 1945 an attempt was made to compare this experience with the infectious disease experience of a control sample of children living at home. It was found, however, that the notification of some of the minor infectious diseases was so defective as to make valid comparisons impossible. (*Report of the Ministry of Health for the year ended 31st March 1946.* Cmd 7119, pp. 52 and 53.)

[2] 'A child of eighteen months or two years,' said one investigator, 'has already become a character in the family. It is known that he enjoys certain things and dislikes others, and the family has learnt to respect his wishes . . . he is getting to know how to get his parents or his brothers and sisters to do that he wants. . . . The same occurs in his play, where in a symbolic way he is creating and recreating new worlds for himself. . . . In any institutional setting much of this is lost; in the less good it may be all lost. The child is not encouraged to individual activity because it is a nuisance; it is easier if he stays put and does what he is told. . . . Above all the brief intimate games which mother and baby invent to amuse themselves as an accompaniment to getting up and washing, dressing, feeding, bathing and returning to sleep—they are all missing. In these conditions, the child has no opportunity of learning and practising functions which are as basic to living as walking and talking.' (John Bowlby, *Maternal Care and Mental Health*, Geneva 1951, p. 55.)

[3] Up to the end of 1943, for example, there were few, if any, certificated teachers in the London County Council's residential nurseries.

the interests of speed and tidiness and a lack of understanding of the treatment necessary to produce initiative and confidence.

Staffing shortages were sometimes matched by shortages of toys and equipment which were more than ever vital in the absence of a home environment. In one nursery, for example, 35 children were found in one room with no play material whatever except nine bricks and three toys. To the consternation of the Medical Officer of Health the wall of the room had been attacked with the nine bricks and hacked away to the height of three feet. Where there was a lack of appreciation of a young child's needs, observers were distressed to see backwardness, a lack of spontaneity, a listlessness, or such stigmata of psychological upheaval as temper tantrums, thumb sucking and incoherent paroxysms of rage.[1]

Good equipment and teaching were not all that a nursery had to provide—the great problem was to offset the emotional barrenness that could beset the life of a child separated from his mother.[2] One nursery worker wrote of her conversion to 'minding' after working in an evacuation nursery for twenty-one months. To her, the children seemed to be going backwards in development and she attributed this retardation to lack of personal care.[3] The sort of emotional upheaval that had to be dealt with is summed up in an article in the *British Medical Journal*. It commented on Anna Freud's 'half-joking but significant' remark that 'there is continual war raging in the nursery', and referred to the violently aggressive tendencies in the early years—

> 'Such tendencies are the growing pains of the parent-child relationship. In the course of natural development they are outgrown if wisely handled within this relationship. Separation from home cuts at the root of the little child's intrafamily situation which is the basis of his social development. No longer has he the incentive to sacrifice his unclean habits, his tempers, and general devilry that he may secure his mother's love. This he has already feared to lose, and now in his immature judgment it is already lost, or why should she have abandoned him to others. In such a desperate situation he must

[1] Cf. J. Roudinesco and G. Appell (1950), *Sem. Hôp.*, Paris, Vol. XXVI, for experience with some children in Paris. The average 'development quotient' of children living with their families was 95 while that of institution children of similar age and social class was 59.

[2] Distressing cases of homesickness and psychological malaise among young children separated from their mothers were quoted by two investigators. 'We certainly see no similar states of distress in children when we make the round of the London shelters and find them sleeping next to their mothers. Our own feeling revolts against the idea of infants living under conditions of air-raid danger and underground sleeping. For the children themselves during the days or weeks of homesickness this is the state of bliss to which they are desirous to return.' D. Burlingham, and A. Freud, 'The Young Child in War-Time', *The New Era*, Vol. 23, No. 4, April-May 1943.

[3] Letter to the *New Statesman and Nation* of 1st November 1941, by Marguerite Dobbing.

either withdraw into anxiety and depression, or in self-preservation, as it seems, he must rage more furiously.'[1]

With all these pit-falls it was difficult to run nurseries successfully. Where stress was laid on mothering the temporary orphans, the best results were obtained; where this was neglected, the nurseries could be unhappy and unsatisfactory places. Among the 300–400 nurseries standards inevitably varied. But most nurseries were as happy and well-ordered as staff shortages, accommodation and equipment difficulties and the worries of food and clothing rationing permitted them to be. They were usually run by sensitive, self-sacrificing women, who were fully alive to the help young children wanted if they were to develop into balanced and self-reliant individuals and not into social misfits and potential delinquents.

(ii) *Special Needs*

As the service grew, some degree of specialisation to meet specific categories of need became possible and desirable. Three particular types of need were clearly defined—children wanting short-term care, convalescent children and children who had become psychologically maladjusted.

Of these special cases, by far the largest numerically were those needing short-term care because of the illness or confinement of their mothers. Arrangements had been made for the evacuation of expectant mothers to emergency maternity homes but it had been stated quite specifically that their children could not go with them and that they were to make arrangements for their children to be looked after in their own area during their absence.

During and after the raids of 1940, more and more expectant mothers were evacuated and something had to be done for their young children. A few short-stay nurseries had been set up by voluntary bodies and local authorities but they were too few to contend with the volume of applicants. The Ministry of Health had, so far, taken the view that shortages of staff and buildings made it impossible to open more short-stay nurseries in the reception areas. Children whose mothers could make no private arrangements for their shelter, therefore, became the temporary wards of the public assistance authorities in the bombed cities.[2]

As the matter became more pressing, the London County Council and other local authorities, encouraged by the Ministry of Health, increased the places available for short-stay cases in public assistance nurseries in the towns and in the reception areas, and in the middle

[1] *British Medical Journal*, 1944, I, p. 50.

[2] By July 1941, however, the L.C.C. had opened nine new public assistance nurseries in the country.

of 1941 the Waifs and Strays Society, in co-operation with the Women's Voluntary Services, opened three new short-stay units. By September there were twenty-two short-stay nurseries in existence, but demand continued to rise despite the lull in air attack. The administrative and medical problems involved in running these nurseries were formidable. Particularly high standards in staff and accommodation were essential if serious infections among their constantly changing population were to be avoided.[1] Early in 1942 the Ministry of Health arranged for the Public Assistance Committee of the London County Council to take responsibility for all the short-stay cases of the Metropolitan area, a practice that was followed in many other districts.

Demand continued to rise. In 1943 the London County Council reported that it had no more cots available for the under-twos and in October of that year it referred to the 'startling increase' in demand for short-stay cases. The London Under-Fives Panel had accepted 1,486 short-stay applications in 1942; in 1943 the number had risen to 2,692. And this was not the whole story. During April, May and June 1942, while the Panel accepted 358 short-stay cases, the four London public assistance nurseries took in 528 children. For the same period of 1943 the figures were 645 and 980 respectively.

Apprehension about the growing size of the problem was not limited to the Ministry of Health. The Service Departments were worried by the amount of compassionate leave that Unit Commanders were forced to grant and by the absence without leave which often followed. The invasion of Europe was within sight, and they did not want the fine edge of hard training blunted by low morale or by a high incidence of absentees.

Nor did the Service Departments much like the use of public assistance nurseries for Servicemen's children, especially when children, through lack of accommodation in the nurseries proper, were admitted to the ordinary public assistance institutions. The Ministry of Health agreed that it would be preferable not to offer the children of Servicemen accommodation at a standard below that which the Government itself had afforded to the evacuated children under five in residential nurseries but there seemed little alternative. Not much could be done other than to try to avoid using the less desirable accommodation in public assistance institutions.

In London early in 1944 it was estimated that arising from the 100,000 births a year, about seventy applications a week for short-stay

[1] One bad example can be quoted: in one London short-stay nursery, of the 1,022 children under two admitted during 1942, 132 had to be sent to fever hospitals (where 11 died) and 64 babies had to be taken to other hospitals.

care were being made. To ease the pressure the Ministry reduced the period of stay in these nurseries, arranged for some of the day nurseries to provide twenty-four hour care, and converted a few of the long-stay nurseries into short-stay units. Some new short-stay nurseries were also opened. Luckily the problem was again largely confined to London; other parts of the country reported that they were able to meet the pressure.

The second group of children needing special attention were those recovering from an illness, or those too delicate to stand up to the rough and tumble of ordinary nursery life. Many children considered by the Under-Fives Panel were not immediately fit enough for life in the normal nursery, and the Panel often had to refuse a child whose need was even greater than that of the healthy child they could accept.[1] There were, for example, children recovering from pneumonia or pleurisy contracted, or aggravated by, shelter life, bad housing or parental neglect, and who needed a gentle introduction to the usual nursery routine.

During the winter of 1940–1941 infants were leaving the emergency medical service hospitals at an annual rate of 8,000, and many of them, though needing quiet and a period of convalescence, were having to return to their homes in the cities. Older children, on their release from hospital, could be billeted in private houses under the Evacuation Scheme, but there was no such refuge for unaccompanied under-fives. Once back in the cities, they might be compulsorily evacuated if discovered to be in a bad condition[2] but it was obviously absurd to allow these babies to return to their homes, and then, after some delay and possibly a serious relapse in health, to send them out again to the countryside. While it had been a common peace-time practice to discharge children from hospital into overcrowded and unhealthy homes, a war-time public conscience saw the waste more clearly and objected to sending these children back to cities liable to air attack.

After some delay, the Bombed and Sick Babies Scheme[3] was worked out to help these children. The London County Council, acting as a central clearing house, was notified of all forthcoming discharges from hospitals. It arranged for homes to be visited and for attempts to be made to prevent the child's return to London, by encouraging and assisting his parents to find him a private billet in the country, either with or without his mother. If this were impossible, the child could be dealt with by the Under-Fives Panel. In

[1] For example, 'M. aged three, in and out of hospital, who has now been three or four times sent back to the bottom of the Panel waiting list because he gets ill in the interval of waiting'. Quoted in *The Times*, 6th June 1941.

[2] Under Defence Regulation 31C (Compulsory Evacuation Order), January 1941.

[3] Announced in Ministry of Health Circular 2462, and Circular E.M.S. 211, of 29th August, 1941.

operation, however, this scheme proved to be awkward and cumbersome, and in November 1942 it was so simplified as to be virtually abandoned. From then on, hospitals merely informed the London County Council that the children had been sent home, and the case was followed up where it was thought necessary.

In the meantime voluntary societies such as the Invalid Children's Aid Association, with long experience in this particular problem, had continued to care for as many children as its restricted resources in money and accommodation would allow. With American help it was able to open two new nurseries for delicate children, and at the end of 1941 a further advance was made when the British Red Cross Society agreed to staff three emergency hospital service annexes as special nurseries. Later the Society set up a large number of similar units, and a few local authorities and other voluntary bodies opened nurseries for convalescent children.

The third type of case needing special provision was the child who was psychologically ill-adapted for life in a normal nursery, who fretted until he became ill, or was so difficult and destructive as to upset the children around him. Sometimes the sudden rupture of family life and the plunge into a new environment was too much, and the child regressed to such earlier phases as bed-wetting and dirtiness. 'Regression happens', state Burlingham and Freud, 'while the child passes through the no-man's-land of affection, i.e., during the time after the old object has been given up and the new one has to be found'. Among the examples they quoted of children in their own nurseries were: Bertram (aged three and three-quarters) who said 'I don't like you. I don't like anybody. I only like myself'; and Ivan (aged five), when he said 'I'm nobody's nothing'.[1]

Aggressive and destructive tendencies were doubtless encouraged by the example of the outside world. In many nurseries 'bombing' became a word meaning the destruction of any unwanted object. 'Bombing, killing, burning are all accepted by adults as meritorious' commented the *British Medical Journal*, 'when meted out as retribution to the wicked enemy. These are the terror-making fantasies of early childhood come true, provoking further fear and re-active resistance to a world so dangerous'. If these difficulties and dangers were not recognised and resolved, concluded the writer, 'asocial or anti-social behaviour remains as a fixed protest. The 'Age of Resistance' may thus be prolonged to adolescence or adult life in the form of bitterness, irresponsibility or delinquency.'[2]

[1] 'Young Children in War-Time', D. Burlingham and A. Freud, 1942. (*The New Era*, Vol. 23, No. 4, April-May 1942, p. 84.)

[2] *British Medical Journal*, 1944, I, p. 50.

These special cases called for skilled care, and deep and compassionate understanding.[1] Behaviour problems, springing from unhappiness and insecurity, could often be smoothed out in the ordinary nursery, but to help in the more intractable cases and to advise on general nursery routine, the Provisional Council for Mental Health sent workers to the nurseries to watch and make suggestions. Early in 1942 the Ministry of Health invited the Council to assist in the establishment of a special nursery for those under-fives who needed more advanced psychiatric observation and treatment.[2] But unfortunately, because of the limited number of places available, only a small proportion of maladjusted children were able to benefit.

VOLUNTARY HELP

'The traditional justification for voluntary social work', it has been claimed, 'has been in its capacity to pioneer and in its flexibility.[3] The story of the war-time residential nursery service certainly supports this contention, for unhampered by the lack of statutory powers that beset official action, and more directly in contact with the actual families in trouble, the voluntary bodies were the first to detect a need and the first to take steps to allay it. While this story illuminates only one small segment of the life lived by a community at war, it presents, in a sense, a microcosm of the issues involved in the inter-relation and the interaction of voluntary organisations and the State in the field of social work. The organisations involved were numerous, diverse in aims and methods, of widely differing efficiency

[1] Some of these behaviour problems emerged after the children had left the nurseries and returned home. Twenty cases of children between five and eight, all of whom had been evacuated to residential nurseries, were studied during the course of work in the East London Child Guidance Clinic since 1945. These children represented a special group and the author was anxious to make it clear that they were not representative of evacuated children. In all cases there was a striking similarity of conduct. About six weeks or so after their return home, having come back with perfect manners, they began to regress—to soil themselves by day and night, to be cruel to their younger brothers and sisters and animals, to be gluttonous, to steal, lie, masturbate and to have temper tantrums. They showed very little affection, though they were usually well-behaved at school. In all the cases the children when sent to the residential nursery had been rarely, if ever, visited by their mothers and many of the children even before losing their mothers had experienced very little tenderness in babyhood. The children had been sent from disturbed and unhappy homes—in all the cases the mothers were glad of the excuse to send them away. At the nurseries the children were given the chance to establish a stable relationship with a mother-substitute. Their early sexual and aggressive tendencies were driven underground in the nursery routine. Not seeing their parents, they built up a fantasy around them and were deeply disappointed when they met reality. Previously repressed aggressive urges then came to the fore. ('Children Without Roots', contributed by Dr Augusta Bonnard, Dr Liselotte Frankl, and Miss Beatrice Robinson of the East London Child Guidance Clinic. *The New Era*, Vol. 30, No. 5, May 1949.)

[2] The Waifs and Strays Society was the business manager of the nursery, while the Provisional National Council for Mental Health was responsible for staff, treatment and selection of children.

[3] *The Evidence for Voluntary Help*, edited by Lord Beveridge and A. F. Wells. 'Notes on the Future of Voluntary Social Work' by Roger Wilson. (George Allen and Unwin Ltd.) 1949, p. 263.

and enjoying varying degrees of financial stability. The task of co-ordinating a policy executed by such a medley of people was complex indeed.

The nucleus around which the war-time residential nursery service developed was that formed by the evacuated day nurseries and nursery schools and those few residential homes already run by the various voluntary bodies. No additional nurseries were opened under official auspices until December 1941, when the entry of America into the war interrupted the flow of funds to the voluntarily run nurseries. Until then the co-ordination of voluntary effort had been effected primarily by another voluntary organisation, the adaptable and ubiquitous Women's Voluntary Services who did the clerical work of the Under-Fives Panel, organised receiving centres, ran clothing schemes and maintained a transport service.[1] The Ministry of Health, meanwhile, acted as a stimulus to the voluntary organisations; it co-operated with them and assisted them with helpful advice and where possible in more material ways. Even when the Government finally assumed financial responsibility for the service, the Ministry still found it politic to leave much of the detailed operation of the nurseries in the hands of the voluntary bodies.

The number of voluntary organisations involved in the nursery service increased considerably as the service expanded. In the early days of war only a few were concerned and they were mainly societies which had run their own nurseries in peace-time. Of these, the first and largest contributor to the service was the Waifs and Strays Society, which by October 1941 had set up 73 new nurseries with American Red Cross funds. By the end of 1940, and during 1941, many other organisations were in the field. Sometimes the help given to the service was purely financial;[2] sometimes nurseries were provided, staffed and run.[3] Some bodies concentrated on particular needs such as convalescence or treatment for maladjusted children,[4] while others acted in a general advisory capacity and ran particular schemes such as training courses for staff,

[1] 'The Under-Fives Department of the W.V.S. which ran the Panel,' said one civil servant, when the war was over, 'was a truly great organisation'.

[2] Among the organisations from abroad that contributed were—American Foster Parents Plan for War Children Incorporated, American Red Cross, American Red Cross and Surdna Foundation, Anglo-American Relief Fund for London Children and Mothers Ltd., British War Relief Society, Canadian Red Cross Society, Colonel Leonard Trust Fund of Toronto, Lions British Child War Victims Fund of Canada, Mennonite Central Committee of the U.S.A., Save the Children Federation of New York.

[3] Among the Societies which ran nurseries were—Anna Freud's Nurseries, British Red Cross Society, Children's Country Holidays Fund, Dr Barnardo's Homes, Society of Friends, Lady Gunsten's Nurseries, *News Chronicle* Nursery Homes for the Children of War Workers, Priestley Nurseries Ltd., Save the Children Fund, Soldiers', Sailors' and Airmen's Families Association, Waifs and Strays Society.

[4] The work of the Invalid Children's Aid Society and the Provisional Council for Mental Health, for example, has already been discussed.

toymaking and clothing distribution.[1] Actual family case-work was done by yet another group of voluntary societies.[2]

Harmony among these many bodies was not always easy. Grounds for dispute were legion, and the inevitable competition for limited equipment, premises and funds made the task no easier. It was necessary for the Ministry of Health to try and achieve a relationship, as one society put it, 'compounded of compromise and mutual consideration, which had to be developed for maximum efficiency between a Government Department and a voluntary body, engaged on a joint national task'.[3]

The total financial resources that nourished the residential nurseries were extraordinarily varied in their origins. The Evacuation Account, local rates, American and Dominion funds, the private means of the voluntary organisations themselves, charitable bequests, private subscriptions[4] and parents' billeting payments all contributed to the final achievements of this war-time service. Of these various sources the most important was that of the American donations. They were not the largest in the long run, but they arrived in 1940, at the very moment when they were needed to touch off expansion. Similarly in April 1941, when Plymouth was attacked, the immediate help given by the British War Relief Society, enabled Lady Gunsten to set up nurseries for Plymouth children with the minimum loss of time.[5] Between September 1940 and March 1942, approximately £73,800 was provided by the American Red Cross for the establishment and maintenance of nurseries by the Waifs and Strays Society, and nearly a hundred nurseries were the result.[6] Other societies received large donations, and though the figures available are probably incomplete, it seems that in all something like £320,000

[1] Among them, the Nursery School Association, the National Society of Children's Nurseries and the Association of Nursery Training Colleges.

[2] The largest of these among the great number who helped were the Charity Organisation Society, Soldiers', Sailors' and Airmen's Families Association and Soldiers' and Sailors' Help Society.

[3] From material supplied to the writers by the Waifs and Strays Society, February 1944.

[4] One example serves to illustrate the immense variety of financial tributaries to the nursery stream. Among the funds coming to the Priestley Nurseries Ltd. were the royalties on one of Mr Priestley's books published in America which he gave to the nurseries. Owing to currency regulations, however, the money could not come direct but had to be sent through one of the official bodies. Donations to these nurseries included gifts ranging from 2s. 6d. to £250 subscribed by business houses and private individuals from all parts of the world—Australia, Canada, South Africa and South America, and were largely the result of mention of these nurseries in Mr Priestley's Overseas Broadcasts. A great many gifts of food and clothes were also received.

[5] American aid for Lady Gunsten's nurseries through the British War Relief Society of the U.S.A. up to January 1944 amounted to £109,555.

[6] Help was no less generous in the supply of equipment—£25,000 was given for the purchase of materials for toy-making schemes, 7,000 occupational toys were sent from Washington and large quantities of clothing were supplied throughout the war (From material supplied by the Waifs and Strays Society, February 1944).

was contributed from America and Canada to the war-time residential nursery service.[1]

It was, in fact, the fund of enthusiasm, experience and equipment that the voluntary bodies supplied and the flexibility of action that arose from outside financial resources, that made possible the solution of a pressing social problem at a particularly critical moment. When a large proportion of their financial support finally petered out and the time came for the State to shoulder the main responsibility, the initial pioneering work had been done. Despite the many bodies involved, a code of practice and co-operation had been evolved, and the service had been put on a firm basis for further expansion.

PUBLIC ASSISTANCE NURSERIES

The theme that has run through the story of the war-time residential nursery service has been that of the piece-meal evolution of a raw and emergency service, catering for a certain specific need, into a broadly based welfare service of much wider aims. But side by side with the new and the immature, there still operated the services of the public assistance authorities, the lineal descendants of the oldest form of statutory social provision. How did the nurseries run by these authorities respond to fresh tasks and opportunities?

From the beginning, the rational development of a completely harmonious nursery service was inhibited by this duality within the total accommodation available. Early in the war the Ministry of Health had hoped that the problem of young social casualties would be solved by the public assistance authorities accepting responsibility for their care but the authorities were resistent. They were not bodies anxious to enlarge their sphere of action and, in any case, they believed that it would be inequitable to expect certain ratepayers to assume a burden that arose purely from the effects of national policy. Even when the residential nursery service was well under way, the co-existence of the public assistance nurseries sometimes produced an attitude of mind on both sides which was not calculated to encourage progress. Each would hopefully wait for the other to cope with a new problem that had arisen. Such was the case, for example, with the short-stay nurseries in London. Here the Under-Fives Panel expected the London County Council to provide them but little was actually done until the situation had become serious.

Public assistance nurseries nevertheless played a considerable part as the war went on. In the evacuation areas they continued to

[1] In addition to these cash payments to societies running nurseries, a large number of grants were made to ancillary organisations and to bodies running homes for children outside the Government Evacuation Scheme.

perform their normal statutory duties of caring for children who were destitute, and when the Ministry of Health refused in particular border-line cases to see the Evacuation Account used to relieve distress unconnected with evacuation, they were often forced to step in. Similarly in neutral and reception areas they sometimes took in cases of need where technically the parents were not 'destitute'. And, as we have seen, the public assistance nurseries proved particularly useful when short-stay nurseries were badly needed.

The financial and administrative complexities involved in the use of public assistance nurseries were quite bewildering. In contrast to the flexibility that private funds tended to give to the voluntary nurseries, those of the assistance authorities worked under the incubus of the detailed and complicated regulations and rigidities of the Law of Settlement. As we have seen in other chapters, when large population movements continually cut across local government boundaries, the technical allocation of 'chargeability' became an almost impossible task.[1]

More important from the child's point of view than the contrast in administrative techniques, was the contrast in conditions that often existed between the two types of nursery. Children equally in need of care and protection might be given it at two different levels, and the level depended on the particular category into which his parents fell. While there had been a great improvement on the conditions described by the Royal Commission on the Poor Law of 1909, the improvement had been slow; it was not until 1939 that the Ministry of Health had been able to say that the long campaign for the 'Removal of Children from the Workhouse' strongly urged by the Royal Commission might be brought to a close by the end of that year.[2] By then most of the children under five in the care of assistance authorities were in special residential nurseries.

But although children were now generally more appropriately housed, the traditional atmosphere of the poor law was not so easily left behind. Good nurseries are inevitably expensive in staff, in equipment and toys, in food and in medical attention. Voluntary nurseries, often run and staffed by real nursery enthusiasts and benefiting from gifts of money, toys and clothing, were able to maintain high standards, but children unfortunate enough to be labelled 'public assistance' were frequently unable to share such good fortune. The staffing of residential nurseries was always a problem but the difficulty was intensified in the case of public assistance nurseries. Very few had on their staff a trained nursery school teacher or trained nursery nurses. Public assistance nurseries suffered when trying to recruit staff from the effects of prejudices

[1] See R. M. Titmuss, *op. cit.*, Chapter XII.

[2] *Twentieth Annual Report of the Ministry of Health 1938-1939*, Cmd 6089.

against the poor law. Sometimes buildings were still unsatisfactory. A nursery which occupied part of a building originally designed to enshrine the principle of 'less eligibility' was scarcely likely to be the cheerful and airy place that a nursery should be. The Ministry certainly disliked any association of nursery and institution—'we should much prefer to have them separate', said one official, 'and if we could only get premises suitable there are many poor law nurseries that we should like to close'. Nevertheless, many 'institutional nurseries' had to remain in use.

Standards in public assistance nurseries varied widely. Conditions depended on the interests and abilities of public assistance committees, of management committees and of institution superintendents, nursery matrons and nursery staffs. But in general they were not comparable to the nurseries run by the voluntary bodies and the welfare authorities. The miasma of the poor law was too much for them. The extreme to which an isolated case could go became a public scandal in 1944 when a report of a Ministry of Health inspector found its way into the hands of the press. The institution concerned had been severely criticised before but little had been done to remedy matters. Part of the nursery accommodation was in a block containing seniles, infirm, mental defectives and chronic sick. None of the children had been immunised against diphtheria. The diet (½ lb. of mince for twenty-nine children on the day of the visit) was very deficient, and 'the whole picture', said the report, 'reminded us of feeding time at the zoo'. Children aged two to three were fed half-naked on bare forms; the arms of one baby were blue with cold; there were no toys in the nursery.

Perhaps a more representative picture of public assistance nursery life is that presented by the Report of the Curtis Committee in 1946. Although the investigations were not conducted during the actual war years, conditions were broadly comparable for many of the wartime difficulties of staffing and accommodation shortages still existed. In at least one nursery,[1] conditions were quite comparable with those which had caused so much concern in 1944 and even

[1] 'There were thirty-two children on the register, eight of whom were sick. . . . There were two babies with rickets clothed in cotton frocks, cotton vests and dilapidated napkins, no more than discoloured rags. The smell in this room was dreadful. . . . The healthy children were housed in the ground floor corrugated hutment which had been once the old union casual ward. The day room was large and bare and empty of toys. The children fed, played and used their pots in this room. They ate from cracked enamel plates, using the same mug for milk and soup. They slept in another corrugated hutment in old broken black iron cots, some of which had their sides tied up with cord. The mattresses were fouled and stained . . . there did not appear to be available stocks of clothes to draw on. . . . The children wore ankle length calico or flannelette frocks and petticoats and had no knickers. Their clothes were not clean. Most of them had lost their shoes; those who possessed shoes had either taken them off to play with or were wearing them tied to their feet with dirty string. Their faces were clean; their bodies in some cases were unwashed and stained.' (*Report of the Care of Children Committee*, Cmd 6922, September 1946, p. 40.)

with examples quoted in the Royal Commission's Report of 1909. While in general the Committee found most of the nurseries reasonably well run—and in fact on a higher standard than the homes for older children—it emphasised how much depended on the particular staff. 'In some cases', said the Report, 'the nurseries had bright curtains, mats and coverlets; in others everything was drab. In some the black iron cots had been enamelled white or pastel colours; in others they remained black. Not many of the nurseries had perambulators and there was little evidence that the babies often got an airing outside the grounds. Progressive authorities provided sandpits, paddling pools and perambulators but these were infrequent.'[1] The relationship between staff and children also varied. Any attempt to make the children feel 'at home' seemed to the Committee to be 'done as an act of personal kindness by individual members of the staff rather than as an important staff responsibility'.[2]

Even in the best of nurseries life for a very young child carried with it dangers, both physical and emotional. There can be little doubt that in general the nurseries of the residential nursery service were more alive to these dangers and better equipped, both financially and imaginatively, to deal with them. The number of children in the public assistance nurseries was considerable. Such scanty figures as exist show that the proportion of children dealt with by public assistance authorities compared with the proportion in other residential nurseries varied from time to time and from place to place; by the beginning of 1944, however, when the assistance authorities were taking in many of the short-stay cases, it was roughly 3:5. Nearly 10,000 children under five were in the evacuation nurseries while over 6,000 were in the care of public assistance authorities.[3]

The possibility of two standards within a service that was tending more and more to become a welfare service is difficult to explain and more difficult to justify. Undoubtedly there was a certain amount of administrative inertia involved—the public assistance nurseries had always existed, they were on the spot and they were, within their limits, efficient enough. They were, however, generally disliked. The distaste shown by the Services when they were used for the children of Servicemen, and their difficulties in finding staff, go to show their standing and their implications in the popular imagination. But above all, this 'dual system' in nursery provision meant that the needs of the child and his parents did not determine the kind of nursery to which he was sent. Instead, a narrow and technical interpretation of the status of the parent decided at what level the child should be looked after. Where did the parent live? Was it in

[1] Ibid., p. 65.

[2] Ibid., p. 41.

[3] See p. 231.

an evacuation, neutral or reception area? To what public assistance authority was he or she chargeable? Was the mother likely to be ill or away for a long time or was it merely a confinement or short illness? Was the father in the Forces or not? Was the mother in the Women's Services or on essential work? In fact, the geographical, economic and occupational status of the parents was the decisive factor that sent one child to the evacuation nursery, and another, in equal need, to the public assistance nursery.

RETURNING HOME

As the end of the war approached, much thought was given by the Ministry of Health to the difficulties likely to arise as the children went home, often after a long stay in a residential nursery. It was scarcely to be hoped that a parent needed merely to collect a child from the nursery for life of both child and parents to slip back into normal. For many children life as lived in the nursery had become 'normal'.

It was not an entirely new problem. Children had left nurseries throughout the war, either to rejoin their parents or to go to a billet on reaching the age of five. Good nurseries did all they could to preserve the link between parents and child, but sometimes a child slipped away into new relationships with the staff of the nursery and lost all connection with his home. If parents were unable to visit their children, and did not keep in touch through letters and parcels, there might ensue a period of depression or retrogression before new relationships were formed. Once a child was fully absorbed into a nursery, his reintegration into his family could be a painful process both to his parents and to himself. The sort of situation that could arise is illustrated by the case of T., who after three years in a nursery rejoined his parents; after a few weeks he said to his mother, 'I have had a nice holiday, can I go home now please?'

However, with peace and demobilisation in sight, the problems of resettlement became more urgent. While many of the conditions that had driven the children into the nurseries were likely to continue, the Ministry of Health was anxious to restate the principle that the best place for a child under five in normal health is with its mother and that the first duty of the mother to the child is herself to look after it.[1] Accordingly, it was hoped that children whose mothers were on war-work would be able to go home, and if mothers continued to work, then the day nurseries would help. Arrangements were made for social workers to visit each child's home to ensure that a child was not sent back willy-nilly to sordid or bad conditions. Great care was needed as the young child might be 'specially

[1] Ministry of Health Circular 149/44, 21st October 1944.

defenceless if returned from the sheltered conditions of a residential nursery to a home which was unsatisfactory or overcrowded'.[1] It was also realised that some children would have to stay on in the nurseries, and for some it was better that they should stay on; the test was to be the welfare of the child. Where parents did not possess cots and bedding, special arrangements could be made to help.[2] The small number of children that would remain unclaimed as the nurseries closed would be moved to the remaining nurseries, until permanent arrangements could be made for their care.

The advice given by the Ministry on the problems of resettlement typifies the change in outlook of authority that had taken place during six years of war. The document sent to local authorities was practical, wise and humane. They were reminded that for children under five, adjustment was likely to be even more difficult than for older children, for many of them, little more than babies, would have forgotten or would never have known life in an ordinary family. A nursery child would have had no playmates but those of his own age, and might have seen few adults other than the familiar members of the nursery staff. The Ministry feared that 'Parents may . . . fail to realise that life in a residential nursery is so arranged that hazards and dangers are reduced to a minimum for these young children. They will not be used to heavy traffic, fires will have been well guarded and such interesting objects as boiling kettles, saucepans and teapots will not have appeared in their play-rooms'.[3] Over-indulgence would be harmful for the children too, though understandable on the part of the parents. The children would have been used to 'a well-ordered daily routine with regular well-balanced meals, early bed, a midday rest, no sweets or tit-bits between meals, daily doses of cod-liver oil and orange juice', and would suffer if this pattern of life was suddenly abandoned.[4]

The scheme was now in its last stages. Gradually all but a very few of the children went home. For the few that remained, the problem was the ordinary peace-time one to be dealt with by welfare authorities, orphanages and public assistance authorities. The Ministry of Health had, however, been made aware that family crises and the need for full-time care for young children were not exclusively war-time phenomena. Short-stay nurseries for the family in an emergency were a useful and necessary local welfare service. War-time experience had confirmed the Ministry's opinion that in normal cases a child fares best in his own family circle, but when his

[1] Ministry of Health Circular 84/45, 7th May 1945.

[2] Ibid. Appendix II.

[3] Ministry of Health Circular 95/45, 28th May 1945.

[4] Health visitors would be available to give advice on settling-down problems, and in difficult cases the child should be referred to the Child Guidance clinic.

home life is disrupted, authority—and not only that last resort, the public assistance authority—must step in. And to this end some local authorities were prepared to inherit some of the nurseries and continue the service into peace.

'Our not-yet-fives', said one of the chief architects of the service, 'are not much concerned yet with three of the Four Freedoms. Security is all in all to them. Food, occupation, warmth, love. These are the four freedoms for the under-fives. . . . The four chief enemies . . . are the four empties—the empty food cupboard, the empty toy cupboard, the empty hearth and the empty heart'.[1] The achievement of the war-time residential nursery service was that, amidst the gigantic pre-occupations of a society at war, it was able to ensure that for many children in the greatest need the four freedoms of food, occupation, warmth and love were not abandoned.

[1] Address to Matrons and Teachers in the South-Eastern Region by the Head of the Ministry of Health's Child Care Division, 6th March 1943.

CHAPTER VIII

TUBERCULOSIS: A FAMILY PROBLEM

TUBERCULOSIS is a disease that brings special problems, not only to the individual sufferer, but also to his family. Its victims are particularly susceptible to strain; poor food and bad housing soon undermine their weak resistance so that a rise in tuberculosis mortality rates is an immediate pointer to social stress. Tuberculosis, especially in its pulmonary form, can also be highly infectious, which makes the tuberculous person a potential danger to all around him. Moreover a tuberculous patient usually needs long treatment before he can work again. This may cause severe financial hardship to the patient's family and may make it difficult for them to maintain the high standards of housing and nutrition that are important for his recovery and an essential safeguard to them against the spread of infection. It is from this angle—the angle of economic strain on the family—that developments in the war-time tuberculosis services will be mainly considered in this chapter.

(i)

The Pre-war Service

From the middle of the nineteenth century, that is as long as reliable records have been kept, tuberculosis mortality has been steadily falling in most civilised countries. For example, in Great Britain during the decade 1911–1920, the number of deaths each year was about 52,000, or 'a thousand funerals a week'; by 1938 this figure had been nearly halved. Knowledge of the disease had advanced; the isolation of the tuberculosis bacillus by Robert Koch in 1882 initiated a new period in its clinical study and treatment. But undoubtedly an even more important cause of this fall in the death rate was the general improvement in the standard of living—in real wages and nutrition, in water supplies, sanitation, housing, working conditions and standards of personal hygiene.[1]

[1] 'The reduction in the death rate from 3·6 to 1·9 (per thousand) over a period of fifty years (i.e. from 1851 to 1900) is the best statistical evidence at our disposal that life in England and Wales was improving from the social and industrial points of view.' W. M. Frazer, *A History of Public Health*, Bailliere, Tindall & Cox, 1950, p. 189.

In addition a specific contribution to the fall in the mortality figures of Great Britain was made by the growing tuberculosis service. This had developed since the early years of the twentieth century. The planners of the 1912 National Health Insurance Scheme had feared that its financial structure might be threatened by the burden of tuberculosis and they had emphasised that stronger measures than those already taken by local authorities and voluntary organisations against the disease were essential.[1] The notification of tuberculosis became compulsory in 1912, and in the same year the Astor Report formulated the principles which, for the next thirty years, were to direct the development of the national tuberculosis service.[2] Before many local authorities could put these principles into practice, however, war and its camp follower, increased tuberculosis, intervened.

The First World War temporarily checked the steady downward trend in tuberculosis mortality figures. Defective nutrition, especially a shortage of first-class protein, increased industrialisation often under unfavourable hygienic conditions, overcrowding and the breaking-down of bodily resistance by prolonged physical and mental strain were the main factors responsible. The death rate from pulmonary tuberculosis in England and Wales rose from 992 per million living in 1914 to 1,522 in 1918.[3] With peace tuberculosis mortality again resumed its fall and the tuberculosis service resumed its development. In 1938 the Chief Medical Officer of the Ministry of Health was able to comment that it was 'good to write that tuberculosis is declining in our midst'.[4]

Between the wars the tuberculosis service in England was the responsibility of the county councils, county boroughs and three joint committees for combined areas. In local authority institutions there were at the end of 1936 over 21,000 beds; about another 8,000 were available in 'approved' institutions belonging to voluntary bodies. For out-patient treatment the local authorities and voluntary

[1] Before 1912 sanitary authorities had begun to treat tuberculosis in dispensaries and other institutions, and some work had been done in the provision of hospitals and sanatoria by voluntary organisations and local authorities.

[2] Five main principles were contained in the *Interim Report of the Departmental Committee on Tuberculosis*, 1912, Cd 6164 and the *Final Report of the Departmental Committee on Tuberculosis*, Cd 6654, (1) that the service should be available for the whole community, (2) that those means which experience had proved to be most effective should be adopted for the prevention of the disease, (3) that a definite organisation should exist for the detection of the disease at the earliest possible moment, (4) that within practicable limits, the best methods of treatment should be available for all those suffering from the disease and (5) that, concurrently with the measures for prevention, detection and treatment, provision should be made for increasing by way of research the existing knowledge of the disease and of methods for its prevention, detection and cure.

[3] *Registrar-General's Statistical Review of England and Wales, for the year 1921, Text*, Table XXXIII, p. 50.

[4] *On the State of Public Health, Annual Report of the Chief Medical Officer of the Ministry of Health for the year 1938*, p. 130.

organisations ran 466 tuberculosis dispensaries. In Scotland provision was made by the county councils and the councils of the larger burghs, and by voluntary hospitals. About 5,000 'approved' beds were available and 42 dispensaries were in operation. In Wales, a voluntary body, the King Edward VII National Memorial Association, acted on behalf of, and was aided by, county councils and boroughs. The Association possessed five sanatoria and thirteen hospitals providing over 1,800 beds, rented a number of beds from Public Assistance Committees and operated fourteen dispensaries.[1] In many areas Care Committees did valuable work by providing after-care and advice to both the patient and his family. Often the committees were voluntarily run but sometimes the work was done by the local Public Health Departments. Their main task was where necessary to help with extra food, clothing or immediate financial assistance to meet urgent liabilities,[2] to make recommendations on general health and housing questions and the supervision of contacts, and to a limited extent to give advice on training and the finding of suitable employment for ex-patients. If no Care Committee existed—they were not compulsory—that universal provider, the public assistance officer, to some degree, filled the gap.[3]

An Exchequer grant of 50 per cent. of net expenditure was payable on the tuberculosis service and capital grants could be made for specific projects. In the last complete year of peace some 230,000 cases of active or recently active tuberculosis were under supervision by the dispensaries of England, Scotland and Wales; new cases amounted to 65,000 and the number of deaths was 30,000.[4]

(ii)

War-time Set-backs

In September 1939, the tuberculosis service was immediately and seriously disrupted. To many authorities the continued treatment of

[1] *P.E.P. Report on the British Health Services*, December 1937, pp. 282–288.

[2] Scottish local authorities had no statutory care committees but they did provide for the individual patient, from 1912 onwards, medical comforts including extra food, beds and bedding where they were considered to be necessary as part of the patients' treatment. For financial help, however, only Public Assistance or assistance from voluntary organisations was available.

[3] The statutory powers of local authorities in regard to tuberculosis were derived from the Public Health (Tuberculosis) Act, 1921 (11 & 12 Geo. 5. Ch. 12), and the Public Health Act, 1936 (26 Geo. 5 & 1 Edw. 8. Ch. 49). The pattern of tuberculosis services in Great Britain was very uneven in distribution and efficiency. There were 188 separate scheme-making authorities, and there was criticism of inadequate control, advice and supervision. (See for instance, *Report of the Committee on Reorganisation of the Tuberculosis Service*, Joint Tuberculosis Council, September 1944.)

[4] Medical Research Council. *Report of the Committee on Tuberculosis in War-Time*, 1942, p. 5a.

the large and vulnerable tuberculosis population seemed less urgent than the problem of contending with the air raid attacks that were expected. Tuberculosis officers were transferred to A.R.P. work, sanatoria were emptied so as to be available for war hospitals, much operative treatment was abandoned, dispensary work was curtailed, open-air schools were disbanded and care committee work was largely interrupted. To release beds for casualties some 8,000 patients, many of them in a highly infective state, were discharged from sanatoria and returned to their families, bringing from a famous surgeon the comment that 'every tuberculous person turned forth is like a bomb thrown among the public'.[1] It is easy now to exercise wisdom after the event and tempting to criticise the arrangements made to receive the air raid casualties that did not arrive. It was certainly never the intention of the Ministry of Health that highly infectious cases should be sent to their homes.[2] But it can hardly be denied that many local authorities were over-zealous in their efforts to provide casualty beds[3] and that many tuberculous patients and their families and friends had to pay a heavy price for this misguided zeal.[4]

After a month or two disquiet began to mount. In London alone there were in the autumn of 1939 about 10,000 sputum positive cases

[1] *British Medical Journal*, 1941, II, p. 632.

[2] '. . . it had always been intended', said the Minister of Health to a deputation of the Tuberculosis Associations in October 1939, 'that the anti-tuberculosis services should be maintained in war-time'. Although some patients had been discharged 'about two-thirds of the 28,000 beds provided for the treatment of tuberculosis in England and Wales had remained available throughout the early months of the war . . . though naturally this proportion varied in different parts of the country. If through a misunderstanding actively infectious cases had been discharged, they should be sought out and brought back for treatment'.

[3] In Northumberland a sanatorium was evacuated to make room for air raid casualties and over 100 patients 'in various stages of consumption' were returned 'to their (mostly overcrowded) homes'. 'The advice which was given to them', said a correspondent to *The Times*, '—not to share a room with young people—is in many cases impossible to take, and some of them are sleeping in the same room, and even in the same bed with children. The sanatorium, of course, remains empty, but even if there were casualties to fill it I cannot help feeling that the consumptive patients have an equal right to medical care; and if we consider the future generation, are not those same consumptives spreading a danger as deadly as any bomb (and for the moment more certain) among their brothers and sisters and children?' Letter to *The Times*, 27th September 1939.

[4] 'For not only will many patients who are just holding their own in sanatoria, fail and die when transferred to the less protected conditions of the home', wrote one social worker, 'but they cannot help handing on the torch of infection to their intimates'. She quoted two typical cases from her case book:

'G.S., aged 22—Has advanced pulmonary tuberculosis. Sent home from County Council Hospital on 1st September, having been entirely in bed while there. Has positive sputum and is at home with his parents and two brothers (25 and 12 years) and one sister (16 years). Is an infectious case in a small working class home.

G.P., aged 17—Sent home from County Council Hospital on account of the war on 1st September. Has bilateral tuberculosis with positive sputum, would normally have gone to sanatorium. Is now at home in overcrowded conditions and is actually sleeping in the same room as his two brothers. This family is terribly susceptible to tuberculosis, two sisters already having died of it and the rest of the family are likely to have little or no resistance'. (C. Morris, *Social Work*, January 1940.)

on the dispensary registers; for England and Wales the total was more than 70,000[1] constituting 'a vast pool of infection'[2] in the country. And already local reports showed that tuberculosis mortality figures had begun to rise.

Letters to *The Times* and to the medical journals, Parliamentary Questions and speeches, and deputations to the Ministry of Health illustrated the extent of public concern. The appointment by the Ministry of Health of a Standing Advisory Committee on Tuberculosis was a part-answer to the criticism.[3] The Committee pressed for the release of beds in sanatoria and the Ministry was able to recover 6,000 places. Tuberculosis officers began to return to their normal duties and to resume their sessions at the dispensaries and care committee work got under way again, so that by the spring of 1940 'a fair degree of normality existed'.[4] In the following September, however, air attack became a reality and recovery was halted. Available beds shrank again as hospitals filled up with casualties and chronic sick from the danger areas. The need for treatment facilities was, however, likely to increase; war-time strains were mounting and there was now the added risk of infection being spread in public air-raid shelters.[5]

War had already brought a rise in tuberculosis mortality.[6] In Scotland the increase in 1940 over the preceding five years was 12 per cent. for males and 15 per cent. for females.[7] In England and Wales tuberculosis deaths increased by 6 per cent. during the first year of war and by 10 per cent. during the second year.[8] The Government was perturbed and asked the Medical Research Council to enquire into the causes of the rise, into its incidence and the

[1] Frederick Heaf and Lloyd Rusby, *Tubercle*, 1940, XXI.

[2] Ibid.

[3] The Standing Advisory Council which gave valuable help to the Ministry throughout the war period met first in December 1939. It consisted of representatives of the various organisations concerned with tuberculosis problems, of the Society of Medical Officers of Health, of the L.C.C. and the Ministry of Health.

[4] Frederick Heaf and Lloyd Rusby, *Tubercle*, 1940, XXI.

[5] Lord Horder's Committee on Conditions in Air Raid Shelters recommended—'(i) That arrangements be made to hospitalise at once cases of "open" tuberculosis known to frequent shelters. If necessary, compulsory powers should be taken to effect this. (ii) As far as possible each tuberculous family should have a family shelter and should obtain priority in the issue of an Anderson shelter or of other assisted shelter accommodation'. Local authorities were urged to take action along these lines and the necessary compulsory powers were obtained. (Cmd 6245, December 1940, p. 2.)

[6] It is always the mortality figures that have to be considered because they are the only statistics available that approach any degree of accuracy, and must, therefore, be relied upon as a guide to any rise or fall in the incidence of the disease. One estimate made (H. Hyslop Thomson, *Tuberculosis and National Health*, Methuen, p. 14), judges that for every death from the disease there exist ten cases of clinical tuberculosis, but this is admittedly a very rough calculation and thought to be probably an underestimate.

[7] *Lancet*, I, 1941, p. 809.

[8] 'Vital Statistics of the Second Year of the War.' Dr P. Stocks, Medical Statistical Officer, General Register Office. *Lancet*, I, 1942, p. 190.

preventive action that should be taken.[1] In the meantime, local authorities were urged to provide more places in sanatoria, to make every effort to recruit additional nursing and domestic staff and to improve their arrangements for the after-care of the tuberculous.[2]

The Report of the Medical Research Council in September 1942 is a landmark in the story of the war-time tuberculosis services.[3] It emphasised the special character of the disease—that it particularly affects the productive groups of the population; that it usually extends beyond six months (the point at which, under the legislation of that time, the full National Health Insurance Sickness Benefit of 18s. for men dropped to 10s. 6d.); that it tends to reduce the standard of living of the patient and his family, yet requires a high standard of living for its successful treatment; and that early diagnosis and treatment, combined with freedom from economic worries, can prevent further infection and can restore the patient's capacity to work. The Report made four main recommendations. Firstly, in order to secure the early diagnosis of tuberculosis, at a stage when it is often possible to arrest the disease, it recommended the use of mass miniature radiography. Secondly, since this would result in the discovery of more cases of tuberculosis needing institutional treatment, vigorous measures should be taken to obtain additional sanatoria accommodation and to recruit more nursing and domestic staffs. Thirdly, because of the special character of the disease and the long treatment so often needed, special financial provision, greater than the payments of the National Health Insurance Scheme, should be made for tuberculous persons and their families. Finally rehabilitation should be considered as an essential part of the treatment of tuberculous persons and arrangements be made for their gradual return to industry on a basis of part-time or modified work.

Since the interests of this book are centred mainly on those aspects of social policy affecting the family in war-time, the rest of this chapter will be primarily concerned with the third of these recommendations—the provision of special allowances—and, to a lesser extent, with rehabilitation. The general war-time history of tuberculosis and of its treatment is the province of the medical historians and here we shall do no more than enumerate those features of the history of the disease that are essential as a background to a discussion of the allowances scheme.

The allowances scheme as we shall see was closely connected with

[1] A Committee on Tuberculosis in War-Time was appointed by the Medical Research Council at the request of the Ministry of Health in the autumn of 1941. Its terms of reference were 'to assist in promoting an investigation of the extent and causes of the war-time increase in the incidence of tuberculosis, particularly among young women and to advise the Council regarding possible preventive measures'.

[2] Ministry of Health Circular 2526, 29th November 1941.

[3] *Report of the Committee on Tuberculosis in War-Time.* 1942.

the proposals for mass miniature radiography. The recommendation of the Medical Research Council Committee that such radiography units should be established was adopted and the first civilian unit began to operate in October 1943. By the end of December 1945, 797,000 people had been examined under the scheme in addition to 29,000 children of school-leaving age. An average of three or four persons per 1,000 were found to have previously unsuspected pulmonary tuberculosis.[1]

The Ministry of Health also made great efforts to carry out the Medical Research Council Committee's recommendation concerning sanatorium accommodation. The number of beds for tuberculosis patients in England and Wales which had fallen from the December 1938 figure of 30,792 to 26,433 in December 1939, rose again to 29,327 in March 1945. More beds would have been available at the end of the war if there had not been the acute shortage of nursing and domestic staff which we shall discuss in the next chapter of this book; in March 1945, 2,111 beds were empty but temporarily not available.[2] As it was the number of beds provided was inadequate, for at the end of March 1945 the waiting list had reached 4,628 people.

There are other important factors that must have affected the war-time history of tuberculosis besides those we have briefly mentioned and those we are going to discuss in more detail—it is necessary, for example, to take into account working conditions, housing, nutrition and the cleanliness of milk supplies. Some factors must have been adverse, some favourable and the outcome between the opposing influences is reflected in the official figures for notifications of, and deaths from, the disease. The notification figures reflect improvements in diagnosis as much as increases in the disease but there is no doubt that there was a real if unknown increase during the war in the number of people in Britain suffering from tuberculosis. On the other hand, the number of deaths in England and Wales from all forms of tuberculosis, after rising from the 1938 figure of 25,539 to 28,144 in 1940 and 28,670 in 1941, fell to 25,549 in 1942 and 24,163 in 1944.[3] While the war had undoubtedly interrupted the steady downward trend of the disease in England and Wales, it had nevertheless caused a set-back smaller than anyone in 1939 would have dared to hope. In Scotland the set-back was very much greater; there the number of deaths from all forms of the disease was, despite

[1] *On the State of the Public Health During Six Years of War, Report of the Chief Medical Officer of the Ministry of Health 1939-45* and *Report of the Ministry of Health for the year ended 31st March 1946* (Cmd 7119).

[2] Figures from *On the State of the Public Health During Six Years of War, Report of the Chief Medical Officer of the Ministry of Health 1939-45.*

[3] Ibid. See also R. M. Titmuss *op. cit.* Chapter XXV for a discussion of war-time tuberculosis trends.

some reduction after 1941, about 11 per cent. higher in 1945 than in 1938.

(iii)

The Tuberculosis Allowances Scheme

The suggestion of the Medical Research Council's Committee that special financial provision was necessary for tuberculosis patients was revolutionary—it treated the disease not only as a clinical problem but also as a social problem that affected not only the actual sufferer but also his whole family. This chapter will now consider the introduction of the tuberculosis allowances scheme, its benefits, its limitations and its part in further developments. First, however, it is perhaps worth emphasising once more the difficulties and unhappiness that tuberculosis brought to so many families. 'The advent of tuberculosis in a household', declared one Medical Officer of Health, 'is an unrelieved tragedy, whether it is the wage-earner or his wife who is the victim'.[1] Apart from the sheer physical suffering, tragedy lay in the fact that too often the family simply could not afford to cope with the disease. If the main wage or salary-earner fell ill and had to give up work then the security of the whole family was in jeopardy. Pay often stopped at once and sick-pay was quite inadequate to keep the family in reasonable health.[2] This reduction in income, moreover, came just at the stage when it was essential for the patient to have good food with plenty of such expensive items as eggs, milk, butter and meat. The rest of the family also needed extra nourishment at this stage to help them withstand the serious risk of infection. Above all perhaps it was vital that the patient's recovery should not be undermined by worry. In many cases, however, his precarious financial position could only lead to unending anxiety—there were the payments on insurances or furniture, the rent, the household bills.[3] Too often this burden of money worries tempted him to return to work too soon.

[1] Dr Hugh Paul, Medical Officer of Health, Smethwick. *Medical Officer*, 1942, Vol. LXVIII, p. 60.

[2] '. . . depletion of income in the case of a tuberculous family is aetiologically of greater importance than in the case of almost any other disease' was the opinion of one of the great authorities on the treatment of tuberculosis. (Sir Pendrill Varrier-Jones, quoted in *Tuberculosis and National Health*, H. Hyslop Thomson, p. 217.)

[3] A journalist who contracted tuberculosis wrote a book about his experiences and successful recovery. His newspaper paid his salary regularly throughout the whole period of his illness. He commented—'My immediate financial situation being secure, I was able to lie back again and enjoy being ill to the full', and again he quoted from a letter from the Superintendent of his sanatorium to his chief at the newspaper—'There is no doubt that freedom from financial worry contributed in no small measure to his speedy recovery.' Alan Dick, *Walking Miracle*, George Allen & Unwin Ltd., 1942, p. 21.

The patient in a sanatorium faced similar worries. He himself would no doubt have all the care and food he needed but recovery might well be impeded by anxieties about poverty at home. On his discharge from the sanatorium his family's troubles might multiply. In the sanatorium he might well cost the local authority as much as £5 a week; when he returned home for the important period of convalescence and rehabilitation no comparable provision would be made. 'The scale changes', said one critic, 'from optimum to minimum'.[1] What could he do about the period of rest and recuperation at home that he would be advised to have before he attempted to return to any sort of work? His unfortunate wife would have the double task of caring for a sick husband and doing it on a reduced income. He would have been 'fattened up in the sanatorium', said one doctor, and then 'sent out with good advice on diet to a home where it is impossible to carry it out'.[2] And if he had been ill for more than six months, then his national health insurance benefit would have fallen to 10s. 6d. a week.[3] The local authority might supply him with extra nourishment *in kind* but his only other recourse would be to the public assistance authority. This he would almost certainly find humiliating, a step to be postponed until the last possible moment, and even then public assistance rates were usually quite inadequate to provide him and his family with the food they really needed. Sometimes as a solution his wife would go out to work to supplement the family income, perhaps leaving young children in the care of the tuberculous person, with all the inevitable dangers of infection.

There was, in fact, a vicious circle, in which the entire family was likely to be caught up—'Illness leads to unemployment, unemployment to short commons, short commons to malnutrition, malnutrition to lowered resistance and lowered resistance to the contraction of the disease',[4] or more briefly, 'tuberculosis begets poverty and poverty begets tuberculosis.'[5] 'Health is purchasable', said a medical officer of health, 'but in a tuberculous household it is very expensive'.[6]

Similar but less acute family problems arose when a member of the family other than the main wage-earner contracted the disease.

[1] *Lancet*, II, 1942, p. 193.

[2] *Medical Officer*, 1942, Vol. LXVIII, p. 60. Article by Dr Hugh Paul, Medical Officer of Health, Smethwick.

[3] By comparison a soldier disabled by tuberculosis received a pension of 37s. 6d. a week plus 9s. 2d. for his wife, 7s. 1d. for his first child and 5s. 5d. for each other child. (See Cmd 6342, 1942.)

[4] Sir Pendrill Varrier-Jones, quoted in *Tuberculosis and National Health* by H. Hyslop Thomson, 217.

[5] Robert E. Plunkett, 'Tuberculosis as an Economic and Social Problem', *Connecticut State Medical Journal* 8: 9-13th January 1944.

[6] Dr Hugh Paul, *Medical Officer*, 1942, Vol. LXVIII, p. 60.

If a son or daughter who normally contributed to the family income fell ill, the family might well find that it simply had not the money to buy the comparatively expensive foods that were needed over a long period to help the patient's recovery and to safeguard the other members from infection. And it is easy to imagine the difficulties caused, especially in a family with young children, when a mother entered a sanatorium or was unable to do her normal household tasks.

War did not make the economic problems of the tuberculous patient and his family new or more pressing but there was the danger that more and more families would be involved.[1] The increase in tuberculosis in the First World War had not produced any new measures to combat the disease or assist its sufferers. But during the Second World War, as we have already seen, public anxiety about the increase in tuberculosis was voiced at an early stage and the Medical Research Council made far-reaching recommendations to arrest the spread of the disease. The keystone of the Council's scheme was the recent development in miniature radiography which made possible the early detection of the disease. Compulsory radiography, however, seemed undesirable and it was therefore necessary to consider ways and means of obtaining the maximum voluntary response. One point was clear: the result of the test must be absolutely private and no action should be taken to prevent a detected tuberculous person from continuing to work. But this was clearly not enough. The tuberculous person must be encouraged in some positive way to stay away from work and thus remove the danger of infection from his workmates. Thus proposals for Government intervention to protect the community in the interests of the war effort involved intervention to protect the individual who was discovered to be harmful to the community. For it was essential to avoid any financial victimisation of the worker whose illness had been discovered by the new methods. The Medical Research Council Committee believed that this could only be achieved by paying the patient an allowance more generous than the normal national health insurance payments for the whole time that he was under medical supervision.

The Treasury and the Ministry of Health had approved the suggested allowances scheme in principle even before the Medical Research Council's Report was published. The Treasury naturally felt some qualms lest the proposals might react upon persons suffering from other disabilities and it relied on the Ministry of

[1] 'The population contains a vast reservoir of individuals with a mild degree of tuberculosis infection', was one view, 'which, under normal conditions remains quiescent. War calls them to harder work, longer hours and less favourable conditions. Anxiety, grief, broken nights and shortened holidays, all play their part, resistance is undermined and the disease flares up into activity'. *Medical Officer*, 1942, Vol. LXVIII, p. 68.

Health to defend the distinction on the ground that the tuberculous must be prevented from being a public danger. The Ministry of Health announced its scheme for implementing the main recommendations of the Medical Research Council Report in April 1943[1] and it fulfilled its obligations to the Treasury by closely limiting the allowances scheme to infectious and 'curable' cases.

In its circulars the Ministry of Health explained the arrangements for the institution and operation of miniature radiography and then gave advice to the local authorities on their duties to the individual sufferer. Arrangements, it was urged, 'should be simple and expeditious and designed with sympathy to help the individuals who are called upon to change their normal habits of life'. It would not be easy to convince a man who felt quite well to undergo a lengthy course of treatment, especially when this would involve him in loss of income. To ease these financial difficulties the Ministry of Health would provide funds for the payment of allowances 'to persons who have to give up remunerative work in order to undertake treatment'.[2] Only those willing to undergo a prescribed course of treatment—whether at a sanatorium or in their own homes—would be eligible for the allowances. Financial assistance was to be regarded as part of the approved treatment, and arrangements for assessment were to be closely linked with the dispensary service and not confused with other departments, especially the public assistance departments. The primary object of these new measures, said the Ministry, was 'to secure diagnosis and treatment at the earliest possible stage, with the twin objects of care of the individual and removal of sources of infection', thus making a 'valuable contribution to the long-term policy of the gradual elimination of tuberculosis'.[3] 'Even in the midst of war', said the Minister of Health at a press conference following the issue of the circular, 'one cannot afford to ignore an enemy which kills 25,000 people every year in this country and is still, except for war and accidents, the chief destroyer of man and woman-power in its prime'.

The amount payable to the patient under the allowances scheme varied with his circumstances and commitments. There was first a standard rate of maintenance—39s. a week in the case of a married

[1] Ministry of Health Circular 2794, 22nd April 1943. Similar circulars were issued for Wales and Scotland.

[2] But even with the allowances loss of income would still occur, and authorities were asked to try to convince the patient 'that a temporary sacrifice of earning power with a substantial prospect of early restoration through free treatment, is better in the interests of himself and his family, than to continue at work until he feels the need for treatment with the accompanying risk of permanent damage to health and complete loss of earning power'. (Ministry of Health Circular 2794, 22nd April 1943.)

[3] Ibid.

man[1] with additions for dependent relatives—payable 'without enquiry into means',[2] to which was added the actual rent and rates of his house up to a maximum of 15s. a week and a fuel allowance in winter.[3] This maintenance allowance was expected to meet the needs of the ordinary case but where there were special difficulties further help could be given.[4] This took the form of 'discretionary allowances' towards meeting exceptional commitments such as high rent, mortgage, education, hire purchase, insurance and the like.[5] In addition local authorities could make 'special payments' for such expenses as fares incurred by near relatives in visiting the patient, domestic help for a household where the housewife was the victim and pocket money for patients in sanatoria.[6]

These scales had only been reached after long discussions with an advisory Departmental Committee.[7] The rates originally proposed by the Ministry of Health were substantially those of the Assistance Board but the Committee decided unanimously that these were not generous enough and would fail to achieve the objects of the scheme.[8]

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[1] The rates were 39s. for a male householder with a dependent wife, or a wife with a dependent husband, 27s. for a single householder, 12s. for dependents aged 16 and over (other than wife or husband), 8s. for children aged 14 to 16, 6s. 6d. for children between 10 and 14 and 5s. for children under 10. For an applicant living as a non-dependent member of a relative's household and receiving treatment at home the allowance was 25s. (Memo. 266/T. p. 14.)

[2] Except that deductions were made for—(*a*) any sickness or disablement benefit payable under the National Health Insurance Act or any pension from other public funds, (*b*) any payment received from employer or any income from self-employment or occupation, (*c*) 10s. a week was deducted where a patient was being treated in an institution. (Memo. 266/T. p. 14.)

[3] The winter fuel allowance for applicants was 3s. 6d. a week for 26 weeks after 1st November.

[4] It is perhaps interesting to make a comparison between the tuberculosis allowance rates and the general wage level. The average weekly earnings in January 1943 of the 6¼ million workpeople employed in the main industries in Great Britain were as follows:

Men, 21 years and over	114s. 5d.
Youths and boys under 21 . . .	45s. 0d.
Women (excluding part-time workers) .	59s. 0d.

(*Ministry of Labour Gazette*, Vol. LI, No. 6. June 1943, p. 80.)

[5] Only to be paid on special application and on proof of need. The income of the patient and his dependents would be taken into account. Rates were not laid down but the discretionary allowance was not to exceed 10s. a week except in exceptional cases to be submitted to the Ministry. (Memo. 266/T. p. 16.)

[6] For the absence of a housewife a special payment of 10s. a week, towards the increased expenditure involved in obtaining domestic help from outside the household, could be made. (Memo. 266/T. p. 16.)

[7] The Committee consisted of three Medical Officers of Health and three chief Public Assistance Officers.

[8] 'I am forced to the conclusion', said one member, 'that the amount suggested will fail in its object of persuading workers found to be affected . . . to give up their work and undergo treatment so long as they feel physically capable of carrying on their job'. It was erroneous and misleading, he believed, to try and reconcile the allowances with the scales of the Assistance Board, founded as they were on entirely different principles. It was the function of the Assistance Board to provide allowances during periods of unemployment to persons who are 'capable and available for work', and not to people who are 'unemployed on account of sickness or inability to work'.

After a series of meetings the scale was increased and the rent allowance added; it now seemed to at least one member of the Committee that the amounts arrived at 'represented a fair compromise between what members of the Committee would like to see and the amount likely to be obtained from the Treasury'. The rates finally agreed remained more or less those of the Assistance Board, but with two main modifications—a rather more generous scale for children, justified by their special need for good food and clothing, and a special provision for rent, justified by the need for the proper housing of such a family both in their own interests and in the interests of public health.[1] There had already been some criticism that the payments were not markedly different from those made by public assistance authorities. The Committee agreed that this was broadly true of the assistance payments of the more generous authorities but they pointed out that the new arrangements would have important advantages. Firstly, the new arrangements would go far to ensure that all tuberculous patients were paid on the level of the generous authorities. Secondly, it was intended that the payments should be dissociated from public assistance and would become part of the treatment of tuberculosis. Thirdly, there was provision for making additional payments in the case of need, though admittedly on a means test basis.

Two important points of principle were embodied in the financial arrangements of the allowances scheme. First, that the tuberculous patient needed a more generous allowance than those provided by the National Health Insurance Scheme and that the allowance should include payments for dependents and be based on family need. Secondly, the standard allowance to the patient was not to be determined on a means test basis and thus restricted to the very poor, but was to be available to all patients medically eligible whatever their financial circumstances.[2] The Ministry of Health was particularly anxious that the scheme should not be regarded as camouflaged public assistance. It stressed that allowances should be paid through the dispensary organisation and that they should not be associated in the public mind with relief under the poor law.

From the administrative point of view one of the main difficulties, even at this early stage, was anxiety at the Treasury lest the scales of the scheme should eventually clash with the post-war system of

[1] There was one additional difference between the two rates. Tuberculosis allowances had been adjusted to allow for the subtraction of the average 10s. 6d. a week of National Health Insurance benefits, so that an uninsured man would be in the same financial position as an insured man. The Assistance Board, on the other hand, did not count the first 10s. 6d. of insurance payments.

[2] When this proposal was first submitted to the Treasury they declared that they were 'rather uneasy lest payments on the Assistance Board's scales made under easier conditions than the Board apply may provide ammunition for critics of the means test, which in its application to old age pensions, is of great financial importance'.

benefits envisaged in the Beveridge Report.[1] On the one hand the rates had to be attractive enough to fulfil their war-time purpose of removing infected persons from industry and restoring them to working capacity. On the other hand, it was feared that the proposed post-war policy of universal standard benefits for all disabilities might be compromised. The Ministry of Health was able to convince the Treasury of the urgent war-time necessity of the tuberculosis allowances scheme and of its essentially temporary nature. Nevertheless, the anxiety about future difficulties when the change-over to the Beveridge Scheme took place, was constantly to inhibit any consideration of increasing the allowances or extending the scope of the scheme.

The first announcements of the allowances scheme were enthusiastically received. 'In times to come', said one commentator, 'people will marvel that its proposals, requiring as they do, large sums of money and increases of staff, should have been put forward and accepted at the height of a great war'.[2] But the war had not only brought the scheme into being, it had also set the boundaries of its scope. The war-effort sanctions from which the scheme derived its being involved the exclusion of two large groups of tuberculosis sufferers—chronics and non-pulmonary cases.

The allowances, reimbursed by the Treasury at the rate of 100 per cent., were expected to cost the Exchequer £3 million a year. They were authorised under the Defence Regulations. 'The absence of legislation must be defended', said the Treasury, 'on the ground that this is a war measure, necessitated by the war-time urgency on manpower grounds, of picking up cases at the earliest possible moment, both to prevent the sufferers from infecting others and to get them back to work'. The scheme was based upon the potentialities of mass miniature radiography. 'For persons who undertake early treatment', said the Ministry of Health, 'there will be an increased prospect of restoring them to health and working capacity'.[3] Allowances were only to be paid to persons whose working capacity would be *temporarily* interrupted—they were not payable in cases 'where treatment cannot do more than alleviate a chronic condition'.[4] Allowances were an investment in labour—to be paid only if there was definite chance of the patient returning to work in the foreseeable future. The limits of medical eligibility were closely defined.[5] The

[1] *Social Insurance and Allied Services. Report by Sir William Beveridge*, Cmd 6404, presented to Parliament November 1942. This is discussed more fully on pp. 273 *et seq.*

[2] *Tubercle*, 1943, Vol. XXIV, No. 5.

[3] Ministry of Health Circular 2794 and Memo. 266/T, 22nd April, 1943.

[4] Ibid.

[5] The Treasury had at first suggested even narrower definitions. For instance they had argued that persons already under treatment should not receive the new benefits and that cases who did not give up work when first advised to, but went on until forced by illness to give up, should also be excluded. On both these points the Ministry of Health resisted and the Treasury gave way.

majority of the tuberculous population—the chronic pulmonary cases—were, therefore, excluded from the scheme.

By refusing allowances to the chronic cases, one purpose of the scheme—the prevention of infection—was patently neglected. But if chronic sufferers were refused help, however infectious they might be, sufferers from non-pulmonary tuberculosis were excluded from the scheme for precisely the opposite reason. Their disease was not highly infectious and in their case the manpower argument—the need to get them back to work quickly—did not, apparently, count. It was held that such sufferers could not very well be differentiated from other persons with serious non-infective disabilities; for all these people the need was for the introduction of the promised social security measures which would provide for all the incapacitated.

'We want to throw the light of hope on tuberculosis', said the Minister of Health, 'and drive away the shadows of despondency which have surrounded it for so long'.[1] The Minister added that in the past fear of poor relief had made many a sufferer go on working until hope of effective treatment disappeared and pointed out that the new scheme was not a system of doles or pensions but a weapon put into the hand of the doctor at a stage when he had every chance of beating his enemy. Unfortunately, however, the shadows were only to be driven away for those who conformed to both the specific conditions laid down by the emergency scheme. It was a great pity, said the *Lancet*, that the Government could not 'go one step further and announce pensions for chronic cases and subsidised wages during rehabilitation', so that 'the spectre of want could be banished from all the tuberculous population'.[2]

The first Press announcements of the scheme evoked the immediate gratitude of hundreds of tuberculosis sufferers. Letters of thanks and anxious enquiries about eligibility and when payments would start, began to reach the Ministry. It was only too evident, however, that most of the writers were 'chronics' or non-pulmonary cases and were due to be disappointed.[3] When its limitations were finally realised, therefore, the scheme immediately became the subject of much criticism and complaint. Resolutions from local authorities and from political and other organisations, letters from tuberculosis sufferers or members of their families, letters from Members of Parliament, Parliamentary Questions—all protested against the narrow limits of eligibility. The Ministry's Standing Advisory Committee on

[1] Address by the Minister of Health on 28th July 1943, to the annual conference of the National Association for the Prevention of Tuberculosis.

[2] *Lancet*, II, 1942, p. 458.

[3] 'The publicity given to the scheme by the Government and Press has not given details and consequently the impression has got around that the financial allowances apply to all cases.' (Letter from the County Borough of West Bromwich on the administrative difficulties of the scheme. 22nd July 1943.)

Tuberculosis was quick to urge some modification.[1] But the Ministry said it could go no further; it was acting under emergency powers that could not, it believed, be strained to make the arrangements universal.

In the Ministry of Health several bulky files of letters testify to the disappointment and despair felt by many whose application for an allowance had been rejected. Behind most of these letters lay family tragedies—some of the writers were already bitter, some, writing humbly and pathetically, still hoped that they could be included. A few examples illustrate the personal and family problems involved:

Mrs E. of Bury: 'My husband who is a patient at . . . Sanatorium suffering from T.B. is not allowed a pension. The doctor has told me he is a chronic case. That is all the more reason he should be allowed one. He has a home to keep on like the other patients. I don't know who's idea it was but I have never heard of anything so *unfair*.'

Mr F. of London: '. . . I have just been officially informed that I am a chronic case and cannot participate in the scheme, so I am left with 13s. a week per National Health Insurance Benefit to support myself and wife, after being a sufferer for ten years.'

Mr L. of Birmingham: '. . . What we who are unfortunate enough to be unable to work get after thinking we should be able to buy more nourishing food and clothes and bedclothes seems to be just a statement by the Minister of Health and left to linger on the best way we can. It is the old motto those that have can always get more but those who need it most must want.'

Mr H. of Warwickshire: 'For the past ten years I have suffered from tuberculosis of the lungs. I made application in July for financial assistance under your new maintenance scheme. My application was refused. My only income is National Health Insurance Disablement benefit.' He had not been offered any sanatorium treatment. 'I fully realise how overcrowded the sanatoriums are at present, so all I ask for is the single person's allowance of 25s. a week, so as to enable me to get some more nourishment.'

Forty-two Patients at a Hampshire Tuberculosis Clinic: '. . . Those of us with the disease in our spines, hips, legs, arms, glands, etc. are just as much in need of financial assistance as those for whom the scheme makes provision. The period of treatment is no less than for pulmonary tuberculosis . . . and during this period all patients and their dependents must face the same hardships due to loss of income. Many of us, after being diagnosed as suffering from tuberculosis, have to continue working, often in great pain, because of the financial hardships which will fall on our dependents. This terrible state of affairs is made more serious by the fact that delay allows the infection to increase and unnecessarily prolongs the period of treatment.'

The administration of the allowances scheme was left entirely in local hands and it was the unpleasant duty of the tuberculosis officer

[1] Referred to in H. of C. Deb., 7th June 1945, Vol. 411, Col. 1053.

to decide whether or not each case was eligible. 'A very heavy onus of responsibility is thrown on the Tuberculosis Officer by linking his professional advice with the granting or withdrawal of financial advantage', said one County Officer. And it was inevitable that practice would vary from area to area, according to the personal equation of each Officer.[1] Not only did he have to deal the blow of refusing money that was badly needed, but in doing so, he had, as it were, to let the patient know that his case was regarded as hopeless.[2] Perhaps even worse than initial refusal of the allowance was its withdrawal when the normal period for payment expired; until this point the patient could take it that his chances of recovery were good but as soon as the money stopped he knew that his condition had deteriorated and his chances were poor. As many patients were only too quick to assume, the denial of an allowance was tantamount to a death sentence.[3]

To be eligible for an allowance the patient had to pass a dual test—he must have infectious tuberculosis and also stand a good chance of recovery. The ineligible chronic sufferer, though possibly infectious, might be compelled to work in order to keep his home together. Not only would this considerably hasten his death, but he might spread his disease among his workmates in the factory, or on the papers he handled or the telephone he used at his office, or on the goods he sold in his shop. The experience of Mr. D. of Crewe illustrates this dilemma. The doctor, he said, told him 'to take things quiet', but 'he did not tell me how to live, so at the end of ten months I went back to work and it was murder . . . I worked for eleven months, the last three months I could hardly lift a file up never mind use it.' Mr. D's job was filing cast iron piston rings and, he added, 'the dust has not done me any good but it looks as though I shall have to struggle to work again as my doctor tells me I don't come under this

[1] A Medical Officer of Health wrote to the Ministry about his unhappy dilemma in the case of Miss I., a trained nurse 'and of course, a person of some understanding so far as tuberculosis is concerned' whose disease had reached the stage when she was 'unlikely to be fit for work for an indefinite period'. 'I am faced', he said, 'with the alternative of either closing my eyes to the conditions laid down governing the granting of tuberculosis allowances and providing her with a grant, or telling this person, who as I have said already is a trained nurse, that her number has been more or less called and the outlook is anything but satisfactory'.

[2] One Tuberculosis Officer, about one of whose decisions a complaint had been made, wrote to the Ministry of Health. 'Possibly unjustifiably, I feel that my judgment, or humanity . . . is being called into question, but I feel I am in line with many of my colleagues . . . in emphasising . . . that we who are in close personal touch with our patients, who I am glad to say generally regard us as their friends, protest that the odium of "refusing grants", however wrongly anticipated from the Minister of Health's personal reported statement, should be placed on our shoulders.'

[3] 'The treatment of tuberculosis in this respect', said a Member of Parliament, 'is the most inhuman that can be devised, because the patient who is refused an allowance knows therefore that he is incurable'. (H. of C. Deb., Vol. 393, Col. 864.) 'It is a savage and unjust business', said another Member of Parliament, 'to hand out what is practically a death sentence to people'. (H. of C. Deb., Vol. 393, Col. 865.)

new scheme'. Mr. P. of Torquay put, very directly, the point about the danger of infection from chronic cases forced to work:

> 'I have been suffering from tuberculosis for the last two years, spent nine months in sanatorium but through sickness benefit being cut to 12s. 4d. a week I had to leave the sanatorium and come home and at the present time am working against the wish of my doctor. I have a wife and two young children, I feel it is not giving them a fair chance. I should like to know who is responsible if I have passed the trouble on to them? . . . I wonder how many I have passed this trouble on to since I have been compelled to go to work?'

Even when strict health rules were made by employers, the patient might still be determined to find work. 'Only recently', said a tuberculosis officer, 'a case receiving artificial pneumothorax treatment explained to me that he was unable to obtain ordinary factory employment, mentioning munitions in particular, on account of the medical supervision. He had fallen back on the unsupervised labour market and was engaged in dock labouring, unloading the nation's food supply in the form of 3 cwt. bags of sugar'.[1] As these few examples illustrate, the exclusion of chronics from the scheme meant that one of its aims—the prevention of the spread of infection—could only be partially attained so long as the dual test remained.

From the outset only a small proportion of the tuberculous population were found to be eligible. In Flintshire, for instance, it was reported that of sixty-seven applications considered at a Care Committee meeting forty-nine were outside the scheme.[2] A survey by the Medical Research Council in 1943, covering the mass radiography of 21,000 workers, revealed seventy-nine persons needing to leave work for institutional treatment; only sixteen of the seventy-nine were for various reasons, later found to be receiving allowances.[3] The National Association for the Prevention of Tuberculosis, in assessing the value of the new proposals, declared that it was very clear that those eligible for allowances would be a minority of the tuberculous population. Estimates given to them by tuberculosis officers varied between 10 and 25 per cent. In Scotland the proportion seemed higher; during the first year of the scheme 4,710 persons applied for allowances which were granted in 2,819 cases.[4] The Ministry of Health had no records of its own on this question and in October

[1] *Tubercle*, Vol. XXIII, August 1942, No. 8. Article by J. E. Stokes, T.B. Officer for Lewisham.

[2] *The King Edward VII Welsh National Memorial Association, Thirty-first Annual Report for the Year ended 31st March, 1943*, p. 6.

[3] *Medical Research Council Special Report Series* No. 25, 1945, pp. 112 and 113.

[4] *Summary Report by the Department of Health for Scotland for the Year ended 30th June 1944*. Cmd 6545, p. 18. But it should be noted that the tuberculosis cases quoted are 'applications' and not 'notifications' which would doubtless be somewhat higher.

1944, it asked a few representative medical officers of health for details of the proportion of their tuberculosis cases receiving allowances. The highest proportion found was 14 per cent. at Preston and the lowest was 3 per cent. at Stoke. Between 5 and 7 per cent. were the most usual figures.

Local authorities needed guidance on border-line cases and in the Ministry and the Department of Health for Scotland a body of 'case-law' began to accumulate. Was a student who had never worked but might be restored to earning capacity eligible? What about a young unemployed man who had never had a job? Neither of these cases was eligible, ruled the Ministry, though under the rules of the Department of Health for Scotland both of them were. If a man and his wife were both wage earners, and the wife was temporarily incapacitated by tuberculosis, did she get the allowance? 'No', judged the Ministry again, though, again the Department of Health for Scotland said 'Yes'.

But some local authorities were quick to see a way around the limitations of the scheme and decided to pay allowances to most of their tuberculosis patients. This was done in one of two ways—either by the use of powers for the after-care of tuberculous persons under the Public Health Act, 1936[1] or by a simple internal transfer of funds from the public assistance committee's account to the tuberculosis service account.

To use powers under the Public Health Act 'for the after-care of the tuberculous' was the easiest way to avoid discrimination between early cases and chronics. If a Government grant had to be refused then a similar allowance was made from the rates. It was reported, for instance, that many authorities in Wales had 'done their best to meet the deficiencies of the scheme by a wide interpretation of their powers'.[2] Northampton County Borough provides another example—only 178 out of their 440 registered cases of pulmonary tuberculosis were eligible under the Government scheme, but the authority decided to pay allowances out of local funds to all chronic sufferers not gainfully employed. For some time the Ministry of Health also believed that local authorities could if they wished pay allowances under the 1936 Act, and that the new arrangements involved no

[1] It is interesting to note that in Scotland local authorities' powers with regard to tuberculosis were rather less wide than in England and Wales. There was no specific statutory power corresponding to Section 173(2) of the Public Health Act, 1936, 26 Geo. 5 & 1 Edw. 8. Ch. 49, which allowed authorities to make provision for the after-care of the tuberculous, and usually took the form of benefits in kind such as bedding, food and fuel. While it had been the practice since 1912 for local authorities in Scotland to provide these benefits for individual patients where they were clearly required as part of the patients' treatment, Scotland had to ask for Treasury permission to extend the provision of these benefits to the non-tuberculous dependants of tuberculous patients under the 'discretionary' payments of the tuberculosis allowances scheme.

[2] *The King Edward VII Welsh National Memorial Association, Thirty-third Annual Report, Year ended 31st March 1945*, p. 35.

additional powers but were merely an undertaking to reimburse local authorities from the Treasury in specific cases. These local arrangements could be, therefore, a way out of the awkward dilemma on eligibility. Later, however, on taking legal advice, the Ministry came to the conclusion that the 1936 Act did not go so far as to cover the payment of maintenance allowances.[1] Several local authorities were therefore, to the knowledge of the Ministry, acting illegally but no advice was circulated to them.[2] The Ministry hoped to hold the position where it was until the special war-time authority from the Treasury for these payments was withdrawn.

The alternative way around the government scheme lay in private arrangements with the public assistance committees. Such was the system, for instance, in Oxford where chronic cases were treated and received benefit exactly as if they were eligible for the official allowances. Administratively this was achieved by the tuberculosis almoner submitting each incligible case to the public assistance committee, but as actual payment was made to the patient by the tuberculosis officer it was indistinguishable from an ordinary allowance. Bristol and Northamptonshire were among the authorities that had similar arrangements. The Ministry of Health had at first considered that this type of arrangement was a satisfactory solution by which the recipient would not know the source of the money he received, thus not discouraging his cure by labelling him a chronic. It was perfectly in order for public assistance authorities to discharge their functions through the agency of some other committee of the Council (i.e., through the tuberculosis authority), but the difficulty was that the statutory principles fundamental to public assistance included a means test and the consideration of liable relatives, while the tuberculosis allowances scheme was free from any family income qualification. It might be difficult, therefore, to observe the letter of the law on public assistance without letting the chronic patient know the source of his money. Nevertheless, several local authorities paid allowances from public assistance funds to chronic cases without differentiating

[1] In the case of Northampton Borough Council where payments were being made to patients outside the Government scheme under Public Health powers, the Ministry's accountants believed the expenditure to be illegal. As these accounts were not, however, subject to the district auditor (as opposed to the public assistance accounts which were) the only way the matter might be challenged would be by a ratepayer applying to the High Court for a *mandamus* to restrain them.

[2] In reply to a Parliamentary Question about whether local authorities would be empowered to continue to pay the Government scale of allowances from local funds where the patient could not return to any work, the Minister replied that the statutory powers of local tuberculosis authorities were contained in Section 173 of the Public Health Act, 1936, which authorised them to make such arrangements as they thought desirable 'for the treatment of tuberculosis and the after-care of persons who suffered from tuberculosis'. Their statutory powers were 'neither extended nor diminished' under the new scheme. 'Does that mean', pursued the Questioner, 'that they need not necessarily go back to the Poor Law if they are not fit for work?' But the Minister avoided a direct answer by declaring 'The power of the tuberculosis authorities remains unimpaired'. H. of C. Deb., 29th July 1943, Vol. 391, Col. 1781.

between these grants and those for the 'hopeful' cases. Whether or not the law was always kept is not known and the Ministry of Health did not ask.

The issue of eligibility was not the only problem to be faced. The actual rates of payment had at first been generally accepted as adequate; they seemed to compare favourably with previous alternatives and they had the merit of dissociation from the poor law and any form of means test. But fairly soon there were complaints that even for those who qualified the allowances were not sufficient. 'Is not the Minister aware', asked one Member of Parliament, 'that the object of these allowances was to relieve the anxiety of the patients and to encourage them to undergo treatment, and that in view of the fact that the amount of the allowances in some areas is little different from the public assistance rate, this purpose is not achieved?'[1]

The scheme had hardly begun when the Hertfordshire Tuberculosis Officer cited the case of a wife and two children who were entitled to £2 16s. a week while the husband was in a sanatorium; under public assistance the same family could draw £3 a week.[2] In Glasgow too, it was claimed that the Poor Law scale was preferable to the tuberculosis allowances rate.[3] As prices rose the scales of the allowances scheme became less and less adequate. In December 1943 the Assistance Board revised its scales but no corresponding adjustment was made in tuberculosis allowances. 'It is really doubtful', said one local authority, 'whether the amount of assistance afforded under the Ministry's scheme does much other than relieve hardship'. The allowances became particularly inadequate where the patient had several children—under the revised scales of the Assistance Board, the child of an unemployed person received more than the child of a tuberculosis patient.[4] The allowance payable for a housewife who

[1] H. of C. Deb., Vol. 393, Col. 864.

[2] If the wife were working, however, her earnings would be deducted from her public assistance allowance, but would not be taken into account for her tuberculosis allowance.

[3] H. of C. Deb., Vol. 393, Col. 1207.

[4] In July 1943 the comparative rates of children's allowances were:

Memo. 266/T	s.	d.	*Assistance Board*	s.	d.
Aged 16 and over .	12	0	Aged 16 and over . .	10	6
„ 14 and under 16 .	8	0	„ 14–15 inclusive .	7	0
„ 10 „ „ 14 .	6	6	„ 11–13 „ .	5	6
„ under 10 . .	5	0	„ 8–10 „ .	5	0
			„ 5–7 „ .	4	6
			„ under 5 . .	4	0

In December 1943 Assistance Board rates were revised to:

	s.	d.
Aged 16 and over . .	12	6
„ 11–15 inclusive .	9	0
„ 8–10 „ .	7	6
„ under 7 . .	6	0

The Government recognised the need to revise the Assistance Board rates owing to the rise in the cost of living but seemed to overlook the revision of the scales under Memo. 266/T. There was no obvious reason why the children's maintenance allowances should not have continued to bear the same relationship to the Assistance Board allowances as they did when they were introduced.

contracted tuberculosis was also inadequate.[1] In short a basic principle of the tuberculosis allowances scheme—that the tuberculous family needed special care—was being eroded.

A survey of the war-time diet of tuberculous persons underlined these criticisms.[2] It was estimated that among a sample of 1,000 tuberculous families assumed to be receiving allowances, the money available for food expenditure resulted in 11 per cent. of the families falling short of the dietetic level officially accepted as necessary for normal health. Where the sufferer was the main wage earner, the proportion would be as high as 19 per cent. And it had to be remembered that a diet adequate for the normal person was not enough where tuberculosis existed. 'The scale of allowances falls far short of what we believe the Medical Research Council had in mind', declared the Joint Tuberculosis Council.[3] The situation had now been reached that in some areas tuberculosis allowances were supplemented by public assistance,[4] and the statement was made that applicants could apply for public assistance in preference to the allowance if they felt that this would provide them with a more generous income. Local authorities and professional organisations protested to the Ministry about these anomalies and urged a revision of the tuberculosis allowance rates.

But the Ministry of Health was not prepared to press for any revision of the scales. It felt that its powers had been stretched already to the limit and that no extensions in eligibility and no increase in rates could be justified. 'We are well stuck in a bog', said an official, 'with no firm ground on which to rest our feet'. On the one hand officials were under fire because of low rates and narrow eligibility; on the other they were already turning a blind eye to many technical irregularities. More important still was the Ministry's feeling that these temporary war-time arrangements should not be allowed to prejudice the plans for permanent changes in social security provision. The Ministry was therefore reluctant to approach

[1] 'Could any Hon. Member', asked one Member of Parliament, 'find a woman to go into a working class house to do all the cooking, scrubbing, mending and to care for the children for 10s. a week? The housewife, of course, will refuse to go away. She will stay on. She may infect her children and if she is at last persuaded to go away, she will be worried and anxious all the time she is in the sanatorium wondering whether her children are being properly cared for'. (H. of C. Deb., Vol. 393, Col. 1193.)

[2] The survey was made during the second half of 1942—before the announcement of the tuberculosis allowances scheme—but on the basis of the Survey's findings it was possible for the Committee which conducted the enquiry to estimate on broad principles the value of the new arrangements. (*Report of a Joint Committee of the National Association for the Prevention of Tuberculosis and the Committee for the Study of Social Medicine into the Income and Food Expenditure of Tuberculous Households in War-Time.*)

[3] *Interim Report of Committee on Ministry of Health Memorandum 266/T by the Joint Tuberculosis Council*, 21st July 1945, p. 7.

[4] Durham County Council sent the Ministry details of eight specimen cases where tuberculosis allowances had to be made up by the Public Assistance Committee in order to reach the scale of public assistance relief.

the Treasury which was reported to be very sensitive to any suggestion that tuberculosis rates might exceed corresponding rates under the post-war social insurance schemes.[1]

(iv)

Social Security

In fact, the tuberculosis allowances scheme was already a lost cause soon to be superseded by wider plans for national social security. It is perhaps ironic that one of the chief reasons for maintaining the limited scope of the allowances scheme and for refusing to increase the payments during its five years' life was anxiety that there might be a conflict with the principles of the comprehensive social security measures of the future. When the inhumanity of excluding the chronic and non-pulmonary cases was pointed out to the Ministry of Health, the only reply was that 'this category will fall to be provided for in connection with general social security developments and the wider provision that is to be made in the future'.

In 1943 the Government had accepted the general principles of the Beveridge Report—that is, the abolition of the Poor Law and the replacement of the old assessment of needs and the patchwork of unequal benefits by a unified system of payments made as of right. The Government was committed to the introduction of measures to unify all categories of insurance, to the payment of a national minimum benefit to every citizen, without means test, in the event of sickness, old age or disability, and to the establishment of a National Health Scheme. All tuberculous patients in the future would receive a national minimum sickness benefit plus allowances for their children and dependents and there would be available all the resources of a free national health scheme.[2] A separate tuberculosis allowances scheme seemed therefore no longer necessary. There

[1] At a meeting on the 20th April 1945, to consider the Tuberculosis Allowances Scheme in the light of social insurance developments, officials of the Ministry of Health, Department of Health for Scotland, Assistance Board and Ministry of Insurance concluded that although the recent revision of Assistance Board rates made their children's allowances higher than under the tuberculosis allowances scheme, 'no case could be made for increasing the tuberculosis scheme rates, which to a large extent are payable without regard to means to make up an aggregate family grant that is more favourable than the rates proposed for national insurance, and that it would not be practicable to obtain Treasury consent to higher rates'. They also agreed that when family allowances began they would have to be deducted from the tuberculosis allowance.

[2] Institutional treatment for the tuberculous became the responsibility of Regional Hospital Boards on 5th July 1948 under the National Health Service Act, 1946 (9 & 10 Geo. 6. Ch. 81). Local health authorities derived their powers for the care and after-care of the tuberculous under Section 28, Part 3 of the National Health Service Act. After-care duties included home nursing and visiting, domestic help and assistance towards resettlement in employment under suitable conditions when working capacity was restored. (Details were set out in Ministry of Health Circular 118/47. 10th July 1947, pp. 12-14.)

might still be cases where the national minimum allowances would not be enough for the dietary, housing and after-care requirements of a tuberculous patient and his family, but supplementary payments could then be made by the projected National Assistance Board.

For tuberculosis sufferers in general there were obvious advantages in the new universal payments, especially for the chronic and non-pulmonary cases previously excluded. But for some patients eligible for allowances the new arrangements would mean a drop in income.[1] Basic national insurance rates were to be lower than the standard tuberculosis allowance rates (though the latter had involved the deduction of National Health Insurance benefits), and there would be no additional payments for rent and fuel. Supplementary payments, calculated on the assessment of family needs could, however, be made through the National Assistance Board. As a consequence, although the limitations of the war-time scheme had often made it unpopular, there was now some opposition to its disappearance.[2] Whatever its shortcomings in practice, the scheme had at least recognised the important principle that tuberculosis sufferers and their families were in a special category of need. In the event this principle was not to be completely abandoned. The Ministry of Health obtained the agreement of the Treasury and the Assistance Board to a proposal that when the new scheme came into operation additional payments could be made to needful tuberculous patients at a rate higher than the normal scale of Assistance Board payments. Local tuberculosis officers would remain an essential element: on their recommendation the Assistance Board would make the payments after enquiry into financial circumstances.

All this however, lay in the future. In the meantime the Ministry of Health had the difficult task of continuing to operate the existing scheme so that it in no way conflicted with the future system which

[1] The Joint Tuberculosis Council pointed out in 1946 that a recent Lancashire survey for nearly 600 patients showed that if the present allowances were superseded by national insurance, 80 per cent. of them would suffer financial loss, and 50 per cent. would lose weekly sums varying from 5s. to 34s. A Birmingham survey of over 300 patients on allowances showed that 64 per cent. would suffer reductions from 1s. to 23s., 33 per cent. would gain 1s. a week, and 1 per cent. would gain 5s. a week.

[2] The Ministry of Health's Standing Advisory Committee on Tuberculosis, for example, resolved in 1946 that 'special provision should be made for the medical and social welfare of tuberculous persons above that made for the general community' . . . that 'the principle behind these allowances should be preserved and extended to all types of tuberculous patients' and that 'no scheme should be created or approved by the Ministry of Health which does not provide for an adequate system for the continuous care and assistance of the tuberculous family'. There was also a deputation to the Ministry of Health from the Joint Tuberculosis Council in November 1946, expressing concern at the possible suspension of Memo. 266/T allowances, and recommending wider eligibility and increased scales of payment.

The National Association for the Prevention of Tuberculosis also sent a resolution to the Ministry of Health saying that 'the Council of the N.A.P.T. expressed the earnest hope that the principle of Treatment Allowances payable to tuberculous patients will be continued, and suitably extended, as part of the permanent method of tuberculosis control'.

was being introduced piece-meal. The first instalment came with the Family Allowances Act, 1945, payments under which were to begin in August 1946. Tuberculosis allowances were directly affected for deductions corresponding to the new allowances had to be made where applicable.[1] This apparent niggardliness evoked much criticism. Every family with more than one child gained from the new Family Allowances scheme—every family except the tuberculous family where the need was probably the greatest.[2] But once again the Ministry of Health could only point out that it was acting in accordance with the principle accepted in the new legislation and running through all the new and expanded social security schemes, the principle that 'account should be taken of overlapping payments from the public funds in respect of the same person and for the same purpose'. The allowance for the child given under the tuberculosis allowances scheme was supposed to be calculated on its total needs and so to need no supplement from other national funds. The position was administratively logical, but logic was not enough; it would have been easier to defend if the children's allowances under the tuberculosis scheme had been more generous and if the total allowances had not been often lower than payments under public assistance.

So inadequate had the tuberculosis allowances become that the Ministry was forced to make two minor adjustments, despite its reluctance to tamper with a scheme now so near its end. The allowances for children were increased so as to be not less than the public assistance rate;[3] and in December 1947, the winter fuel allowance was raised by one shilling a week.[4] By this time, however, the legislative framework of the new social security structure was established and the date for the beginning of the new payments was announced. From 5th July 1948, the National Insurance, National Assistance and National Health schemes took over and the tuberculosis allowances scheme came to an end.[5]

[1] Ministry of Health Circular 114/46. 20th June 1946.

[2] 'The healthy child of a healthy father drawing full wages gets an extra allowance from the State which can hardly be regarded as a maintenance allowance; the susceptible child of an unemployed or partially employed tuberculous patient gets nothing to supplement the bare subsistence of the tuberculosis allowance. We feel that this is an anomaly of far greater importance', said the Joint Tuberculosis Council, 'than the anomaly of drawing two allowances from the State for two different purposes'.

[3] Ministry of Health Circular 222/46, 2nd December 1946.

[4] Ministry of Health Circular 182/47, 30th December 1947. The fuel allowance fixed in 1943 at 3s. 6d. a week in winter remained unchanged until the end of 1947, in spite of a 32 per cent. rise in the cost of coal. Interested associations pressed the Ministry to amend the rate and it was eventually put up to 4s. 6d. a week.

[5] The tuberculosis allowances scheme automatically ceased when provision was made for 'persons who have suffered loss of income in order to undergo treatment for tuberculosis of the respiratory system' under Section 5(3) of the National Assistance Act, 1948. The National Assistance Board undertook payments from 5th July 1948. Application forms could be obtained from post offices or tuberculosis dispensaries, and the dispensaries were to provide the Board with the patient's medical details; payment was made at post offices. (National Assistance Board Circular letter B.L.A. 8/48. 10th July 1948.)

(v)

Rehabilitation

So far this chapter has concentrated almost entirely on the economic problem of tuberculosis in the family, and on the success or failure of the war-time tuberculosis allowances scheme in solving that problem. Tuberculosis, of course, raises other difficulties affecting family life—for instance, housing conditions, the medical supervision of contacts, the reduction of sanatoria waiting lists to remove infected persons from their homes, are all of great importance. But vital though these issues are, no fundamental improvements were made during the war. There was, however, one other war-time development which had important potentialities for the future economic and social stability of the tuberculous family; some progress was made in the rehabilitation of tuberculous persons for full or part-time work. Chronologically the first steps in rehabilitation came before the tuberculosis allowances scheme, but they can be seen as a logical extension of the allowances idea. Having agreed to make payments to people expected to recover and work again, the next step was to train and refit them for their future working life.

'Hope and work create vitality, but vitality quickly evaporates unless both hope and work are translated into economics',[1] said a pioneer of rehabilitation for the tuberculous. The importance of rehabilitation in the treatment of the disease had been recognised by tuberculosis workers for many years, and such men as Sir Robert Phillip, H. A. Pattison and Sir Pendrill Varrier-Jones had made a major contribution in this field of social medicine. The achievements of such organised colonies as Papworth Village Settlement, Cambridgeshire, and Preston Hall Village Settlement, Kent,[2] had demonstrated beyond doubt that a high proportion of tuberculosis sufferers could recover sufficiently to resume regular work, even though possibly of a light character and under careful medical supervision.

Rehabilitation of the tuberculous was only a small corner of the wider rehabilitation services that developed during the war. In 1941 came the Ministry of Labour's Interim Scheme for the Training and Settlement of Disabled Persons in Industry, designed to train partly disabled persons for war work. Allowances were to be paid to trainees, and hospitals and training centres were to be linked with

[1] *Papers of a Pioneer, Sir Pendrill Varrier-Jones*, collected by Peter Fraser.

[2] Other important settlements and workshops include: Barrowmore Hall, Cheshire; Wrenbury Hall, Cheshire; Sherwood Village Settlement, Nottinghamshire and Spero Workshops, London.

employment exchanges. 'Arrested' tuberculosis cases—only a minority of sufferers—were included. A little later the Tomlinson Committee[1] investigated the subject further and recommended, *inter alia*, that local authorities should develop rehabilitation facilities in connection with their normal duties for the treatment of tuberculosis.

When, in October 1942, the Medical Research Council made the Report that launched the mass radiography and allowances scheme, they could not neglect the issue of rehabilitation. They recommended that not only arrested but also quiescent and convalescent cases should be entitled to training and help in finding employment, though on a basis of 'a slow and graduated return to work under medical supervision'. The Council advocated that the principle of modified or part-time work with subsidised wages in normal industry should be established. The principle became part of the Ministry of Health's new scheme announced in April, 1943.[2] Now a wider class of tuberculosis sufferers could benefit from training and employment schemes than had been possible under the Ministry of Labour's earlier arrangements and wages could be subsidised by allowances while the patient was in 'controlled employment', designed to bring 'the individual back gradually to normal work'. One-third of the patient's net part-time earnings could be ignored when calculating his tuberculosis allowance after he had begun part-time work.

In 1944 the Disabled Persons (Employment) Act rounded off earlier arrangements when it provided for the finding of suitable and supervised work for *all* disabled persons capable of further employment. It made provision 'the scope and generosity of which', according to one opinion 'this country has never previously known'.[3] The peculiar problems of tuberculosis meant that especially careful and considered planning would be necessary, and that progress would be slower than in the case of other disabilities. But in 1946 a start was made in applying the Act to the tuberculous when local authorities were instructed to make detailed arrangements to implement its provisions and not only for cases where there had been substantial recovery.[4]

The rehabilitation of the tuberculous, however, could never be merely a branch of a general scheme for the disabled population as a whole. There was always the danger of relapse and the possibility of the spread of infection among other workers made their employ-

[1] *Report of Inter-Departmental Committee on the Rehabilitation and Resettlement of Disabled Persons*, January 1943, Cmd 6415.

[2] Ministry of Health Circular 2794, 22nd April 1943.

[3] F. R. G. Heaf and J. B. McDougall, *Rehabilitating the Tuberculous*, Faber & Faber (1945), p. 129.

[4] Ministry of Health Circular 52/46, 15th May 1946.

ment particularly difficult. Segregated communities were an ideal solution but they could not be set up overnight and in any case, many patients would prefer to return home. Other contributions possible were training and employment in sanatoria or in workshops attached to sanatoria, municipal training centres and workshops, organised out-work in the home, and the finding of individual sheltered work in ordinary industry.

During the war some progress was made on this difficult task. In many sanatoria occupational and diversional therapy had long been a recognised part of the treatment; now several authorities made more serious attempts to extend such techniques and to link them with training for future employment. Many new handicraft instructors were appointed and new workshops equipped. Sometimes light work could be brought in from outside. In a Rotherham sanatorium, for example, male in-patients assembled ratchets for a local firm. In a Southampton sanatorium in 1944 seven ex-patients were working thirty to thirty-eight hours weekly and seven in-patients were working part-time on toy-making. The Isle of Wight also ran a workshop for toy-making, and patients were taught leather-work, rug and string-bag making by the Women's Institute. Other courses organised by local authorities included needlework, carpentry, gardening, boot-repairing and clerical training. In some cases patients were accepted in Government-organised workshops set up under the Ministry of Labour's general rehabilitation scheme. In the established tuberculosis settlements rehabilitation at its best continued,[1] and one or two authorities were able to follow their example—Nottingham County Council set up a small village community attached to one of its sanatoria and Leeds extended its provision under its 'Factory in the Field' scheme.

Training schemes and work in sanatoria for patients while still under treatment were only the first half of the problem however. Afterwards came the search for suitable and more permanent work. Effective liaison between tuberculosis officers and local employment exchanges was essential, and where achieved, suitable part-time work could often be found. Oxfordshire, for example, reported that employers were co-operative in offering part-time work to patients with a view to whole-time employment later. From June 1943 to June 1944, of seventy-three cases investigated for rehabilitation, fifty-one had been found jobs; the greatest difficulty was experienced with agricultural workers and middle-aged chronics. In the County of Southampton good teamwork between tuberculosis officers, Ministry of Labour officials and the Royal Naval Benevolent Trust secured work for several patients in various Admiralty Departments.

[1] During the war the Government placed war contracts with several of the settlements, which were very successfully executed.

Lancashire County Council reported that at least forty patients had been found light or modified work through the employment exchange and sixty through the efforts of Care Committees. Individual firms were sometimes especially sympathetic—'one Bristol firm', reported the Ministry of Labour's Standing Rehabilitation and Resettlement Committee, 'has been particularly helpful (the Managing Director was a victim of the disease) and a number of suitable vacancies have been filled with T.B. subjects; in addition a Private Hire and Hackney Vehicle firm in Bristol has engaged seventeen men who had suffered from the disease'. Sometimes, however, and especially where heavy industry predominated, it was hard to get employers to co-operate; Hull and Doncaster reported difficulty in finding any light or part-time work. Occasionally both employers and workers were reluctant to associate with persons known to have had tuberculosis.[1]

An extremely useful source of employment was work in and around the sanatoria. There ex-patients felt secure. They were under the eye of medical people, often in a particularly healthy atmosphere and yet could do useful and remunerative work. Many women were taken on for nursing and domestic work starting with only a few hours a day but graduating up to full-time work. For men there was work in the gardens, as door-keepers, in the laboratories and dispensaries and as clerks. Local authorities also employed tuberculous patients in some of their other branches as park-keepers, car-park attendants and gardeners.

In all, war-time staffing and accommodation difficulties allowed no more than the merest beginning in dealing with this particularly complex problem but the machinery was now available for future progress on a national scale. The problems would inevitably be very specialised. A tuberculosis rehabilitation service would involve expert knowledge and practical experience in its planning, co-ordination and supervision.[2] Often partial or relative rehabilitation would be all that could be achieved. Medical supervision would be essential at all stages to guard against the constant danger of relapse. For the patient these war-time developments opened up new vistas of hope. He was no longer necessarily condemned to the social scrap heap; the nation was pledged not only to give him all the medical care he needed but also to do all they could to re-establish him as a full member of society and to return to him his economic independence.

[1] The examples given in this and preceding paragraph have been selected from replies from local authorities to an enquiry made by the Ministry of Health on 25th September 1944 about the progress they had made in their arrangements for rehabilitating the tuberculous.

[2] 'The problem is indeed a composite one, for it embraces suitable employment under hygienic conditions, an efficient programme for rehousing, facilities for recreation adjusted to the resources of the patient, some degree of financial security, and direction and guidance in the general art of living.' (*Rehabilitating the Tuberculous*, F. R. G. Heaf and J. B. McDougal, p. 10.)

(vi)

Assessment

'There is no other disease so harmful to the patient, so burdensome to the family and so menacing to the community, as tuberculosis', claimed the Ministry of Health's Standing Advisory Committee on Tuberculosis. For this reason tuberculosis had been treated as a problem demanding vigorous war-time measures. As we have seen, when the allowances scheme was first announced it was enthusiastically received. 'A great credit to Parliament and the Ministries . . . a revolution in the tuberculosis world', said one of the medical journals.[1] But when the time came for the scheme to be replaced by the general social security legislation, there were few to mourn its passing.

How did a scheme that had begun with such high hopes come to end in such disrepute? The reason lay in its very conception; its genesis was economic rather than medical or social. Although the scheme had been welcomed as a great step forward in the treatment of the disease as a social and family problem, it had been planned primarily towards economic ends. It had been seen first and foremost as an aspect of war-time labour mobilisation—as a measure which would both get sick people fit for work again and also prevent a serious increase in tuberculosis and a correspondingly serious depletion of available manpower. Even when the scheme is considered in the narrowest economic terms it is difficult to see any firm principle. For as we have seen assistance under the scheme was denied both to those who were chronic and, possibly, highly infectious cases and to those who could be made fit for work but who, as non-pulmonary cases, were not infectious. If the scheme is considered as a social policy, the principles behind it are even more questionable. Under the terms of the scheme the majority of cases had to be refused an allowance, and told in so many words that their chances of recovery were bad—certainly too bad to be accepted as a good investment. For a disease in which optimism and confidence plays such an important role, the refusal or withdrawal of an allowance could have serious effects. It is difficult to understand the maintenance of this policy by a Health Department, even when it sprang from strict adherence to administrative dogma rather than from any lack of goodwill.[2]

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[1] *Tubercle*, May 1943, Vol. XXIV, No. 5.

[2] 'As a doctor, I find it very difficult to understand the approach of these officials who must have drawn up the scheme', said a Member of Parliament. 'It is absolutely contrary to the principles and practice of the medical profession' (H. of C. Deb., Vol. 393, Col. 1191).

The Ministry of Health was quite aware of the apparent harshness in the distinction between the different types of tuberculous patients but it saw the choice as lying 'between taking the opportunity of emergency powers to do at least something now for the tuberculous as a war service, though necessarily limited on that account' or doing nothing until wider social provision was eventually made.[1] Government departments as a whole were anxious to avoid picking out one group for special legislation in advance of general social insurance.

Conscious though the Ministry was of the scheme's anomalies, it seems to have made little effort to have the basis of the scheme reviewed and extended. Even within the limitations of an emergency scheme, a good case could surely have been made out for including all pulmonary cases on the grounds that they were spreading or might spread infection. These unfortunate people were certainly a potential danger to the war-workers among their families and friends; if they themselves went out to work or moved in public places, they were a danger to an even wider circle. The Ministry of Health believed, however, that with reconstruction in the air, the Treasury would never agree to finance a more comprehensive scheme.[2] It assumed that the resources available for this particular social provision were fixed. This assumption was not true of many other war-time social developments and it was the more unjustified in this particular case since the financial provision originally made for the scheme was not nearly absorbed. In 1942, it will be remembered, the estimate of the cost of the scheme to the Exchequer was £3 million a year; in 1945 the actual expenditure was as low as £650,000.[3] With this saving in hand it seems surprising that the Ministry was not prepared to push the case for widening eligibility, and thus free itself, and the local tuberculosis officers, from the intolerable duty of having to tell patients that they were, to all intents and purposes, written off.

[1] The unpleasant duty of deciding between the eligible and the ineligible was, thought the Ministry, 'part of the price of doing something at least for the tuberculous immediately through the opportunity offered of doing it as a war service, rather than doing nothing at all until something better could be done when the war is over'. (*Monthly Bulletin of the Ministry of Health.* January 1945, Vol. 4, p. 6.)

[2] 'The arguments for extending the allowance to chronics', read one departmental minute, are '(1) that to differentiate between them and those capable of improvement is psychologically cruel and physically aggravates the disease and (2) that they spread infection and that the control of infection is one of the objects of the allowances'. But (1) 'cannot affect manpower and is therefore no argument for extending the scope of grants provided under emergency powers', and (2) 'is logical' but would involve 'transferring the cost of maintenance from Public Assistance to Public Health, which is again outside the scope of a war service grant'. The only possible way of extending the allowances to chronics, thought this official, was by giving them to all infectious persons who were gainfully employed before they undertook treatment. And on that he declared 'I doubt whether the Treasury would look at this'. It should be noted that the official's objection to transferring the cost of a war-time service from Public Assistance to Public Health did not apparently apply to the care of the homeless where such a transfer was in fact made. See R. M. Titmuss, *op cit.*, pp. 263–268.

[3] H. of C. Deb., Vol. 411, Col. 1670.

Criticism of the scheme cannot be confined to the issue of eligibility; it must be extended to the actual payments made. The intention had been to enable the early case to leave his work and undergo treatment, free from financial worries. But allowances that were fixed in 1943 remained unaltered until 1947 despite the rising cost of living and amended public assistance and Assistance Board rates. Tuberculosis allowances, in fact, became in many cases lower than parallel public assistance rates, though since they were in most cases paid by the tuberculosis officers they retained the less tangible virtue of freedom from the stigma of the poor law. 'There is little inducement', said the Joint Tuberculosis Council, 'on the scale of allowances for the early cases with few or no symptoms to give up their work while the disease remains early. For many patients the anxieties of today are more potent than the fears of tomorrow which they hope may never materialise'.[1]

One group of tuberculosis sufferers, however, undoubtedly benefited from the scheme—those whose families would have been ineligible for public assistance.[2] In contrast to public assistance payments, tuberculosis allowances were paid without any type of family means test—medical eligibility was the only criterion. The resources of the rest of the family were, therefore, irrelevant and a patient could retain his independence instead of becoming a financial deadweight on the rest of his family or being forced to draw on any savings he might possess.

In all, the record of the tuberculosis allowances scheme is not a happy story. It began with good intentions—something was at last to be done to help at least some sufferers to meet their financial problems. The economic and social aspects of tuberculosis in the family were recognised and a start was made in the treatment of tuberculosis as a family problem. But discrimination lay at the root of the scheme and its benefits were arbitrarily distributed. It is obviously impossible to balance the advantage derived by those families where allowances were paid against the bitterness and unhappiness caused where the patient was declared ineligible.[3] It may

[1] *Joint Tuberculosis Council. Interim Report of Committee on the Ministry of Health Memorandum 266/T.*, 21st July 1945.

[2] It was reported that in some areas these cases constituted five-sixths of the total number of applicants. There were also many patients whose family income could only have been supplemented up to Public Assistance scale and who under the allowances scheme came well above that scale. Young unmarried people—previously dependent after discharge from sanatorium on their families and on a low National Health Insurance benefit—were greatly helped by receiving an allowance in their own right to cover subsistence. (*Ibid.* p. 4.)

[3] The Ministry of Health's official view of this dilemma was: 'But the greatest good for the greatest number—the aim of administration—is seldom reconcilable in wartime with the greatest good for every individual, or with the dominant principle in medical practice—that the patient's welfare should always have first claim. Therein lies the crux for the medical administrator concerned with what is so pre-eminently a social disease.' (*Monthly Bulletin of the Ministry of Health*, January 1945, Vol. 4, p. 6.)

be said that the chronic case was no worse off than before; he still had the alternative of public assistance if he was destitute. But as one of the chronic cases put it—'. . . what a let-down! What a disappointment after the Ministerial pronouncements had led one almost to believe that a new era was dawning for the tuberculous.'

And perhaps the 'let-down' was even more obvious when the allowances scheme is set against the general background of the services that were springing up in reply, not only to the economic needs, but also to the social needs of the day. Can it take a worthy place among such developments as the widening school meals and milk service, the national milk and vitamin foods schemes, the increased old age pensions, the abolition of the household means test from social service payments and the Ministry of Labour's generous and imaginative rehabilitation scheme? All these measures emphasised the *general* nature of their various benefits. It is not surprising that the tuberculosis allowances scheme, built as it was on a principle of discrimination, should be among the less successful aspects of war-time social policy.

CHAPTER IX

THE NURSING SERVICES[1]

(i)

Introduction

IT WAS inevitable that as the strain on the nation's manpower grew more and more intense problems of staffing the social services should grow more and more difficult. There developed a shortage of all kinds of workers, from the unskilled to the most highly trained. There was a shortage of domestic workers for the local home help services and institutions, of hospital almoners and other social case workers, of helpers in the evacuation scheme, of nursery staffs, of matrons with midwifery, nursing or domestic training for a variety of homes and hostels, of midwives for hospitals, maternity homes and domiciliary posts and a shortage of nurses for all kinds of nursing work. The worst shortages were in those occupations where recruitment had already been inadequate before the war.

It is impossible to compress into a single chapter an account of the manpower problems in all the social services during the war. Nursing together with the related field of midwifery,[2] has therefore been chosen for special study for it is the most obvious example of an undermanned profession which was especially important in war. Even in peace-time when manpower in general was superabundant rather than scarce, nursing was already short of recruits. The influences which usually, in time, increase the ranks of professions for which there is a rising demand had not been effective in the field of nursing. The incomes, working conditions and status of nurses had remained unsatisfactory. The law of supply and demand had not operated with sufficient force; recruitment had increased but it had not kept pace with the growing needs of the expanding social services.

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[1] The authors are indebted to Miss R. Hurstfield for a study which contained most of the research for this chapter.

[2] Over 90 per cent. of all midwifery pupils are State registered nurses, and the recruitment problems of both professions must therefore be considered together. In the present chapter the main emphasis is on the nursing services in hospitals. No attempt has been made to give a full account of midwifery in war-time. Midwifery is also discussed in Chapter II.

Service and self-sacrifice are the outstanding features of nursing history. In the past women chose nursing as a vocation to which they dedicated themselves to the exclusion of other interests in life. The first to undertake the care of the sick were members of religious orders who regarded it as part of their service to God and expected no material reward. Then after the Reformation, nursing fell into disrepute and for centuries it was practised mostly by coarse and ignorant women without sense of vocation or pride in their work. When Florence Nightingale, less than a hundred years ago, undertook her work of reform, she built again on the old tradition of unquestioning self-sacrifice and obedience. She regarded nursing as a vocation which needed training and discipline but she was opposed to any form of State supervision.

From that time onwards, nursing developed into a profession of trained women with a strict ethical code and a working discipline. State registration, however, was delayed for many decades by its opponents inside the profession. Not until 1919 were General Nursing Councils for England and Wales and for Scotland established by Parliament to determine the training and keep the register of qualified nurses.

The work of a nurse is hard and exacting, even under the most favourable circumstances. It demands intelligence, physical endurance, discipline and a particular human quality, and to the right type of girl it gives deep satisfaction. A nurse deals with people who suffer pain, fears and unhappiness. She must be able to bear the sight of ugliness and distress. She must show understanding for a variety of human reactions and moods. She must be kind and sympathetic and patient, whatever her own feelings may be at the time. Much of her work is an exhausting routine, demanding high efficiency, but at any moment she may be faced with emergencies and crises in each of which a life may be at stake.

Nursing must still make a special appeal to those who practise it and in this sense it has remained a vocation; but it now no longer demands the stoicism and self-abnegation preached by its pioneers. Nurses, however, still tend to regard themselves as a group apart from other women in employment. Many live in their hospitals, in a world of their own, away from the everyday affairs of ordinary people. They have been used to work longer hours and to receive less pay than women in other professions. They have also been accustomed to submit to a discipline extending into their private lives and restricting their personal freedom. The spirit of dedication which originally helped to raise nursing to professional status was one of the factors which prevented the nurse from reaping for herself the full benefits of social advance. This discrepancy between the nurse's responsibilities and her rewards at a time of a growing demand for her services, created the nursing problem.

(ii)

Before the War

In the inter-war years the shortage of nurses and its causes received much publicity and became the subject of controversy and investigation. In 1930 the *Lancet* set up a strong private commission of experts whose detailed report confirmed and documented the well-known facts and received much public attention.[1] By 1937 the Government recognised the need for official action. The Athlone Committee, appointed jointly by the Ministry of Health and the Board of Education, again examined the problem and published an interim report early in 1939.[2] In Scotland, too, a committee had been at work.[3] By the time war was imminent there was no doubt about the urgency of reforms in the nursing services.

Exact information about the shortage of nurses was not available. The size of the demand was unknown, and the number of nurses employed in hospitals and elsewhere could not be ascertained. The State Register had the defect of many permanent registers in that it included the names of those who had ceased to practise. Some names, moreover, appeared in the general register and again in one or several of the supplementary registers for special nurses. Practically nothing was known about the substantial number of assistant nurses who possessed no officially recognised qualification.

The Lancet Commission instituted a special inquiry among hundreds of hospitals to arrive at a rough estimate of the facts. Its calculations were based on the number of hospitals whose advertisements generally failed to bring sufficient response. 22 per cent. of the hospitals complained about a shortage of sisters; 56 per cent. about a shortage of staff nurses; and 51 per cent. about a shortage of probationers.[4] The total staff shortages in all the hospitals which made returns—that is, the percentage of unfilled vacancies to total establishment—were 2.2 per cent. for sisters, 6.6 per cent. for staff nurses and 3.9 per cent. for probationers.[5] This was at a time of widespread unemployment.

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[1] *The Lancet Commission on Nursing*, 1933.

[2] *Inter-Departmental Committee on Nursing Services, Interim Report*, 1939.

[3] *Report of the Scottish Departmental Committee on the Training of Nurses*, 1936, Cmd 5093.

[4] *The Lancet Commission on Nursing*, 1933 (p. 218). The figures given above refer to 603, 568 and 616 hospitals respectively.

[5] Ibid. (p. 215).

The Athlone Committee collected additional evidence. Advertisements in the *Nursing Times* had increased from 6,429 in 1934 to 17,119 in 1937.[1] Some public hospital authorities, in spite of their efforts, had been unable to maintain their full nursing establishments. In September 1937 the London County Council with a total of 6,727 established posts had 355 vacancies it could not fill. In the Surrey County hospitals in March 1938, 151 of 621 authorised nursing posts were unoccupied. The Committee, even in the absence of full statistics, recorded 'an acute shortage of nurses' in hospitals and other institutions for nursing the sick.[2]

The immediate cause of this shortage was a steep increase in the demand for nurses. The Local Government Act of 1929[3] had extended the hospital powers of local authorities. Poor Law institutions were being turned into general hospitals needing larger and more qualified staffs. New modern hospitals were being built in a number of areas. The hospital work of some local authorities was increasing from year to year. In Manchester, for instance, in 1931 27,900 patients had been treated in public hospitals; by 1937 the figure had risen to 36,500. In Coventry during the same two years 2,130 and 3,870 patients had been treated in public hospitals.[4] A group of county councils and county borough councils increased its total nursing establishment from 9,150 in 1928–1929 to 13,900 in 1938.[5] During that period the voluntary hospitals, too, extended their provision at the rate of about 1,500 new beds a year.[6] These developments were part of a wider movement that was not limited to the hospitals for the sick. More people were becoming aware of the need for health protection. There was an increase in the number of local welfare centres and clinics, and attendances rose. There was more health visiting to families with children. More women were confined in hospitals and maternity homes. The domiciliary midwifery service of local authorities was reorganised and improved. All these advances had one result in common: they increased the demand for nurses.

In a free labour market, adjustment of supply to demand is usually slow, particularly in the case of professional workers. In nursing, however, after about ten years of rising demand, the gap was still widening, and in the years before the war there was no sign of a change. The number of girls entering hospitals was increasing, but

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[1] *Inter-Departmental Committee on Nursing Services, Interim Report*, 1939 (p. 13).

[2] Ibid. (p. 12).

[3] 19 & 20 Geo. 5, Ch. 17.

[4] *Inter-Departmental Committee on Nursing Services, Interim Report*, 1939 (p. 17).

[5] Ibid. (p. 16). The figures apply to fifty-three county boroughs, twenty-three counties and the Welsh National Memorial Association.

[6] Ibid. (p. 16).

it was not large enough to catch up with the demand,[1] and a high percentage of student nurses never completed their training.[2] The field of recruitment was limited; the training period was hard; and the prospects of a qualified nurse were unsatisfactory.

It was one of the advantages of a nursing career that it did not demand an expensive training like other professions. Student nurses could pay for their keep and tuition by their work in the hospitals. But there were other obstacles in the way of recruitment. The large majority of the young generation was educated at elementary schools and left school at the age of fourteen. Nursing, however, demanded intellectual ability as well as the capacity for hard physical work, and it therefore competed with many other skilled occupations for the limited number of girls with better educational standards. To enter a hospital, moreover, a girl had to be at least eighteen or nineteen years old, an age when most had already settled elsewhere.

By the time of the Preliminary State Examination at the end of the first year of training, 25 to 30 per cent. of the entrants had left nursing. They had either given up on their own accord or failed the examination.[3] In the Final State Examination two years later, about 40 per cent. of the remaining probationers failed[4], and they either left nursing altogether or resigned themselves to remain unqualified assistant nurses. This loss of over half of the students during training was the most serious factor in the problem of recruiting nurses.

Student nurses shared in the disadvantages under which qualified nurses had to work and live. But they carried their own additional burden. They were subject to an even stricter discipline, of a kind unknown to students of other professions. They had to attend lectures and to study after a strenuous day or night in the wards. Much of their time was spent on repetitive domestic tasks which dulled their enthusiasm and could not be justified by the needs of training. The young girl who had entered the hospital with idealism and hope was soon disillusioned. She felt herself exploited as cheap domestic labour,[5] and began to see the career of a nurse in a different light.

Nurses worked longer hours than girls employed in offices and

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[1]

	Entries to Preliminary State Examination	*Entries to Final State Examination*
1926 . .	5,984	4,269
1931 . .	8,688	7,323
1937 . .	9,624	9,516

(*Inter-Departmental Committee on Nursing Services, Interim Report*, 1939 (p. 14).)

[2] *The Lancet Commission on Nursing*, 1933 (pp. 34, 35).

[3] Ibid.

[4] Ibid. (pp. 34, 35 and 228-231).

[5] *Inter-Departmental Committee on Nursing Services, Interim Report*, 1939 (p. 61).

factories. When industry was discussing the forty-hour week, the nurses' week was between fifty and seventy hours.[1] 'On no other matter', the Athlone Committee explained, 'have we received a larger and more unanimous volume of evidence than on the question of long hours which institutional nurses have to work'.[2] Hours were not only long; they were irregular, unpredictable and inconvenient. Rotas were changed at a moment's notice. Off-duty periods were split up and were too short for the nurse to go out and visit her friends. She was often too tired to leave her room and slept in her spare time. She could rarely plan in advance. Her ties with the world outside the hospital became looser with every year.

Long hours and hard work were combined with a system of discipline resembling that which 'prevailed in the Army of the middle of last century'.[3] The life of a hospital nurse was usually governed by petty rules and Victorian ideas. She was not often treated as a responsible adult, but was kept under supervision even outside her working hours. She had to be back in her room at an early hour on her off-duty nights. She could not receive visitors. She was not allowed to keep food in her cupboard. A superior might enter her room without knocking.

Nurses' incomes and emoluments were as unsatisfactory as other aspects of their lives. The Athlone Committee found that 'nurses as a class are badly underpaid'. In some cases the salaries of nurses aged twenty-three were near to those paid to schoolteachers of the same age, but in later age groups there was a marked and increasing divergence between the two.[4] The Lancet Commission gave examples of initial salaries paid to different grades of hospital nurses.[5] Staff nurses, for instance, earned hardly more than domestic servants. Sisters in positions of great responsibility received from £70 to £85 a year with emoluments valued at £100. The food provided by many

[1] *The Lancet Commission on Nursing*, 1933 (pp. 247–248).

[2] *Inter-Departmental Committee on Nursing Services, Interim Report*, 1939 (p. 49).

[3] Ibid. (p. 55).

[4] Ibid. (p. 10).

[5]

	Initial rates of pay per annum	*Percentage of hospitals paying these rates (a)*
Sisters . . .	£90 and over	6
	£80–85	29
	£70–75	55
	below £70	10
Staff Nurses . .	Over £65	4
	£60–65	54
	£50–55	29
	£40–45	11
	below £40	2
Third Year Probationers	£30–40	75

(*a*) Figures supplied by about 400 hospitals.

(*The Lancet Commission on Nursing*, 1933, pp. 71, 72 and 236.)

hospitals was inadequate[1] and had to be supplemented at the nurses' own expense. Their quarters were often cramped and uncomfortable.

Such conditions are not usually found in professions of high skill and great social importance. The causes must be sought in the peculiar traditions and structure of both the hospital services and the nursing profession itself. The organisation of nursing and the outlook of the individual nurse were determined by the methods of work, the finance and the prestige of the employing hospitals.

There were two groups of hospitals with traditionally different functions and methods. The voluntary hospitals, among them practically all medical teaching hospitals, were charitable trusts whose financial position was often precarious. They were free to select their patients and concentrated on acute and non-infectious diseases. The municipal hospitals had only a recent history and included poor law institutions which still bore the traces of their origin. As they were legally obliged to accept all persons in their areas who needed hospital treatment, a large proportion of their patients were chronically sick, aged and infirm or were suffering from tuberculosis. Although there were hospitals of widely differing quality in both groups, the voluntary group as a whole benefited from the reputation of its best, while the public group as a whole bore some of the social stigma of its worst.

This division affected the recruitment and distribution of nurses. The municipal hospitals, including those with nurse training schools, bore the brunt of the shortage.[2] Work there was less varied and interesting; moreover, neither tuberculosis nor chronic sick nursing was a necessary part of the training for State registration.[3] If a nurse was trained in a voluntary hospital, she shared in its prestige and had better prospects of professional advancement. Some voluntary hospitals had more applicants for training than they could accept and some of their rejected candidates were lost altogether to nursing.

Substantial improvements in the conditions and incomes of nurses in municipal hospitals to make up for their real and imagined defects might have attracted more girls into the nursing profession. The voluntary hospitals, too, might have had to consider reforms. But the local authorities showed no interest in the long-term recruitment problem and filled the gaps in their staffs with unqualified nurses.[4]

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[1] *Memorandum on Hospital Diet for Consideration by Hospitals*, King Edward's Hospital Fund for London, July 1943.

[2] *The Lancet Commission on Nursing*, 1933 (p. 218).

[3] The Tuberculosis Certificate did not entitle a nurse to have her name entered in the State Register of Nurses. Chronic sick nursing carried no qualification at all.

[4] In seven out of fifty-two institutions admitting sick persons in the south-west region of England not one trained nurse was employed. (*Hospital Survey*, The Hospital Services of the South-Western Area, Ministry of Health, 1945, p. 123.)

Like the voluntary hospitals, they had long been used to reap the financial benefits of the nursing tradition.[1] At a time of retrenchment, when economy was the keynote of social policy, they were not prepared to incur more expense, least of all for those who had never developed the art of defending themselves.

For a number of reasons nurses did not stand up effectively for their own economic interests and were pre-occupied with the question of their professional status. They had never fully outgrown the disadvantages of their past. When hospital nursing first emerged as an organised service it was not usual for women to pursue careers. In the eyes of the public, nurses were little more than domestic servants or they were sisters of mercy asking nothing for themselves. Their institutional life kept them aloof from the general stream of social advance and preserved among them until the present, some of the beliefs and conceptions of an earlier period, when the main stress was on the sacrificial rather than the professional side of their work. Moreover, nursing was almost exclusively a woman's occupation. Nurses, therefore, could not benefit like other professional women from standards and conditions established for men in the same field. Their close but unequal association with doctors whose status was not in doubt and their poor conditions of work gave them a feeling of inferiority which in turn helped to uphold these conditions.

The nursing profession had not yet developed the self-confidence which goes with an undisputed social position. It feared to lower itself by using the methods of collective bargaining which were customary in industry. It regarded the ideas of the Factory Acts and of trade unionism as out of keeping with its professional status. There was, therefore, neither negotiating machinery nor legislation to protect the interests of nurses.[2]

Hospital nursing services, moreover, are organised on a hierarchical pattern[3] which does not make for collective action. The relationship between the upper and lower ranks in hospital is one of authority on the one side and of deference and obedience on the other. This is a dominating factor in all social intercourse between nurses and is not limited to the place of work. Those at the head of the pyramid are endowed in their hospitals with the responsibilities and authority of management and tend to look at the problems of other

[1] 'There has been a time-lag in adjusting to modern conditions of work. For many years the expenditure on salaries of nursing staff has perhaps been more economical in terms of value for money than the expenditure in any other department of the hospitals' work.' (*Nursing Staff: Considerations on Standards of Staffing*, King Edward's Hospital Fund for London, March 1945, p. 23.)

[2] A Bill to establish an eight-hour day for nurses, introduced by Mr. Fenner Brockway, M.P., in 1931, 'evoked a reaction of strong indignation on the part of nurses' organisations'. They maintained that nurses' hours could not be regulated.

[3] *Inter-Departmental Committee on Nursing Services, Interim Report*, 1939 (p. 56).

grades partly from the employer's angle.[1] This does not encourage discussion and criticism within the profession or the formation of democratic representative bodies where all grades of nurses can freely express their views. It weakens the profession because it leads to the passive acceptance of grievances by most of its members. The voice of organised nursing is largely the voice of those in the higher ranks.

A further factor affecting the position of both qualified and student nurses was the existence of a group of outsiders: semi-trained nurses, so-called assistant nurses, without recognised qualification, who were widely employed in private nursing, in nursing homes and in hospitals, particularly in the institutions for the chronic sick. Without them many hospital wards would have had to be closed. Qualified nurses kept severely aloof from them. They regarded them as unworthy to be part of the nursing profession and were strongly opposed to giving them a recognised status. The majority of the assistant nurses were experienced in the techniques of bedside nursing and indispensable in their posts, but in the absence of defined standards the inefficient among them could not be eliminated.

In terms of money, assistant nurses were often more favourably placed than their State registered colleagues. This further embittered relationships and it also throws a light on the peculiar conditions in nursing. Those who were less inhibited by the possible demands of a professional code were more successful in their salary claims. Assistant nurses were normally engaged through employment agencies, so-called nursing co-operations, which protected their interests and were experienced in securing the most favourable conditions for those on their registers. Employment was usually plentiful but it was mostly on a temporary basis. The urgency of the nursing problem was partly obscured by the fact that assistant nurses could be called upon at moments of acute pressure, and this contributed to the postponement of reforms.

By the middle thirties, partly perhaps under the influence of the Lancet Commission's Report, dissatisfaction among nurses came out into the open and public opinion was roused by reports on nurses' conditions. The Ministry of Health heard talk of nurses 'going socialist' and joining trade unions 'which they were really reluctant to do'. Some nurses did, in fact, become members of trade unions and a small group even attempted to form its own union. The established nurses' organisations disapproved of such steps, but they felt the need for professional action. The Royal College of Nursing, the chief representative body of the profession, although generally

[1] In 1941, when the Ministry of Health was preparing a poster addressed to 'all hospital employees', the British Hospitals Association suggested to substitute 'all hospital staffs', as administrators, matrons and almoners might object to being called 'employees'.

opposed to State intervention in nursing affairs, asked the Ministry of Health to institute an enquiry into nursing conditions. It insisted, however, that terms and conditions of service should be settled with the professional bodies and not by legislation. But at that time no machinery for this purpose existed.[1]

In 1937 the Government appointed the Athlone Committee which published its Interim Report early in 1939. Its recommendations aimed at extending recruitment and reducing wastage during training. They included changes in training arrangements, the establishment of a salaries committee for nurses on the lines of the Burnham Committee for teachers, public grants to voluntary hospitals to cover increases in their expenditure, universal and interchangeable pensions, a ninety-six hour fortnight, greater personal freedom for student and qualified nurses, the establishment of Whitley Councils in all hospitals to deal with grievances, and the setting up of a roll of assistant nurses.[2]

Almost immediately after the publication of the report, deputations of the nursing organisations and the Trades Union Congress visited the Ministry of Health and asked that steps should be taken to carry out some of the Athlone Committee's recommendations. The Ministry was anxious to comply with this request, as 'criticism that the Government was doing nothing to implement the report would gather force and be impossible to repel'. There was a further argument for immediate action: if war broke out, the demand for nurses would greatly increase.

In a special circular the Ministry urged local authorities to review the situation in their hospitals in the light of the Athlone Committee's proposals and to take such necessary action as was immediately possible without additional expenditure, in relation to accommodation, hours of duty, discipline, leisure and welfare of nurses.[3] When the British Hospitals Association was asked to address a similar circular to the voluntary hospitals, it needed strong persuasion. Some of the suggestions were considered to be 'not very palatable', and it was feared that the hospitals might take offence. The effects of the circular, if any, have never been ascertained, but they can hardly have been significant, for most of the changes needed to improve the conditions of nurses could not be brought about without additional cost.

Two important recommendations of the Athlone Committee had

[1] The first such machinery was established in 1940 when the Royal College of Nursing agreed, as an interim measure only, to co-operate with the National Joint Council for Local Authorities, Administrative, Technical and Clerical Services. (*Annual Report of the Royal College of Nursing*, 1940, p. 8.) The machinery remained ineffective and it was no longer needed when the Government set up a salaries committee in 1941.

[2] *Inter-Departmental Committee on Nursing Services*, Interim Report, 1939.

[3] Ministry of Health Circular 1832, 27th July 1939.

not been mentioned in the circular: the establishment of a roll of assistant nurses and the appointment of a salaries committee. The first concerned a matter of violent controversy within the nursing profession, and its consideration was indefinitely postponed. The second, to be effective, would have demanded Government grants to cover the additional costs of voluntary hospitals. An official salaries committee without means of applying its recommendations would have been useless. The idea, however, that nurses' salaries should be subsidised from public funds was too unorthodox for the Ministry's liking. It was considered 'neither sound nor proper for the Government to make itself responsible for the payment of salaries to members of a particular profession'. A war was needed to change the Ministry's mind.[1]

Another recommendation of the Athlone Committee seemed more practicable to the Ministry: to grant assistance to the poorest voluntary hospitals on proof of need and efficiency.[2] The Treasury, however, did not share this view and maintained that nurses' conditions and salaries were bound to improve, even if the State did not accelerate the process. Such grants, once made, would be difficult to withdraw, and 'any State assistance would surely tend to drive out private charity under a kind of Gresham's Law'. According to the available evidence it was not beyond the realm of possibility that the voluntary hospitals could find the necessary finance themselves and, in any case, this was not the time to add to the burdens of the taxpayer any new charge for civil purposes which was not absolutely essential. The argument went on and it was only cut short by the war itself. All further action on the Athlone Report was then postponed.

While the problems of nursing were widely discussed, its sister profession, midwifery, received less attention. There were, however, many similarities in the position of the two professions and the recruitment to the one affected that to the other. Most practising midwives were State registered nurses and many State registered nurses acquired the midwifery certificate as an additional qualification in a nursing career. Pupil midwives, like student nurses, were trained in hospital and they paid for their training partly by their work in the wards. From 1902 onwards, when the first Midwives Act was passed, no woman was allowed to call herself a midwife unless she had passed the examinations prescribed by the Central Midwives Board. During her two years' period of training, the pupil midwife either received a small salary, as was the case in most municipal hospitals, or she paid a training fee, as was customary in voluntary hospitals. The cost of these fees was partly covered by

[1] See pp. 305 and 306.

[2] The cost of this assistance was estimated at about £800,000.

Government grants to those pupils who agreed to practise midwifery for at least one year after qualification.[1]

Immediately before the war, in the view of both the Ministry of Health and the Central Midwives Board, there was no shortage of qualified midwives. Under the Midwives Act of 1936[2] local authorities had been obliged to establish a salaried domiciliary midwifery service in their areas, and this meant that fewer full-time midwives could be expected to do the work formerly done by a larger number of partly occupied private practitioners. In 1938 the period of training was lengthened and before this happened there had been a rush of applicants. The drop in the number of pupil midwives which followed was therefore considered to be temporary. The hospitals, however, bitterly complained about lack of recruits.

The recruitment problem of midwifery was closely linked with hospital finance and the two issues tended to be confused. The hospitals' cries of alarm were so obviously inspired by financial considerations that the Ministry did not take them very seriously. With the smaller intake of midwifery pupils the voluntary hospitals lost the fees while their expenditure for both qualified and domestic staff increased. Pupil midwives, like student nurses, served partly as domestic workers.

Early in 1939 the London Maternity Services (Voluntary Organisations) Joint Committee submitted a lengthy memorandum to the Ministry. It showed that pupil midwives, far from being a liability, were in fact an asset to the hospitals where they were trained. The loss of about 400 pupils in England and Wales had raised the salary bill of the maternity hospitals by roughly £24,000.[3] They now asked for an alteration of the conditions under which grants were payable but the Ministry refused their request. Through 1939 many maternity institutions reported staff shortages but they were taken to be signs of maldistribution. The Ministry insisted that there was 'no evidence of a national shortage of midwives'.

In the early months of 1939, then, midwifery appeared to present no recruitment problem. And the Athlone Committee's proposals for the nursing profession were being discussed at leisure. Meanwhile the Ministry of Health was pre-occupied with a task that needed immediate attention. War was imminent and a large nursing force would be needed to tend military and civilian casualties. Nobody knew exactly how large that force would have to be and how many nurses would come forward in an emergency. The Services had

[1] The total grants paid by the Ministry for the training of midwives amounted to about £18,000 a year.

[2] 26 Geo. 5 & 1 Edw. 8, Ch. 40. See also chapter II, p. 28.

[3] 'It seems to me', said a Ministry of Health official, 'that the deputation from the maternity hospitals are raising a question which is one small part of the whole question of voluntary hospital finance'.

asked for 5,000 trained nurses to be available at the outbreak of war. Then there were the demands of the first-aid posts and the emergency hospitals which were to deal with the vast numbers of air-raid casualties that were expected.[1] The probable needs of this group had been variously estimated at from 34,000 to 67,000 trained nurses—figures which bore no relation to practical possibilities.

In 1928 the Nursing Sub-Committee of the Committee of Imperial Defence had arrived at the conclusion that no special machinery would be needed to balance civilian and military nursing demands in the case of war, and that the available supply of nurses would be sufficient for both, providing, as usually happened in war, retirements decreased and married women returned to the profession. In 1937, when the probable effects of total war were appreciated more clearly, the same committee asked for more accurate information about the nursing position. The General Nursing Council, the statutory body of the profession, sent a questionnaire to all the 89,000 names on its registers, asking each nurse about her present occupation and her willingness to serve in an emergency. Only 53,000 replies were received. There was no way of obtaining the same information about assistant nurses, but the Ministry of Health supplied rough figures of trained and untrained staffs in municipal hospitals. These data, however, were not enough to plan a comprehensive nursing scheme.

The Committee decided that in the event of war the number of trained nurses in ordinary civilian hospitals would have to be cut by half and the gaps be filled with untrained staff. Nurses employed in hospitals were, however, asked to remain at their posts unless they were already committed to the Services.[2] They were to be redistributed, when hostilities started, between the vulnerable and the safe areas in accordance with the Government's hospital plans.[3]

It was clear that it would be essential not only to redistribute nurses but also to establish a reserve of nursing auxiliaries who would be ready to meet the greatly increased demand that war would bring. In December 1938, therefore, the Nursing Services Emergency Committee was formed to organise a Civil Nursing Reserve comprising all grades of training and experience outside the hospitals. The Ministry of Health, under its Civil Defence obligations,[4] provided training facilities in co-operation with various voluntary bodies for untrained volunteers who, after passing through a fortnight's intensive course, were included in the Reserve as nursing auxiliaries. This new Reserve was intended to work in the emergency services.

[1] See R. M. Titmuss, *op cit.*, Chapter V.

[2] Emergency Medical Services, Memorandum No. 2.

[3] For these plans see R. M. Titmuss, *op cit.*, Chapter V.

[4] Ministry of Health Circular 1801, dated 14th April 1939, and C.N.R. Memo. No. 1. In Scotland responsibility for this work rested with the Department of Health.

When war was declared the full-time mobile and immobile membership of the Reserve consisted of about 7,000 State registered nurses, 3,000 assistant nurses and some 20,000 to 25,000 nursing auxiliaries who stood ready for action.[1] There was also a considerable part-time membership. This body of volunteers was to play a substantial part in meeting the nursing needs of war. It was also to exercise, by its very existence, a profound influence on developments in the nursing profession.

Before 1939 the number of persons engaged in nursing work in Britain was probably between 150,000 and 160,000.[2] During the war, it varied between 170,000 and 225,000.[3] The increase was not large enough to meet the additional needs. There were the demands of the Armed Forces and the Civil Defence services. There were the emergency hospitals with thousands of fully staffed beds reserved for civilian and military casualties. Ordinary sick people continued to need hospital care, and this need even expanded when bombing and the dispersal of families often made it impossible to care for sick persons at home. With the growth of the war industries, there was a call for more factory nurses. With the opening of nurseries for the children of women war workers, there was an increased demand for nursery nurses. When the birth-rate began to rise, there was a greater need for the services of midwives.

The shortage of nurses, which had been a social problem in normal times, proved much more serious when the nation was at war. This chapter, therefore, is mainly a record of measures taken at various times to recruit more nurses, to keep them in the hospitals and to use them where they were most needed. There were three clearly defined phases in the Government's policy. Until early in 1941 all efforts were concentrated on providing sufficient nurses for air-raid casualties. During the second phase the emphasis changed; the nursing needs of the ordinary civilian population dominated the picture and measures were taken to deal with the conditions in the nursing profession. Ultimately, in 1943, controls were introduced and they were put to the test during the third and final stage of the war.

(iii)

The First Phase

At the outbreak of war the emergency hospital service prepared itself for the reception of large numbers of casualties and ordinary

[1] These figures are rough estimates based on data available for July 1939.
[2] *Report of the Working Party on the Recruitment and Training of Nurses*, 1947 (p. 4).
[3] Estimates made by the Ministry of Labour and National Service.

hospital work was reduced to a minimum.[1] In the cities fleets of ambulances stood by to take the wounded from the reception hospitals to places of safety. It was necessary, therefore, for the staffs of some hospitals to be strengthened with trained nurses and for those of others to be diluted with members of the Civil Nursing Reserve.[2] Sector matrons of the emergency hospital service were in charge of this redistribution, and many nurses were moved from the cities to hospitals in outer areas, where the bulk of the work was expected to be done.

When the expected air attack did not come there was time for a critical review of the arrangements. Grievances of various kinds then came out into the open. There was dissatisfaction among transferred nurses who did not like the conditions in their new hospitals and among the volunteers whose services were not needed. Some of these complaints merely expressed the impatience of people who had nothing to do but others were justified. The Ministry itself was not satisfied that all was well. Many hospital authorities had shown reluctance to part with their trained staffs and to engage members of the Civil Nursing Reserve. The re-distribution, moreover, had not always been on the right lines. Although the demands of the emergency service should have been paramount, whole groups, consisting of student nurses with their sister tutors, had been moved together in order to avoid an interruption of training. As a result some hospitals had more nurses than patients, while others could not use their beds for lack of staff. The necessary dispersal of both quality and quantity had often not occurred.

Six months after the outbreak of war the Ministry feared that the nursing side of the emergency hospital service was heading for a crisis. Many hospitals had earmarked teams of nurses who would be moved when necessary, but the Ministry urged that such moves should take place at once. Once bombing started, transport would be difficult, and the staffs had to be familiar with their new hospitals so that they would be fully efficient when casualties began to come in. The Ministry might have been able, under the Defence Regulations, to compel hospitals to employ or transfer nurses, but it had no powers to force nurses themselves to accept employment in any particular hospital.

In June 1940 hospital authorities and matrons were again urged to arrange transfers and to dilute their staffs.[3] When the attack began later in the summer, however, little further progress had been made, except in the London area. By January 1941, there were 1,385

[1] R. M. Titmuss, *op cit.*, p. 193.

[2] Local responsibility for the Civil Nursing Reserve had first been with medical officers of health, but in November regional nursing officers, who were experienced nurses, took over the task of recruiting and allocating members.

[3] Ministry of Health Circular 2052, 17th June 1940.

trained and 3,955 untrained transferred nurses in the London sectors, but in the rest of the country only 184 trained and 289 untrained nurses had been moved.[1]

In the months before bombing started, efforts had been made not only to redistribute nurses already in the hospitals but also to improve the organisation and quality of the Civil Nursing Reserve. The Reserve had been built up hurriedly, when the need for trained nursing auxiliaries had been estimated at about 100,000. The instruction had been to 'welcome and encourage offers from all classes of the community, part-time, full-time, mobile and immobile'. This indiscriminate appeal to all who were willing, without consideration to their abilities and personal circumstances, had led to the inclusion of many persons who were either unsuitable for the work or not free to give adequate service. Moreover, the members of the Reserve had expected employment to be plentiful and continuous; in the absence of work, their morale suffered and they began to resign. Those who had found employment had no idea how long it would last or what they would do later on.

Early in 1940 a Civil Nursing Reserve Advisory Council was appointed to deal with the problems of recruitment and organisation. Much time and energy were spent in converting the Reserve from an 'amorphous collection of dissatisfied individuals' into a cohesive and efficient force. To raise its prestige and create an *esprit de corps*, it was hoped to obtain the patronage of the Queen, but Her Majesty decided that 'before becoming associated with the Reserve, she would prefer to wait until the new organisation had time to get into satisfactory working order'. One of the first necessities was a more careful selection of members. In the Reserve, the existence of assistant nurses—'those who were only partially trained, but who were or had been earning their living by nursing',[2]—had been officially recognised for the first time. This wide definition had resulted in the inclusion of women with little experience and it was later decided to recognise as assistant nurses only those who had had two years' nursing experience when they entered the Reserve.[3]

As for the nursing auxiliaries with only fifty hours' training they needed much help and guidance when they entered employment. Some were women of an unsuitable type and soon dropped out, but from the hospitals' point of view even the best were less useful than student nurses. It had been laid down by the Ministry that auxiliaries should not relieve the nursing staff of domestic work but of routine

[1] Ministry of Health Circular 2258, 13th January 1941. At that time 19,510 trained nurses were employed in the emergency hospital service. (Form N.14.)

[2] Civil Nursing Reserve, Memorandum No. 1.

[3] Ministry of Health Circular 2340, 11th April 1941. Appendix II.

ward duties.[1] If a hospital employed nursing auxiliaries in the place of student nurses, it was therefore compelled to augment its domestic staff. Trained nurses, moreover, did not like to work with nursing auxiliaries. They regarded them as the assistant nurses of the future and viewed their influx into the hospitals with great disquiet.

Hospitals were also discouraged for financial reasons from employing full-time members of the Reserve. Part-time members, like those of other Civil Defence services, worked without payment and although they were difficult to fit into duty rotas, the hospitals used them on a fairly large scale.[2] But full-time members were entitled to receive salaries which were higher than those paid by most hospitals to their permanent staffs.[3] Although the Ministry paid half of this difference, the hospitals were dissatisfied and ultimately they were reimbursed for the whole of the difference.[4] But even before this concession was made, and in spite of the financial obstacles, members of the Civil Nursing Reserve were employed by the hospitals on an increasing scale.[5]

To prevent resignations from the Reserve a year's guaranteed employment was offered to those members who were willing to pass a medical examination[6] and to accept employment anywhere in the country at any time.[7] But when this decision came into force bombing had started and any full-time mobile nurse could easily find employment without giving up her freedom of choice. Only few applications were received, and from April 1941 onwards all auxiliaries who gave satisfactory service were automatically entitled to a year's guaranteed employment.[8]

Although the size of the Reserve continued to grow, its usefulness

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[1] 'They are not to be considered as nurses in training. . . . It would, therefore, be a waste of time to set them to those routine ward duties, such as cleaning and polishing, which rightly form part of the basic training of a student nurse.'

[2] In July 1941, 14,000 of the 56,000 part-time members of the Reserve had found employment.

[3] Apart from emoluments, Civil Nursing Reserve remuneration was £90 a year for trained nurses and £55 a year for assistant nurses with special allowances for additional responsibilities. Nursing auxiliaries were entitled to £2 a week non-resident and 15s. a week resident. (Ministry of Health Circular 1861, 3rd September 1939.)

[4] Ministry of Health Circular 2052, 17th June 1940. The Ministry also paid the employer's pension contributions of voluntary hospital nurses transferred to municipal hospitals. The pension rights of transferred municipal hospital nurses were automatically protected. (Ministry of Health Circular 1874, 20th September 1939.)

[5] From December 1939 to June 1940 the number of members of the Civil Nursing Reserve employed in hospitals rose from roughly 1,600 to 6,200.

[6] Nursing auxiliaries were not normally asked to undergo a medical examination before training, and some girls were later found unfit for their work. A compulsory medical examination before training was introduced in March 1943. (Civil Nursing Reserve Memorandum No. 1 and Ministry of Health Circulars 2383, May 1941 and 2803, 16th April 1943). See also pp. 309 and 310.

[7] Ministry of Health Circular 2103, 27th August 1940.

[8] Ministry of Health Circular 2340, 11th April 1941. The previous arrangement continued for trained and assistant nurses.

was limited by the high proportion of immobile and part-time members. In December 1939 about 70 per cent. of the Reserve were immobile. Wherever possible they were employed but work could not always be found for them at the places where they lived and the Ministry appealed to immobile members to place themselves on the mobile list if at all possible. In April 1941 the local emergency organisations were asked to restrict enrolment mainly to full-time mobile persons.[1]

At the time of Dunkirk in June 1940 the Civil Nursing Reserve was already a useful and efficient force, and it again proved its value during the months of bombing. In the course of the war many further adjustments were made in its organisation but by 1941 it was already accepted by the emergency hospitals as an essential factor in their work. It was then providing almost one quarter of their total nursing staffs.[2]

Until the spring of 1941 the Ministry had concentrated its efforts almost exclusively on the emergency hospitals. Apart from the need for a redistribution of staffs, there had been the even more critical problem of enlarging the nursing force. It had been estimated in the summer of 1940 that the emergency hospital service would need 100,000 more nurses, if all the emergency beds should ever be brought into use while maintaining an adequate standard of staffing. Such large additional numbers could clearly not be provided by the Civil Nursing Reserve alone. Two other possible sources of supply had been considered and rejected. First there were the thousands of nurses in private practice; the Ministry, however, had no powers to compel them to leave their jobs and enter the hospitals. Secondly, nurses might be encouraged to come from overseas; there was, however, neither the time nor the organisation to import large numbers.[3] If the estimates had proved correct, the only way out would have been a lowering of nursing standards for the wounded. Fortunately, casualties were never as high as the estimates, and the staffs of the emergency hospitals were able to carry out all the tasks with which they were faced. It was in the ordinary hospitals for the civilian sick that the real problem arose.

In total war the efforts and the morale of the civilian population are of military importance. Social welfare acquires a significance and an urgency which it is not usually accorded in normal times. The needs of ordinary sick people which had been disregarded in the early stages of the war could not be indefinitely ignored. When the casualty services had been tested and found adequate, the Ministry turned to

[1] Ministry of Health Circular 2340, 11th April 1941.

[2] The emergency hospitals' total nursing staff of about 76,000 included 17,000 members of the Reserve.

[3] In the course of the war some 300 nurses from Canada came to work in Britain. (Figure supplied by the Chief Nursing Officer, Ministry of Health.)

the crisis which was fast developing in the ordinary services. With thousands of hospital beds reserved for the injured, many sick people had been unable to get hospital treatment. The staffs of the non-emergency hospitals had been depleted, although there was more work for them to do. Throughout 1940 the complaints to the Ministry never ceased. Some local authorities, particularly London and Surrey, feared a breakdown in their services and demanded official action.[1] Advertisements for nurses no longer produced response.

The need for nurses was most urgent in the tuberculosis services, where the staff shortage had been especially severe even before the war. The fear of infection, the comparative monotony of the work, the remote situation of most sanatoria, and the non-recognition of the tuberculosis nursing qualification by the General Nursing Council—all these and other factors combined to make this one of the least popular branches of nursing work. We have already seen in the last chapter that when war broke out some 8,000 tuberculous patients were discharged from sanatoria and their beds were turned over to the emergency hospital service.[2] By the early spring of 1940 6,000 beds had been returned to their original purpose; in the meantime, however, many of the nurses had found other employment. By the middle of 1940 tuberculosis beds were again being closed, this time for lack of nursing and domestic staff.[3] The tuberculosis death rate was rising, the conditions of war-time life were encouraging the spread of the disease and the demand for sanatorium treatment was mounting. It was essential from both the patients' and the community's point of view that this demand should be met.

Members of the Civil Nursing Reserve might have been able to fill the gaps in the sanatoria. In 1940, however, this seemed out of the question for the Reserve's functions were limited to those connected with civil defence. It was decided therefore that while nurses who had already joined the Reserve should not be asked to enter sanatoria new applicants for enrolment who had suitable experience should be urged to take up tuberculosis work instead.[4]

The shortage of tuberculosis nurses was to become one of the main nursing problems of the war. It was this shortage, moreover, that first brought the Ministry of Health sharply up against the problem of nursing sick civilians in war-time. This problem was one that had

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[1] In Surrey the municipal nursing staffs were 20 per cent. and in London well over 10 per cent. below establishment.

[2] See p. 254 above.

[3] In July 1940 thirty-five sanatoria beds in North Wales were closed. In Gloucestershire sanatoria forty beds were closed in March 1941 and the closure of further beds was contemplated. In Liverpool, too, beds were being taken out of commission.

[4] Ministry of Health Circular 2247, 13th January 1941. At that time only 420 trained and assistant nurses in the Civil Nursing Reserve were known to have had experience in tuberculosis nursing; only 130 of these were mobile.

its counterparts in so many of the social services.[1] The assumption in pre-war planning and in the early months of the war was that normal civilian needs could be and must be subordinated to the requirements of civil defence. But it was soon clear that the normal services were needed as much, if not more, than ever and the whole question of priorities was much less simple than it had hitherto appeared. It was in the autumn of 1940 that the Ministry of Health saw that this was true of nursing. An official of the Ministry then wrote, 'We must now face a wider horizon in nursing matters, as in other emergency services, than was contemplated in 1939. . . . We now have to contemplate the whole complex of war-time nursing needs (including the war-time version of all the peace-time needs) without too nice a regard for technical distinctions between emergency medical service and public health, institutional and domiciliary. Moreover, we have to plan for an indefinite period'.

This new policy of the Ministry of Health had far-reaching implications. The Ministry possessed no powers to direct nurses, but it would clearly have to take upon itself the responsibility for distributing and enlarging the existing nursing force. It was compelled, therefore, to attract women into the hospitals and to face some of the unsolved problems in the nursing profession which had been brushed aside in 1939. In the winter of 1940–1941, at a time of heavy bombing, the pre-war Athlone Report was taken out of cold storage and studied again. There were doubts and hesitations about the financial and administrative issues that might arise, but in December 1940 the Minister of Health directed that steps should be taken to carry the Committee's recommendations into practice. In the meantime, a number of short-term measures were devised to redistribute nurses and increase the supply. They were made public in the spring and concerned the use of the Civil Nursing Reserve and the salaries of nurses.[2]

There was only one immediate source of more nurses for the civilian services: the Civil Nursing Reserve. The emergency hospitals were adequately staffed, and many members of the Reserve could be employed elsewhere. It will be remembered, however, that the duties of the Reserve were formally limited to the emergency services, a term which covered not only the wounded, but also patients transferred from one hospital to another as a result of the war. To meet the new needs, the functions of the Reserve were extended to include patients of many different kinds in hospitals anywhere in the country. Although mental and infectious disease nursing were excluded, members of the Reserve could volunteer for them. Nursing auxiliaries under twenty-one were, however, precluded from tuberculosis work, even if they volunteered.

[1] See R. M. Titmuss *op cit.*

[2] Ministry of Health Circular 2340, 11th April 1941.

The second short-term measure of the Ministry of Health concerned salaries. In April 1941 the Ministry of Labour was to hold its first registration of women for national service, and the Ministry of Health hoped that more student nurses would be recruited by this means. But if these hopes were to be fulfilled, salaries must be improved. The rates in most hospitals varied between £15 and £20 for the first year and between £30 and £50 for the fourth year, apart from board and lodging. A few hospitals paid no salaries at all, but charged fees for training. The Ministry now decided to guarantee salaries of £40 for the first year of training with increases of £5 for each subsequent year, plus board and lodging,[1] to all those student nurses who entered hospitals allotted to them by the Regional Nursing Officers.[2] The hospitals remained responsible for the salaries of student nurses whom they recruited themselves but the Ministry urged them to reconsider their own scales in the light of the new Government rates. This measure, therefore, not only raised salaries; it was also a first attempt to influence the distribution of student nurses who had always displayed a marked preference for voluntary hospitals.

It was necessary not only to raise the salaries of the student nurses; it was equally important to improve the position of the trained nurses who were bitter and discontented. The war had caused much hardship among them. Many had been transferred from modern city hospitals to provincial institutions with few amenities. They had struggled to maintain good nursing standards in old-fashioned, inconvenient buildings[3] and had been housed themselves in improvised and often inadequate quarters. In the cities, nurses had been exposed to greater dangers than most other civilians. The press had published long accounts of the ordeals and the heroism of nurses under bombing; of nurses extinguishing incendiary bombs and fighting fires; of nurses taking their patients to safety at the risk of their own lives. These same nurses were badly underpaid.

In July 1940 and again in February 1941 Civil Defence workers' pay had been raised to take account of the increasing cost of living and the rates for members of the Civil Nursing Reserve had followed suit.[4] But the permanent nursing staffs had had no increases in salary. Both the Royal College of Nursing and the Trades Union Congress had urged the Ministry of Health, long before bombing

[1] The Royal College of Nursing feared that the new Government rates were too high and did not sufficiently take into account the cost of the expensive professional training.

[2] Ministry of Health Circular 2340, 11th April 1941.

[3] The official hospital surveys undertaken later in the war revealed that many hospital buildings in all parts of the country were obsolete. In South Wales and Monmouthshire, for instance, the surveyors found that nearly half of the total beds in the region (excluding tuberculosis and mental institutions) were in premises graded as totally unfit to be used as hospitals. (*Hospital Survey, The Hospital Services of South Wales and Monmouthshire*, Welsh Board of Health, 1945, p. 51.)

[4] Ministry of Health Circulars 2083, 5th July 1940; 2166, 30th September 1940; and 2297, 22nd February 1941.

started, to take action on their behalf. The National Advisory Committee for the Nursing Profession, a body set up by the Trades Union Congress, had been alarmed at what it described as 'the chaos and resentment which is apparent in the profession'. It had asked for increases in nurses' salaries and for the establishment of a salaries committee. The Royal College of Nursing on the other hand was still opposed to such a committee. It did not want State legislation but tried to create its own negotiating machinery.[1]

In the summer of 1940, when large-scale air attacks were expected, the Ministry was not inclined to act on any of these proposals, but relied on the Colville Commission's statement 'that on the whole the nurses seemed to be settling down well and that they themselves thought it right to wait for reforms until less anxious times'.[2] The report of the Athlone Committee was again put aside 'until the immediate emergency was over'.

By the end of the year, even though bombs were still falling in many parts of the country, postponement was no longer possible. Through its responsibility for the emergency hospital service, the Ministry had become indirectly the largest employer of nurses in the country.[3] It shared with the hospitals the responsibility for their welfare, and it was urging more women to enter the nursing profession. Any adverse publicity about the treatment of nurses in hospitals would have been highly embarrassing, not merely from the recruitment point of view. They had earned much public praise for their courage and devotion, and they were even more popular, as a profession, than in ordinary times.

As a first practical step, the Ministry stated publicly in April 1941 that salaries of £60 a year for assistant nurses and £95 a year for trained nurses on the permanent staffs of hospitals would be approximately equivalent to the rates paid to members of the Civil Nursing Reserve.[4] All hospitals were urged to adopt these rates, and the Ministry was prepared to take the extra expenditure into account

[1] One of the demands of the Royal College of Nursing at this time was for payment by the Ministry of the pension contributions of voluntary hospital nurses who had joined the Nursing Services of the Crown. The College wanted to prevent 'a recurrence of the results of the great war of 1914–1918, when many nurses were left so impoverished that they had to become dependent on charitable funds or public assistance relief'. The Ministry later got in touch with the War Office on this matter, and the salaries of Service nurses were increased to cover the pension contributions.

[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 total number of trained nurses employed in hospitals in England and Wales in 1941 was between 80,000 and 85,000. 70,000 to 75,000 of these were employed in emergency hospitals. (For the definition of these hospitals see R. M. Titmuss *op. cit.* Chapters XI, XXII, XXIII.)

[4] The salary rates for assistant and trained nurses in the Civil Nursing Reserve had just been increased to £70 and £105 a year. The rates recommended for permanent hospital staffs were lower because the hospitals paid their pensions contributions. (Ministry of Health Circular 2340, 11th April 1941.)

when the costs for the emergency scheme were apportioned.[1] No special mention was made of the non-emergency hospitals.

As had been expected, the hospitals outside the scheme promptly responded to the Ministry's actions. They said that they would now be forced to pay the new rates and should be reimbursed by the Government for the extra expenditure. The Ministry had long since abandoned its earlier objections of principle against the idea of subsidising nurses' salaries and resigned itself to the necessity. The voluntary hospitals, even then, were in a state of transition. Many would have been in serious financial difficulties without the substantial grants of the emergency scheme. Voluntary hospitals outside the scheme were in an even more precarious position and even less able to pay adequate salaries to their staffs. The Treasury agreed therefore that half the difference between the old and the new rates should be paid from the Exchequer to hospitals both inside and outside the emergency scheme; special arrangements were made to prevent hospitals where salaries had been particularly low from profiting thereby.

In April 1941 the Minister of Health informed the House of Commons of his new measures to strengthen the nursing services. He concluded by saying that the Government had now adopted the Athlone Committee's recommendation about the appointment of a nurses' salaries committee and would take immediate steps to consult the various interests concerned. A Nursing Division, headed by a Chief Nursing Officer, was being formed in the Ministry[2] and all hospitals—not only those in the emergency scheme—would be asked to make regular returns to the Ministry about their staff position.[3]

This brought to an end the first phase in the war-time history of nursing. The Ministry of Health which had first only concerned itself with the staffing of the emergency services had now accepted responsibilities it had never intended to carry. The war had intensified difficulties which had existed before, and the whole of the nursing services were coming under review. Salaries were about to be subsidised and a salaries committee was being established. Action which had been postponed on account of the war was now being taken for the very same reason.

(iv)

The Second Phase

The new policy aimed at increasing the civilian nursing force, and its success must therefore be judged mainly in numerical terms.

[1] Ibid.
[2] H. of C. Deb., Vol. 370, Col. 1170, 3rd April 1941.
[3] With the exception of maternity and mental hospitals.

In the course of two years, from June 1941 to May 1943, the total nursing staffs in the hospitals making returns increased from roughly 89,000 to above 93,000—a net gain of over 4,000. But throughout this period there were always about 12,000 unoccupied nursing posts in the hospitals and public health services.[1] The Ministry's returns of employment in hospitals,[2] on which these figures are based, cannot give full answers to many relevant questions. They do not cover maternity and mental hospitals staffs and are therefore incomplete. They cannot be compared with data for the period before 1941, as there are no comparative figures. They do not reveal the amount of wastage, because they give net totals and do not distinguish between gains and losses.

The Ministry's figures refer to six different categories of nurses,[3] and the changes in each individual group were necessarily small.[4] Nursing auxiliaries and student nurses contributed more than the other groups to the total increase in employment. It is safe to assume that this was mainly a result of the legal restrictions on occupational freedom and of the great amount of Government publicity about the importance of nursing in war. Between December 1941 and May 1943 about 22,000 persons were placed in nursing work under the Registration for Employment Order and the National Service Acts, and a considerable proportion of these were probably placed in hospitals. Improved salaries may well have played a part and enabled Ministry of Labour officials to recommend hospital nursing with greater confidence than they might otherwise have done. The number of new student nurses does not emerge from the returns, but it is known that the upward trend of the previous years was maintained.[5]

During the two years up to May 1943, nearly 11,000 student nurses qualified, but the net increase in the number of trained nurses employed by hospitals making returns was only 400.[6] About 5,000 may have entered maternity hospitals for training in midwifery, but an even larger number remained outside the hospitals. Nurses were still free to seek nursing employment wherever they

[1] Appendix IV.

[2] Ministry of Health Form N. 19. The returns used throughout this chapter relate to England and Wales only and cover the majority of hospital nurses. The inclusion of the Scottish returns would merely have increased detail without adding anything to the conclusions. The figures for England, Wales and Scotland are given in Appendices IV, V and IX-XIII. There is reason to believe that the returns of the individual hospitals were not always accurate, particularly in regard to the classification of nurses, and the figures should therefore be taken with some reserve. See also p. 308, footnote 4.

[3] Trained, assistant and student nurses in ordinary hospital employment and trained and assistant nurses and nursing auxiliaries in the Civil Nursing Reserve.

[4] See Appendix IX.

[5] This is shown by the number of student nurses who sat for the preliminary state examination which is taken after the first year in hospital.

[6] Appendix IX.

wished. Salaries in non-hospital work were usually above the Government rates, and the routine was less exacting. Industrial nurses, for instance, were increasingly in demand and could earn good salaries. But the greatest attraction for newly qualified nurses, in spite of the Government's emphasis on civilian work, were the Nursing Services of the Crown.

While the permanent staff of hospitals increased, the number of trained and assistant nurses of the Civil Nursing Reserve in hospital employment fell by about 3,500.[1] Many of these nurses were older women who had come out of retirement or had been in private employment at the beginning of the war. They may have found, when the first enthusiasm had waned and there were fewer casualties than expected, that hospital work was too poorly paid or too arduous for them. Nursing co-operations[2] could offer them less exacting posts at higher salaries and with more independence.

But although the total number of trained and assistant nurses of the Reserve in hospital employment fell, those that remained were better distributed. The Ministry's decision to extend the work of the Civil Nursing Reserve beyond the emergency hospitals proved singularly successful. It was one of the achievements of the new policy that after 1941, 8 to 10 per cent. of the staffs in non-emergency hospitals (with the exception of mental hospitals) were members of the Reserve. This proportion was also maintained in sanatoria, although members of the Reserve were not obliged to do tuberculosis nursing.

In general, however, when the Ministry, in the course of 1942, surveyed the results of its new policy it could not feel satisfied. In spite of improvements in nurses' incomes and of much publicity and persuasion the general shortage persisted and the shortages in particular fields had become more severe.

The staff situation was still most serious in the tuberculosis institutions. The ratio of nurses to beds which should have been 25: 100 was less than 22: 100 during most of the war.[3] It is true that the number of nurses in tuberculosis institutions increased between 1941 and 1943 by something like 300 to 400,[4] but this gain was not large enough. Notifications of new cases continued to rise and the waiting list of patients for beds in sanatoria was growing rapidly.

[1] Ibid.

[2] See p. 292.

[3] See Appendix XIII.

[4] The figure given in the official return (Appendix XI) is almost 1,000, but it cannot be taken as correct. Many beds and nurses were wrongly classified, and there was a constant process of re-classification during the period. Data supplied by Division 4(C)2, Ministry of Health, confirm that the returns exaggerate the position. They give an increase in tuberculosis beds during the period of roughly 3,000, as compared with a figure of 900 supplied by Division 4(C)2. The increase in staff, therefore, cannot have been 1,000, but must have been about 300 to 400.

By the middle of 1942 there were already over 750 beds closed in tuberculosis institutions through lack of nursing and domestic staff.[1] The outlook was the more serious since the Medical Research Council's recommendation of the use of mass radiography[2] was bound to lead to more notifications of new cases and more requests for sanatorium treatment. About 1,200 to 1,500 additional nurses—not after all a large number when compared with the total of 80,000 in the emergency hospitals—were needed to fill the gaps in the tuberculosis wards.

One of the problems of encouraging nurses to take up tuberculosis work was that of infection. The Ministry of Health first became directly involved in the problem when the Civil Nursing Reserve was called upon to do tuberculosis work. It felt more immediately responsible for members of the Reserve than for permanent hospital staffs and it was not convinced that the matter could be safely left to the hospitals. In view of the special danger of tuberculosis to young people, nursing auxiliaries of the Reserve under twenty-one were not allowed to enter sanatoria. This ban was widely criticised on the grounds that it would encourage unnecessary fears and that it was illogical to allow young student nurses, but not young members of the Reserve, to work in sanatoria. The ban was therefore soon lifted.[3] Another way in which the Ministry tried to protect members of the Reserve was by sending instructions to the hospitals on the tests to be given them before and during employment in tuberculosis nursing.[4] These too were critically received and the Joint Tuberculosis Council maintained that apart from the exclusion of mantoux-negative nurses from employment in sanatoria,[5] the instructions merely enumerated ordinary routine measures taken in any modern sanatorium;[6] they did not provide for a full medical examination.

The difficulty was that not all sanatoria were run on modern lines and that far too little was known about the size of the risk to which nurses were exposed. Research had shown that health supervision and food, working hours and rest all had a bearing on the occupational

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[1] Appendix XIV.

[2] See Chapter VIII, p. 256.

[3] Ministry of Health Circulars 2340 of 11th April 1941, and 2683 of 14th August 1942.

[4] Ministry of Health Circular 2383 of 28th May 1941.

[5] Mantoux tests show whether a person has had contact with the tubercle bacillus. Those who have had no contact with it, mantoux-negative persons, run a greater risk of developing tuberculosis than mantoux-positive persons. Later in the war, it was decided to admit mantoux-negative nurses to tuberculosis work under special safeguards.

[6] After May 1941, members of the Civil Nursing Reserve who contracted tuberculosis in the course of their work were entitled to compensation under the Personal Injuries Civilians Scheme. (Ministry of Health Circular 2383, 28th May 1941.)

risk of the tuberculosis nurse,[1] but it was not known what the conditions in the sanatoria actually were. An inquiry, by means of a questionnaire, into the general conditions of sanatorium nurses and the incidence of tuberculosis among them produced a series of answers which did not allay the Ministry's doubts. Some sanatoria had not kept records about the incidence of tuberculosis among their staff; others reported individual cases of infection; and still others had had no cases at all over long periods. But it was clear from much of the information that health supervision, hours and conditions of nurses in some of the sanatoria left much to be desired.

The whole question was to arise again in 1943 when, as we shall see, the Ministry of Labour and National Service took responsibility for the distribution of nurses. The Minister of Labour, on the recommendation of the National Advisory Council for the Recruitment and Distribution of Nurses and Midwives, insisted on a full medical examination for each tuberculosis nurse, apart from the tests already given. The Minister of Health maintained that with proper precautions the chances of infection in sanatoria were less than in general hospitals[2] and that a compulsory medical examination for one group of nurses would encourage the belief that tuberculosis nursing was particularly dangerous. Ultimately, however, the Minister of Health gave way, and from 1943 onwards prospective tuberculosis nurses had to undergo a full medical examination. In addition, officers of both Ministries inspected tuberculosis institutions in need of staff, and nurses were only referred to them if the conditions were found to be satisfactory.

During the years 1941 to 1943, there was not only a serious shortage of tuberculosis nurses. The staff position in the institutions for the aged and chronic sick also became progressively worse. They had never been generously staffed,[3] and nurses tended to avoid them.

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[1] Research on the subject was continued after the war. Dr Donald Court concluded that 'the risk of contracting tuberculosis is significantly greater for nurses in most general hospitals than for other professional women of the same age'. (*Lancet*, II, 1949, p. 874.) The Prophit Tuberculosis Survey showed that nurses in general hospitals with tuberculosis wards are four times as liable to tuberculosis as women in the general population and that nurses in general hospitals without such wards are twice as liable. (*Tuberculosis in Young Adults*, London, 1948, pp. 153–156.) In 1950, on the recommendation of the Industrial Injuries Council, the Minister of National Insurance decided to insure nurses and other health workers in close and frequent contact with tuberculosis infection under the National Insurance (Industrial Injuries) Act. In its report, the Council commented on the great disparity between the standards of precautionary measures taken in different hospitals and concluded that there was little prospect of a close approach in the near future to ideal conditions in all the hospitals concerned. (*National Insurance (Industrial Injuries) Act, 1946, Tuberculosis and other Communicable Diseases in Relation to Nurses and other Health Workers*, Cmd 8093, 1950, pp. 14 and 15.)

[2] Before the war, the Joint Tuberculosis Council had arrived at the conclusion that the risk in general hospitals which occasionally admit tuberculosis cases was higher than in institutions dealing with tuberculosis only. (*Tuberculosis among Nurses*, 1937.)

[3] See p. 290.

The worst hospital buildings in the country were public assistance institutions, some of them former workhouses that were still pervaded with the poor law atmosphere which was as depressing to nurses as it was to patients. The work was less dangerous than tuberculosis nursing, but it was more monotonous and often unpleasant. It nearly always lacked the most satisfying part of the nurses' job—to see the patient recover.

Between 1942 and 1943 the ratio of nurses to beds in the hospitals for the chronic sick fell from 14:100 to 12:100,[1] and the proportion of trained nurses among the staffs became dangerously low.[2] Under such circumstances good nursing standards could not be maintained. It is not known how many of the patients became permanently bedridden because it was more convenient to keep them in bed than to help them on their feet. It is not known how many remained untreated, although they might have regained their health with proper care. Post-war studies about the welfare of old people[3] leave no doubt that there was neglect, but the separate factors responsible are hard to assess. This was not a new problem but it had become more acute. Moreover, it was no longer limited to the poorest and least vocal patients but began to affect people who had never before been used to poor law standards. There were now more old people who could not be cared for at home and fewer hospital beds for the civilian sick. In war, the potential usefulness of a hospital patient tended to influence the care he received. The chronically sick and the aged infirm were the most burdensome and least useful group of the population.

Yet another field where the shortage of nurses was particularly severe was mental nursing. In most mental hospitals negotiating machinery and settled terms and conditions existed and, unlike tuberculosis nursing, mental nursing was recognised for State registration. Nevertheless, some of the features of tuberculosis work were repeated in this field. Mental nursing has always been less popular and of lower status in the nursing world than the care of the physically sick.[4] The reasons must probably be sought in the public attitude to mental afflictions which is not in line with the modern advances in this field. The 'lunatic asylum' of old was a place regarded with horror and fear. Its methods were often crude and those associated

[1] Appendix XIII.

[2] The ratio of trained nurses to occupied beds in chronic sick institutions was about 2·0 : 100 as compared with a ratio of 11·5 : 100 in the emergency hospitals.

[3] For instance: J. H. Sheldon, *The Social Medicine of Old Age*, 1948; B. S. Rowntree, *Old People*, 1947; J. M. Greenwood, 'The Aged Sick', *Lancet*, II, p. 1047, 3rd December 1949; P. McEwan, and S. G. Laverty, 'Chronic Sick and Elderly in Hospital', *Lancet*, II, p. 1098, 10th December 1949; Lord Amulree, *Adding Life to Years*, 1951; Marjory Warren, 'Care of Chronic Sick', *British Medical Journal*, 1947, I, p. 27.

[4] *Interdepartmental Committee on the Nursing Services. Report of the Sub-Committee on Mental Nursing and the Nursing of the Mentally Defective*, 1945 (p. 15).

with these institutions were not held in public esteem. The mental nurse of to-day is highly trained and carries responsibilities which may be greater than those of other nurses. But the reforms in mental nursing are of comparatively recent date and the memories of the past are still partly alive, even in the nursing profession.

The mental hospitals had long been suffering from a shortage of nurses and after a year or two of war the vast majority of them were grossly understaffed; in this branch of nursing recruitment was seriously affected by the call-up of men. The Board of Control regarded a nurse-patient ratio of 1 : 4½ as the desirable standard but nurses were often compelled to tend from seven to twelve or even more patients. In August 1941 the Ministry of Health applied a 'freezing Order' to mental nurses[1] but in spite of it the staff position in mental hospitals continued to be very bad.

By the summer of 1942 it was clear that a stronger Government policy was necessary to cope with the general shortage of civilian nurses and with the especially severe shortages that afflicted particular fields. The policy that was discussed was two-pronged; it aimed at controlling the movements of nurses and at improving further their working conditions. The control and direction of women had already become an accepted part of manpower practice by 1942. The application of the policy to nursing was a matter for joint discussion between the Ministry of Labour and the Ministry of Health. The Ministry of Health suggested that newly qualified nurses should be given the choice between several hospitals which were in urgent need of staff and which offered reasonable pay and conditions. If a nurse refused to accept one of the posts, the Ministry of Health, with the authority of the Ministry of Labour, would direct her. This scheme was, however, severely criticised and was not carried into practice. The Ministry of Labour was not prepared to delegate its powers of direction to a department without the machinery and experience to deal with woman-power problems, and it also insisted that controls should not be applied until recognised terms and conditions for nurses existed. By the end of 1942 the Ministry of Labour's own plans for the recruitment and distribution of nurses were complete, and arrangements had been made to establish a nursing advisory council.[2] But these measures were not made public until February 1943, when the Report of the Nurses Salaries Committee had been published and accepted by the Government.[3]

It will be remembered that the Government had decided to set up a salaries committee in April 1941. There had, however, been a

[1] Mental Nurses (Employment and Offences) Order, S.R. & O. (1941) No. 1294.

[2] They are discussed in the next section of this chapter.

[3] *First Report of Nurses Salaries Committee*, February 1943, Cmd 6424. *Scottish Nurses' Salaries Committee, Interim Report*, February 1943, Cmd 6425.

delay of some months in the appointment of the committee. Neither the Royal College of Nurses nor the employers' organisations were wholeheartedly in favour of it nor were they eager to co-operate with the Ministry. The Royal College was still bent on making its own negotiating machinery work. The employers' organisations feared the additional costs they might have to bear and seemed to welcome the delay. In the view of the British Hospitals Association the existence of such a committee would encourage trade union organisation among nurses and therefore be bad for hospital practice.

When the Salaries Committee[1] was finally constituted in November 1941, it was asked to draw up scales of salaries and emoluments for State registered hospital nurses and for those training for State registration. Its terms of reference were subsequently widened to cover conditions of work,[2] such as hours, holidays and sick pay, and also to cover additional groups of nurses,[3] such as assistant nurses and nurses in possession of, or in training for, the Certificate of the Tuberculosis Association. Ultimately, the Committee concerned itself with almost every type of nurse inside and outside the hospitals.

The appearance of the assistant nurse on the Committee's agenda was an event of importance. The employers' representatives welcomed the fact; they hoped to restrict the activities of the nursing co-operations and prevent them from supplying inefficient nurses at high rates. Most of the nurses' representatives, too, were now in favour of defining and limiting the scope of the assistant nurse.[4] By September 1942 a definition of this type of nurse had been agreed, and the main obstacle in the way of settling her status was removed.

Less than a year later, one of the longest and most bitter controversies in the nursing profession was brought to an end. What had seemed impossible in normal times was successfully done in the quickening atmosphere of a war. Under the Nurses Act, 1943,[5] the General Nursing Council was made responsible for keeping a roll of

[1] The Nurses Salaries Committee for England and Wales under the Chairmanship of Lord Rushcliffe consisted of an employers' and a nurses' panel. On the nurses' side, five organisations were represented: the Association of Hospital Matrons, the National Association of Administrators of Local Government Establishments, the National Association of Local Government Officers, the Royal College of Nursing and the Trade Union Congress. In Scotland a similar committee was formed under the Chairmanship of Professor T. M. Taylor.

[2] It was feared that variations in the conditions of work might lead to undesirable competition for staff between the hospitals. For the recruitment of student nurses, hours of work and holidays were considered to be even more important than salaries.

[3] The Ministry had always intended this to happen.

[4] The Nursing Reconstruction Committee, under the Chairmanship of Lord Horder, which was set up by the Royal College of Nursing in November 1941, published Section I of its Report, *The Assistant Nurse*, in August 1942. It envisaged the Assistant Nurse of the future as 'one of the most stable elements in our national nursing service—an integral part of the profession, and a person whose status offers the key to the improved training and employment of her senior partner, the State Registered Nurse' (p. 5).

[5] 6 & 7 Geo. 6, Ch. 17.

assistant nurses who fulfilled the conditions of training and experience which had been laid down and who became subject to a professional code of behaviour; nursing co-operations were placed under public supervision; and the Minister of Health was empowered to restrict the title 'nurse' to those with recognised training or experience.

The main deliberations of the Nurses Salaries Committee[1] resulted in a First Report that was published in February 1943. It was concerned with salaries, emoluments and conditions of female hospital nurses, with the exception of those employed in mental hospitals. It provided for the introduction, as soon as the supply of nurses permitted, of a ninety-six hour fortnight (to include time spent at lectures or classes by student nurses) for all except the higher grades of the profession. Continuous night duty was not to exceed six months for sisters and staff nurses and three months for student nurses, and all nurses were to be entitled to twenty-eight days annual leave, one duty-free day a week and paid sick leave according to length of service.

The proposed salary scales took account of the training and responsibilities of nurses. The salaries of the high grades depended on the size of the hospital, and they were best in hospitals which were nurse training schools. In this respect, no difference was made between hospitals training nurses for State registration and those training nurses for the Tuberculosis Certificate. In the salaries for the lower grades, the unpopularity of tuberculosis nursing was taken into consideration. Tuberculosis nurses were accorded £10 a year more than nurses of the same grades engaged in other branches of nursing. The new scales came into operation early in 1943,[2] and the Ministry continued to pay half of the hospitals' increased expenditure.

It is difficult to assess the immediate effects of the new arrangements on the position of nurses. Any comparison between their incomes and those of other professional women can only be on very general lines. A large part of the nurse's income consists of emoluments which vary in value. Probationer nurses, moreover, who are partly students and partly workers, cannot be compared with junior members of other professions who have completed their training. In the lower grades the new nurses' salaries were probably below those earned by elementary school teachers of the same age,[3] but in the higher grades nurses' incomes exceeded those of head teachers. When the salary scales for both professions were revised later on, they again bore the same kind of relationship to each other.[4] For

[1] Cmd 6424, 1943.

[2] The proposals for Scotland differed in some details but they were on the same general lines. (*Scottish Nurses' Salaries Committee, Interim Report*, February 1943, Cmd 6425).

[3] *Fourth Report of the Burnham Committee on Scales of Salaries for Teachers in Public Elementary Schools*, October 1938, and estimates based on data provided by Dr S. Weitzman, Historian, Ministry of Education.

[4] *Report of the Burnham Committee on Scales of Salaries for Teachers in Primary and Secondary Schools*, August 1945, and Nurses Salaries Committee, N.S.C. Notes 1–10.

the period before 1943 there is too little reliable information to permit even tentative comparisons.

One fact stands out when the events of 1943 are considered. For the first time, a joint body of employers and employed had concerned itself with the economic interests of hospital nurses and agreed upon their terms and conditions of service. This, in itself, was an achievement which promised well for the future. Whatever the gains of the nurses, as a result of this first settlement, their position was more favourable after 1943 than it would have been without the Government's intervention.

While these developments were taking place in the nursing profession, its sister profession, midwifery, was facing similar problems. It will be remembered that before the war neither the Ministry of Health nor the Central Midwives Board believed that there was a shortage of qualified midwives. By the spring of 1940, however, there was every sign of a severe shortage and the Central Midwives Board was pleading for official action. About 1,000 new practising midwives were needed each year to meet the demand but less than 800 pupils had taken the second part of the midwifery training in 1939. At the end of 1940 the Ministry of Health met a request that had been pressed upon it since the beginning of 1939,[1] and agreed that hospitals could pay salaries to their pupils without forgoing the Government grants for their training. Pupils for whom the grant was paid were no longer required to promise that they would practise midwifery on qualification.[2]

In spite of the new financial arrangements the staffing position in the maternity hospitals continued to deteriorate. In the course of 1941 complaints reached Whitehall from all parts of the country, and some hospitals began to reduce their bookings for lack of staff. It was no longer mainly a problem of finding new recruits, but of keeping qualified midwives in the profession. Only about one in four midwives who qualified notified her intention to practise to the Central Midwives Board.[3] The large majority regarded their diploma merely as an additional qualification in a general nursing career. This had long been a matter of some concern to the Board, and it was now regarded as serious wastage. Now under war-time conditions, women with or without a nursing qualification could choose between a variety of posts which might be more attractive or remunerative than midwifery work. Many newly qualified midwives joined the Nursing Services of the Crown. Others went into

[1] See above p. 295.

[2] Ministry of Health Circulars 2221 and 2222 of 9th December 1940 and Memorandum 240 M.C.W., December 1940.

[3] *Annual Reports of the Central Midwives Board.* Even those who notified their intention to practise did not always do so. (*Report of the Working Party on Midwives*, 1949, pp. 9 and 10.)

industrial nursing. Still others joined the land army or became munition workers.

Throughout 1941 and 1942 the shortage of midwives became steadily worse, although the number of pupils was more satisfactory. The Ministry was inundated with appeals for help, and in June 1942 it asked all regional medical officers to report in detail on the position in their areas. The answers revealed that at least 630 midwives had left their profession since the outbreak of war and that 787 midwifery posts were unoccupied, 227 of them in the domiciliary services and the remainder in hospitals and emergency homes. This shortage, when expressed in terms of confinements affected 57,360 maternity cases.[1] The Ministry concluded that 'unless drastic action is taken to prevent the existing wastage, the time will surely come when it will be impossible to provide a midwifery service capable of meeting the demands made upon it'. The situation was now so serious that the hospitals were shortening the stay of maternity patients from a fortnight to ten days, and famous maternity hospitals like Queen Charlotte's of London were describing their staffing troubles as 'desperate'.

Drastic action, however, involved compulsory measures. The question of 'freezing' midwives had first been raised in the Ministry in 1941 but nothing could be done until terms and conditions of service had been agreed. A Midwives Salaries Committee, under the chairmanship of Lord Rushcliffe, was appointed in May 1942, and its decisions were eagerly awaited. In the meantime, every other device of keeping midwives in the profession was tried and tried again. There was much publicity. There were exhortations in print and by word of mouth. Early in 1942 midwifery had been recognised as 'essential war work', and the Minister of Health had sent a special message of appreciation and encouragement to midwives.[2] In June 1942 regional medical officers, at the Ministry's request, talked to pupil midwives in their areas. In December the Ministry's Chief Nursing Officer addressed a special letter to hospital matrons asking them to bring their influence to bear on pupil midwives. But all this could not change the trend of events. Midwives continued to leave their profession at a time when the birth-rate was rising.

The problem, admittedly, was, and had been for a long time, one of salaries and conditions. Both the Central Midwives Board and the officers of the Ministry were well aware of the fact. It was now, however, too late to rely on the effects of better incomes alone. The settlement of salaries and conditions could only be a preliminary step to the use of compulsory measures. By February 1943 the

[1] This calculation was based on the assumption that an institutional midwife conducted about seventy cases and a domiciliary midwife about eighty cases a year.

[2] Ministry of Health Circular 2575, 11th February 1942.

Ministry of Labour had set up its Advisory Committee for Nurses and Midwives. Three months later the Services agreed that newly qualified midwives with recent experience would no longer be recruited.[1] In July the Salaries Committee published its report[2] and its recommendations were promptly accepted by the Government. In accordance with the Committee's proposals, they were applied retrospectively from 1st April 1943. As in the case of nurses, half the additional expenditure incurred by the hospitals for the improved salaries of institutional midwives was borne by the Exchequer. In the domiciliary midwifery service the expenditure ranked for statutory grant under the Midwives Act of 1936.[3]

To round off this story of hospital staffing up to the stage when controls were introduced, something needs to be said about domestic work. Its bearing on nursing, and particularly on the position of the student nurse, has already been made clear. By the middle of 1940, however, it had become a problem in its own right. In war-time the least remunerative and least popular occupations were the first to be affected by the shortage of men and women, and this branch of hospital work was not only badly paid but also of low status. Few women who had a chance of finding other employment were prepared to accept domestic posts in hospitals. At a time, therefore, when the nursing services were already severely strained, not only student nurses and midwifery pupils, but even members of the qualified staff had to do some of the work which should have been done by cleaners and wardmaids.

In July 1940 Regional Nursing Officers were asked to report on the existing and potential supply of domestic workers in their areas, but nothing was done to attract more women into the hospitals by offering them better conditions. By the beginning of 1941, hospitals in the emergency scheme began to complain about a serious shortage of domestic staff. The Ministry knew that these workers were usually badly paid and urged the hospitals to realise that 'the days have gone by when hospitals could compete in the ordinary labour market on any cheaper terms than non-charitable enterprises'. But in 1941 only nurses' salaries were raised and no steps were taken to improve the position of domestic workers.

When the compulsory registration of women was introduced, domestic work in institutions was made one of the forms of essential work between which women could choose.[4] To stress its importance and raise its prestige, the Minister of Health issued a special badge for domestic workers in hospitals,[5] but this and other forms of moral

[1] H. of C. Deb., Vol. 406, Cols. 1355–6.
[2] *Report of the Midwives Salaries Committee*, July 1943, Cmd 6460.
[3] Ministry of Health Circular 2842, 22nd July 1943.
[4] Ministry of Health Circular 2521, 12th November 1941.
[5] Ibid.

appeal were of little avail. There was a severe lack of qualified kitchen staff which affected hospital catering. There was also a shortage of cleaners and good standards of cleanliness in the wards were increasingly hard to maintain. In tuberculosis institutions, which were usually situated away from the towns, the staff position became so serious that wards had to be closed solely for lack of domestic workers.[1]

In 1942 the mobility of institutional domestic workers was restricted. They were allowed to leave their posts, but they were expected to accept similar work in hospitals, hostels or canteens. This measure did not help the hospitals; it only eased the position of hostels and canteens where conditions and wages were usually better. Hospital work was accepted only in preference to work in agricultural hostels, or because the women wanted work in their immediate neighbourhood. As no settled terms and conditions for domestic workers had yet been laid down, the Ministry of Labour did not wish to resort to direction. Where vacancies had been open for long periods and reasonable pay and conditions were offered, direction was, however, occasionally applied though even so only after very careful enquiries.

Between December 1941 and May 1943 almost 24,000 persons were placed in hospital domestic work, but the net increase in employment was only about 2,500, and the number of vacancies at the end of the period was still estimated at about 8,000. Direction on a larger scale than before was obviously necessary; first, however, the Ministry of Labour had to be satisfied about pay and conditions of work. The Ministry of Labour therefore appointed a salaries committee for institutional domestic workers under the chairmanship of Sir Hector Hetherington.[2] The committee recommended the introduction of a forty-eight hour week or ninety-six hour fortnight, exclusive of mealtimes; overtime payment or additional free time in lieu of additional work; one week's paid leave and recognised periods of sick leave for all domestic workers in hospitals. The proposed salary scales compared favourably with those offered by many hospitals and with the average earnings of women in industry.[3] But the war-time factories with their communal life and welfare services still offered attractions with which the hospitals could not compete.

Hospitals were free to adopt or reject the new terms and conditions, and they received no financial assistance from the Government

[1] In one institution in Wales, fifty beds had to be closed, as only one domestic worker was left for the whole institution. In the Bristol region, domestic vacancies in one sanatorium had been unfilled for about one year, when one assistant cook was procured. In November 1942, 90 per cent. of the beds were closed.

[2] *Report of the Committee on Minimum Rates of Wages and Conditions of Employment in connection with Special Arrangements for Domestic Help*, 1943, Cmd 6481.

[3] *Ministry of Labour Gazette*, Vol. LII, No. 2, February 1944.

to cover additional costs. The Ministry of Health maintained that such assistance would favour the bad and be of no advantage to the good employer and that the case of the domestic workers differed from that of the nurses. As a result of this differentiation, the Hetherington scales, unlike the Rushcliffe scales, were not universally applied. But the Ministry of Labour was now able, without detailed enquiries, to direct domestic workers to those hospitals where the new terms and conditions were observed.

By the middle of 1943 there began yet another stage in the war-time organisation of nursing. The Ministry of Health's Nursing Division had by then been at work for over two years and a series of important steps had been taken during this period. Salary committees for nurses and midwives had been established. The payment of the new salary rates by the hospitals was ensured by a policy of Government subsidies. Another committee had been appointed to deal with the pay and conditions of domestic workers in hospitals. The status of the assistant nurse was settled by legislation. Amidst the stresses of war the main recommendations of the Athlone Committee were carried into practice.

These measures prepared the way for further Government action. The immediate problem could no longer be solved merely by last-minute reforms. The shortage of nurses and midwives was as serious as ever and the demand for them was increasing. Vacancies in the tuberculosis and chronic sick hospitals were rising in number. Lack of midwives threatened to paralyse the maternity services. Persuasion had failed to bring a solution and the time for stronger measures had come. Nurses and midwives were still free to seek nursing employment wherever they wished and this freedom could no longer be justified in war-time. Once the need for controls was accepted, a change in departmental responsibilities logically followed. The recruitment and distribution of nurses, an issue of social policy and therefore a concern of the Ministry of Health, was also a manpower problem of the first order. From 1943 onwards, when controls were introduced, it became a responsibility of the Ministry of Labour and National Service.

(v)

The Last Phase

Early in 1943 the newly-formed National Advisory Council for the Recruitment and Distribution of Nurses and Midwives[1] began

[1] The Council included representatives of the Ministries of Labour and Health and of the nurses' and employers' organisations and the T.U.C.

its work of advising the Ministry of Labour on the application of controls, and soon afterwards local advisory committees were set up. The history of nursing during the remaining years of the war is largely a record of the controls applied and of their effects upon the supply and distribution of nurses.

In April 1943 all persons aged over seventeen and under sixty who had had nursing experience in the ten preceding years and were not in the Fighting Services were compelled to register.[1] The net was thrown widely, in regard to both age and experience, and over 400,000 persons submitted their names. Many of them had only been trained in first-aid or were prevented by domestic ties from engaging in nursing. The effective nurse-power of Great Britain, including those employed in the Nursing Services of the Crown, was about 225,000. This figure covered all grades from the student nurse to the matron, and most of these women were already working as nurses or midwives. It was clear that the reserve which could be called up was comparatively small and that the main tasks were to retain women in nursing and midwifery, to see that they worked where they were most needed, to co-ordinate military and civilian demands and to encourage recruitment. Previously the Ministry of Health had tried to achieve this by various devices of attraction and publicity and it had relied on voluntary response. The Ministry of Labour was now preparing to use the additional means of compulsion.

One of the first necessities was to stop the unregulated flow of nurses and midwives into the Nursing Services of the Crown. In mid-1943 these services employed more than 9,000 trained nurses[2] and their average annual rate of enrolment was about 2,000, or roughly one third of the number of nurses who qualified each year. The Ministry of Health had long been convinced that the attraction of nurses, particularly newly qualified nurses, into the Services was one of the main causes of the difficulties in civilian nursing. From 1941 onwards there had been much correspondence and argument with the Service Departments about the call-up or acceptance into the Services of nurses and midwives in essential civilian work. Although the War Office resented what it regarded as an undesirable stress on civilian needs, it ultimately agreed to refrain from enrolling certain types of nurses and midwives into the Nursing Services of the Crown, and the other Service Departments followed its example.[3] This agreement, however, does not appear to have worked satisfactorily.

[1] The Nurses and Midwives (Registration for Employment) Order, S.R. & O. (1943) No. 511. Ministry of Labour and National Service Circular 162, 1st April 1943.

[2] See Appendix XV for the numbers of trained nurses in the Armed Forces at various dates.

[3] The groups affected were matrons, assistant matrons and sister tutors of nurse training schools, practising midwives and health visitors, district and Queen's nurses over the age of thirty and tuberculosis nurses over the age of thirty.

When controls began in 1943, certain categories of nurses were no longer permitted to join the Services.[1] If urgent Service demands had to be met, other nurses could still volunteer, unless their hospitals were severely short of staff. Both tact and firmness were needed to deal with the delicate problem of balancing civilian and Service needs at the various stages of the war. Just as some relatively well-staffed voluntary hospitals were averse from releasing some of their nurses to work in poorly staffed municipal institutions, it was hard to convince the Service Departments that their claims were not necessarily paramount. There were not enough nurses in the country, and the 'rationing' of their services was never welcomed by those who lost in the process.

After the general registration of nurses and midwives in April 1943, the Ministry of Labour's Appointment Offices interviewed nurses and midwives who were not engaged on work in their professions and urged them to accept a post in one of the under-staffed services. The Ministry's Advisory Council had agreed on the following lists of priorities[2]:

Nurses:

A. Hospitals, sanatoria and similar institutions, including maternity hospitals and maternity units of general hospitals.[3]
   1. Hospitals for diseases of the respiratory tract, including tuberculosis sanatoria and wards in general and fever hospitals devoted to the care of tuberculosis; maternity hospitals and maternity units in general hospitals; mental hospitals and other types of mental institutions.
   2. Hospitals for the acute sick, including infectious diseases hospitals where the demand would be seasonal.
   3. All other hospitals.

B. District nursing.

C. Public health nursing—excluding school nursing.

D. Industrial nursing; day nurseries and residential nurseries.

E. Civil Defence.

F. School nursing.

[1] Ministry of Labour Circulars 162/5, dated 30th April 1943 and 162/16, dated 8th July 1943. The categories were nurses in senior hospital posts, health visitors, district, children's, dental and tuberculosis nurses.

[2] Ministry of Labour Circular 162/4, 29th April 1943.

[3] Here, the priority for maternity hospitals and units covered persons with both nursing and midwifery qualifications and, so far as such persons were required, persons with nursing qualifications only.

Midwives: A. Maternity hospitals and homes; domiciliary services.
B. District nursing.
C. Public health services.

The relative shortage of nurses and midwives in a particular service, and its importance during the current phase of the war, decided its place on the priority list. In 1943 therefore, emergency hospitals needed no special priority, and the Civil Defence staffs of trained and assistant nurses, supplemented by first aid workers, were considered to be adequate. There was also no marked shortage of trained nurses in nurseries, and no special priority was granted. Although the Board of Education hoped for a post-war ratio of one school nurse to 500 children, the existing ratio of 1 : 1,900 was accepted as satisfactory during the war and no efforts were made to expand the school nursing service. In view of the rising birth-rate and the shortage of midwives, maternity hospitals were accorded a high priority, second only to tuberculosis work. The shortage of mental nurses was still so bad that this branch also had a very high priority. Chronic sick hospitals, although acutely short of staff,[1] were treated as of lesser importance. In the infectious disease hospitals the position was fairly satisfactory; they would have moved up in the scale, if a serious epidemic had occurred. As opposed to all the other services, private nursing[2] was regarded as a potential source of staff for the hospitals.

In September 1943 the Control of Engagement Order which covered women from eighteen to forty years of age was applied to nurses and midwives.[3] This meant that nurses and midwives were required to obtain their employment through an Appointments Office of the Ministry of Labour and that employers were not permitted to engage nurses or midwives except through such an Appointments Office. Employers were obliged to notify the appropriate Appointments Office when a nurse or a midwife left her employment.[4] Previously the Ministry of Labour had not been able to exercise sufficient influence upon the distribution of nurses and midwives. It now became possible to prevent those who were

[1] These hospitals were later described as the 'most understaffed of any group of institutions'.

[2] When nurses became subject to the Control of Engagement Order, some Nursing Cooperations tried to circumvent the Order by converting those who used their agencies into their own permanent staff. They were then able to change their hospital appointments without informing the Ministry of Labour and running the risk of being directed to a priority post. Private nurses who reported to the Ministry of Labour were permitted to remain in private nursing if they were born in 1911 or earlier and likely to be fully occupied.

[3] The Employment of Women (Control of Engagement) (Amendment) Order. S.R. & O. (1943), No. 1278.

[4] The Notification of Termination of Employment Order. S.R. & O. (1943) No. 1173.

available for re-employment from accepting posts which were not considered of urgent importance. Nurses could give up their posts to take up further training, but if they left without this intention they were regarded as available for work in one of the shortage fields. They were given the choice between several posts and they were not expected to accept a post which was junior to the one they had held before. No nurse was compelled to leave a post she already held. The members of the Civil Nursing Reserve continued to be allocated to their posts by the local emergency organisations which existed for this purpose but there was close co-operation between them and the Ministry of Labour's Appointment Offices.

In midwifery, special measures were needed to prevent trained women from leaving the maternity services. The birth-rate continued to rise, and the deficiency of midwives in the whole country was estimated at over 500.[1] When the Control of Engagement Order was applied to nurses and midwives, the Ministry announced that all practising midwives would have to remain in midwifery for the next six months and that newly qualified midwives would have to practise midwifery for at least one year after qualification.[2] It was hoped that the most urgent vacancies could be filled with women who had just ended their training, but in this respect the Ministry was disappointed; many young midwives arranged to remain in their training hospitals or escaped the official net in some other way. The obligation of midwives to remain in midwifery did not cease after six months, as originally announced, but was extended for a further three months. It was only abolished to avoid possible repercussions on recruitment. When the ban was lifted on 31st May 1944, a widespread publicity campaign was launched to prevent midwives from making use of their new freedom to leave midwifery.

By the end of 1943 a tightening of the general controls over nurses and midwives was being considered, for the measures already taken had proved inadequate to effect the desired redistribution. In April 1944 the Ministry of Labour decided to direct newly qualified nurses away from their training hospitals to work in one of the priority fields. The same principle was applied in midwifery: all newly qualified midwives could be directed to posts of vital importance. In both cases the period of service in the new post was limited to one year. Thus for the first time, nurses and midwives could be compulsorily transferred from one post to another. Both before and after its introduction, the new policy met with vigorous opposition, particularly from the training hospitals.

By the time the measure became effective, the war had entered a

[1] In 1943, in England and Wales there was one practising midwife to forty-four births as compared with a ratio of 1 : 39 in 1938.

[2] *Ministry of Labour Gazette*, Vol. LI, No. 9, September 1943.

new stage, and the attack on the Continent of Europe was about to begin. Many newly qualified nurses were no longer available for re-distribution because they were needed in their training hospitals or were claimed by the Nursing Services of the Crown. By September 1944, when the Forces were established on the Continent, many emergency hospitals had less work to do and their newly qualified nurses were again compelled to transfer to other work. In Southern England, however, which was still under attack from flying bombs and rockets, the services for the wounded continued to need reinforcement, and the emergency hospitals in the London Sector remained on the priority list until March 1945.

The Ministry of Labour's policy in applying the controls was modified from time to time to meet the changing needs. Newly qualified nurses had first been given the choice between tuberculosis, mental, chronic sick, infectious disease and district nursing or midwifery training. Later on, nurses with experience in children's, ophthalmic, ear-nose-and-throat or cancer nursing were allowed to choose one of these branches. From March 1945 nurses who had served one year in tuberculosis, mental or chronic sick hospitals were no longer free to take up other nursing work as they had been before. The staff position in these institutions had become even more serious than it had been in the preceding years.[1]

The compulsory transfer of newly qualified nurses proved less effective than had been hoped.[2] Only about half of those who qualified were available for redistribution, and nearly half of the

[1] At the end of 1944, the position in tuberculosis nursing was described to the Nursing Advisory Council as follows: 'There is a very large number of civilian cases not receiving any treatment or only receiving short treatment and then returning to ordinary life still in an infectious state. The position is also serious as regards ex-Service cases. There are already 24,000 tuberculosis ex-Service pensioners of this war; the number in sanatoria at the end of September 1944 was about 4,200 and many more would be sent for sanatoria treatment if the necessary provision was available. The Ministry of Health and the Ministry of Pensions have come to the conclusion that there is need of an additional 10,000 beds immediately, and that a further 5,000 beds will be needed at a later stage to cope with the demands for beds for cases awaiting repatriation from South Africa, for prisoners of war and for those who will ultimately return from the Far East. The existing accommodation is already under-staffed. For the 10,000 additional beds . . . at the very least 2,000 nurses will be required, of whom 600 should be State Registered Nurses or fully qualified in tuberculosis nursing. Even 2,000 nurses will represent a substantially lower ratio than the Council has agreed to be desirable'.

[2] The Ministry of Labour has estimated that only about 50 per cent. of the newly qualified nurses—between 6,000 and 7,000—were compulsorily transferred between April 1944 and August 1945. The remainder were either retained by their hospitals for emergency work or they were not available for redistribution for domestic or health reasons. Those who were transferred were redistributed in the following way:

	per cent.
Midwifery training	47·1
Nursing Services of the Crown	20·0
Designated E.M.S. Hospitals	13·2
Infectious Diseases Hospitals	7·6
District Nursing	3·2
Tuberculosis Hospitals	3·7
Mental Hospitals	1·0
Chronic Sick Hospitals	4·2

remainder chose midwifery training rather than work in one of the priority fields. In a nurse's career, such training was a more valuable asset than experience in one of the neglected branches of nursing. This proved of benefit to the greatly strained maternity services,[1] but the price was inevitably paid in the tuberculosis, mental and chronic sick hospitals where less than 9 per cent. of the newly qualified nurses chose to work.

The employment position in nursing was affected not only by the directions of the Ministry of Labour but also by recruitment of volunteers. The volunteers were former nurses, trained or untrained, who returned to their occupation; or they were new recruits who became student nurses and nursing auxiliaries. With the conscription of women for essential war work, the field of nursing recruitment had widened. Many girls, particularly those of middle class origin, chose nursing as their form of war service in preference to factory work or enrolment in the women's Services. Recruitment rose and fell with the intensity of the official drive and with the tides of the war. It rose with the introduction of controls and the accompanying publicity campaign, and it fell when the drive lost its force. It soared up again when the Second Front was established, but it decreased soon afterwards, and towards the end of the war it declined still further.

When the controls were introduced, great efforts were made to explain the Government's measures to the public and to encourage voluntary recruitment. The Treasury had sanctioned expenditure for a full-scale publicity campaign to begin in April 1943 and to last for about six months. Under the motto: 'The War-time Job which can be a Career', the Ministry of Information, in co-operation with the Ministry of Labour, used every means of publicity at its disposal: large advertisements in the daily papers and other periodicals with coupons to be filled in by interested women; a variety of leaflets; repeated broadcasts and exhibitions; and a special film. After six months of the campaign, the Appointments Offices of the Ministry of Labour had received over 90,000 enquiries on advertisement coupons, and the number of student nurses had substantially increased. As it was felt that the campaign would soon show diminishing returns, it was not continued for the moment, but some publicity dealing with particular branches of nursing was organised from time to time. The Ministry had addressed its appeal mainly to the well-educated girl, and when general publicity was resumed later in 1944, it was carefully timed to coincide with the end of the secondary school year.[2] During the final stages of the war, another full-scale

[1] In March 1944 there were 1,311 unfilled vacancies for midwives in England and Wales.

[2] This source of recruits, however, was limited. 'The present annual demand for 22,000 student nurses may be compared with the whole output of girls leaving grant-aided secondary schools in England and Wales which in 1943 numbered just over 40,000.' (*The Times*, 3rd November 1945.)

campaign was launched to strengthen the tuberculosis service.

It was one of the Ministry of Labour's principles that no woman should be compelled to undergo a course of nursing training. Recruitment to nursing and midwifery remained voluntary throughout the war and nurses and midwives could abandon training if they wished to do so. The high wastage among student nurses would have defeated any attempt at direction and some badly needed potential recruits might no longer have wished to 'try the profession', if the step had been irrevocable. In nursing, moreover, unwilling conscripts might well have been dangerous to those who were placed in their care. Even trained nurses, for this reason, were never directed to any particular post but given the widest possible choice of employment.

The effects of the controls on the staffing position in the various branches of hospital nursing can best be assessed from the Ministry of Health's returns of hospital employment.[1] In the first year of controls, May 1943 to May 1944, the total employment figure reached a new maximum of almost 98,000, and the amount of the increase during this one year was about two and a half times that of the previous year.[2] The number of trained nurses rose substantially and the number of assistant nurses which had been declining also increased at a surprising rate. Fewer trained and assistant nurses in the Civil Nursing Reserve, whose freedom to leave nursing was also now restricted, were lost to the hospitals, and during this year—the best of hospital employment—student nurses came forward in considerable numbers.[3] Both the controls and the publicity campaign were proving effective.

In the following year, May 1944 to May 1945, the peak of employment was passed, although controls were still in force and the war had not come to an end. By the beginning of 1945 there was a marked fall, and by May the total had dropped to the level of 1943 when controls were first introduced.[4] All groups of nurses, the controlled and the uncontrolled, contributed to the decline, but the loss among the first was comparatively small—another proof that the controls were achieving some of their purpose. The main fall was in the number of student nurses and nursing auxiliaries. With the hostilities in Europe approaching their end, there was no longer the former

[1] These returns which exclude maternity and mental hospitals and apply to England and Wales, distinguish between different categories of nurses, and comparative figures are available for the years before controls were introduced. (Appendices IV and IX.) The Ministry of Labour and National Service estimates which show broadly the same trends in employment, are only available from December 1943 and apply to the whole field of nursing in Great Britain. Their special interest lies in the fact that they reflect the mobility of nurses and the great amount of work involved in maintaining the supply of nurses. (Appendices VI-VIII.)

[2] Appendix IV.

[3] Appendix IX.

[4] Appendix IV.

appeal to do war-time service. Wastage in training was taking its toll among student nurses, and those nursing auxiliaries who had never intended to remain in nursing[1] were gradually leaving the hospitals. People were beginning to think in terms of their post-war lives and careers.

The demand for nurses could not be expected to fall substantially with the end of the war, and the controls were therefore maintained, with certain relaxations, up to June 1946.[2] In this final year, hospital employment decreased at a much faster rate than during 1944–1945, and it fell below the level of 1941, the first year for which figures are available.[3] The main losses were again among the uncontrolled groups, although there were 3,000 to 4,000 more student nurses in 1946 than there had been in 1941. The fall in the number of assistant nurses was greater than in any other year since 1941, and the Civil Nursing Reserve was rapidly shrinking. The relaxation of the controls enabled many of these nurses to leave their posts..

The one group which showed an increase, and even a substantial increase, was that of the trained nurses. This was a result of the rise in the number of student nurses earlier in the war and of the fall in Service recruitment. But only by means of control were many of these nurses retained in the hospitals for another year. Their numbers began to decline when the controls were removed.[4]

The compulsory measures undoubtedly helped to increase the total supply of nurses to the hospitals. Did they also succeed in relieving the shortage where it had been most severe? In mental nursing, where figures of annual changes in employment are not available, the situation may be judged from the fact that the conscription of untrained people as mental nurses was seriously considered in 1945. In the chronic sick and tuberculosis hospitals some success was achieved, but the demand overtook the supply. During the first year of the controls, the nurse-bed ratio improved,[5] and the burden of the individual nurse was temporarily lightened. In the second year, the number of occupied beds increased and the proportion of nurses to beds declined. Immediately after the war, there was a slight improvement of the ratio in sanatoria, but a further deterioration in the chronic sick institutions. By November 1946, when the controls had been removed for six months, the proportion of nurses to beds in both types of hospitals was lower than in any year since 1942.[6]

[1] In the course of the war, about 3,500 nursing auxiliaries became student nurses.

[2] Nurses over forty and certain other groups, such as nurses wishing to join their husbands who had been released from the Services, were permitted to leave nursing.

[3] Appendix IV.

[4] Appendix IX.

[5] Appendix XIII. The ratio was then 22·4 nurses to 100 beds. The accepted minimum standard for sanatoria of 25 nurses to 100 beds was never attained.

[6] Ibid.

While the controls were in force, the number of nurses in chronic sick hospitals was slowly rising, and sanatoria staffs were maintained at the relatively high level of 1943–1944, but even during these three years the number of unfilled vacancies increased with the growth in demand. When the controls were removed and a proportion of the nurses left these hospitals, still more vacancies could not be filled.[1] All through this period, the tuberculosis service was fighting a losing battle. Notifications of new cases remained well above pre-war level. The number of beds closed for lack of staff increased from year to year. The waiting list of patients in need of sanatorium treatment steadily lengthened and was four times as long in 1946 as it had been in 1941.[2]

Without the controls, these problems and the general shortage of nurses would have been more serious still, and the use of compulsion was justified by results. In time of war, when conscription of men and women for many essential purposes was accepted as a necessity, it would have been wrong to allow a vital service like nursing, which had been too small even to meet the peace-time needs of the country, to depend wholly on voluntary response. If the Government erred, it was not in imposing controls but in imposing them too late. Throughout the war persons in almost all occupations could be released to engage in nursing work if they wished, but until 1943 nurses, except mental nurses, could not be compelled to remain in nursing.

It is true that controls in nursing were more difficult to apply than in most other occupations. There were general and special shortages. There was need for nurses of different qualities and qualifications and for new recruits. There was maldistribution caused by the kind of work involved and by the kind of hospital and nurse-training pattern that had developed in Britain. Above all, there was the belief that the work of caring for sick people should be chosen and not imposed, and that even those who chose it should not be compelled to accept a particular post.

The controls in themselves could only be palliatives which relieved but did not cure. The measures which accompanied and preceded them however, had lasting effects far beyond their immediate objectives. It needed a war to convince both the Ministry of Health and the Treasury that the nursing services of the country were a vital public concern and in need of public support. It needed a war to bring about agreed terms, conditions and satisfactory superannuation for nurses, and to define the position of the assistant nurse. The Ministry of Labour, moreover, could not encourage recruitment or direct nurses into a particular field of work without concerning

[1] Appendix XIII.

[2] Appendix XIV.

itself with staffing ratios, accommodation, health supervision and other long-term aspects of the nurses' life. Chronic sick institutions were visited to discover the reasons for their unpopularity among nurses. The need to protect the health of tuberculosis nurses led to the joint inspection, by the Ministry of Labour and the Ministry of Health, of large numbers of sanatoria and to many improvements.[1] The Mental Nurses Committee was revived to examine the difficulties in the way of recruiting more mental nurses.[2]

At the end of the war, conditions in nursing and midwifery were still far from satisfactory, but they had improved and were continuing to improve. The Salaries Committee remained in being and revised salary scales were adopted to meet the rising cost of living. Such matters as food, accommodation and discipline were under discussion, and efforts were made to shorten the working week and break the vicious circle whereby nurses worked long hours because there were too few and long hours caused wastage and hindered recruitment.

There might have been less determination for reform and less public interest in the nurses' welfare, if the supply had been able to meet the demand. But the shortage of nurses after the war was as serious as it had ever been. The Minister of Health described it as 'approaching the dimensions of a national disaster'.[3] The National Advisory Council expressed 'alarm' at the position in the tuberculosis service and referred to the 'very grave' shortage of staff in the mental institutions.[4] The Lancashire County Council reported that the deficiency of nurses in its services amounted to 19 per cent. in the public assistance hospitals; 25 per cent. in the sanatoria; 10 per cent. in the public health services and 18 per cent. in the mental hospitals.[5] In the whole of Britain, over 30,000 nursing and midwifery posts were unfilled in the summer of 1945,[6] although there were 15,000 more nurses employed than there had been in 1938.[7] And the forecast was that the demand for State registered nurses was still increasing and likely to increase for many years to come.[8]

The National Advisory Council asked for more publicity to pro-

[1] See page 310.

[2] This was a sub-committee of the Athlone Committee. (*Report of the Sub-Committee on Mental Nursing and the Nursing of the Mentally Defective*, 1945.)

[3] *Lancet*, 1945 II, p. 413.

[4] *Recruitment of Nurses and Midwives to Training Institutions.* National Advisory Council on Nurses and Midwives, August 1945 (pp. 20 and 21).

[5] *Public Assistance Journal and Health and Hospital Review*, 13th July 1945.

[6] *Recruitment of Nurses and Midwives to Training Institutions*, National Advisory Council on Nurses and Midwives, August 1945 (p. 8).

[7] *Report of the Working Party on the Recruitment and Training of Nurses*, 1947 (p. 5).

[8] *Recruitment of Nurses and Midwives to Training Institutions.* National Advisory Council on Nurses and Midwives, August 1945 (p. 3).

mote recruitment and for greater efforts to reduce wastage in training. Shorter hours, adequate time for study, a more modern outlook on discipline, better accommodation and food, regular medical examinations, retention of married student nurses,[1] employment of more domestic staff and establishment of elected nurses' councils—all these basic necessities were enumerated again.[2] Theoretically, most of them had long been accepted, but in many hospitals they had not yet become a reality. A student nurse was still usually regarded as 'a pair of hands' and compelled to spend half of her time on non-nursing duties.[3]

The post-war shortage of nurses could not be ignored even temporarily: it threatened the Government's plans for a national health service. Six months after the war, under the motto, 'Staffing the Hospitals', the Ministers of Health and Labour and the Secretary of State for Scotland jointly launched a recruitment campaign. Codes of general conditions of service for nurses, midwives and domestic workers, to be adopted as soon as possible by all hospitals, were given wide publicity.[4] They covered the whole field, from training and hours of duty to health and the formation of representative bodies. Employment of part-time staff, removal of every form of marriage bar and permission for nurses and midwives (with the exception of those in training) to live outside the hospital were strongly recommended. To provide the Government with the full facts and expert opinion, a Working Party on the Recruitment and Training of Nurses was appointed early in 1946, and in the following year a similar body was formed to examine midwifery. The reports of the two committees[5] contained a variety of constructive proposals, but the conclusions reached about supply and demand in nursing did not promise well for the future.[6]

With full employment and a general shortage of man- and woman-power in post-war Britain, the nursing services could not be

[1] As late as February 1944, in spite of all the Government's efforts to promote recruitment, student nurses who married were still liable to be immediately dismissed by hospital matrons. Some hospitals regarded marriage automatically as a termination of contract. Others refrained from dismissal, if the husband was a Serviceman and likely to be overseas. One matron argued that leave granted to married student nurses whose husbands were on leave would lower the standard of training and disturb other nurses and that married students would in any case cease training at the end of the war.

[2] *Recruitment of Nurses and Midwives to Training Institutions.* National Advisory Council on Nurses and Midwives, August 1945 (pp. 19 and 20).

[3] Statement by Dr C. Metcalfe Brown, Medical Officer of Health, Manchester (*Public Assistance Journal and Health and Hospital Review*, 24th August 1945, p. 545).

[4] *Staffing the Hospitals*, An Urgent National Need, 1945.

[5] *Report of the Working Party on the Recruitment and Training of Nurses*, 1947. *Report of the Working Party on Midwives, 1949.*

[6] It was estimated that the trained nursing force of the country in December 1945 was about 88,000 and that to provide for existing needs and the recommended reforms in training a total nursing force of 120,000 to 125,000 would be needed. (*Report of the Working Party on the Recruitment and Training of Nurses*, 1947, p. 81.)

expanded to their ideal size even though hospital workers were imported from abroad. When the National Health Service came into being in 1948 thousands of hospital beds were still closed, and the struggle to staff the hospitals entered a new stage. There was hope that it would succeed. The hospitals were still suffering from the consequences of their history but the traces of the past were fast disappearing. Nursing had become a profession with good conditions and prospects. Many fundamental problems of recruitment, selection and training were still awaiting solution and the scientific developments in medicine were not only changing the nature of hospital work and affecting the functions of the nurse but increasing the numbers required. The Government was, however, aware of the problems it was facing and armed with a body of knowledge and experience to deal with them.

It is a significant fact that during the first twenty-two years of its existence the Ministry of Health had no Nursing Division. When such a Division was established in 1941, nursing ceased to be solely the concern of the individual hospitals and a national nursing policy was evolved. The war with its peremptory demands and radical solutions had made it possible and in a period of less than five years there had been almost a revolution.

APPENDIX IV

Employment and Shortages of Nursing Staff in Hospitals in England and Wales[1]

Date	Employment	Change in Employment	Shortages[2]
June 1941 . .	88,820	—	—[3]
May 1942 . .	91,273	2,453	12,239
May 1943 . .	93,188	1,915	11,723
May 1944 . .	97,961	4,773	12,234
May 1945[4] . .	93,767	−4,194	16,199
May 1946 . .	83,930	−9,837	23,399
November 1946[5] .	79,910	−4,020	25,451

[1] Ministry of Health's returns, which exclude mental and maternity hospitals.

[2] 'Shortages' represent the numbers of persons 'who would be employed now if available'.

[3] The 1941 definition of shortages differed from the later definition. The figures are therefore not comparable and have been ignored.

[4] 306 nurses were transferred from England and Wales to Scotland. The necessary adjustments in both sets of figures have been made.

[5] In November 1946 a new category, ward orderlies, is included in the returns. They number 3,346. Their inclusion increases the figure of employment to 83,256, reduces the decrease in employment to 674, and increases the shortage by 1,217 to 26,668. As ward orderlies are a new category and are neither student nor assistant nurses they have been excluded from the main table.

APPENDIX V

Employment and Shortages of Nursing Staff in Hospitals in Scotland[1]

Date	Employment	Changes in Employment	Shortages
—[2]	—	—	—
June 1942 . .	14,785	—	1,562
June 1943 . .	14,173	−612	1,718
June 1944 . .	14,903	730	1,635
June 1945 . .	14,005	−898	1,819
June 1946 . .	11,822	−2,183	2,739
December 1946 .	11,057	−765	3,089

[1] Returns of the Department of Health for Scotland. The returns include mental and maternity hospitals which employed some 4,000 nurses. They are not included in the above table in order to maintain consistency with the figures for England and Wales.

[2] No returns were collected for June 1941.

APPENDIX VI

The Ministry of Labour's Estimates of Female Nursing Staffs in Hospitals and other Institutions in Great Britain[1]

Date	Employment	Change in Employment
31st December 1943 .	173,462	—
1st July 1944 . .	178,139	4,677
30th June 1945 . .	170,276	−7,863
29th June 1946 . .	150,160	−20,116
28th December 1946 .	145,130	−5,030

[1] Two part-time workers are counted as one.

APPENDIX VII

Interviews and Placings of Nursing Staff by the Ministry of Labour, and Vacancies in Great Britain

Date[1]	Interviews	Placings	Vacancies outstanding at the end of the period
1943–44	111,875	44,673	23,086
1944–45	95,611	55,248	33,883
1945–46	82,114	53,978	33,455

[1] The period covered is roughly June to June of each year.

APPENDIX VIII

The Ministry of Labour's Estimates of Intake and Wastage[1] of full-time Hospital Female Nursing Staff in Great Britain

Date	Intake	Wastage	Net increase or decrease
1944[2]	28,190	26,568	+1,622
1944–45	51,004	55,769	−4,765
1945–46	54,431	64,433	−10,002
1946[3]	26,750	30,900	−4,150

[1] These figures of intake and wastage do not represent a complete change of personnel. They include turnover within the profession, i.e. internal mobility.

[2] The first six months of 1944. The other figures are roughly from June to June of each year.

[3] The last six months of 1946.

APPENDIX IX

The various Categories of Nurses in Hospitals in England and Wales[1]

Date				Civil Nursing Reserve			Total
	Trained Nurses	Assistant Nurses	Student[2] Nurses	Trained Nurses	Assistant Nurses	Nursing Auxiliaries	
June 1941[3] . . .	23,281[4]	12,606	33,295	5,210	4,110	10,318	88,820
May 1942 . . .	23,692	11,941	35,864	4,344	3,614	11,818	91,273
May 1943 . . .	23,699	12,232	38,734	3,046	2,698	12,779	93,188
May 1944 . . .	24,539	13,679	42,258	2,470	2,321	12,694	97,961
May 1945 . . .	24,408	13,429	40,695	2,204	2,433	10,598	93,767[5]
May 1946[6] . . .	25,618	12,181	38,989	1,111	2,358	3,673[7]	83,930
November 1946[8] . .	25,036	11,269	39,289	735	1,867	1,714	79,910

[1] Returns of the Ministry of Health.

[2] This column represents nurses in their first, second or third year of training whether for general registration or for other qualification. From May 1944 onwards a new group 'other trainees' is shown. These have been included with student nurses.

[3] The first return was for May 1941, but it is incomplete.

[4] In June 1941 ordinary hospital nurses and Civil Nursing Reserve nurses are returned under one heading. From another set of returns of Civil Nursing Reserve members employed in hospitals, the numbers of the two kinds of nurses have been estimated.

[5] Between May 1944 and May 1945 some 250–300 assistant nurses, about 50 trained nurses and a very few nurses in the other categories were transferred from London to Scotland. They have been deducted from the Scottish returns and added to the England and Wales returns.

[6] One year after the end of the war controls still existed.

[7] By October 1945 some 3,500–4,000 nursing auxiliaries had become student nurses.

[8] Six months after the end of controls.

APPENDIX X

The various Categories of Nurses in Hospitals in Scotland[1]

Date				Civil Nursing Reserve			Total
	Trained Nurses	Assistant Nurses	Student Nurses[2]	Trained Nurses	Assistant Nurses	Nursing Auxiliaries	
June 1942[3] . . .	2,675	953	6,372	1,137	710	2,938	14,785
June 1943 . . .	2,525	903	6,124	961	614	3,046	14,173
June 1944 . . .	2,643	1,248	6,411	844	500	3,257	14,903
June 1945 . . .	2,629	1,263	6,068	796	619	2,630	14,005
June 1946 . . .	2,651	1,202	6,288	456	491	734	11,822
December 1946 . .	2,636	1,198	6,419	264	334	206	11,057

[1] Returns of the Department of Health for Scotland.
[2] See Appendix IX, footnote 2.
[3] The first return is for December 1941.

APPENDIX XI

The Numbers of Nursing Staff and Civil Nursing Reserve Members employed in the different Hospital Groups[1] in England and Wales

Date	Emergency Hospitals			Sanatoria[2]			Chronic Sick Hospitals			All Hospitals[3]		
	Nursing Staff	Civil Nursing Reserve	Total	Nursing Staff	Civil Nursing Reserve	Total	Nursing Staff	Civil Nursing Reserve	Total	Nursing Staff	Civil Nursing Reserve	Total
June 1941 .	67,439	9,652[4]	77,091	2,324	56	2,380	927	14	941	78,682	10,138	88,820
May 1942 .	60,708	18,679	79,387	2,498	258	2,756	1,068	43	1,111	71,550	19,723	91,273
May 1943 .	62,319	17,223	79,542	3,010	386	3,396	1,570	90	1,660	74,665	18,523	93,188
May 1944 .	66,805	16,268	83,073	3,526	401	3,927	1,829	130	1,959	80,476	17,485	97,961
May 1945 .	64,807	14,208	79,015	3,625	353	3,978	1,818	137	1,955	78,243	15,218	93,461[5]
May 1946 .	62,157	6,593	68,750	3,801	169	3,970	2,248	166	2,414	76,788	7,142	83,930
November 1946	61,806	3,929	65,735	3,585	122	3,707	2,149	121	2,270	75,594	4,316	79,910

[1] The returns of the different hospital groups do not give an exact picture of the situation. Many beds and therefore nurses were returned under the 'Emergency' heading but were used for patients in the special categories described above.

[2] Including tuberculosis wards in other hospitals.

[3] Including infectious diseases hospitals, public health hospitals and all other hospitals.

[4] Only nursing auxiliaries are shown separately in 1941. The other figures of Civil Nursing Reserve members in the year are estimates.

[5] The adjustment made for 1945 (see Appendix IX) for nurses transferred to Scotland has not been made here as it is not known from which hospital groups they were transferred. Therefore the total shown here for 1945 is less than the total in Appendix IX.

APPENDIX XII

The Numbers of Nursing Staff and Civil Nursing Reserve Members employed in the different Hospital Groups in Scotland

Date	Emergency Hospitals			Sanatoria			Chronic Sick Hospitals			All Hospitals[1]		
	Nursing Staff	Civil Nursing Reserve	Total	Nursing Staff	Civil Nursing Reserve	Total	Nursing Staff	Civil Nursing Reserve	Total	Nursing Staff	Civil Nursing Reserve	Total
June 1942[2] .	6,150	4,619	10,769	345	61	406	222	20	242	10,000	4,785	14,785
June 1943 .	6,419	4,429	10,848	343	55	398	184	10	194	9,552	4,621	14,173
June 1944 .	6,749	4,467	11,216	428	27	455	401	28	429	10,302	4,601	14,903
June 1945 .	6,659	3,938	10,597	411	32	443	356	28	384	10,249	4,062	14,311
June 1946 .	5,240	1,554	6,794	487	8	495	423	34	457	10,141	1,681	11,822
December 1946	4,540	762	5,302	800	24	824	526	—	526	10,253	804	11,057

[1] Including infectious diseases hospitals, public health hospitals and all other hospitals.
[2] This is the earliest return for Scotland which is comparable with England and Wales.

APPENDIX XIII

Occupied Beds, the Numbers of Nurses to each 100 Occupied Beds and the Shortage of Nursing Staff in certain Hospital Groups in England and Wales[1]

Date	Emergency Hospitals			Sanatoria[2]			Chronic Sick Hospitals			All Hospitals[3]		
	Occupied Beds	Ratio Nurses/ Beds	Shortage	Occupied Beds	Ratio Nurses/ Beds	Shortage	Occupied Beds	Ratio Nurses/ Beds	Shortage	Occupied Beds	Ratio Nurses/ Beds	Shortage
May 1942[4] .	198,867	39·9	10,181	12,636	21·8[5]	629	7,840	14.0	88	238,510	38·3	12,239
May 1943 .	195,125	40·8	8,916	15,705	21·6	818	13,820	12.0	238	246,708	37·8	11,723
May 1944 .	201,464	41·2	9,408	17,545	22·4	945	14,742	13·3	358	255,119	38·4	12,234
May 1945 .	202,039	39·1	11,945	18,146	21·9	1,273	15,675	12·5	610	255,145	36·6	16,199
May 1946 .	173,936	39·5	16,726	18,092	22·0	1,916	21,217	11·4	1,273	233,661	35·9	23,399
November 1946	165,856[6]	39·6	18,073	18,036	20·6	2,062	21,415	10·6	1,384	223,415	35·8	25,451

[1] Beds are not included in the Scottish returns. Therefore only England and Wales figures can be given.
[2] Including tuberculosis wards in other hospitals and excluding tuberculosis beds and nurses returned under the Emergency heading.
[3] Including infectious diseases hospitals, public health hospitals and all other hospitals.
[4] Beds are not included in the 1941 returns.
[5] The ratio should be 25 nurses to 100 beds.
[6] Excluding ward orderlies.

APPENDIX XIV

Tuberculosis Accommodation in England and Wales and Waiting Lists of Patients

Date	Patients awaiting accommodation	Beds closed because of staff shortages[1]
31.12.41	1,704	—
31. 3.42	1,907	640
30. 6.42	2,259	756
30. 9.42	2,281	845
31.12.42	2,169	920
31. 3.43	2,695	920
30. 6.43	3,346	1,030
30. 9.43	3,238	1,060
31.12.43	3,281	1,070
31. 3.44	3,960	1,020
30. 6.44	4,893	1,230
30. 9.44	4,535	1,230
31.12.44	4,273	1,320
31. 3.45	4,628	1,520
30. 6.45	4,972	1,800
30. 9.45	5,294	2,510
31.12.45	5,382	2,690
31. 3.46	6,236	2,720
30. 6.46	6,589	2,680
30. 9.46	7,150	3,240
31.12.46	7,025	3,850

[1] Staff shortages include both nursing and domestic posts. Some of the figures in this column are estimates. There are no figures for 1941.

APPENDIX XV

Number of Trained Nurses in the Nursing Services of the Crown

1938 . .	935
June 1942 . .	7,189
June 1943 . .	9,209
June 1944 . .	11,834
June 1945 . .	12,800
June 1946 . .	6,844

(These figures are taken from the papers of the National Advisory Council for the Recruitment and Distribution of Nurses and Midwives.)

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S.O. Code No. 63-111-3-12*