

**Bodies of Knowledge: Science, Popular Culture, and Working-Class Women's
Experience of the Life Cycle in Yorkshire, c.1900-1940**

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ABSTRACT

The production and diffusion of knowledge are heavily classed and gendered practices. This thesis examines some of the processes and power relations at the heart of the creation and diffusion of knowledge on sexuality and female physiology in the period 1900-1940. More specifically, it explores the tensions inherent to these processes along the lines of gender and class, by focussing on scientific discourse, popular culture, and the experience of Yorkshire working-class women in relation to menstruation, sex, pregnancy, and menopause.

Spanning four decades marked by significant social, political, scientific, and cultural changes, this thesis reflects on the complex and ambivalent relationships between working-class women's knowledge and experience, scientific or otherwise 'expert' knowledge, and cultural understandings and representations of women and their bodies in this period. By deliberately focussing on women's voices and active contribution to these shifts and competing discourses, this thesis seeks to foreground their agency, and raises questions about what constitutes knowledge and expertise, the power relations which sustain those definitions, and how they are reproduced in the historical record.

Through its regional focus, this thesis also engages with recent developments in the history of health and medicine and in the history of sexuality, and contributes to a more nuanced understanding of the lived experience of working-class sexuality in the past. Region, as well as class and gender, determined the material, social, and cultural conditions which shaped working-class women's experience of sexuality and the life cycle, as well as their access and relationship to various forms and sources of knowledge.

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ABBREVIATIONS

BMA – British Medical Association

BMJ – British Medical Journal

HRT – Hormone replacement therapy

LBWA – Leeds Babies Welcome Association

MOH – Medical Officer of Health

MWF – Medical Women’s Federation

NHS – National Health Service

UK – United Kingdom

US – United States

VD – Venereal disease

WCG – Women’s Co-operative Guild

WWI – World War I

WWII – World War II

WYAS – West Yorkshire Archive Service

INTRODUCTION

The period 1900-1940 in England was marked by a multiplication of discourses and interventions surrounding women's bodies and sexuality, in the broader context of changing relationships between the individual and the state with regards to health and welfare. This proliferation of discourses formed part of what Michel Foucault has described as the deployment of *biopower*, whereby the population – or social body – which had emerged as an object of scientific investigation and scrutiny subsequently became the target of a whole array of techniques of surveillance and control. New concerns about health, hygiene, housing, or death and birth rates led to the creation of new statuses, institutions, and forms of knowledge aimed at the preservation of life.¹

In early twentieth-century Britain, the chief target of these efforts was the working class. Britain's poor performance in the Boer War had highlighted the poor health of the working classes which, combined with the rise of industrial competition from other countries and the declining birth rate, seemed to threaten national supremacy.² The health, working and living conditions of the working class thus came under scrutiny and were the object of a plethora of public health policies, welfare measures, and educational endeavours. Working-class reproduction was a key concern, at a time when the working class was perceived as both Britain's main source of labour and military power, and the greatest threat to national fitness and stability.³ The relationship between the home and the state was changing in ways that blurred the boundaries between the private and the public: the metonymic association of the home and the individual body with the state justified surveillance and, where needed, intervention. In this context, and due in part to their critical position at the intersection between the individual body and the social body, women's reproductive health and sexuality more broadly became the object of a sustained and generalised attention.

¹ Michel Foucault, *Histoire de la sexualité*, vol.1, La volonté de savoir (Paris: Gallimard, 1976), pp.183-191.

² To consider a regional figure, Seebohm Rowntree found in his 1901 study of poverty in York that nearly half of the 33,600 men who had volunteered for service in York, Leeds, and Sheffield between 1897 and 1900 failed the medical examination: Deborah Dwork, *War is Good for Babies and Other Young Children: a history of the infant and child welfare movement in England 1898-1918* (London: Tavistock, 1987), p.15.

³ Lucinda McCray Beier, *For Their Own Good: The Transformation of English Working-Class Health Culture, 1880-1970* (Columbus: Ohio State University Press, 2008), p.208.

The changes in the social, political, and economic position of both women and the working class in this period contributed to important shifts in both healthcare provisions and the production and diffusion of knowledge about women's sexuality and reproductive health. This period witnessed a crisis in expertise on these issues, evidenced by three important developments which produced a range of competing practices and discourses: the medicalisation of female physiology, the professionalisation of female healthcare providers and public health officials, and the multiplication of sources of information available to the lay public. These developments had a profound impact on both medical and lay understandings and practices surrounding women's reproductive health in this period. It is necessary to examine these shifts for two main reasons. Firstly, because medical and lay knowledge on female physiology and sexuality are significant factors in shaping the position and function of women in society. Secondly, because the multiplication of sources of information and 'expert' voices were ambivalent processes which did not necessarily straightforwardly benefit working-class women.

Undoubtedly, one of the most significant shifts in working-class health management in this period was the progressive introduction of welfare provisions and the accompanying displacement of health care away from the realm of the home and community towards that of public health officials and professional medicine, which was to culminate in the creation of the National Health Service (NHS) in 1948. But as Lucinda McCray Beier argues, while working-class women certainly benefited from many of these developments, this growing state and medical intervention also came at a price, not least the devaluation of their own knowledge, and the progressive breakdown of traditional working-class health culture.⁴ Indeed, the production and diffusion of knowledge about health are heavily classed and gendered practices, which require that we pay attention to the ambivalent effects of these shifts. Class and gender – but also location – determined the material, social, and cultural conditions which shaped not only working-class women's experience of the life cycle but also their access and relationship to various forms and sources of knowledge.

This thesis examines some of the processes at the heart of the creation and diffusion of knowledge on sexuality and female physiology in this period. More

⁴ McCray Beier, *For Their Own Good*.

specifically, it explores the tensions inherent to these processes along the lines of gender and class, by focussing on scientific discourse, popular culture, and the experience of Yorkshire working-class women in the period 1900-1940. Four key themes have been chosen for an in-depth analysis because they represented both important milestones in the female life cycle and significant loci of ‘expert’ intervention and discursive tensions in this period. Menstruation, sex, pregnancy, and menopause constitute the four avenues of investigation for this study. For each of these themes, the relationships between working-class women’s knowledge and experience, scientific or otherwise ‘expert’ knowledge, and cultural understandings and representations of women’s bodies and social function will be examined. As these four themes correspond to key stages in the female life cycle, they also provide a logical structure and coherence to this thesis.

To what extent, and through what media did new scientific knowledge on women’s reproductive health reach working-class women? How did changing medical paradigms of women’s reproductive health affect working-class women’s understanding and experience of their bodies? To what extent did scientific research and discourse echo, foreshadow, or undermine new social perceptions of women’s bodies? How did working-class women perceive ‘expert’ knowledge, and to what extent did they welcome, demand, or resist these developments? These initial questions form a starting point for the present study, which aims to shed light on the relationships between these different types of knowledge and discourse, to explore the power dynamics responsible for the creation and diffusion of such knowledge, and to evaluate the ways in which public discourses can affect the intimate individual experiences of a category of the population defined by their gender, class, and location.

Gender and sexuality

Any new study of gender and sexuality in Britain in the first half of the twentieth century engages on a well-trodden path, and there is a wealth of literature on the First World War and the interwar years in particular. The war had a transformative effect on sexuality, gender norms, and gender relations, although there has been some historiographical debate regarding the extent and duration of these reconfigurations.⁵

⁵ See for instance Susan R. Grayzel, *Women’s Identities at War: Gender, Motherhood, and Politics in Britain and France during the First World War* (Chapel Hill: University of North Carolina Press, 1999); Margaret R. Higonnet, and Patrice L.-R. Higonnet, “The Double Helix”, in Margaret R. Higonnet et. al.

Historians of gender, sexuality, and the First World War have produced a significant body of work which examine these shifts. The impact of war work on women's identities and gender ideologies for instance has received extensive scholarly attention,⁶ as has that of the war and fighting on male bodies and masculinity.⁷ Other historians have examined more specifically the wartime policing and regulation of sexuality in relation to contemporary concerns over social purity, prostitution and VD, and miscegenation.⁸ These studies demonstrate how certain gender and sexual norms were reinforced through their political repurposing in wartime rhetoric and legislation. The policing of female sexuality on the home front in particular highlights the links between sexuality, reproduction and wartime citizenship. Never is female sexuality as explicitly invested with political meanings as in times of total war, when women's bodies become a metaphorical battlefield: transgressions of sexual morality are constructed as a threat to the nation or the race, while motherhood becomes the ultimate expression of patriotic duty.⁹ Many of the feminist campaigns of the early twentieth century gained momentum on the eve of the war, as feminists successfully harnessed contemporary moral and political questions to push forward their agendas on issues such as marriage and divorce reform, prostitution, or motherhood.¹⁰

(eds.), *Behind the Lines: Gender and the Two World Wars* (New Haven: Yale University Press, 1987), pp.31-47. For a review of historiographical debates on the emancipating effects of the First World War on women, see Adrian Bingham, "'An Era of Domesticity'? Histories of Women and Gender in Interwar Britain", *Cultural and Social History*, 1:2 (2004), 225-233.

⁶ See for instance Janet S. K. Watson, *Fighting Different Wars: Experience, Memory, and the First World War* (Cambridge: Cambridge University Press, 2004); Deborah Thom, *Nice Girls and Rude Girls: Women Workers in World War I* (London: I.B. Tauris, 1997); Gerard DeGroot, *Blighty: British Society in the Era of the Great War* (London: Longman, 1996); Gail Braybon, *Women Workers in the First World War: The British Experience* (London: Croom Helm, 1981).

⁷ See for instance Jessica Meyer, *Men of War: Masculinity and the First World War in Britain* (Basingstoke: Palgrave Macmillan, 2009); Joanna Bourke, *Dismembering the Male: Men's Bodies, Britain and the Great War* (London: Reaktion, 1996); Lesley Hall, "Impotent Ghosts from No Man's Land: Flapper's Boyfriends or Cryptopatriarchs? Men, Sex and Social Change in 1920s Britain", *Social History*, 21:1 (1996), 54-70. More recent work by Laura Doan and Ana Carden-Coyne has deployed queer theory to shed a new light on the sex education and sexual culture of soldiers: Laura Doan, "Sex Education and the Great War Soldier: A Queer Analysis of the Practice of 'Hetero' Sex", *Journal of British Studies*, 51:3 (2012), 641-663; Ana Carden-Coyne, and Laura Doan, "Gender and Sexuality", in Suzan R. Grayzel and Tammy M. Proctor (eds.), *Gender and the Great War* (Oxford: Oxford University Press, 2017), pp. 91-114.

⁸ Laura Lammasniemi, "Regulation 40D: Punishing Promiscuity on the Home Front during the First World War", *Women's History Review*, 27:4 (2017), 584-596; Philippa Levine, "'Walking the Streets in a Way No Decent Woman Should': Women Police in World War I", *Journal of Modern History*, 66:1 (1994), 34-78; Lucy Bland, "White Women and Men of Colour: Miscegenation Fears in Britain after the Great War", *Gender and History*, 17:1 (2005), 29-61.

⁹ See Grayzel, *Women's Identities at War*, especially chapters 2 and 3.

¹⁰ See Suzan Kingsley Kent, *Sex and Suffrage in Britain 1860-1914* (Oxford: Princeton University Press, 1987). Lesley Hall has compiled an excellent anthology of women's writings on sex in this period, with a chapter on the suffrage era: Lesley A. Hall, *Outspoken Women: an Anthology of Women's Writing on Sex, 1870-1969* (Abingdon: Routledge, 2005).

The interwar period was one of profound change in terms of women's opportunities, leisure, consumption, and political power – all of which had an impact on gender relations and women's experience of their bodies and sexuality. The extension of the franchise in 1918 and 1928 transformed the way women thought of themselves in relation to the state, and provided women's groups with a new language with which to campaign for women's rights and welfare.¹¹ A number of historical studies have also documented the emergence in this period of a consumerist youth culture in which young single women played a key part, and the changes in patterns of leisure and courtship it entailed.¹² The work of Selina Todd is particularly illuminating here through its emphasis on employment and young women's economic position within their families. She explored how the progressive demise of domestic service, together with growing employment opportunities for young women and improving working conditions meant that many of them gained an unprecedented level of financial and social independence in this period.¹³ Other historians such as Catherine Horwood, Birgitte Sjøland, and Ina Zweiniger-Bargielowska have shed light in different ways on the complex relationships between the body, appearance, and modernity fostered by the development of modern leisure and consumption.¹⁴ These studies argue that young women's experience of their bodies was changing through their engagement with fashion and their participation in sports, which promoted new standards of fitness, attractiveness, and femininity. The young female worker of interwar Britain thus became one of the visible symbols of modernity, a development which was also encouraged by popular culture and the press.¹⁵ These changes were more than cosmetic as well, as young women growing up in the

¹¹ Pat Thane, "What Difference Did the Vote Make? Women in Public and Private Life in Britain since 1918", *Historical Research*, 76 (2003), 268-285; Caitriona Beaumont, "The Women's Movement, Politics and Citizenship, 1918–50s", in Ina Zweiniger-Bargielowska (ed.), *Women in Twentieth-Century Britain: Social, Cultural, and Political Change* (Harlow: Longman, 2001), pp.262-277; Caitriona Beaumont, *Housewives and Citizens: Domesticity and the Women's Movement in England, 1928-1964* (Manchester: Manchester University Press, 2013), especially chapter 2.

¹² Claire Langhamer, *Women's Leisure in England, 1920-1960* (Manchester: Manchester University Press, 2000); Andrew Davies, *Leisure, Gender and Poverty: Working-Class Culture in Salford and Manchester, 1900-1939* (Buckingham: Open University Press, 1992); Selina Todd, *Young Women, Work, and Family in England, 1918-1950* (Oxford: Oxford University Press, 2005).

¹³ Todd, *Young Women, Work, and Family*. See also Selina Todd, "Young Women, Work, and Leisure in Interwar England", *The Historical Journal*, 48:3 (2005), 789-809.

¹⁴ Catherine Horwood, "'Girls Who Arouse Dangerous Passions': Women and Bathing, 1900-39", *Women's History Review*, 9 (2000), 653-73; Birgitte Sjøland, *Becoming Modern: Young Women and the Reconstruction of Womanhood in the 1920s* (Princeton: Princeton University Press, 2000); Ina Zweiniger-Bargielowska, "The Body and Consumer Culture", in Ina Zweiniger-Bargielowska (ed.), *Women in Twentieth Century Britain*, pp.183-197.

¹⁵ Adrian Bingham, *Gender, Modernity, and the Popular Press in Inter-War Britain* (Oxford: Clarendon Press, 2004); Sjøland, *Becoming Modern*.

interwar years also aspired to a different life to that of their mothers.¹⁶ What this suggests is that there was a generational gap in experience between the girls and young women who were able to take part in these interwar developments, and women of the previous generations. Yet if all of these studies more or less explicitly point at this gap, the ways in which it may have fostered or disrupted intergenerational communication on sexuality and female physiology remain underexplored.

Many of the above-mentioned studies focus on large geographical areas and consider diverse socioeconomic groups. This is also a common feature of histories of sexuality.¹⁷ However, this approach obscures important regional and occupational variations, which need to be examined if we are to understand working-class sexuality in this period. The early twentieth century was a time of acute class and regional divisions, which shaped the material and subjective dimensions of gender relations and sexuality. Due in part to issues of sources, histories of sexuality in Britain that do not explicitly engage with class or a specific region tend to focus predominately on London, and on the middle class. This, as John Tosh explained in a 2011 essay, is because of the impact of the cultural turn on histories of gender and sexuality, which has moved historians' attention towards representation. Tosh argues that this move has had the dual effect of producing histories of cultural constructs which overlook the concrete realities of everyday life, and of drawing attention away from working-class sexuality and gender identities because working-class sources do not lend themselves as easily to the prevalent modes of cultural analysis.¹⁸

The importance of class to the history of sexuality has been noted by various historians, and frequently cited works in the field such as those of Kate Fisher and Simon Szreter have demonstrated its impact on individual experiences and attitudes to love,

¹⁶ Bingham, "An Era of Domesticity?", p.227.

¹⁷ See for instance Jeffrey Weeks, *Sex, Politics and Society: the Regulation of Sexuality since 1800* (London: Longman, 1981); Lesley A. Hall, *Sex, Gender and Social Change in Britain since 1880* (Basingstoke: Macmillan, 2000); Hera Cook, *The Long Sexual Revolution: English Women, Sex, and Contraception, 1800-1975* (Oxford: Oxford University Press, 2004); Kate Fisher, and Rebecca Langlands (eds.), *Sex, Knowledge, and Receptions of the Past* (Oxford: Oxford University Press, 2015).

¹⁸ John Tosh, "The History of Masculinity: an Outdated Concept?", in John H. Arnold and Sean Brady (eds.), *What is Masculinity?: Historical Dynamics from Antiquity to the Contemporary World* (Basingstoke: Palgrave Macmillan, 2011), pp.17-34 (p.24).

marriage, and sexuality.¹⁹ The history of sexuality is also currently moving towards a greater appreciation of regional analysis, which carries the promise of exciting new research. Taking a regional focus is not new within the field, and a number of studies have already sought to provide an alternative to London-centric narratives. Not all regions have received the same attention though, and Lancashire in particular has stimulated a great deal of research, while its neighbour has been comparatively overlooked.²⁰ The only in-depth studies of gender and sexuality in Yorkshire around that time period include Judy Giles's work on working-class women and respectability in York and Birmingham, Paul Atkinson's comparative analysis of fertility decline in Bradford, Leeds, and Middlesbrough, Helen Smith's work on same-sex desire between men in the north of England, and Laura Harrison's doctoral thesis on working-class youth and courtship in York.²¹ What all these studies have in common is their reliance on notions of space and/or work to understand gender relations, sexual attitudes and definitions of respectability amongst working-class communities. My work follows in particular that of Helen Smith, who by using regionality as a category of analysis and reframing sexuality within broader social and cultural narratives draws attention to the specificities of northern working-class sexual culture.²² She argues that engaging with regionality as a category of analysis

¹⁹ Kate Fisher, *Birth Control, Sex, and Marriage in Britain 1918-1960* (Oxford: Oxford University Press, 2006); Simon Szreter, and Kate Fisher, *Sex Before the Sexual Revolution: Intimate Life in England 1918-1963* (Cambridge: Cambridge University Press, 2010).

²⁰ Some examples include Elizabeth Roberts, *A Woman's Place: An Oral History of Working-Class Women, 1890-1940* (Oxford: Blackwell, 1984); McCray Beier, *For Their Own Good*; and "'We Were Green as Grass': Learning about Sex and Reproduction in Three Working-class Lancashire Communities, 1900-1970", *Social History of Medicine*, 16:3 (2003), 461-480; Jutta Schwarzkopf, "Bringing Babies into Line with Mothers' Jobs: Lancashire Cotton Weavers' Fertility Regime", in Angélique Janssens (ed.), *Gendering the Fertility Decline in the Western World* (Bern and New York: Peter Lang, 2007), pp.309-334; Jutta Schwarzkopf, *Unpicking Gender: The Social Construction of Gender in the Lancashire Cotton Weaving Industry, 1880-1914* (Aldershot: Ashgate, 2004); Francesca Moore, "'Go and See Nell, She'll Put You Right': The Wisewoman and Working-Class Health Care in Early Twentieth-century Lancashire", *Social History of Medicine*, 26:4 (2013), 695-714.

²¹ Judith Giles, "'Something That Bit Better': Working-class Women, Domesticity and 'Respectability' 1919-1939" (University of York: unpublished PhD thesis, 1989); Judy Giles, 'Playing Hard to Get': Working-Class Women, Sexuality and Respectability in Britain, 1918-40", *Women's History Review*, 1:2 (1992), 239-255; Paul Atkinson, "Cultural Causes of the Nineteenth-Century Fertility Decline: A Study of Three Yorkshire Towns" (University of Leeds: unpublished PhD thesis, 2010); Helen Smith, *Masculinity, Class and Same-Sex Desire in Industrial England, 1895-1957* (Basingstoke: Palgrave Macmillan, 2015); Laura Harrison, "Negotiating the Meanings of Space: Leisure, Courtship and the Young Working Class of York, C.1880-1920" (University of Leeds: unpublished PhD thesis, 2015).

²² Smith, *Masculinity, Class and Same-Sex Desire*; and "Working-Class Ideas and Experiences of Sexuality in Twentieth-Century Britain: Regionalism as a Category of Analysis", *Twentieth Century British History*, 29:1 (2018), 58-78.

provides a more nuanced picture of ordinary people's experience of sexuality and gender by grounding it in the everyday context of work, local and class culture, and family life.²³

To some extent, this argument echoes earlier findings in historical studies of fertility, which have shown that reproductive patterns varied immensely not only between social classes, but also within the working class, depending on locality, community, and local employment patterns.²⁴ Locality certainly played an important part in the informal policing of sexuality in working-class neighbourhoods and communities. Up to the Second World War, working-class life was characterised by enclosed social worlds, in urban as well as rural areas. Writing about Leeds in the late 1920s, Richard Hoggart remembered the extreme familiarity of his neighbourhood and its inhabitants:

one knows practically everybody, with an intimacy of detail – that these people have a son who 'got on' or emigrated; that those have a daughter who went wrong or one who married away and is doing well; [...] that this young woman had her black child after the annual visit of the circus a few years ago [...].²⁵

There is even some evidence to suggest that local culture also operated on a deeper level to shape folk knowledge, particularly in relation to birth control and abortion. Historians have noted for instance regional differences in euphemisms for withdrawal: in the North Riding, people would “get off [the bus] at Loftus” (rather than continuing all the way to Middlesbrough), and in the East Riding they would “get off at Cottingham” (as opposed to Beverley).²⁶ But more importantly for the present study, locality shaped some of the broader power structures around sexuality. It is the contention of this study that local employment opportunities for women and girls in particular had a profound impact on gender relations and sexual mores, as well as on women's and girls' experience of and access to knowledge about their bodies. The regional focus of the present study is therefore not deployed with a view to argue that there existed a distinct Yorkshire

²³ Smith, “Working-Class Ideas and Experience of Sexuality”, p.62.

²⁴ Eilidh Garrett et. al., *Changing Family Size in England and Wales: Place, Class and Demography, 1891–1911* (Cambridge: Cambridge University Press, 2001); Simon Szreter, *Fertility, Class and Gender in Britain, 1860-1940* (Cambridge: Cambridge University Press, 1996); Simon Szreter, and Anne Hardy, “Urban Fertility and Mortality Patterns”, in Martin Daunton (ed.), *The Cambridge Urban History of Britain*, vol.3, 1840-1959 (Cambridge: Cambridge University Press, 2000), pp.629-72.

²⁵ Richard Hoggart, *The Uses of Literacy: Aspects of Working-Class Life, with Special Reference to Publications and Entertainments* (London: Chatto and Windus, 1957), p.53.

²⁶ Margaret Williamson, “‘Getting Off at Loftus’: Sex and the Working-Class Woman, 1920-1960”, *Family and Community History*, 3:1 (2000), 5-17 (p.13); John Peel, and Malcolm Potts, *Textbook of Contraceptive Practice* (Cambridge: Cambridge University Press, 1969), p. 49. Elizabeth Roberts also recorded a Lancashire version of this: “Getting off at South Shore” (rather than going all the way to Blackpool): Roberts, p. 95.

working-class sexual culture in this period, but rather to highlight the diversity of working-class women's experiences through this emphasis on employment patterns.

Health, medicine, and the working class

The present study's attention to the local context is further justified by the specificities of working-class health culture in this period. Before the welfare state, working-class health culture was essentially home- and neighbourhood-based. The majority of illnesses, births, deaths, and even interventions from medical professionals occurred within the home.²⁷ Working-class health management largely relied on values of self-help and mutual aid: support networks within the community were particularly important in times of serious illness, when a baby was born, or when someone died. These networks fulfilled the dual function of providing knowledge, nursing, and support from familiar figures, and of avoiding the stigmatising resort to charity. Integral to them was a traditional reliance on informal health authorities, usually women, whose knowledge and expertise were pluralistic and drew from diverse traditions and systems of knowledge, combining empirical and biomedical approaches, humoral theory, and superstition.²⁸ Within working-class health culture, women thus acted as both conduits of knowledge and caregivers, which tied in to contemporary gender roles and expectations of women as caring and nurturing figures: caregiving in their community was an extension of their domestic role.

Exploring the knowledge and health practices of working-class people and their encounters with medicine before the birth of the National Health Service (NHS) is notoriously challenging. In the broad field of histories of health and medicine, the working class features most prominently in histories of public health. Social historians of medicine have documented important changes in public health policy and services in the late nineteenth and early twentieth centuries, and have provided valuable insights into the complex relationships between medicine, the state, and the social body. Rejecting the interpretation of public health discourse and measures merely in terms of social control, scholarship has sought to explore the ways in which working-class people interacted with

²⁷ McCray Beier, *For Their Own Good*, p.10.

²⁸ *Ibid.*, p.9.

these services and provisions, and the extent to which they espoused, rejected, or reinterpreted the ideologies underpinning them.²⁹

Historians such as Tom Crook and Victoria Kelley have shed light for instance on the politics of cleanliness in the late nineteenth and early twentieth centuries, examining working-class people's own interests and aspirations at a time when cleanliness acted as a marker of class distinction and self-respect.³⁰ A number of studies have also looked specifically at the direct intervention of health professionals in working-class homes, workplaces, and neighbourhoods. Historians such as Tom Crook, Celia Davies, and Siân Pooley have examined the politics of practices such as health visiting, and sanitary and school inspection, and have painted a nuanced picture of these developments by focussing on debates surrounding best practice among public health agents, whilst acknowledging working-class families' agency.³¹ While these studies tend to focus on broad geographical areas, the local dimension of public health campaigns and provisions in this period has also led to more narrowly focussed research which has further illuminated some of the tensions surrounding the introduction of public health schemes. With regards to infant welfare and birth control clinics for instance, this more recent scholarship has examined the impact of a range of factors such as rates of female employment, maternal mortality, or existing voluntary services on the setting and subsequent use of such services, as well as on the motivations of municipal councils and voluntary workers.³²

Among the various forms of official intervention in working-class health in this period, the infant welfare movement has received considerable scholarly attention.

²⁹ See for instance Anna Davin, "Imperialism and Motherhood", *History Workshop*, 5 (1978), 9-65; Nadja Durbach, "Class, Gender and the Conscientious Objector to Vaccination, 1898-1907", *The Journal of British Studies*, 41 (2002), 58-83. See also Jacques Donzelot, *The Policing of Families* (Baltimore: Johns Hopkins University Press, 1997).

³⁰ Tom Crook, "'Schools for the Moral Training of the People': Public Baths, Liberalism and the Promotion of Cleanliness in Victorian Britain", *European Review of History*, 13:1 (2006), 21-47; Victoria Kelley, *Soap and Water: Cleanliness, Dirt and the Working Classes in Victorian and Edwardian Britain* (London: I.B. Tauris, 2010).

³¹ Tom Crook, "Sanitary Inspection and the Public Sphere in late Victorian and Edwardian Britain: a Case Study in Liberal Governance", *Social History*, 32:4 (2007), 369-393; Celia Davies, "The Health Visitor as Mother's Friend: a Woman's Place in Public Health, 1900-1914", *Social History of Medicine*, 1 (1988), 39-59; Siân Pooley, "'All We Parents Want is that Our Children's Health and Lives should be Regarded': Child Health and Parental Concern in England, c.1860-1910", *Social History of Medicine*, 23:3 (2010), 528-548.

³² Hilary Marland, "A Pioneer in Infant Welfare: The Huddersfield Scheme, 1903-1920", *Social History of Medicine*, 5 (1993), 25-50; Ruth Davidson, "'Dreams of Utopia': the Infant Welfare Movement in Interwar Croydon", *Women's History Review*, 23:2 (2014), 239-255; Tania McIntosh, "'An Abortionist City': Maternal Mortality, Abortion and Birth Control in Sheffield, 1920-1940", *Medical History*, 44 (2000), 75-96; Pamela Dale, and Kate Fisher, "Contrasting Municipal Responses to the Provision of Birth Control Services in Halifax and Exeter before 1948", *Social History of Medicine*, 23:3 (2010), 567-585.

Historians have written extensively on the introduction of maternalist policies in early-twentieth-century Britain and Europe, documenting the changing role of the state in this period, the rise of new health professionals, the activities and aims of welfare clinics, and how these shifts and provisions were perceived by the women they were intended for.³³ There is a historiographical consensus on the connection between these developments and anxieties over national health and fitness, and how these were exacerbated in times of war. Feminist historians such as Jane Lewis, Carol Dyhouse, and Anna Davin have also pointed at the problematic ideology of the infant welfare movement, which constructed working-class practices of infant care as defective, conveniently placing the blame for high infant mortality rates on the alleged ignorance and neglect of working-class mothers.³⁴

For all the insights they provide, histories of public health tend to be not so much about working-class individuals as about the working class, collapsed as a whole into a more or less monolithic ‘public’. Part of the reason for this is because such scholarship is primarily concerned with policy and draws predominantly on the sources left by influential individuals or groups. This approach not only tends to obscure important differences in terms of gender, location, or occupation, it also leaves little room for individual choices and agency. A similar issue can be observed in many histories of medicine which, despite a now well-established interest in history from below, still tend to focus on professional bodies and practices and institutional records.³⁵ While such studies provide valuable insights into shifting medical theories and practices, the development of scientific medicine, and changes in health care provision, they tend to emphasise the importance of these shifts and to obscure the experience of patients as well as lay knowledge and practices more generally.

³³ Jane Lewis, *The Politics of Motherhood: Child and Maternal Welfare in England, 1900-1939* (London: Croom Helm, 1980); Dwork, *War is Good for Babies*; Valerie Fildes, Lara Marks, and Hilary Marland (eds.), *Women and Children First: International Maternal and Infant Welfare, 1870-1945* (London: Routledge, 1992); Seth Koven, and Sonya Michel (eds.), *Mothers of a New World: Maternalist Politics and the Origins of Welfare States* (London: Routledge, 1993).

³⁴ Jane Lewis, “The Social History of Social Policy: Infant Welfare in Edwardian England”, *Journal of Social Policy*, 9 (1980), 463-86; Carol Dyhouse, “Working-Class Mothers and Infant Mortality in England, 1895-1914”, *Journal of Social History*, 12:2 (1978), 248-267; Davin, “Imperialism and Motherhood”.

³⁵ See for instance William Bynum, *The History of Medicine: a Very Short Introduction* (Oxford, 2008); Jean-Paul Gaudillière, *Inventer la Biomédecine: la France, l'Amérique et la Production des Savoirs du Vivant, 1945-1965* (Paris, 2002); Ornella Moscucci, *The Science of Woman: Gynaecology and Gender in England, 1800-1929* (Cambridge: Cambridge University Press, 1990).

However, there have been developments in the field since Roy Porter's call for a history of medicine from below that would move away from the focus on practitioners to explore patients' views as well as the role of families and communities as providers of care and conduits of knowledge.³⁶ The use of oral history methods has done much to fill this gap. There has been in recent years a growing body of oral histories focussing on specific working-class communities. Studies by Barbara Brookes, Lucinda McCray Beier, Francesca Moore, and Lara Marks have used oral history interviews to explore lay knowledge and practices, and shed light on the tensions between these traditional approaches to health care and the rise of biomedicine in this period.³⁷ All these studies highlight the complexity of working-class attitudes to medical authority, and show the continued centrality of (mainly female) informal networks of care and knowledge transmission. In *For Their Own Good*, Lucinda McCray Beier provides a thorough and compelling analysis of the transformation of working-class health culture in Lancashire between 1880 and 1970.³⁸ Based on the testimonies of 239 informants, her study examines traditional working-class health culture and working-class responses to the dramatic changes in medicine and health care services in this period. She documents the progressive displacement of health care away from the home and the community, and how this shift was accompanied by a profound transformation in attitudes and expectations, particularly among people born after 1930. This shift was neither quick nor linear though, and she demonstrates how local culture as well as the material and subjective dimensions of class shaped working-class women's responses to these developments.

This thesis seeks to build upon these insights by focussing more specifically on knowledge and practices surrounding female sexuality and reproductive health, including menstruation and menopause, which have enjoyed little attention from historians thus far. By drawing on a wide range of medical and lay sources including first person accounts,

³⁶ Roy Porter, "The Patient's View: Doing Medical History from Below", *Theory and Society*, 14 (1985), 175-198.

³⁷ Barbara Brookes, "Hygiene, Health, and Bodily Knowledge, 1880-1940: A New Zealand Case Study", *Journal of Family History*, 28:2 (2003), 297-313; Lucinda McCray Beier, "Expertise and Control: Childbearing in Three Twentieth-Century Working-Class Lancashire Communities", *Bulletin of the History of Medicine*, 78 (2004), 379-409; Francesca Moore, "'Go and see Nell!"; Lara V. Marks, "'They're Magicians': Midwives, Doctors and Hospitals. Women's Experiences of Childbirth in East London and Woolwich in the Interwar Years", *Oral History*, 23 (1995), 46-53.

³⁸ McCray Beier, *For Their Own Good*.

it also answers Beier's call for more histories of health and medicine that include both lay and professional sources and perspectives.³⁹

Women's health

The first four decades of the twentieth century were marked by important shifts in medical research and understandings of women's health and physiology. Historical research into women's health in this period has concentrated primarily on reproduction and maternity: there is, as we have seen, a large literature on maternal and infant welfare for instance, and much has also been written on the related topics of midwifery, obstetrics, and birth control.⁴⁰ In contrast, there is still little historical work on menstruation and menopause, despite the insights provided by a number of sociological and anthropological studies on the subject since the 1980s.⁴¹ Scholarship on menstruation and menopause sprung up at this time, particularly in the US, as feminist activists and academics sought to address contemporary issues surrounding women's health care by uncovering the politics of medicalisation of female physiological processes and the reproduction of oppressive power structures in medical practices. If these early studies tended to present a somewhat simplified narrative of women as passive victims of medicine, they nonetheless opened new avenues of academic research by highlighting some of the ways in which medical and cultural narratives about women's bodies and reproductive health shape each other, and in turn shape practices and social conventions.

Emily Martin's groundbreaking work on medical metaphors and the cultural ideologies they convey has been particularly influential and has stimulated further feminist critiques of scientific language and methods.⁴² By applying feminist discursive

³⁹ McCray Beier, *For Their Own Good*, p.3.

⁴⁰ See for instance Moscucci, *The Science of Woman*; Hilary Marland, and Anne Marie Rafferty (eds.), *Midwives, Society and Childbirth: Debates and Controversies in the Modern Period* (London: Routledge, 1997); Richard Allen Soloway, *Birth Control and the Population Question in England, 1877–1930* (Chapel Hill: University of North Carolina Press, 1982); Tania McIntosh, *A Social History of Maternity and Childbirth: Key Themes in Maternity Care* (London: Routledge, 2012).

⁴¹ See for instance Sophie Laws, *Issues of Blood: the Politics of Menstruation* (Basingstoke: Macmillan, 1990); Thomas Buckley, and Alma Gottlieb (eds.), *Blood Magic: the Anthropology of Menstruation* (Berkeley: University of California Press, 1988); Sandra Coney, *The Menopause Industry: a Guide to Medicine's 'Discovery' of the Mid-Life Woman*, 2nd edn. (London: Women's Press, 1995); Yewoubdar Beyene, *From Menarche to Menopause: Reproductive Lives of Peasant Women in Two Cultures* (Albany: State University of New York Press, 1989).

⁴² Emily Martin, *The Woman in the Body: a Cultural Analysis of Reproduction* (Boston: Beacon Press, 1992); and "The Woman in the Menopausal Body", in Paul Komesaroff, Philippa Rothfield, and Jeanne Daly (eds.), *Reinterpreting Menopause: Cultural and Philosophical Issues* (London: Routledge, 1997), pp.239-254.

analysis to biomedical texts she revealed the metaphorical negativity of scientific language in descriptions of female bodies and biological processes such as menstruation, ovulation, or menopause. Juxtaposing these images onto descriptions of male biological processes and broader medical metaphors for the human body in western medicine, she convincingly demonstrated that scientific discourse reflects contingent political and cultural imperatives which need to be unpicked. This approach was taken up by historian Julie-Marie Strange, whose work on menstruation has shown that changing medical paradigms of menstruation in the late nineteenth and early twentieth centuries reflected broader cultural definitions of femininity and womanhood as well as anxieties over women's changing role in society in this period.⁴³ Looking at the more recent past, sociological studies such as those by Susan Ferguson and Carla Parry in the US, and Johanna Esseveld and Sara Eldén in Sweden have examined the ways in which the construction of menopause as a disease in medical texts reflects sociocultural concerns about female ageing and fertility, and erases women's voices and experiences.⁴⁴

The highly interdisciplinary nature of existing research on menstruation and menopause in the humanities has produced a range of studies and methods which have illuminated other aspects of the social, cultural, and medical construction of menstruation and menopause.⁴⁵ For instance, comparative ethnographic studies on ageing and the menopause have challenged the universalising biomedical discourse on menopause by pointing at the diversity of both cultural understandings and physiological experiences of women of different cultures.⁴⁶ Scholars have also drawn attention to the importance of race and class in the pathologising of women's physiology and in women's attitudes to the transmission of non-medical knowledge on these issues respectively.⁴⁷ The complex

⁴³ Julie-Marie Strange, "Menstrual Fictions: Languages of Medicine and Menstruation, c.1850-1930", *Women's History Review*, 9 (2000), 607-628; and "'I Believe It to Be a Case Depending on Menstruation': Madness and Menstrual Taboo in British Medical Practice, c.1840-1930", in Andrew Shail, and Gillian Howie (eds.), *Menstruation: a Cultural History* (Basingstoke: Palgrave Macmillan, 2005), pp.102-116.

⁴⁴ Susan J. Ferguson, and Carla Parry, "Rewriting Menopause: Challenging the Medical Paradigm to Reflect Menopausal Women's Experiences", *Frontiers: A Journal of Women Studies*, 19:1 (1998), 20-41; Johanna Esseveld, and Sara Eldén, "Frånvarande kvinnliga subjekt-en analys av medicinska texter om klimateriet", *Tidskrift för genusvetenskap*, 2:3 (2002), 45-59.

⁴⁵ The rare edited collections and special issues of journals on either menstruation or menopause are markedly multidisciplinary. See for instance Shail and Howie (eds.), *Menstruation: a Cultural History*; Komesaroff et. al. (eds.), *Reinterpreting Menopause*; and the special issue of *Women's Studies*, 40:2 (2011): Representations of the Menstrual Cycle.

⁴⁶ Margaret Lock, *Encounters with Ageing: Mythologies of Menopause in Japan and North America* (Berkeley: University of California Press, 1993); Beyene, *From Menarche to Menopause*.

⁴⁷ Zahra Meghani, "Of Sex, Nationalities and Populations: The Construction of Menstruation as a Patho-Physiology", in Shail and Howie (eds.), *Menstruation: A Cultural History*, pp.130-45; Eve Agee,

history of research into sex hormones in the interwar years and the development of hormone replacement therapy (HRT) has also been examined from various perspectives. The works of Judith Houck, Nelly Oudshoorn, and Emily Banks have shed light in different ways on the historical, cultural, and scientific context which promoted these developments, and all argue for a more nuanced understanding of the medicalisation of menopause by drawing attention in particular to the convergence of interests between different professional groups.⁴⁸ Other scholars have worked on the development and commercialisation of sanitary products in the US, similarly highlighting the interests of various professional groups, and pointing in particular at the role of medical women in the promotion of ‘modern’ menstrual management. Studies by Sharra Vostral, Lara Freidenfelds, and Jane Farrell-Beck and Laura Klosterman Kidd have provided insights into the ambivalent ideals embodied by menstrual technology, which simultaneously promoted and facilitated female emancipation, whilst reinforcing negative attitudes towards menstrual bleeding and turning feminist ideals into commercial arguments.⁴⁹

Most studies of menstruation or menopause focus on the US, and on medical – and often male-authored – sources, although there are notable exceptions to this observation. My research follows studies by Julie-Marie Strange, Barbara Brookes, and Marie-Clare Balaam and Barbara Crowther, who have focused on female-led medical research and/or educational literature and advertisements in twentieth-century Britain.⁵⁰ These studies have shed light on the pioneering work of the Medical Women’s Federation

“Menopause and the Transmission of Women's Knowledge: African American and White Women's Perspectives”, *Medical Anthropology Quarterly*, 14:1 (2000), 73-95.

⁴⁸ Judith Houck, *Hot and Bothered: Women, Medicine and Menopause in Modern America* (Cambridge: Harvard University Press, 2006); Emily Banks, “From Dogs' Testicles to Mares' Urine: The Origins and Contemporary Use of Hormonal Therapy for the Menopause”, *Feminist Review*, 72 (2002), 2-25; Nelly Oudshoorn, *Beyond the Natural Body: an Archaeology of Sex Hormones* (London: Routledge, 1994).

⁴⁹ Sharra Vostral, “Masking Menstruation: the Emergence of Menstrual Hygiene Products in the United States”, in Shail and Howie (eds.), *Menstruation: a Cultural History*, pp.243-258; Sharra Vostral, *Under Wraps: A History of Menstrual Hygiene Technology* (Lanham: Lexington Books, 2008); Lara Freidenfelds, *The Modern Period: Menstruation in Twentieth-Century America* (Baltimore: John Hopkins University Press, 2009); Jane Farrell-Beck, and Laura Klosterman Kidd, “The Roles of Health Professionals in the Development and Dissemination of Women's Sanitary Products, 1880-1940”, *Journal of the History of Medicine and Allied Sciences*, 51 (1996), 325-352.

⁵⁰ Julie-Marie Strange, “In Full Possession of Her Powers: Researching and Rethinking Menopause in early Twentieth-century England and Scotland”, *Social History of Medicine*, 25:3 (2010), 685-700; Julie-Marie Strange, “The Assault on Ignorance: Teaching Menstrual Etiquette in England, c.1920s to 1960s”, *Social History of Medicine*, 14:2 (2001), 247-265; Marie-Clare Balaam, and Barbara Crowther, “Menopause Exposed: Women Surveying Women”, *Women’s History Magazine*, 62 (2010), 19-25; Barbara Brookes, “‘The Glands of Destiny’: Hygiene, Hormones and English Women Doctors in the First Half of the Twentieth Century”, *Canadian Bulletin of Medical History*, 23:1 (2006), 49–67.

(MWF), who conducted their own research on menstruation and menopause in the 1920s and 1930s in an attempt to debunk pathologizing models of female physiology, and to change both medical paradigms and social practices. By critically examining the work and publications of the MWF, these studies have explored the complex motivations of medical women, revealing areas of resistance as well as collusion with the process of medicalisation. Julie-Marie Strange in particular points at the problematic implications of the production of educational material on menstruation which undermined lay knowledge and traditional practices.⁵¹ The classed dimension of these tensions however remains underexplored.

Historical work on non-medical sources of information about women's reproductive health in this period is also still scarce, despite a rich literature on sex education and the genre of marriage manuals.⁵² Yet existing studies which have explored lay sources of advice – such as Adrian Bingham's work on the role of the press and problem columns in British sexual culture – make a strong case for the exploration of similar material on issues relating to women's health.⁵³ Hilary Marland, in her own work and that with Vicky Long, has sought to engage with a broader range of sources to examine discourses on female adolescent health in Britain in the late nineteenth and early twentieth centuries.⁵⁴ Using prescriptive literature for girls, girls' papers, and the records of various clubs and associations more or less directly concerned with girls' health, she was able to produce a more complex picture of these discourses and to show that dominant medical views of menstruation and puberty in negative terms were already contested in the late nineteenth century. This approach is useful insofar as it downplays the centrality of medical theories, and provides better insights as to what kind of knowledge and ideas ordinary girls and women were exposed to.

⁵¹ Strange, "The Assault on Ignorance", pp.261-262. For a discussion of the impact of class on mothers' willingness to accept medical advice on the management of menstruation in the US, see Joan Jacob Brumberg, "'Something Happens to Girls': Menarche and the Emergence of the Modern American Hygienic Imperative", *Journal of the History of Sexuality*, 4:1 (1993), 99-127.

⁵² See for instance Roy Porter, and Lesley Hall, *The Facts of Life: the Creation of Sexual Knowledge in Britain, 1650-1950* (New Haven: Yale University Press, 1995); Laura Doan, "Sex Education and the Great War Soldier"; Michelle Martin, and Claudia Nelson (eds.), *Sexual Pedagogies: Sex Education in Britain, Australia, and America, 1879-2000* (New York: Palgrave Macmillan, 2004); Hera Cook, *The Long Sexual Revolution*, chapters 7 and 8.

⁵³ Adrian Bingham, "Newspaper Problem Pages and British Sexual Culture since 1918", *Media History*, 18:1 (2011), 51-63.

⁵⁴ Hilary Marland, *Health and Girlhood in Britain, 1874-1920* (Basingstoke: Palgrave Macmillan, 2013); Vicky Long, and Hilary Marland, "From Danger and Motherhood to Health and Beauty: Health Advice for the Factory Girl in Early Twentieth-Century Britain", *Twentieth Century British History*, 20:4 (2009), 454-481.

Adopting a similar approach and combining medical and lay sources of information, this thesis aims to contribute to a better understanding of the tensions between these different discourses. It does so by focussing more specifically on the question of expertise and on the dynamics and staging of knowledge transmission in these sources.

Women's voices

An important question that arises when seeking to understand the experience of marginalised historical subjects is that of agency, which in the case of the present study ties in to broader questions about the creation of knowledge then and now. It is not difficult to understand why much of the scholarship examining medical and cultural discourses on the female body in this period has highlighted their oppressive nature. Many of these discourses and imperatives were produced, reproduced, and imposed by men on women's bodies and sexualities to justify and sustain a patriarchal social structure. While this is undeniably true and important, this narrative leaves little room for female agency, and especially that of working-class women who were disproportionately targeted by some of these discourses. One of the ways in which this thesis seeks to address this is by focussing predominately on women's voices, and, in the words of Hilary Marland, "to revisit women's health activism and feminist health politics as representing important historical moments in their own right".⁵⁵ By focussing on the intervention of both medical and working-class women, the idea is not to forcefully point at areas where negotiations were possible, but rather to focus on the complexities and tensions at the heart of these reconfigurations, and to search for agency where it may have been overlooked. In doing so, this thesis also interrogates what constitutes knowledge and expertise, and whose definition of these concepts prevail in the historical record.

To access the views and experiences of large numbers of both medical and working-class women, I have chosen to focus on two groups: the Medical Women's Federation, and the Women's Co-operative Guild (WCG), which will be briefly introduced here.

Medical women were conscious of their minority status and marginalised position in the profession, and of the consequences of this on medical research. In 1917, the MWF was founded, replacing the Association of Registered Medical Women, a small group

⁵⁵ Hilary Marland, "Women, Health, and Medicine", in Mark Jackson (ed.), *The Oxford Handbook of the History of Medicine* (Oxford: Oxford University Press, 2013), pp.484-502 (p.496).

which had been established in London in 1879. The purpose of the MWF was twofold: to secure the voice and interests of medical women through collective action, and to support medical research in areas which were of particular concern to them. By the mid-1920s, their membership was over 1,000 and included some of the most prominent medical women of the time. Their main areas of work were directly relevant to women's health, and included menstruation, menopause, maternal and infant mortality, pregnancy and childbirth, birth control, and sex education. For each of those issues, subcommittees were appointed to undertake research and produce educational material.⁵⁶

The WCG was officially created as an auxiliary body of the Co-operative Movement in 1883, and its first branch was established that year in Hebden Bridge, West Yorkshire. Originally consisting of about 50 members, by 1900 it had become not only the most important auxiliary body of the movement, but also the largest and most successful democratic organisation of English working-class women of the time, with 273 branches throughout the country, and over 12,000 members. Its membership peaked in 1933, with over 1,500 branches and 72,000 members. The bulk of the membership of the Guild were married women, most of them from the better-off section of the working class. In keeping with the values of the Co-operative movement, the Guild was committed to education and social justice, and aimed both to broaden its members' minds and to empower them to agitate for change on matters that affected them or others. Throughout the period 1900-1940, the WCG was involved in a myriad of campaigns relating to working-class welfare but also women's rights and health more specifically, most notably in relation to marriage and divorce reform, and maternal and infant welfare. Central to their activism was the idea that working-class women's voices needed to be heard by policy makers and the broader public.⁵⁷

Both groups are linked by their concern for women's rights, health, and welfare, their emphasis on education, and their commitment to challenging oppressive power structures in medicine or in society. While it is understood that these groups were not representative of all medical and working-class women respectively, their aims and the sources they have left make them particularly relevant for the present study.

⁵⁶ For a brief history of the MWF, see "Our History", Medical Women's Federation, <<http://www.medicalwomensfederation.org.uk/about-us/our-history>> [accessed 18 March 2018].

⁵⁷ For a history of the WCG, see Jean Gaffin, and David Thoms, *Caring and Sharing: the Centenary History of the Co-operative Women's Guild* (Manchester: Co-operative Union, 1983).

The following pages provide some further context and the framework for this study by discussing the specificities of Yorkshire working-class culture and identity, and the impact of employment patterns on gender relations in the period under study.

Yorkshire working-class culture and identity

In the early twentieth century, working-class northerners' culture was marked by a strong sense of independence, fuelled by a tradition of radical politics, protest movements, and defiance against centralised state control.⁵⁸ In this period, Yorkshireness was expressed through dialects, customs, character, and a form of insularity that survived the beginning of the nationalisation of culture and the media until at least the late 1940s.⁵⁹ Academic studies on northernness generally concur on the fact that the rapid industrialisation that took place in the nineteenth century profoundly shaped the landscape and demography of the north of England, and created a divide between the north and the south that was more than merely economic, as a distinct northern working-class culture and identity existed.⁶⁰ Class and regional identity simultaneously functioned as markers of difference and sameness. The construction of Yorkshire working-class identity was built on an opposition to what is other, and on just as strong a feeling of familiarity, belonging, and shared experience with one's kind.⁶¹

May Owen, who was born in 1896 in London and moved to a colliery village near Sheffield when she was ten, recalled her first impression of Yorkshire miners in stereotypical terms as "rough – hard working, hard drinkers and eaters, but the kindest people at heart".⁶² As early as the interwar years, the industrial north had become the epitome of the struggles of the working class in the popular imagination. This image was reinforced in part by contemporary social surveys which sought to draw attention to

⁵⁸ Smith, *Masculinity, Class and Same-Sex Desire*, pp.10-13.

⁵⁹ Jonathan Rose, *The Intellectual Life of the British Working Classes* (New Haven: Yale University Press, 2001), pp.345-346; Smith, *Masculinity, Class and Same-Sex Desire*, pp.11-12.

⁶⁰ Dave Russell, *Looking North: Northern England and the National Imagination* (Manchester: Manchester University Press, 2004); Neville Kirk (ed.), *Northern Identities: Historical Interpretations of 'the North' and 'Northernness'* (Aldershot: Ashgate, 2000); Helen M Jewell, *The North-South Divide: The Origins of Northern Consciousness in England* (Manchester: Manchester University Press, 1994).

⁶¹ Hoggart, pp.72-74.

⁶² May Owen, untitled autobiographical letter, Burnett Archive of Working-Class Autobiographies (Brunel University, London), 2:576, p.5.

unemployment and poverty, and which, as Jon Lawrence argues, reinforced stereotypes of the working class as “impoverished, male and overwhelmingly northern”.⁶³

This gendered element is particularly relevant to us here. Arguably, men and women often occupied separate spheres, and men’s resistance to female education, work, and involvement in politics and trade unions may have survived longer in some parts of the north than elsewhere in the country. In her 1904 history of the Guild for example, general secretary Margaret Llewelyn Davies commented on men’s resistance to women’s participation in the Co-operative movement in the north: “[i]n the South, the women were more easily and quickly accepted as fellow workers, and such an expression as ‘Let my wife be at home and wash my moleskin trousers’ would not have been heard at a Southern Conference”.⁶⁴ Yet the idea that the north was a man’s world is a problematic generalisation that obscures important local variations.

Besides, as Helen Smith remarked, the characteristics – real or imagined – of northern working-class culture and identity in this period have also tended to produce a rather bleak image of sexual conservatism and emotional restraint in the popular imagination.⁶⁵ Part of the contribution of the present study will be to provide a more nuanced picture of Yorkshire working-class sexual culture. The first-person narratives of Yorkshire working-class women analysed in this study suggest great variations in terms of gender relations and sexuality, ranging from very conservative, patriarchal attitudes, to far less rigidly policed sexual experimentation. It is argued that these variations were largely influenced by patterns of employment, which defined women’s socioeconomic position, and by extension shaped gender relations and local sexual mores. The economically diverse profile of Yorkshire in the first four decades of the twentieth century allows us to analyse this through a series of case studies in chapter 2.

As previously mentioned, several historians of gender and sexuality have emphasised the importance of occupational patterns in shaping gender relations and sexuality. In their work, Paul Atkinson and Helen Smith both argue for instance that the nature of men’s

⁶³ Jon Lawrence, “Class, ‘Affluence’ and the Study of Everyday Life in Britain, c. 1930–64”, *Cultural and Social History*, 10:2 (2013), 273-299 (p.277).

⁶⁴ Margaret Llewelyn Davies, *The Women’s Co-operative Guild, 1883-1904* (1904), cited in Gaffin and Thoms, p.6.

⁶⁵ Smith, *Masculinity, Class and Same-Sex Desire*, p.14. Such an assumption can be found for instance in a recent journal article by Hera Cook: Hera Cook, “Emotion, Bodies, Sexuality, and Sex Education in Edwardian England”, *The Historical Journal*, 55:2 (2012), pp.475-495 (p.477).

work in areas dominated by the mining or iron and steel industries shaped masculinity and gender relations in specific ways. Hard labour, manipulation of machinery, exposure to dirt, danger, and high health risks combined with long hours and, in the case of steelworkers, relatively high wages, fostered a culture of toughness and virility among the menfolk. Men found pride in such work, which consolidated their image as hardworking providers.⁶⁶ One key feature of this masculine culture was that it both relied on and fostered the systematic exclusion of women: these industries offered virtually no employment opportunities for women, and miners and steelworkers spent the majority of their time in all-male work and social circles.

Women's exclusion from the male spheres of work and leisure had an impact on attitudes towards household budget management and intrahousehold resource allocation. In his thesis, Paul Atkinson noted that, while women were traditionally in charge of managing the household budget, the proportion of wages retained by their husbands was generally higher in Middlesbrough than in Leeds or Bradford, where men were more likely to hand in their full wages before receiving spends. He explains that a man's decision to hand over a weekly fixed amount for housekeeping and keep anything beyond that did not necessarily mean that his wife received less money, but it lessened her status and put his leisure and property rights before the needs of the family.⁶⁷ The wives in over a third of the families visited in Florence Bell's 1907 study of Middlesbrough did not know how much their husbands earned. Sons too were more likely to retain a higher proportion of their wages, especially if those were irregular, as they could spend some on themselves before getting home, perhaps going for a drink after work as part of the local all-male bonding culture.⁶⁸

The rigid sexual division of labour in these communities also influenced marital relations insofar as it undermined communication between spouses. As Helen Smith noted, men did not see their spouses as companions with whom they could discuss ideas, preferring to debate those with their male friends and workmates.⁶⁹ Florence Bell's study revealed the extent of this lack of communication: "Many of them [the women] don't know when asked what the man's 'job' is at the works; some know what the actual name

⁶⁶ Atkinson, p.139; Smith, *Masculinity, Class and Same Sex Desire*, p.94.

⁶⁷ Atkinson, pp.141-143. For a further discussion of occupational differences in intrahousehold resource allocation, see Sarah Horell, and Deborah Oxley, "Crust or Crumb? Intrahousehold Resource Allocation and Male Breadwinning in Late Victorian Britain", *Economic History Review*, 52:3 (1999), 494-522.

⁶⁸ Todd, "Young Women, Work, and Leisure", p.802.

⁶⁹ Smith, *Masculinity, Class and Same Sex Desire*, p.100.

of his calling is but do not know what it implies".⁷⁰ Historians working on fertility have argued that this lack of communication may be one explanation for the higher fertility rates found in these communities. Among various factors explaining occupational variations in fertility, Simon Szreter discusses men's ability and willingness – or lack thereof – to communicate with their wives on matters such as birth control: those men who did heavy, dangerous work, and spent most of their time in an all-male environment were more likely to lack the tools to communicate with their spouses on this subject.⁷¹ In more recent work, Tania McIntosh and Paul Atkinson have argued that this could also explain the high abortion rates found in Sheffield and Middlesbrough in this period.⁷²

Yet if these characteristics conform to the stereotypical image of the industrial north, they are not representative of all of Yorkshire in this period, but specific to these communities. Yorkshire also comprised vast rural areas which relied primarily on agriculture, as well as mills and factory towns which created pockets of higher female employment in the West Riding. The 1931 census shows that the rate of female employment in West Yorkshire was closer to that of Lancashire than to that of the East and North Ridings taken together: of all women and girls aged fourteen and over, 35.4% were in paid employment in West Yorkshire in 1931, as opposed to 41.9% of those in Lancashire, and 27.5% in the East and North Ridings.⁷³

The prevalence of the textile industry in West Yorkshire provides an interesting contrast to the patriarchal organisation of life and work we have just described. The textile industry was characterised by a long tradition of high female employment rates, as well as smaller differentials between male and female wages.⁷⁴ Unusually, this female labour force also comprised married and older women, and married women's paid work outside the home was not regarded as an anomaly.⁷⁵ One of the most commented-upon consequences of this was the lower fertility rates in these areas. Numerous studies into working-class fertility have highlighted the link between high female employment rates and smaller family sizes, with textile workers emerging as a distinct group whose fertility

⁷⁰ Lady Florence Bell, *At the Works: a Study of a Manufacturing Town* [1907], 1st edn., with an introduction by Angela John (London: Virago, 1985), p.234.

⁷¹ Szreter, chapter 8, and pp.546–558.

⁷² Tania McIntosh, "'An Abortionist City'", pp.94-95); Atkinson, p.25.

⁷³ Miriam Glucksmann, *Women Assemble: Women Workers and the New Industries in Inter-War Britain* (London: Routledge, 1990), Table 3, p.44.

⁷⁴ Schwarzkopf, *Unpicking Gender*.

⁷⁵ Miriam Glucksmann, *Cottons and Casuals: the Gendered Organisation of Labour in Time and Space* (Abingdon: Routledge, 2012), pp.4-6; Szreter and Fisher, pp.24-25.

rate was among the lowest: as early as 1911, the national census revealed that while mining families exhibited the highest fertility, the fertility of textile workers was comparable to that of some sections of the professional class.⁷⁶ This phenomenon has been explained in terms of women's key position in the local economy and its impact on gender power relations in marriage.⁷⁷

These higher rates of female employment also fostered more communication and interaction between men and women, in part because many of them worked together. Gender relations in the mill and factory towns of West Yorkshire thus differed somewhat from the more markedly gender-segregated organisation of life, work, and leisure observed in areas with fewer employment opportunities for women. Paul Atkinson noted for instance how workplace socials and outings attended by both men and women in Leeds and Bradford fostered more companionate views of marriage than in Middlesbrough, and weakened the gender divide in the use of leisure time.⁷⁸

Yorkshire working-class culture and occupational patterns provided locally specific realms of possibilities for girls and women, influencing both their experience and their access to knowledge about their bodies and sexuality. It is clear from this brief overview that the experiences of Yorkshire working-class women varied enormously from one place to the next. 'Yorkshire working-class women' were in no sense a homogenous group with a consistent experience of their bodies, sexuality, and the social in this period. Yet by situating their stories within broader structures of power that are knowable, it is possible to simultaneously recognise the uniqueness of individual experience and to draw broader conclusions. The theoretical challenge that arises at this point is how to effectively integrate the categories of class, gender, and regionality in a viable framework that enables us to understand the experiences of historical actors whose lives were shaped by multiple and simultaneous processes of marginalisation. As regionality has already been discussed, a brief discussion of how class is apprehended in this study is provided here, followed by an explanation of the framework deployed in this study. It is argued

⁷⁶ Szreter, Figure 7.1, p.312.

⁷⁷ Hardy and Szreter, pp.657-664; Szreter, chapter 8; Eilidh Garrett et. al. *Changing Family Size in England and Wales: Place, Class and Demography, 1891-1911* (Cambridge: Cambridge University Press, 2001), pp.299-313.

⁷⁸ Atkinson, p.140.

that class, gender, and regionality formed *together* a specific space which these women inhabited.

Social historians have been criticised in the past for their approach to class based essentially on economic, occupational, and structural criteria. While it makes no doubt that such an approach has its merits, its focus on group categories notoriously tends to overlook the uniqueness of individual experience and the subjective components of class, and ultimately risks to uncritically perpetuate the dominant perception of subaltern groups.⁷⁹ Besides, focussing on structural explanations is problematic because it obscures other vectors of unequal relationships of power. Reflecting on the challenges of feminist scholarship on British working-class history, Andrew August argued that class is still a useful category of analysis, as long as we acknowledge that working-class people's lives and experiences were not shaped by their class alone.⁸⁰

In *A Woman's Place*, Elizabeth Roberts provides a definition of 'working class' which departs from the traditional quantitative approach to consider class in terms of lived category, without downplaying its material dimension:

Men and women believed themselves to be working class because they worked with their hands, were employees and not employers, and, in comparison with the latter, were poor and lacked material goods: even the better-paid workers had comparatively few consumer goods and little surplus income.⁸¹

This is a useful definition for the present study, and one that also influenced more recent studies of working-class life and culture in the late nineteenth and early twentieth centuries.⁸² As Selina Todd noted in her recent contribution to working-class history, class is more than a socioeconomic category, and it affects life well beyond the workplace. People knew they were working class not only because of their income, work, or where they lived: in the postwar period of relative affluence for instance, many who had seen their working and living conditions improve continued to identify as working class based on other, subjective factors, including their values, habits, and aspirations.⁸³

⁷⁹ Paula Fass, "Cultural History / Social History: Some Reflections on a Continuing Dialogue", *Journal of Social History*, 37:1 (2003), 39-46 (pp.39-40).

⁸⁰ Andrew August, *The British Working Class, 1832-1940* (Harlow: Longman, 2007), pp. 2-3.

⁸¹ Roberts, pp.3-4.

⁸² Recent examples include McCray Beier, *For Their Own Good*; Davies, *Leisure, Gender and Poverty*; Harrison, "Negotiating the Meanings of Space".

⁸³ Selina Todd, *The People: the Rise and Fall of the Working Class, 1910-2010* (London: John Murray, 2014).

These insights inform our approach to class in this study. The material and structural dimensions of class are of course fully considered in our analysis, but the social status of the women whose lives and experiences are investigated here has been defined primarily through *self-identification* rather than by means of quantitative data and subcategories indexed on incomes or skills. One consequence of this approach is the sheer heterogeneity of the group under study, whether it be in terms of employment, income, education, aspirations, housing, or family patterns.

Trying to encapsulate this diversity within a coherent narrative calls for an approach which does not presuppose that the category of class, gender, or regionality superseded the others as a nexus of power relations in the lives of these women, but rather recognises their interconnectedness. While this choice of epistemological line may seem evident given the group under study, it is worth highlighting its relevance by looking at how this interconnectedness is articulated in their own words. Bessie Wallis, who was born in 1904 in West Melton, South Yorkshire, provides in her autobiography an account of growing up in a mining village which sheds light on how class, gender, and region shaped her life and that of her community. She remembers for instance several episodes where men from Scotland, Ireland, and other parts of England came to the village to work in the mines, hinting at the insularity of Yorkshire culture: “It took a long time – and many rows – for us to get used to these outsiders and their ways which were not Yorkshire ways!”⁸⁴ There was more to these conflicts than regional customs, as these ‘foreigners’, as she regularly calls them, also spoke differently and lived in better houses:

We children hated these foreigners for their houses took the fields on which we played. In turn, the foreigners’ children had a pretty poor time at school. We mocked them and especially their brogue. [...] The new houses were, in most cases, semi-detached. Ours were terraced and the men from our homes had to bathe in a tin bath in front of the fire. Class reared its ugly head.⁸⁵

Bessie was acutely aware of the importance of class as she grew up, of the stigma attached to the mining community, and of the north/south divide, as suggested for instance by her comments on her better-off cousins: “Dick and Lucy were frightful snobs. They looked

⁸⁴ Bessie Wallis, *Yesterday*, unpublished autobiography, Burnett Archive of Working-Class Autobiographies (Brunel University, London), 2:794, p.g.

⁸⁵ Wallis, p.15.

down on me because I came from a mining district. It was always thus in the South of England I was to learn”.⁸⁶

In addition to this, she also expressed a sense of alienation linked to her gender: “I didn’t mind going out to work. It was just that girls were so very inferior to boys. They were the breadwinners and they came first. [...] Girls were nobodies. They could only go into domestic service”.⁸⁷ Bessie wanted to become a teacher, a position which would have elevated her social status. She won a County scholarship but was unable to continue her studies, her understanding being that her gender as well as poverty stood in the way of this dream: “It was the child’s bad luck if he were both clever – and poor. In any case, it was considered that educating girls made them act out of their station in life. It was back to square one and domestic service”.⁸⁸

The autobiographies left by these women all bear the mark of a more or less clearly articulated awareness of the ways in which their class, gender, and region formed together a specific realm of possibilities and a grid of intelligibility for both the self and the social, which justifies this approach if we are to understand their experiences.

Sources and methods

The very subject of the present investigation calls for the use of a wide range of primary source materials – competing, coexisting discourses that shaped or failed to shape knowledge and practices around the female life cycle, or that offer us glimpses into individual or collective experience. The choice of sources and the way they are approached in the present study stem from a careful consideration of their respective merits and limitations with regards to our line of enquiry, grounded in an awareness of the challenges posed by the unfixedity – and sometimes unspeakability – of our subject matter, and of the multiple power structures suffusing the lives of working-class women. Below is an overview of the sources used in this study, and of the methods applied for their selection and interpretation.

As previously mentioned, my analysis of shifting medical discourses on female physiology focuses on the work of the Medical Women’s Federation, held at the

⁸⁶ Wallis, p.19.

⁸⁷ Ibid., p.16.

⁸⁸ Ibid., p.17.

Wellcome library archive. All publications, educational material, and correspondences dealing with menstruation, sex education, pregnancy, maternal and infant mortality, and the menopause have been examined. To get a broader sense of the MWF's activities and interests, all issues of their journal from 1919 (the year of its creation) to 1940 have also been consulted. Additionally, and in order to contextualise and assess the significance of medical women's intervention in relation to menstruation and the menopause, a survey of medical discourses on these two topics throughout the period of study has been conducted using the two leading medical journals of the time – the *British Medical Journal (BMJ)*, and *The Lancet*. Both journals have been sampled using a ten-year interval for the years 1900, 1910, 1920, 1930, and 1940 and a keyword search was conducted using the following terms: “menstruation”, “menarche”, “sanitary towel”, “menopause”, and “climacteric”. The years 1923, 1926, 1928, 1933, and 1938 – which correspond either to important developments in scientific research of relevance to menstruation or menopause, or to the publication of key findings on these subjects by the MWF in *The Lancet* – have also been included in the sample.⁸⁹

During the course of my research, it became clear that the menopause would pose a distinct challenge. While most of the first-person accounts used included information about marriage, and some contained discussions of menstruation, courtship, sex, and pregnancy, the menopause was remarkable for its absence. Faced with this complete silence in the sources, it was decided to explore broader cultural understandings of ageing and the menopause to try and understand how Yorkshire working-class women may have experienced them. This has been done through an analysis of the local press throughout the period under study.⁹⁰ Although, as Adrian Bingham commented, newspapers can be problematic historical sources given the difficulty of determining what people read and what they made of it, they nonetheless played a part in shaping public opinions on matters

⁸⁹ 1923 corresponds to the isolation of the first ovarian hormone, oestrogen, by Drs Allen and Doisy. 1938 corresponds to the year synthetic oestrogen was first produced and used in clinical trials in England. These two dates have been included in the sample to explore the impact of these developments on medical understandings of the menopause in particular. The years 1926, 1928, and 1933 correspond respectively to the publication of Dr Letitia Fairfield's address on the health of professional women, Dr Alice Sanderson Clow's findings on the treatment of menstrual disturbances in young girls, and the Federation's report on a five-year investigation of the menopause. These dates have been included in the sample to see if the publication of these findings generated any debate or further investigations. The significance of these particular publications will be discussed in chapters 2 and 4.

⁹⁰ As Helen Smith argues, although the circulation of national daily newspapers overtook that of the local press in the 1920s, the local press remained an important part of northern working-class culture throughout the interwar years. Smith, *Masculinity, Class and Same-Sex Desire*, pp.12-13.

relating to gender and sexuality, which makes them a useful source for this particular part of my study.⁹¹

A systematic keyword search was conducted on all the Yorkshire daily and weekly newspapers digitised in the British Newspapers Archives from January 1st, 1900 to December 31st, 1940. The archive contains thirty-one different papers circulated in Yorkshire and the Humber in this period, all of which were included in the search so as to allow for a geographical coverage that would not privilege larger cities and towns. A first keyword search was conducted using the terms “menopause”, “climacteric”, “change of life”, and “critical years”. As a significant proportion of results were advertisements for remedies targeted at ageing women, the search was subsequently extended to look for coverage of new knowledge of hormones as well as representations of middle-aged women more broadly using the terms “hormones”, “oestrogen”, and “woman + middle age”. For the latter search, owing to the number of results, a five-year sample was applied starting in 1900.

In any project seeking to recover aspects of the lived experience of marginalised subjects, sources are always an issue. In the case of the present study, medical and other institutional discourses can shed light on changing ideas of female physiology or manifestations of biopower, but of the knowledge and experience of ordinary people, they tell us very little. Likewise, advice and educational literature often relied on bourgeois ideals articulated around notions of respectability and gender roles that did not necessarily match the experience of working-class women. Social surveys are also problematic sources for historians of the working class. While they can give us a picture of collective and sometimes individual experience, the very context of their production mean that are invariably tainted with class, gender, and sometimes even regional prejudice.⁹² However, one such investigation has been retained for the present study.

The only female-authored social investigation of a Yorkshire community during the period under study, Florence Bell’s *At the Works: a Study of a Manufacturing Town* (1907) somewhat stood apart from other studies.⁹³ Although it inscribed itself in the

⁹¹ Bingham, *Gender, Modernity, and the Popular Press*, pp.8-12.

⁹² On regional prejudice and the image of the industrial north in the national consciousness throughout this period, see Helen Smith, *Masculinity, Class and Same-Sex Desire*, pp.11-12.

⁹³ Key social surveys based in Yorkshire during the period under study include Seebohm Rowntree, *Poverty, a Study of Town Life* (1901) and *Poverty and Progress* (1936). Social surveys conducted by women in other areas of the country in this period include Maud Pember Reeves, *Round about a Pound a Week*

tradition of social investigation pioneered by Charles Booth and Seebohm Rowntree, Bell's approach was more qualitative than quantitative, and based on a smaller sample of families which were visited several times. In her own words, "I have tried to consider, not in general the lot of thousands, but in detail the lives of some of the individuals who compose those thousands".⁹⁴ Her methodology is not clearly explained, and her prime focus on class and poverty entail the same sort of limitations as other contemporary surveys, including a tendency to portray working-class women as passive victims of their circumstances. Nonetheless, this study provides interesting insights into working and housing conditions, as well as gender relations and working-class women's lives in Middlesbrough at the beginning of the century, which makes it a useful source for the present study if we bear in mind the inherent – and sometimes very obvious – biases embedded in the comments it makes. Indeed, although she did not express it in these terms, Bell was able to identify and explore some of the effects of the rigid sexual division of labour on women's experiences, commenting for instance on the lack of time and provisions for their leisure, unequal poverty within families, and early marriages and multiple pregnancies.

Woman's Outlook, the magazine of the Women's Co-operative Guild, has proved to be a surprisingly rich and exciting source for the present study. The magazine was printed by the Co-operative society from 1919 and sold at three halfpence throughout the period under study. Its chief target audience was working-class wives and mothers, who formed the bulk of the membership of the Guild. Designed to be at once informative, practical, and entertaining, the magazine offered a range of articles and features dealing with current domestic and international affairs, as well as tips for housewives and mothers, recipes and sewing patterns, articles on health and beauty, portraits and interviews of inspirational women, a dedicated page for children and one for young women. Together with its commitment to education, one feature of the magazine which makes it a particularly interesting source for the present study is its emphasis on working-class women's voices. Portraits and interviews of ordinary members were regularly published, and the magazine sought to help members become articulate as individuals and as a collective, providing for instance tips on speech writing and public speaking. Readers

(1913), Leonora Eyles, *The Woman in the Little House* (1922), and Marjorie Spring Rice, *Working-Class Wives: Their Health and Conditions* (1939).

⁹⁴ Bell, *At the Works*, p.xxxi.

were also regularly encouraged to interact with the magazine so that it may reflect their lives and interests. Every issue contained contributions from readers, whether that was recipes or home tips, correspondences, poems, or opinion pieces on topics ranging from vegetarianism to parliamentary representation.

It has not been possible to obtain circulation figures for the magazine, although it is fair to assume that its readership was probably never very large, its principal channels of distribution being Co-operative stores and Guild branches. However, its longevity and two increases in the frequency of publication during the period under study – from monthly to bi-monthly in 1924, to weekly in 1936 – suggest that its readership was broad enough to make it a viable publication. The collaborative dimension of this publication, together with its ongoing success despite a presumably relatively small readership also suggests that its content can be taken as fairly representative of guildswomen’s opinions, concerns, and aspirations. Additionally, while the magazine did not have an explicit regional focus, it nonetheless had a northern dimension. With a small staff based in Manchester and a limited budget, many of the interviews and journalistic investigations were conducted in the surrounding areas. The language used was also distinctively northern at times: for example, the children’s page was entitled “For the bairns”, and a short piece in Lancashire or Yorkshire dialect was sometimes included. Because of its unique characteristics, the wealth of useful material it contained, and the surprising lack of scholarly attention it has hitherto received, every issue of the magazine has been examined from its first publication through to December 1940.⁹⁵

Given this study’s focus on the Women’s Co-operative Guild, an obvious source of first-person testimonies has been the letters from working-class women compiled and published by the Guild in *Working Women and Divorce* (1911), *Maternity: Letters from Working Mothers* (1915), and *Life as We Have Known It* (1931). Whether they were produced to press for legislative change as part of the Guild’s broader political campaigns (*Divorce, Maternity*), or as a record of individual life stories (*Life as We Have Known It*), these publications constitute a unique effort to record and preserve working-class

⁹⁵ To the best of our knowledge, only two academic publications have dealt with the magazine in any depth to date: Rachel Richie, “‘Beauty Isn’t all a Matter of Looking Glamorous’: Attitudes to Glamour and Beauty in 1950s Women’s Magazines”, *Women’s History Review*, 23:5 (2014), 723-743; and Natalie Bradbury, “*Woman’s Outlook* 1919-1939: an Educational Space for Co-operative Women”, in Catherine Clay et. al. (eds.), *Women’s Periodicals and Print Culture in Britain, 1918-1939* (Edinburgh: Edinburgh University Press, 2018).

women's lives and experiences on such a scale in this period. They reflect in explicit terms Guild officials' deep-rooted belief that the voices of these women mattered and needed to be heard. The *Maternity* collection receives particular attention here due to its direct relevance to one of the key topics under study. The context of its production, and the implications of this for the present study will be discussed in chapter 3.

The value of oral history, particularly for the study of marginalised groups, has now long been recognised by scholars. Oral history provides invaluable insights into the experiences and perspectives of ordinary people, and has been successfully deployed in women's history, local history, and histories of sexuality and the working class.⁹⁶ No interview has been conducted for the present study, although it draws on these published histories, which inform and enrich our analysis by providing additional context and points of comparison to interpret our material. Debates surrounding the practice and use of oral history have been comprehensively explored by a number of scholars. Feminist scholarship in particular has highlighted the ethical challenges posed by oral history interviews in women's history, asking important questions about the dynamics and power imbalance involved in the interview process and creation of the historical source, the structural implications of multiple forms of oppression and the risk of overlooking them in practice, and the ethical and theoretical challenges involved in the interpretation of material thus produced.⁹⁷ The value of oral history interviews as historical sources, and considerations about their 'objectivity' no longer seem to worry the profession the way it used to.⁹⁸ It is understood that these testimonies do not constitute a somehow truer or unadulterated version of the past coming to us directly from the people who experienced

⁹⁶ Of particular relevance to the present study are Roberts, *A Woman's Place*; Steve Humphries, *A Secret World of Sex. Forbidden Fruit: The British Experience, 1900-1950* (London: Sidgwick & Jackson, 1988); Maureen Sutton, *"We Didn't Know Aught" a Study of Sexuality, Superstition and Death in Women's Lives in Lincolnshire during the 1930s, '40s, and '50s* (Stamford: Watkins, 1992); Szreter and Fisher, *Sex Before the Sexual Revolution*; McCray Beier, *For Their Own Good*; York Oral History Project, *York Memories at Home: personal accounts of domestic life in York, 1900-1960* (York: York Castle Museum and York Oral History Project, 1988); Suzanne Neild, and Rosalind Pearson, *Women Like Us* (London: The Women's Press, 1992).

⁹⁷ Joanna Bornat, and Hannah Diamond, "Women's History and Oral History: Developments and Debates", *Women's History Review*, 16:1 (2007), 19-39; Joan Sangster, "Telling Our Stories: Feminist Debates and the Use of Oral History", *Women's History Review*, 3:1 (1994), 5-28. Several anthologies and collections of essays have been published, which explore the theory, methods, and use of oral history. See especially Sherna Gluck, and Daphne Patai (eds.), *Women's Words: the Feminist Practice of Oral History* (London: Routledge, 1991); and Robert Perks, and Alistair Thompson (eds.), *The Oral History Reader*, 3rd edn. (Abingdon: Routledge, 2016).

⁹⁸ William Lang, and Laurie Mercier, "Getting It Down Right: Oral History's Reliability in Local History Research", *The Oral History Review*, 12 (1984), 81-99, (p.83).

it.⁹⁹ Oral historians have to contend with issues relating to memory and distortion, as well as contradictions and silences. The way the past is remembered, recorded, in what context and for what purpose are all important factors to take into account when interpreting such material.

This point leads us to another key type of source for this study: autobiographies. Autobiographies may not seem like the most intuitive choice of sources for a study of working-class women. Indeed, the writing of memoirs and autobiographies is a highly classed and gendered practice, and working-class women typically have left few such sources.¹⁰⁰ This dearth of material has largely detracted historians from them, and an important contribution made by the present study is therefore its reliance on these overlooked autobiographies. Finding such material has been a challenge. One published autobiography has been found, and all the others were taken from the Burnett Archive of Working-Class Autobiographies held at Brunel University, London. An initial search of this collection was conducted for autobiographies written by women born between 1870 and 1930 who had lived in Yorkshire all or most of their lives. Despite these broad criteria and the inclusion of material that had not been catalogued, this search only returned six results, and it was therefore decided to extend the selection in two ways. Firstly, three more autobiographies have been included on the grounds that their authors came from neighbouring counties, and two of them lived in Yorkshire for some time. Secondly, two autobiographies by men who had spent their entire lives in Yorkshire were included in the selection: one of them because of its focus on the Yorkshire Dales, an area otherwise underrepresented in my sources, and the other because the author's wife's autobiography was part of my initial sample, providing me with the rare opportunity to examine the written life stories of a working-class married couple. Altogether, twelve autobiographies have thus been used in the present study. A brief biographical note for each author is given in appendix.

Scarce as they may be, it is fundamental to explore these sources to preserve them and the individual stories they contain from historical erasure. This concern was at the heart of the creation of this archive. When John Burnett and his colleagues issued calls

⁹⁹ Sangster, p.7.

¹⁰⁰ Regenia Gagnier, *Subjectivities: a History of Self-Representation in Britain, 1832-1920* (Oxford: Oxford University Press, 1991); Felicity Nussbaum, *The Autobiographical Subject: Gender and Ideology in Eighteenth-Century England* (Baltimore: Johns Hopkins University Press, 1989).

for working-class autobiographies in the 1970s and 1980s, they received existing ones but also prompted the writing of new ones. This was the case of May Owen (b.1896), who had not previously written her life story, and who responded with an autobiographical letter which opens as follows: “Dear Sir, I heard on my little wireless that you still needed letters about ‘old times’. Well, I am nearly 80, and I have an excellent memory, and have seen many things in my life which may be of use”.¹⁰¹ After telling her life story however, she ends her letter with an apologetic post scriptum: “PS: You need not acknowledge this. Destroy it. I am sure you will be bored”.¹⁰² This particular example poignantly underlines some of the tensions at the heart of the creation and subsequent preservation (or destruction) of such material – tensions to do with subjectivity, and gendered and classed ideas about who and what is important and worth being remembered.

The exploration of such material needs to be done through the lens of class as well as gender, for these categories shaped in profound ways not only life experiences and the way they are remembered, but also the very way they are told and recorded. As Regenia Gagnier observed, working-class autobiographies tend to be fraught with understatements, apologies and disclaimers regarding the supposedly ordinary and unremarkable nature of the lives of their authors, or their poor literary value.¹⁰³ Scholars have also noted that gender can shape people’s perception of time and the way they remember historical events, and that women are more prone to “understatements, avoidance of the first person point of view, rare mention of personal accomplishments and disguised statements of personal power”.¹⁰⁴ The autobiographies analysed in this study make no exception.

As historical sources, autobiographies raise many similar challenges to oral history interviews. Written many years after most of the events they record, they are unavoidably informed by their authors’ outlook on a period of great social and cultural change, and in this respect can tell us as much about the past as about the time in which they were written. While it may in places produce nostalgic narratives or narratives of progress, this dialogical dimension between the past and the time of writing is often in

¹⁰¹ Owen, p.1.

¹⁰² Ibid., p.10.

¹⁰³ Gagnier, p.13.

¹⁰⁴ Gwendolyn Etter-Lewis, “Black Women’s Life Stories: Reclaiming Self in Narrative Texts”, in Gluck and Patai (eds), *Women’s Words*, pp. 43-58 (p.48). See also Estelle Jelinek, *The Tradition of Women’s Autobiography: From Antiquity to the Present* (Boston: Twayne, 1986).

itself illuminating. This is particularly true – as Simon Szreter and Kate Fisher have noted – in relation to sensitive and intimate matters.¹⁰⁵

Retrospective reconstructions are never unmediated accounts of a perfectly remembered past, and both memory and language form part of active processes that create meaning. In this respect, both what is said and what is left unsaid reflect cultural imperatives. In telling their stories, these women were trying to reconcile the realities of day to day life with more abstract concepts surrounding definitions of femininity, respectability, and subjectivity. Interesting common tropes emerge, including claims to sexual ignorance and unsentimental accounts of courtship, which will be discussed in chapter 2. In other places, conspicuous silences or bold and proud statements allow us to see when individual women questioned or challenged conventional attitudes and expectations. Therefore, if we remember to consider the constraints of a particular genre, as well as the purpose and intended audience of these narratives, discursive analysis can be fruitfully applied to unpick experience interwoven with past and present cultural scripts.¹⁰⁶

The autobiographies analysed in this study are traces of the lives and experiences of few individuals, and as such are not representative of the entire group under study. Moreover, the genre itself of these sources, as well as the sensitive nature of some of the topics under consideration mean that the information we seek is often fragmentary, disguised, or altogether absent. With the material at hand, two key questions emerge: how to draw conclusions about the experiences of Yorkshire working-class women from these sources when they are so few and elliptical, and how to make sense of the variety of the experiences they describe within a coherent narrative that retains an explanatory and analytical unity? The answer lies in a firm grounding of these narratives in a broader social and cultural context, engaging with local, gender, and working-class history. After all, these individual accounts reflect culturally contingent ideals and expectations surrounding for example gender roles, sexuality, or family life, all of which were embedded in the broader power structures that are capitalism and patriarchy.¹⁰⁷

¹⁰⁵ Szreter and Fisher, pp.11-14.

¹⁰⁶ Meyer, pp.10-11. See also Michael Roper, “The Unconscious Work of History”, *Cultural and Social History*, 11:2 (2014), 169-193.

¹⁰⁷ Sangster, p.23.

Summary

Chapter 1 focuses on the medical and cultural imperatives surrounding menstruation and menstrual management. It considers working-class girls' material, cultural, and corporeal experience of menstruation, as well as the convergence between medical women and the pharmaceutical industry in the promotion of modern habits of menstrual management and of a more positive menstrual narrative. It explores how the promotion of education on menstrual health raised tensions regarding knowledge and its acceptability, and more specifically who should teach menstrual hygiene to the adolescent girl, and what should or should not be taught.

This discussion links to the question of sex education, and sexuality more broadly, which will be the subject of chapter 2. Chapter 2 is concerned with both sexual knowledge and behaviour, with an emphasis on the processes of knowledge-acquisition and of negotiations of changing ideals of femininity and respectability, as well as intergenerational tensions surrounding these issues. Through a series of case studies, it also provides a more nuanced picture of working-class sexuality in this period by exploring the impact of occupational patterns on gender relations and young women's opportunities for courtship and access to sexual knowledge.

Chapter 3 focusses on pregnancy and childbirth, with an emphasis on the relationship between working-class mothers and the state. It examines the conditions in which working-class women had to manage their pregnancies before the First World War, as well as the mismatch between the work of the infant welfare movement and the real needs of working-class mothers. By focussing on the Women's Co-operative Guild's maternity campaign, it foregrounds working-class women's knowledge and agency, as they used their own experiences as a form of knowledge to agitate for change.

Chapter 4 considers shifting medical and cultural definitions of menopause and middle age in the context of an emerging cult of youth and a growing interest in science as the driving force of modernity. Shifting concerns, from health to youthfulness, as well as competing claims to expertise in both medical and lay sources highlight the ambivalence of both medical and cultural understandings of menopause and ageing at the time. These definitions are then put in context with an analysis of the ways in which class influenced working-class women's experiences of ageing, and offered opportunities for resistance to oppressive definitions.

CHAPTER 1: MENSTRUATION

Discourses on menstruation are always inextricably tied to contemporary ideals of femininity and womanhood, simultaneously reflecting and creating a dominant understanding of what femininity is, or ought to be.¹ Menstruation therefore constitutes a key site of political (re)articulations and intervention, insofar as medical and lay knowledge on menstruation translate into practices that determine both women's place in society, and their relationship with and understanding of their own bodies. As a visible and sudden event signifying important biological changes in the female body, the onset of menstruation, or menarche, also marks a cultural and personal milestone in a woman's life cycle. The first period simultaneously marks the body as female, and signifies the beginning of the reproductive years. At the beginning of the twentieth century, before the development of a clear medical understanding of the mechanisms and role of menstruation, and at a time when women's social function and gender identity relied heavily on reproduction, the two were inextricably linked.

Because of its relation to fertility, menarche was then seen as a critical epoch in the female life cycle, one upon which the girl's future health and reproductive life were thought to depend. As Joan Jacob Brumberg pointed out, although the first period is only one of the various biological and physical changes experienced by adolescent girls during puberty, it has been given much greater significance in western culture, where it has been constructed as a girl's entry into womanhood.²

Yet the experience of menarche and menstruation is in no sense universal. For example, if menarche can be understood as a rite of passage, the significance of this threshold needs to be assessed through the prism of class. In the first half of the twentieth century, menstruation was a very classed experience, from a cultural as well as material point of view. The knowledge, practices, and material conditions that shaped working-class girls' experiences of menstruation set them apart from their middle-class counterparts and to some extent conferred a different meaning to their first period. Working-class livelihood meant that there was little discontinuity between the

¹ Strange, "Menstrual Fictions", p.608.

² Brumberg, p.100.

experiences of mothers and daughters at the beginning of the century: girls were expected to help around the house and mind their younger siblings from an early age, thus already assuming their future role as mothers and housekeepers.³ In her 1907 study of Middlesbrough, Florence Bell noted how working-class girls in their early teens have “a large share of the household work and responsibility thrust upon [them], at an age when well-to-do children are hardly allowed to think for themselves”.⁴

Besides, for many of these girls, puberty coincided with the start of employment. Contributing to the family income and deriving a sense of identity from their affiliation to a certain trade would already have signified these girls’ passage into adulthood, even more so as entering employment entailed official forms of validation through social interactions which menarche did not. Young girls were usually socialized into work by their relatives, and the initiation rituals that sometimes took place when they started work served among other things as a collective acknowledgement of their status and belonging.⁵ In many respects therefore, working-class girls were to some extent likely to already be considered – or to consider themselves – as adults by the time they started menstruating, particularly in areas of high female employment such as the West Riding. Maggie Newbery (b.1901) remembered the way she felt the day she started working at the mill in Bradford: “This was it! Today I started work; soon I would be bringing a wage home, and all my mother’s troubles would be over. I was twelve and grown up”.⁶

The corporeal experience of menstruation would similarly vary by class, and arguably the period 1900-1940 widened the gap between working-class women and their better-off sisters. The first half of the twentieth century was indeed marked by a profound transformation of knowledge and practices with regards to menstruation and menstrual hygiene. Concerns over hygiene, national fitness, and industrial efficiency, combined with the rise of a modern consumer society after the First World War led to the development of manufactured sanitary products, which were to change habits of menstrual management across the social spectrum in the long run. Carried by the rise of the female health professional as an expert on menstrual hygiene, and in tune with the

³ Ross McKibbin, *Classes and Cultures: England 1918-1951* (Oxford: Oxford University Press, 1998), p.173.

⁴ Bell, *At the Works*, p.219.

⁵ For a discussion of the links between the workplace and the family see for instance Todd, *Young Women, Work, and Family*, p.150; and Schwartzkopf, *Unpicking gender*, pp.72-73.

⁶ Maggie Newbery, *Picking Up Threads: Reminiscences of a Bradford Mill Girl*, 2nd edn., (Bradford: Bradford Arts, Museums and Libraries Service, 1993), p.45.

aspirations of middle-class feminists, a new menstrual narrative emerged from the 1920s. Though undeniably more positive than the pathological model of menstruation it sought to replace, this new narrative was also to some extent at odds with the cultural practices, material conditions, and aspirations of working-class women.

This chapter explores popular and medical understandings of and attitudes to menstruation in the first four decades of the twentieth century. It analyses the various medical and cultural imperatives surrounding menstruation at the time, to explore the politics of menstrual management, and the discursive tensions generated by the emergence of a new menstrual narrative in the 1920s. By looking at the various reconfigurations of knowledge on menstruation and at the changing patterns of knowledge-transmission that emerged at that time, this chapter explores these points of friction and contested authority through the prism of class and gender.

This chapter is divided into four sections. The first section provides a brief overview of medical discourses on menstruation in the late nineteenth and early twentieth centuries. It analyses in particular the way menstruation was used in medical discourse and research to create a narrative of inherent female instability which translated into social inequalities, and how female medical professionals sought to challenge both from the 1920s onwards. The second section looks more specifically at the experiences of menstruation from the standpoint of working-class women and girls, by discussing their cultural practices, anxieties, and material conditions. The third section is concerned with the blurring of boundaries between the private and the public in terms of hygiene and focusses in particular on the development of manufactured sanitary towels as part of a broader attempt to rationalise hygiene for the sake of national fitness and efficiency. The fourth and final section analyses more specifically some of the tensions that surrounded the teaching of menstrual hygiene and the convergence of female health professionals and pharmaceutical industries to create a modern, rational way of menstruating from the 1920s. It explores the tensions surrounding expertise and authority, as well as between different kinds of knowledges: the clash between scientific and lay knowledge, classed cultural practices, and anxieties over the appropriateness of teaching menstrual hygiene to young girls.

I. Defining Menstruation, Defining Woman

1.1. Instability and control

In the early twentieth century, menstruation was essentially understood in pathological terms in medical discourse, and in this context menarche constituted a threshold that propelled a girl into a life of physical and mental instability. Underpinning negative understandings of menarche and menstruation was the equation of women's cyclical physiology with notions of imbalance and instability. In his extensive 1894 study on sexual differentiation, *Man and Woman*, sexologist Havelock Ellis dedicated a chapter to the periodicity of female physiology and observed that “[w]hile a man may be said, at all events relatively, to live on a plane, a woman always lives on the upward or downward slope of a curve”.⁷ This reading of women's cyclical physiology was sustained in part by surviving aspects of the Victorian model of female physiology, which posited that a woman's health depended on her nervous system and on the preservation of a fixed level of energy.⁸ According to this model, any undue excitement of a component of the nervous system was thought to impede the other functions: excessive intellectual stimulation for instance would damage a woman's reproductive system and render her sterile or manly, while excessive stimulation of the reproductive system through inappropriate readings or behaviour would divert the energy away from the brain into the reproductive organs and thus lead to hysteria.⁹ Menarche and menstruation therefore represented a sexual crisis carrying an increased risk of instability: while the female body was thought to be inherently unstable, menstruation – along with pregnancy, childbirth, and the menopause – was supposedly accompanied by weakened self-control.¹⁰

At the time, the conception of men as stable and women as unstable was enshrined in medical discourse by the idea that men's emissions were healthy and contributed to sustaining vitality, whereas menstrual blood and physiological processes of the female body were thought to drain the system and were described in negative terms.¹¹ Within such a model, menstruation was seen as a hindrance to women's capacities, excluding the

⁷ Havelock Ellis, *Man and Woman: a Study of Human Secondary Sexual Characters* (London: Walter Scott, 1894), p.248.

⁸ Elaine Showalter, *The Female Malady: Women, Madness and English Culture, 1830-1980* (London: Virago, 1987), pp.124-125.

⁹ *Ibid.*, pp.124-125.

¹⁰ Strange, “I Believe It to Be a Case Depending on Menstruation”, pp.102-116, pp.104-105; Showalter, p.55.

¹¹ Strange, “I Believe It to Be a Case Depending on Menstruation”, p.105.

possibility of gender equality, and it constituted a convenient hook for any undesirable traits and attitudes in women.¹² Medical paradigms of menstruation in the late nineteenth and early twentieth century therefore served the dual purpose of policing women's behaviour according to a set of gender ideals, and of constructing a narrative of female biological inferiority, chronic debility, and general instability.¹³

This understanding of the periodicity of female physiology in terms of instability also perpetuated the long-lived association between menstruation and madness or mental instability. At the 1900 annual meeting of the British Gynaecological Society, the president, Dr Macnaughton-Jones, gave a valedictorian address on the correlation between menstruation, insanity, and crime. One of his conclusions was that "in the investigation of criminal acts committed by women, either during the menopause or while the menstrual function is either active or suppressed, due weight should be given to the influence exerted by its irregularity or abeyance on the mind of the woman".¹⁴ Although the direct correlation between menstruation and madness had wavered in the late nineteenth century thanks to increasingly complex theories on the relationships between the mind and the body, the continued belief in women's inherent instability meant that the aetiology of female mental health disorders was still largely located within the body:

Where in an insane person, ovulation and its external manifestation, the menstrual discharge, are erratic or absent, the erraticism or absence may be a consequence of the general and insane condition, and not a causal factor in its production; but under any circumstances such abnormal menstruation appears to have an aggravating effect on the insanity.¹⁵

As we can see, if the idea that menstruation itself was the cause of nervous disorders was progressively abandoned, the association between the two was maintained: by understanding instead nervous disorders as the cause of menstrual disorders, the emphasis was merely shifted.¹⁶ Besides, and conversely, the understanding of mental health disorders in terms of loss or absence of control cast them as antagonistic to contemporary

¹² Strange, "I Believe It to Be a Case Depending on Menstruation", p.109.

¹³ Strange, "Menstrual Fictions", p.607.

¹⁴ Report on the annual meeting of the British Gynaecological Society, *BMJ*, 20 January 1900, p.146.

¹⁵ H. Macnaughton-Jones, "A Discussion of the Correlation between Sexual Function, Insanity, and Crime", *BMJ*, 22 September 1900, p.781.

¹⁶ Andrew Shail, "'A Rag and a Bone and a Hank of Hair': The Menstrual Background of 'the Vampire'", in Shail and Howie (eds.), *Menstruation: a Cultural History*, pp.225-242, (p.231).

understandings of (middle-class) masculinity, and meant that they were essentially cast as diseases of women, of the elderly, and of the degenerated working classes.¹⁷

The periodic nature of menstruation, and its association with the negative notions of imbalance, instability, insanity, and disease, called for control not only over the menstrual flow, but over the menstruating woman. At the core of both medical and lay attitudes towards the menstruating body was an underlying desire for regularity – regularity being understood both in relation to the menstrual flow and to a woman’s behaviour and health. In her analysis of the relationships between menstruation and mental health in medical discourse in the late nineteenth century, Julie-Marie Strange argued that the link between madness and menstruation led some physicians to see the role of the gynaecologist as that of a saviour in charge of managing both menstruation and the menstruating woman to prevent her from drifting into a pathological mental state. Until the late nineteenth century, forcible routine gynaecological examinations were carried out on female patients in asylums, and the case notes on these women contain a wealth of detail on the frequency and quality of their menstrual bleeding measured against an abstract universal ideal.¹⁸

The practice of recording a woman’s menstrual history and regularity regardless of the condition being examined was carried on well into the twentieth century: a significant proportion of results returned from a keyword search for “menstruation” in *The Lancet* and the *BMJ* for the period 1900-1940 consists in passing notes on a patient’s menstrual history, the conditions under scrutiny being as varied as epilepsy, cancer, diabetes, arthritis, ulcers, haemorrhage, or migraine. Invariably, the quantity and regularity of the menstrual flow were measured and evaluated, often in negative terms. The number of articles dealing with menstrual irregularities, as well as the recommended treatments for these – from invasive surgical operations to x-rays and hormonal treatments – testify to this medical obsession with regularity.¹⁹ According to Emily Martin, the construction of menstrual regularity as desirable and the deployment of

¹⁷ Julie M. Powell, “Shock Troupe: Medical Film and the Performance of ‘Shell Shock’ for the British Nation at War”, *Social History of Medicine*, (2016), 1-23, (p.6).

¹⁸ Strange, “I Believe It to Be a Case Depending on Menstruation”, pp.106, 110.

¹⁹ See for instance: Report of the Edinburgh Obstetrical Society: a discussion on the treatment of dysmenorrhoea, *The Lancet*, 28 July 1900, pp.258-260; and Wilfred Shaw, “Treatment of Menstrual Irregularities”, *BMJ*, 27 May 1933, pp.907-911.

various treatments and strategies to achieve it were symptomatic of an understanding of the body as a factory that came to prevail in the early twentieth century.²⁰

Negative understandings of menstruation were also rooted in the long-lived association of Woman with Nature, an association which had a direct impact on the research methods and frameworks deployed to investigate this phenomenon. Much research into menstruation around the turn of the century for instance relied on cross-species juxtapositions based on evolutionary links, whereby female monkeys were thought to be representative of female humans.²¹ Although this approach could to some extent certainly be explained in practical terms – it was much easier and far less controversial to conduct experiments on animals – the underlying assumption still remained that women were somehow at a lower stage of evolution. Before the relationship between menstruation and ovulation in human females had been understood, the parallels drawn between female mammals and humans produced a definition of menstruation as akin to oestrus – the period of heat and fertility – in animals, a parallel which clearly indicates that scientists considered reproduction to be the sole or at least prime purpose of the female physiological cycle.²²

Interestingly, this continued reading of the female body as closer to Nature and designed for reproduction would also conveniently provide a wholesome and non-threatening narrative of menstruation for educational purposes in the early twentieth century. Growing concerns about hygiene, race degeneration, and national fitness produced an increased focus on both cleanliness and reproduction in public health discourse, which were reflected in early efforts to educate middle-class adolescent girls and their mothers about female physiology and menstruation. In this context, analogies with nature were convenient because they could simultaneously convey accessible information about the periodicity of female physiology without necessarily naming the organs involved, while firmly tying these processes to reproduction. Thus, the imagery of flowers blooming in spring for example could be used with girls approaching or going through puberty to explain the changes they would go through, and why these were

²⁰ Martin, “The Woman in the Menopausal Body”, pp.249-51.

²¹ Helen Blackman, “Embryological and Agricultural Constructions of the Menstrual Cycle, 1890-1910”, in Shail and Howie (eds.), *Menstruation: a Cultural History*, pp.117-129, (p.124).

²² *Ibid*, p.127.

natural.²³ Another very common metaphor which played on the links between cleanliness, health, and respectability was that of the uterus as a nest, which needed to be cleaned regularly just like a house did. Dr. Doris Odlum, who was frequently called to give talks on menstruation to school girls, would tell them that

in order that the nest [where the eggs would grow] shall be in a suitable state for the baby cell to have the best possible chance to grow in, Nature arranges that it shall have a sort of spring-cleaning at frequent intervals, usually about once a month, and this spring-cleaning is what is happening when we see the monthly period.²⁴

Advances in endocrinology and scientific breakthroughs in relation to menstruation and ovulation in the 1920s and 1930s did not help challenge negative understandings of menstruation and interpretations of the cyclical nature of women's physiology. Originally, the analogy with mammals and the equation of menstruation with oestrus had provided, on a theoretical level at least, two possible interpretations: menstruation in human females could either be understood in terms of a freshening of the womb in preparation for conception, or in terms of evidence of failure to conceive. Yet when scientists progressively identified the nature and timing of ovulation in relation to menstruation in the 1920s, the balance tilted towards a model of menstruation as a failure rather than a preparatory stage.²⁵ As endocrinology became the main framework through which female physiology was studied from the 1920s onwards, the newly-produced knowledge explaining these various physiological processes in terms of hormonal fluctuations also further reinforced the notion of women's inherent instability and chronic debility. Research into hormones produced a narrative of insufficiency, depletion, and failure. This approach led among other things to the 'discovery' of premenstrual syndrome in 1931 – yet another piece of scientific 'evidence' proving that women were the victims of their physiology.²⁶

²³ Brumberg, p.115.

²⁴ Doris Odlum, "Appendix to a Talk on Biology," cited in Brookes, "Hygiene, Health, and Bodily Knowledge", p.303.

²⁵ Blackman, p.119.

²⁶ Strange, "I Believe It to Be a Case Depending on Menstruation", p.113. The impact of scientific research into female hormones on understandings of the female life cycle will be discussed in more detail in chapter 4.

The great paradox that emerges from an overview of medical research and literature in the early twentieth century is how menstruation was simultaneously constructed as a female disease and as a key component to a woman's health and fertility. While menstruation was mainly considered from a pathological perspective and much of the research consisted in determining its symptoms, disorders, and impact on various other conditions, failure to menstruate regularly or a sudden cessation of menstrual bleeding without pregnancy were similarly considered pathological.²⁷ As Julie-Marie Strange argues, before any clear scientific understanding of menstruation had been developed, pain and debility were already at the heart of its definition in medical discourse, an associative tendency that can be observed in the overemphasis on symptoms and disability, and in the loose use of terms such as dysmenorrhoea in medical publications at the time.²⁸

If confining a natural biological function to the realm of pathology became increasingly untenable in the early twentieth century, some physicians continued to question the causes of menstrual pain and disability rather than questioning the very assumption that menstruation was indeed painful and debilitating. This can be seen for instance in a 1926 article on "Menstruation and Pain" published in *The Lancet*, where the author reviews recent works which grappled with the question "Why does a normal function cause pain?". Interestingly, the first answer to this question was the counter-question, "Is it a normal function?", as some gynaecologists ventured that woman was not meant to menstruate – or at least not so often – because "Nature intended that from her first period onwards her sexual life should be a continuous series of pregnancies and lactations".²⁹ That such theories were still being published in the pages of one of the leading medical journal of the time in 1926 testifies to the medical obsession with reproduction as the key purpose of female physiological functions. Indeed, it was not uncommon for menstrual bleeding to be referred to in negative terms as a 'missed pregnancy' or 'abortion' in the medical literature at the time. In the above example, menstruation itself was therefore considered as a form of punishment from Nature for a woman's failure to conceive. It is worth noting that whether or not they concurred with

²⁷ Strange, "Menstrual Fictions", p.620.

²⁸ *Ibid.*, p.615.

²⁹ Anon., "Menstruation and Pain", *The Lancet*, 20 March 1926, pp.611-12.

such an extreme understanding of menstruation, a number of medical professionals still saw pregnancy as the only “natural cure” in cases of menstrual irregularities.³⁰

Medical claims and scientific research on female physiology are always informed by contemporary ideals of gender and sexuality, in ways that highlight the politics inherent to their creation. In the case of menstruation in the late nineteenth and early twentieth centuries, we can see that both the methods of scientific investigation and the interpretation of results were directly shaped by sociocultural perceptions of femininity and womanhood. Simultaneously providing scientific ‘proof’ that women could not compete with men on account of their biology, and perpetuating a conception of femininity centred on motherhood, scientific discourse on menstruation operated as an agent of control designed to maintain traditional gender roles and to police female behaviour and sexuality.³¹

1.2. Breaking the cycle

There were concrete ways in which this form of control operated, and pathological narratives of menstruation fed into and sustained various discriminatory practices and restrictions placed on women and girls. One example is the question of rest during the period. For medical professionals in the late nineteenth and early twentieth centuries, menstruation called for rest, so as to avoid undue exertion and the irreversible damage to the nervous system this would cause. Women and girls were thus expected to take part in mandatory rest during this time, though of course this expectation betrayed a disregard of the lifestyle of working-class women and girls who certainly could not afford the luxury to play a sick role every month. Unsurprisingly, as soon as women started qualifying as medical professionals in the 1870s, the construction of menstruation as debilitating and requiring rest came under attack.³²

Menstruation also formed the backdrop of gender discrimination with regards to employment and education. Education and employment opportunities for girls and women are always shaped by a set of beliefs concerning their identity and social role,

³⁰ See for instance R. A. Gibbons, “A Lecture on Dysmenorrhoea”, *BMJ*, 19 March 1910, p.681; and Summary of Proceedings: section of gynaecology and obstetrics, *BMJ*, 30 July 1910, p.284.

³¹ Strange, “I Believe It to Be a Case Depending on Menstruation”, p.102.

³² Strange, “Menstrual Fictions”, p.622.

which at the time were inextricably linked to dominant understandings of their biology. In the early twentieth century, the pathological approach to menstruation meant that the female body was still largely understood as a liability, and the functionalist understanding of women's bodies meant that their prime social functions were still commonly accepted to be marriage and motherhood. As a result, menstruation was still used as an objection to higher education and many professions for girls and women.³³

In the case of adolescent girls, surviving traces of the Victorian model of female physiology as well as anxieties over their sexuality and contacts with men and boys sometimes translated to them being kept out of school, either periodically or indefinitely, once they reached menarche. One respondent in Elizabeth Roberts' study of Lancashire for instance recalled how, in 1921, a female doctor recommended that she stopped going to school when she started menstruating.³⁴ As for older girls and women pursuing higher education and entering the professions that started becoming available to them, they were still met with criticisms on the grounds that their physiology rendered them unfit for intellectual work, or that such work would render them sterile and manly. In a 1923 address to the London School of Medicine for Women entitled "The Problem of Success for Medical Women", Sir Humphrey Rolleston stated that for more than 50% of women menstruation was a handicap.³⁵ Reportedly, some employers considered women to be more prone to absenteeism due to their physiology,³⁶ while the belief that menstruation induced instability and weakened self-control meant women would simply not be trusted with certain tasks. In 1926, for example, women aviators were denied the B flying certificate – which allows to transport passengers on small aircrafts – on the grounds that during her menstrual period a woman should not be responsible for the lives of other people.³⁷ "The menstrual period has been brought up as an objection to every profession to which women have wished to enter", bemoaned the MWF subcommittee in charge of this case.³⁸

³³ Brookes, "The Glands of Destiny", p.60.

³⁴ Roberts, pp.17-18.

³⁵ Brookes, "The Glands of Destiny", p.59.

³⁶ See for instance Letitia Fairfield, "An Address on the Health of Professional Women", *The Lancet*, 3 July 1926, pp.5-10; and Anon., "The Economics of Menstruation", *BMJ*, 7 April 1928, p.606.

³⁷ Brookes, "The Glands of Destiny", p.60.

³⁸ MWF Subcommittee on Aviation, Report, *MWF Newsletter*, July 1926, pp.40-47, (p.45).

The Medical Women's Federation felt strongly about negative medical and lay paradigms of menstruation and how they translated into social inequalities, and took it as one of their first missions to rectify both scientific accounts and social practices. The MWF were acutely aware of the fact that the lack of knowledge, language, and research on menstruation had enabled negative beliefs to thrive. From the 1920s, they took it upon themselves to carry out extensive research on the effects of menstruation on women's and girls' intellectual and physical abilities, encouraged by the various complaints they had received from both headmistresses who deplored girls' absenteeism, and from female professionals who complained of discrimination at work.³⁹ Targeting large pools of women and girls in the professions and in schools, they conducted several surveys in the 1920s and 1930s with a view to disprove beliefs on the incapacitating effects of menstruation, and to expose their social impact.

The most extensive of these surveys was a five-year investigation of menstruation in schoolgirls, which included over 6,000 participants aged between 14 and 18, which aimed to determine the extent and incidence of pain and disability caused by menstruation in teenage girls and their relation to physical activity. This investigation was undertaken in cooperation with the Ling Association of trained gymnastic instructresses and the Headmistresses Association, and was based on a questionnaire which was sent to thousands of schools.⁴⁰ The questionnaires were to be completed by the girls themselves or by a teacher, nurse, or parent on behalf of them. The form of the questionnaires to be filled in by respondents was interesting in that it consisted of a mix of open and closed questions, which left room for explanations and further personal information should the respondents wish to provide them, the aim being to collect qualitative as well as quantitative data. A report of this investigation was published in *The Lancet* in 1930.

Interestingly, much of their research on menstruation focussed on schoolgirls rather than women. There were several reasons for this, including a purely practical one: several members of the MWF, such as Dr Alice Sanderson Clow, were either employed in or worked closely with schools, which provided them with both first-hand observation of their attitudes towards menstruating girls, and with accessible pools of respondents for

³⁹ Brookes, "The Glands of Destiny", p.60; Strange, "The Assault on Ignorance", p.263.

⁴⁰ MWF, "Menstruation in Schoolgirls", reprinted from *The Lancet*, 5th July 1930, Wellcome Library, SA/MWF/B.4/5/1, p.1.

their investigations. The main reason however was because a central tenet of their work was to transform girls' experiences of menstruation through educational material, with a view to rectify and improve attitudes in the long term for subsequent generations of girls: if one generation learned that menstruation was not supposed to be a negative experience and were armed with adequate knowledge, they would be more likely to instruct their own daughters in the future and pass on a more positive message. For the MWF, much of the negativity attached to menstruation and the negative experiences that ensued were taught responses based on unfounded anxieties and inadequate knowledge.

This negativity was fostered in great part by the popular and medical assumption that menstruation was a negative and painful experience. Indeed, in addition to potential feelings of anxiety, shame, and disgust, girls were more or less explicitly made to expect menstruation to be a negative experience, which in turn could produce a self-fulfilling prophecy with regards to pain and menstrual discomfort.⁴¹ As Alice Sanderson Clow rhetorically asked in a 1928 article in *The Lancet*, “[w]ho would not be depressed on being told, at the age of 13, that, in future, she would be an invalid for three days every month?”⁴² As Julie-Marie Strange highlighted, the most common euphemisms for menstruation at the time, such as “being unwell” or “the poorly time” suggested an unquestioned association between menstruation and discomfort in medical and lay discourses alike.⁴³ One important implication of medical models locating menstruation in the realm of pathology was that it had created a cultural definition of femininity inherently tied to disorder and pain, thereby turning pain into a sign of femininity.⁴⁴ The MWF were very conscious of this: “Oddly enough, in spite of all experience to the contrary, many women still think that pain and disablement at this time are a rather meritorious and interesting sign of femininity”.⁴⁵

For the MWF therefore, the key objective for a real transformation of attitudes to and experiences of menstruation was to debunk such assumptions and transform the narrative. This can be seen quite clearly in the wording of some of the questions they used in their surveys: “Do her general health and happiness appear to be *as good as usual*

⁴¹ Strange, “The Assault on Ignorance”, p.261.

⁴² Alice Sanderson Clow, “The Treatment of Disturbances Incidental to Early Menstrual Life”, *The Lancet*, 3 March 1928, p.461.

⁴³ Strange, “The Assault on Ignorance” pp.250-51.

⁴⁴ *Ibid.*, p.249.

⁴⁵ MWF, “Menstruation in Schoolgirls”, SA/MWF/B.4/5/1, p.6.

during the period?”⁴⁶ [emphasis mine] In this example, we can see there is a clear attempt to reframe menstruation in positive terms. Starting from the postulate that menstruation is not disabling and wording some of the questions in consequence, the investigators were effectively proposing an alternative narrative of menstruation as a natural, non-pathological phenomenon.

The use of questionnaires was also in itself a key methodological and political move. Before these inquiries, most of the research done on menstruation were based on symptoms reported by patients to their doctors, symptoms that would have had to be severe enough that the patient would want to see a doctor about them, which effectively fed into and sustained a pathological model. Thanks to these questionnaires, the MWF were able to collect data from women and girls themselves about their own experiences, and to focus on healthy women and girls rather than patients. This method had already been tried and tested in previous studies on menstruation by individual members of the MWF. Dr Alice Sanderson Clow for instance, had taken advantage of her position as a medical inspector in a large girls’ school to interview schoolgirls, and had already come to the conclusion in 1920 that the pain associated with menstruation was in great part a product of popular assumptions and customs.⁴⁷

This choice of methodology highlights the MWF’s desire to break away not only from a pathological framework, but also from the traditional dynamics of clinical research. A wide network of women and girls was mobilized through these investigations, as doctors, nurses, teachers, mothers, and the women and girls surveyed were communicating on these issues. The MWF were reaching out to lay women and girls, with an effort to reach all classes of society, and validated their personal experiences by recording, analysing, and publishing their data. These women and girls were given a voice, and became active participants in the process of knowledge-making, rather than mere objects of study. Although it is impossible to go as far as saying that there was no hierarchy in this process, at least the use of questionnaires enabled a different way of communicating and creating knowledge that did not solely work from the top down. The results of these investigations were published in their *Newsletter* as well as in the leading

⁴⁶ MWF, “Menstruation in Schoolgirls”, SA/MWF/B.4/5/1, p.1.

⁴⁷ Alice Sanderson Clow, “Menstruation during School Life”, *BMJ*, 2 October 1920, pp.511-513.

medical journals, and educational leaflets were printed and sent to schools and medical professionals.

The work of the MWF on menstruation constituted an unprecedented intervention at all levels. These investigations constitute a landmark in terms of the development of knowledge on menstruation because they effectively shifted the attention onto healthy rather than diseased women and girls, they used female respondents' own experiences rather than doctors' observation as their data, and they defined menstruation as an important medical and socio-cultural issue worthy of extensive scientific research. Their endeavour was also obviously and unapologetically political: the various reports and articles they published in medical journals contained explicit demands for reforms in schools and factories designed to ameliorate girls' and women's experience of menstruation.

II. Working-Class Women and Menstruation

II.1. Menarche: silence and meaning

Exactly what happened when a girl started menstruating and what she would be told or not varied immensely from one individual to the next, and was shaped by a multitude of sociocultural, environmental, and subjective factors. Yet a line of continuity existed across these various experiences in England at the time. Both knowledge and practices revolved around the notion of secrecy: menstruation had to be hidden, and it should not be talked about.⁴⁸ Oral history testimonies suggest that, at the time, most girls started menstruating in complete ignorance and were only given but little practical information by their mothers at this point. The respondents in studies by Maureen Sutton in Lincolnshire, and Elizabeth Roberts and Lucinda McCray Beier in Lancashire remembered receiving the absolute bare minimum of information – usually what they should use to absorb the blood if anything, that they should never let anyone know about it, and that they should stay away from the lads.⁴⁹ Among the pool of autobiographies used for this study, Mary Turner (b.1921) similarly remembered not being told anything, either by her mother, or anyone at the girls' club she was a member of.⁵⁰

⁴⁸ Brookes, "Hygiene, Health, and Bodily Knowledge", p.304.

⁴⁹ McCray Beier, "We Were Green as Grass", p.467; Roberts, *A Woman's Place*, p.17.

⁵⁰ Mary Turner, untitled autobiography, Burnett Archive of Working-Class Autobiographies (Brunel University, London), 2:777, p.2.

There were various reasons why mothers would usually not prepare their daughters for this event or reveal its full implications. Aside from their own modesty or distaste for the topic, the fact that menarche signified the beginning of a girl's reproductive years roused anxieties about premarital sexuality and the risk of pregnancy. In the early twentieth century, formal sex education was non-existent, and ignorance even of the most basic facts of life was equated with innocence and purity.⁵¹ The belief that such knowledge was morally corrupting meant that parents would seek to shield their children from such information. This was especially important to respectable working-class families who sought to distance themselves from the 'rough'. Even non-verbal ways of learning were denied to children as far as possible. Autobiographies and oral histories suggest that children could be sent away to stay with relatives when their mother was due to give birth for instance, or be told to wait outside when labour started.⁵² Even in crowded working-class homes, every effort was made to hide naked bodies and bodily processes: although most people would bathe communally and share rooms with their siblings and even parents or other relatives, genders tended to be carefully segregated.⁵³ Mothers would also routinely hide their pregnancies from their other children.⁵⁴ In Barbara Brookes' study of hygiene and bodily knowledge among working-class families in New Zealand, some of the respondents also recalled their aunts and mothers going to another room to feed their babies.⁵⁵

Thus, the veiled warning to stay away from the lads was a way for mothers to express their anxieties without being explicit, and thereby to preserve their daughters' innocence and respectability. While girls may have been experiencing mixed feelings about their changing bodies and concentrated their energies on managing this new physiological function, for their mothers a key source of concern became their contacts with men and boys. Interestingly, as Brumberg argued, this anxiety was further exacerbated by the beginning of the twentieth century, as the mean age at menarche had been declining throughout the nineteenth century, thus lengthening the average period of

⁵¹ McCray Beier, "We Were Green as Grass", pp.465-469.

⁵² Ludivina Grace Powell, *Life in Yorkshire*, unpublished autobiography, Burnett Archive of Working-Class Autobiographies (Brunel University, London), [n.r.] p.4; Ellen Gill, *Ellen Gill's Diary*, unpublished autobiography, Burnett Archive of Working-Class Autobiographies (Brunel University, London), 1:269, p.1.

⁵³ Roberts, p.15; McCray Beier, "We Were Green as Grass", p.473.

⁵⁴ McCray Beier, *For Their Own Good*, p.274.

⁵⁵ Brookes, "Hygiene, Health, and Bodily Knowledge", p.306.

premarital reproductive ability in adolescent girls.⁵⁶ Although there has been some scholarly debate as to how fast this drop occurred, historians generally agree that better nutrition and the decline in infectious diseases contributed to the decrease in the mean age at menarche.⁵⁷

Thus, when a girl reached menarche, she would usually not be told that she had become able to bear children, but for her mother this milestone certainly called for a greater measure of control and surveillance both inside and outside the home. As Brookes argued, the phrase “You’re a woman now” conveyed a variety of meanings which were not necessarily obvious to the adolescent girl.⁵⁸ Yet menarche and the bodily transformations brought by puberty entailed certain changes to their everyday lives: a girl might have had to start dressing differently, to sleep in an all-female room, to give up certain games and habits, and her acquaintances may have been more closely watched. A respondent in McCray Beier’s study recalled how her mother used to check on the calendar when her period was due and monitored her regularity out of fear of premarital pregnancy.⁵⁹ Anxieties over incest within the home, and sexual promiscuity or sexual predators outside, as well as ideals of femininity, respectability, and decency, meant that menarche entailed changes which included the loss of a measure of physical freedom, and accrued maternal surveillance.⁶⁰

II.2. Lay knowledge and classed cultural practices

Before the spread of medically-approved information and manufactured sanitary products converged to produce a more uniform approach to menstruation, exactly what these changes consisted of was heavily influenced by a range of variables including class, race, religion, employment, and family structure. These factors would inform beliefs and attitudes to menstruation and the menstrual body, and determine a certain set of menstrual

⁵⁶ Brumberg, p.104.

⁵⁷ For a criticism of both the evidence used to measure the decreasing age at menarche in Europe and the US, and of the political implications of this trend see for instance Vern Bullough, "Age at Menarche: A Misunderstanding", *Science*, 213 (1981), 365-66; and Maris A. Vinovskis, *An "Epidemic" of Adolescent Pregnancy? Some Historical and Policy Considerations* (Oxford: Oxford University Press, 1988), pp.4-6.

⁵⁸ Brookes, "Hygiene, Health, and Bodily Knowledge", p.304.

⁵⁹ McCray Beier, "We Were Green as Grass", p.469.

⁶⁰ For anxieties over incest, particularly where there were several older children, see McCray Beier, *For Their Own Good*, pp.230-232. Sleeping arrangements in crowded homes also roused anxieties among contemporary observers. Laura Harrison cites Seebohm Rowntree’s comment in his 1901 study of York that homes with boys and girls “past childhood” and no third bedroom raised questions of “decency and morality”: Rowntree, *Poverty* (1901), cited in Harrison, “Negotiating the Meanings of Space”, p.100.

practices. In her study of menarche in the US around the turn of the century, Brumberg discusses for instance the practices of Jewish women and girls, dictated by religious notions of cleanliness which entailed ritual baths, restrictions on what a menstruating woman could touch or do, and an understanding of menarche as the beginning of womanhood which was met by a literal slap across the face supposed to signify the hardships of life as a woman.⁶¹ Widespread practices such as not being allowed to touch certain food items lest they turn bad were informed by notions of impurity and beliefs regarding the degenerative power of menstrual blood, and continued well into the twentieth century.⁶² A doctor from Sussex writing to the editor of *The Lancet* in 1928 for instance mentioned a recent anecdote whereby his cook had refused to prepare some meat when asked to by his wife:

She hesitated and, the request being repeated, gaped and said, ‘Oh, please ’m, I couldn’t mum! Not to-day mum.’ When asked ‘What on earth do you mean?’ she explained, ‘Oh, please ’m, they say you mustn’t touch raw meat when you’re – *you know, mum*’!⁶³ [emphasis in the original]

Because they mark the beginning of the reproductive years, menarche and the first few years of menstruation were also perceived as a crucial time beset with dangers by middle-class mothers and medical professionals alike. Physicians of the early twentieth century considered that the first years of menstruation would determine a woman’s future physical, mental, and reproductive health. This called for close attention and monitoring and, in the case of irregularity, various treatments or adjustments to a girl’s diet or physical activity were suggested.⁶⁴ As Brumberg observed, early didactic publications on menstruation targeted at middle-class mothers conveyed the idea that menarche and menstruation in adolescent girls required both medical and maternal management whereby the doctor was the “biomedical strategist” and the mother was the “chief operative”.⁶⁵ While the physician provided directives and guidelines for good menstrual health, the mother was in charge of implementing them, hence why much of the knowledge mothers imparted to their daughters consisted in a list of don’ts during this time of the month.

⁶¹ Brumberg, “Something Happens to Girls”, p.119.

⁶² Martin, *The Woman in the Body*, pp.97-98.

⁶³ H. Cameron Kidd, “Superstition in Sussex”, *The Lancet*, 14 April 1928, p.792.

⁶⁴ Showalter, *The Female Malady*, p.56; West London Medico-Chirurgical Society, “Sterility or Infertile Marriage”, *The Lancet*, 22 January 1938, p.205.

⁶⁵ Brumberg, p.112.

In the working-class home, the traditional authority in matters of health was the mother. The centrality of the figure of the mother, combined with a predominately oral culture, meant that mothers would teach menstrual management and monitor their daughters' regularity according to their own knowledge and practices. Bathing, alongside other habits and activities thought to risk upsetting regularity such as exercise, dress, or food and drink intake, were therefore carefully controlled by working-class mothers according to their own experience and knowledge rather than medical advice. Maureen Sutton compiled some common restrictions among Lincolnshire working-class women, as well as the explanations that were given for them by her respondents, revealing the diversity of systems of belief which sustained these practices. Most of them had to do with water and temperature, such as not washing one's hair (lest the blood would go to one's head), not bathing (the water would come in), or not going near cold water or snow (the temperature shock would cause insanity, or either stop or stimulate the flow).⁶⁶

A key concern therefore was to make sure that nothing would interfere with the flow and its regularity. On this point, there was originally a consensus between medical and lay knowledge, in particular with regards to bodily temperature, suggesting a surviving influence of humoral theories on heat and bodily fluids on both paradigms of menstruation. The body, and especially the feet and the abdomen, had to be kept warm, as getting cold would allegedly trigger or worsen cramps, or even stop the flow prematurely. As a result, bathing was hedged with rules, when it was not altogether forbidden: keeping warm would have been difficult in a badly-heated house, and the temperature of the water itself could supposedly either stop the flow or overstimulate it.⁶⁷ Evidence suggests that it was common practice for women and girls not to bathe at all during their period until at least the 1920s, and probably later than this.⁶⁸

Yet mothers would seldom provide their daughters with more than a list of restrictions, and therefore the knowledge a working-class girl could hope to obtain on menstruation came through various channels. For one thing, the taboo surrounding

⁶⁶ Sutton, p.31. She also listed not touching meat or a live pig (which would turn the meat bad), not going swimming (which would turn the water black), and not walking in tall grass (as snakes would be attracted to the smell of blood).

⁶⁷ Farrell-Beck and Klosterman Kidd, p.329.

⁶⁸ Brookes, "Hygiene, Health, and Bodily Knowledge", p.304; McCray Beier, "We Were Green as Grass", p.468; *Woman's Outlook*, Vol.IV, n.45 (1923), p.282.

menstruation as well as bodily functions in general meant that non-linguistic forms of communication between mothers and daughters could also play an important part in both the teaching of menstrual management and the monitoring of regularity. In working-class households, where mother and daughters lived in close proximity to each other and did the washing in common, bloodstained rags or clothes acted as a visual source of information, indicating who was menstruating, when, and how much. The need to disclose that one had started menstruating could thus be bypassed by daughters reticent to talk about it, and the first apparition of blood could serve as a visual cue for mothers to impart any potential explanation, advice, or warnings they cared to. Subsequently, these stains could provide mothers with a way to monitor their daughters' regularity.⁶⁹

Working-class girls also differed from their middle-class counterparts in that they were generally more exposed to informal teachings about female physiology through their activities both at home and at work, as well as through informal discussions with their peers or older sisters and female relatives. Children were far less segregated from adults than in middle-class families, were it only for want of space. The transmission of knowledge regarding female physiological functions such as menstruation or childbirth in working-class households was essentially organic and based on first-hand experience: working-class girls learned how to become women and how to take care of their health through observation and active participation.⁷⁰

Another source of information for working-class girls could be the workplace, especially for those girls who lived in areas of high female employment, and from the 1930s, when large numbers of girls left domestic service to work in large factories, offices, and shops.⁷¹ Working with a large number of women and girls facilitated the development of networks of friendship, support, and information – all of which were denied to the isolated, living-in domestic servant. Although, as Kate Fisher and Simon Szreter noted, the extent to which the workplace enabled female networks of information has possibly been overemphasised by historians with regards to birth control,⁷² it does not seem unlikely that girls going through puberty among older workmates would have been able to glean information on menstruation there. Given the policy of silence that prevailed

⁶⁹ Brumberg, p.118.

⁷⁰ Ibid., p.118.

⁷¹ Todd, *Young Women, Work, and Family in England*, p.146.

⁷² Szreter and Fisher, p.95, n.120.

in most homes, the workplace and its culture may well have been more enlightening on this particular matter.

II.3. Practicalities of menstrual management

Histories and oral histories of working-class domestic life point at the difficulty of managing menstruation effectively, hygienically, and discreetly – all of which, it should be noted, are essentially modern concerns. Evidence suggests that by the turn of the century it was still common for menstruating women and girls to do without pads and to count on their petticoats to absorb the menstrual blood: in Jill Liddington’s monograph on Selina Cooper for example, we learn that she got into trouble with other women at the mill for making sanitary pads for a girl,⁷³ while the respondents in Elizabeth Roberts’ and in Lucinda McCray Beier’s studies recalled wearing several pairs of knickers, or a single, dark-coloured pair, in the hope that blood would not show through.⁷⁴ Those who did make their own sanitary pads would fold and sew pieces of rags, cotton, or gauze together and pin them to their underwear, or keep them in place with a belt, which was not only awkward and uncomfortable but also quite inefficient.⁷⁵ According to Jane Farrell-Beck and Laura Klosterman Kidd, homemade pads were usually three to four inches wide, and ten to sixteen inches long.⁷⁶

It is also likely that these were not changed very often, for practical as well as cultural reasons. For one thing, working-class women and girls would not have the time and facilities to do so, nor would they have a sufficient number of pads or rags for this purpose, especially if there were several menstruating women and girls in the household. Besides, popular beliefs on menstrual blood meant that, for some, a well-stained rag or pad was seen positively: for the Italian immigrant families in Brumberg’s study for instance, a heavy and steady flow was a sign of fertility.⁷⁷ In England, women seem to have associated it with good health, as seen for example in a 1938 article on anaemia published in *The Lancet*: “Hippocrates referred to menstruation as ‘the monthly purging’

⁷³ Jill Liddington, *The Life and Times of a Respectable Rebel* (London: Virago, 1984), pp.53, 57.

⁷⁴ McCray Beier, “We Were Green as Grass”, p.468; Roberts, p.18.

⁷⁵ Vostral, “Masking Menstruation”, p.243; Brookes, “Hygiene, Health, and Bodily Knowledge”, p.305.

⁷⁶ Farrell-Beck, and Klosterman Kidd, “The Roles of Health Professionals”, p.331.

⁷⁷ Brumberg, p.120.

and many women still subscribe to the suggestion inherent in this phrase. ‘There is a good flow’ they will say with evident self-satisfaction”.⁷⁸

Although the use of sanitary protection, like other menstrual practices, varied greatly as different sets of beliefs and material conditions entered the equation, one central tenet of menstrual management in the household was discretion. Regardless of how it was done, and whether or not girls used any kind of sanitary protection, the menstrual flow had to be controlled and concealed from other family members and the outside world, in a hidden household economy.⁷⁹ Women and girls would thus wash stained clothes out of sight of the rest of the family, and especially male family members. The rags and underwear were first left to soak in salted cold water, hand-washed, boiled in closed basins, and hung to dry somewhere inconspicuous.⁸⁰ In her autobiography, Edna Bold (b.1904) recalled how women’s underwear was always washed and hidden out of sight, as she described her own, “an unmentionable garment that never went on display on the washing line, but was hung on a rack near the ceiling among other articles of washing”.⁸¹

The housing conditions of working-class families are worth considering at this stage to understand in what circumstances menstruation had to be managed. The lack of effective drainage and sewage at the beginning of the century, for example, as well as the absence of a bathroom or even running water in most working-class houses combined to make the management of menstruation difficult. Worse still were the communal earth toilets shared between several families and sometimes designed so they could be used by two people at the same time.⁸² On this point, it is interesting to note that several of the autobiographies analysed for this study mentioned the lack of private toilets in their homes and saw the spread of indoor water closets as a real progress: even May Owen’s autobiographical letter, which is only ten pages long, describes the lack of sanitary

⁷⁸ R. Bodley Scott, “The Iron-Deficiency Anaemias”, *The Lancet*, 3 September 1938, p.551.

⁷⁹ Brookes, “Hygiene, Health, and Bodily Knowledge”, p.304.

⁸⁰ Sutton, p.18.

⁸¹ Edna Bold, *The Long and short of it, Being the Recollections and Reminiscences of Edna Bold*, unpublished autobiography, Burnett Archive of Working-Class Autobiographies, (Brunel University, London), 2:85, p.20.

⁸² C. V. Horner, *Ups and Downs: A Lifetime spent in the Yorkshire Dales*, unpublished autobiography, Burnett Archive of Working-Class Autobiographies, (Brunel University, London), 2:422, p.167; Wallis, p.d; Gill, *Ellen Gill’s Diary*, p.1.

arrangements in her cottage as one of the most memorable features of her arrival in Yorkshire from London when she was ten.⁸³

The lack of bathrooms on the other hand was remembered in a much more matter-of-fact way, and was not necessarily perceived as an issue either in terms of hygiene or privacy. For example, on being asked if there was a bathroom in the house where she grew up in York, Mrs Kirby (b.1891) answered:

Oh no! We just had a wash tub. [...] With so many of us we always had some clothes, and we used to put the clothes-horse round us and that was full of clothes and you couldn't see one another, it was very nice... Yes, we always were taught to respect privacy and to be careful and thoughtful to one another.⁸⁴

Despite the relative lack of privacy then, working-class women and girls managed to conceal and clean menstrual blood in their homes, passing down their practices from one generation to the next. When a girl started menstruating, she was thus initiated – either verbally or non-verbally – to these practices, and let into this discreet sphere of knowledge within the household that connected her to her older female relatives. Such practices however were to come under attack, especially after the war, as concerns over national fitness made hygiene and cleanliness public issues.

III. Blurring the Lines between the Private and the Public

III.1. National fitness: health, hygiene, and rationalisation

Regardless of how working-class families felt about the lack of toilets and bathrooms in their homes, the growing awareness that such conditions were conducive to the spread of germs and disease alarmed middle-class observers and health visitors. The living conditions of the urban working classes in particular were under scrutiny: the lack of ventilation and clean water, overcrowding, and air pollution among other issues were identified as the main causes of death and ill-health by local medical officers of health (MOH) and in social investigations such as Rowntree's *Poverty* (1901).⁸⁵ The early twentieth century was thus marked by an increased concern with hygiene and personal hygiene, prompted in part by a better knowledge of germs and preventable diseases, and sustained by broader social concerns about class, national fitness, and racial degeneration.

⁸³ Owen, p.4.

⁸⁴ *York Memories at Home*, p.53.

⁸⁵ Harrison, "Negotiating the Meanings of Space", pp.77-80.

If by the outbreak of the First World War personal hygiene had become a national preoccupation, the war itself only exacerbated those concerns by bringing to light the national scourge of venereal disease, which again called for extensive moral and public health campaigns. Formerly private matters were thus taken up in public discourse under different guises, and the interwar years witnessed the spread of information about hygiene, bodily hygiene, and sexuality both in prints and on screen. This interventionist strand was the product of eugenic concerns and aimed at curing the social body by making hygienic practices an individual duty for the fitness of the nation at large.

Fresh air, regular exercise, personal hygiene, and a good diet became the new gospel in medical and popular media alike. In the pages of *Woman's Outlook* for example, one could regularly find simple exercise routines designed “to promote a healthy circulation of the blood in all parts of the body, and to enable it to eliminate all impurities so that its germ resisting power is of as high a standard as possible”.⁸⁶ Physical education in elementary and secondary schools came to be seen as integral to children's healthy development, as can be seen in the syllabuses issued by the Board of Education.⁸⁷ The health of industrial workers in particular was scrutinised and everything from posture to breaks to footwear was studied with efficiency in mind.⁸⁸

This focus on health and hygiene as an individual duty and as a national and racial concern stemmed from the idea that cleanliness and bodily control were indicative of a higher state of civilisation. As Sharra Vostral argued,

[t]he fixation on cleanliness embodied elements of racial hierarchy and rationalisation of white, upper-class superiority [...]. Within the model of perfectible civilisation, cleanliness represented human progress and indicated a level of personal control and bodily efficiency.⁸⁹

During the heyday of British eugenics, state intervention and public health campaigns were thus geared towards the sanitisation of bodies and sexuality.

⁸⁶ *Woman's Outlook*, Vol.I, n.11 (1920), p.300.

⁸⁷ Mick Donovan, Gareth Jones, and Ken Hardman, "Physical Education and Sport in England: Dualism, Partnership and Delivery Provision", *Kineziologija*, 38:1 (2006), 16-27, p.18.

⁸⁸ See for instance E.P. Cathcart, "The Physiological Approach to Fitness", *BMJ*, 6 August 1938, pp.273-276; and BMA: section of physical medicine, "The Basis of National Fitness", *The Lancet*, 3 September 1938, pp.570-572.

⁸⁹ Vostral, "Masking Menstruation", p.247.

Cleanliness carried different stakes according to one's class. If cleanliness and the use of manufactured sanitary goods was a way for the better-off to distance themselves from the lower classes of society, its association with health made it just as crucial to working-class livelihood. As Barbara Brookes explained, good health was crucial in avoiding poverty: working-class households depended on the bodily ability and health of all members of the family, and especially that of those who worked outside the home.⁹⁰ Before the introduction of welfare provisions, accidents and sickness represented a serious financial strain on working-class families. Yet if the former were usually out of their control, a better knowledge of germs and their role in the transmission of disease in the late nineteenth century pointed at the preventability of the latter.⁹¹ The government had already started investing in the promotion of cleanliness among the working classes in the nineteenth century with the development of public baths, which they believed would not only contribute to lower the incidence of ill-health, but also to foster industrial and moral habits.⁹²

The link between cleanliness and respectability – and conversely, the conflation of physical and metaphorical dirt – was a very prominent feature of working-class culture in the early twentieth century. Social stratification among the working classes meant that for them too cleanliness was a way to distance themselves from the 'rough'.⁹³ The role played by a freshly scoured doorstep, clean curtains, and clean washing on the line in a working-class woman's reputation and respectability – and, by extension, that of her family – has been well-documented by historians, and is a regular feature of working-class autobiographies.⁹⁴ According to John Burnett, this practice was particularly important among the urban working class, and especially so in the industrial north, where the fumes, dirt, and pollution coming from nearby mills and steelworks darkened the streets and houses.⁹⁵

Alongside the core working-class values of thrift and hard work, hygiene and cleanliness formed part of a lifestyle geared towards an ideal of respectability. In this

⁹⁰ Brookes, "Hygiene, Health, and Bodily Knowledge", p.298.

⁹¹ Kelley, pp.20-25.

⁹² Crook, "Schools for the moral training of the people", p.26.

⁹³ For a discussion of women's domestic work and the links between cleanliness and the boundaries of class, see Kelley, pp.44-53.

⁹⁴ Horner, p.135; Gill, *Ellen Gill's Diary*, p.5; see also Tebbutt, *Women's Talk?: a Social History of "Gossip" in Working-Class Neighbourhoods, 1880-1960* (Aldershot: Scolar Press, 1995), pp.80-84.

⁹⁵ John Burnett, *Destiny Obscure: Autobiographies of Childhood, Education and the Family from the 1820s to the 1920s* (Harmondsworth: Penguin, 1982), p.218.

context, personal hygiene was also indicative of one's respectability and self-respect. This put the responsibility on mothers not only to provide their families with a clean environment and nutritious food as best they could, but also to keep their clothes clean and to enforce hygienic practices in the home. Maggie Newberry recalled how her mother used to check all of her children's heads for lice each week on bath day, in a manner that clearly highlighted the link between cleanliness and a family's reputation: "we kept free of head lice through my mother's determination that none of her children should be called lousy".⁹⁶

Working-class mothers were responsible for the health and well-being of their families, acting simultaneously as housekeepers and nurses. In this respect, it is no surprise that the analogy between the home and the body was a regular feature in advertisements for soaps and remedies, as well as in popular health manuals of the time: the body, just like the home, had to be cleaned and protected against the accumulation of dirt and germs. The rituals surrounding bath day and washing as remembered in first person narratives all point at the centrality of the role of the mother in this process, almost invariably depicting her in a managerial way. Maggie Newberry remembered that "if we weren't caught out we would use the already dirty soapy water rather than go and pump some more" when she and her siblings got up in the morning to wash their faces after the men had done so, suggesting that their mother would usually oversee them.⁹⁷

Moving away from the individual, in an ideological context where habits of cleanliness were associated with order and efficiency, the preaching of personal hygiene can be read as an attempt to cure a whole array of social evils.⁹⁸ In an age of new technologies and of an emerging consumer culture, this obsession, combined with the promises of modernity and modern consumer goods, led to the onset of a growing range of manufactured disposable sanitary products, such as toothbrushes or razors. Public health campaigns and the spread of such products ensured that hygiene and personal hygiene became rationalised.

This shift was to have a profound impact on menstrual hygiene after the war. In the context of growing concerns over hygiene and national fitness, menstruation represented

⁹⁶ Newberry, p.30.

⁹⁷ Ibid., p.17.

⁹⁸ Crook, "Schools for the Moral Training of the People", p.26.

a crucial site of intervention: its link to fertility made it a relevant topic in the context of eugenic discourses, while the loss of blood and the way it was managed in the household raised concerns about germs and infections. Simultaneously, as the urban space transformed and middle-class women and girls gained increased access to education and the professions, menstruation became for a growing number of them something that had to be managed outside the home. Although this was already the case of working-class women and girls, increased mobility and opportunities outside the home for women with a higher purchasing power combined with the rise of disposable sanitary products meant that, after the war, a new market was emerging for manufactured sanitary pads.

III.2. Invading the private: personal hygiene and public discourses

Although some companies had already started manufacturing disposable menstrual sanitary products in the late nineteenth century, there was little cultural demand for them, and these products only began to appeal significantly to women who could afford them after the First World War.⁹⁹ Before then, the management of menstruation was a private matter, seldom discussed, and the practicalities of which varied a lot by class. By the end of the war however, medical experts had come to view homemade menstrual pads as unhygienic: these rags were not only fairly inefficient and impractical, they also trapped germs and the smell of decomposing blood, and they could never be properly disinfected.¹⁰⁰ Scholars working on the development of manufactured sanitary pads have highlighted the role of war nurses in their technological improvement.¹⁰¹ During the war, nurses had found that cellucotton, a bandage material originally designed for dressing wounds, provided a more efficient and hygienic alternative to homemade pads. This material was subsequently used to mass produce disposable pads in the US under the brand name Kotex from 1919.

Like advertisements for toothbrushes or razors, advertisements for sanitary pads emphasised both hygiene and disposability, presenting those attributes as the way forward.¹⁰² Sharra Vostral's study of the emergence of menstrual hygiene products in the US sheds light on the influence of ideals of industrial management and efficiency models

⁹⁹ Vostral, "Masking Menstruation", p.243.

¹⁰⁰ Ibid., p.243.

¹⁰¹ Farrell-Beck and Klosterman Kidd, p.325.

¹⁰² Vostral, "Masking Menstruation", p.248.

on the development of sanitary pads: the company Johnson & Johnson for instance hired industrial engineer Lillian Gilbreth to conduct extensive research for them and advise them on the design and marketing of their sanitary pads.¹⁰³ In the first decades of the century, as manufactured goods and labour-saving devices of all sorts were marketed as indispensable items for the modern woman, manufactured sanitary pads represented a logical development. The convergence of hygienic concerns and of the drive towards modernity and efficiency thus culminated in the manufacturing of sanitary pads and its accompanying educational discourse, which aimed to both sanitise and rationalise women's and girls' experiences, to make them follow a "predictable menstrual script".¹⁰⁴

Despite the difficulties of managing menstruation with homemade pads, these new products did not necessarily appeal immediately to women for a variety of reasons. For one thing, these early manufactured sanitary products were not necessarily better than homemade ones: they were bulky and oversized, and they tended to leak and chafe women's thighs.¹⁰⁵ Aside of practical considerations, another and perhaps more significant barrier to their adoption was the important shift in bodily management this represented: adopting manufactured goods designed for such an intimate purpose to replace homemade solutions and traditional practices could be perceived as unnatural, and an invasion of one's body and natural functions by purpose-built technology. The taking up of menstruation and menstrual management in public discourse blurred the boundaries between the public and the private, and women caught in this shift may have had ambivalent feelings about it. It is clear from the marketing strategies deployed in advertisements for these products that a great obstacle to overcome was women's embarrassment.

Before the launch of Kotex sanitary pads in the US in 1919, advertisements for sanitary pads were rather scarce. Interestingly, the reason behind the success of this brand lay in its inconspicuous name and neutral packaging which was meant to save women embarrassment when buying them. From there, other companies invested in this strategy, choosing discrete brand names for their products, or enabling customers to order and

¹⁰³ Vostral, "Masking Menstruation", pp.252-253.

¹⁰⁴ Brumberg, p.123.

¹⁰⁵ Vostral, "Masking Menstruation", p.250.

receive them by post to avoid a potentially awkward trip to the chemist.¹⁰⁶ The company Johnson & Johnson even devised a “silent purchase coupon” which, as its name indicates, was meant to be handed to the chemist or salesperson so that the female customer would not even have to mention the brand and engage in an embarrassing discussion.¹⁰⁷ Discretion was also the watchword in the UK. Maureen Sutton found that large chemists such as Booth had a “ladies’ corner”, where sanitary towels could be bought. These were wrapped in unlabelled brown paper and carefully placed into customers’ shopping bag.¹⁰⁸

It should be noted that the early development and adoption of manufactured sanitary pads was a process from which working-class women were excluded. One very practical barrier was their price, which kept them out of the reach of working-class women until well into the 1940s.¹⁰⁹ For this reason, they were not even advertised in working-class magazines until then: no such advertisement was found in *Woman’s Outlook* throughout the period under study, and articles on menstrual hygiene made no mention to manufactured sanitary pads. Similarly, the ideal of modernity promoted by manufacturers was distinctively middle-class. Advertising for menstrual hygiene products promoted an image of the modern, active, emancipated, and fully functional menstruating woman: she was no longer homebound and forced to rest, she could leave home to work in an office, travel, and enjoy outdoors activities.¹¹⁰ There was nothing deeply transgressive about this new ideal either: if women and girls were made to understand that they could do almost anything during their period, this usually translated into being able to go to a dance or to the pictures with their sweetheart.¹¹¹ In a way then, as Vostral observed, these companies tapped into contemporary feminist aspirations and repacked them, presenting their product as a companion to the modern woman’s busy life without challenging traditional gender roles.¹¹² Thus the early capitalisation of menstruation did not directly impact Yorkshire working-class women in the first decades of the century, but this shift was symptomatic of the rise of a culture in which identity – and especially female identity –

¹⁰⁶ Farrell-Beck and Klosterman Kidd, p.336.

¹⁰⁷ Vostral, “Masking Menstruation”, pp.249-251.

¹⁰⁸ Sutton, p.20.

¹⁰⁹ McCray Beier, “We Were Green as Grass”, p.467.

¹¹⁰ Vostral, “Masking Menstruation”, p.244.

¹¹¹ Strange, “Menstrual Fictions”, p.624.

¹¹² Vostral, “Masking Menstruation”, p.246.

became inextricably tied to consumption under the guise of choice, modernity, and freedom.

III.3. Hygiene and public spaces: space, movement, and the menstruating body

The development of manufactured sanitary products alongside women's increasing mobility outside the home also raised the issue of the menstruating body in relation to space and movement in very practical ways, as various implicit and explicit restrictions operated on menstruating women and girls. While medical advice at the turn of the century still prescribed rest at this time of the month, the lack of adequate hygienic facilities for women in public spaces also represented a practical barrier to their freedom of movement outside the home.

The issue of sanitary facilities for women in public spaces was not new in the early twentieth century. In her work on the development of department stores and commercial culture in late-Victorian London, Erika Rappaport traces this back to the 1870s, when middle-class feminists sought to break down the gendered barriers between public and private spaces by urging local governments to build public lavatories for women. At the heart of their efforts was the belief that comfort in public spaces influenced one's relationship with the public sphere, in other words, that the ability to relieve oneself away from home determined not only one's mobility in the urban space, but also and by extension, one's access to public life.¹¹³ Such efforts were not limited to the metropolis or to middle-class feminists either: in 1897 for instance, the Huddersfield branch of the Women's Co-operative Guild were petitioning their local council to demand that such provisions be made in town.¹¹⁴ The battle for public lavatories for women was a long one however, and Rappaport quotes memoirs of middle-class and working-class women which suggest that such facilities were still very scarce by the outbreak of the war, and that women who wished or needed to be outside for a long period of time simply had to hope for the best.¹¹⁵

¹¹³ Erika Rappaport, *Shopping for Pleasure: Women in the Making of London's West End* (Princeton: Princeton University Press, 2000), pp.75, 79.

¹¹⁴ WCG, Huddersfield Branch Records, Minute books, 1892-97, 6 October 1897, WYAS, KC63/10/120.

¹¹⁵ Rappaport, p.82.

That towns and public establishments had been designed by all-male councils resulted in unequal access to public spaces and hygiene in those spaces. As late as 1928, an article published in *Woman's Outlook* stressed that “[f]ree public sanitary provisions should be made for women as for men, municipal lodgings for women as for men, sufficient women sanitary and workshop inspectors, health visitors, and so on”. Highlighting the dire need for women as town and city councillors, the author argued that “these matters have often been overlooked, not wilfully, but because there has been no one present to suggest that women have the same requirements and pay the same rates as the better-represented men”.¹¹⁶ The issue was somewhat more complex than this however. As Rappaport argued, the main reason why female lavatories were slow to be established was not so much because municipal councils overlooked or did not understand the need for them, but because urban residents worried that these places would become disreputable spots. Aside of worries over prostitution, public toilets for women roused anxieties because they embodied liminal spaces that dangerously blurred the lines between the classes, the public and the private, the local and the outsider.¹¹⁷

The development of manufactured menstrual sanitary products was to give a new impetus to campaigns surrounding these facilities. By the 1910s, and especially after the war, when the use of disposable sanitary protections became more common amongst women of the upper classes, the lack of adequate facilities for the management of menstrual bleeding in public spaces was decried. The situation was all the more problematic that it was not limited to the urban space and leisure establishments alone: other public spaces where women and girls worked and studied were also affected by the lack of provisions for the disposal of menstrual sanitary products. This was a problem for women and girls themselves, but also for these very establishments, as a short piece published in *The Lancet* in 1917 pointed out:

The inconvenience occasioned to women employed in hotels, workshops, and other public institutions from the lack of provision for the disposal of soiled sanitary towels is great, while

¹¹⁶ *Woman's Outlook*, vol. IX, n.153 (1928), p.330.

¹¹⁷ Rappaport, pp.84-85. Matt Houlbrook explored how male public toilets also roused anxieties as liminal spaces between the public and the private, and the tensions that surrounded their use by homosexual men in the metropolis: Matt Houlbrook, “The Private World of Public Urinals: London 1918–57”, *The London Journal*, 25:1 (2000), 52-70.

the expense to the proprietors of such establishments from stopped drains, in consequence of the disposal of these articles in lavatories, is equally troublesome.¹¹⁸

On this point, Britain seemed to be lagging behind the US, as another short piece published in *The Lancet* the same year suggested. Praising the efficiency of the American public health service and their efforts to inspect and ensure the sanitary conditions of government buildings and workplaces in Washington D.C., the author pointed out that “[r]est rooms for women are fitted up in practically all the buildings where women are employed, sometimes with a matron in charge, and sanitary towels are supplied by automatic machines or otherwise”.¹¹⁹

This was an issue the MWF felt strongly about. In their efforts to work towards the amelioration of women’s experience of and feelings towards menstruation, they regularly highlighted the need for facilities for the disposal of menstrual products in offices, factories, and schools. Speaking on this point at the 1924 annual meeting of the British Medical Association in Bradford, Alice Sanderson Clow stressed the importance of facilities for washing and disposal in spaces where women and girls worked, arguing that it would diminish the discomfort occasioned by soiled menstrual pads, and in particular the chafing caused by wearing the same pad for too long.¹²⁰

However, if by 1930 the MWF rejoiced over the improvement of facilities in factories, large shops, offices, and even public lavatories in train stations, they deplored that schools still lacked in such provisions, as their extensive investigation into menstruation in schoolgirls had revealed: “The most important practical point which arises from this inquiry is the need for better provision of facilities in schools and even in pavilions of playing fields for menstruating girls”.¹²¹ The committee in charge of the investigation was under the definite impression that “much of the discomfort complained of, and some of the disinclination to play games, was due to lack of appropriate toilet facilities”.¹²² The lack of adequate facilities at school meant that menstruating girls had to wear the same menstrual pad all day, a practice considered unhygienic by medical

¹¹⁸ Anon., “The Destruction of Sanitary Towels and Surgical Dressings”, *The Lancet*, 28 July 1917, p.145.

¹¹⁹ Anon., “The Sanitation of Public Buildings in the United States”, *The Lancet*, 12 May 1917, p.730.

¹²⁰ Alice Sanderson Clow, “Dysmenorrhoea in Young Women: its Incidence, Prevention and Treatment”, *The Lancet*, 23 August 1924, p.392.

¹²¹ MWF, “The Hygiene of Menstruation”, *The Lancet*, 5 July 1930, p.33.

¹²² MWF, “Menstruation in Schoolgirls”, *The Lancet*, 5 July 1930, p.61.

authorities by that time, which increased risks of infections and chafing, and effectively impeded girls' physical freedom:

it is still true that at many playing fields and even in some schools no facilities for the necessary change are provided. There is no doubt that for this reason alone many girls refrain from active exercise during the period. [...] It would seem very desirable that any girl should be able to obtain a fresh towel and to dispose of a soiled one either at school or in the playing pavilion.¹²³

Although the lack of facilities for women and menstrual hygiene in public spaces was not so much a male-orchestrated conspiracy to keep women and girls at home rather than the result of various interrelated factors, it nonetheless resulted in limitations to their movements in spaces that were originally not designed for them. For the MWF, as for the late-Victorian feminists who campaigned for female lavatories before them, the stakes were political as well as practical: the lack of adequate sanitary provisions for women and girls constituted a gendered barrier to their presence in public spaces by denying them comfort, thereby implicitly perpetuating their exclusion from these spaces and from full participation in public life.

III.4. The question of physical activity

As the above examples suggest, the demand for provisions for the disposal of menstrual products in public spaces was directly linked to another important area of work for the MWF, that is, the question of physical activity for menstruating girls. Despite physical education being on the curriculum, those members of the MWF who worked in schools observed that the practice of excusing a girl from exercise or preventing her from attending during her period was still common: "In some of the boarding houses the old regulations still hold, and the girls are forbidden to go to the playing field for the first three days of menstruation".¹²⁴ For the MWF, the continued enforcement of rest on menstruating girls was not only medically unfounded, it was also detrimental in that it fostered a pathological approach to menstruation in girls, and worsened any potential menstrual discomfort they may feel.

¹²³ MWF, "Menstruation in Schoolgirls", *The Lancet*, 5 July 1930, p.61.

¹²⁴ Sanderson Clow, "Menstruation during School Life", *BMJ*, 2 October 1920, p.512.

As early as 1920, Dr Alice Sanderson Clow drew on her first observations to highlight the socially constructed dimension of menstrual disability in an article published in the *BMJ*:

It was found that most of the children would, if left to themselves, play games, cycle, and take walks as usual throughout the period, but that they have not been allowed to do so. It is amusing, however, to find how many of the elder girls succeed in overriding their parents' objections if the period happens to coincide with a hockey or tennis match, a dance, or a day's hunting.¹²⁵

From their observations, the MWF soon concluded that in most cases, menstrual discomfort resulted precisely from lack of exercise during the period, and that conversely, moderate physical exercise during this time considerably lowered the incidence of pain. This observation formed one of their main arguments against the pathological approach to menstruation, and exercise was systematically included in the educational material they produced. Leaflets targeted at adolescent girls and those in charge of them stated that exercise would help prevent or relieve menstrual pain:

In order to grow up strong and well, it is necessary that you should have some exercise every day in the open air [...]. It is important that you should continue this exercise, as usual, throughout the period, as by so doing, you will probably prevent the onset of monthly discomfort and pains later on.¹²⁶

With the exception of swimming, which was ruled out as a matter of fact both for hygienic reasons and in keeping with contemporary concerns over the impact of water temperature on the menstrual flow, most sports were encouraged during the period: “Regular daily exercise is definitely beneficial and helps to avoid pain at the periods. It is desirable that girls should take part in dancing, games, and free standing exercises”.¹²⁷ Some of these leaflets also included an exercise routine specifically designed to prevent or alleviate menstrual cramps.

By the late 1920s, the MWF had compiled sufficient empirical evidence on the benefits of daily exercise during the period to start pushing for reform. When Dr Sanderson Clow was invited to contribute a special article on early menstrual life to the

¹²⁵ Sanderson Clow, “Menstruation during School Life”, *BMJ*, 2 October 1920, p.511.

¹²⁶ MWF, “Advice to Girls Concerning the Monthly Period”, undated leaflet, Wellcome Library, SA/MWF/M.1/6/12.

¹²⁷ MWF, “Adolescence: Advice Regarding Menstruation to Parents, Schoolmistresses, and Others in Charge of Girls”, undated leaflet, Wellcome Library, SA/MWF/M.1/6/6.

Lancet in 1928, she included a list of recommendations for reform targeted both at schools and at employers of young women:

(2) That school authorities be urged to rescind rules restricting the natural activities of children during menstruation, and that cycling, gymnastics, and games, such as hockey be allowed. (3) That employers of young women engaged in sedentary and standing occupations be urged to provide opportunity for daily exercise, such as drilling, the exercise to be continued throughout the period.¹²⁸

The question of physical activity for menstruating girls was a rather vexed one however, and the medical and lay debates on this point inscribed themselves into broader debates around sports and femininity.¹²⁹ While children of both sexes would play freely, girls approaching puberty would be discouraged, if not altogether forbidden, to take part in certain sports deemed too strenuous or manly. A 1923 *Outlook* article on “Exercise and the Young Girl” epitomised the dominant view on this question at the time:

as girls have not so much muscular strength as boys, and their bodies are not so well suited for violent efforts, so it is advisable that girls should not play rough games like football, and that they should not take part in swimming races and other strenuous contests.¹³⁰

Aside from questions of physical strength and ability, the author also highlighted the observation made by teachers that sports and games tended to render girls “selfish and unwomanly”, and that many girls were “apt to give too much energy to sports to the neglect of more serious matters”. Simultaneously recognising the importance and benefits of exercise for growing girls, and the alleged threat sports represented to the femininity of these women to be, the author suggested a compromise in the form of housework: “is not the exercise got from household work as good and as beneficial to the body and as helpful to the figure as that got from any sport or game?”¹³¹

Yet the 1920s and 1930s were marked by a growing interest and participation in sports and games by women of all classes, as Maggie Newbery remembered: “Looking back, I think the late nineteen-twenties were wonderful years for the young. There was a great seeking for physical fitness; games were the thing, and were coming within reach

¹²⁸ Sanderson Clow, “The Treatment of Disturbances Incidental to Early Menstrual Life”, *The Lancet*, 3 March 1928, p.461.

¹²⁹ For a fuller discussion of these debates in the late nineteenth and early twentieth centuries, see Marland, *Health and Girlhood in Britain*, pp.86-121.

¹³⁰ *Woman’s Outlook*, Vol.IV, n.44 (1923), p.253.

¹³¹ *Ibid.*, p.253.

of the working class".¹³² Women's gymnastics and athletics became very popular in the interwar years, when slimness and athleticism became the new standard of attractiveness for women, and although sports like tennis or movements for physical education such as the Women's League of Health and Beauty were distinctively middle-class, calisthenics could easily be practiced by the busy working-class housewife who wanted to keep fit.¹³³

In spite of the disapproval expressed by some medical professionals, young women and girls took part in these forms of public entertainment and joined in the most popular sports of the time such as swimming and cycling, sometimes to a professional level. Increasing media coverage of women's achievements in sports contributed to eroding the idea that they were incompatible with femininity and traditional female roles, as a 1928 *Outlook* editorial suggested:

Of course, everybody knows now that women are taking more and more interest in sport. It is well that it should be so, and there are women athletes of whom we can well be proud. [...] Women are swimming the Channel and some of them, Mrs Corson, for instance, are mothers. Women are actually flying [...]. In international sports women are taking their places, too, in such things as motor-cycling, racing, high-jumping, and other games.¹³⁴

As can be seen in the above example, a key source of concern over women's and girls' participation in sports and games was the perceived threat this represented to their traditional role as childbearers. In the case of young girls going through puberty in particular, medical debates revolved around the damage such physical activity could cause to their reproductive system.

IV. Who Knows Best? Points of Friction

IV.1. The value of experience

Shall women and girls play football? That is a question being debated in the newspapers at the present moment. Some men say the game is not a fit one for girls, while several old doctors also describe the game as entirely unsuitable to a woman's physique. Looking at the group of healthy, laughing girls sent to us by the Guildford Co-operative Society, the conclusions of so-called 'experts' seem, to say the least, unjustifiable.¹³⁵

¹³² Newbery, p.116.

¹³³ McKibbin, p.370.

¹³⁴ *Woman's Outlook*, Vol.IX, n.166 (1928), pp.737-738.

¹³⁵ *Woman's Outlook*, Vol.III, n.27 (1922), p.83.

Despite the research undertaken by the MWF on this question, concerns over physical exercise during the period still held strong in the medical community, their chief concern being about the damage it could do to a girl's reproductive system. Even some female medical professionals, whose understanding of menstruation derived both from their medical training and personal experience and who were thus generally more progressive in their recommendations than their male counterparts, still thought that caution at this time should be exercised. For instance, Dr Mary Scharlieb, who argued in *The Seven Ages of Woman* (1915) that "neither the pain nor the discharge itself is sufficient to justify withdrawal from the usual duties and pleasures of life" still suggested that mothers should protect their girls from "undue exertion" at this time.¹³⁶ Similarly, when a female doctor from Sheffield reacted to Sanderson Clow's 1920 article "Menstruation during School Life", she praised her work and sensible approach to menstruation but raised concerns over the long-term effect of strenuous activities and sports on the reproductive organs:

It is afterwards, not at the time, when the mischief will appear. [...] no great physical strain should be made on a girl's system during menstruation. Hockey, tennis, and especially riding and cycling, should be strongly discouraged for the first two days, without a thought of 'molly-coddling.' Though a natural function, menstruation is a temporary drain on a girl's vital energy, and it calls for special care.¹³⁷

As can be seen in the above example, the former medical model of female physiology still informed medical objections to exercise during menstruation: diverting away a girl's 'vital energy' through undue effort could be injurious to her future reproductive health.

It is interesting to note that for the greatest part, these debates failed to acknowledge and take into account the physicality of working-class life and work which would have largely discredited the argument that physical exhaustion risked rendering a girl unfit for motherhood. From an early age, working-class girls were expected to take part in housework, some of which was physically exhausting. Washing day in particular features regularly in first person testimonies as particularly demanding: "I also hated Monday because this was wash day and the field of operations would daunt the average

¹³⁶ Mary Scharlieb, *The Seven Ages of Woman: a Consideration of the Successive Phases in a Woman's Life* (London: Cassell, 1915), p.15.

¹³⁷ *BMJ*, 9 October 1920, correspondence, p.568.

housewife. [...] It was utterly exhausting work for a little girl but it had to be done”.¹³⁸ As they approached puberty, working-class girls would also usually start part-time work in a mill or factory, or go into domestic service, all of which were known to be physically demanding. In mills and factories, the younger girls, aged between 12 and 14, were usually employed in mobile rather than sedentary work. Maggie Newbery for instance remembered the sheer exhaustion she felt when she started working as a part-time doffer, a job that required her to quickly remove full bobbins from the spinning machines to replace them with empty ones, not helped by the fact that she had to stand on tiptoes to reach the bobbin rail.¹³⁹

The lack of consideration of the physical activity of young menstruating girls of the working-class in medical debates was pointed out in a 1925 *Outlook* article on “Athletics and Motherhood”. Commenting on the claim made by various physicians in the press that excessive physical activity at that age would be injurious to a girl’s reproductive system, the article discussed the recent work of female medical professionals who sought to discredit this view, and invited the readers to put these medical debates in perspective with the real-life experiences of working-class mothers that had been compiled and published by the Guild in *Maternity* (1915):

As a set-off to the experiences of physically-trained young women, we commend a perusal of the little details of existence of mothers, who have lived hard lives of wear and tear during pregnancy. [...] From these it is difficult to resist the conclusion that girls who hope to be mothers should play games. Facts speak stronger than words, and we leave our readers to judge for themselves whether or not the claim is justified that girls who have undergone intensive physical training are for that reason unfit for motherhood.¹⁴⁰

This example as well as the extract quoted at the beginning of this section are remarkable for what they reveal of the tensions between lay knowledge and experience, and the claims of “so-called experts” on women’s bodies. In a fashion characteristic of the magazine’s editorial line, the argument of authority is thwarted by empirical evidence, first hand or otherwise. A later article on the subject of girls and athletics for instance referred this time to the physical strength and ability of women in “savage tribes”, observing that “the function of motherhood which we frequently hear advanced as an

¹³⁸ Wallis, pp.e-f.

¹³⁹ Newbery, p.47.

¹⁴⁰ *Woman’s Outlook*, Vol.VI, n.79 (1925), p.439.

argument against athletics for girls is in no way impaired by their physical exertion".¹⁴¹ For the editors of *Woman's Outlook* as for the MWF, it had become clear that warnings against exercise in young girls and especially during the period had more to do with social expectations than with actual damage to their reproductive organs:

Up to the time that a girl is twelve or thirteen years old she equals and generally excels boys of her own age in the competitive athletics of childhood. From then onwards she rapidly loses her ability and joins the ranks of her weaker sex. Why? Not because of her sex, but because custom decrees and elders instruct that she must think about becoming a lady.¹⁴²

Scepticism towards the claims of medicine in favour of experience, and a degree of aversion for the figure of the expert formed part of working-class culture in the early twentieth century.¹⁴³ This was to generate tensions in relation to the teaching of young girls about menstruation and menstrual hygiene. We have seen how, well into the twentieth century, knowledge about the body and bodily processes went against notions of respectability, and how this translated into the widespread practice of letting girls reach menarche without any preparation for it. Yet the emphasis on national fitness and the taking up of formerly private matters such as hygiene and sexuality into public discourse triggered a slow change in attitudes towards a broader recognition of the benefits of such education for young people. Thus, as girls' need for and right to information came to be recognised, the question shifted from whether or not to instruct them, to what kind of knowledge should be imparted and by whom.

IV.2. Who should teach?

For many, an obvious answer to the latter question was mothers – it was thought that discussions of such an intimate matter should only happen between women, and ideally not outside the home. Mothers had first-hand experience of the phenomenon as well as some knowledge of both its meaning and management, and their function was already that of a teacher to their children. In this respect, they were thought to be the best placed to instruct their daughters. A 1923 *Outlook* article on menstruation stressed this

¹⁴¹ *Woman's Outlook*, Vol.X, n.186 (1929), p.560.

¹⁴² *Ibid.*, p.560.

¹⁴³ McKibbin, p.175.

point, and emphasised how, by doing so, mothers would protect their daughters from both harmful ignorance and improper information:

For the onset of this important event in her life the girl ought to be wisely prepared, by her mother, who should explain all about it, quite frankly and fully, instead of leaving her in ignorance, or allowing someone else to do so, perhaps coarsely and harmfully.¹⁴⁴

As we will see in the next chapter, the magazine sought to help and encourage mothers to instruct their daughters through articles and recommended readings.

This question was not new for the women of the WCG, as can be seen for instance in some of the letters published in the *Maternity* collection, where women complained of the harmful state of ignorance they had been allowed to grow up in, and indicated their intention to spare this misery to their own daughters:

I was never told what to expect when I was living girlhood – I mean the monthly courses. I often wonder how I got along as well as I have. I will say here that I do not intend my daughters to be so innocent of natural courses. I feel it is unkind of parents to leave girls to find these things out. It causes unnecessary suffering.¹⁴⁵

However, despite the growing expectation that mothers should provide their daughters with enough information to spare them anxiety, the reality was often very different. Mothers who failed or refused to instruct their daughters thus became the target of criticisms which, interestingly, did not emanate solely from medical women. A 1922 *Outlook* article for instance tackled this issue. Under the heading “Mother to Blame”, the author deplored the harmful state of ignorance in which girls were allowed to grow up, and the disastrous consequences of this:

For this her mother is largely responsible, for she is not only the girl’s natural guardian, but her natural instructress in such matters. And well does she know the disturbing physical and mental conditions which faces her daughter, and into which she is often allowed to drift without a word of warning. The girl does not know, but she has a right to know.¹⁴⁶

Yet the instruction of daughters on menstruation raised a number of issues and did not seamlessly translate into practice. Not only did customs and mothers’ reticence to discuss such matters constitute a significant obstacle, their own lack of formal instruction on menstruation meant that even willing mothers would often lack the knowledge or even

¹⁴⁴ *Woman’s Outlook*, Vol. IV, n.45 (1923), p.282.

¹⁴⁵ WCG, *Maternity: Letters from Working-Women*, facsimile [1915] (Miami: Hard Press Publishing, 2012), letter 160, pp.187-188.

¹⁴⁶ *Woman’s Outlook*, Vol. III, n.31 (1922), p.212.

language to communicate with their daughters on this issue. As a result, according to the MWF, these teachings were either insufficient, inaccurate, or both. This is where medical women and the pharmaceutical industry stepped in. Convinced that scientifically accurate information and the promotion of modern methods of menstrual hygiene would significantly ameliorate the menstrual experiences of the new generation, medical women were anxious to provide such instruction. Endowed with a professional claim to expertise, backed up by manufacturers of sanitary products, and detached from the familial context and the potential communication issues inherent to it, medical women constructed themselves as the prime source of wholesome, accurate knowledge.

Interestingly, while male medical experts researched and wrote profusely about menstruation and menstrual disability, they seemed to have very little to say about the practicalities of managing menstrual bleeding. For the entire period 1900-1940, only very few mentions of sanitary towels were made in *The Lancet* and the *BMJ*, most of these being either advertisements or descriptive reports on recent medical exhibitions. Significantly, the very few articles touching on sanitary products in the leading medical journals were written by female doctors, and the issue featured much more regularly in the *Newsletter* of the MWF. In other words, while medical men focussed on menstrual symptoms and irregularities, there was a broad consensus that containing and concealing menstrual bleeding was a woman's business.

The interwar period witnessed a convergence of interests between female health professionals and pharmaceutical industries with regards to menstrual hygiene. As the MWF sought to overturn the dominant narrative of menstrual disability and replace it with a rational educational discourse, they pushed forward a new narrative of menstrual hygiene that largely relied on the modern, manufactured sanitary products: although they recognised that the use of reusable towels "may be necessary on the grounds of economy", these were nonetheless considered "less desirable".¹⁴⁷ In turn, advertisements for sanitary pads promoted an image of happy, carefree menstruation which concurred with and sustained this new narrative of emancipation, activity, and health. Advertisements for Hoeszene sanitary towels found in the MWF *Newsletter* for instance combined images of smiling, glamorous modern women travelling, dancing, or entertaining friends with

¹⁴⁷ MWF, "Monthly Period of the Adolescent: Advice during Menstruation", undated leaflet, Wellcome Library, SA/MWF/B.4/5.

headings such as “A new-found freedom without interruption!”, “Enjoy all outdoor pursuits!”, “No need to fail your friends!”, or simply “Emancipation!”.¹⁴⁸ This convergence was of course motivated by mutual interests: medical women believed that good practices of menstrual hygiene would improve girls’ experiences of menstruation, and manufacturers of sanitary pads had an interest in spreading information that promoted the use of their products to customers who would need them for decades. This also explains the number of advertisements for sanitary pads in the *Newsletter* of the MWF: the *Newsletter* depended in part on advertisements for its survival, and manufacturers were keen to advertise their products in there, knowing that female health professionals were key in their dissemination.¹⁴⁹

The self-fashioning of medical women as experts on menstrual health and hygiene was also echoed in some of these advertisements: not all advertisements for sanitary products relied on the image of the modern, emancipated woman, and a number of them invoked instead the authority of a female health professional such as a nurse or physician. Advertisements for Kotex sanitary towels usually included a picture of a smiling nurse and emphasised their hygienic superiority in distinctly medical terms: “Kotex is a highly specialized product, produced with Medical co-operation in surroundings of hospital-like cleanliness”.¹⁵⁰ In these advertisements then, the argument of professional authority and the medicalised view of menstruation were pushed forward in a way that revealed emerging tensions in relation to expertise. Indeed, the reconfiguration of medical and popular paradigms of menstruation which formed the backdrop of the development and promotion of these modern menstrual products was based on an antagonism between expert and popular knowledge, which was far from unproblematic.

Besides, there were also limits to this transformation of the narrative. While the message spread by medical women and advertisements was undoubtedly a more positive one, it did not mark a complete break away from negative understandings of menstruation either. Indeed, despite their desire to debunk an oppressive model of menstruation, female practitioners paradoxically remained firmly tied to a culture of menstrual discretion.¹⁵¹

¹⁴⁸ See for instance *MWF Newsletter*, January 1932, p.79; October 1932, n.p.; January 1933, n.p.; April 1933, n.p.; October 1933, p.10; SA/MWF/B.2/6.

¹⁴⁹ Brookes, “The Glands of Destiny”, p.52.

¹⁵⁰ *MWF Newsletter*, January 1932, n.p.; see also April 1933, n.p.; SA/MWF/B.2/6.

¹⁵¹ Strange, “The Assault on Ignorance”, p.247.

By actively promoting the use of sanitary products and campaigning for facilities for their disposal in public spaces, they perpetuated the idea that the menstrual flow was something which should be controlled and hidden: to quote one of their leaflets, a girl should be taught menstrual management “for the sake of her own comfort and *that of those around her*”.¹⁵² [emphasis mine] By associating these menstrual practices with comfort, hygiene, and health, they contributed to making them necessary. In other words, while women and girls were told that menstruation did not make them invalids and that they were not limited by their physiology, the continued emphasis on discretion and active dissimulation of menstruation did not challenge the assumption that menstruation was somehow dirty and shameful.¹⁵³ We can thus see how the drive to regulate menstruating bodies was still at the heart of these discourses: under the guise of modernity, a ‘good’ way of managing menstruation emerged, framed by the three key imperatives of hygiene, control, and discretion.

IV.3. Devaluation of folk knowledge

As Julie-Marie Strange argued, the development of this new menstrual narrative and the increased availability of information was far from unproblematic: the promotion of a medically-approved discourse of rationality entailed the devaluation of traditional popular knowledge and practices, casting them as “defective training”.¹⁵⁴ While the management of menstruation had heretofore largely been a matter of customs and informal teachings based on experience, the intervention of female doctors posited the language of science and the modern manufactured goods as superior.

The promotion of a ‘good’, modern way of menstruating entailed the explicit rejection of former practices. In a context of coexisting and sometimes paradoxical models, menstruation had become the site of competing claims to expertise, and what the MWF perhaps failed to acknowledge was that mothers who subscribed to the very customs and practices they rejected as ignorant did so out of concern for their daughters and acted as they knew best. What was at stake was the affirmation of scientific

¹⁵² MWF, “Monthly Period of the Adolescent”, SA/MWF/B.4/5.

¹⁵³ An issue that is still relevant today: see Michelle Martin, “‘No One Will Ever Know Your Secret!’ Commercial Puberty Pamphlets for Girls from the 1940s to the 1990s”, in Martin and Nelson (eds.), *Sexual Pedagogies*, pp.135-154.

¹⁵⁴ Strange, “The Assault on Ignorance”, p.261.

knowledge as superior to lay knowledge and practices. Despite their good intentions, the MWF disrupted formerly prevailing patterns of knowledge-transmission by contesting and devaluating lay knowledge.

The spread of medically-approved information that directly contradicted the teachings of mothers and older generations of women also meant that girls sometimes could get caught between different injunctions at school and at home, to do for instance with the desirability or undesirability of physical exercise or daily baths, which could sometimes cause tensions.¹⁵⁵ In an article explaining her work with schoolgirls and the advice she gives them, Alice Sanderson Clow noted for instance that “[s]everal [...] have not obtained their mothers' consent to try the bath”,¹⁵⁶ while the image of the smiling young woman enjoying physical activities without discomfort in advertisements stood in contrast with the experience and advice of women of the previous generation. As this new normative language of menstruation emerged and permeated the public domain, young women and girls were thus caught between two conflicting paradigms opposing rational hygiene and carefree menstruation with the advice and beliefs of older generations of women for whom menstruation was problematic and carried a profound significance as well as various dangers.¹⁵⁷

The MWF were acutely aware of these tensions and of the need to target mothers as well as daughters in their educational campaigns. As Dr Alice Sanderson Clow commented in the *BMJ* in 1924, “[i]n the case of young girls attention has to be paid chiefly to correcting the views of the mother; and often considerable time and patience have to be expended before this very important preliminary process is completed”.¹⁵⁸ Thus the educational material they produced was not solely meant to educate girls, but it was often explicitly designed to equip mothers with the ‘right’ knowledge to instruct their daughters, the idea being to act as a facilitator rather than interfere in the mother-daughter relationship. One leaflet for instance addressed mothers directly and contained an information sheet for young girls which could be detached and “given to your daughter at any age you consider suitable”. Similarly, the section addressed to girls encouraged

¹⁵⁵ Brookes, “Hygiene, Health, and Bodily Knowledge”, pp.305, 308.

¹⁵⁶ Sanderson Clow, “Menstruation during School Life”, p.512.

¹⁵⁷ Strange, “The Assault on Ignorance”, p.262.

¹⁵⁸ Alice Sanderson Clow, *BMJ*, 27 September 1924, p.560, cited in Brookes, “The Glands of Destiny”, p.55.

them to communicate with their mothers should there be any issue: “If you are worried or uncomfortable, ask the advice of your mother”.¹⁵⁹

Yet the impact of these emerging discourses and practices should be assessed through the prism of class. Middle-class mothers were keen to rely on such publications which served the dual purpose of sparing them an awkward conversation with their daughters while shielding the latter against potentially vulgar information acquired through different, informal channels.¹⁶⁰ The cultural practices and livelihood of working-class mothers and their daughters however meant that this discourse was perhaps not so easily integrated and transformed into practice. In keeping with contemporary classed knowledge practices, while middle-class mothers turned to the written world and expert, medically-approved advice designed for private use, experience, folk knowledge, and oral culture continued to prevail in working-class households. As Melanie Tebbutt argued, despite the growth of literacy among the working classes, oral culture still retained a considerable influence, especially among women and girls.¹⁶¹ The central role of the mother in matters of health – and especially those pertaining to the female life-cycle – also meant that mothers could be suspicious of external influences which may question and undermine their authority.¹⁶² Moreover, as has previously been mentioned, working-class women and girls were unlikely to buy disposable menstrual products at that time, and were thus less exposed to the new menstrual narrative they conveyed. It is likely therefore that even as medical authorities and the pharmaceutical industry converged to make modern hygienic practices and the teaching of menstrual hygiene the new norm, working-class attitudes were not significantly altered during this period.¹⁶³

There were also boundaries that the MWF were not willing to cross in their educational campaign. Because there was a fine line between knowledge about menstruation and knowledge about sex, the transmission of information about menstruation by an external actor was a particularly contentious question. As Brookes

¹⁵⁹ MWF, “Monthly Period of the Adolescent”, SA/MWF/B.4/5.

¹⁶⁰ Brumberg, p.111.

¹⁶¹ Tebbutt, p.4.

¹⁶² *Ibid.*, p.108.

¹⁶³ Although there is evidence to suggest that the MWF was involved in outreach work, and that industrial welfare workers as well as several girls’ clubs requested copies of the leaflets they produced for distribution: Papers of Dr Alice Emilie Sanderson Clow, correspondence, Wellcome Library, SA/MWF/M.1/1, and SA/MWF/M.1/3.

remarked, the MWF were aware of the risk of usurping the traditional role of mothers and of imparting what would be considered too much information. As a result, the educational material they produced focussed solely on the hygiene and physiology of menstruation, carefully leaving out any discussion of sexuality and pregnancy.¹⁶⁴ It should be noted that medical women's efforts to keep such information 'clean' and to avoid the slippage into discussions of sexuality or pregnancy also stemmed from their own anxieties regarding premarital sexuality. There is clear evidence that the MWF held conservative views on this point, as can be seen for instance in their endorsement of certain menstrual sanitary products over others. The development of manufactured tampons in the late 1930s crystallised the tensions surrounding knowledges, expertise, and sexuality, revealing in particular anxieties regarding the porous boundaries between bodily knowledge and sexuality.

IV.4. Acceptability of knowledge

Tampons were already used before the twentieth century as surgical appliances to contain haemorrhages or for the treatment of vaginal and uterine diseases, but they were not commonly used to absorb menstrual blood until the 1930s, when Tampax Sales Corporation developed the product in the US.¹⁶⁵ Before the development of manufactured tampons, women who were dissatisfied with sanitary towels or whose occupation required it would make their own tampons out of cotton or a small sponge enclosed in a net. Some ready-made reusable devices were also available for purchase, consisting of a cylindrical sponge about two inches long with a rubber cap at one end. Interestingly, as a short notice published in *The Lancet* in 1925 indicated, these were sold with an instruction leaflet which contained a note for unmarried women warning that "when the presence of the hymen is probable, the insertion of a sponge should not be attempted except under qualified advice".¹⁶⁶

Although this particular device failed to attract much attention from the medical profession, the link between this new form of menstrual hygiene and sexuality was to create much controversy when manufactured tampons hit the British market. While the product was already on the shelves in the US by the mid-1930s, it took a few more years

¹⁶⁴ Brookes, "The Glands of Destiny", p.55.

¹⁶⁵ Farrell-Beck and Klosterman Kidd, p.337; Vostral, "Masking Menstruation", p.256.

¹⁶⁶ Anon., "A Dangerous Device", *The Lancet*, 18 April 1925, p.852.

before tampons were sold in England, partly due to the resistance of the medical profession, despite studies arguing they were more hygienic than both the sponge and manufactured sanitary pads.

The relative merits of manufactured tampons in terms of hygiene were highlighted in a 1937 study published in the *BMJ*, in which the author had conducted tests on various obstetrical and gynaecological dressings to determine the risks of infection they presented:

In America greater importance is attached to sterility of towels, and one at least is sold with a specific guarantee of sterility. It is a tampon of white cotton-wool which lies in the vagina. It was the only towel examined which proved sterile. No 'towel' of this vaginal type is sold in Great Britain, though, of course, dancers among others use such methods of absorbing menstrual flow.¹⁶⁷

Though the article was not conclusive on this point, it did raise the question, “[i]s the American technique of the sterile vaginal tampon preferable, whatever its aesthetic or other objections?”¹⁶⁸ The passionate thread of correspondence on what was called the “new menstruation toilet” in the *BMJ* throughout the year 1938 sheds some light on what these objections were.

The conversation was sparked in April that year, when an anonymous doctor asked for the opinion of gynaecologists on the advisability of recommending intravaginal sanitary protection to his patients who had inquired about it.¹⁶⁹ The first response came from a ‘Woman Doctor’, who objected to their prolonged use, and considered them injurious for nulliparous women. “For obvious reasons,” she added, “these internal pads cannot be used by a virgin, as insertion would be extremely difficult, if not impossible”.¹⁷⁰ While the first doctor’s chief concern had to do with risks of uterine displacement, the discussion soon took a turn which revealed anxieties surrounding the sexual dimension of this type of sanitary protection, both in terms of physical penetration, and with regards to the kind of knowledge needed to use intravaginal devices. This can be seen quite clearly in a later contribution to this discussion: another doctor, who was on the contrary quite

¹⁶⁷ R. J. V. Pulvertaft, “Post-Hysterectomy and Puerperal Tetanus: a study of the bacteriology of obstetrical and gynaecological dressings”, *BMJ*, 27 February 1937, pp.441-444, (p.443).

¹⁶⁸ *Ibid.*, p.444.

¹⁶⁹ *BMJ*, 16 April 1938, correspondence, p.880.

¹⁷⁰ *BMJ*, 23 April 1938, correspondence, p.932.

favourable to their use on the grounds of hygiene and comfort, sought to reassure colleagues that the tampon should not come into contact with the hymen if properly inserted, and that “intelligent virgins – for example medical students – can quite well use these pads”.¹⁷¹

Despite some rare favourable opinions, tampons roused anxieties and were considered improper or even dangerous by a large proportion of the medical profession. The MWF refused to endorse tampons in their educational material, and when the *BMJ* included an advertisement for Tampax in 1938, the Yorkshire branch of the MWF immediately wrote to the British Medical Association arguing that intravaginal devices were inappropriate for unmarried girls. Their objections to tampons included risks of infection, the possibility of injury on insertion, and “the possibility of psychological trauma”.¹⁷² Barbara Brookes found that medical concerns surrounding the use of tampons by virgins were repeatedly formulated throughout the 1940s – it was feared that tampons would rupture the hymen, that young unmarried women would use them as barriers to indulge in premarital sexual activity, or that virgins would insert them with the help of a mirror, which would have “obvious” negative psychological consequences.¹⁷³ Notably, the MWF continued to refuse to include advertisements for tampons in their *Newsletter* as late as 1947.¹⁷⁴

It is interesting to note that while sanitary towels had generated only minimal debate amongst medical men who considered that female doctors and women themselves probably knew best what to do, tampons on the contrary seemed to require their professional expertise. In addition to the aforementioned anxieties about sexuality, the lack of medically-approved information accompanying these newly available devices was a cause of concern. Partly due to their prior adoption in the US, a growing number of women inquired about tampons or even purchased them without first seeking medical advice. “Is it realized how popular this practice is becoming?” exclaimed one doctor, visibly worried about this new trend:

¹⁷¹ *BMJ*, 7 May 1938, correspondence, p.1036.

¹⁷² MWF Council Meeting, 28 April 1939, cited in Brookes, “The Glands of Destiny”, p.58.

¹⁷³ Brookes, “The Glands of Destiny”, p.58.

¹⁷⁴ *Ibid.*, p.52.

The “outfits” are procurable at many big stores, and are presented to girls by women who extol their harmlessness and many advantages. For health and beauty classes, dancers, factory girls, etc., they have great attractions, as they require no belt and are comfortable and unseen. The literature accompanying them is all that these young women have to guide them.¹⁷⁵

Apparently worried by the lack of bacteriological reports on these tampons, the author pleaded for some form of public information campaign on the subject: “I think it is only fair to the female public to give some advice on the subject, or is it a matter for the Ministry of Health?”¹⁷⁶ Ironically then, the internal sanitary product designed to be more inconspicuous was the one that enjoyed more attention from medical men.

What we can see from the above example as well is that the appeal of tampons for women engaged in factory work or any kind of activity that involved either a lot of movement or a close-fitting outfit was taken for granted. Tampons represented another step forward in women’s access to the public sphere by enabling greater mobility and removing restrictions on certain activities. On the eve of another war, this was a particularly significant point. Just as WWI had contributed to the development of sanitary towels, WWII played a role in the wider use and acceptance of tampons, although admittedly the proportion of women using tampons was still very marginal in the early 1940s. Not only did the war entail a shortage in manufactured sanitary towels, tampons were also likely to appeal to servicewomen and women engaged in active war work alongside men, who had to manage their periods in conditions very different to that of their own homes.¹⁷⁷

In a 1942 comparative review of sanitary appliances, Dr Mary Barton emphasised the relative superiority of tampons in terms of hygiene, discretion, and mobility – tampons were easier to hide a handbag, they could not be seen when worn, they did not cause unpleasant smells or chafing, and they were easy to dispose of. Without being dogmatic as to what women should use, she deplored that so many women and girls stayed away from tampons out of fear and ignorance of their own bodies:

[F]ear, born of a lamentable ignorance of their own anatomy, prevents an enormous number of women from making use of any advance in personal hygiene [...] It seems that many

¹⁷⁵ *BMJ*, 26 November 1938, correspondence, p.1113.

¹⁷⁶ *Ibid.*, p.1113.

¹⁷⁷ Brookes, “The Glands of Destiny”, p.58; Mary Barton, “Review of the Sanitary Appliance with a Discussion on Intravaginal Packs”, *BMJ*, 25 April 1942, pp.524-525, (p.524).

women believe that infertility results from the placing of cotton-wool pads within the vagina, and not a few confessed that they thought malignant disease was brought about by ‘unnatural interference’ with what was to them a particularly sensitive part of the body.¹⁷⁸

Menstrual hygiene raised a number of questions with regards to knowledge, sexuality, and their social acceptability. In the case of the growing girl, the issue was to provide sufficient knowledge of the physiological process of menstruation and of the hygienic practices to adopt, without revealing the full implications of the onset of menstruation. The development of manufactured sanitary products and the spread of printed educational material not only displaced menstrual hygiene from a private to a public issue, it also tied into contemporary debates surrounding sex education more generally, and the desirability and acceptability of imparting such knowledge to young people. The development of tampons in particular highlighted those tensions around sexual knowledge. While intravaginal devices were found to be more hygienic and more practical than sanitary towels, they were thought inappropriate for unmarried women and girls, due both to their penetrative nature, and to the fact that young women were not supposed to possess the anatomical knowledge required to use them. Medical anxieties surrounding their improper use reflected broader social anxieties about premarital sexual knowledge and experimentation.

This chapter has explored some of the tensions surrounding medical theories on menstruation, and menstrual management in the first four decades of the twentieth century. It has examined medical women’s efforts to reframe menstruation in more positive terms through new research methods and the diffusion of educational material, as well as their convergence with manufacturers of sanitary products in the joint promotion of a new menstrual narrative and modern menstrual management practices. These developments have been put in contrast with the knowledge, practices, and material conditions of working-class women and girls, to suggest that, however well-meant, this intervention was problematic in that it largely left them out and challenged mothers’ authority on questions of menstrual management. Menstrual hygiene was a deeply sensitive issue and a contested terrain, and the unprecedented intervention of self-

¹⁷⁸ Barton, “Review of the Sanitary Appliance”, p.524.

fashioned experts on this issue, alongside the new and resolutely modern technology and narrative that accompanied this shift, resulted in coexisting and contradictory understandings and practices. Moreover, the promotion of education on menstrual hygiene by a third party challenged the traditional processes of knowledge transmission in working-class families, and more generally roused anxieties regarding knowledge and its acceptability, in a context where formal sex education was unheard of, and the boundaries between sexual or bodily knowledge and sexual activity seemed porous.

CHAPTER 2: SEX

Before educational and medical authorities started encouraging parents to provide some form of sex education to their children in the 1920s, and the subsequent introduction of sex education in schools starting in the 1940s, children were for the most part brought up in ignorance of matters relating to sex and reproduction. Yet the first four decades of the twentieth century were marked by a profound change in attitudes towards sexual knowledge, at least at the level of official discourse. In her work on Lancashire, Lucinda McCray Beier identified a dramatic shift in attitudes to sexual knowledge between respondents born before and after about 1930, which she attributed to changes in working-class definitions of respectability, birth control, and more generally the medicalisation of sex, whereby medical and educational professionals gained authority over definitions of appropriate knowledge and its transmission.¹ This was corroborated by Kate Fisher and Simon Szreter, who identified the institutionalisation of sex education in the 1940s as an important factor in this shift towards new attitudes to sexual knowledge through its provision of a respectable discourse on sex and reproduction.²

Official efforts to educate the population on this subject originally sprang up during the First World War, and were motivated by anxieties over venereal disease, national health, and fertility.³ Subsequently, in the interwar years and in particular from the 1930s, there was a growing recognition among medical professionals, and to some extent in society, that some measure of instruction could benefit young people by preserving their health, sparing them anxiety and fostering a more sensible and ‘healthier’ approach to sexuality. Given the sensitive nature of the topic, however, the promotion of sex education for children and young people did not seamlessly translate into practice in working-class families. Indeed, if the focus on sexual knowledge as a marker of respectability would eventually abate by the mid-twentieth century in response to the changing conditions and aspirations of the working classes, it remained paramount throughout the period under study.⁴

¹ McCray Beier, *For Their Own Good*, p.210.

² Szreter and Fisher, p.56.

³ See for instance Laura Doan, “Sex Education and the Great War Soldier”; Joanna Bourke, *Working-Class Cultures in Britain, 1890-1960: Gender, Class, and Ethnicity* (London: Routledge, 1994), pp.37-41.

⁴ McCray Beier, *For Their Own Good*, pp.233-239.

The interwar period also witnessed developments that were to shape sexuality and gender relations in new ways, as a self-consciously modern femininity emerged, drawing upon crucial changes in women's political, social, and economic position. The rise of consumerism and commercial leisure provided young women with greater independence and opportunities for courtship, while developments in fashion and the feminine press contributed to the reshaping of female sexuality through the articulation of new perceptions of the female body and new aspirations regarding married life and motherhood.⁵ Married women's experiences were also starting to undergo a transformation in this period, helped in part by a growing frankness about sex and birth control, and the promotion of companionate marriage in popular culture and the media.⁶ These changes are of particular interest for the present study, insofar as young women's adoption of self-consciously modern attitudes to sexuality and the accompanying reshaping of definitions of respectability was bound to raise anxieties and create tensions between different generations of women. Because of this, and because they were the most affected by these changes, this chapter focuses primarily on the experiences of girls and young women.

Sexuality never happens in a socioeconomic vacuum. As we have discussed in our introduction, occupational patterns had a significant impact on gender relations. This chapter will explore these differences further as they pertain to the organisation of sexuality, and more specifically to girls' and young women's access to leisure, courtship, and sexual knowledge. This will be done through a series of case studies based on three distinct areas broadly representative of the main sectors of activity in Yorkshire at the time and distinguished by their occupational and demographic profiles – namely mining and steel areas, mills and factory towns, and rural areas.

The need to investigate sexuality through a socioeconomic lens is crucial to the present study for two main reasons, namely the key impact of occupational patterns and consumerism on working-class sexuality in this period, and the bourgeois ideals that underpinned official efforts to educate the population on sexual matters. Anxieties over young working-class women's sexuality in this period tell us more about contemporary

⁵ Todd, "Young Women, Work, and Leisure", pp.802-803.

⁶ Fisher, *Birth Control, Sex, and Marriage*; Bingham, *Gender, Modernity, and the Popular Press*; Cook, *The Long Sexual Revolution*.

middle-class values than about the actual shifts and reconfigurations that took place, or how they were perceived and navigated by these young women.⁷ It is for these reasons – as well as issues of scope and agency – that official interventions in this area, both in terms of reform and education, will not receive extensive attention in this chapter. Instead, this chapter relies predominately on first person narratives, which allow us to get a sense of the lived experience of sexuality, and of the navigation of shifting ideologies of femininity and respectability in this period.

This deliberate focus seeks to preserve working-class girls' and women's agency, and to reframe what may have been perceived by middle-class observers as evidence of immorality on their own terms. By doing this, this chapter follows the work of Judy Giles, who convincingly argues that working-class women were able to harness class-specific notions of respectability to construct their femininity in a way that rejected middle-class ideals.⁸ A crucial component of working-class life in this period, the concept of respectability needs to be considered carefully, especially as it pertains to sexuality, as it is perhaps too readily reduced to certain norms of sexual behaviour – typically premarital chastity and sexual ignorance. Respectability is a social construct, and as such it must be understood as a complex, autonomously generated category defined in relation to the needs, aspirations, and living and working conditions of a particular group or community. As such, it was constantly in the process of being defined and negotiated – a process in which women themselves played a key part.⁹ Whether they were acting as moral authorities in their community, or as agents of change in a time of profound socioeconomic and cultural transformations, women, young and old, were at the centre of these reconfigurations and contributed more or less consciously to the (re)shaping of boundaries. This understanding of respectability is useful to counteract the idea that it was essentially a form of negative check on (female) sexuality, and allows for a reading of 'respectability' in terms of female agency.

This chapter also focuses on *Woman's Outlook* as a source of information on sexuality. Although the magazine primarily targeted married women, it also sought in its early days to cater for young women through a dedicated page entitled "Our Girls"

⁷ Lesley Hall, *Hidden Anxieties: Male Sexuality, 1900-1950* (Cambridge: Polity Press, 1991), pp.46-54; Peter, "'Intersex' and 'Dirty Girls': Mass-Observation and Working-Class Sexuality in England in the 1930s", *Journal of the History of Sexuality*, 8:2 (1997), 256-290, (p.276).

⁸ Giles, "Playing Hard to Get", p.252.

⁹ See for instance Tebbutt, *Women's Talk?*

Outlook”, which among other things regularly provided advice on topics such as courtship and engagement. Simultaneously, while the magazine acknowledged and welcomed the cultural shift towards a more self-consciously modern approach to sexuality and sexual knowledge, the editor was also keen to address and mediate the intergenerational tensions this may cause, and to this effect endeavoured to reassure and advise worried mothers. This dual focus placed the magazine in a unique position and makes it a particularly rich source to explore these reconfigurations.

This chapter is concerned with both sexual knowledge and behaviour, with an emphasis on the processes of knowledge-acquisition and of negotiation of changing ideals of femininity and respectability, as well as intergenerational tensions surrounding these issues. Through its emphasis on occupational patterns, it also seeks to provide a more nuanced understanding of the various forces that shaped the lived experience of sexuality. This chapter is divided into three sections. The first section contextualises the experience of working-class children and youths by exploring how they acquired sexual knowledge and experience, with an emphasis on the pluralistic dimension of these processes. This general account is then nuanced in the second section by a series of case studies which analyses the impact of location and occupational patterns on gender relations and young women’s access to sexual knowledge, leisure, and courtship. The third and final section is concerned with the interwar period and charts change over time. It examines the creation of a modern working-class definition of femininity and sexuality as well as debates surrounding sexual knowledge and the desirability of sex education. It argues that rather than merely signifying an increased openness about sexuality, the promotion of sex education was rooted in broader contemporary anxieties over national fitness, reproduction, and the family.

I. Respectability, Sexual Knowledge, and Sexual Behaviour

1.1. Childhood: finding out about “seks”

In the previous chapter, we have seen how silence on sexual matters was the norm in working-class families as parents sought to shield their children from sexual knowledge, and how, as a result, whatever knowledge mothers cared to impart about menstruation was often very summary and carefully divorced from any explicit

discussion of sex and reproduction. A survey conducted by Mass Observation in the late 1940s revealed that only 11% of the population had been given some form of sex instruction by their mothers, and only 6% by their fathers.¹⁰ Oral histories similarly highlight the fact that sex was usually not discussed between parents and children in this period – an enforced ignorance which was deemed necessary to protect children’s and their families’ reputation.¹¹ However, historians of sexuality have expressed scepticism regarding claims to sexual ignorance among oral history informants, and the work of Kate Fisher and Simon Szreter illuminates the gendered and classed cultural imperatives which shaped these claims.¹²

Although most first-person accounts used in this study describe growing up completely oblivious to sex and the atmosphere of silence and secrecy that surrounded the topic, they can provide us with an insight into how parents and other adults sought to shield their children from sexual knowledge, and how successful they were in doing so. In the case of Mary Denison for instance, gender segregation between her and her siblings seems to have been very effective. Though she did have a brother, she apparently grew up not knowing anything about a boy’s anatomy, as she recounted in her autobiography: one day, as she was chatting with girlfriends and their brother, she was left “completely astounded” as the little boy urinated on a bundle of hay, not understanding how he managed it. Interestingly, the boy’s sisters’ reaction to her asking about it suggests that, although they were more enlightened than her, they knew that this was not something to talk about: “You got no answer to your query but half-embarrassed smiles, and thus remained in the dark about John’s performance”.¹³

In contrast, Edna Bold recalled seeing her twin brother naked during bath time when they were growing up, although this did not seem to have piqued their curiosity: “We were innocent as Adam and Eve walking in the garden. My twin brother and I knew we were different. The ritual Friday bath night in front of the kitchen fire brought the matter to our mind. We had no interest, no curiosity and paid little attention to the phenomenon”.¹⁴ Edna may not have felt like bath time provided her with some form of knowledge at the time, but she did pick up on the various injunctions relating to her

¹⁰ McKibbin, p.314.

¹¹ McCray Beier, “We Were Green as Grass”, p.465.

¹² Szreter and Fisher, pp.64-74.

¹³ Mary Denison, *Church Bells and Tram Cars, a Vicarage Childhood*, unpublished autobiography, Burnett Archive of Working-Class Autobiographies (Brunel University, London), n.r., p.50.

¹⁴ Bold, p.20.

clothes or posture: “I had to stand with my feet together, sit with my knees together and never, under any circumstances, lift my skirts. [...] Vaguely, slowly, haphazardly I sensed the layers of petticoats that hung down like drawn blinds had a significance I did not yet comprehend”.¹⁵ Through her mother’s efforts to instil a sense of modesty and decency in her, Edna sensed from a young age that there was something to understand about her body and the way she was made to hide it.

Gender segregation was not always strictly enforced, as Edna’s account suggests, due in part to working-class housing and sanitary facilities. For instance, Maggie Newbery remembered how she and her siblings would often go to the toilet in pairs at their farm in Nun Monkton, as it was a double privy: “there were two holes in one long seat, so you could if so inclined sit and hold a conversation while doing the needful; and this we children often did”.¹⁶ Besides, even where it was enforced, gender segregation did not preclude same-sex observation and experimentation. Interviewed for the *Women Like Us* project, Pat James (b.1921) recalled one such incident:

When I was about eight, round about that age, I had a little friend staying the night and when I tried to cuddle her she moved away from me. I remember thinking she could go no further than the wall, so I followed her, and then she said ‘If you don’t stop it, I’m going to tell mummy’. So that was the end of that, naturally.¹⁷

In *A Woman’s Place*, Elizabeth Roberts also remarked that given the sleeping arrangements in many working-class homes at the time, it is truly surprising that children may have remained so naïve about sex.¹⁸ While parents may have wished to separate boys and girls at night, space and numbers could raise significant challenges. On this point, and in a notable counterexample to the ignorance largely professed in most first-person accounts, Bessie Wallis argued that

there was no mystery about sex to any of us children. Most families only had two bed-roomed houses. There were always many children and this meant that the smaller ones had to sleep in the same room with their parents. I had wondered about hearing the whisperings and sighs but as soon as I started school I was enlightened. The bigger girls always made it sound horrible and dirty.¹⁹

¹⁵ Bold, pp.20-21.

¹⁶ Newbery, pp.19-20.

¹⁷ *Women Like Us*, p.57.

¹⁸ Roberts, p.16.

¹⁹ Wallis, p.2.

Similarly, it is likely that children growing up on farms and in rural areas would have been exposed to sexual knowledge through witnessing animals mating or giving birth, although such observation was not encouraged: one respondent in Maureen Sutton's study recalled being told off by her mother for watching as one of their chickens laid an egg.²⁰

Despite their parents' efforts, the living conditions and daily activities of working-class children meant that they did pick up some knowledge, or at least a sense that there was something to know. Often not fully aware of the significance of what they saw, felt, or heard, they developed what Steve Humphries called "a strange mixture of innocence and experience" which set them apart from their middle-class counterparts.²¹ As the above passage from Bessie Wallis' autobiography suggests, children depended on their siblings and on their peers at school or on the streets to make sense of these experiences. This is not to suggest that children's discussions about sex and reproduction were always illuminating, for imagination as well as the shock factor of discussing a taboo subject certainly came into play. Prompted by curiosity, such discussions were not necessarily based on actual knowledge, and how the information they contained or the words that were used were understood would vary from one child to another. For example, Mary Turner recalled in her autobiography how she was still clueless about sex as a young woman "despite having laughed at dirty jokes as a kid – often in the wrong place and for no good reason I could think of except that others were laughing too".²²

The strong disapproval that accompanied any suspicion of sexual knowledge in children could also have the paradoxical effect of developing their sexual awareness, as previously innocent acts, words, or questions became shameful and dirty through adult interpretation. Some children were punished for playing doctor for instance, or for singing or saying certain songs and rhymes whose double meanings escaped them.²³ Mary Denison recalled two episodes that left their mark on her. One had to do with a comic postcard she saw in the window of the post-office every day on her way to and from school. Under the title "The Old Maid's Prayer" was a picture of a woman kneeling by

²⁰ Sutton, p.9; see also Humphries, p.36.

²¹ Humphries, p.37.

²² Turner, p.2.

²³ Sutton, p.7.

her bed in a long nightdress: “You didn’t understand it – the words had something to do with finding a German under the bed – but you wanted it”. When she eventually walked in to buy it one day, the man behind the counter read it, chuckled, and refused to sell it to her: “I don’t think your Father would like you to have this”.²⁴ She was mortified, and although this exchange did not provide her with any insight as to what the postcard meant, it was clear to her that she had somehow done something inappropriate.

It was not the first time she was made to feel like this by an adult – on a previous occasion her curiosity pushed her to ask her teacher where babies come from:

The question teased your mind, cried out for an answer, but you asked it in the wrong place – in Miss Maud’s schoolroom in Heathfield Terrace. And you got no answer at all. [...] It was the first time you had asked the question, and the only time you were to ask in innocence – an innocence shattered as a blow by Miss Maud’s shocked ‘Sh- sh-’ and Molly and Joy’s furtive glances. Scarlet-faced, you realised that you had said something impermissible, spoken of a thing which shouldn’t be mentioned. Miss Maud quickly changed the subject – but you shut the question up in your mind after that, not even venturing to ask Mother till some years later.²⁵

Mary’s teacher’s reaction, as well as that of her schoolmates, marked a turning point for her – which she explicitly identifies as the loss of her innocence – by turning what she thought was an innocent question into something to be ashamed of.

The belief that sexual knowledge was morally corrupting meant that children and young people who were perceived as knowing too much could be ostracised. In her autobiography, Mary remembered one such incident when she was growing up:

In conversations over your head you had learned of one lady in the parish who had told her children ‘everything’. ‘They asked me, and I told them,’ she was reported to have said. Mother, who didn’t agree at all with such advanced views, remarked that she now preferred me not to meet the Connal girls, because ‘I feel when they look at me, they know all about me.’ Well, the Connals may have known ‘everything’, but you continued to know nothing.²⁶

Sadly, this treatment could also apply to children who were known to have been abused. One of Lucinda McCray Beier’s respondents, born in 1945, remembered that a girl from

²⁴ Denison, p.67.

²⁵ Ibid., pp.52-53.

²⁶ Ibid., p.53.

school had been abused by her father, after which her mother told her not to associate with this girl anymore.²⁷

An interesting feature of the first-person accounts that touch on the acquisition of sexual knowledge in childhood is that it is often remembered in negative terms, not only with regards to the responses and attitudes of adults, but also in terms of the authors' younger selves' reactions to whatever knowledge they acquired.²⁸ While the "bigger girls" at Bessie Wallis' school made sex sound "horrible and dirty", Edna Bold clearly remembered the sheer horror she felt when a little boy told her where babies come from:

Revelation came one summer afternoon as we walked to school. We had to go part of the way along a high wall that divided the street from the railway. It was along this length of black, brick wall that a child overtook us and said, without introduction or preamble, 'Do you know where babies come from?'. 'No', we said, neither knowing or caring. Whereupon streamed out from the lips of the soft young mouth such a torrent of obscenity that we stood transfixed, unable to proceed. We were late for school. The fear and revulsion of 'Seks' crippled and stunted our natural appetite till affairs of the heart shed a more credible and acceptable meaning to a dark and terrible business.²⁹

The attention to detail and the language used in this passage emphasise in a dramatic way the traumatic dimension of this episode. The perceived obscenity of the information is compounded by the fact that a boy is imposing it on her and her body. If "affairs of the heart" would later somewhat brighten the picture, Edna's introduction to knowledge about reproduction was in fact a terrifying insight as to what it meant to be a woman.

A fascinating element to Edna's account is what she then decided to do with this knowledge, and the long-lasting implications of this abrupt revelation. On the one hand, she made a conscious decision not to inform her best friend about it, as she judged the subject too shocking for her: "I could never bring myself to frighten my close friend and confident with the 'facts of life'. They were too shocking for tender ears and Jessie Mills was a shy, sensitive child".³⁰ On the other hand, she and her cousin went on to further their knowledge in a way that was to have an impact on the rest of their lives:

²⁷ McCray Beier, "We Were Green as Grass", p.472.

²⁸ An observation also made by Steven Humphries: Humphries, pp.39-40.

²⁹ Bold, p.21.

³⁰ Ibid., p.22.

In the meantime, my cousin Dorothy, who had shared this traumatic experience unearthed a large medical book from the highest shelf of a kitchen bookcase. Whenever we were left alone in the house she would climb up and secure the book, and together we would continue our education. At the same time, she would extract a volume of the Fox's Book of Martyrs. Childbirth and martyrdom were synonymous. We suffered the torment of the damned. Neither my cousin Dorothy nor myself ever underwent such physical torture as we discovered in those two hideous books. We never 'reproduced'. On this score, she went unrepentant to the grave as I shall go to mine.³¹

The case of Edna and her cousin Dorothy was rather extreme, but it does underline two key interrelated aspects of the acquisition of sexual knowledge in this period: its composite and pluralistic dimension, and the entrenched negativity and anxiety that surrounded it – both aspects deriving directly from specific cultural imperatives which prescribed enforced ignorance.

1.2. Youth: "further education"

Some "further education", as Edna put it, would become more accessible to these children as they reached youth, left school, and started work. Historians working on working-class youth and youth culture in this period usually consider that this life stage began when a boy or girl left school, and ended upon marriage or once they reached a marriageable age.³² The school leaving age, which was raised from twelve to fourteen in 1918, coincided with the onset of puberty, and most young working-class people would enter paid work at this point. Most of these young people thus acquired more personal and financial independence at a time when they started developing an interest in courtship. At work, on the streets, or in venues of commercial leisure, opportunities to acquire further sexual knowledge and to form sentimental relationships arose or were actively sought.

1.2.1. Leisure and courtship

In the earlier part of the period under study, the church and church socials could function as a space for young people to meet someone of the opposite sex, especially in the more isolated rural areas. The church, chapel, or Sunday School were central features

³¹ Bold., p.21.

³² Langhamer, p.49.

of the social life of young working-class people at the time, as evidenced by the life histories they have left. Edna recalled how everyone went to church in these days, and sarcastically highlighted how for some of these young people church-going lost the spiritual dimension it once held to take on a more practical function: “They went regularly to church, prayed, sang hymns and in the main took God for granted in an unquestioning kind of way, and having failed to contact the Deity used the church or chapel as a convenience where boy could meet girl”.³³ Past a certain age however, such events lost their appeal among young workers.³⁴ Seeking more adult forms of socialisation, they would stop going and instead join the groups of working-class youths who gathered on the street on weekend evenings.³⁵ These gatherings, often referred to as “monkey parade”, “monkey run” or “monkey walk” by the participants themselves, were very popular among the urban working-class youth at the time. On weekend nights, groups of young working-class people dressed to impress would congregate in defined spaces, parading up and down the street with their friends in the hope of catching the attention of a member of the opposite sex.³⁶

For young working-class people throughout the period under study, the street constituted a convenient space for socialising and courtship. Florence Bell commented on this aspect of working-class youth in her study of Middlesbrough: “During their courtship they go about together in the streets, for the conditions are usually not favourable or agreeable within doors. [...] They ‘walk out’ together, they fall in love, they have their brief romance”.³⁷ Indeed, outdoor public spaces such as parks and the street presented the dual advantage of being free, and of offering an escape from crowded homes and parental supervision. That such an important part of working-class courtship happened on the street blurred the lines between the private and the public in interesting ways. In her work on the meanings of space in urban working-class courtship, Laura Harrison explains how the street provided young people with opportunities for both sociability and intimacy, and how the public dimension of the courtship that occurred

³³ Bold, p.37.

³⁴ Langhamer, pp.74-76.

³⁵ Newbery, pp.42-43.

³⁶ For a detailed analysis of this practice in York, see Laura Harrison, “Negotiating the Meanings of Space”, especially chapter 6. See also Davies, *Leisure, Gender and Poverty*, pp.102-108 for a discussion of the monkey parades in Salford and Manchester, and Szreter and Fisher, pp.137-139 for a discussion of middle-class perceptions of this practice.

³⁷ Bell, *At the Works*, p.181.

there also protected female participants who may have been at risk in a more isolated context.³⁸

The monkey parades constituted complex social events, insofar as they relied on certain codes of dress and behaviour and only took place in defined spaces. Although it was not their sole function, they were marked by a clear focus on picking up: they were chiefly attended by single people, and when a couple started courting they would usually drift away and turn to other leisure activities.³⁹ In this context, and with a degree of freedom they had not previously enjoyed, young people learned the codes of heterosexual courtship and love through a practice that involved the gaze, the body, and speech. In this respect, for those who took part in them, the monkey parades constituted a site of sexual knowledge. Participation in these parades did not necessarily result in any sort of physical contact with the opposite sex, but it provided this opportunity, as well as a space in which to develop and explore romantic and sexual feelings.

Such gatherings virtually ceased to exist by the outbreak of the Second World War, when the dance hall would take its place as the pick-up venue of choice.⁴⁰ Although young working-class people continued to partake in non-commercial courtship activities, the rise and success of modern commercial leisure in the 1920s and 30s provided them with a broader range of opportunities. The cinema for example provided a convenient venue to meet a sweetheart away from parental supervision, and the relative intimacy created by darkness may have enabled a degree of physicality that would not have been possible in another venue. Whether or not they took part in it, young people who attended the cinema would be exposed to contemporary ideals of heterosexual courtship, both in the room and on screen.⁴¹ Dancing was another popular activity for young people, which Claire Langhamer describes as a complex leisure experience that went beyond the actual event, as it involved issues of appearance and consumption, music, friendship and sexuality.⁴² She notes how contemporary observers associated the popularity of dances among girls and young women to the development of their sexual or romantic interest.⁴³

³⁸ Harrison, "Negotiating the Meanings of Space", p.127.

³⁹ Ibid., pp.211-212.

⁴⁰ Harrison, "Negotiating the Meanings of Space", p.213; Langhamer, p.69.

⁴¹ Langhamer, pp.120, 122.

⁴² Ibid., p.66

⁴³ Ibid., pp.69, 117.

We have seen in the previous chapter that sports and physical activity in general became more popular in the interwar period. Among the popular forms of physical activity in this period, swimming generated much enthusiasm and media coverage, due in great part to the progressive introduction of mixed bathing.⁴⁴ Catherine Horwood documented the shift towards mixed bathing, and the moral anxieties this caused, including with regards to the modern, form-fitting female bathing suits. She argues that in addition to mixed bathing and more revealing costumes, the Hollywood-inspired lidos that mushroomed in the 1930s conferred a glamorous feel to this activity, and that the lido soon became another acknowledged “hunting ground” for young men and women.⁴⁵ There were some regulations however: Maggie Newbery worked at the open-air baths in Lister Park, Bradford, around 1930, and remembered how men and women were segregated and could only get in and out of the water on their respective sides. This did not preclude observation however, and she recalled how young men sometimes “bared their manly chests” to dry themselves before getting back in their dressing boxes.⁴⁶

1.2.2. Finding a husband

According to Claire Langhamer, finding a “good” husband constituted a form of work for young working-class women, which in turn legitimated courtship and the open expression of their interest in the opposite sex once they had reached their late teenage years.⁴⁷ Between leaving school and getting married, young workers usually had more freedom and money to spend on themselves than at any other point in their lives, making this life stage a golden age when leisure and courtship were felt to be both possible and legitimate.⁴⁸ Besides, as Selina Todd argues, parents – and particularly mothers – would encourage their daughters to enjoy their youth and have a good time while they could, as the responsibilities of married life would put an end to all this.⁴⁹

As social historians working on the subject have noted, working-class marriages were usually a pragmatic affair: rather than merely marrying out of love, young people’s choice of partner was informed by their need to secure a lifelong partnership that would

⁴⁴ Horwood, p.662.

⁴⁵ Ibid., p.663.

⁴⁶ Newbery, pp.114-115.

⁴⁷ Langhamer, p.114.

⁴⁸ Langhamer, p.130; Harrison, “Negotiating the Meanings of Space”, p.116.

⁴⁹ Todd, “Young Women, Work, and Leisure”, pp.807-808.

guarantee some measure of stability and material security. For young working-class women therefore, distancing themselves from the “silliness” of romance in favour of pragmatic considerations was both a sign of respectability and of maturity, and as such marked an important step in the development of their identity. This in turn explains the unsentimental and detached tone of their retrospective accounts of courtship and marriage.⁵⁰

Among the pool of autobiographies used for the present study, it is interesting for instance to note the differences between Ellen and Arthur Gill’s accounts of their first encounter and subsequent courtship and engagement. Ellen (b.1888) very briefly mentions the first time they met during a ramble to East Keswick on Easter Monday, 1907: “This was the first time I saw Arthur Gill who later became my husband, although I don’t remember speaking to him”.⁵¹ The same event was remembered in more romantic terms by Arthur (b.1887), who describes in particular how Ellen and her outfit caught his attention: “It really was a smart hat, and Ellen knew how to wear it – in other words, how to make it eye-catching (NUF SAID). Though this was the first time we met, it was the beginning of a life-long partnership”.⁵² He then discusses some highlights of their courtship, and in particular a bazaar they went to in December that year, the day he decided he wanted to marry her:

It was at this Bazaar that I finally decided nobody else was going to have a ‘look in’ as far as Ellen was concerned – and I invited her to come and sit with me at the Evening Entertainment on the final day of the Bazaar. When she consented I was on ‘Top-of-the-World’ – and of course I treated her to a 1/4lb. box of Fry’s chocolate (3½ d. in those days) just to sweeten things up – how’s that for strategy? And this shows what a sensible girl she was, for when I asked if I could see her home after the Bazaar – she said YES!⁵³

There is no mention of this day in Ellen’s autobiography, which contrasts with Arthur’s excitement sixty-odd years later as he wrote these lines. In fact, Ellen says very little about their courtship and six-years engagement, although we know from Arthur’s autobiography that for all these years she kept some letters he wrote to her at the time as keepsakes: “it is amusing to read again my flowery language to my lady-love”.⁵⁴ In her

⁵⁰ Szreter and Fisher, pp.173-184; Giles, “Playing Hard to Get”, pp.248-250.

⁵¹ Gill, *Ellen Gill’s Diary*, p.4.

⁵² Arthur Gill, *I Remember! Reminiscences of a Cobbler’s Son*, Burnett Archive of Working-Class Autobiographies (Brunel University, London), 1:268, p.73.

⁵³ Gill, *I Remember!*, p.73.

⁵⁴ *Ibid.*, p.74.

autobiography, Ellen chose to emphasise instead her decision to take sewing classes in preparation for marriage, giving detail of how much they cost and what she learnt, and how she asked Arthur for a sewing machine instead of an engagement ring, as she thought it would be a more sensible investment – a decision he described as wise.⁵⁵

1.2.3. Parental attitudes and anxieties

Young working-class people usually lived with their parents until marriage, and therefore space played an important part in their opportunities for courtship and the acquisition of sexual knowledge. As Laura Harrison demonstrated, space also played an important part in parental regulation of leisure and courtship: the reputation of various venues and areas would inform parents' decisions as to whether or not they would let their daughters attend them.⁵⁶ The parental home was an important space in itself: some parents would only allow their daughters to see their boyfriends in their homes, under supervision. Likewise, partly as a sign of approval and partly to help them save money towards marriage, parents would often allow established or engaged couples to meet there. Once a couple was going steady, going on holiday in each other's family – for those who could afford it – would also become acceptable, although they would normally not be allowed to sleep in the same room or bed. For example, when Ellen and Arthur Gill went on a short holiday to Scarborough with his parents before they were married, Ellen shared a bed with Mrs Gill, and Arthur shared one with his father.⁵⁷

Daughters were more closely watched than sons. Maureen Sutton found in her study that when daughters questioned their brothers' greater freedom they were told that “[l]ads don't bring home trouble like lasses do”.⁵⁸ Premarital sex carried greater risks for young women, as a tainted reputation or premarital pregnancy could threaten their future economic survival. Whether or not they were knowledgeable as to how it happened, girls were very aware of the disgrace of getting themselves “in trouble” as they grew up. This double standard, combined with young women's lack of formal sex instruction caused much anxiety and could have dramatic consequences. As a visible sign of lack of sexual restraint, illegitimacy was possibly the greatest sexual taboo among the working class, as

⁵⁵ Gill, *Ellen Gill's Diary*, p.7; Gill, *I Remember!*, p.75.

⁵⁶ Harrison, “Negotiating the Meanings of Space”, pp.130-131.

⁵⁷ Gill, *Ellen Gill's Diary*, p.8.

⁵⁸ Sutton, p.26.

Helen Smith noted, but responses were not monolithic.⁵⁹ Oral histories have uncovered a range of consequences, from rushed weddings to abortions, girls being sent to the workhouse or committing suicide, or the baby being brought up by the girl's mother or another married female relative.⁶⁰ Responses to illegitimacy, Smith argues, were ultimately contextual and dependent on local customs and concerns.⁶¹

It is this local context we are now turning to. We have seen how working-class children and young people acquired sexual knowledge and forged opportunities for further experimentation through their various activities and the various spaces in which they spent their leisure time. The following section will bring some nuance to this picture by examining the impact of employment patterns on young women's access to leisure, courtship, and sexual knowledge.

II. Occupational Case Studies

II. 1. Mining and steel areas

This section considers areas where the local economy revolved around mining or the iron and steel industry. It focusses more specifically on the coalfields of what is now South Yorkshire (then part of the West Riding), as well as two key national centres for the iron and steel industry, Sheffield and Middlesbrough. These areas have been grouped together because they offered virtually no employment opportunities for women. Another key characteristic was that, with the exception of Sheffield – which was among the ten largest cities in terms of population by the beginning of the twentieth century and which presented a more diverse occupational structure – the organisation of these towns and villages was entirely centred on their dominant industry. This was due to their rapid development in the nineteenth and early twentieth centuries, as the mass influx of male workers from England, Ireland, and Scotland had to be quickly met with new, cheap housing near their work. As a consequence, life in these areas revolved around the local

⁵⁹ Smith, "Working-Class Ideas and Experiences", pp.18-19.

⁶⁰ McCray Beier, "We Were Green as Grass", pp.469-470; Roberts, pp.75-78; Sutton, pp.7, 75; Humphries, pp.15, 83.

⁶¹ Smith, "Working-Class Ideas and Experiences", pp.18-19. For a fuller discussion of working-class attitudes to illegitimacy in this period, see for instance Ginger Frost, "'The Black Lamb of the Black Sheep': Illegitimacy in the English Working Class, 1850-1939", *Journal of Social History*, 37 (2003), pp.293-322.

mine or works and little else.⁶² As Florence Bell summed it up about Middlesbrough, “[i]t is obviously not a place that people would be likely to settle in unless there were very practical reasons for their doing so”.⁶³

The strong gender segregation and male-dominated nature of mining and steel areas meant that women lived in relative isolation. One notable exception was the buffer girls of Sheffield – who worked in the cutlery industry – whose location and occupation provided them with opportunities closer to those enjoyed by women who lived and worked in mill and factory towns. Florence Bell paints a bleak image of the position and everyday life of the working-class women of Middlesbrough, with no employment opportunity in the dominant industry, no organised female labour force, and no recreational provisions for them – “The women have no independent existence of their own”.⁶⁴ Girls’ lack of prospects also meant that they tended to marry younger than elsewhere, a tendency compounded by the higher male wages in the iron and steel industry than in the textile industry.⁶⁵

This situation, combined with women’s financial dependence on their husbands or male relatives, unavoidably sustained a very patriarchal social structure, which enabled the long survival of certain myths and practices. In the little village of West Melton, near Rotherham, where Bessie Wallis grew up, it was common practice for the miners to go straight back home if they met a woman on their way to work for instance, as this was considered to be the worst of luck.⁶⁶ The policing of female sexuality in such communities could sometimes take on dramatic forms. May Owen remembered her initial shock with one particular custom among the miners in her village:

There were some remarkable things took place in these villages. (sic) If a woman misbehaved herself, the colliers used to perform a certain act. They would take a large barrow, build an effigy of the woman and wheel it round the parish, and stones and mud would be thrown.⁶⁷

⁶² David Reeder and Richard Rodger, “Industrialisation and the City Economy” in Dauntton (ed.), *The Cambridge Urban History of Britain*, vol.3, pp.553-592, (pp.564-565); Minoru Yatsumoto, *The Rise of a Victorian Ironopolis: Middlesbrough and Regional Industrialisation* (Woodbridge: Boydell, 2011); Sidney Pollard, and Colin Holmes (eds.), *Essays in the Economic and Social History of South Yorkshire* (Sheffield: South Yorkshire County Council, 1976).

⁶³ Bell, *At the Works*, p.7.

⁶⁴ *Ibid.*, p.178.

⁶⁵ Atkinson, p.66; Hardy and Szreter, p.657.

⁶⁶ Wallis, p.26.

⁶⁷ Owen, p.5.

Such conditions unavoidably had an impact on girls' opportunities for sociability, leisure, and courtship. In these areas, much of young people's leisure and courtship was necessarily street-based. Bell described the teenage girls of Middlesbrough who, "longing for some enjoyment, are constantly running out into the street; they are often out of doors in the evening till eleven o'clock or later with boys who are knocking about in the same aimless sort of way".⁶⁸ The girls and young women of the coalfields and of Middlesbrough enjoyed less access to commercial leisure and to public spaces, due in part to lack of such provisions, and to the markedly patriarchal organisation of their communities. Their lack of financial independence also constituted a major obstacle to such pursuits, although it is possible, as Selina Todd argues, that long-term social and economic considerations would have pushed some mothers to treat their daughters when they could. In areas marked by a strong gendered division of work and home, this could be a way to encourage their daughters to marry late and/or close to home, and to foster a long-lasting, mutually supportive and companionate relationship.⁶⁹

With virtually no employment opportunities in the dominant industries of these areas, the vast majority of girls had to go into service. Domestic servants' wages were too low to enable them to contribute to the family income, let alone save much to go towards their own leisure. They worked long hours and were usually only given one to two half days off per week. Besides, the lack of regulation of their working conditions left the door open to exploitation. Bessie Wallis described the two first years she spent in service as a time of complete servitude, compounded by the fact that she was working for an aunt of hers: "I was a twentieth-century serf and it was made all the worse because I was with family. [...] I received the magnificent wage of absolutely nothing!"⁷⁰ Others were luckier: Maggie's older sisters for instance were given one night off each week, as well as alternate Saturday afternoons and evenings, and Sunday afternoons and evenings, although their wages were very low.⁷¹ Miss Worfolk of York allowed her maid to go out every night until ten if she so wanted – "she wasn't often in. I think she used to go to the boy's home, he lived not far away" –, and the family that employed Rosa Bell as a nanny

⁶⁸ Bell, p.220.

⁶⁹ Todd, "Young Women, Work, and Leisure", p.808.

⁷⁰ Wallis, p.22.

⁷¹ Newbery, p.39.

and maid helped her boyfriend and found him a job.⁷² For the most part however, domestic servants' low wages and limited and irregular access to leisure deprived them of the opportunities for sociability and courtship enjoyed by other young working women.

Live-in servants were certainly the worst off, as they lived in isolation with very few opportunities to meet young men, as the respondents in Maureen Sutton's study remembered: "I used to see young men with their parents and family at church on a Sunday evening but you couldn't get to speak to them. The butcher's boy used to call, and the baker's lad. Apart from the telegram boy that was the only time you got to speak to a lad".⁷³ Alongside low wages and long hours, this isolation was considered a major issue and not just by domestic servants themselves: a 1938 *Outlook* article which referred to domestic servants as the "Cinderellas of the employed" commented that "[t]he tragedies of lonely young girls, with no opportunities for meeting respectable young men, and no companionship of their own sex, are perhaps the saddest blot on this unhappy form of labour".⁷⁴

As well as depriving them of companionship, the conditions of live-in servants also denied them access to the kind of sexual knowledge they may have acquired through working and socialising with other young women. With less sexual knowledge and fewer opportunities for courtship, they usually married earlier than other young working women and had more children.⁷⁵ Live-in servants were also at risk of sexual exploitation: as one of Maureen Sutton's informants suggested, "[y]ou got some of the lasses in service that were put in the family way by the man of the house".⁷⁶ Becoming a young unmarried mother in this way would ruin a young woman's future prospects of marriage and work, as it also usually resulted in dismissal without references. While it would be impossible to accurately measure the extent of this phenomenon, Steve Humphries argues that almost half of the illegitimate children recorded in the 1911 census were born to women in service.⁷⁷ The risk of seduction or assault was certainly present in the mind of these girls' mothers, and it is likely, as Lucinda McCray Beier argues, that it may have prompted them to provide their daughters with some sexual knowledge before they left home. This

⁷² *York Memories at Home*, p.31; Rosa Bell, *R. H. Remembers*, Burnett Archive of Working-Class Autobiographies (Brunel University, London), 2:59, p.149.

⁷³ Sutton, p.35.

⁷⁴ *Woman's Outlook*, Vol.XIX, n.469 (1938), p.626.

⁷⁵ Gittins, p.96; McKibbin, pp.316-317.

⁷⁶ Sutton, p.75.

⁷⁷ Humphries, pp.130-132.

was the case with one of her informants, Mrs Drake (b.1899), who interestingly had previously received no information about menstruation from her mother (who had delegated the job to Mrs Drake's older sister).⁷⁸

Not all experiences of domestic service were negative.⁷⁹ If being away from home could put girls at risk, it could also provide them with opportunities they could not enjoy at home. This was the case of Vick Robson, who left her mining village at fourteen to work in Middlesex, where she met Brenda, her first girlfriend. Vick had a Saturday off per month, which she used to spend with Brenda exploring London and going to shows. Not only did she meet her first love then, she also met like-minded people with whom she felt like she could be herself: "It was then I knew I'd met the people that I could relate to, you know. We used to discuss everything about lesbianism, [...] what it felt like to be up North, you know, locked in a pit village, not able to come out. Frustrating, all this". Three years later however the Second World War broke out and she returned to Yorkshire, determined to get away from there as soon as she could.⁸⁰

The economic and sociocultural profile of these areas may have made it very difficult for girls who liked girls to find partners, but this does not mean that this was the case for all young women in these areas. Sexual experimentation before marriage certainly happened. A young Bessie Wallis once warned her older brother Danny, who was then fifteen and working down the pit, "[Y]ou'll be in trouble with Pops if you land a lassie with a bairn!", only to be answered that "The lasses egg us on. They get what they ask for. The only pleasure a lad gets is to lay a lass. Anyhow, they like it".⁸¹ Danny's response and Bessie's worry for her brother suggest that sexual experimentation among young people was tolerated – as long as it did not result in pregnancy – in a context where overworked young men had few other distractions: "I worried a lot about Danny and the girls. I knew just how much he hated the pit. Girls were his one escape". Her thoughts on this episode interestingly draw a link between the alleged detrimental impact of work on

⁷⁸ McCray Beier, *For Their Own Good*, p.213.

⁷⁹ On positive experiences of domestic service, see Lucy Delap, *Knowing Their Place: Domestic Service in Twentieth Century Britain* (Oxford: Oxford University Press, 2011), pp.29-30, 45-46; Selina Todd, "Domestic Service and Class Relations in Britain, 1900-1950", *Past & Present*, 203:1 (2009), 181-204; Judy Giles, *The Parlour and The Suburb: Domestic Identities, Class, Femininity and Modernity* (Oxford: Berg, 2004), pp.79-83.

⁸⁰ *Women Like Us*, pp.51-52.

⁸¹ Wallis, p.2.

these young men's sexual capacity, and the way in which the prevailing pattern of gendered power relations was nonetheless played out through their performance of sexual dominance:

What I did not realise until much older was that the bodies of these undernourished boys were barely capable of achieving an orgasm let alone making a child. To most of the boys it was play. They just enjoyed handling the girls and exhibiting their mastery over them. I realised that, when older, these boys would never make fully capable men in the sexual act because of these early days.⁸²

The girls and young women these boys had sex with were not merely instruments in the construction and reassertion of their masculinity, but they did fulfil that purpose. As the above example illustrates, examining the impact of the nature of men's work on sexuality enables us to provide a more nuanced account that goes beyond a simplified narrative of sexual restraint and male dominance. This links to Helen Smith's argument that miners' and ironworkers' work and leisure had the effect of securing their masculinity and shaping homosocial behaviours in ways that made acceptable expressions of same-sex desire and affection that would have been considered as transgressive elsewhere.⁸³

Other contingent factors such as the influx of unattached male workers from England and elsewhere had an impact on the local sexual culture by creating specific dangers as well as opportunities for local women.⁸⁴ Florence Bell remarked on the alleged immorality that prevailed in Middlesbrough at the time of her investigation, and mentioned in particular the widespread practice of taking in lodgers in already crowded homes, and the dangerous mobility of sailors "who come and go, nomadic, unvouched for, who appear and disappear, with no responsibility for their words or their deeds".⁸⁵ Yet in the case of Middlesbrough, this influx of male workers also paradoxically granted women a degree of sexual power and agency due to the unusual demographic imbalance it created.⁸⁶ Men outnumbered women, which enabled the latter to be pickier and to engage in sex outside of marriage with less fear of the repercussions, since illegitimacy

⁸² Wallis, p.3. For a discussion of the relationship between masculinity and the health risks specific to mining, see Arthur McIvor, and Ronald Johnston, *Miner's Lung: A History of Dust Disease in British Coal Mining* (Aldershot: Ashgate, 2007), chapter 8.

⁸³ Smith, *Masculinity, Class and Same-Sex Desire*.

⁸⁴ Yatsumoto, pp.65-67.

⁸⁵ Bell, *At the Works*, p.18.

⁸⁶ Although the sex ratio in Middlesbrough was unusual in comparison to the national average, it is worth noting that it was not the only Yorkshire town where men outnumbered women. Data compiled from the 1911 census by Anne Hardy and Simon Szreter show that Rotherham, Barnsley, and Wakefield also exhibited a markedly high demographic imbalance: Hardy and Szreter, p.654, table 20.6.

and premarital pregnancy were less likely to ruin their prospects of getting married. This can be seen in the following anecdote from Bell's study:

A visitor going to a cottage one day, found the old woman to whom it belonged with an infant on her knee, whom she was tenderly nursing. This woman had two daughters, one of whom was married, the other not. 'Your grandchild?' said the visitor. 'Yes,' she replied proudly. 'F.'s child, I suppose?' naming the married daughter. 'No,' the woman said defiantly, 'it's the other girl's.' And she added, on the defensive against any possible criticism or disapproval, 'A good job too, she's got the child and she's not got the man; he was worthless, and she is well rid of him.' And this represents a not infrequent attitude among the people described.⁸⁷

The mother's attitude interestingly highlights the tensions between ideals of respectability and a sense of female empowerment in a male-dominated context. On the one hand, her defensive tone reveals her desire to defend her daughter against accusations of immorality – which she clearly expects from the middle-class visitor – suggesting that she herself may not consider the situation to be ideal. On the other hand, her defiance and her contempt for the father of the child show that she is not worried for her daughter's future, and because of this she is able to reframe the situation in empowering terms: what may or may not have been a case of seduction and desertion was told and recorded as a young woman's conscious decision to keep the child and leave the "worthless" man.

In this context, as Bell noted, some women chose to live with a man and have children with him without getting married, because this enabled them to wield more power in the relationship: "In such cases, the fact that the woman is free to go if she chooses gives her a hold over the man, and if he ill-treats her she simply threatens to leave him".⁸⁸ Relying on their own ideals of respectability, Bell and the visitors involved in this study did not approve of such arrangements, and originally failed to consider why they may have been necessary or preferable for some of these women. One particular case seems to have given them some insight as to the inadequacy of their approach – a woman who had lived happily with a man for years and had had several children with him was encouraged by a visitor to get married, which she did, with disastrous results:

As long as they were not married, she said, the man had never dared to go too far, and she could keep him steady by threatening to leave him, but once they were married she had no hold on him, he did not care what he did or how he behaved to her, because he knew she

⁸⁷ Bell, *At the Works*, p.241.

⁸⁸ *Ibid.*, p.241.

could not get away; he had gone utterly to the bad, and her life was now miserable. This was only the result of the visitor's well-intentioned advice.⁸⁹

The case of Middlesbrough is particularly illuminating and demonstrates how, even in areas marked by a strong gender segregation and where there were virtually no opportunities for women, women and girls could navigate the circumstances specific to their communities and carve out a space for their own (sexual) agency.

II. 2. Mills and factory towns

Concentrated primarily in the West Riding, mills and factory towns – and in particular large industrial textile towns such as Bradford and Leeds – provide an interesting contrast. While it was commonly accepted that women would leave work upon marriage to focus on domestic work, economic necessity combined with greater employment opportunities for women meant that they tended to stay longer in employment.⁹⁰ Consequently, a female occupational culture akin to that found in Lancashire can be said to have existed in some parts of the West Riding. The economic profile of Bradford in particular enabled this, with the dominance of the cotton industry combined with higher rates of married women in employment. In Leeds, the key part played in the local economy by large groups of female workers was also recognised – Richard Hoggart for instance described tailoresses as “the foundation of Leeds’ predominance as a centre for ready-made clothing” – but the city’s more diverse occupational structure was somewhat less favourable to the development of a female occupational culture to the same extent.⁹¹

For the young working-class women working in mills and factories, work and leisure did not necessarily occupy strictly separate spheres, as the workplace could – and often did – function as a space of social activity. When they were not actively working, they would be found chatting, laughing, singing, smoking, or reading cheap magazines together. Girls would chat about boys they knew and where they had been out at the weekend, and the socialisation of a new girl might involve asking her if she had a

⁸⁹ Bell, *At the Works*, p.242.

⁹⁰ Atkinson, p.141.

⁹¹ Hoggart, p.26; Atkinson, p.141.

boyfriend.⁹² The workplace or the walk to and from work also provided opportunities to meet a sweetheart, male or female.⁹³ In keeping with contemporary understandings of youth as a time to be enjoyed, girls' romantic interest in boys was often both looked kindly upon and taken for granted by the older women – when seventy-year-old Mrs Smith saw fourteen-year-old Maggie Newbery daydreaming at work one day, she gently brought her back to reality: “Nay, Maggie, you were miles away. Is it some lad you’re thinking about?”⁹⁴

The sociability provided by the workplace was different to that of school or the street, in ways that facilitated courtship and the acquisition of sexual knowledge. Coming out of school, working-class girls who started work in mills and factories suddenly found themselves among adults and older boys and girls, and in the larger workplaces these co-workers were not necessarily familiar either. This larger, older, and more diverse population created conditions likely to develop girls' sexual awareness as they witnessed romantic or sexual behaviours, overheard or took part in certain conversations, or developed an interest in someone. This more open sexual culture stood in contrast with the secrecy enforced at home and at school, and in the larger workplaces it was facilitated by the lack of familiarity which removed some of the pressures of constant supervision.⁹⁵

Access to sexual knowledge and female networks of information and support in the workplace was a key element which differentiated these girls' experience from that of their more isolated sisters. Before she started working at Rowntree's factory in York, Mrs. Brown (b.1895) was told by her mother that there was “[n]o need to tell girls anything”, as they would get to know anything they wanted there.⁹⁶ This comment is doubly interesting: not only does it suggest that the workplace was considered as an important site of knowledge-transfer by women, but also that some mothers welcomed this: Mrs Brown's mother did not seek to prevent her daughter from acquiring such knowledge, on the contrary she expected it to happen, and this expectation spared her the need to enlighten her.

⁹² Newbery, p.57; Kathy Peiss, “‘Charity Girls’ and City Pleasures: Historical Notes on Working-Class Sexuality, 1880-1920”, in Kathy Peiss and Christina Simmons (eds.), *Passion and Power: Sexuality in History* (Philadelphia: Temple University Press, 1989), pp.57-69, (p.62).

⁹³ Langhamer, p.118.

⁹⁴ Newbery, p.60.

⁹⁵ Todd, *Young Women, Work, and Family*, p.157.

⁹⁶ Giles, “Something That Bit Better”, p.181.

Yet if the workplace constituted an arena for the acquisition of sexual knowledge, exactly what this informal education consisted of was not always beneficial or enlightening. Steve Humphries, who described the workplace as “the finishing school for sexual education” for young working-class people, underlined that much of the knowledge that was imparted was embedded in fear and ignorance, and was probably often factually incorrect. He argues that boys and young men in particular mostly learned rude words, crude jokes, and sexist attitudes which functioned partly as a front for their lack in basic sex education.⁹⁷ It is difficult to assess exactly how much discussion about sex was going on in mills and factories, and it is possible that historians have overemphasised the importance of the workplace in relation to sexual knowledge. However, Selina Todd convincingly argues that by the late 1930s, as the size of workplaces grew and the use of the marriage bar diminished, workmates became an increasingly important source of advice on courtship, sex, and marriage. She contends that the larger and more diverse female workforce this produced contributed to the reshaping of understandings of the mother-daughter relationship towards a greater acceptance of sex education in families in the following decades.⁹⁸

If working alongside men provided girls and young women with opportunities for courtship, it also entailed potential dangers. Anxieties about male predators and the consequences of sexual promiscuity fed into the female occupational culture specific to such workplaces. Maggie Newbery was twelve when she started working at the mill in Bradford in 1913. In her autobiography, she recalls how on her first day at work, “Old Harriet”, who was in charge of training the new girls, warned them to be careful around machinery, and “cheeky buggers”. After a boy teased and mocked the old woman, she turned to Maggie and warned her: “you don’t want to have aught to do with him”.⁹⁹ On her very first day at work, Maggie was thus exposed to both gender antagonism and the verbal mechanisms deployed by women within the workplace to defend themselves against its manifestations. Women’s gossip in the workplace fulfilled similar functions to that which occurred on their doorsteps as described by Melanie Tebbutt: it was deployed to police both men’s behaviour as a means of protection, and that of other women as a

⁹⁷ Humphries, p.62.

⁹⁸ Todd, *Young Women, Work, and Family*, pp.156, 164.

⁹⁹ Newbery, pp.46-47.

means to enforce a shared moral code.¹⁰⁰ Old Harriet's injunction to Maggie could be interpreted both ways.

Young girls who started working in mills and factories that employed both men and women soon learned to defend and assert themselves in the workplace: Maggie remembered for instance how "some of the girls could swear as hard as the boys".¹⁰¹ Female occupational solidarity against work and sexual harassment sometimes took on extreme forms. Mary Blewett provides a fascinating account of Bradford mill girls' sexual aggressiveness against new young male workers through an initiation ritual known as "sunning". Allegedly, older female workers would catch the new boy, pin him down, strip him, and sexually humiliate him – sometimes through mockery alone, and sometimes through physical violence including smearing his genitals with tar or grease. She argues that this ritualistic form of sexual violence was a way for these women to both challenge their position in the workplace and protect themselves by using their sexuality to reverse the power relations that put them at risk of sexual harassment and exploitation.¹⁰² This subversive use of female sexuality was not always physical or violent. When Mass-Observer Humphrey Spender visited a mill in Bolton in 1937, he was greeted with a chorus of wolf-whistles. The women's loudness, number, and sexually suggestive behaviour succeeded in making him feel exposed and uncomfortable.¹⁰³ In this case, the collective exercise of female sexuality was used as a means to resist the gendered and classed power dynamics inherent to this visit, in order to redirect the gaze away from them and onto the middle-class man who had come to observe them.

Large numbers of female workers enabled this assertiveness by providing both a sense of solidarity and protection, as well as strength in numbers.¹⁰⁴ This group effect was also carried out of the mill or factory walls as large numbers of women and girls moved through public spaces together on their way to and from work: "We met our friends on the way, linked arms, and walked on together".¹⁰⁵ In his memoir, *Margin Released* (1962), J.B. Priestley remembered feeling intimidated by the crowd of loud women leaving the mill on his way home from work in pre-war Bradford:

¹⁰⁰ Schwarzkopf, *Unpicking Gender*, pp.70, 73.

¹⁰¹ Newbery, p.49.

¹⁰² Blewett, pp.325-328; see also Humphries, p.61.

¹⁰³ Gurney, p.271.

¹⁰⁴ Todd, *Young Women, Work, and Family*, p.155.

¹⁰⁵ Newbery, p.58.

I would find myself breasting a tide of shawls, and something about my innocent dandyism would set them screaming at me, and what I heard then, though I was never a prudish lad, made my cheeks burn. And it was still the custom, in some mills [...], for the women to seize a newly-arrived lad and “sun” him, that is, pull his trousers down and reveal his genitals.¹⁰⁶

This passage is interesting in several respects. The strong sexual element to this encounter is compounded by the dehumanization of these women, who are reduced to a rowdy, faceless “tide of shawls”, whose unpredictable behaviour is described as almost animalistic. This, combined with the reference to sunning interestingly points at the element of mythmaking in contemporary perceptions and representations of mill girls as loud, bawdy, and sexually aggressive. While there was an element of truth in this stereotype, it is important to remember that the archetypal figure of the mill girl as depicted by contemporary observers and writers was a construction that also reflected male middle-class anxieties. The visibility and access to public spaces enjoyed by groups of mill or factory girls and women as well as their relative power and independence unavoidably attracted attention and criticism, and easily lent itself to anxious exaggeration.¹⁰⁷

Mill and factory workers enjoyed shorter hours and better wages than domestic servants, and living and working in a large city such as Bradford or Leeds also provided girls and young women with more access to public spaces and commercial leisure, and therefore more opportunities for sociability, courtship, and consumption. Maggie described how she and her friends longed to be fashionable and abandon the traditional outfit worn by generations of mill workers – “we young ones thought clogs and shawls old fashioned, and longed for shoes and coats” – and how she spent much of her spends on items such as hair ribbons or stockings.¹⁰⁸ Her father may have found this foolish, but young working-class women’s participation in modern commercial leisure and fashion was not unanimously condemned as such. Claire Langhamer found for instance that in Manchester the local press tended to reflect rather sympathetic views about these

¹⁰⁶ J.B. Priestley, *Margin Released* (1962), cited in Blewett, p.325.

¹⁰⁷ Lesley Hall explains that middle-class men’s perceptions of working-class women were often influenced by their own contacts with prostitutes as well as their insecurities when faced with independent and assertive women: Hall, *Hidden Anxieties*, pp.46-54. Selina Todd develops this point, arguing that the visible public presence of groups of assertive young working-class women in the interwar years fuelled concerns over the potential for the development of a collective political identity: Todd, *Young Women, Work, and Family*, pp.214-217.

¹⁰⁸ Newbery, pp.58, 50.

developments: that the mill girls, “our girls”, enjoyed more independence, opportunities, and leisure than the previous generations of working-class women was something to be celebrated.¹⁰⁹ Likewise, a 1939 fashion article published in *Woman’s Outlook* encouraged working girls to indulge themselves once in a while and buy that one expensive item of clothing they longed for: “Because a girl works hard all day in a factory, in an office, or in a shop, that is no reason why she should always be conscious of the fact. There should be times when she can relax and forget she will probably always have to work hard in life”.¹¹⁰ Shopping, dancing, swimming, or going to the pictures were as many ways to escape, however briefly, the monotony of work and home.

It should not be assumed however that these young women all enjoyed significantly more leisure activities than those who lived in mining and steel areas. Although the mill and factory towns of the West Riding were less gender segregated, normative gender roles still prevailed, and helping around the house was still predominately a daughter’s job rather than that of her brothers. In his second study of York, Rowntree observed that girls went out less than their brothers in part because they had more domestic chores.¹¹¹ That domestic work was seen as a woman’s job throughout the period under study can be seen in an interesting response to a reader in a 1936 issue of *Outlook*. A mother explained that her sons hardly did anything around the house, leaving her daughter to do most of the chores. The agony aunt agreed that this was an unfair situation and that the boys should help, adding that “tasks can be allotted without fear of them becoming branded as ‘Mary Anns’”.¹¹²

Like their mothers, girls and young women often had to manage a double shift of paid and domestic work which could seriously constrain their leisure time, especially if they were the eldest of a large family. At twenty-one years old, Ellen Gill was the eldest of ten children. When her youngest sibling was born that year, her father suggested she should leave the mill as her mother would need her at home, which Ellen found to be a relief: “I was very pleased to do this, as I had a good lot of housework to do as well as my job”.¹¹³ In smaller families, or when there were other daughters of a similar age, arrangements could be made, as was the case with the daughters of Mrs Moore (b.1895)

¹⁰⁹ Langhamer, p.54.

¹¹⁰ *Woman’s Outlook*, Vol.XX, n.518 (1939), p.521.

¹¹¹ Todd, “Young Women, Work, and Leisure”, p.797.

¹¹² *Woman’s Outlook*, Vol.XVII, n.360 (1936), p.284.

¹¹³ Gill, *Ellen Gill’s Diary*, p.3.

in York: “They always ironed their own things, that was the rule; I washed but they ironed their own. [They’d rush] out sometimes when they wanted to go to a dance; our Myra went to lot of dances and I’ve heard her say to our Joyce, ‘Can you finish them? I must go...’”.¹¹⁴

Despite having to juggle both paid and domestic work, it is fair to say that the girls and young women who lived and worked in the mill and factory towns of the West Riding enjoyed more opportunities for courtship, as well as more access to sexual knowledge. Their importance in the local economy and their numbers – both inside and outside the workplace – gave them a greater measure of (sexual) assertiveness and agency.

II.3. Rural areas

As well as large industrial centres, Yorkshire comprises vast rural areas in the north east and north west, namely the Yorkshire moors and the Yorkshire dales, which were marked by a more insular way of life. Farming was the main activity for the inhabitants of these areas, with a prevailing pattern of smallholdings in the first part of the period under study. This small scale of production meant that there were few employment opportunities, and therefore few strangers, as the workforce was mainly drawn from the area. While there was little profit to be made, local natural resources and mutual aid enabled a relatively self-sufficient lifestyle which both relied on and fostered strong community ties.¹¹⁵ Life in these areas thus revolved more markedly around a close-knit community, a feature that possibly survived the erosion of neighbourhood life and networks in cities towards the middle of the century. A decline in this traditional lifestyle can nonetheless be observed in the first half of the twentieth century, due to the interrelated issues of depopulation and changing methods of production. Among other factors, the introduction of new machinery, the development of roads and motor vehicles, and the shift to mass production of consumer goods gave momentum to the then long-lived phenomenon of rural exodus by further reducing the need for labour force in the area.¹¹⁶ Whether they were pushed out of the area by their circumstances, or whether they were attracted by the higher wages and more diverse opportunities to be found in

¹¹⁴ *York Memories at Home*, p.18.

¹¹⁵ Marie Hartley, and Joan Ingilby, *Life and Tradition in the Moorlands of North-East Yorkshire* (Otley: Smith Settle, 1990), pp.xiii, 38-39.

¹¹⁶ Hartley and Ingilby, *Life and Tradition in the Moorlands*, p.38; and *Life and Tradition in the Yorkshire Dales* (London: Dent, 1968), p.xiii.

industrial areas, many families and young people left the moors and the dales during the period under study.

Rural areas offered far fewer employment opportunities for young people. The boys could be sent to work on another local farm or as apprentices to a local craftsman, but most of the girls had to go into domestic service, as C.V. Horner (b.1897) remembered:

Opportunities for school leavers were very limited, there were no industries as such. [...] Therefore most of the boys went into farm 'place' – a living-in job on a local farm – and the majority of girls, unless there were farmer's (sic) daughters with plenty of cheese and butter making work waiting for them at home, went into domestic service. [...] Farm lads certainly worked hard, but they probably enjoyed more personal freedom than servant girls.¹¹⁷

The implications of going into service with regards to courtship and sexuality have already been discussed, and this section therefore focuses on the minority of girls who worked on farms and in the fields.

Working on a farm or in the fields involved very long hours, and sometimes a long walk to and from work, which left little time for leisure and courtship. Besides, wages were low even for male workers and often paid yearly, and opportunities for commercial leisure were scarcer than in urban areas. In this context, it was mostly occasional events such as fairs, markets, and village feasts which provided young people with opportunities to dress up, socialise, and meet potential partners. Until the late 1920s, the annual hiring fairs held on or around Martinmas in Yorkshire were important social events.¹¹⁸ Agricultural labourers and farm servants came there in search of a new place, but these fairs were not all about work, as thousands of visitors from the neighbouring areas came for the entertainment provided by funfairs, itinerant traders, and various performers.¹¹⁹ Throughout the rest of the year, each village would also have its own celebrations: a chapel anniversary, or the end of a successful harvest season brought people together for food, games, music and dance. Village feasts, usually starting on the saint's day of the village church and often extending for several days, were also special

¹¹⁷ C.V. Horner, *Ups and Downs: A Lifetime spent in the Yorkshire Dales*, Burnett Archive of Working-Class Autobiographies (Brunel University, London), 2:422, p.29.

¹¹⁸ Steven A. Counce, "The Hiring Fairs of Northern England, 1890–1930: a Regional Analysis of Commercial and Social Networking in Agriculture", *Past & Present*, 217:1 (2012), 213-246, (p.215).

¹¹⁹ Counce, pp.225-226; Pamela Horn, *The Changing Countryside in Victorian and Edwardian England and Wales* (London: The Athlone Press, 1984), p.125; Harrison, "Negotiating the Meanings of Space", p.128.

occasions looked forward to for months. People from neighbouring villages would join, as well as family and friends who came to visit.¹²⁰

For young people, these festivities provided entertainment as well as opportunities to meet potential partners or spend some time with a sweetheart from the city or from another village. Interestingly, some of the dances and games held during these events revolved specifically around finding a partner and kissing, such as the Kissing Ring – or Kiss in the Ring – and the Wishin’ dance. For the latter, participants sat in a circle and a young man would lead by bringing a cushion which he placed in front of his favourite girl. The pair would then kneel on the cushion and kiss, after which a young woman would take the cushion and place it in front of a boy, and the game would continue until everyone was paired off and danced around the room.¹²¹ The Kissing Ring functioned in a similar way with an added element of chase, but it usually happened outdoors and probably originated as a fertility ritual.¹²² The longevity of these games testify to their being approved of by the community. It could be assumed that part of the reason for this – aside from the perpetuation of folkloric traditions – lay in the fact that they constituted a performance of a structured routine rather than an overt display of flirting or desire, although it may have served that purpose for the participants themselves. Clear rules dictated the participants’ behaviour and ensured the ritualistic unfolding of these games up to an expected outcome, while the fact that they happened in public rather than away from supervision made them acceptable.

Another example of how rural life and work shaped courting practices in distinct ways was an interesting custom among agricultural labourers known as “bundling”, which was recalled by Maureen Sutton’s informants. Since the working day on the farm often began in the very early hours of the morning, the workers sometimes had a break in the early afternoon to take a nap before getting back to work. Couples who had been courting for some time were then allowed to share a bed, but to prevent them from having sex, a bolster – acting as a literal barrier – was placed between them:

A courting couple could sleep in the same bed, but to keep them apart a bolster was placed between them. This was known as bundling and you had to obey the rule of the bolster. The idea wasn’t frowned upon by the Methodist Church or the Chapel and some parents approved of it because they knew where the couple were and knew that they were not out in the fields

¹²⁰ Hartley and Ingilby, *Life and Tradition in the Yorkshire Dales*, p.116; Horn, p.125.

¹²¹ Hartley and Ingilby, *Life and Tradition in the Yorkshire Dales*, p.117.

¹²² Hartley and Ingilby, *Life and Tradition in the Moorlands*, pp.130-131.

or in the woods. [...] In the two-up, two-down type houses, a bed was often put in the front parlour and that way the parents could keep an eye on the bolster!¹²³

As with kissing games, young people could thus enjoy a degree of intimacy with the approval of the community, as long as they played by the rules and did not cross the line.

As suggested in the above passage, the landscape and relative isolation of the dales and moors could be turned into an advantage by courting couples, insofar as it enabled them to forge their own opportunities for unsupervised courtship and sexual experimentation through space and mobility. This was particularly obvious in C.V. Horner's autobiography, in which the walk back home from work or an errand is a recurring feature of his memories of courtship:

I used to go to Loftus on a Saturday night and had to collect some small tomatoes from a market gardener there. One night I had the company of a girl friend back to Liverton and I had the tomatoes in my poacher's pocket, I had to make excuses next morning as to why the tomatoes were crushed!¹²⁴

Because he was a poacher at the time, C.V. spent most of his time outdoors and on his own, with few other opportunities to meet girls than on these walks. Unsurprisingly therefore, this is also how he met his wife:

It was in the late 1920s, when I was catching rabbits on Penhill Crag, that romance came into my life. I was returning at dusk when I overtook a girl carrying more soil for her plant pots. I carried the bag home for her and we agreed to the same routine the next night. [...] After a rather quiet courtship we got married and I took a gamekeeper's job on the Agglethorpe Estate in Coverdale.¹²⁵

The long walks between places, as well as the many secluded spaces in the fields and woods provided a favourable context for intimacy difficult to achieve in urban areas. With regards to sexual intercourse for instance, Steve Humphries described how urban youths wishing to have sex often had no other option than to do it standing up in a dark alley or doorway, necessarily quickly and furtively lest they got caught by the police.¹²⁶ In the fields, young couples could lie down and engage in petting and sexual acts without fear

¹²³ Sutton, p.38.

¹²⁴ Horner, p.36.

¹²⁵ Ibid., p.71.

¹²⁶ Humphries, pp.29-30.

of being caught, although they may sometimes have been disturbed by another couple looking for a quiet spot, or by the occasional peeper.

Yet living and working in such areas also presented certain dangers for girls and women, also to do with space and mobility. Employment patterns in the dales and in the moors meant that male workers often moved from farm to farm each year, while local girls and women working for relatives or neighbours were more likely to be static, a situation which could lead to them being more easily deserted. The custom of taking in unmarried male workers as lodgers on the farm where they worked could also put the girls and women of the family at risk of seduction or sexual assault. Perhaps more crucially, rural areas were also naturally far less densely populated – and darker at night – than urban areas. Working away in the fields or walking alone from one village to another or to or from work could thus be dangerous. In her study of Lincolnshire, Maureen Sutton found that intergenerational female solidarity acted as a safeguard for the girls and women working on the fields, as some older women took on the role of informal surrogate mothers and looked after the girls, providing advice and protection. This did not only apply to the risk of sexual assault, as one of her informant recalled that useful knowledge would also be provided when the situation called for it: “There was old Mrs S., she looked after the girls working on the land and the potato gangs. If any girl was in trouble, they went to her. [...] If a girl had got caught, she would tell them to get some albumen, just enough to cover a silver sixpence”.¹²⁷

A key characteristic of these small, close-knit communities was that everyone knew everyone, an extreme and inescapable familiarity which unavoidably shaped gender relations and local attitudes to courtship and sexuality. For young courting couples, this could be both an advantage and an inconvenient: this familiarity meant that they could enjoy a greater degree of trust and freedom than in more densely populated areas, but it also made it near impossible to keep anything secret. As C.V. Horner put it, “there was no point in pretention and deception as undoubtedly everyone knew everyone else’s business in a tiny closely knit community”.¹²⁸ Anything out of the ordinary or any hint of scandal was likely to spark interest: as Edith Wilson (b.1897) noted about the small village where her relatives lived, “[a]ll the small events of the day took on an exaggerated

¹²⁷ Sutton, p.97.

¹²⁸ Horner, p.13.

importance in that quiet village”.¹²⁹ Cases of premarital pregnancy and weddings of pregnant brides would not have gone unnoticed. An analysis of urban/rural differentials in rates of premarital pregnancy in Yorkshire is beyond the scope of the present study, and whether it was more common and tolerated in these communities cannot be ascertained here, although light-hearted jokes on the subject suggest that it may have been accepted as something that sometimes happened.¹³⁰ Elizabeth Roberts convincingly argues that such cases may have been met with tolerance or pity from the rest of the community, but that being talked about could be a tremendous source of shame.¹³¹

Though not a feature specific to rural areas, the world of gossip certainly exercised considerable influence there, as the intimate social networks of these largely introspective groups formed ‘closed’ systems which gave more weight to social pressure on individual behaviour.¹³² Standards of morality were socially defined and enforced, and married women in particular could wield considerable power as moral authorities for the community thanks to long-established networks of friends and relatives in the area: news could travel fast and soon ruin the reputation of those men and women who contravened local behavioural expectations.¹³³ A passing comment made by C.V. Horner on the woman who held a lodging house in his childhood village incidentally hints at this: “Very seldom did women frequent village inns in those days, but the ‘lady’ of that particular house was one who did”.¹³⁴ Although he does not elaborate on the unnamed woman and her activities, it transpires from the pejorative use of inverted commas and her singling out as “one who did” that she was talked about. It is even possible to speculate that rather than implying moral judgement on his behalf, this comment may have been but a repetition of words once heard and which years later still formed part of the remembered landscape of his childhood.

The regulation of behaviour through gossip, ostracism, and other forms of humiliation did not only target women and girls. The spectacular custom originally known as ‘Riding the Strang’ for instance targeted wife-beaters. The exact proceedings varied from place to place and changed overtime, but the purpose was always to express

¹²⁹ Wilson, *I was an Edwardian Child*, Burnett Archive of Working-Class Autobiographies (Brunel University, London), n.r., n.p.

¹³⁰ Horner, p.166.

¹³¹ Roberts, p.79.

¹³² Tebbutt, p.2.

¹³³ *Ibid.*, pp.76-79.

¹³⁴ Horner, p.146.

loudly and vividly the disapproval of the community, and to shame the culprit. The man or a straw effigy would be carried around the village followed by a loud crowd, after what a sort of mock court would be set up and the man's list of offences was recited.¹³⁵ A less violent version of this custom survived at least until the 1930s and was known as 'ran-tan-tan' or 'rough music', whereby a loud procession marched to the couple's house to confront the husband while shouting and banging pots and pans. Some of Maureen Sutton's informants remembered how such processions were formed after local women received a signal from the beaten wife in the shape of a red ribbon tied to her front door. Customs such as these underline the self-regulatory dimension of the community, and the power women exercised in this arena, as the mention of the police in the following account demonstrates:

I remember in 1932 in Silver Street in Coningsby a woman tying a ribbon to the front door (red for danger, she was in trouble). The ribbon was a signal for the other women to get up a ran-tan-tan as her husband had beaten her up. When they'd got the ran-tan-tan up, the local bobby kept well out of it. You couldn't move in Silver Street, there was that many folks come to watch.¹³⁶

Despite the lack of employment opportunities for women in the rural parts of Yorkshire in this period, women and girls still enjoyed some measure of agency and power in their communities, whether that was by taking advantage of the landscape and familiarity of the community, or by acting as moral guardians through gossip and manifestations of solidarity or ostracism.

The first two sections of this chapter have examined some of the enduring characteristics of working-class sexual culture by exploring children's and young people's access to sexual knowledge and courtship, as well as the impact of local occupational patterns on girls' and young women's opportunities more specifically. The following section will now consider change overtime by focussing on the social and cultural transformations of the interwar years, and their impact on both working-class definitions of femininity and respectability, as well as on attitudes to sexual knowledge.

¹³⁵ Elizabeth Mary Right, *Rustic Speech and Folk-Lore* (London: H.Milford, Oxford University Press, 1913), p.276.

¹³⁶ Sutton, pp.100-101.

III. Navigating a New Sexual Culture

III.1. *The war*

The First World War unavoidably disrupted relationships and patterns of courtship. Maggie Newbery remembered the young men who “had come home on leave, looking much older, and not wanting to talk about the trenches, but just to go to the pictures, onto the moor, or round the park, and to forget that in a few days they would have to go back”.¹³⁷ Arthur Gill, who was conscripted to the home service, remembered writing to the wife of a fellow serviceman who could neither read nor write: “I concocted something homely that I thought his wife would like, and then read over to him. He thought it was marvellous and thanked me in his own style. [...] I think this is the only time I’ve written to somebody else’s wife!”¹³⁸ The war could also bring a brutal end to relationships, as many of these men never returned: Edith Wilson (b.1897) lost her boyfriend and one of her brothers in the same week in 1916.¹³⁹

The war also provided a context in which transgressions and new expressions of female sexuality became possible. Much to the alarm of contemporary commentators, some young women enjoyed a measure of unprecedented sexual freedom.¹⁴⁰ Commentators spoke of a ‘khaki fever’ to describe civilians’ obsession with men in uniforms, and young women in particular were consistently castigated for their alleged promiscuity and harassment of soldiers.¹⁴¹ The high concentration of servicemen in garrison towns raised concerns about their contacts with local women, and oral histories suggest that young women were warned against or prevented from associating with soldiers in any way.¹⁴² The rise of so-called amateurs – women who sought the company of men for their own sexual pleasure or in exchange of gifts rather than money – generated a moral panic. At a time of heightened anxieties over VD, these young women were unsurprisingly described in official discourse as a threat to national health and national security.¹⁴³ As Laura Doan commented, the very existence of the ‘amateur’ was a cause

¹³⁷ Newbery, p.55.

¹³⁸ Gill, *I Remember!*, p.91.

¹³⁹ Wilson, n.p.

¹⁴⁰ Barbara Brookes, *Abortion in England, 1900-1967* (London: Routledge, 2013), p. 13; Weeks, pp.207-208.

¹⁴¹ Angela Woollacott, “‘Khaki Fever’ and Its Control: Gender, Class, Age, and Sexual Morality on the British Homefront in the First World War”, *Journal of Contemporary History*, 29:2 (1994), 325-347, (p.326); Lesley Hall, *Sex, Gender and Social Change*, p.93.

¹⁴² Roberts, p.72; Harrison, “Negotiating the Meanings of Space”, pp.194-197. For similar testimonies about WWII and anxieties about foreign soldiers see Sutton, pp.81-84.

¹⁴³ Lammasniemi, pp.584-596.

of great concern and confusion due to her transgression of gender norms and class boundaries, which upset the traditional regulatory systems of sexual morality. These were young, well-dressed, sexually active women of all classes, whose open interest in and advances towards men reversed the gendered rules of sexuality and sexual pursuit, and whose appearance and diverse social backgrounds disturbed notions of respectability.¹⁴⁴

These anxieties about female sexuality and especially women's contacts with soldiers lasted throughout the war and led to a series of measures designed to curb immorality and the spread of VD. An interesting example among these was the creation of women's patrols and their subsequent professionalisation in the interwar years. As Philippa Levine argues, the perceived need to control female sexuality at that time supported the claims of women police campaigners and enabled them to achieve professional status and recognition.¹⁴⁵ As with female medical professionals or health visitors, the necessity of their existence and professionalisation was argued in gendered terms. For example, a series of articles on the subject published in *Outlook* in the 1930s argued in response to contemporary feelings that such work was not suitable for women that "women police can protect the interests of women and children, in ways totally closed to men police" with regards especially to such issues and crimes as incest and child abuse, sexual assault, domestic violence, street harassment, or prostitution.¹⁴⁶

Another important landmark was the introduction of the infamous Regulation 40D of the Defence of the Realm Act in 1918, which provided for the removal, examination, and treatment of any woman suffering from VD and for the prosecution of women suspected to have contaminated a serviceman.¹⁴⁷ The disproportionate emphasis on female sexuality that underpinned much of the efforts to curb immorality and VD during the war also amplified feminist critiques of gender inequality and the double standard of sexual morality. The unprecedented level of state intervention in the regulation of

¹⁴⁴ Doan, "Sex Education and the Great War Soldier", pp.652-653.

¹⁴⁵ Levine, p. 43.

¹⁴⁶ *Woman's Outlook*, Vol.XVII, n.389 (1936), pp.528-530, and Vol.XVII, n.390 (1936), pp.555-556; see also Vol.XII, n.240 (1931), pp.628-629, and Vol.XVIII, n.415 (1937), pp.533-534.

¹⁴⁷ Lammasniemi, p.589; Lucy Bland, "'Cleansing the Portals of Life': The Venereal Disease Campaign in the Early Twentieth Century," in Mary Langan and Bill Schwarz (eds.), *Crises in the British State, 1880-1930*, (London: Hutchinson, 1985), pp.192-208; Suzanne Buckley, "The Failure to Resolve the Problem of Venereal Disease Among the Troops in Britain in World War I", in Brian Bond and Ian Roy (eds), *War and Society: A Yearbook of Military History*, vol. 2 (London: Croom Helm, 1977), pp.65-85.

sexuality during the war shed a new light on long-lived issues, and on the links between sexual and political power.¹⁴⁸

III.2. Modernity, consumerism, and sexuality

In many ways, the interwar period was one of expanding horizons for young working-class women. The decline in domestic service and concurrent development of the third sector provided these young women with alternatives to the more predictable life trajectory of their mothers.¹⁴⁹ This was especially true for those who lived in the bigger towns, as employment opportunities for women remained scarce in rural and mining and steel areas. Maggie Newbery took full advantage of these developments. At the end of her first day at the mill she was already determined that she would not work there indefinitely, and although she did not leave the mill until the age of 19, after a brief spell as a domestic servant she subsequently worked as an after-sales representative for Singer, a probationer nurse, a waitress, a bath attendant, and a swimming instructress. Young women could earn better wages, and their working conditions were improving too, especially in the 1930s thanks to reductions in working hours and paid holidays. Although these improvements were not felt universally, as Selina Todd remarked, an increasing proportion of young working-class women enjoyed more disposable income and significantly more leisure time than the women of the previous generation.¹⁵⁰

It appears from the articles and correspondences published in *Outlook* in this period that the young women who experienced these improvements also tended to feel less urgency to get married, although marriage remained the normative ideal. This was due in great part to the marriage bar which put them in a dilemma: “He wants to marry soon on his small wage, and says if I love him I shall be content. I do love him, but shall I be happy if I give up the little weekly luxuries to which my job entitles me? My firm never employs married women”, wrote one reader.¹⁵¹ As well as the gloomy prospect of poverty, marriage may also have lost some of its appeal for some young women who enjoyed the greater opportunities open to them in this period: Maggie’s decision to get

¹⁴⁸ See Hall, *Outspoken Women*, pp.37-94 for feminist writings on sexuality in this period.

¹⁴⁹ Giles, “Playing Hard to Get”, p.241.

¹⁵⁰ Todd, “Young Women, Work, and Leisure”, p.795

¹⁵¹ *Woman’s Outlook*, Vol. XVII, n.360 (1936), p.284; see also Vol. XV, n.305 (1934), p.166 for a short story on this issue, and Vol.XX, n.537 (1939), p.273 and Vol.XX, n.555 (1939), p.897 for articles criticising the marriage bar.

married was not straightforward as she knew she would lose her job, and she recalls in her autobiography how bored she was in her early married life because of this.¹⁵² This does not mean that young working-class women of the interwar years sought to avoid marriage and motherhood, but that their participation in consumer society and their exposure to new ideals through the media transformed their expectations.¹⁵³ Women's changing social and economic status and the gains of feminism meant that a return to pre-war ideals of femininity was simply impossible.

The changes in appearance, consumption, and leisure habits of young working-class women of the interwar years were particularly conspicuous because they stood in sharp contrast with those of young women before the war: J. B. Priestley famously wrote in 1934 of "factory girls looking like actresses" as one of the new features of modern society.¹⁵⁴ As Ina Zweiniger-Bargielowska argued, more than mere changes in fashion, the make-up, bobbed hair, and shorter skirts worn by these young women were indicative of the emergence of a new, more (sexually) assertive femininity.¹⁵⁵ Likewise, their participation in commercial leisure reflected more than their financial ability to do so, it also mirrored and fostered their greater assertiveness and independence. As the editor of *Woman's Outlook* commented in 1922,

the war has revealed to the modern girl a new era! She can go to the pictures, a dance, or a theatre without feeling the slightest shock of immodesty. It is not necessary for her to be chaperoned at all. She is quite willing to pay for herself, and more so, willing to chose (sic) her own enjoyment. I do not want to suggest that she does not wish for the company of the opposite sex. On the other hand she does, but she certainly is much broader-minded and capable of looking after herself than her aunts and grandmothers of the past.¹⁵⁶

But, perhaps unsurprisingly, if the independence of the modern girl was celebrated in the pages of *Outlook*, her love of fun and dress at the expense of more serious matters was sometimes the source of concern and disapproval for women of previous generations. In some articles, there is a sense of generational fracture, and even a hint of resentment of the perceived carefreeness of modern young women:

¹⁵² Newbery, pp.121-123.

¹⁵³ Bingham, "An Era of Domesticity?", pp.227-228.

¹⁵⁴ J.B. Priestley, *English Journey* (1934), cited in Humphries, pp.16-17.

¹⁵⁵ Zweiniger-Bargielowska, "The Body and Consumer Culture", pp.187-189.

¹⁵⁶ *Woman's Outlook*, Vol.III, n.33 (1922), p.277.

One of the things that grieve older women is the lack of understanding by the girls of to-day of the struggles of women of earlier days for the freedom and independence that they are able to enjoy. It is all very well to say from time to time ‘You don’t appreciate what the suffragettes and the pioneers of the women’s movement have done for you,’ but it doesn’t make much impression on the average girl. She simply doesn’t appreciate when she powders her nose in a café, combs her bobbed hair, sunbathes, goes off on a camping week-end with friends of both sexes, that these things are symbols of a freedom that was undreamt of by girls before the war.¹⁵⁷

The difficulty to get these young women unionised and involved in politics in particular is a recurring theme in articles published in this period.¹⁵⁸

Indeed, much of the expanding commercialised leisure and mass culture was specifically targeted at young people. The consumerism and commercial leisure in which young women took part produced and exploited new representations of femininity, which had a normative impact on their opportunities for self-expression, and on their understanding of gender roles and sexuality. For example, the mass production of clothing and cosmetics in the interwar period offered more choice in terms of fashion and appearance, whilst simultaneously constructing new standards of attractiveness.¹⁵⁹ Young women’s relationship to their bodies also changed together with fashion and the increasing popularity of exercise, as clothes became more revealing, and a more slender, athletic figure became the new feminine ideal.¹⁶⁰ Through advertisement, the media, and commercial leisure, sexuality thus became a central part of young women’s culture, and their lifestyle, dress, and leisure activities became increasingly distinguished from those of both younger girls and married women in this period.¹⁶¹ The cultural codes inherent to these activities, and the available ideals to emulate also ensured conformism with contemporary sexual and gender norms – a process made more salient by their capitalist dimension. A 1937 *Outlook* editorial discussing the permeation of American culture in British society and its detrimental impact on young women commented that “nearly every American advertisement [...] bases its appeal on the line that if the gullible purchaser buys this particular brand she will be certain to capture or retain the love of the all-

¹⁵⁷ *Woman’s Outlook*, Vol.XIX, n.475 (1938), p.830.

¹⁵⁸ See for instance *Woman’s Outlook*, Vol.IX, n.148 (1928), pp.166-167, Vol.XVIII, n.411 (1937), pp.398-401, and Vol.XIII, n.255 (1932), pp.238-239.

¹⁵⁹ Todd, “Young Women, Work, and Leisure”, p.803.

¹⁶⁰ Cook, *The Long Sexual Revolution*, p.183.

¹⁶¹ Todd, “Young Women, Work, and Leisure”, pp.802-803.

important male!”¹⁶² The consumerism which accompanied and sustained the development of modern forms of leisure was predicated on formal assumptions about youth and gender roles, which contributed to the construction of adolescent girlhood and womanhood in terms of active heterosexuality.¹⁶³

A 1922 *Outlook* article typical of those targeted at its younger readership stated that

[q]uite rightly every girl looks forward to the day when she will be the bride of her own particular Prince Charming. It is a perfectly healthy state of mind; and all our girls have a right to be warmly happy in such a prospect. It means, or it should mean, the very greatest step in all our life.¹⁶⁴

Not “every girl” was looking for her Prince Charming, but the media and leisure industry did not cater for those who sought relationships with other girls. The life histories collected by Suzanne Neild and Rosalind Pearson in *Women Like Us* all point at the lack of cultural representation – not just positive – of lesbians before the Second World War.¹⁶⁵ Growing up in a society that unquestionably posited that young women were attracted to the opposite sex and would eventually get married was an isolating experience for many of them: “Well, you thought you were the only one because you didn’t learn anything at school about it, and when my mother was with us she was getting us ready to be married, like all mothers, you know”.¹⁶⁶ For social, cultural, and economic reasons, many working-class women who loved other women had to get married nonetheless. For instance, Vick Robson (b.1920) and her sweetheart of three years Sheila had to part at the end of the Second World War. Sheila married a pilot she was engaged to but kept in touch with Vick for some time: “we wrote to each other. She always put at the end of the letter, ‘Still love you.’ You know. ‘I still loves you’”. Vick went back to Yorkshire, where her mother told her “Now you’re going to settle down, get married, have kids” – which she did, reluctantly.¹⁶⁷

¹⁶² *Woman’s Outlook*, Vol.XVIII, n.423 (1937), p.814.

¹⁶³ Langhamer, p.113; Weeks, p.205.

¹⁶⁴ *Woman’s Outlook*, Vol.III, n.31 (1922), p.211.

¹⁶⁵ Neild and Pearson, *Women Like Us*. An interesting illustration of this were the parliamentary debates in 1921 surrounding the inclusion of female homosexuals to the Criminal Law Amendment act, which was rejected by some on the grounds that lesbianism should not be publicised. Recent scholarly works on lesbianism similarly suggests that it was not until the Second World War that a coherent lesbian identity began to emerge outside of elite circles: Laura Doan, *Disturbing Practices: History, Sexuality, and Women’s Experience of Modern War* (Chicago: The University of Chicago Press, 2013); Rebecca Jennings, *A Lesbian History of Britain: Love and Sex Between Women since 1500* (Oxford: Greenwood, 2007).

¹⁶⁶ *Women Like Us*, p.58.

¹⁶⁷ *Ibid.*, p.54.

III.3. Working-class femininity and sexuality

Young working-class women growing up in the interwar period had to navigate their own sexuality in a way that the previous generation did not. Yet the new sexual dimension of leisure and consumption did not necessarily translate into more sexual freedom. Peter Gurney showed how, when Mass Observation conducted a study on the sexual habits of young working-class people on holiday in Blackpool in the late 1930s, they actively sought evidence of sexual license but reluctantly had to conclude that young working-class people were unlikely to engage in full sexual intercourse unless they were in a steady relationship.¹⁶⁸ He argues that working-class premarital sexual behaviour was self-regulated by restraint rather than repression: young people might flirt, tell dirty stories, or engage in petting, but actual intercourse outside of a secure relationship was beyond the pale for most.¹⁶⁹ Often misinterpreted by middle-class observers, the comparatively open expression of young working-class women's sexuality drew on the values of their class in a way that did not contravene their own understanding of respectability.

Judy Giles convincingly argues that in the interwar years, young working-class women were able to preserve some measure of agency by forging a space for the expression of their identity and sexuality at the intersection of contemporary discourses on respectable femininity and class differences. She illustrates this using the example of one specific behaviour, 'playing hard to get', which enabled them to frame their relationships with men in accordance with working-class notions of respectability whilst rejecting middle-class ideals of femininity which emphasised female passivity, modesty, and subservience during the period of courtship. By displaying some reluctance and denying active interest or sexual desire, young working-class women still conformed to contemporary ideals of femininity and respectability, but in their retrospective accounts this was framed as a form of assertion rather than as a sign of passivity.¹⁷⁰

In a 1931 *Outlook* article discussing changing patterns of courtship, the author noted with apparent pleasure that girls no longer acted coyly around boys the way they used to when she was young: "That was the way thirty or forty years ago. And the manner

¹⁶⁸ Gurney, "Intersex" and "Dirty Girls", p.275.

¹⁶⁹ *Ibid.*, pp.288-289.

¹⁷⁰ Giles, "Playing Hard to Get", p.252.

of to-day? Well, girls are boys nowadays, and always will be!”¹⁷¹ Here, rather than suggesting that young working-class women were behaving in an unfeminine or inappropriate way, the author celebrated their assertiveness. The distinct characteristics of working-class femininity were constitutive of identity and experience, and in this respect pervaded all aspects of courtship. For example, as suggested by some of the correspondence published in *Woman’s Outlook*, some young women resented the fact that their boyfriend would pay for everything during their courtship – a tradition that coincided with gender norms but could be perceived as an infringement on their independence.¹⁷²

In the midst of these reconfigurations, the magazine sought to function as a source of knowledge and advice for young women. When the editor started a new page specifically targeted at them, she invited readers to write with their problems, but with a warning which set the tone: “please do not misunderstand, there will be no publishing of silly drivelling letters of the kind to be found in trashy silly papers”.¹⁷³ The editor’s insistence on distancing the magazine from “trashy” and “silly” papers makes it a useful source here through its emphasis on the qualities of respectable working-class femininity. Throughout these pages, young women are warned against the negative attributes associated with their gender – such as foolishness, emotivity, or giddiness – and told instead to cultivate the positive attributes associated with their class – such as resourcefulness, thrift, and pragmatism. The language used in the following passage on dress for instance illustrates quite clearly how this was articulated:

Ought girls to like pretty clothes? Of course they should. A girl may know her income is small, and that there is not much to spare on dress, so she sets to work to plan out how to have pretty things in an economical way. This means she develops her ingenuity, her powers of observation, her sense of colour and design, and later on, her nimble fingers and her inventiveness. The girl who wastes all her money on showy finery that will not last, is, of course, very foolish.¹⁷⁴

Here, the author offers a way to reconcile young working-class women’s economic circumstances with their desire to engage with fashion and conform to certain standards of attractiveness by encouraging them to develop their skills and self-reliance. With less

¹⁷¹ *Woman’s Outlook*, Vol.XIII, n.251 (1931), p.100.

¹⁷² See for instance *Woman’s Outlook*, Vol.I, n.9 (1920), p.228; and Vol.IV, n.37 (1922), pp.22-23.

¹⁷³ *Woman’s Outlook*, Vol.I, n.8 (1920), p.207.

¹⁷⁴ *Woman’s Outlook*, Vol.II, n.19 (1921), p.191.

money to spend than their middle-class sisters, dress and appearance could be more difficult to maintain for young working-class women, who had to come up with their own strategies to stretch their tight budget. Many still made their own clothes, and some would pawn their good clothes during the week only to get them back at the weekend for church and their social activities.¹⁷⁵ Rosa Bell often observed older girls getting ready to go out when she was growing up in Cumberland (now Cumbria), and tellingly described their appearance in the following terms in her autobiography: “Believe me they were lovely girls, in spite of their poverty they could make themselves look so beautiful – mind you some of their underwear was not a joy to behold – but the home made dresses covered up a lot”.¹⁷⁶

In line with this emphasis on respectable working-class femininity, the magazine’s advice on engagement and marriage was markedly pragmatic and sensible. Young readers were warned against blindly following their heart, or falling in love too soon with an unsuitable partner; they were encouraged not to rush into marriage, and to consider whether they and their partner were compatible. When the editor asked readers what the ideal age for marriage was, most replies emphasised the need to wait, as young people are easily “led away by mere physical attraction” and clueless as to what married life entails.¹⁷⁷ One Mrs France from Darlington went as far as suggesting women should wait until they are thirty, “[f]or at thirty a woman has reached a sensible age, is, or ought to be, thorough in her undertaking, and past the lighter years of falling madly in love with everyone”.¹⁷⁸

Asking for readers’ opinions on a variety of topics was a consistent feature of the magazine throughout the period under study. But what is particularly interesting in this case is that, in order to provide advice to young women, the magazine actively sought and drew on the knowledge and experience of older women, making it a somewhat democratic process of production and transmission of knowledge. Simultaneously acknowledging

¹⁷⁵ Harrison, “Negotiating the Meanings of Space”, pp.221-222.

¹⁷⁶ Bell, *R.H. Remembers*, p.46.

¹⁷⁷ *Woman’s Outlook*, Vol.XII, n.239 (1931), p.590.

¹⁷⁸ *Ibid.*, p.590.

and validating the experiences of different generations of women, the magazine sought to act as a bridge between them, promoting and facilitating communication.¹⁷⁹

This emphasis on communication was a response to the generational gap in experience between the “modern girl” and her mother caused by these interwar developments. In a 1922 article on the subject, the author comments disapprovingly on mothers who refuse to live with their time – “the mother who has retained her early Victorian ideas and insists upon forcing them down the throat of her daughter born in a different age” – and argues that this kind of attitude causes a breakdown in communication: “From the talks I have had with up-to-date girls, I gather that she wants the sort of mother in whom she can confide [...], but the fear of being misunderstood closes her lips”.¹⁸⁰ Another article on “The Girls of Today”, published in 1928, discussed the different outlook and aspirations of young women, including their views on sexuality and sexual knowledge. Acknowledging the generational gap between these young women and their mothers, she encouraged the latter to be open-minded and not to reproduce the same mistakes as their own mothers:

It is a woman’s job, a mother’s job, to-day to understand this product of the twentieth century, and not to be the shocked critic, wholly out of sympathy. To do this we must approach her in a tolerant spirit, not a prejudiced one. [...] The girl of today demands facts [...]. She talks with her brothers of physiological or biological facts with as much freedom as her grandmother talked of spiritual values. She has come to see that repression has wrought havoc in the past. [...] I maintain that the older generation can learn much from the young people of to-day. Despite the mistakes they undoubtedly make, it seems clear that we are advancing to a better, saner, franker mode of facing and dealing with the great issues of life. [...] we must be tolerant, understanding, and unrepressed ourselves that the adolescent girl can come to us freely, with confidence, and will not feel, as she has in the past, that taboos, prejudices, and repressions build up an insurmountable wall between the generations, making them speak a different language.¹⁸¹

If the magazine deplored reactionary views on girls’ and young women’s appearance or behaviour, mothers’ worries were nonetheless taken seriously and often considered legitimate. Pleased as they may have been by young women’s greater

¹⁷⁹ This was sometimes staged in articles through fictional discussions between a young woman and her mother or grandmother on topics such as courtship, or modern fashion and leisure. See for instance *Woman’s Outlook*, Vol.XXI, n.559 (1939), pp.112-113.

¹⁸⁰ *Woman’s Outlook*, Vol.III, n.27 (1922), p.84.

¹⁸¹ *Woman’s Outlook*, Vol.IX, n.158 (1928), pp.491-492.

independence, this was also a source of worry for a generation of women unaccustomed to discuss sexuality with their daughters. Conscious of these tensions, the magazine also sought to reassure and advise these worried mothers. This can be seen for example in a 1921 article which discussed girls' growing interest in boys: "friendship with the other sex becomes almost a mania with the adolescent girl. [...] In diverse and subtle ways she allures and frequently conquers". Though sympathetic to mothers' worries, the article emphasised that this was a healthy and natural development – "After all, adolescence is but the slow awakening of the future man and woman" – and encouraged mothers to trust and communicate with their daughters.¹⁸²

An overview of the letters from mothers published in the magazine reveals two common sources of worry: girls aged sixteen or under who look older than they are and who want to go out, and young women over twenty who show no sign of settling down. If the latter indicates anxieties over sexual activity and reputation, the former issue is particularly interesting for what it implies in terms of sexual knowledge. In one such letter, a mother was asking for advice regarding letting her daughter attend dances:

Will you advise me how to deal with my schoolgirl daughter in regard to going to dances? She is a very tall, matured girl, and looks considerably older than her years. In fact, when she wears a long dress she does not look a child at all, and looks quite as old as many of the young women who attend dances. But she is not yet fifteen [...].¹⁸³

In this example, we can see quite clearly that her worry stems not so much from the activity itself or from her daughter's behaviour, but from how she might be perceived by men at the dance. The discrepancy between this girl's physical maturity and her (presumed) unawareness of sexuality may put her at risk, something the agony aunt recognised, advising the mother not to let her go before she is sixteen. What this suggests is that there was a shared assumption that by the age of sixteen a girl would have acquired a better understanding of sexuality and its potential dangers – probably from a friend or workmate – and would be better equipped to protect herself if needed be. In another example, the mother of a sixteen-year-old girl "who has a great tendency to flirt about with boys" sought advice to break her off this habit, adding in passing that she "is a very pretty girl and looks very much older than she is". Here, the agony aunt was much more explicit in her acknowledgement of the danger this posed: "It is always pathetic when

¹⁸² *Woman's Outlook*, Vol.II, n.23 (1921), p.294.

¹⁸³ *Woman's Outlook*, Vol.XVII, n.360 (1936), pp.283-284.

these very young daughters look so much older than they are [...] your daughter may possess sex appeal which either attracts the other sex or makes her attractive to them”. Interestingly, rather than advising the mother to curtail her daughter’s activities, she encouraged her instead to enlighten her on sexual matters:

There is often no harm in a girl who goes about with boys, but there is always an added responsibility for the parents. Is she aware of the facts of life? If not, do not keep her in ignorance any longer, for if she seeks the company of boys in preference to girls, then she should know these facts for her own safety and good behaviour.¹⁸⁴

The joint emphasis on the girl’s safety and good behaviour highlights how the double standard of sexuality still relied on the assumption that the male sex drive superseded that of women, making it girls’ and women’s responsibility to enforce premarital chastity. Yet, as this passage implies, there was now a recognition that doing so may require some form of sex instruction. As sexuality had become a more prominent part of youth culture, the surviving policy of silence was perceived as no longer tenable.

III.4. Towards sex education

As we have seen in the previous chapter, sex education – or rather, the detrimental impact of growing up without it – was not a new topic for the women of the Guild. In their letters published in the 1915 collection *Maternity*, they already attributed much of their sufferings to their lack of sex instruction, for which they blamed their mothers, and expressed their intention not to let their daughters suffer in the same way:

my mother, being one of the ‘old school,’ thought it wrong to talk to her girls of such things, and it always made us feel shy of asking her anything. [...] But I must say I have got a good husband, and we made that condition years ago, that as the boy grew up he would enlighten him, and I was to do the same by our girl.¹⁸⁵

It is not surprising therefore that from its early days the magazine was very keen to promote sex education, and regularly included in its pages articles on the subject, as well as advertisements for and discussions of various books and pamphlets intended for parents, young people, and married couples.¹⁸⁶ One of the first such articles, published in 1921, consisted in a double page feature on Margaret Sanger, her work, and her book

¹⁸⁴ *Woman’s Outlook*, Vol.XVII, n.395 (1936), p.731.

¹⁸⁵ *Maternity*, letter 156, p.182.

¹⁸⁶ See for instance *Woman’s Outlook*, Vol.I, n.10 (1920), pp.263-264, Vol.II, n.17 (1921), pp.120-121, and Vol.II, n.21 (1921), pp.236, 252.

What Every Mother Should Know (1911), which was designed to help mothers teach their children about reproduction. In keeping with the magazine's editorial line, the article ended with an invitation for questions and contributions: "If [...] any of our readers would like to discuss the question of sex education in our pages we shall be very happy to give space to them".¹⁸⁷ An editorial note in the following issue suggests that the response was overwhelming, with readers expressing positive views on the subject, and asking for more information and help as well as copies of the book. The editor arranged for copies to be ordered for Guild branches and reiterated the magazine's commitment to helping mothers through articles and correspondences:

Many 'Outlook' readers have asked for periodic talks about sex education. They say their girls ask them questions which they do not know how to answer. They realise that the lies usually told to children about their origin are exceedingly harmful, and may be the means of bringing their daughters to all sorts of peril. For this reason we are publishing a series of simple articles dealing with this difficult subject, and we should be very glad to answer in our magazine, or privately, any letters that may be sent to us.¹⁸⁸

It is clear from this example and from other articles and letters published in the magazine that the readers of *Outlook* were predominately in favour of sex instruction and saw it as the cure to many contemporary social problems: "Is it not because there has been no sex-teaching in the past that we have the boy and girl marriages, the sad cases of matrimonial troubles, and the number of cases of venereal disease?"¹⁸⁹ But it is equally clear that they did not feel comfortable about it: having grown up in a culture of secrecy and guilt surrounding sex, they had to overcome their own ignorance and distaste for the topic if they were to break the cycle and enlighten their children.

The magazine sought to remedy this issue through various articles reminding mothers of the need for sex instruction of children and young people, discussing what should be taught, how, and when. Mothers were encouraged to explain the facts of life to their younger children and to be open and frank with their older daughters about their bodies and the risks of premarital intimacy. Basic information on topics such as menstruation and reproduction was provided to this effect and presented in a non-threatening way, most commonly through analogies with plants and animals, with a view

¹⁸⁷ *Woman's Outlook*, Vol.II, n.17 (1921), pp.120-121.

¹⁸⁸ *Woman's Outlook*, Vol.II, n.18 (1921), p.162.

¹⁸⁹ *Woman's Outlook*, Vol.II, n.21 (1921), p.250.

not to shock the readers and to provide them with a language with which to instruct their children. Further readings were regularly suggested, either for the mothers themselves or for their older children, and the readers' page also gave them space to ask for advice and opinions, and to raise any concern they may have. The authors of these articles were very conscious of the difficulties willing mothers might face, and little scenarios were sometimes used to show them how they might proceed, providing for instance suggested answers to children's questions: "Let us take a few of these awkward questionings and see if one can answer them so as to help our mothers".¹⁹⁰

This staging of knowledge-transmission interestingly mirrored that of official sources of sex instruction issued by medical authorities. One example of this is a booklet reprinted by the British Social Hygiene Council entitled *The Wonderful Story of Life* (1921). The introduction contains an acknowledgement that even for those parents who are willing to provide sex instruction to their children, "this instruction is not altogether an easy task for many parents. Their own education along this line was too negative; it created a false modesty which they find it (sic) hard to overcome".¹⁹¹ To help them in this task, the booklet was written in the first person, giving them the option to simply read it aloud to their children:

It is suggested that the mother or father read the book aloud to the child. [...] First, the parent should go through the book alone in order that its contents may be clearly understood. Then gradually a chapter or more at a time may be read to the child. [...] Some parents will not wish to read this material to their children, but will prefer to tell the story informally. This method has numerous advantages. For such parents, however, it is believed this book will furnish useful suggestions and possibly some information which can be effectively used.¹⁹²

In this passage, the recommendation that the parent reads the book first reveals the dual purpose of such a method: to facilitate the teaching of children by their parents, but also potentially to inform the parents themselves and to make sure that the information they pass on is accurate.

It should be noted that, at the time, there was no consensus – either among parents or medical and educational authorities – as to who should teach. A report on papers submitted from six countries on the subject of sex education for the 1929 Congress of the

¹⁹⁰ *Woman's Outlook*, Vol.II, n.24 (1921), p.305.

¹⁹¹ Anon., *The Wonderful Story of Life: a mother's talks with her daughter regarding life and its reproduction* [1921], reprinted by the British Social Hygiene Council (1935), Wellcome Library, SA/MWF/N.2/12, p.3.

¹⁹² *Ibid.*, p.4.

Medical Women's International Association highlighted that, while experts generally agreed on the content and timing of sex instruction, opinions diverged on this point.¹⁹³ In Britain, the report suggests that while many parents welcomed the idea of sex education being given in schools, others strongly objected, and the Board of Education only recommended that such instruction be given in secondary schools.¹⁹⁴

A key issue with school-based sex instruction – and one that was particularly prominent in the pages of *Outlook* – was that it would come too late, as children would have already acquired or picked up information elsewhere before they reached adolescence. Sex education then was presented as a race against time, whereby mothers had to give their children accurate and “clean” knowledge before they got exposed to inaccurate or inappropriate information: “Is it not infinitely more desirable that sex-knowledge shall be given in a nice clean way to the child at home, than for it to pick up any rubbish outside?”¹⁹⁵ Interestingly, the language deployed was that of contamination, with multiple references to the child being “exposed to” undesirable content through “vicious companions”, as a result of which his or her mind is “tainted”.¹⁹⁶ Consequently, and while opinions diverged regarding the desirability of letting parents teach their children, one of the conclusions of the report was that “because parents are in many cases the best people to answer the child’s question – and every writer agrees that truthful non-evasive answers should always be given – they should themselves be educated in sex matters”.¹⁹⁷

Despite the active promotion of sex education in *Outlook* and the educational efforts of official bodies such as the British Social Hygiene Council, the nature of the information to be imparted and its association with ideas of immorality and contamination meant that mothers’ reticence was still strong by the end of the period under study. The following extract from a reader’s letter written in 1936 illustrates quite well some of the developments and tensions that surrounded sexual knowledge in this period, including the intervention of medical and educational authorities, a self-conscious sense of change

¹⁹³ Louisa Martindale, “Sex Instruction for Children and Adolescents”, report on papers submitted from six countries to the Medical Women’s International Association for the Paris Congress, 1929, Wellcome Library, SA/MWF/N.1/12, p.2.

¹⁹⁴ *Ibid.*, pp.16-17.

¹⁹⁵ *Woman’s Outlook*, Vol.II, n.21 (1921), p.250.

¹⁹⁶ See for instance *Woman’s Outlook*, Vol.II, n.22, p.254, and Vol.IX, n.161 (1928), pp.590-591.

¹⁹⁷ Martindale, “Sex Instruction for Children and Adolescents”, SA/MWF/N.1/12, p.32.

in attitudes despite a surviving policy of silence, and the relationship between sexual knowledge and respectability. Signing under the name “Modern Mother”, the author of the letter asks for advice as she wishes to tell her children about the facts of life but worries about the potential repercussions of this should they then share this knowledge with their friends at school:

I have read articles by doctors, teachers, and psychologists, and also attended an address given by a lecturer from the British Social Hygiene Council, all advising parents to tell their children the truth as soon as they begin to ask questions concerning what we term the facts of life. Now, I do not at all mind my children knowing, but my problem is this. If I tell them they are quite likely to mention the subject to their friends in just the same way as they would any piece of interesting information. The parents of their school-fellows may be of the old-fashioned type, who consider it inadvisable for children to be given such information, and, consequently, may judge my little ones to be unfit companions for their children, and no mother likes their children to have that reputation. How can I make them understand that all people are not as frankly outspoken as we are at home without cautioning them not to discuss the matter with their friends; as, if I do so, that throws an unhealthy ‘hush-hush’ glamour over the subject, which I particularly wish to avoid.¹⁹⁸

As can be seen in this passage, even towards the end of the period under study, a parent who had both the knowledge and the willingness to impart it to their children would still be faced with major obstacles specific to sexual knowledge, to do with respectability and the attendant need to contain its diffusion to channels deemed appropriate. In this respect, sex education stood apart from any other kind of instruction. There was a tension between the perceived need to give children a certain kind of knowledge, and preventing them from sharing that knowledge without arousing more curiosity and interest.¹⁹⁹

Yet by the 1930s it had become clear that children could and should no longer be entirely shielded from sexual knowledge, and that a more open attitude was healthier:

Children and young people to-day [...] accept the human body which their predecessors shrouded in mystery. In just the same way members of this generation are ready to accept the facts of life, unembarrassed, and without a cloak of shame. Without doubt, they should be supported in this.²⁰⁰

¹⁹⁸ *Woman's Outlook*, Vol.XVII, n.373 (1936), p.27.

¹⁹⁹ For anxieties among medical and educational authorities, see Hera Cook, “Getting ‘Foolishly Hot and Bothered’? Parents and Teachers and Sex Education in the 1940s”, *Sex Education*, 12:5 (2012), 555-567, (p.558).

²⁰⁰ *Woman's Outlook*, Vol.XVII, n.378 (1936), p.174.

Parents of children and young people growing up in the interwar years were therefore caught in this shift, and there was a sense among medical and educational authorities that these tensions would eventually abate as a more rational, scientific approach to sexual knowledge would take over: “The present generation of parents, having been plunged suddenly into a transition stage are especially liable to sex complexes. This should apply far less to future generations”.²⁰¹

For this to happen however, what was required was a profound reconfiguration of understandings of sexuality and sexual knowledge at the level of ideological binaries between respectability and immorality, health and disease, and cleanliness and filth: “There is a strong movement among writers to-day to bring into the light of day physical functions which it was thought positively wicked to mention fifty years ago. This is not out of a love of filth, but out of a desire to make all things clean”.²⁰² Sexual knowledge had to be presented not only as desirable and clean, but as necessary to health and happiness. A common feature of feminist, medical, and popular publications on sex in this period was their insistence that sexual knowledge was the antidote in turn to sexual misery, exploitation, promiscuity, unwanted pregnancies, and disease. In other words, sexual knowledge was sanitised and presented as the medicine rather than the poison. A 1930 *Outlook* article written by a public health lecturer asked parents to adopt a clinical approach to sex education: “Consider sex in the light of science, of physiology. This will produce a common-sense, matter-of-fact attitude towards the matter that leaves it entirely devoid of emotion. [...] Parents may then instruct their children as a physician would”.²⁰³

The interwar period witnessed a process of medicalisation of sexuality, whereby science progressively took over the formerly prevailing moral and religious frameworks of discourses on sexuality and social hygiene.²⁰⁴ At a time of heightened anxieties over VD and national fitness, this endeavour found a ready justification and language in eugenics, as can be seen quite clearly in the following extract from a 1921 *Outlook* article written by a member of the Guild:

Everyone realises the need for something to be done. Shall we women, mothers in the home, do that part which lies nearest to us? It may not seem much, perhaps, just to train one or two

²⁰¹ Martindale, “Sex Instruction for Children and Adolescents”, SA/MWF/N.1/12, p.23.

²⁰² *Woman's Outlook*, Vol. XVI, n.330 (1935), p.140.

²⁰³ *Woman's Outlook*, Vol. XI, n.212 (1930), pp.562-563.

²⁰⁴ Doan, “Sex Education and the Great War Soldier”, p.662. Lucinda McCray Beier noted that the moral language used by her older informants to talk about sex was replaced by scientific language among younger informants: McCray Beier, *For Their Own Good*, p.238.

young lives in the right way; how much it really means can only be realised after many years, when the children, so trained, have passed on the training to their offspring and a cleaner, healthier, happier race is the result.²⁰⁵

It is therefore important to remember that, for all the benefits working-class women and girls may have derived from it, the endorsement of sex education in official spheres was not apolitical. Sex education constitutes a form of biopower.²⁰⁶ The dissemination of sexual knowledge became acceptable because it responded to contemporary social and public health issues, and the scientific approach to sexuality and sex education, while seemingly more objective, conveyed and reinforced certain norms and practices deemed beneficial to the social body.²⁰⁷ The progressive development of more open attitudes to sexuality in society and its promotion through popular culture cannot therefore be understood in exclusively empowering terms for women and girls. The articles and correspondences published in *Outlook* certainly endeavoured to empower mothers and daughters and provided them with a respectable source of information and advice in a time of change. But at the same time, they were also a vehicle for an ideology geared towards the preservation and perpetuation of the race, nicely summed up in the heading over an advertisement for Marie Stopes' books: "BETTER MEN! HAPPIER WOMEN!! HEALTHIER CHILDREN!!!"²⁰⁸

This chapter has explored working-class sexual culture in the period 1900-1940, with a focus on the various processes of knowledge acquisition, knowledge transmission, and changing ideals of femininity and respectability. It has emphasised the pluralistic nature of the acquisition of sexual knowledge in this period, the impact of local occupational patterns on girls' and women's lived experience of sexuality, and young working-class women's agency as they navigated and actively contributed to the reshaping of definitions of femininity and respectability in the interwar years. An analysis of some of the tensions surrounding sexual knowledge and the desirability of sex

²⁰⁵ *Woman's Outlook*, Vol.II, n.22 (1921), p.254.

²⁰⁶ John R. Gibbins, "Sexuality and the Law: the Body as Politics", in Terrell Carver, and Véronique Mottier (eds.), *Politics of Sexuality: Identity, Gender, Citizenship* (Abingdon: Routledge, 1998), pp.36-46, (p.37).

²⁰⁷ For a detailed discussion of sex education as a tool for social control, see for instance Julian Carter, "Birds, Bees, and Venereal Disease: Toward an Intellectual History of Sex Education", *Journal of the History of Sexuality*, 10:2 (2001), 213-249.

²⁰⁸ *Woman's Outlook*, Vol.II, n.21 (1921), p.252.

education in this period has revealed similarities with medical women's efforts to promote education on menstrual hygiene, including the idea that parents needed to be instructed so that they may in turn instruct their children. This is not to suggest that working-class mothers necessarily resented this intervention: as we have seen, while they seemed keen to provide some form of sexual knowledge to their children, surviving working-class attitudes to sexual knowledge meant that this did not easily translate into practice. The multiplication of sources of information on sexuality and the increased openness about sexuality which characterised the interwar years cannot be seen to merely indicate the beginning of a long sexual revolution in Britain. The promotion of sex education in this period was also a response to contemporary anxieties over national fitness, reproduction, and women's changing roles, at a time of increased focus on marriage and the family unit as part of interwar national reconstruction.

CHAPTER 3: PREGNANCY

Despite progress in public health and a general increase in life expectancies, maternal and infant mortality remained alarmingly high in the early twentieth century, and Yorkshire was identified as one of the counties that were hardest hit by this phenomenon. Interestingly, until the 1920s, public health efforts focussed mainly on the problem of infant mortality. Official responses included the creation of special committees to investigate the issue and, especially from 1906 under the newly elected Liberal government, the passing of legislation aimed at curbing infant mortality and preserving children's health. Meanwhile, a growing range of local and national voluntary organisations tackled the issue, their chief endeavour being to instruct mothers on topics such as hygiene and feeding through health visiting and infant welfare clinics.¹ An extensive and energetic infant welfare movement thus developed in the early twentieth century, and by the time of the First World War most urban centres had at least one employed health visitor, as well as one or more infant welfare clinics, which were run either by the state or a voluntary society.²

Anna Davin nicely summed up the multiple shifts in power relations that these developments signified:

The authority of state over individual, of professional over amateur, of science over tradition, of male over female, of ruling class over working class, were all involved in the redefining of motherhood in this period, and in ensuring that the mothers of the race would be carefully guided [...].³

The redefinition of motherhood in the early twentieth century was accompanied by the rise and professionalization of public health and modern medicine, which entailed shifting definitions of – and competing claims to – expertise in relation to pregnancy, childbirth, and infant care. The power relations that suffused these changes functioned along the lines of gender and class, and often very explicitly so, both among health professionals and between them and the lay public. Physicians, who were the leading representatives of the profession, were still predominately male and middle-class, but the focus of public health on maternity and infant mortality led to a reevaluation of the status and role of female healthcare providers – midwives and health visitors in particular became

¹ Marland, "A Pioneer in Infant Welfare", p.26.

² Lewis, "The Social History of Social Policy", p.463.

³ Davin, p.13.

professionals, as legislation was introduced to define their roles, training, and working conditions.⁴ This period was also marked by mounting levels of professional intervention in an area where traditional working-class health culture still prevailed. Childbirth and child care were increasingly medicalised in the interwar period, which would have profound consequences on working-class women's experience of childbirth but also on their confidence in their own knowledge.⁵

Working-class women's experiences stood in stark contrast to the elevation of motherhood that suffused official discourses in the early twentieth century, and the irony of glorifying motherhood without making the necessary provisions for women to be able to fulfil this function in bearable conditions was not lost on the Women's Co-operative Guild. In 1913, Margaret Llewelyn Davies, the general secretary of the Guild, undertook extensive research into working-class women's needs in terms of maternity care with a view to devise a series of proposals for a national maternity scheme. In collaboration with socialist and trade union activist Margaret Bondfield, they consulted a range of experts and practitioners, but more importantly and in keeping with the Guild's ethos, they sought to collect evidence from working-class women themselves. Davies contacted about 600 current or former Guild officials asking them to write to her about their experiences of maternity, a method she had already deployed in 1910 when she collected first person evidence to push for legal reform on divorce.⁶ She received 386 responses covering 400 cases, and 160 of these letters were compiled and published in 1915.

The *Maternity* letters constitute a key source for this chapter, which will examine working-class women's activism in relation to maternity. Although a number of these letters refer to pregnancies that occurred prior to 1900, they are nonetheless indicative of the challenges specific to working-class mothers before WWI, and they testify to ongoing socioeconomic issues that were not adequately dealt with by the state until at least the introduction of the 1918 Maternity and Child Welfare Act. It is also worth noting that most of the women whose letters were published were from the better-off section of the working classes and were therefore, by their own admission, better placed than many.

⁴ Davies, "The Health Visitor as Mother's Friend"; Marland and Rafferty (eds.), *Midwives, Society and Childbirth*. Similar developments were also occurring with regards to nurses, especially as a result of the war; see Christine Hallet, "Nursing, 1830-1920: Forging a Profession", in Anne Borsay and Billie Hunter (eds.), *Nursing and Midwifery in Britain Since 1700* (Basingstoke: Palgrave Macmillan, 2012), pp.46-73.

⁵ McCray Beier's, *For Their Own Good*, chapter 6.

⁶ Ruth Cohen, "'Mothers First': The Women's Co-operative Guild's Campaign for Maternity Care, 1906-18", *Women's History*, 2:4 (2015), 11-18, (p.14).

This chapter is divided into three sections. The first section considers the traditional management of pregnancy and childbirth in working-class communities before WWI, with an emphasis on the challenges caused by their material conditions and lack of access to medical care. The second section examines the work of the infant welfare movement and the way in which they cast working-class mothers as ignorant with regards to infant care, and puts this in contrast with the kind of knowledge and assistance working-class women themselves felt they needed. In doing so, this section points at the gendered and classed power relations which shape and sustain definitions of ‘knowledge’ and ‘ignorance’, and at the wilful ignorance of policy makers and public health officials with regards to the living conditions of working-class women in this period. The third section focusses on the work of the Women’s Co-operative Guild, and more specifically on their campaigning for maternity services both during the war and through the interwar years. It foregrounds working-class women’s agency by examining their active participation in the process of knowledge-making through the publication of the *Maternity* letters and the rest of their campaign, and it highlights their collusion with the process of medicalisation towards the end of the period under study.

I. Managing Pregnancy and Childbirth Before the War

I.1. Pregnancy

“The first feeling of a young mother (to be) (unless she has been very intelligently trained or is very ignorant) is one of fear for herself when she finds out her condition”.⁷ As this extract from one of the *Maternity* letters suggests, working-class women’s experiences of pregnancy and childbirth in the early twentieth century were often framed by anxiety. Although pregnancy was not considered as an illness in itself, women were aware of the various dangers associated with it, and birth and the lying-in period in particular were thought to be a dangerous time, when the life and health of both mother and baby were at stake: “I do not think I was very different in my pregnancies to others. I always prepared myself to die,” wrote another woman.⁸ This anxiety was not confined to the women themselves either. When Mrs Powell was expecting her tenth child

⁷ *Maternity*, letter 16, p.39.

⁸ *Maternity*, letter 136, p.166.

Ludivina (b.1879), she reportedly had pointed to her husband where she wished to be buried. Ludivina's older sister Alice had a bad feeling when was sent away when labour began: "She told me that she had a curious feeling that she would not see her mother again, was she not a seventh child?"⁹

Poverty, unemployment, physical exhaustion, lack of sanitation and access to medical care – and in the case of industrial cities, overcrowding – all contributed to make pregnancy a difficult time for working-class women and accounted for the high infant and maternal mortality rates of the time. Women expected to suffer at that time and indeed sometimes became seriously ill during their pregnancies through having to carry on heavy work until the last minute and depriving themselves in order to provide for their husbands and other children – common practices which often proved injurious or fatal to their babies and themselves. At a time when family limitation was not an accepted, widespread practice, the financial strain pregnancy and confinement represented as well as that of having another mouth to feed on a tight budget also meant that a pregnancy could propel a struggling family into poverty. As a mother of six concluded in an *Outlook* interview about her life, "Life has taught me many things, [...] but one of the bitterest lessons is that babies and poverty go hand-in-hand".¹⁰

"It has to be remembered that the ordinary family wage leaves nothing over for the additional outlay upon maternity," wrote Margaret Llewelyn Davies in her introduction to the collection of letters.¹¹ Even for those women who were fortunate enough to be married to a man who was in regular employment and received a fixed wage, the extra expenditure incurred by a pregnancy and especially by their confinement would often stretch the household budget to its limit. For many more, their husband's irregular wages, unemployment, or illness, meant that they had to do without medical attention and help in the house during pregnancy and after the birth of their child. Before the introduction of maternity benefits, many women could not afford to take care of themselves during their pregnancies: "when they only have the same amount of money coming in, how are they going to do it?"¹²

⁹ Powell, p.4.

¹⁰ *Woman's Outlook*, Vol.IX, n.151 (1928), p.279.

¹¹ *Maternity*, p.5.

¹² *Maternity*, letter 25, p.52.

As a result, to save up for their confinements and provide for their families during their pregnancy, women sometimes had to carry on working until the last moment, inside and sometimes outside the home, taking in washing or working as someone else's house help for instance, to complement the household income. Whether they needed to find some paid work or not during this time, there would of course still be the usual heavy housework to do, rendered all the more exhausting by their condition: "Fancy bending over a washing-tub, doing the family washing perhaps an hour or two before the baby is born".¹³ When comparing the conditions of pregnancy for middle-class and working-class women, Florence Bell touched on this point, highlighting how if "the mother in easy circumstances is full of happiness and hope albeit of physical discomfort, the life of the working woman is led with increased difficulty and hardship". The latter, she added, enjoys no rest, and "generally goes on with her daily round of toil until the very last minute before the child is born; she has no one who can take the burden of her life off her if she is tired, cross, depressed, unwell".¹⁴

Not only could they not afford rest, evidence suggests that it was also common for these pregnant women to continue to deprive themselves of food so that the rest of the family, and especially their husband, could eat: "A woman with little wage has to go without a great deal at those times, as we must give our husbands sufficient food or we should have them home and not able to work; therefore we have to go without to make ends meet".¹⁵ There is abundant evidence that even where there was no shortage of food in working-class families, husbands, and to a lesser extent children, were favoured in its distribution.¹⁶ The extra expenditure confinement represented meant that many women felt they had no choice but to carry on this way, despite knowing that their condition called on the contrary for a richer diet, as they had to save whatever money they could to secure assistance at the time of the birth: "as my little ones began to come, they wanted providing for and saving up to pay a nurse, and instead of getting nourishment for myself which we need at those times, I was obliged to go without".¹⁷ That this was a recurring theme in the *Maternity* letters as well as in other first person testimonies suggests that, even when the woman was pregnant, when someone had to go short of necessities in the

¹³ *Maternity*, letter 26, p.53.

¹⁴ Bell, *At the Works*, p.201.

¹⁵ *Maternity*, letter 2, p.20.

¹⁶ See for instance *York Memories at Home*, p.49; *Woman's Outlook*, Vol.X, n.193 (1929), p.780; *Woman's Outlook*, Vol.XIV, n.287 (1933), p.438.

¹⁷ *Maternity*, letter 1, p.18.

working-class home, it was her: “If father takes his food it must be as good as can be got; then the children come next and mother last”.¹⁸ Thus, pregnancies were often marked by physical exhaustion and deprivation.

1.2. Childbirth

Lucinda McCray Beier argues that, because childbirth and the lying-in period were considered to be dangerous times, the traditional management of childbearing for working-class women focussed on confinement.¹⁹ Throughout the period 1900-1940, the vast majority of births occurred at home, where the necessary arrangements for confinement had to be made. The conditions were far from ideal: the lack of sanitation, heating, and running water in working-class homes at the beginning of the century meant that both mother and infant were particularly vulnerable to germs and infections. This was especially true in industrial cities: in her description of the cottages of Middlesbrough for instance, Florence Bell mentioned the constant noise coming from the nearby works, and the smoke and vapours blowing in.²⁰ She also compared the small, damp, unventilated rooms in which working-class women gave birth with the antiseptic precautions which prevailed in middle-class confinements, and described a scene which may not have been uncommon for the women she visited:

One woman, who had suffered a great deal when her child was born, was lying, when it was only a few hours old, in one of the tiny rooms described, to which penetrated the sounds and smell from the adjoining works, and her husband who had come in from his work tired out and had thrown himself down to rest before going to change, was lying asleep in his black working clothes on the outside of the bed.²¹

Hygiene was not the only issue. In a typical two-up two-down working-class home, space raised other challenges. Women who lived in crowded houses with no spare room would have to make special arrangements, perhaps going to a relative's to give birth, or turning their front room into a delivery room.²² Besides, in a small house, everything could be heard, and therefore children were usually sent away or told to wait outside while their mother was giving birth, although this was not always possible. For instance, despite

¹⁸ *Maternity*, letter 30, pp.58-59.

¹⁹ McCray Beier, “Expertise and Control”, pp.395-396.

²⁰ Bell, *At the Works*, p.15.

²¹ *Ibid.*, p.203.

²² McCray Beier, “Expertise and Control”, pp.402-403.

being from a relatively well-off family, Mary Denison remembered being confused by the sounds and agitation in her house one night when her mother was giving birth:

Mother was in her bedroom [...]. You lay awake wondering about the baby and listening to the sounds in the house, sounds that were rather frightening. Dr Carter being let in at the front door, his voice in Mother's bedroom, footsteps running down the passage, the nurse calling down the backstairs for hot water. And Father's voice. Things were happening, and you didn't know what they were.²³

Mary's mother could afford a doctor and a nurse, which was not the case of many women of her class. Women were usually assisted in childbirth by a midwife, qualified or not, or by the district nurse. Most births happened without the intervention of a doctor, as Mr Pilgrim (b. 1910) of York remembered: "Ninety out of a hundred births it was the district nurse who officiated and only called the doctor in if things were sadly wrong".²⁴ Doctors' fees were too high for most working-class women: "I had hardly got enough of anything, let alone doctor's money" wrote one woman.²⁵ Besides, as Ann Oakley argues, at the beginning of the century doctors had little interest in attending working-class births in any case, partly because there was little financial gain to be had, and partly because they were still predominantly male and childbirth was still seen as a woman's business. Surviving associations between childbirth and pollution meant that, as with menstruation, childbirth was originally understood as an all-female domain from which men were excluded, and even husbands were not usually present at the birth.²⁶

Traditionally therefore, a midwife or nurse was booked, usually for a week, at a cost ranging from 5s. to 12s. depending on the area and on the work she was expected to do.²⁷ Before legislation was introduced to clarify their respective role and status, the midwife and the nurse offered a similar service, in that they both cared for the woman during childbirth, and for both mother and baby immediately afterwards.²⁸ The main difference between them was that the nurse was based in a hospital or clinic and would come to visit her patient, whereas a large number of midwives were untrained and worked

²³ Denison, p.53.

²⁴ *York Memories at Home*, p.57.

²⁵ *Maternity*, letter 160, p.187.

²⁶ Ann Oakley, "Wisewoman and Medicine Man: Changes in the Management of Childbirth", in Juliet Mitchell and Ann Oakley (eds.), *The Rights and Wrongs of Women* (Harmondsworth: Penguin, 1976), pp.17-58, (pp.32, 38).

²⁷ Data obtained from Bell, *At the Works*, p.205, and the *Maternity* letters.

²⁸ For a discussion of the tensions and competition between nurses and midwives in Europe at that time, see Anne Thompson, "Establishing the Scope of Practice: Organizing European Midwifery in the Inter-War Years 1919-1938", in Marland and Rafferty (eds.), *Midwives, Society and Childbirth*, pp.14-38.

on a more ad hoc basis. Interestingly, the untrained midwife was more popular than the nurse or trained midwife: despite the introduction and successive tightening of legislation on the training and registration of midwives from 1902, many working-class women continued to employ untrained midwives until the 1936 Midwives Registration Act outlawed their activity.²⁹

The unqualified working-class midwife, the “good old motherly woman” as Bell described her, is somewhat of a stock character of working-class life at that time. She was usually a married woman or a widow from the neighbourhood whose own children had grown up, and who acted as informal health authority in her community.³⁰ Her fees were cheaper than those of her qualified counterparts, and she could be more accommodating about payment, sometimes accepting delayed payment or payment in kind.³¹ Yet if cost certainly was an important factor in women’s decision to have an untrained midwife rather than a qualified one, a nurse, or a doctor, it was not the only one at play. Crucially, the untrained midwife was not an outsider: she was relatable and familiar, something which women would have considered important for such an intimate and emotional moment. She went by the name of ‘Auntie’, ‘Granny’, or just ‘Mrs. So and so’, and her good reputation was built through word of mouth: “I had not seen a doctor, for I was thinking of having a midwife I had heard of”.³² As Lucinda McCray Beier argues, before childbirth became a medical process, women’s decision as to who would assist them in childbirth constituted a form of power, insofar as they exercised some measure of control over their deliveries.³³ Providing there was no serious complication which required the intervention of a doctor, women could take ownership of this process in a way that could be empowering: “I never had the doctor,” wrote one woman, “only an old midwife [...] I had one child born without a midwife at all, and I did as well as at any other time”.³⁴

The birth was not always straightforward however, and sometimes the doctor had to be fetched. Doctors were often called in last resort: they were not necessarily more experienced than nurses or midwives, but they came with instruments and chloroform, which the former did not have.³⁵ It should be noted that as a rule, working-class women

²⁹ McCray Beier, *For Their Own Good*, p.10.

³⁰ Bell, *At the Works*, p.205; McCray Beier, “Expertise and Control”, p.397.

³¹ Thompson, p.25.

³² McCray Beier, *For Their Own Good*, p.9; *Maternity*, letter 12, p.33.

³³ McCray Beier, “Expertise and Control”, p.394.

³⁴ *Maternity*, letter 6, p.26.

³⁵ State-registered midwives were not allowed to use chloroform as an anaesthetic until the 1930s when a safe method to administer it in the home was developed: Oakley, p.34.

did not wish to be chloroformed, as they were afraid of becoming unconscious and dying.³⁶ Similarly, as the *Maternity* letters suggest, instruments were feared and their use was perceived as a last resort solution. Not only did instruments constitute a literal and figurative invasion of a natural process, their use also carried a higher risk of death or serious injury for both mother and child:

with my fifth baby I had a very long illness through the doctor hurrying the birth instead of giving nature a chance, and he was rough in handling me. [...] I was so injured that for more than ten years I was an invalid. During that period I had two premature confinements, and several slight miscarriages. Then I got a little stronger, and finally my sixth baby was born without the help of a doctor, because I was so afraid of a repetition of what I had suffered.³⁷

Improper septic conditions, and doctors' neglect or errors could cause puerperal sepsis, internal rupture and lacerations. In fact, research carried out in Leeds in the 1920s revealed that maternal mortality was higher among middle-class women than working-class women, a difference that was attributed to the former's resort to doctors over midwives, and the resulting higher incidence of instrumental births.³⁸ Despite the high risks they carried however, the use of instruments was in some cases encouraged for working-class births: under the Poor Law, the district medical officers paid by the guardians to treat the poor received higher fees for instrumental than for natural deliveries, which left the door open to medical abuse.³⁹

1.3. Lying-in

Neighbours and female relatives were often involved, either to assist the woman in labour, or more commonly to help her in other practical ways, by looking after her other children or tending to her household duties during this time. At the time, both medical professionals and lay women believed that the demands and impact of childbirth on the mother's internal organs required a long period of rest immediately after the birth, when the woman should ideally move as little as possible to give time to her uterus and pelvic bones to recover. Failure to do so could result in a range of serious complications, from haemorrhage to displaced bones to uterine prolapse or "falling of the womb". "Getting up too soon" was a serious issue for those women who could not, or would not, keep to

³⁶ Bell, *At the Works*, p.204; see also Lewis, *The Politics of Motherhood*, p.20.

³⁷ *Maternity*, letter 96, pp.122-123.

³⁸ Beaumont, *Housewives and Citizens*, p.103.

³⁹ Oakley, p.47.

that rule, and was regularly identified by these women and by doctors as the root of years of ill-health and pains, and as the cause of subsequent miscarriages or complications in future pregnancies: “Since the birth of my last child I have suffered from a falling womb, which my doctor informs me has been caused by getting out of bed too soon after confinements”.⁴⁰ It was therefore customary for women to stay in bed for a week or two after the birth, and so securing help in the home for the lying-in period was just as necessary as it was for the birth itself.

For this, women depended largely on the mutual aid networks that existed in their communities.⁴¹ Indeed, if the better-off families could afford a house help for a few weeks, this was an unattainable luxury for the majority of women: “[my husband’s] nor any other working man’s wages won’t pay for help in the home at a cost of at least 12s. a week and food,” wrote one woman.⁴² Grandmothers, when they were still alive and lived near, were often the first option: “My poor old mother did what she could for me, as she was seventy years old, and I could not pay a woman to see after my home and little ones”.⁴³ If a woman was lucky enough to have a ‘good’ husband and older children, she would also rely on them. Ellen Gill for instance remembers her father “helping with little jobs when he finished work”, while Edna Bold helped taking care of her new-born siblings: “we now had twins to care and tend. I say ‘we’ because as a child of twelve, I was a useful nursemaid and help to my mother”.⁴⁴

Neighbourly support and solidarity in times of crises is a common trope of working-class accounts of life in the early twentieth century. Mrs Graham (b.1914) of York for instance remembered helping and nursing several people in her community, not out of friendship but because this was what one did:

[T]here was someone across the road had dropsy and she was very ill a long time [...] and the husband was always coming for me to go and sit with her and look after her. I mean, she wasn’t a friend, it was just being a neighbour, that was all... [...] In the village, I mean everyone would help if anyone was very ill. I used to take the butcher’s baby [because] when she was born he had consumption. I used to take the baby for the day – a very new baby – while her husband was ill.⁴⁵

⁴⁰ *Maternity*, letter 73, p.100; for other examples, see also *Maternity*, letter 4, p.23, and letter 25, p.53.

⁴¹ McCray Beier, “Expertise and Control”, p.397.

⁴² *Maternity*, letter 88, p.113.

⁴³ *Maternity*, letter 1, p.19; see also Bell, *At the Works*, p.115.

⁴⁴ Gill, *Ellen Gill’s Diary*, p.35.

⁴⁵ *York Memories at Home*, p.57.

If such help and support from neighbours during the lying-in period was “happily so often ready” according to Bell, not all women managed to secure it however, as one woman recalled in her letter: “I was too proud for charity, and no other help was available”.⁴⁶ This kind of situation could happen in cases for instance where a young woman had just moved to a new town with her husband and had not had time to make connections there yet, or during the war, when everyone was busy. Writing for the reader’s page of *Woman’s Outlook* years later, Mrs Samson of Masbrough remembered the loneliness and despair she felt during one of her confinements in 1916, when the men were away, and the women were at work: “a woman whose husband was at the war, and was having a baby, was bound to be neglected. I remember my mother saying ‘Now, don’t you get out of bed even if there is an air-raid’”.⁴⁷

1.4. Husbands and birth control

Women’s experiences of pregnancy, childbirth, and the immediate aftermath, also largely depended on the relationship between them and their husbands. The *Maternity* letters give us an overview of what was considered a ‘good’ husband at these times, as several respondents express how lucky and grateful they feel for the help and support their husbands provided them: “I must tell you that my husband has always been husband, nurse, and mother. The pain was never quite so bad when he was near, and no one ever made my bed like him”; “I must say I have been more fortunate than some of our dear sisters. My husband always saw that I was attended to and did not want for anything”.⁴⁸ Husbands who nursed their wives or ensured that they were properly looked after, who were willing to help around the house, or who at least were not too demanding made a real difference in lessening the worry and burden of their pregnant wives. In several letters, the authors go as far as claiming that they would not still be alive if it was not for their husbands: “Had I been less fortunate in finding a good husband [...] I should never have been living to-day”; “I must say I have had the best of husbands, or else I should not have been alive now”.⁴⁹

⁴⁶ *Maternity*, letter 20, p.45.

⁴⁷ *Woman’s Outlook*, Vol.XIX, n.469 (1938), p.621.

⁴⁸ *Maternity*, letter 95, p.121; *Maternity*, letter 157, p.183.

⁴⁹ *Maternity*, letter 57, p.83; *Maternity*, letter 102, p.133.

While such statements may seem hyperbolic, they do contain an element of truth, in the sense that at the other end of the spectrum pregnant women could also face neglect, abuse, or desertion. Given married women's lack of economic independence at the time and the social stigma cast on single mothers, pregnancy heightened women's dependence on their husbands, in a way that rendered them more vulnerable. Marriage reflected unequal gender power relations in society, which sustained this dependence, rendered all the more problematic by toxic ideas regarding men's alleged conjugal 'rights' and women's conjugal 'duties'. What transpires from the *Maternity* letters on this point is a sense that a good husband was also one who would exercise self-control and not insist on intercourse during this time. Not all women were so lucky however, and as one woman suggested, some had to contend with husbands who behaved worse than beasts:

I do wish there could be some limit to the time when a woman is expected to have a child. I often think that women are really worse off than beasts. During the time of pregnancy, the male beast keeps entirely from the female: not so with the woman; she is at the prey of a man just the same as though she was not pregnant. Practically within a few days of the birth, and as soon as the birth is over, she is tortured again. If the woman does not feel well she must not say so, as a man has such a lot of ways of punishing a woman if she does not give in to him.⁵⁰

If it was generally thought that intercourse during pregnancy or too soon after childbirth was injurious to women, a woman's physical condition at that time, coupled with her dependence on her husband, meant that it would have been difficult to protect herself against marital rape: "being in a weak condition, I became an easy prey to sexual intercourse, and thus once more I became a mother in fourteen months".⁵¹ As can be seen in these examples, the pervasive assumption that men's sexual needs were greater and needed to be satisfied meant that not only were some women victim of rape, they could also find themselves pregnant time and time again as a result, regardless of their health, of the household income, and of their desire or not to have more children: "thinking the time was safe, I submitted as a duty, knowing there is much unfaithfulness on the part of the husband where families are limited," wrote another woman.⁵²

Scholarship on birth control in this period has highlighted how much women's experiences of marital sex and pregnancy depended on their husband's self-control: the

⁵⁰ *Maternity*, letter 21, pp.48-49.

⁵¹ *Maternity*, letter 73, p.99.

⁵² *Maternity*, letter 41, p.67.

most common birth control methods among working-class couples at the time were withdrawal and, as suggested in the above example, abstinence.⁵³ It is possible that many working-class women felt somewhat fatalistic about the number of pregnancies they would go through. In interwar Leeds, Richard Hoggart reportedly overheard a young pregnant woman tell a middle-aged woman that she wished this would be her only child; “Nay, they don’t open t’oven for one loaf” was the other woman’s response.⁵⁴

Abortion could be used by women as a form of birth control when they did not have the opportunity to try and prevent conception. This practice was most common among married women who had already had several children and who felt that another child would be a threat to their health or too much strain on the household budget: “The mother wonders what she has to live for; if there is another baby coming she hopes it will be dead when it is born. The result is she begins to take drugs”.⁵⁵ There has been some scholarly debate as to whether abortions could be seen in terms of female power and agency.⁵⁶ For Simon Szreter however, the fact that abortion was most prevalent in areas where women did not work is a sign that it was more of a desperate measure in a context of social isolation, a conclusion also reached by Tania McIntosh.⁵⁷ Yet even where abortion was a desperate measure, the dissemination of information about abortifacients or local abortionists happened via informal channels, which still implies some measure of agency and control:

Motherhood ceased to be a crown of glory, and became a fearful thing to be shunned and feared. The only way to meet our increased expenditure was by dropping an endowment policy, and losing all our little, hard-earned savings. I confess without shame that when well-meaning friends said: ‘You cannot afford another baby; take this drug,’ I took their strong concoctions to purge me of the little life that might be mine. They failed, as such things do, and the third baby came.⁵⁸

One of the most notorious local examples of how such knowledge developed organically and subsequently travelled was the epidemic of lead poisoning that struck

⁵³ Fisher, pp.109-136.

⁵⁴ Hoggart, p.28.

⁵⁵ *Maternity*, letter 17, p.42.

⁵⁶ For some historians, abortion could constitute a convenient ad hoc solution in cases of unwanted pregnancies, because action only needed to be taken once – as opposed to the use of either natural or artificial methods of birth control – and because it allowed to delay this decision. In this model, abortion was a female-controlled form of family limitation, which relied on informal networks of knowledge-transmission at the workplace or among neighbours. See for instance Patricia Knight, “Women and Abortion in Victorian and Edwardian England”, *History Workshop Journal*, 4 (1977), 57-68.

⁵⁷ Szreter, p.90; McIntosh, “An Abortionist City”, pp.89-90.

⁵⁸ *Maternity*, letter 20, p.45.

Sheffield in the early 1890s. After it was found that the pregnant women who had been contaminated had miscarried, the use of diachylon – a lead compound sold as an antiseptic – as an abortifacient became widespread in Sheffield and later in nearby Barnsley and Doncaster, to eventually reach the North Midlands and Lancashire in the early twentieth century.⁵⁹ A 1935 *Outlook* article on a birth control clinic in Salford mentioned the case of a woman who had resorted to this method: “One woman who had given birth to eight children in nine years ate yards of lead plaster and contracted a form of the old-fashioned lead poisoning, which resulted in paralysing herself, and she did not get rid of the baby”.⁶⁰

Abortion being illegal, women who wished to terminate their pregnancy had no other option than to try such dangerous methods, despite their being aware that many attempted abortions failed, and that they carried a heavy risk of harming them: “I have resorted to drugs, trying to prevent or bring about a slip. I believe I and others have caused bad health to ourselves and our children. But what has one to do?”⁶¹ The lack of self-determination, the health complaints attendant to pregnancy, and the worry of having another child to support thus led some women to attempt dangerous abortions, or even contemplate suicide: “I have found myself wondering if death would not be a release. What with worry and feeling bad, I am never surprised at hearing of an expectant mother committing suicide”.⁶²

1.5. Pride and grief

Some of the *Maternity* letters refer to marriages celebrated in the 1870s and 1880s, at a time when 13.5% of marriages produced around ten children. By the 1900s, this percentage had dropped to only 4%, but despite the falling birth-rate, working-class families remained on average larger than middle-class families until after the First World War.⁶³ Around the turn of the century therefore, it was still not uncommon for working-class women to be frequently pregnant: “Before I was two years old I was no longer the baby; my sister Alice was born,” wrote Maggie Newbery (b.1901), who was already the seventh child.⁶⁴

⁵⁹ Weeks, p.72.

⁶⁰ *Woman's Outlook*, Vol.XVI, n.336 (1935), p.341.

⁶¹ *Maternity*, letter 15, p.38.

⁶² *Maternity*, letter 28, p.57.

⁶³ McCray Beier, “Expertise and Control”, p.386.

⁶⁴ Newberry, p.14.

Multiple pregnancies in rapid succession was thus the lot of some women, especially among the poorest and in areas where women had fewer employment opportunities. Writing on this topic, Florence Bell remembered the case of a Mrs V., who under four years had had four children, among whom no twins: “she was still alive, but lying hopelessly ill, and cursing, literally with her dying breath, the conditions which had driven her to her death. ‘It is not right,’ she said desperately, ‘it is wicked that a woman should be killed by having children at this rate!’”⁶⁵ The number and pace of pregnancies often took its toll on a woman’s constitution, when it was not fatal to her: “I am a ruined woman through having children”; “I had seven children and one miscarriage in ten years and three months. This left me at the age of thirty a complete wreck”.⁶⁶ This, combined with the conditions in which these women had to go through their pregnancies, also increased the risks of miscarriages and still-births:

I had children very fast, seven one after the other, not more than a year and nine months between them, and in one case only one year and two months. [...] after that I never had any more children to live. I either miscarried, or they were still-born. I have had two miscarriages in a year.⁶⁷

Although Margaret Llewelyn Davies did not claim that her sample of respondents was large or diverse enough to be representative of all working-class women, she nonetheless compiled figures that give us an idea of how frequent still births and miscarriages were. Out of 348 women who provided precise figures, 42.4% reported one or more miscarriage or still birth. Infant deaths were also recorded, showing that nearly one in four (24.7%) of the respondents had lost a child in its first year.⁶⁸

Working-class women’s conditions of pregnancy and childbirth meant that even when the pregnancy did go to its full term, babies born under these circumstances were likely to bear the mark of their mothers’ struggle. This was the case with Mrs Burton’s (b.1899) first child for instance:

I was in bed three months with my eldest son, and there was nothing the matter with him, but I just had nothing to eat. He weighted about two pound and a half, which of course, today... He should have been in an incubator, you see. But anyway, we fed him with a fountain pen

⁶⁵ Bell, *At the Works*, p.196.

⁶⁶ *Maternity*, letter 10, p.29; *Maternity*, letter 100, p.128.

⁶⁷ *Maternity*, letter 128, p.158.

⁶⁸ Davies, *Maternity*, “Figures Bearing on Infant Mortality”, pp.194-195.

filler every two hours, night and day, because he was just starved to death, he was just like one of those little pigs that die.⁶⁹

Mrs Burton's son was one among many puny working-class infants who alarmed health authorities and infant welfare workers, and who swelled the ranks of the 'unfit' in the eyes of eugenisists – "children, it must frankly be recognised, whose survival is no gain to the country", as Bell tactfully put it.⁷⁰ But looking at the issue in these terms and focussing on numbers and statistics obscures the reality of these women's experiences, and the emotional impact of losing a child, a fact that even Bell recognised:

One woman had had seventeen children and twelve had died; another fourteen, of whom eight had died. One woman had had ten stillborn children, in addition to which four more were born alive; another seven, who were all stillborn. It is easy to write these words; it is wellnigh impossible for the ordinary reader to call up the true picture or what they really mean.⁷¹

Contrary to what some contemporary observers seemed to believe, the high rates of miscarriages, still births and infant deaths among working-class women at the beginning of the century did not mean that they were immune or somehow used to this risk, or that they could more easily get over it. Admittedly, as Elizabeth Roberts argued, women tended to accept this risk as a sad but inevitable part of life, and the *Maternity* letters for instance often described miscarriages in relation to the mother's health rather than in terms of loss.⁷² But in some cases, the loss of a baby was the cause of a grief that could not be expressed in words: "No one but mothers who have gone through the ordeal of pregnancy half starved, to finally bring a child into the world to live a living death for nine months, can understand what it means".⁷³

The death of a baby could also affect the rest of the family. Mary Denison remembered in her autobiography how quiet the house was in the morning after her mother gave birth – a silence that contrasted with the noise and agitation she had heard during the night. She describes the heavy atmosphere, her father giving her and her siblings their breakfast, and telling them that their little sister had come, but only lived for three hours. The little girl did not understand immediately what this meant, other than

⁶⁹ *York Memories at Home*, p.59.

⁷⁰ Bell, *At the Works*, p.195.

⁷¹ *Ibid.*, p.199.

⁷² Roberts, p.165.

⁷³ *Maternity*, letter 5, pp.23-24.

“there was no new baby, only Mother upstairs in bed. And you couldn’t see her just then”.

The realisation came a couple of days later when she was allowed to see her mother:

Mother suddenly beginning to cry, tears choking her voice – ‘My poor little baby, lying out there in the cold and the rain.’ The words cut into your heart. You had never seen Mother cry before, and for a brief moment you glimpsed something of the anguish of human loss. And this time there were no words you could say.⁷⁴

After this episode, Mary’s mother mourning found its expression in a ritual whereby on summer evenings she would put together wooden crosses, cover them in flowers, and take them to her baby’s grave. Religion could offer some solace to mothers who lost their babies; Bell for instance mentioned the case of an Irishwoman who declared: “I lost all my children when they were babies, but it was better they should go when they were young, for now I know they are little saints in heaven”.⁷⁵ Although Bell interpreted this as evidence that this woman was taking it “more lightly” than others, it seems rather to reflect the tension between this woman’s sorrow and her effort to make sense of and accept the death of her children through faith.

In these conditions, where poverty, lack of access to medical care, and lack of birth control resulted in so many losses, it is not surprising that women who gave birth to several children and saw them live to adulthood felt a sense of pride and accomplishment:

I was married at the age of twenty-two (barely twenty-two years), and by the time I had reached my thirty-second birthday I was the mother of seven children, and I am sure you will pardon me if I take the credit for bringing up such a family without the loss of even one.⁷⁶

The evident pride expressed in the letters of those women who never buried a child is a painful reminder that infant deaths affected many families, but it also indicates that despite – or perhaps partly because of – the various risks it entailed, motherhood remained for these women an important source of pride.

At a time when employment opportunities were still limited for them, motherhood was constitutive of women’s identity and social function, but it was also an ideal most women aspired to. It is interesting to note for instance how *Woman’s Outlook*, which gave ample coverage to the harsh realities of working-class motherhood, to the alarming rates of maternal and infant mortality, and to the lack of maternity services over this period,

⁷⁴ Denison, p.54.

⁷⁵ Bell, *At the Works*, p.192.

⁷⁶ *Maternity*, letter 33, p.60.

simultaneously conveyed a highly romanticised view of motherhood in other articles, and through poems and short stories. A 1922 issue for example included a brief pastoral tale of a fancy land where happy, healthy babies wait “till they are brought to earth by the desires, the longings, the hopes, and love of earthly mothers and fathers” and only come to those parents “who realise that a baby of their own is the purest, holiest, loveliest gift life can give them”.⁷⁷

When it was not marked by tragedy or unbearable suffering, motherhood was seen as a woman’s highest function and the source of unequalled joy, regardless of the classism of official discourses on motherhood and the population question at the time. The discrepancy between health officials’ despair over infant mortality and working-class birth rates on the one hand, and the joy and pride experienced by working-class mothers on the other, is captured in the following anecdote from Bell’s study. A visitor was sent to a struggling family who already had several children, as the mother had just given birth:

The visitor who, on arrival, heard with something like horror that the mother, Mrs. D., a few days before had now had twins (two daughters), was met almost on the threshold by the mother herself, up and about, white, almost worn to a shadow, but beaming with exultation, displaying a twin on either arm. The poor little children were so small, so frail, they hardly seemed to be alive. The mother was looking at them with a face transfigured with tenderness and rejoicing. And a neighbour, who was standing by said in a tone of hearty congratulation, ‘Aye, Mrs D. is that proud!’⁷⁸

II. Whose Ignorance?

The classist dimension of early infant welfare work has been well-documented by historians, who have drawn attention in particular to the way in which officials, doctors, and voluntary workers, tended to blame working-class mothers themselves rather than the socioeconomic conditions in which they lived for the high rates of infant mortality. An overview of the core principles of early infant welfare work and of the reasons behind its overwhelming focus on working-class mothers’ alleged ignorance is useful here in order to explore some of the emerging tensions surrounding knowledge and expertise in relation to maternity and motherhood, and how these were articulated along the lines of class and gender. Shedding light on the discrepancy between the rhetoric and aims of infant welfare

⁷⁷ *Woman’s Outlook*, Vol.IV, n.37 (1922), p.4.

⁷⁸ Bell, *At the Works*, pp.195-196.

work and working-class women's actual needs and experiences will also enable us to appreciate the context in which the Women's Co-operative Guild set out to work to shift the emphasis onto the real needs of these women.

II.1. Infant welfare work: working-class mothers as scapegoats

Jane Lewis explains that because infant welfare was measured in terms of infant mortality rates, health officials sought to identify and tackle its main preventable causes – a drive which led them to focus on certain causes more than others, thus oversimplifying a complex issue, and sometimes even distort evidence to suit their agenda.⁷⁹ It is interesting to note for instance that if the chief factors identified as responsible for infant deaths in the early twentieth century were prematurity, pneumonia, and diarrhoea, it was the latter that received the most attention, while prematurity – which clearly related to the mother's health and might also have been considered preventable – was left underexplored.⁸⁰ Despite statistics showing that infant mortality was particularly high among the urban poor and in localities with poor sanitation, health officials regularly played down evidence that clearly highlighted the link between poor socio-economic conditions and infant mortality in their government reports.⁸¹

MOHs were quick in their reports to blame infant mortality on a variety of factors which they attributed to working-class mothers' negligence and ignorance, such as failure to breastfeed, unsuitable feeding, early marriages, drunkenness, consultation of elderly local women, and insurance.⁸² The latter point receives a mention in Bell's study, where, despite her understanding of some of the socioeconomic forces that shaped working-class mothers' struggle, she argues that infants whose lives have been insured are sometimes left to die:

many a time the parent is acutely conscious that it lessens the burden of life on the whole that instead of there being another child to look after, its place should be empty and some additional funds come in to compensate for its loss. [...] if insured its death is a positive benefit instead of a misfortune. It is allowed to die, therefore, without making much effort to keep it.⁸³

⁷⁹ Lewis, "The Social History of Social Policy", pp.464-465.

⁸⁰ Davin, p.35.

⁸¹ For examples of this trend see Lewis, "The Social History of Social Policy", pp.466, 470.

⁸² McCray Beier, "Expertise and Control", p.391.

⁸³ Bell, *At the Works*, p.194.

This focus on maternal behaviour largely derived from contemporary eugenic and middle-class ideals about motherhood, which put an overwhelming emphasis on the individual mother as both the foundation of the family and the guardian of the race. In this ideological context, if the survival and health of infants was an issue, it followed that mothers were to blame.⁸⁴ The remarkable tenacity of such explanations thus reflected assumptions about class and motherhood, and was sustained by the gulf between observers and observed: doctors, for example, had for the most part but little first-hand knowledge of working-class women's management of pregnancy and infants.⁸⁵ Before the intervention of the Women's Co-operative Guild and in particular the publication of *Maternity* in 1915, the voices and experiences of working-class women were missing from the debate – a silence that facilitated their demonization in public discourse.

Besides, blaming working-class mothers' ignorance and incompetence for infant mortality also represented an easy way out of larger structural, socioeconomic considerations. Working-class women's lack of access to medical care for instance was never mentioned, and where there was an issue with sanitation, it was usually blamed on the mother's ignorance of domestic hygiene rather than on town planning and poor housing conditions.⁸⁶ On this point, it is significant that during the first two national conferences on infant mortality, respectively held in 1906 and 1908, no paper bore on poverty or housing, and one of the key measures discussed was the instruction of girls and mothers in hygiene and motherhood.⁸⁷ Indeed, most MOHs and infant welfare workers subscribed to the rhetoric of individual maternal failure, but differed from eugenicists in their belief that maternal behaviour could be influenced and improved.⁸⁸ Early infant welfare work thus crystallised around notions of maternal ignorance and maternal inefficiency – both of which constituted handy umbrella terms, encompassing a whole array of issues which they believed could easily be solved at minimal cost through education. As Anna Davin observed, using working-class mothers as scapegoats in the fight against infant mortality and focussing on instructing them represented an easier, cheaper, quicker, and more comfortable solution than undertaking extensive reform in social and medical services or tackling systemic poverty.⁸⁹

⁸⁴ Davin, pp.12-13.

⁸⁵ Ibid., p.14.

⁸⁶ Lewis, "The Social History of Social Policy", p.468.

⁸⁷ Davin, pp.28-29.

⁸⁸ Lewis, "The Social History of Social Policy", p.469.

⁸⁹ Davin, p.26.

Motherhood thus became something that could and should be taught, and while middle-class mothers were seen as responsible and educated enough to seek and follow medically-sanctioned advice, it was believed that their working-class counterparts had to be enlightened. In a manner reminiscent of late-nineteenth century philanthropic work, the debates as to how to best reach them and durably change their habits deployed an almost evangelical and highly classist rhetoric, as can be seen in the following passage from Bell's study:

How are we going to attack all the ramparts that stand between us and the possibility of enlightening the mothers? We have to reckon not only with their incapacity in most cases to learn, but also with their unwillingness to learn; and perhaps with a still more serious obstacle, the uncertainty of the teachers as to what should be taught, in what way, and at what stage. And even if we assume that the required knowledge could be imparted, many of the mothers probably would not use it.⁹⁰

As suggested in the above extract, while educating working-class mothers was at the heart of infant welfare work, there was no consensus as to who should teach them, how, and when. As the infant welfare movement gained in momentum, various proposals and initiatives sprung up. Domestic science and mothercraft became institutionalised, as can be seen for instance in the memorandum on the teaching of infant care and management in public elementary schools issued by the Board of Education in 1910, and the creation of the Mothercraft Training Society in 1918.⁹¹ The war years in particular were marked by an intensification of activities which sought to simultaneously glorify motherhood and promote 'good' habits of infant care, such as National Baby Weeks – complete with lectures, competitions, and exhibitions – and baby shows with prizes for the bonniest breast-fed babies.⁹²

One of the most outstanding features in this proliferation of educational activity was the multiplication of schools for mothers and babies' welcomes throughout the country. These schools or clinics, later known as infant welfare centres, were run and funded by voluntary societies, local authorities, or both. They offered a combination of classes, health talks, and individual consultations with doctors or nurses where babies were weighted, while advice on hygiene, infant care, and feeding was given to their

⁹⁰ Bell, *At the Works*, p.207.

⁹¹ Lewis, "The Social History of Social Policy", p.478.

⁹² Davin, p.43; Dyhouse, p.249.

mothers.⁹³ For instance, the Leeds Babies' Welcome Association (LBWA), which by 1919 consisted of 11 centres spread across the city, had an extensive programme of weekly consultations, lectures, sewing classes, and occasional socials, with no less than one baby consultation and one mothers' class per week in each centre. Interestingly, baby consultations were far more popular than lectures and classes for mothers: the 1919 annual report of the LBWA recorded over 13,000 attendances at consultations, against 1,730 at sewing classes and 1,401 at health lectures.⁹⁴

As Jane Lewis argued, infant welfare centres aimed to encourage self-help and instil a sense of responsibility and pride in working-class mothers, as well as providing them with sound instruction. In this respect therefore, their chief target were the respectable poor, who were thought capable of improvement.⁹⁵ The poorest were less likely to attend such centres: "many of the most destitute are not touched by us", stated the 1919 report of the LBWA.⁹⁶ This was partly due to the fact that the focus of early infant welfare work on maternal efficiency and individual responsibility echoed the classism and moral judgement embedded in contemporary institutional charity and the Poor Law, which drew distinctions between the 'deserving' and 'underserving' poor. The respectability of women attending such centres would be investigated, and their acceptance of help and instruction implied some measure of acceptance of the moral codes of the instructors.⁹⁷ According to Carol Dyhouse, it is likely that many working-class women would have kept away from these centres because of this.⁹⁸

II.2. Health visiting

Despite a progressive shift in public policy and opinion towards a growing acceptance of state welfare provision, many of those involved in infant welfare work were reluctant to provide anything other than instruction to working-class mothers, lest it should erode their sense of responsibility or lead to abuses. During this period and especially during the war, a number of municipalities across the country experimented with provisions such as day nurseries, crèches, milk depots, or free meals for expecting

⁹³ Lewis, "The Social History of Social Policy", p.479.

⁹⁴ Leeds Babies' Welcome Association, Report for year ending 31st March 1919, 6th annual report (Leeds: Goodall & Suddick, 1919), pp.15, 23.

⁹⁵ Lewis, "The Social History of Social Policy", pp.479-480.

⁹⁶ LBWA, Annual Report 1919, p.9.

⁹⁷ McIntosh, *A Social History of Maternity and Childbirth*, p.26.

⁹⁸ Dyhouse, p.261.

mothers – all of which represented concrete solutions adapted to working-class women’s needs – but these measures however were far from being the most popular within the movement. Daytime care for instance was criticised on the grounds that women should stay at home and that mothers should not be encouraged to go out to work, while objections to milk depots stemmed from concerns over hygiene as well as from the view that they constituted a substitution for mothers and would encourage hand feeding.⁹⁹ The provision of free meals for expecting mothers was equally controversial in that it was seen as charity and therefore as demoralising, and because it encroached on the role of the husband as provider for his family.¹⁰⁰

It was in this context that health visiting became the bedrock of infant welfare work. Health visiting, which built on nineteenth-century traditions of sanitary inspection and philanthropic home visiting, was cheap and relatively easy to implement, and it was designed to provide advice and instruction to mothers rather than material assistance. Unlike the infant welfare centres where attendance was voluntary, health visiting also reached more women. Health visiting also fitted in with contemporary middle-class understandings of motherhood and women’s domestic role, and the fact that it happened in the mother’s home in particular was key to its appeal among infant welfare workers. It was believed that personal contact in the individual mother’s home would be more effective than the help provided in clinics, or than printed information, and it presented the added advantage of not taking mothers away from their homes and domestic duties, something most MOHs and infant welfare workers considered crucial: writing in *National Health* in 1918, the MOH for Huddersfield urged all involved in infant welfare work to “keep the mother and her infant together in the home. Do not entice them away, take help to them there”.¹⁰¹

Hilary Marland provides a telling comparison of the popularity of infant welfare schemes in pre-war Huddersfield and Bradford, which were both pioneering towns in infant welfare at the time. Huddersfield enjoyed a national reputation for its infant welfare work and was often cited as an example to emulate in public health literature for having the most extensive and best organised network of health visitors in the country.¹⁰² By the

⁹⁹ Dyhouse, p.260; Lewis, “The Social History of Social Policy”, p.474.

¹⁰⁰ Lewis, “The Social History of Social Policy”, p.472.

¹⁰¹ Moore, “Infant Mortality in Huddersfield”, *National Health*, 10 (1918), pp.16-17, cited in Lewis, “The Social History of Social Policy”, p.485.

¹⁰² Marland, “A Pioneer in Infant Welfare”, p.27.

First World War, Huddersfield's maternity services had scarcely expanded: there was no ante-natal clinic, no maternity ward in the local hospital, and material help of any kind was extremely scarce. In comparison, by 1915, nearby Bradford boasted a municipal ante-natal clinic, a maternity home, a combined infant hospital, milk depot, and infant clinic, as well as a programme of free meals for expectant and nursing mothers. Despite Bradford's much more impressive range of services, it was Huddersfield which continued to receive the most praise and attention from infant welfare workers nationally, because it encompassed the core principles of the movement, with its emphasis on visiting and instruction, and its almost complete absence of material help.¹⁰³ This highlights not only the discrepancy between early infant welfare measures and the actual needs of working-class mothers, but also the overarching belief that individual failure on behalf of the mother was more important a factor in infant mortality than systemic poverty.

The health visitor is an interesting figure in developments in public health at that time, in that she effectively embodied the blurring of the line between the private and the public by the very nature of her activity. While the practice of health visiting dated back to the nineteenth century, the increasingly interventionist stance in public health provided the impetus for its development and professionalization in the early twentieth century, as health visitors started becoming municipal employees. By 1919, formal training was established, and by 1928 all health visitors had to hold a certificate.¹⁰⁴ Yet the incursion in the private sphere that health visiting entailed, along with its non-voluntary dimension meant that it raised some challenges and was bound to create tensions.

The health visitor, usually a middle-class woman, visited mothers after a birth to give them advice on hygiene and infant care. Although she was urged to be tactful, her presence was often resented by working-class mothers who perceived her as intrusive, interfering, judgemental, or useless.¹⁰⁵ Working-class women would sometimes deploy forms of resistance to this invasion by taking her advice with suspicion or not following it, or by denying her access to their home.¹⁰⁶ This idea of invasion of the home was discussed by Guild officials at the time, who stressed that health visiting as well as welfare

¹⁰³ Marland, "A Pioneer in Infant Welfare", pp.42-44.

¹⁰⁴ Davies, "The Health Visitor as Mother's Friend", p.44.

¹⁰⁵ Lewis, "The Social History of Social Policy", p.485; McCray Beier, "Expertise and Control", p.392.

¹⁰⁶ McCray Beier, "Expertise and Control", p.393; Tebbutt, pp.35-36.

centres were often perceived more as negative forms of inspection and an infringement upon their privacy and freedom than as a form of support due to the unequal relationship between working-class women and health professionals.¹⁰⁷

This feeling was justified, insofar as health visiting constituted an attack on working-class knowledge and practices, both by its very nature, and because the professionalization of public health depended in part on the devaluation of such knowledge. However sound the advice offered may have been, there was something inherently patronising about this endeavour, which was sometimes reflected in the visitor's condescending attitude as they tried to eradicate certain habits which formed part of working-class life and health culture. This can be seen for instance in the following anecdote recounted by Bell:

Mrs. T., the mother of a child of five months old which was almost reduced to a skeleton from emaciation, was found to be giving the child pieces of anything she was eating herself. A visitor gave her some Revalenta food and exhorted her to give the child nothing else. At the end of a month the child was fat and flourishing. After which, at the next visit, the mother was found feeding it with blackcurrant jam as before, and triumphantly told the visitor that the baby was so well now that it was again able to 'get' anything that the mother got.¹⁰⁸

The health visitor was a key figure in the infiltration of traditional working-class networks by a growing number of public health professionals who sought to undermine the reliance on informal health authorities. She was supposed to counter the influence of grandmothers and neighbours, who were seen as dangerous and ignorant, and to promote 'good' habits as defined by health professionals instead. This battle over expertise was clearly reflected in public health and medical journals at the time, where working-class health culture was regularly ridiculed and demonized, and discredited as 'old wives' tales'. Carol Dyhouse cites the example of a Dr Kerr who, in an article published in *Public Health* in 1910, referred to grandmothers as "infanticidal experts" and argued that "the esteem in which a woman's erudition is held is often in direct ratio to the number of babies she has lost, and the higher this is, the greater the assurance and effrontery with which she delivers her dicta".¹⁰⁹

¹⁰⁷ Cohen, p.16.

¹⁰⁸ Bell, *At the Works*, pp.213-214.

¹⁰⁹ H. Kerr, "Modern Educative Methods for the Prevention of Infantile Mortality", *Public Health* (1910), p.129, cited in Dyhouse, pp.261-262.

This hostility, combined with a lack of understanding of the living conditions of working-class mothers also meant that the advice offered and the standards it conveyed were too often impractical and inadequate. As Anna Davin observed, no amount of instruction could remove the basic handicaps of poverty and unsanitary housing.¹¹⁰ By trying to transpose middle-class values and habits onto working-class women whose livelihood and environment meant that they would have been unable to put them into practice, health visiting largely ignored the external and structural factors which shaped working-class women's experiences of motherhood. Despite being so popular among infant welfare workers, it was an inadequate and problematic response to the problem of infant mortality in many respects.

It is not our object here to assess the efficiency of infant welfare initiatives at that time, or the extent to which infant welfare workers were correct in their belief that ignorance of infant care was widespread among working-class mothers. Undoubtedly, mothers did make mistakes, and a number of them used the services provided by infant welfare centres and welcomed the opportunity to get expert advice. However, a closer look at the kind of knowledge working-class women themselves felt they lacked and were seeking suggests that this overwhelming focus on infant care at the expense of other areas of knowledge was misguided.

II.3. In their own words

In the letter she sent out to Guild officials asking them to share their experiences of pregnancy, Margaret Llewelyn Davies, who wanted to shed light on antenatal factors, asked them among other things to discuss “the ignorance that has prevailed on the conditions of pregnancy”.¹¹¹ Ignorance was thus one of the most recurring themes in the *Maternity* letters, and was often identified as the root of much suffering both during and after pregnancy, and as the cause of many miscarriages, still-births, and infant deaths: “I feel very keenly myself on the ignorance of young girls getting married and having babies, because I am quite sure some of my sufferings and the death of my babies need not have been”.¹¹² The authors of the letters did not always explicitly define what they meant by ignorance, but it clearly encompassed several domains of knowledge, including birth

¹¹⁰ Davin, pp.51-52.

¹¹¹ *Maternity*, p.191.

¹¹² *Maternity*, letter 92, p.115.

control, antenatal care, and in some cases the very physiological processes of pregnancy and childbirth.

Some women who married young without having been told about the facts of life allegedly found themselves pregnant with no knowledge whatsoever of pregnancy and childbirth:

My first girl was born before I attained my twentieth year, and I had a stepmother who had had no children of her own, so I was not able to get any knowledge from her [...]. About a month before the baby was born I remember asking my aunt where the baby would come from. She was astounded, and did not make me much wiser.¹¹³

Whether or not claims to complete ignorance such as this one were true, it is certainly likely that many working-class women got married and became pregnant with little prior knowledge of sex and reproduction. As a result, they usually learned from experience during their own pregnancies, and in a number of letters the authors bemoaned not having been told about these things by their mothers: “when I was to have my first baby, I knew absolutely nothing [...]. I had many a time thought how cruel (not wilfully, perhaps) my mother was not to tell me all about the subject when I left home”.¹¹⁴ Lack of sex education was thus clearly identified by these women as one of the factors which contributed to making their experiences of pregnancy difficult, and we have seen in previous chapters that several letters explicitly called for more sex education within the family or, failing that, from schools.

This lack of sex education did not solely have an impact on women’s experiences of pregnancy – it could have a concrete detrimental effect on the health of both mother and infant, insofar as it also linked more broadly to the questions of birth control and venereal disease. Some of the letters explicitly referred to the widespread ignorance of methods of family limitation and its effects on mothers and children. As for venereal disease, while it is never mentioned in the letters – presumably due to the highly sensitive and distasteful nature of the topic – its link to sexual ignorance and its impact on children’s health were not unknown. The subject is discussed for instance in an article published in the second issue of *Woman’s Outlook* which blames the numbers of “little mutilated wrecks” on ignorance and immorality: “It is estimated that quite 50 per cent of the blind children need never have been born so, had not a false prudery kept the young

¹¹³ *Maternity*, letter 11, p.30.

¹¹⁴ *Maternity*, letter 24, p.50.

parents in ignorance of sexual diseases and the awful consequences of loose living to themselves and their offspring”.¹¹⁵

More commonly though, where ignorance was mentioned in the *Maternity* letters, it referred to the do’s and don’ts for pregnant women with regards to hygiene, nutrition, and physical activity, in other words to general principles of antenatal care. In a number of letters, miscarriages and infant deaths are blamed on lack of rest and self-care during pregnancy, and housework in particular was regularly mentioned:

Now I maintain that if we had understood things relating to married life, all this could have been saved. I would not have starved myself and child before birth for one thing, and I would have been more careful on washing days not to lift tubs or jump to reach lines, neither would I have cleaned windows and a hundred and one other things that a pregnant woman should not do.¹¹⁶

It is not entirely clear how better knowledge of antenatal care could have prevented such cases however, for, as we have seen, the majority of women could not afford to pay for help in the home at those times and therefore had to carry on with their heavy housework as before. They might have tried to avoid certain tasks, but the work still had to be done: “The doctor says the miscarriage was caused by heavy wash-days, one of the things I think the expectant mother ought not to have to do; but it is one of the most important things in the home”.¹¹⁷ Aside from the question of work however, it appears that general advice on how to take care of themselves during pregnancy was eagerly sought, and not exclusively from relatives and friends. If we consider that articles published in *Outlook* can give us some insight into the kind of information these women would have found valuable, then it is significant that the very first two issues of the magazine each contained an article on antenatal care – providing advice on what to eat, what to wear, how to exercise, and how to cope with physical and emotional changes – and that the topic kept reappearing in its pages throughout the period under study.¹¹⁸

That working-class women seemed more anxious to get professional advice and knowledge on antenatal care than on infant care does not imply that they were not interested in the latter, but rather indicates that they were more likely to seek and find this knowledge elsewhere, from more informal sources. Infant care was something most

¹¹⁵ *Woman’s Outlook*, Vol.I, n.2 (1919), p.54.

¹¹⁶ *Maternity*, letter 95, p.121.

¹¹⁷ *Maternity*, letter 74, p.101.

¹¹⁸ *Woman’s Outlook*, Vol.I, n.1 (1919), p.21, and Vol.I, n.2 (1919), p.49.

working-class women learned from their mothers or other female relatives when they grew up. Likewise, much of the knowledge of pregnancy and childbirth these women had came from female relatives and informal health authorities as well as from their own experience. The numerous references to a woman's own mother or to a similar, mother-like figure in both first-person testimonies and in the pages of *Outlook* indicate that she was often the first person to turn to, and that women both trusted their mother's knowledge and expected a measure of knowledge transmission to take place. In contrast, women who moved away from their relatives when they married felt they had no one to turn to for advice when they became pregnant: "I went to live many miles away from my home and friends when I married, amongst strangers, and was too shy to ask anyone what I should or should not do".¹¹⁹

In her study of pregnancy in Lancashire working-class communities, Lucinda McCray Beier found that "few informants born before 1920 said that either their mothers or they themselves (or their wives) had had professional antenatal care", and that only those who got seriously ill during their pregnancies sought medical help.¹²⁰ For some, this may have been a choice. But crucially, before the First World War, the socioeconomic position of many working-class women simply precluded the possibility of choice: they had to make do with what was available to them. In her letter, one woman who had a bad experience with a neglectful midwife expressed her fatalism at the time: "had I had any knowledge like I possess now, I should have insisted at the very least on the woman seeing my child's lungs were properly filled. When we are poor though we cannot say what *must* be done".¹²¹ [emphasis in the original]

Yet working-class women's limited access to professional antenatal care was not only a matter of cost, it was linked to another pervasive issue which the publication of these letters also sought to bring to light: the fact that women expected to suffer at this time, and tended to do so in silence and cope with it instead of seeking advice and help. In her introduction, Davies wrote on this point:

the notion that pain and motherhood are inevitably connected has become so fixed that the world is shocked if a woman does not consider the pain as much a privilege as the motherhood. And this attitude of the world towards the pain of travail has been extended to

¹¹⁹ *Maternity*, letter 76, p.102.

¹²⁰ McCray Beier, "Expertise and Control", pp.394-395.

¹²¹ *Maternity*, letter 11, p.31.

all the sufferings attending motherhood. These letters show that this is the view of women themselves, for which doctors have been largely responsible.¹²²

In an interesting parallel with contemporary experiences of menstruation, lack of knowledge sustained both a cultural association between pregnancy and pain or discomfort, and a culture of silence around it that allowed it to thrive. The idea that one had to “bear with it”, and to “be brave and not make a fuss” meant that women would often not disclose their difficulties either to medical professionals or to other women around them.¹²³ As one woman wrote, sympathy was not readily given in any case: “although it is a time that women suffer terribly, yet it is a time when they get very little pity, as it is looked upon as quite natural a state of things”.¹²⁴ Some women considered asking for professional advice but shied from it because they feared the doctor would think they were cowards, or would laugh at them.¹²⁵ This pervasive attitude simultaneously explained why the full extent of the issue had not yet been brought to light, and justified the need both for women to speak up about their experiences, and for legislation to be implemented to bring professional antenatal care within the reach of working-class women.

III. Campaigning from Experience

III.1. Maternity: hidden voices and experiences

As an organisation comprised almost exclusively of working-class mothers, it is unsurprising that the Guild would take up this subject and soon emerge as one of the main organisations involved in political campaigns for maternity allowances and maternity services.¹²⁶ Records of branches meetings show that motherhood was at the top of their agenda, and from the mid-1900s they began to agitate for change at local and national level. Their first concern was to tackle the impact of poverty on working-class mothers, and to obtain financial support from the state: during a typical branch meeting in Huddersfield in 1909 for instance, a paper on the endowment of motherhood was read by a member and followed by a long discussion, all members seeming to agree “that mothers

¹²² *Maternity*, pp.3-4.

¹²³ *Maternity*, letter 21, p.48; *Maternity*, letter 12, p.33; see also Tebbutt, p.88.

¹²⁴ *Maternity*, letter 52, p.79.

¹²⁵ *Maternity*, letter 43, p.70; *Maternity*, letter 157, p.184.

¹²⁶ On the involvement of other contemporary women’s organisations in questions of maternity services and maternal welfare in the 1920s and 1930s see Beaumont, *Housewives and Citizens*, pp.101-115.

and babies should not be allowed to starve as they do at present, but that being the nation's wealth, they should be thus regarded".¹²⁷

Their first successes came in 1911, when they successfully lobbied Lloyd George to include some maternity provision in his National Insurance Scheme, and in 1913, when they demanded that this benefit be the property of the mother and not her husband.¹²⁸ This small allowance was largely unsatisfactory however, in that it only applied to the wives of insured workers, and did not even cover the full expenses entailed by confinement.¹²⁹ By 1913, it had become clear to Guild officials that not only was a national maternity scheme needed, but that in order for it to truly meet the needs of working-class women, their voices and experiences had to be brought to light. Official discourses focused almost exclusively on the health of infants and largely overlooked antenatal factors, which precluded any significant reform in this area, unless working-class women themselves took the matter in their own hands and worked to shift this emphasis. General secretary Margaret Llewelyn Davies thus started collecting letters from Guild officials and, in collaboration with Margaret Bondfield, undertook to devise a series of proposals for a national maternity scheme. The proposals they designed were largely based on these letters, as well as on feedback from branch discussions, and they were in turn circulated to all branches, which were urged to write to their local MPs and to petition the Local Government Board. Again, they were successful: in July 1914, MP Herbert Samuel, the new President of the Board, issued a circular which promised central government grants to municipal authorities to cover the costs of a range of maternity services, many of which echoed the Guild's proposals.¹³⁰

Amid contemporary official discourses on motherhood, the race, and infant mortality, the intervention of the Guild was unique and empowering both in terms of approach and focus, as it put working-class mothers' experiences and health at the forefront. While they did consult health professionals, midwives, and government officials, Davies and Bondfield were committed to recording working-class mothers' own views and experiences, and to use them as raw material to draft their policy proposals. This in itself constituted an important political move, insofar as they recognised the

¹²⁷ Women's Co-operative Guild, Huddersfield Branch, Minute books (1903-1910), 12 May 1909, WYAS, KC63/10/122.

¹²⁸ Cohen, p.14.

¹²⁹ Davin, p.24.

¹³⁰ Cohen, pp.16-17.

importance of these women's individual stories, and effectively rescued hidden voices and experiences from erasure: "had you not asked for information I should never have written this all down", wrote one woman.¹³¹ In a spirit characteristic of the Guild, Davies' respondents put away their reticence to discuss their experiences so that future generations may benefit: "I rather shrink from talking about myself on the subject, but if my remarks would help any young mother, I don't so much mind".¹³² The importance of unearthing these voices missing from contemporary debates was recognised by Herbert Samuel in his preface to the collection:

An unwise reticence has prevented the public mind from realising that maternity, among the poorer classes, presents a whole series of urgent social problems. These letters give the facts. It is the first time, I believe, that the facts have been stated, not by medical men or social students, but by the sufferers themselves, in their own words.¹³³

The publication of these letters in 1915 had the dual effect of validating these stories and propelling them at the heart of public debates: two editions of the book were sold out within months, and it received praising reviews in high profile publications including *The Times*, the *BMJ*, and *Labour Leader*.¹³⁴ The private stories of traditionally marginalised, voteless women – stories which were rarely discussed even among themselves – were thus brought to public attention to push the case for state intervention: "It is high time that something was done by the Government to lessen the sufferings of mothers, which has always been hidden as something not to be talked about".¹³⁵ As this project was explicitly politically driven, the collecting and publishing of those letters also blurred the line between the private and the public on more levels than one: the women who wrote 'in confidence' to Davies did so "for the benefit of my sisters", for that of "some poor souls in the future", or because "I have daughters growing up, and sons' wives to think of".¹³⁶

It is clear from the letter and questions Davies sent out to guildswomen for this investigation that their agenda was first and foremost to draw attention to working-class women's health and conditions of pregnancy, and only secondly to highlight their bearing on infant mortality. The questions Davies sent out asked respondents about the number

¹³¹ *Maternity*, letter 136, p.167.

¹³² *Maternity*, letter 96, p.122.

¹³³ *Maternity*, p.v.

¹³⁴ Cohen, p.17.

¹³⁵ *Maternity*, letter 125, p.156.

¹³⁶ *Maternity*, letter 1, p.20; *Maternity*, letter 146, p.175; *Maternity*, letter 52, p.80.

of children they had had as well as the time between each birth, and any details about miscarriages, still births, and infant deaths. The letter accompanying them enjoined them more specifically to discuss their views and experiences on

the difficulty of taking care, the ignorance that has prevailed on the conditions of pregnancy, and how these conditions result in lack of health and energy, meaning that a woman cannot do justice to herself or give her best to her husband and children.¹³⁷

As a result, the bulk of the letters focused on women's health and experiences of pregnancy and motherhood, and the socioeconomic factors that shaped them. Although the letters were anonymised, each letter told a personal, often dramatic story. This format of publication was key to its impact, in that it enabled empathy with the authors, who emerged as individuals in their own right rather than as statistics. Davies then drew the links between the issues discussed in the letters and the problem of infant mortality, and offered a solution in the shape of a proposal for a national maternity scheme that would truly meet the needs of these women. For Davies, this was a necessary strategic move to counteract the erasure of individual women and their experiences that the focus on infant welfare entailed in a pre-franchise context:

The disastrous effects of maternal ill-health and overwork upon the children cannot be exaggerated, but in the contemplation of them, people are too apt to forget that the mother herself is an individual with the right to 'equality of opportunity,' which is the right as human being to be given the opportunity of understanding and enjoying those things which alone make life tolerable to humanity. It was perhaps inevitable that the mother should have been publicly overlooked, for the isolation of women in married life has, up to now, prevented any common expression of their needs. They have been hidden behind the curtain which falls after marriage, the curtain which women are now themselves raising.¹³⁸

III.2. The proposal for a national maternity scheme

Both in *Maternity* and their broader campaign, the Guild was strategically and skillfully tapping into contemporary concerns over infant mortality to push their own agenda and shift the attention onto antenatal factors. In the introduction to *Maternity* for instance, Davies first praised the success of infant welfare work in reducing infant mortality rates, before going on to argue that “[i]t has become more and more clear that if you wish to guard the health of the infant, you must go back from it to the mother”.

¹³⁷ *Maternity*, pp.191-192.

¹³⁸ *Maternity*, pp.8-9.

Citing several doctors to support her claim – including no less than Sir George Newman, Chief Medical Officer to the Board of Education and one of the leading figures in the infant welfare movement at the time – she drew attention to the fact that the highest rates of infant deaths occur in the first month of life, which directly pointed at antenatal factors such as overwork and malnutrition.¹³⁹

The Guild drew on the same language as eugenicists and policy makers to argue that it was the responsibility of the state to help mothers fulfil their function and bring strong, healthy children into the world: “There is nothing that is done can ever be too much if we are to have going a race in the future worthy of England, but it will not be until the nation wakes up to the needs of the mothers of that future race”, wrote one woman.¹⁴⁰ This, it should be noted, was not so much a subversion of eugenic rhetoric as a manifestation of how pervasive it had become by the First World War. The classification of infants and children from A1 to C3 derived from that of military recruits for instance was not solely a feature of infant welfare jargon, but also regularly appeared in the pages of *Woman’s Outlook*, in newspapers, and in Guild discussions. While this may seem paradoxical given the overt classism of much eugenic thought, eugenics also held a certain appeal to those women through its focus on their role and function as mothers.¹⁴¹ That working-class women themselves felt empowered by, and derived a sense of importance from this centrality is evident in some of their letters: “Our children are a valuable asset to the nation, and the health of the woman who is doing her duty in rearing the future race should be made so that she could give of her best”.¹⁴²

Following this rhetoric as she drew general conclusions from the letters and identified the key challenges faced by working-class mothers, Davies argued that it was the responsibility of the state to “improve the economic position of the working-class family as regards maternity, and bring specialised knowledge, adequate rest, nourishment and care, medical supervision and treatment, within reach”.¹⁴³ The Guild’s proposal for a national maternity scheme tackled all these points. To prevent malnutrition and allow women some rest before and after the birth, it proposed increased maternity benefits, to

¹³⁹ *Maternity*, pp.10-12.

¹⁴⁰ *Maternity*, letter 62, p.90.

¹⁴¹ Lucy Bland, and Lesley Hall, “Eugenics in Britain: The View from The Metropole”, in Philippa Levine (ed.), *The Oxford Handbook of the History of Eugenics* (Oxford: Oxford University Press, 2010), pp.213-227, (p.215).

¹⁴² *Maternity*, letter 100, p.129.

¹⁴³ *Maternity*, p.16.

be administered by municipal authorities and to be paid weekly for three weeks before and four weeks after confinement. It also called for municipal milk depots, and household helps schemes. To avoid conflicting advice and the invasion of the home by multiple officials whose functions sometimes overlapped, it suggested the creation of the 'Woman Health Officer', who would be employed by the municipality and who should hold certificates in midwifery, nursing, and sanitary inspection. To facilitate access to medical supervision and treatment, it asked that the training of midwives be longer and that their salaries be paid by the public health authority. It also called for more designated maternity beds in hospitals for difficult cases, as well as for maternity homes for 'normal' cases. At the heart of this proposed scheme were municipally-run 'maternity and infant centres', which would function in a similar way to existing infant welfare centres but, as their names indicate, would cater for expectant as well as nursing mothers and their children up to school age. The centres, which should ideally be run by female doctors, would provide advice to pregnant women, free dinners for necessitous mothers, and minor medical treatment. The proposed scheme also covered broader structural considerations regarding the management and overseeing of these services, suggesting in particular that public health authorities set up maternity sub-committees to this effect. In the long term, the Guild considered it desirable that a Ministry of Health be established, with a Maternity and Infant Life department, which should be partly staffed by women.¹⁴⁴

During the war, Guild activity went unabated to put pressure on both local authorities and the government to provide the services outlined in their proposal. This campaign was not solely carried out by Guild officials: the organisation and ethos of the Guild provided the means and fostered the spirit for grassroots activism. Papers on maternity care in Britain and abroad were read and debated at branch meetings, motions were voted at sectional conferences and annual congresses and then fed back to branches, and information on progress and future action was circulated in the 'Woman's Corner' section of the *Co-operative News* and in *Woman's Outlook*. Branches were thus regularly consulted, informed, and provided with concrete ammunition for local campaigning: in 1916 for instance, a fully-costed plan for a municipal maternity centre was published in the 'Woman's Corner' to this effect.¹⁴⁵

¹⁴⁴ Davies, "National Scheme Proposed by the Women's Co-operative Guild", *Maternity*, pp.209-212.

¹⁴⁵ "Woman's Corner", *Co-operative News*, 1 January 1916, cited in Cohen, p.17.

The Guild's campaign was doubly successful. In 1918, the Maternity and Child Welfare Act was passed, including many of the services they had suggested throughout their campaign. Although the act did not legally bind municipal authorities to provide such services, it nonetheless marked a departure from previous infant welfare work by moving away from the narrow focus on infants and maternal ignorance. It marked the official recognition of the impact of socioeconomic factors on the health of mothers as well as infants, and thanks to the efforts of the Guild, it drew on women's own definition of the support they wanted. Together with the Liberal welfare reforms that were implemented before the war, the setting up of state-funded, municipally-run maternity services that would follow the passing of the act can be seen as early steps towards the crucial shift in social attitudes and state provision that would later bring forth the birth of the welfare state.

III.3. The outlook of the Guild

At this point it is interesting to note that, with the exception of a greater emphasis on poverty and antenatal care, many of the proposals made by the Guild in their scheme echoed and expanded on existing services implemented by infant welfare workers. To some extent, the Guild accepted the framework of the infant welfare movement; they shared common concerns as well as a similar language. Yet their background, experience, and ethos provided them with a broader understanding of the various issues attendant to the maternity question, and this set their intervention apart in several ways. Their first-hand experience of systemic oppression and of the various challenges specific to working-class women led in particular to a focus on two key principles in their proposed scheme: they insisted that maternity services should work in partnership with working women, and that they should be provided as a right and not as charity.

In her recent article on the Guild's maternity campaign, Ruth Cohen highlights that one of the crucial aspects of their proposed scheme was that working-class women themselves should be involved in overseeing these services.¹⁴⁶ The proposal stated that the maternity sub-committees to be created by public health authorities should be "largely composed of representatives of the women concerned", such representatives to be drawn ideally from large, politicised working-class women's organisations such as the Women's

¹⁴⁶ Cohen, p.15.

Co-operative Guild, Women's Trade Unions, the Women's Labour League, or the Railway Women's Guild.¹⁴⁷ Thus, not only was the proposed scheme based on working-class women's own views and experiences, it also sought to make maternity services accountable to the women who used them and promoted an equal partnership between health officials and working women. Although this suggestion certainly was radical for the time, the principle of partnership could also easily be integrated to the rhetoric and aims of the infant welfare movement by foregrounding cooperation on all sides as the ideal and most effective dynamic. This can be seen very clearly in the concluding paragraph of the Guild's proposal:

It is essential that Government departments and Public Health Committees should be in constant communication with organised working-women, and be ready to welcome their co-operation, so that their needs and wishes may be freely consulted. It is by a partnership between the women who are themselves concerned, the medical profession, and the State that the best results of democratic government can be secured for the mothers and infants of the country.¹⁴⁸

The tripartite alliance of women, science, and the state foregrounded in this passage epitomises the approach of the Guild with regards to maternity – a system in which all three would work in partnership towards a common goal, and where all would benefit. This passage reiterated a point made in a 1914 pamphlet by Margaret Bondfield which was distributed at Guild sectional conference that year, in which she emphasised how the instruction of mothers would help them play their full part in this alliance, which in turn would have farther-reaching effects than a reduction in infant mortality rates:

The nurture of children is a race matter, in which women must take the leading part assigned to them by nature. The working-class mother may, and I believe will, make better use of the science of health than her richer sister has done, because her life is simpler and her love of home more real. Scientific knowledge must be brought within the reach of working women. With the demand now coming from the women who are themselves concerned, there is more hope for the relief of the mother's suffering and for a healthy infancy than there has ever been before. An intelligent, educated motherhood, free to co-operate with and use civic and political forces, will strike at the root causes of many of our social ills.¹⁴⁹

In this passage, we can see quite clearly where the aims and concerns of eugenicists, infant welfare workers, and guildswomen intersected, and where they differed. Guild

¹⁴⁷ *Maternity*, pp.211-212.

¹⁴⁸ *Maternity*, p.212.

¹⁴⁹ Margaret Bondfield (1914), cited in *Woman's Outlook*, Vol.XX, n.522 (1939), p.650.

officials did not oppose health visiting or the instruction of mothers, asking on the contrary for such knowledge to be imparted to working-class women, but they took issue with the way it was done. Education being associated with empowerment in the co-operative movement, the Guild resented the patronising, top-down attitude of infant welfare work in this field. Its intrusive and supervisory dimension was also antagonistic to the Guild's core values of self-help and egalitarianism.¹⁵⁰ Like infant welfare workers, the Guild believed that women's ignorance was a key issue to tackle, but they differed in their outlook by understanding this lack of knowledge in terms of needs rather than deficiencies. With this fundamental difference in outlook, and given the unequal relationships between health professionals and working mothers as well as the interests of the former, the Guild's insistence on partnership was crucial in ensuring that working-class women's needs and rights would not be overridden by the views of more powerful groups.¹⁵¹

This linked to the second key principle which characterised the Guild's proposal: that maternity services should be considered and offered as a right, and not as charity. Before the war, much infant welfare work had been done by voluntary organisations, something guildswomen took issue with on several grounds. Not only did this mean that the state was not taking full responsibility for helping the mothers of the country, but voluntary-led endeavours were also equated with charity, and often carried similar moral values.¹⁵² Consequently, the Guild's proposed scheme insisted that maternity services should be run by municipalities, a point made very clear in the introduction to *Maternity*:

It should be noted that the essence of the Guild scheme is that municipal, not philanthropic, action is wanted. It is not charity, but the united action of the community of citizens which will remove a widespread social evil. The community is performing a duty, not bestowing a charity, in providing itself with the bare necessities for tolerable existence.¹⁵³

This particular point, directly informed by working-class notions of respectability and self-respect as well as by the Guild's ideals of social justice, exemplifies how these women's experiences and background provided them with both a broader understanding of the issues at stake, and better insight as to how they should be tackled.

¹⁵⁰ Cohen, p.12.

¹⁵¹ Ibid., p.16.

¹⁵² Ibid., p.16.

¹⁵³ *Maternity*, p.17.

Before they took on maternity as one of their key areas of work, the Guild was already politically involved in developments that sought to ameliorate working-class living standards and health, in areas such as housing, public health, employment and wages, education, and welfare provisions. The Guild was more attuned to the needs of poor mothers, often through first-hand experience. They supported the provision of free medical care to women who could not afford it, and would also become one of the main bodies to campaign for the introduction of family allowances before the Second World War.¹⁵⁴ Familiarity with working-class women's livelihood and experiences, coupled with their understanding of systemic poverty meant that guildswomen saw the limitations of punctual financial help at the time of confinement. As a 1922 *Outlook* article suggests, they soon called for the introduction of an endowment of motherhood on top of the maternity benefit, so that mothers who needed to go back to work after giving birth could do so.¹⁵⁵

Unsurprisingly, this insistence on married women's rights was highly controversial. At a time when married women and mothers were primarily understood in relational terms, the Guild was deeply committed to their individual rights and autonomy – both in the sense of independent income and bodily autonomy. This stemmed from their understanding of married women's relative poverty, and of the unequal power relationships in marriage enshrined in contemporary legislation. As can be seen in the following extract from one of the *Maternity* letters, their take on the maternity question thus encompassed a much broader array of attendant issues, which also included sex education, as well as legal reform with regards to marriage and, later, birth control:

no amount of State help can help the sufferings of mothers until men are taught many things in regards to the right use of the organs of reproduction, and until he realises that the wife's body belongs to herself, and until the marriage relations takes a higher sense of morality and bare justice.¹⁵⁶

Throughout their maternity campaign, the Guild would therefore consider a range of more controversial issues, from the legal status of children born out of wedlock, to the provision of birth control information and birth control clinics, through to the legalisation of abortion in the mid-1930s. While guildswomen did not necessarily reach a consensus on

¹⁵⁴ Elizabeth Peretz, "The Costs of Modern Motherhood to Low Income Families in Interwar Britain", in Fildes, Marks and Marland (eds.), *Women and Children First*, pp.257-281, (p.258).

¹⁵⁵ *Woman's Outlook*, Vol.III, n.29 (1922), pp.128-129.

¹⁵⁶ *Maternity*, letter 8, p.27.

these more controversial questions, they nonetheless recognised that they needed to be addressed for the benefit of all women, and of working-class women in particular.

III.4. “Save the Mothers!”

The 1918 Maternity and Child Welfare Act being only permissive, its implementation was largely a matter of local policy, and developments in maternity services varied greatly from one place to another. Barry Doyle argues that such local fluctuations depended on various factors including women’s social and economic position as well as their involvement in local governance. He explains that while maternity services did not seem to be a priority in Sheffield for instance, Leeds soon became one of the cities with the most extensive services in the country.¹⁵⁷ Areas with women councillors were more likely to benefit from a better range of maternity services, as was also the case in Hull.¹⁵⁸ Yet many areas and rural areas in particular remained underprovided and understaffed, with sometimes as little as one district nurse for tens of thousands of people.¹⁵⁹ Significant variations in terms of access to – and quality of – maternity services from one locality to the next would remain an issue until after the Second World War, when the newly-created NHS helped move towards a more uniform system.

An additional issue was that some clauses of the Act were open to interpretation: while it enabled local authorities to use their grants to provide a range of services for free to necessitous mothers for instance, the lack of clarity regarding the definition of ‘necessitous’ meant that mothers would be subjected to means test and often pressured to pay even when they qualified for a free service.¹⁶⁰ Budget cuts imposed by the Council or even the government also posed a constant threat to those services: in 1929 for instance, Neville Chamberlain, then Minister of Health, reduced state grants for municipal maternity services, justifying this decision by pointing at the economic aftermath of the general strike of 1926.¹⁶¹ As a result, these services could not be taken for granted, and the Guild’s campaign continued throughout the interwar years.

¹⁵⁷ Barry Doyle, *The Politics of Hospital Provision in Early Twentieth-Century Britain* (London: Pickering and Chatto, 2014), pp.100-107.

¹⁵⁸ *Woman’s Outlook*, Vol. XVI, n.328 (1934), pp.89-90.

¹⁵⁹ *Woman’s Outlook*, Vol. XVI, n.327 (1934), p.59.

¹⁶⁰ Peretz, p.266.

¹⁶¹ *Woman’s Outlook*, Vol.X, n.174 (1929), pp.161-162.

Meanwhile, and despite the decline in infant mortality, maternal mortality rates were still not showing sign of declining, as a 1923 *Outlook* article lamented:

For nearly 100 years there has been in Great Britain a steady decline in the general death-rate, which has added more than ten years to the average life of each individual in the population. This, added to the remarkable fall in infantile mortality during the same period, throws into blacker relief the continuing high and even increasing death-rate of women in child-birth. [...] Although the lives of the babies have been saved, the sacrifice of the mothers continues.¹⁶²

By that point, the Guild started regularly referring to childbearing as a “dangerous occupation”, observing that the statistics showed that “amongst women of the age of 18 to 45 maternity has been the cause of a higher percentage of deaths than industrial and other accidents brought to men within the same age limits”.¹⁶³ As Tania McIntosh argues, maternal mortality was not seen by the government and health officials as an issue requiring concerted action before the war, as it was considered to be at acceptable levels. In the interwar period however, the combined decline in the general death rate, in infant mortality, and in birth rates shed a different light on the fact that maternal mortality was at best stagnating, and at worst rising again in certain areas.¹⁶⁴

Maternal mortality reached a peak in 1934 with a national average of 4.60 per 1,000 births, but in the most affected areas – which included parts of Wales, Lancashire, Yorkshire, and Durham – that rate fell over 6.00 per 1,000. In Yorkshire, Halifax and Wakefield in particular were considered as black areas for mothers: a 1934 *Outlook* article compiled a list of the fifteen areas with the highest average maternal mortality rates in the country over a period of ten years, in which they respectively appeared in 3rd and 7th position, with rates of 10.28 and 7.42 per 1,000, significantly above the national average, as well as that of the West Riding as a whole over the same period (5.94 per 1,000). As the author of the article argued, the prevalence of maternal mortality in distressed areas highlighted that it was not purely a medical, but also an economic issue.¹⁶⁵ If working-class living conditions had somewhat improved by the 1930s, especially with regards to housing, poverty remained a major issue, exacerbated by the economic depression and the recrudescence of unemployment at that time. For the Guild, it was clear at that point

¹⁶² *Woman's Outlook*, Vol.IV, n.47 (1923), p.341.

¹⁶³ *Ibid.*, p.341.

¹⁶⁴ McIntosh, *A Social History of Maternity and Childbirth*, p.46.

¹⁶⁵ *Woman's Outlook*, Vol. XV, n.325 (1934), pp.816-818.

that medical care was not enough, and that municipalities should aim to provide more financial and material support to mothers. As guildswoman and Councillor for Hull Mrs Alderson put it in an *Outlook* interview, “[t]he problem of maternal mortality is very largely an economic one, and our doctors are fighting a losing battle because the most skilled science in the world cannot cope with conditions like the present unemployment”.¹⁶⁶

In October 1934, *Woman’s Outlook* published the first of a series of articles on the problem of maternal mortality. Under the heading “Save the Mothers!”, the series consisted of sixteen extensive articles aiming chiefly at raising awareness of the extent of the issue, and arming guildswomen for local campaigning by providing information about the services put in place or not in various localities. Although some articles in the series focused more on the medical aspect of the question, discussing for instance the training of midwives or the desirability of using anaesthetics in childbirth, the bulk of them were concerned with highlighting how the state and local authorities were failing mothers. The first article of the series clearly stressed the discrepancy between official rhetoric and action with regards to motherhood, explicitly questioning the priorities of the government in the face of the situation:

The handing on of this most wonderful thing [life] is the mother’s sacred function. Thus the woman is the pivot of the nation. Yet this nation of ours, so proud to lead the world in armaments and military achievements, so boastful of its conquests of territory and peoples, wasted 3,446 mothers through child-birth, or as a result of childbirth, in England and Wales last year [...]. The country is still spending less than half the cost of a big battleship on maternity services and child welfare together. This signifies a peculiar scale of values, and it portrays a strange lack of vision for the future prosperity and stability of our nation.¹⁶⁷

The Guild, whose approach was based, as we have seen, on the alliance of mothers, science, and the state, felt betrayed by the lack of support coming from the latter. Malnutrition was probably the most salient proof of women’s need for increased material support: twenty years after the publication of the *Maternity* letters, many working-class women still had to deprive themselves of food during their pregnancies. In an article from the “Save the Mothers!” series, weekly food budgets and menus for families “typical of

¹⁶⁶ *Woman’s Outlook*, Vol. XVI, n.328 (1934), p.90.

¹⁶⁷ *Woman’s Outlook*, Vol. XV, n.325 (1934), pp.816, 818.

Lancashire and Yorkshire” were compared against the scale recommended by the BMA, revealing that many of these families could not afford much more than a diet of porridge, and bread and dripping, as a result of what there were “numbers of women too physically undernourished and underfed to bear the strain of childbirth, and [...] a generation of children growing up physically unfit to resist illness or to play their normal part in the world”.¹⁶⁸ When the Chief Medical Officer of Health George Newman published his annual report that year, the Guild was quick to point out that his recommended diet for expectant mothers – milk, cheese, butter, eggs, liver, fish, fruit, and fresh vegetables – bore no relevance to what was actually feasible for working-class women. The recommended diet, they argued, “must be acutely ironical to these starving mothers”,¹⁶⁹ and reflected the hypocrisy of the state and health officials towards working-class mothers: “If it were not tragic, it would be funny to hear these people so glibly assuring us of their concern, while all the time they support a system that denies so many people a decent existence!”¹⁷⁰

The extension of the franchise in 1918 and 1928 had had a major impact on the Guild’s campaign, both galvanising guildswomen and concretely giving them more political power. Consequently, the tone of their articles and public interventions had become even more assertive, carried out by a rhetoric of state responsibility, female citizenship, and female uprising, as can be seen in the following statement made by Mrs Eleanor Barton, the Guild general secretary for England, at the 1934 annual conference of the Maternal Mortality Committee: “I would like to see a woman Minister of Health. When there is a war children belong to the nation. Why doesn’t the nation take decent care of them? The local authorities have the power to help us. Let us stir them up. Let us stir up the whole country”.¹⁷¹ The suffrage movement also provided these women with a recent precedent of successful large-scale female political activism: “We women have the power to deal with this problem, and we must make ourselves felt as our suffragette sisters made themselves felt,” said Dr Edith Somerskill at the same conference.¹⁷²

After the war and the passing of the Maternity and Child Welfare Act, the Guild’s maternity campaign had had to shift from a national to a local focus. Those guildswomen

¹⁶⁸ *Woman’s Outlook*, Vol. XVI, n.326 (1934), pp.8-9.

¹⁶⁹ *Woman’s Outlook*, Vol. XV, n.325 (1934), p.817.

¹⁷⁰ *Woman’s Outlook*, Vol. XVI, n.328 (1934), p.90.

¹⁷¹ *Woman’s Outlook*, Vol. XVI, n.327 (1934), p.60.

¹⁷² *Ibid.*, p.60.

who could do so were encouraged more than ever to try and get elected on councils: another woman pointed out at the conference that although local authorities had the power and funding to set up efficient maternity services, things were unlikely to change significantly while councils were largely or exclusively composed of men. Those who could not were encouraged to gather information on provisions in their area, spread awareness of the existence of free services among poorer mothers, and relentlessly continue to campaign for improvements. The first issue of *Outlook* for the year 1935 thus called “all women citizens” to arouse public opinion on the matter, and asked local Guild branches to write to the magazine with details of services in their areas in view to compile and publish this information in future issues.¹⁷³ The editorial of this issue clearly set the tone:

The battle for the defence of the mother in childbirth goes on. In this issue of “Woman’s Outlook” we give a comprehensive list of services which local authorities may put into action, and we suggest that for a special New Year piece of work each local guild or group of guilds might select one of these services not in operation locally, and agitate and agitate until it is set up in their area – and not to be content, either, with having achieved that one.¹⁷⁴

The Guild’s demands for increased access to expert medical advice and care supported the medicalisation of pregnancy and childbirth, insofar as it entailed a growing pressure on women to use maternity services. By the 1930s, it was clear from their rhetoric that medical supervision of mothers and babies was not only desirable in difficult cases, but necessary for all, as can be seen in the following statement from a 1936 *Outlook* article: “All mothers and babies should, of course, be under the supervision of experts, whether it is an ante-natal clinic or a child welfare centre”.¹⁷⁵ The idea that mothers had to be ‘supervised’ by ‘experts’ hints at the ambivalent dynamics of this process, not least the devaluation of women’s knowledge and a loss of control over their pregnancies.¹⁷⁶

The Guild’s emphasis throughout their campaign on the importance of antenatal care in particular meant that their official position was one of support of increased monitoring and supervision of pregnancy and childbirth. A telling example of this can be found in one of the articles from the “Save the Mothers!” series, where the author praises

¹⁷³ *Woman’s Outlook*, Vol. XVI, n.330 (1935), p.142.

¹⁷⁴ *Woman’s Outlook*, Vol. XVI, n.330 (1935), p.130.

¹⁷⁵ *Woman’s Outlook*, Vol. XVII, n.394 (1936), p.684.

¹⁷⁶ McCray Beier, *For Their Own Good*, p.309.

the Huddersfield antenatal care scheme. As we can see from the following passage, though antenatal care was provided in the home, this scheme relied on the deployment of – and close cooperation between – a whole array of health professionals:

after one visit to the clinic in the public health department a mother may receive attention and examination in her own home [...]. This home care and supervision consists of visits by medical officers to the expectant mother at her home once per month till the end of the seventh month, once per fortnight till the end of the eighth month, and thereafter once per week. [...] Close co-operation is kept with the midwife, and she receives a written report of the ante-natal findings before the date of the expected confinement. She is also invited to be present at the medical examinations of her patients, and in every case where any abnormality is detected [...] a letter is sent immediately to a patient's own doctor, and so if any difficulty at confinement is anticipated the person who will have to deal with that difficulty is brought into touch with the patient at the earliest possible time.¹⁷⁷

While working-class women did benefit from the expansion of maternity services, the shift from traditional working-class health culture and management of pregnancy to a growing reliance on medical professionals did not happen without resistance. That some working-class women were reluctant to use antenatal clinics for instance can be gleaned from some of the articles and correspondence published in *Outlook*, such as the following passage from a 1938 article on antenatal care, in which the author addressed cultural attitudes to the management of pregnancy:

Do you shrink from the idea of attending an ante-natal clinic? It is a senseless shrinking, inherited no doubt from our preconceived idea that childbirth is a thing to keep quiet about. But, perhaps you will argue, So-and-so never went near a clinic, and she got on all right. Perhaps she did. Many of us are fortunate [...] but others think they are healthy and don't bother, and then things go wrong.¹⁷⁸

Though the tone is meant to be reassuring, this passage also hints at the guilt-inducing component of exhortations to use these services.

The medicalisation of pregnancy and childbirth was not unproblematic for working-class women, and in this respect, the Guild's support of certain elements of this process warrants explanation. The main and most obvious reason was their knowledge, and in many cases first-hand experience, of the various health complaints of the previous

¹⁷⁷ *Woman's Outlook*, Vol. XVI, n.334 (1935), p.278.

¹⁷⁸ *Woman's Outlook*, Vol. XIX, n.466 (1938), p.519.

generation of working-class mothers who had had to go through their pregnancies in circumstances described at the beginning of this chapter and without adequate care. In this context, the rise of modern medicine fuelled the hope that much unnecessary losses and sufferings could be avoided, provided that professional care became accessible to all, and that women would cooperate and learn to rely on health professionals. Access to care was not the only focus of the Guild: the quality of said care had to be ensured, which entailed some form of control over who could practice, and how they should be trained.

As early as 1915 in their proposal for a national maternity scheme, Davies and Bondfield insisted on the necessity of supervision from public health authorities “in order to prevent untrained women doing midwifery work”.¹⁷⁹ While this mostly stemmed from a desire to protect women from potentially unscrupulous or neglectful midwives, it also linked to another, perhaps less immediately obvious reason why the Guild supported some aspects of the medicalisation process. The Guild’s feminist commitment to women’s rights and opportunities meant that they also welcomed contemporary developments regarding the professionalisation of female health workers, insofar as it simultaneously marked a revaluation of their work and a move towards better working conditions.¹⁸⁰ Conversely, while a full exploration of the ties between the Guild and various groups of female health professionals is beyond the scope of this thesis, there is evidence to suggest that bodies such as the MWF also consulted and valued the input of the Guild on questions relating to maternity. The significance of their contribution and in particular of their publication of the *Maternity* letters was acknowledged for instance by Dr Janet Campbell, MWF member and former Senior Medical Officer for Maternity and Child Welfare to the Ministry of Health, in the opening paragraph of her 1935 book, *Maternity Services*.¹⁸¹

In *For Their Own Good*, Lucinda McCray Beier argues that focussing on the medicalisation of pregnancy and childbirth in gendered terms obscures both female collusion in this process, and its classed dimension. She argues that the medicalisation of childbearing was imposed on working-class women and contributed in a significant way to the erosion of traditional working-class health culture.¹⁸² While this is certainly true, looking at the work of the WCG on maternity throughout this period suggests that there

¹⁷⁹ Davies, “National Scheme Proposed by the Women’s Co-operative Guild”, *Maternity*, p.211.

¹⁸⁰ See for instance *Woman’s Outlook*, Vol. XX, n.535 (1939), pp.192-194.

¹⁸¹ *Woman’s Outlook*, Vol. XVI, n.339 (1935), p.425.

¹⁸² McCray Beier, *For Their Own Good*, pp.266-267, 309.

was also some collusion with this process on their part, albeit for different reasons than middle-class women and female health professionals.

This chapter has examined some of the tensions surrounding the management of pregnancy and childbirth in the first four decades of the twentieth century. It has explored the traditional management of pregnancy in working-class communities before WWI, the work of the infant welfare movement and their emphasis on educating mothers, and the work of the Women's Co-operative Guild as they campaigned for maternity services. It has sought to shed light on some of the complexities of these interventions – and of the process of medicalisation more generally – by highlighting the wilful ignorance displayed by policy makers and public health officials, by analysing the inclusion of working-class women's own voices and experiences in public debates as a process of knowledge production geared towards political campaigning, and by examining how and why these women colluded with the process of medicalisation of pregnancy and childbirth. Galvanised by the extension of the franchise and determined to obtain services that would truly meet their needs, working-class women successfully combined their own knowledge and expertise with a rhetoric of state responsibility to promote an alliance between science, mothers, and the state that would generate more adequate and sustainable services designed to protect mothers as well as their babies. By shifting the question of ignorance away from working-class women and onto more powerful groups, this chapter has also shed light on how class and gender operate in the production of definitions of “knowledge” and “ignorance”, and demonstrated the need – both then and now – for these women's voices to be heard.

CHAPTER 4: MENOPAUSE

The menopause relates the biological, social, and cultural dimensions of a woman's life in intricate ways. It marks the end of the reproductive period, and it constitutes a symbolic threshold leading into old age. It is a heavily culturally-loaded phenomenon, and the subject of multifarious competing discourses as well as meaningful silences. The menopause is not as easily approached by the historian as other physiological life events, were it only because its temporality is different: its onset is hard to define, and it is a transitional state which can spread over years more than an event per se. Besides, it is a phenomenon still misunderstood by modern medicine, and erroneously understood in universal terms.

Menopause is also a cultural construct. The menopause may be a biological phenomenon, but its significance and implications are culturally defined: "Our perceptions of menopause are tied to the broader culture's underlying assumptions about womanhood, ageing, and medicine in general. In this respect, menopause, like gender, can be seen as a cultural construct".¹ In early twentieth-century Britain, while women's function and identity were still largely determined by their reproductive capacity, emerging questions relative to women's employment, benefits, and political rights prompted the medical profession to investigate the effects of menopause on women's capacities and general well-being.

Discourses on the menopause throughout the period 1900-1940 were essentially negative: medical discourse increasingly constructed menopause as a failure, a physiological manifestation of the beginning of the end, while the emerging cult of youth contributed to negative cultural representations of middle age and ageing. This is not to say that women actually experienced menopause and ageing as such, but that negative experiences were usually taken for granted.

As the personal testimonies analysed for the present study are silent on the question of menopause and tell us very little about their authors' experiences of ageing, this chapter uses medical and cultural definitions of menopause and ageing throughout our period to provide a framework within which to understand working-class women's

¹ Joy Webster Barbre, "Meno-Boomers and Moral Guardians: an Exploration of the Cultural Construction of Menopause", in Rose Weitz (ed.), *The Politics of Women's Bodies: Sexuality, Appearance, and Behaviour*, 2nd ed. (Oxford: Oxford University Press, 2003), pp.271-281, (p.272).

experiences. It is of course understood that scientific and popular beliefs did not straightforwardly shape experience. Yet the language and narratives they conveyed effectively constructed a reality, hence the need to unpick and question the implicit values and judgements – both negative and positive – inherent to them. Feminist discourse analysis can highlight how the scientific and cultural narratives of menopause are subjective, political, and stigmatizing. Unveiling the biases embedded in medical and lay discourses on menopause requires us to combine semantic, narrative, and discursive analyses, to focus simultaneously on what is being said, how it is said, and what is being constructed. By examining not only the language, but also the speakers, the audience, and the broader social, cultural, and economic parameters within which these discourses were formed, we can begin to recognise and reveal the social and cultural implications of these definitions.

This chapter is based on an analysis of medical discourses on menopause in this period, drawing on both medical journals and the work of the Medical Women's Federation. Cultural understandings of middle age and menopause are explored through an analysis of articles and advertisements published in both *Woman's Outlook* and the local press.

This chapter is divided into three sections. The first section analyses shifting medical and cultural definitions of menopause and middle age, exploring how they became increasingly negative in the context of an emerging cult of youth. Shifting concerns, from health to youthfulness, as well as competing claims to expertise highlight the ambivalence of both medical and cultural understandings of menopause and ageing at the time. The second section then focuses on the roots and implications of the onset of the medicalisation of menopause by exploring developments in scientific research into hormones in an age of modernity. Stemming from a drive to scientific certainty and sustained by the metaphor of the body as a factory, the emergence of the hormonal model entailed a universal understanding of menopause and ageing in terms of deficiency and obscured their social dimension. The lived experience of menopause and ageing is the subject of our third section, which first discusses the Medical Women's Federation's attempt to record healthy women's experiences as an answer to contemporary medical paradigms and discriminatory social practices, before examining some of the ways in

which class influenced working-class women's experiences and offered opportunities for resistance to oppressive definitions.

I. Menopause and Middle Age: Medical and Cultural Definitions

1.1 Menopause in the late nineteenth century

The medical understanding of menopause in the first two decades of the twentieth century owed much to the Victorian model of female physiology, namely, the belief in the centrality of the female reproductive system to a woman's identity and health. With the exception of Edward Tilt's authoritative study published in 1857, menopause, unlike menstruation, enjoyed very little interest from the medical profession before the turn of the century. This is in itself interesting and worth commenting upon here.

The Victorian model of female physiology placed the ganglionic nervous system, which was connected to the reproductive system, as the centre of storage of vital force. According to this model, women's physiology meant that they drew a lot of energy from the ganglionic system through puberty, menstruation, childbirth, lactation, and menopause, which supposedly constantly put their inner balance at risk. This focus on inner balance and its attendant notions of regulation, excess, and deficit, produced several theories on menopause, the most popular of which being that menstrual blood had carried away illnesses, and that the cessation of this regular evacuation at the menopause could cause health disturbances at this time: "The evident utility of the change of life is to remodel the female frame, so that health may be consistent with the absence of an habitual drain".² According to this model, difficulties encountered at the menopause could then be explained by the systematic exhaustion of women's reproductive system throughout their lives. The menopause more generally logically offered an all-purpose explanation for the increased incidence of disease and health issues in ageing women.³

Another explanation for menopausal difficulties could be that a woman had unduly solicited her nervous or reproductive system throughout her life; thus such difficulties could be blamed on a woman's prior behaviour contrary to the laws of her sex such as sexual indulgence, birth control, excessive physical or intellectual activity, displays of

² Edward J. Tilt, *The Change of Life in Health and Disease: a Practical Treatise on the Nervous and Other Affections Incidental to Women at the Decline of Life*, 2nd edn (London: Churchill, 1867), p.52.

³ Carroll Smith-Rosenberg, "Puberty to Menopause: the Cycle of Femininity in Nineteenth-Century America", *Feminist Studies*, 1:3/4 (1973), 58-72, (p.65).

temper, or advocacy of woman's suffrage.⁴ The moral undertones of existing theories produced a notable hostility towards menopausal women in the medical literature of the time. In her analysis of medical understandings of the menopause in nineteenth-century America, Carroll Smith-Rosenberg noted that menopausal patients were mocked and scorned, described as repulsive and mentally unstable.⁵

Physicians' lack of interest in menopause in the late nineteenth century and the negative attitude towards women experiencing menopausal difficulties can partly be explained by the fact that such troubles were thought to derive either from a systematic physiological exhaustion, and/or from morally reprehensible prior behaviour. Menopause was in fact constructed as a form of purgatory, a critical time where past behaviour was met with a matching degree of menopausal difficulties, which would in turn determine the final course of a woman's life: "The immense importance of this change on the subsequent lifetime of women cannot be too highly rated, and as it is well got over or full of suffering, so will the subsequent lifetime be healthy or otherwise".⁶

This is an important point to consider in relation to what will follow: the moral basis of Victorian understandings of the menopause left room for a happy ending. If a woman behaved according to conventional gender roles throughout her life, once the critical period of the menopause was passed she could then hope for a tranquil and healthy old age, withdrawn from the world and its agitations, and free at last from all the troubles of womanhood.⁷

1.2 The "maiden aunt of practice"

In the early twentieth century, as moral explanations were progressively abandoned in favour of so-called scientific objectivity to define the aetiology of women's diseases, this narrative was transformed. The birth and development of specialized branches of medicine such as gynaecology provided new insights into female physiology, and the

⁴ Smith-Rosenberg, p.65; Webster Barbre, p.277.

⁵ Smith-Rosenberg, p.66.

⁶ Tilt, p.67.

⁷ Ibid., p.68.

growing importance of medical journals meant that the early twentieth century was also marked by an increased coverage of women's health issues in the medical press.⁸

The first impression acquired from an overview of the medical literature on menopause at this time was that there was no uniform approach to this phenomenon. Theories on the menopause drew on general medicine, gynaecology, physiognomy, eugenics, or psychology in an attempt to understand and describe it. On this point, the president of the London Harveian Society observed in a 1910 meeting that the menopause still had not found its place in either scientific research or medical textbooks, and had become a "veritable maiden aunt of practice".⁹

The little research conducted at that time concentrated on determining the symptoms of menopause and how to alleviate them, as well as understanding the factors that determined the age of menopause, and the extent of difficulties – or lack thereof – which individual women would encounter. Among the factors commonly brought forward to explain the timing of menopause and the extent of its associated symptoms were the age at menarche, number of pregnancies, marital status, race, and heredity. Environmental factors such as climate, diet, lifestyle, and location were also considered, suggesting that menopause was understood as a complex, not purely biological event. This approach highlights two issues: the lack of a clear definition of menopause, and the fact that a negative experience of menopause was taken for granted. In other words, physicians were at a loss to understand and describe a phenomenon which they nonetheless saw as critical and transformative.¹⁰

Physicians' understanding of the menopause was centred on the end of the reproductive ability, which, in a cultural context where a functionalist understanding of women's bodies prevailed, was bound to produce such negativity and possibly overstate the importance of this physiological process. As a result, doctors often too readily attributed any symptoms in women over forty to the menopause rather than looking for other possible explanations. For some medical practitioners then, the menopause constituted a handy umbrella term for all sorts of symptoms, including mere signs of

⁸ Marie-Clare Balaam, "Representations of Menopause and Menopausal Women in Turn of the Century British Medical Journals", *Women's History Network Notebook*, 1 (2000), 1-11, (p.3).

⁹ Anon, report of the Harveian Society of London, *The Lancet*, 30 April 1910, p.1205.

¹⁰ Wendy Mitchinson, "No Longer the Same Woman: Medical Perceptions of Menopause, 1900-1950", *Canadian Bulletin of Medical History*, 23:1 (2006), 7-47, (p.10).

ageing, well into the twentieth century – an attitude that did not go unnoticed or unchallenged by the rest of the profession.¹¹

One factor which may explain this negativity towards menopause and the focus on its associated symptoms could be the evolution of medicine as a discipline and its specialist branches. The urge to classify and the drive for certainty and objectivity supported the claim of medicine to be a science. Yet menopause was full of unpredictability, and menopausal women experienced – or were thought to experience – instability, which was uneasily conceptualised and apprehended in the rational world of science.¹² Medical men were therefore more inclined to be interested in ‘hard data’ such as the age at which menopause began rather than how to define it. As Wendy Mitchinson suggests, the quick and often unquestioned connection made between various symptoms to the menopause fed into a cause and effect model, thereby creating the reassuring illusion of medical certainty.¹³

1.3 Menopause, menstruation, and mental instability

The uncertain definition of menopause also prompted a significant number of comparative studies with menstruation, an associative tendency which could also be observed in advertisements for remedies for various female pills in the first two decades of the century. Many health complaints specific – or allegedly specific – to women were blamed on weak blood, which interestingly linked menopause and menstruation under the heading “female ailments” or “female irregularities”. Thus, a 1909 advertisement for a female pill attributed any and all female complaints at whatever stage of their lives to anaemia:

Anaemia is one of the greatest evils in this country, afflicting women of all ages, including young girls. The mischief often beings during the transition from girlhood to womanhood; also among young mothers anaemia works havoc, while at middle age women’s sufferings frequently become acute through the lack of nourishing blood.¹⁴

Just as medical men grappled with menstruation and menopause from the standpoint of various disciplines and endeavoured to understand the links between these physiological

¹¹ See for instance Anon, report of the Harveian Society of London, *BMJ*, 23 April 1910, p.992.

¹² Mitchinson, p.33.

¹³ *Ibid.*, p.30.

¹⁴ *Sheffield Evening Telegraph*, 7 December 1909.

life events and their various potential complications, advertisements reused the medical vernacular to put together extensive lists of symptoms and conditions and marketed their products as cures “for all female ailments”, for “women of all ages”, but more specifically for women and girls at “the critical periods of life”.¹⁵ For example, under the heading “Following in Her Mother’s Sufferings”, a 1912 advertisement for the same brand boasted the benefits of this medicine “[t]o the woman of forty as well as to the girl of seventeen”, and blamed weak blood for a wide range of issues:

The urgent need of most of the weaker sex is for more strength, and better blood in their veins to nourish their weary bodies, for this is the only way to banish Neuralgia, Neurasthenia, or other painful, Nervous disorders, also Anaemia, Headaches, Palpitation, Dyspepsia and Debility.¹⁶

As can be seen in the above example, the scientific vernacular derived from the new disciplines of psychology and psychiatry was taken up in advertisements, reinforcing the popular association of menstruation and menopause not only with physical complaints, but also with a variety of emotional and psychological disturbances. In this respect, it is interesting to note that a number of scientific studies comparing menstruation and menopause bore on mental health.¹⁷

The frequent juxtaposition of menstruation and menopause reinforced an understanding of the latter as an inverted mirror process to the former: both were defined as periods of instability, but while menstruation signified reproductivity, the menopause represented a deconstruction, the end of the story. Given the alleged centrality of reproduction to women’s lives and an understanding of menopause as a crisis, it is unsurprising that it was thought to be often accompanied by emotional difficulties and psychological troubles of all sorts. Menopause was described as a hotbed of mental diseases and neuroses: in 1900 for example, the British Gynaecological Society debated whether menopausal women should be held accountable for criminal offences.¹⁸ For gynaecologist William Blair-Bell, one of the leading experts on menopause at the time, there was “no doubt that many mental deviations date from this time of life”, since as a

¹⁵ *Yorkshire Evening Post*, 27 November 1935; *Woman’s Outlook*, Vol.VII, n.103 (1926), p.374.

¹⁶ *Yorkshire Evening Post*, 5 June 1912.

¹⁷ See for instance Gilbert I. Strachan, “Menstruation and the Menopause in Mental Disease”, *The Lancet*, 20 May 1933, pp.1058-1061.

¹⁸ Anon., Report of the British Gynaecological Society, *BMJ*, 20 January 1900, pp.146-147; see also H. Macnaughton-Jones, “A Discussion on the Correlation between Sexual Function, Insanity, and Crime”, *BMJ*, 22 September 1900, pp.789-792.

rule the nervous system became very instable and in many cases “a pathological state of affairs” was reached, and the patient’s mental stability was entirely upset.¹⁹ Such beliefs were also circulated in the popular press, where more or less sensationalistic articles drew the supposed link between the “climacteric” and insanity in women, arguing for example that women who had heretofore led healthy lives up to this time may take up to drinking to alleviate their symptoms.²⁰ The medical and cultural association between menopause and mental instability was a long-lived one, and had very concrete social implications. Judging from court reports in the local press for instance, it appears that menopause was still considered a potential explanation for suicide or a mitigating circumstance for criminal offences as late as 1939.²¹

1.4 Working-class women and cheap remedies

Much of the medical discourse on menopause was not concerned with working-class women, were it only because the patients on which clinical observations were made were for the greatest part not working-class. Despite the scientific interest in the impact of various environmental factors on the menopause, class was seldom if ever mentioned in the medical literature, although it is possible to assume that menopausal difficulties were thought to be more frequent and more severe in working-class than middle-class women: “The severity of environmental difficulties has causal significance. Worry or poor health, especially preceding the menopausal period, is apt to lead to trouble”.²²

“Machinists, tailoresses, and all women who have to work from morning till night to make ends meet, cannot afford to consult a physician when they get run down or out of sorts”.²³ For working-class middle-aged women with little disposable income and a family and household to attend to, seeing a doctor about potential menopausal difficulties was often not an option. Cheap tonics and remedies advertised in the press could represent a more affordable solution where medication was sought. Targeting middle-aged women

¹⁹ William Blair-Bell, *The Principles of Gynaecology* (London: Longmans, 1910), pp.88-89, 212.

²⁰ See for instance *Yorkshire Post and Leeds Intelligencer*, 14 January 1918; *Yorkshire Post and Leeds Intelligencer*, 19 October 1918.

²¹ *Yorkshire Post*, 8 February 1939; see also *Yorkshire Post*, 27 April 1938.

²² George Riddoch, “Nervous and Mental Manifestations of the Climacteric”, *BMJ*, 13 December 1930, pp.987-990, (p.988).

²³ *Sheffield Daily Telegraph*, 29 January 1904.

and their problems, tablets, ointments, tonics and food stuffs meant to help with this supposedly difficult period of a woman's life were rife.

In addition to relatively low prices, specific marketing strategies were deployed to attract working-class women. While offering a free sample or sending their product post-free was a common strategy, some manufacturers went further. For example, a 1904 advertisement for Bile Beans explicitly targeted "Overworked Women" and offered not only a free sample box but also free medical advice:

If you are ailing and would like to know whether or not BILE BEANS would suit your case, write to the BILE BEAN CO., GREEK-STREET, LEEDS, where a fully-qualified medical staff is engaged to deal fully (and privately) with such correspondence.²⁴

Another common strategy was to appeal to these women as mothers: many remedies were advertised as home remedies, suitable for the whole family, the postulate being that working-class mothers were unlikely to spend the household money on something that was only for themselves. In this vein, some manufacturers sought to convince women that taking care of their health (by buying their products) was not selfish but rather benefitted the whole family:

Middle age comes too soon when you let the cares of life exhaust your blood, leaving you tired and worn. Women, especially, are prone to neglect their health. All their anxiety is for other people. They become middle-aged and suffer in the process [...]. Not so the woman who realises that *the real unselfishness* is to preserve her youth as long as she can. *She does not cause anxiety to those who love her* by being ill, or by always having a headache or a pain in her side. Her blood is in good order – rich and red, and she is cheerful and active.²⁵
[emphasis mine]

In the above example, the conflation between middle age and suffering on the one hand, and youth and health on the other hand, is hard to miss. This was no accident either: the working and living conditions of most working-class women meant that they were more prone to experience health issues of all sorts – and not necessarily linked to the menopause – in later life than their middle-class counterparts, thus making them an interesting target for these cure-all remedies. Another 1904 advertisement for Bile Beans provides an interesting illustration of this: after reassuring women that the passage through the change of life "if in a natural, healthy manner, usually means a prolongation of life with freedom from pain and trouble", a "life of hardship" however "leaves many women with

²⁴ *Sheffield Daily Telegraph*, 29 January 1904.

²⁵ *Yorkshire Evening Post*, 24 March 1927.

constitutions more or less impaired by the time they are approaching fifty, and nature needs assistance to carry them through the ordeal”.²⁶ Exactly what the ordeal consisted in was fairly irrelevant, since the pills could supposedly cure just about anything.

What is interesting to note here is the possibility of a peaceful post-menopausal life for some, which still echoed much of the scientific discourse of the time: the menopause was seen to be a crisis and a difficult time, but postmenopausal life could constitute a happy return to health and balance. Unsurprisingly however, the growing interest of the medical profession in diseases related to ageing and the menopause progressively obscured this possibility. In both medical and cultural narratives, middle age – which was often used as a synonym for menopause – moved from a critical period to marking the beginning of a whole series of health issues.

1.5 The beginning of the end

The delusions that the ovaries are not frequently invaded by malignant disease [...], or that the menopause is a time when expectancy is justified, and which explains various pathological conditions, of which the patient will be relieved when the climacteric has ceased, are myths of the past. Now we know that just in proportion to the years after 50 the risks and fatality from myomata are increased by necrosis and malignant degenerations.²⁷

As knowledge and understanding of various diseases of the female reproductive system progressed, the life stage known as “climacteric” took on a new, gloomier dimension in the medical literature. The possibility of a healthy postmenopausal life became obscured by research into the accrued risks of cancer, fibrosis, menorrhagia, or other diseases in later life, and middle age became a threshold leading no longer to health, but to diseases of old age.

This shift was not restricted to the medical literature either, as the language and tone of advertisements for remedies targeting middle-aged women became increasingly alarmist:

Every woman approaches her forties with considerable anxiety, because she knows this is the time of life when trivial ailments may be the first signs of serious trials and sufferings to

²⁶ *Sheffield Daily Telegraph*, 8 January 1904.

²⁷ H. Macnaughton-Jones, “Address on the Prevention of Mortality from Pelvic Operations”, *BMJ*, 9 July 1910, pp.77-78, (p.77).

come. Hence she fears for the future and has melancholy forebodings; and invariably, lassitude, headaches, backaches and distressful symptoms sadden her life.²⁸

A brief overview of the headings of these advertisements suffices to get a sense of their tone: “Critical Years for Women: Sufferings at Middle Age”, “Over 40? Be warned!”, “A Time of Trial: Why Women Fear Middle Age”, “Why Women Fear Middle Age: Facing the Trials of ‘the Forties’”, “What Every Woman Fears”, “A Critical Age”, “Suffering in Silence”, etc.²⁹ In most cases these advertisements read as a list of various and often vague symptoms ranging from fatigue and nervous irritation or sleeplessness, to headaches, sweats and flushes, backaches, indigestion or constipation. Here again, signs of ageing as well as mere symptoms of disease were conflated with potential menopausal difficulties, and thrown in all together, hammering in the critical nature of this period in a woman’s life. While not all women may have worried about reaching middle age, both medical and cultural narratives presented it as a time beset with dangers.

Existing semantic analyses of the medical literature on menopause in the early twentieth century such as those of Wendy Mitchinson or Marie-Clare Balaam have highlighted both the ambiguity and the prevailing negativity of the language and metaphors deployed. Indeed, the mere fact that menopause was usually referred to as “climacteric” or “critical period” in the medical literature suggests that it was understood as a crisis and negative disruption, while these terms – as well as the somewhat less pejorative phrase “change of life” – were also vague enough to allow for a seemingly ever-broadening range of the symptoms that could be associated with it.³⁰ Such negative views may not have been those of individual medical practitioners, but they represent the dominant discourse to be found in medical publications at the time.³¹

The construction of menopause as a crisis can be seen for instance in Blair-Bell’s 1910 manual of gynaecology where, after drawing the distinction between “normal” and

²⁸ *Hull Daily Mail*, 20 July 1914.

²⁹ *Yorkshire Evening Post*, 4 December 1930; *Hull Daily Mail*, 11 October 1932; *Yorkshire Evening Post*, 9 January 1934; *Yorkshire Evening Post*, 9 February 1938; *Sheffield Evening Telegraph*, 28 March 1917; *Yorkshire Evening Post*, 12 March 1930; *Yorkshire Evening Post*, 15 April 1930.

³⁰ Mitchinson, p.38.

³¹ For a counterexample, see for instance: Arthur E. Giles, “Menopause: Natural and Artificial”, *The Lancet*, 12 February 1910, pp.430-432, (p.430): “this term is unfortunate, inasmuch as it conveys an exaggerated idea of the danger to which a woman is exposed when she is passing from the troubled waters of reproductive activity into the still haven of unproductive rest”.

pathological menopause, he discusses “normal” menopause using words such as “disturbance”, “derangement”, and “alteration”.³² Arguing that “[v]ery few women pass through the menopause without some general discomforts”, he described these as follows: “sudden and violent ‘flushes’ and ‘chills’ [...] severe headaches, irregular bleedings from the nose, polyuria and cardiac distress”.³³

The bulk of medical publications on this topic consisted in detailed descriptions of the physical and psychological deterioration supposedly accompanying the menopause. The menopausal woman was seen as unstable at all levels, her constitution and capacities on the decline, as suggested by the prevalence of terms such as “atrophy”, “degeneration”, “decrepitude”, and “decay”.³⁴ She was described as unattractive, “stout”, “lethargic”, sometimes manly; her voice became “harsher”, her breasts “flabby”, her skin “sallow” and “plethoric”.³⁵ The language used to describe menopause was consistently and increasingly one of decline, loss, diminution, decay, and extinction. In turn and through the use of such terminology, the menopausal patient, as the embodiment of these negative processes, was cast as a victim of her decaying physiology.³⁶

Advances in the field of gynaecology in particular produced an altogether more graphic depiction of the menopausal body. Maintaining the conflation of women with their reproductive system, detailed descriptions of the transformation of the female genitals and reproductive organs during the menopause were produced, in which the organs seem to act as a synecdoche for the ageing, if not dying, woman. In Blair-Bell’s manual for example, we are told that the ovaries become “shrivelled”, their surface “extensively wrinkled”, the Fallopian tubes “shrunken”, muscular tissues “atrophied and fibrous”, while the glands “disappear”, the size of the uterus is “considerably reduced”, the vagina “narrowed, shrunken and inelastic”, its walls “rigid”. The vulva is not spared and “joins in the general deterioration”: “The labia become atrophied, the fat disappears and the elasticity is lost. The orifice to the vagina gapes. The skin becomes harsh and dry”.³⁷ Such dramatic terminology was perhaps not necessary. As Ferguson and Parry observed in their feminist critique of the medicalisation of menopause, the use of the term

³² Blair-Bell, p.88.

³³ Ibid., p.211.

³⁴ Balaam, p.4.

³⁵ See for instance Blair-Bell, p.89; see also Edgar J. Clifton, *The Practice of Obstetrics* (1907), quoted in Mitchinson, p. 26.

³⁶ Ferguson and Parry, p.33.

³⁷ Blair-Bell, p.91.

“atrophy” to describe the menopausal changes to the internal organs for example, while strictly speaking medically accurate, suggests a shrinking or disappearance, when in fact it may simply translate as vaginal dryness.³⁸

1.6 From “Fortified at Forty” to “Grow Young!”

This increasing negativity towards middle age and the menopause in scientific discourse was not an isolated phenomenon, and it fed into a broader culture which increasingly promoted youthfulness. An analysis of advertisements targeting middle-aged women in the local press reveals a cultural shift in concerns: while most advertisements in the first two decades of the century were concerned with health issues and promised to restore exhausted middle-aged women’s declining health and vitality, from the 1920s the chief concern moved on to youthfulness and beauty. By the 1920s, youthfulness and slenderness had clearly emerged as the new standards of desirability, and advertisements for tonics and other similar remedies, though still present, were progressively superseded by cosmetics, fashion, and tips on how to look younger.

This shift from health to youthfulness in advertisements was as much a symptom of, as a vehicle for, the emergence of a new standard of attractiveness and femininity. Developments in the fashion and cosmetic industries, as well as in the media, with the increasing number of female magazines and the democratisation of the cinema, all combined to produce and massively advertise this new ideal. Epitomised by the figure of the flapper, the archetypal modern woman of the 1920s was young, slim, fashionable, active and attractive. Increasingly then, women were faced with an ideal of femininity and beauty reliant on youth, an image that excluded older women altogether, and that could induce a sense of impending loss in middle-aged women.

“What woman does not dread the approach of the uninteresting middle-age?”, asked a female columnist in the *York Herald* in 1900.³⁹ Evidence of an emerging ‘cult of youth’ can be gleaned from a mere overview of the titles of some of these articles and advertisements targeted at middle-aged women: “Keeping Young”; “Looking Only 30 at 45”; “A Woman’s Age: How to Keep Young”; “The Order of the Day: Grow Young!”⁴⁰

³⁸ Ferguson and Parry, p.33.

³⁹ *York Herald*, 4 August 1900.

⁴⁰ *Yorkshire Evening Post*, 26 April 1935; *Yorkshire Evening Post*, 7 March 1930; *Woman’s Outlook*, Vol.VI, n.74 (1925), p.276; *Woman’s Outlook*, Vol.VIII, n.129 (1927), pp.408-409.

By conflating youthfulness with beauty, slenderness, happiness, health, and energy, these articles and advertisements were more or less explicitly conflating ageing with the loss of all these attributes.

Common signs of ageing were constructed as undesirable: wrinkles, grey hair, and a rougher skin and figure had to be delayed for as long as possible, and subsequently concealed. The quality of the skin in particular was the first target of advertisements. Cleanliness marked the link between concerns about health and the increased emphasis on looks: “Perfect health demands very careful attention to the cleanliness of the face as of every other part of the body. And this cleanliness will tend not only to improve your health, but what you may consider quite important, your looks as well”.⁴¹ The press featured an increasing number of advertisements for soaps and facial creams designed to come to the rescue of one’s skin and complexion as one approached middle age: “Every woman dreads that look of middle-age which comes with a coarse, rough-textured skin [...] Yet no woman need have such a skin, for the right kind of daily care keeps your skin young, fresh and lovely!”⁴²

Regular care habits became an injunction, placing the responsibility on women to prevent or delay the “jaded and faded” complexion of middle age and “those tell-tale lines on our faces”, to achieve “smoothness and freshness”.⁴³ Bad skin therefore became not only a woman’s own fault for failing to take care of it, but also a hindrance to her happiness: “Many a girl has felt that her happiness was somehow blighted by bad complexion. In a large number of cases, however, the fault is not Nature’s, but the individual’s, and may, with a little persistent care and trouble, be overcome”.⁴⁴ In advertisements for facial creams in particular, one was often presented with a picture of the modern young woman smiling, enjoying activities such as dancing, and looking glamorous and confident. She is invariably attractive and happy, the underlying message being that the latter is dependent on the former.⁴⁵

⁴¹ *Woman’s Outlook*, Vol.VII, n.110 (1926), p.586.

⁴² *Hull Daily Mail*, 6 March 1930.

⁴³ *Hull Daily Mail*, 1 May 1925.

⁴⁴ *Woman’s Outlook*, Vol.VII, n.110 (1926), p.586.

⁴⁵ See for instance *Woman’s Outlook*, Vol.VI, n.91 (1925), p.811; and Vol.VII, n.106 (1926), p.469.

Yet if cosmetics could be used to enhance one's beauty, overusing them was not recommended, and in the case of ageing women, the "best preventatives against growing middle-aged" were mostly exercise, activity, fresh air, and a positive outlook on life.⁴⁶ In the media, ageing became something women should try to prevent, or at least contain, by any means possible. The idea that middle age brought unavoidable damage to one's beauty was ever present. An illustrated article on "Exercises for the Middle-Aged" published in *Woman's Outlook* in September 1926 constitutes a good example of this pervasive ageism and the accompanying idea that women were responsible for delaying their own ageing process, in this case through exercise:

[F]or some reason it is too often accepted that when a woman is 'fair, fat, and forty', it is useless to continue to exercise. [...] The saying 'A woman is as old as she looks' is now *passe*; for while it is impossible to completely stay such time ravages as wrinkles and grey hair, it is possible and easy to arrest general decay. For that matter, a woman can retain a youthful appearance many years after her sedentary sisters have begun to 'show their age', if she will pay attention to a few simple rules of diet, posture, and exercise.⁴⁷

Therefore, whether it was by exercising, or using skin products and various cosmetics, women were told they could – and *should* – try to delay the "ravages" of time and their unavoidable "general decay", and remain youthful as long as possible, an imperative that may have exacerbated existing insecurities in middle-aged women nearing or passing through such a heavily culturally-loaded time as the menopause.

"Modern woman has undertaken to carry through many reforms, and not the least important of those reforms is in the matter of dress".⁴⁸ Fashion too changed dramatically in the early twentieth century. As early as the 1910s, fashion comments in the press already pointed at the move towards youthfulness: "This is an age of 'youthfulness' when almost every woman, no matter what her age, seeks to look as young as possible; when dresses for the woman of forty are modelled on precisely similar lines to those for her sister twenty years younger".⁴⁹ As an unprecedented number of women entered the workforce, female dress became more practical, while the new spirit of the post-war years gave fashion a renewed importance. Even working-class women, who certainly had fewer

⁴⁶ *Hull Daily Mail*, 30 June 1904; *Yorkshire Evening Post*, 23 September 1925.

⁴⁷ *Woman's Outlook*, Vol.VII, n.113 (1926), pp.680-681.

⁴⁸ *Woman's Outlook*, Vol.VIII, n.129 (1926), pp.408-409.

⁴⁹ *Whitby Gazette*, 27 August 1909; see also *Sheffield Evening Telegraph*, 23 February 1910.

opportunities and financial resources to dedicate to fashion, were exposed to this new ideal, as the increase in female magazines and ladies' columns in the press meant that updates and tips on the latest fashion were more easily available to all. Thus, an editorial of *Women's Outlook* in November 1926 remarked that:

[t]oday, there is surely the creating of a clothes sense. Years ago, we did not care 'a fig'. [...] In the days that are past our clothes were chosen with a view to utility and the complete shrouding of the body. Those were days. Let us laugh together about it [...] How jolly it is to think that we are learning to know the outline of our own bodies, and to dress ourselves accordingly.⁵⁰

Fashion advice for the middle-aged woman emerged at this time, as they started being catered for. Before the 1920s, as a columnist in the *Yorkshire Evening Post* commented in 1933, "[e]ither clothes were painfully 'outsize', or else they were too youthful and skimpy. Now that is over, for the middle-aged woman is being catered for at last".⁵¹ As the fashion of the day was geared towards youthfulness however, middle-aged women were in an awkward position. Fashion columns and articles regularly reminded them that they were no longer young by suggesting they wear foundation garments, avoid short skirts, and most of all not to try too hard to pass as younger: "How not to look one's years is of ever-increasing importance, and the first bit of advice to those reaching the age of discretion is, dress a little older, not younger, than appearance warrants";⁵² "a dress may be quite short and still have long lines flattering to the figure – that is no longer slim and straight".⁵³

Body weight and shape also became a major preoccupation. In keeping with the appraisal of slenderness, advertisements for thinning products of all kinds increased from the 1920s onwards. Complete with sensationalist headings – "I dissolved my fat away!"; "Lost 33lbs in 6 weeks", etc.⁵⁴ – and before-and-after pictures, all sorts of products and appliances were advertised as the miracle solution that would help one become "slender and graceful again".⁵⁵ The idea that being large was not only undesirable and unattractive but also almost unnatural made larger women the target of sometimes brutal beauty and fashion advice: "Don't wear skirts too long or too short. Let slim, willowy creatures

⁵⁰ *Woman's Outlook*, Vol.VIII, n.117 (1926), pp.1-2.

⁵¹ *Yorkshire Evening Post*, 31 August 1933.

⁵² *Woman's Outlook*, Vol.II, n.24 (1921), pp.314-315.

⁵³ *Woman's Outlook*, Vol.VIII, n.125 (1927), pp.272-274.

⁵⁴ *Woman's Outlook*, Vol.VII, n.107 (1926), p.491; and Vol.VIII, n.122 (1927), p.181.

⁵⁵ *Woman's Outlook*, Vol.VI, n.80 (1925), p.470.

exaggerate the fashion, not you”.⁵⁶ Like the wrinkles of the middle-aged woman, the body of “the woman who carries too much flesh” ought to be concealed.⁵⁷

Fashion articles usually read as lists of dos and don’ts – or, as it were, in the case of middle-aged and larger women, usually don’ts – thereby simultaneously creating and enforcing a new normative ideal, while making it clear to middle-aged and larger women that their bodies did not correspond to this ideal and that the new fashion was not meant for them.

1.7 Competing voices: the staging of knowledge-transmission

As we can see so far from this overview of medical and lay discourses on female ageing, menopause and ageing were contested terrains in the early twentieth century, as various groups with different interests attempted to define them. Interestingly, this multiplicity of discourses was also reflected in the various ways these advertisements addressed customers and in the choices advertisers made as to the staging of knowledge-transmission, whether they were selling medicines or cosmetics. The emergence of the fictional friendly female figure giving advice based on her own experience alongside the nurse, doctor, or chemist speaking from a medical and professional perspective suggested interesting discursive tensions and epitomised the ambivalent cultural and scientific understandings of menopause and ageing at the time.

Though it is possible to find a couple of examples of advertisements for remedies that addressed husbands,⁵⁸ the vast majority of advertisements directly addressed women, and more often than not did so through the use of a female voice:

Here is a woman who writes ‘There must be hundreds of women like me’. *Are you like her?* Do you suffer from dizzy spells? Does that muddled feeling trouble you? It does upset and worry a great many people – and particularly women during the critical years between 40 and 50.⁵⁹ [emphasis mine]

The message was clear and meant to comfort the reader that she was not alone. The strategy was evidently to enable identification, and to offer a solution in a way that would not look too much like an advertisement. In a few cases, advertisements were disguised

⁵⁶ *Woman’s Outlook*, Vol.VII, n.99 (1926), p.250.

⁵⁷ See for instance *Woman’s Outlook*, Vol.VIII, n.123 (1927), pp.204-205; and Vol.VII, n.99 (1926), p.250.

⁵⁸ See for instance *Hull Daily Mail*, 30 December 1936; *Yorkshire Evening Post*, 1 December 1937.

⁵⁹ *Hull Daily Mail*, 10 September 1936.

as fiction,⁶⁰ but the preferred strategy was the fictional female character giving friendly advice.

The importance of informal networks of information and support when it came to issues such as menopausal difficulties was being recognised – and probably overstated – and reproduced in these advertisements largely through the use of (mock) testimonies. Advertisers sought to mimic a conversation two women would have on this topic, and to this effect, the fictional speakers were designed to be as close to the target audience’s reality as possible. A 1902 advertisement for instance used the story of Mrs Hannah Gill, of Emley, near Wakefield. Under the heading “A Woman’s Message to Women”, 55 year-old Mrs Gill discusses how she suffered for years with various symptoms ranging from sleeplessness and loss of appetite, to various aches and pain to the point of insanity. Her doctor had been of no use and told her to “keep quiet”, but luckily she had sympathetic women around her: “My neighbours told me it was due to the change of life”, “One day my sister advised me to try Chas. Forde’s Bile Beans”.⁶¹

Such advertisements played on common frustrations – that a doctor would not take a menopausal woman’s complaints seriously in 1902 is a definite possibility – and a reassuring sense of familiarity to enable identification. In an advertisement for another brand, Mrs Annie Hizzett of Doncaster was eager to share her knowledge of an effective remedy for menopausal symptoms such as fainting and dizzy spells, palpitations, or flushes: “I am glad of this opportunity of letting other sufferers know where a cure can be found for our troubles at middle life”.⁶² The strategic use of pronouns with headings such as “Our Troubles at Middle Life”, as well as the neighbour-like figure were designed to engage the audience by appealing to a sense of shared experience: “Your Neighbours Say Bile Beans are Wonderful!” stated another advertisement, combining this voice with the smiling face of a Mrs Sennett happily and safely going through the menopause.⁶³

Thus, the fictional friendly female figure giving advice based on her own experience emerged as a distinctive marketing device in the early twentieth century. Not all manufacturers gave in to the mimicking of women’s informal chat though, and others relied instead on scientific terminology and the support – whether real or not – of medical

⁶⁰ See for instance *Sheffield Evening Telegraph*, 6 June 1910.

⁶¹ *Whitby Gazette*, 19 December 1902.

⁶² *Yorkshire Evening Post*, 19 June 1912.

⁶³ *Hull Daily Mail*, 20 June 1933.

professionals. Drugs manufacturers thus would use the image of a nurse or doctor to this effect, or claim that their product had been “awarded certificate of merit” – with no further detail – or that it was “ordered by specialists for the cure of all female complaints”.⁶⁴ Here the reliability of the product was defended by voices speaking from a professional point of view, as opposed to the argument of shared experience pushed forward by the friendly neighbour. Yet to the reader the – often unnamed – medical experts may have seemed no less fictional than the friendly neighbour, as suggested by certain manufacturers’ efforts to guarantee the veracity of their testimonies: “testimonials guaranteed under penalty of £1,000”.⁶⁵ That some genuine medical figures would lend their names to a particular brand was a fact, much to the dismay of the medical profession who did not see kindly these supposed cure-all remedies:

[I]f we are to believe the vendors, it relieves everything, from flatulency to locomotor ataxia. [...] The pity of it is that several of the testimonials quoted purport to be from "physicians." [...] One of the greatest obstacles in the way of any reform in the trade in proprietary remedies is that medical men can be found to testify to their virtues. If a Royal Commission were appointed, the makers and sellers of nostrums would have no difficulty in bringing forward medical testimony in their favour, and the result would be that this evidence would be quoted far and wide as an official confirmation of the preposterous claims made by those interested in deluding the public.⁶⁶

Interestingly, a similar phenomenon could be observed in advertisements for cosmetics. The staging of knowledge-transmission in advertisements for cosmetics often revolved around the notion of ‘secret’: “Film Star’s Secret Out”, “Beauty Secrets Brought to You”.⁶⁷ Here again, the illusion of women’s chat was reproduced as the speaker shared their ‘secret’ with the reader. The notion of secrecy is interesting: considering that these advertisements were printed in the local press, whatever information they contained was not exactly a secret, yet the use of the word “secret” strategically staged the transmission of knowledge as a performance by simultaneously giving an artificial veneer of importance to the information, and by involving the reader in this exchange as an active recipient. Besides, the importance of the secret was emphasised by who the speaker was – usually an actress or a renowned beauty specialist – although Mrs So-and-so would still

⁶⁴ *Woman’s Outlook*, Vol.VIII, n.124 (1927), p.245; *Woman’s Outlook*, Vol.V, n.65 (1924), p.iii.

⁶⁵ *Woman’s Outlook*, Vol.VI, n.71 (1925), p.192.

⁶⁶ Anon., “The Nostrum Nuisance”, *BMJ*, 30 April 1910, pp.1073-1074.

⁶⁷ *Sheffield Evening Telegraph*, 5 May 1939; *Sheffield Daily Telegraph*, 21 March 1939.

make the occasional appearance to have a friendly chat about whatever product helps her look so pretty.

Yet from the second half of the 1920s, feeding into a more general movement of permeation of scientific discourse into the popular press, the argument of scientific authority was increasingly brought forward, and laboratory-produced, scientifically-tested products were presented as superior, safer, and unquestionably more reliable than other dubious products of all sorts or homemade recipes. As can be seen in the following extract from a 1926 advertisement for a slimming product, science was clearly presented as the way forward:

This new scientific method cannot fail. Drugs, pills, medicines, soaps, unhealthy appliances, and 'old wives' remedies are a thing of the past. ESPANOL SOLVENT, the result of years of investigation into the reducing properties of certain tropical herbs and sea plants, has never failed yet to bring back to normal slimness even the worst cases.⁶⁸

After all, the woman of the 1920s and 1930s was a modern woman, and science being perceived as the driving force of modernity and innovation, this convergence is not surprising.

II. Towards the Medicalisation of Menopause: Roots and Implications

II.1 Hormones: discovery & research

Medicine had a long tradition of conflating Woman with her reproductive organs, and progress in gynaecology in the late nineteenth century had shifted the attention from the womb onto the ovaries. The ovary had become a synecdoche for Woman in medical discourse, where it was constructed as responsible for both the identity and health of women. From there, women's health came to be understood in terms of ovarian excess or deficiency. In this context, oophorectomy seemingly offered a solution to a whole array of female diseases and disorders around the turn of the century.⁶⁹ When practiced on young women, the surgical removal of ovaries produced what was called "artificial menopause", a condition which drew particular attention to some of the symptoms of the menopause, as in many cases, surgically induced menopause provoked severe and

⁶⁸ *Woman's Outlook*, Vol.VII, n.107 (1926), p.491.

⁶⁹ Kathleen I. MacPherson, "Menopause as Disease: the Social Construction of a Metaphor", *Advances in Nursing Science*, 3:2 (1981), 95-113, p.102.

immediate symptoms in the patients.⁷⁰ The fact that oophorectomies were often referred to as “castration”, and the patient subsequently as a “castrate” was not only symptomatic of phallogocentric attitudes, it also semantically reified the idea that female identity was dependent on her ovaries. In this context, a woman whose ovaries had been removed or ceased to function was thrown in jeopardy. Such preconceptions on the nature of women were bound to impact on the direction of scientific research in the early twentieth century.

Research into the properties and function of sex hormones can be said to date back to the late nineteenth century, when an influential French physiologist, Charles-Édouard Brown-Séquard reported experiencing renewed vigour after injecting himself extracts from animal testicles.⁷¹ Soon, injections of extracts from animal testicles and other organs were experimented with and prescribed for a variety of conditions across Europe and the US. The discovery that some of these glands were physiologically active precipitated the birth of the discipline of endocrinology.⁷² In 1923, Drs Allen and Doisy isolated the first ovarian hormone, oestrogen, and subsequent research in the interwar years focussed essentially on the identification and isolation of sex hormones.⁷³

Originally derived from animal and human sources, sex hormone extracts were expensive and in limited supply, which prompted efforts to synthesise them. This, as Nelly Oudshoorn illustrates in her compelling history of research into sex hormones, was accompanied with a crucial transfer of research interests. In *Beyond the Natural Body*, she explains that when sex hormones were first discovered, gynaecologists, pharmaceutical companies, and laboratory scientists were working on different issues, and that their interests converged from the moment each group had to rely on the others for the supply of research material: “With the transfer of research materials from one group to another, knowledge claims specific to the group in control of the research materials were also transferred”.⁷⁴ As the gynaecological clinic was the only group with access to human female gonads, laboratory researchers and pharmaceutical industries became involved in the research interests of gynaecologists, namely, the relationships

⁷⁰ Banks, p.6.

⁷¹ Frances B. McCrea, “The Politics of Menopause: the ‘Discovery’ of a Deficiency Disease”, *Social Problems*, 31:1 (1983), 111-123, (p.112).

⁷² Banks, p.6.

⁷³ MacPherson, p.105.

⁷⁴ Oudshoorn, pp.79-80.

between female sex hormones and various diseases of women and their reproductive system.

Although there was no consensus among the medical profession on menopause and the way it was researched and its symptoms treated, the late 1920s and 1930s can be seen as a turning point leading to new attitudes following the development of and growing reliance on endocrinology. The appeal of endocrinology rested on two main pillars: on the one hand, it provided a theory of aetiology which held the promise of scientific certainty, and on the other hand it offered a seemingly objective way of understanding menopause grounded in laboratory-tested scientific ‘facts’. Research scientists were able to understand and reproduce female physiological functions in animals by conducting quantitative experiments with various hormones. Such work paved the way towards the possibility of standardized treatment of so-called hormonal deficiencies in women.⁷⁵ According to Susan Bell, this drive towards scientific accuracy and standardised methods at the expense of individual patients stemmed from a desire to override the subjective observations of individual practitioners in an attempt to strengthen the claim of gynaecology to objectivity and truth:

The impact of the introduction of the tools and methods of science on the power of medicine was uncertain, but it could potentially increase medicine's "cultural authority". The use of "detached technologies" such as microscopes and chemical and bacteriological tests, produced data seemingly independent of the physician's as well as the patient's subjective judgment.⁷⁶

Indeed, as Oudshoorn argues, the involvement of laboratory scientists accorded new knowledge on sex hormones a “universal, context-independent character”,⁷⁷ and in turn provided gynaecologists with a new drug which gave the discipline the status of “scientific medicine”.⁷⁸

As we can see therefore, for scientists and medical professionals, the menopause not only constituted a new terrain for research and the production of knowledge, it also

⁷⁵ Susan E. Bell, “Changing Ideas: The Medicalisation of Menopause”, *Social Science and Medicine*, 24:6 (1987), 535–542, (p.536).

⁷⁶ *Ibid.*, p.537.

⁷⁷ Oudshoorn, p.64.

⁷⁸ *Ibid.*, p.109.

lent itself easily to their purposes as they strove to establish their scientific authority at a time of shifting definitions of medical expertise.

II.2 Science, new technologies & the body as a factory

These developments did not occur in a sociocultural vacuum. The appeal of modern methods of scientific research and gynaecologists' battle for expertise also fed into a broader reevaluation of science in the early twentieth century, while the hormonal model of human physiology fitted with the contemporary imagery of the body as a factory metaphor. One of the most pervasive metaphors of the body in western science, the body as a factory metaphor finds its origins in the rise of industrial capitalism in the nineteenth century. While metaphors of the late nineteenth century drew on economics to explain physiological processes of the human body, reflecting early capitalist concerns, a shift occurred in the early twentieth century with the development of scientific medicine, new technologies, and the increasing mechanisation and rationalisation of means of production – the metaphor of the body as a factory gained common currency.⁷⁹

The First World War contributed in an interesting way to the democratisation of this metaphor. On the one hand, the war had demonstrated the importance of science and technology to the power of a strong nation and Empire, thanks in part to unprecedented efforts by the British Association for the Advancement of Science to engage the lay public with the most recent discoveries and theories through public lectures, school curriculums, and articles in the general press.⁸⁰ Simultaneously, the need for a large female workforce in the factories of the home front meant that female bodies had physically entered the factory to an unprecedented level, and formed part of the system of production in a worker's capacity. The purchase of this metaphor thus owed much to the socioeconomic context of the time: the impact of the war, as well as the rise of consumer culture and new inventions of the modern industrial world provided a cultural context with which it resonated.

The language of the body as a factory could also be found in advertisements for remedies targeted at middle-aged people from the 1920s. References to a “breakdown in

⁷⁹ Martin, *The Woman in the Body*, pp.34-35.

⁸⁰ Heather Ellis, “The Sage and the Hero: British Science, Masculinity and the First World War”, unpublished seminar paper, Legacies of War seminar series, University of Leeds, November 26th, 2015.

the machine”, or a general “failing” of the body were not uncommon.⁸¹ The following 1929 advertisement for a pick-me-up provides a good illustration of the way this metaphor worked:

“It is a natural substance which [...] keeps the body working smoothly and efficiently. It lubricates and removes the poisonous waste that is always accumulating and tending to clog our internal machine. It helps the body function as Nature intended it to – regularly, smoothly, painlessly”.⁸²

In the body as factory metaphor, each actor or worker has a specialism, a clearly defined role within a specific department or service organised in a hierarchy where the command centre is located in the brain, and the entire system is geared toward production.

The deployment of the metaphor of the body as a factory was to have deep implications not only for the direction of scientific research into sex hormones, but also for the interpretation of findings. In his 1912 address to the British Association, at a time when laboratory scientists had just begun to try and identify, isolate, and synthetically produce hormones, the president of the association deployed an extended metaphor of the body as a factory, explaining the “subdivision of labour” within the “living machine” which is the human body, with the nervous system as “co-ordinator” in charge of the regulation and maintenance of the body alongside the various glands. Even though the exact role and functioning of these glands had not yet been fully understood by that time, they were described as “essential to the proper maintenance of the life of the body”.⁸³

The hormonal model and its focus on regulation, excess, and deficiency fitted perfectly within this metaphor, and scientific research therefore focussed on understanding the effects of excess or deficiency of secretions from each gland, as well as attempting to “rectify the supply” and re-establish a balance.⁸⁴ Scientists then believed that once hormones would be easily synthesized, various dysfunctions of the human body could be fixed in this way, opening the way for a brighter future for the human race: “it is the duty of science to go steadily forward illuminating the dark places in the hope of happier times”.⁸⁵

⁸¹ *Yorkshire Evening Post*, 26 April 1935; *Yorkshire Evening Post*, 23 October 1930.

⁸² *Hull Daily Mail*, 3 December 1929.

⁸³ *Yorkshire Post and Leeds Intelligencer*, 5 September 1912.

⁸⁴ *Yorkshire Post and Leeds Intelligencer*, 7 August 1924.

⁸⁵ *Ibid.*; see also *Yorkshire Evening Post*, 6 September 1934.

II.3 The promise of science

The exaltation about hormones and their potential was not restricted to the world of science. As the first hormonal preparations hit the market, they carried with them the promise of eternal youth and restored vigour in the ageing body. These “elixirs”, as they were usually marketed to the general public, were designed to prevent the general decay in the whole machinery unavoidably brought forth by the ageing process. Thus, a 1934 advertisement comprising an illustration of the human body and showing the location of the various ductless glands promised to “Restore and Invigorate Every Organ of Your Failing Body”.⁸⁶ As the ageing process was increasingly understood in terms of a general failure, such advances seemed very promising and left the door open to imagination – how far could science go? Though articles in the popular press were not unanimous on this point, new knowledge in hormones was welcomed by some as the cure to ageing: a 1939 article in the *Sheffield Evening Telegraph* explained to the readers how scientists were working on “the modern elixir of youth” so that in the near future “You Need Never Grow Old”.⁸⁷

The new possibilities presented by the production of synthetic hormones were not long to hit the cosmetic market as well. In the context of a developing cosmetics industry and of the cult of youth that sustained it, hormonal preparations in the shape of facial creams which could allegedly restore one’s youthfulness represented an interesting opportunity for manufacturers. Here again, the progress of science was celebrated and presented as the way forward:

[G]reat progress has been made towards the alliance of science and beauty culture. The production of [...] hormone creams marks a definite step in this progress, as it enables the skin to receive externally the natural extracts made by the glands. Thus Nature can be supplemented.⁸⁸

As one would go see a doctor, readers were invited to make an appointment with a beauty consultant to get a diagnosis and adequate treatment for their skin: “Come in today for a skin diagnosis and let her plan a perfect treatment for you”.⁸⁹

⁸⁶ *Yorkshire Evening Post*, 23 October 1934.

⁸⁷ *Sheffield Evening Telegraph*, 21 March 1939.

⁸⁸ *Yorkshire Post and Leeds Intelligencer*, 18 December 1936.

⁸⁹ *Sheffield Daily Telegraph*, 21 March 1939; see also for example *Hull Daily Mail*, 25 March 1938.

As for hormonal preparations targeted at the medical profession, it is interesting to note, as Emily Banks explained, that despite largely negative clinical trials, they were already available – and popular – in the 1920s.⁹⁰ Originally prescribed for the treatment of menstrual disorders, by the late 1920s hormonal preparations were used for a much wider range of female troubles attributed to dysfunctions of the ovaries. As Oudshoorn argued, sex hormones in the 1920s were very much “drugs looking for diseases”.⁹¹ Meanwhile, as the various ovarian hormones came to be identified, a more complex and specific understanding of female physiology emerged, and the conflation of Woman with the ovary shifted once more, this time to oestrogen. As menopause – and more generally ageing – increasingly came to be understood in terms of hormonal deficiency, menopausal women became one of the main targets for experimental hormonal treatments in the 1930s.⁹² In other words, the idea of prescribing hormonal therapy to menopausal women was popular even before active preparations existed. Synthetic oestrogen was first produced in England in 1938, and immediately began to be used in clinical research as a substitute for natural oestrogens.⁹³

Advances in sex endocrinology in the 1920s simultaneously drew on and sustained the metaphor of the body as a factory which echoed broader, recognisable macrostructures. In turn, the notion of production central to this metaphor – and the attendant pervasive fear of lack of production – influenced the interpretation of findings and direction of research. This metaphor, as Emily Martin suggested, unavoidably produces negative understandings of the menopause because it constructs the menopausal body as one that has stopped producing, and that has stopped responding to the central control system.⁹⁴ In the body as a factory metaphor, the menopause is necessarily problematic. The observable hormonal decline occurring at the menopause appeared as scientific evidence that the menopausal body was “out of control”, a problematic body which qualified for readjustment.⁹⁵

⁹⁰ Banks, p.7.

⁹¹ Oudshoorn, p.108.

⁹² See for example Anon., “Clinical Applications of Ovarian Extracts”, pp.1181-1182; Anon., “Clinical Effects of Ovarian Hormone”, *The Lancet*, 15 March 1930, pp.586-587; E. C. Dodds, and J. D. Robertson, “Clinical Experiments with Oestrin”, *The Lancet*, 28 June 1930, pp.1390-1391; W. R. Winterton, “Clinical Uses of the Female Sex Hormone”, *The Lancet*, 3 December 1938, pp.1315-1317.

⁹³ MacPherson, p.105.

⁹⁴ Martin, *The Woman in the Body*, p.245.

⁹⁵ *Ibid.*, p.240.

II.4 Towards menopause as a disease

In spite of all the negativity to be found in medical journals around the turn of the century, it is important to stress that menopause was not originally seen as a disease in itself, and that some physicians actively resisted the pathologisation of its various symptoms:

“[T]he menopause in itself never leads to disease. It is true that at the age of the menopause there is a predisposition to certain diseases, just as there is a predisposition to other conditions at other ages, but *the menopause itself is not a cause of disease of any kind*”.⁹⁶ [emphasis in original]

Scholars working on the menopause have sought to determine the point at which its medicalisation occurred. While there is a consensus on the fact that the discovery of sex hormones in the interwar years precipitated the shift towards a deficiency model, different dates were put forward as to when menopause was effectively redefined as a disease. The process of medicalisation is a long and complex one, hence the diverging points of view expressed in historical and sociological studies of the menopause. This thesis follows the argument of Susan Bell that on a conceptual level, the medicalisation of menopause began in the 1930s.⁹⁷ While there was still no agreement as to what constituted menopausal symptoms and how these should be treated in the 1930s, there was a broad consensus on one point: menopausal women needed medical attention, or indeed, management. At this point then, as Kathleen MacPherson argued, “[p]hysicians extended their roles beyond diagnosis and treatment of the usual diseases to include the definition and management of a heretofore normal female condition”.⁹⁸ According to her, the redefinition of menopause as a deficiency disease occurred in the 1930s but more or less “lay dormant” until the 1960s.⁹⁹

⁹⁶ Arthur E. Giles, “The Menopause, Natural and Artificial”, *The Lancet*, 12 February 1910, p.431.

⁹⁷ Bell, “Changing Ideas”, p.535.

⁹⁸ MacPherson, p.105.

⁹⁹ *Ibid.*, p.106.

II.5 The politics of medicalisation

In her analysis of medical reconfigurations of menopause in the nineteenth and twentieth centuries, Roe Sybylla draws on Michel Foucault's theorisation of power/knowledge to illustrate the politics of medicalisation:

As far as medial practice and discourse themselves are concerned, domination occurs when the profession (or more often, a subgroup of it) captures the field of knowledge, creating truths for its own purposes. In this situation, the relation of power is asymmetrical between profession and public. While the profession actively creates knowledge, naturally from its own point of view, the patients and public tend to accept passively that knowledge as transhistorical truth.¹⁰⁰

The medicalisation framework, as Catherine Reissman argued, posits the physician's power to define illness and undesirability, as well as the monopoly over treatment and its provision, as the outcome of a political process: medical constructions are always the products of broader social power structures, and this becomes particularly evident when we note that "structurally dependent populations – children, old people, racial minorities, and women – are subject disproportionately to medical labelling".¹⁰¹

In the case of menopause in the early twentieth century, medicalisation enabled a reinforcement of gendered power structures on several levels. Firstly, by casting themselves as experts, male doctors were reproducing the social subordination of (older) women by endowing themselves with the power to define disease and telling them what to do to maintain their health before, during, and after the menopause. Secondly, the correspondence between women's physiology and the theoretical models and direction of scientific research and medical practice rendered women particularly vulnerable to medicalisation.¹⁰² Thirdly, scientists' focus on the end of fertility and on hormonal imbalance as definitional features of menopause reified cultural imperatives regarding the centrality of motherhood for women at the time. In addition to this, as Bell noted, physicians' injunctions and advice often reflected not only cultural gender norms but also class bias by unquestionably presupposing that menopausal women were all married with grown-up children, and had the time and economic resources available to adapt their lifestyle.¹⁰³

¹⁰⁰ Roe Sybylla, "Situating Menopause within the Strategies of Power: a Genealogy", in Komesaroff, et. al., *Reinterpreting Menopause*, pp.200-221, (p.203).

¹⁰¹ Catherine K. Riessman, "Women and Medicalization, a New Perspective", in Weitz (ed.), *The Politics of Women's Bodies*, pp.46-63, (p.49).

¹⁰² Bell, "Changing Ideas", p.535.

¹⁰³ *Ibid.*, p.540.

Economic forces were also at play in the shape of financial interests, especially for the pharmaceutical industry. If science could prove that the female body was in a constant state of hormonal imbalance, it was all the better for their business. The commercial exploitation of hormonal preparations aroused the interest of pharmaceutical companies from the start: Marius Tausk, the director of Organon, described the isolation of female sex hormones as “finding gold in the urine of pregnant mares”.¹⁰⁴ The idea of women as permanent invalids was even used as a marketing argument by some manufacturers. The cynicism of some advertisements sometimes reached unthinkable levels, as in the case of a 1925 advertisement for Beecham’s Pills, which opened with the question “Why Do Women Need Medicine More than Men?”¹⁰⁵ The idea of women as permanent invalids not only reinforced cultural assumptions on women’s weakness and frailty, it was also simply more profitable.

Yet, as Nelly Oudshoorn reminds us, we need to move beyond the idea that this fixation on women’s bodies was merely the result of men’s interests, and recognise instead that the developments in hormone research and the subsequent marketing of female sex hormones were the result of multiple and contingent interests which became “mutually defined through social networks”.¹⁰⁶ Interests are never unproblematic, and they shift in keeping with broader changes and interactions between diverse groups. The disproportionate focus on female sex hormones over male sex hormones cannot solely be accounted for in terms of masculine domination and social control. Research into female sex hormones was made possible because both the research methods and materials were available, which was not the case for male hormones.¹⁰⁷

II.6 Ambivalent processes

The evolution of medical narratives of the menopause in the first decades of the twentieth century was certainly not a linear process, and each reconfiguration was laden with conflicting definitions, approaches, and stakes. By focussing on its symptoms and potential complications, medical men did pathologise menopause in the early twentieth century, but this was certainly in part owing to the mandate of a discipline which sought

¹⁰⁴ Oudshoorn, p.88.

¹⁰⁵ *Woman’s Outlook*, Vol.VII, n.92 (1925), p.12.

¹⁰⁶ Oudshoorn, p.108.

¹⁰⁷ *Ibid.*, p.80.

to make well and not to highlight the unproblematic.¹⁰⁸ Their growing interest in menopause also had the effect of dragging it out of cultural secrecy and silence, which in turn enabled the development of increasingly effective forms of treatment for women who experienced difficulties. These processes thus had an ambivalent impact on women: on the one hand it legitimated some of their difficulties rather than discarding them as imagination or neuroses, but on the other hand it reinforced existing negative stereotypes of (ageing) women and highlighted individual “deficiencies”, while furthering medical control over women’s experiences.¹⁰⁹

To what extent the various reconfigurations of medical and cultural models of menopause affected women’s experiences is a thorny question however, for experiences of menopause sit at the intersection of biology and culture: “Neither the biological ‘symptom’ nor the social meaning of menopause exist apart from a cultural context and a social understanding about the nature and role of women”.¹¹⁰ For example, it was not uncommon for physicians to conflate the physical consequences of oestrogen decline with the alleged emotional impact of the end of reproductive life.¹¹¹ Thus, by focussing on symptoms and hormone levels, and by reifying alleged emotional responses to this physiological process based on their own conception of women’s role in society, physicians obscured the lived experience of menopause and ageing and constructed a hegemonic narrative based on cultural imperatives.

III. “The Woman in the Body”: Accessing Women’s Experiences

III.1 Growing old in an age of modernity

The medicalisation of menopause happened, as we have seen, in an age characterised by modernity and the cult of youth. The social implications of this for ageing people, and in particular women, are worth considering at this stage. As Susan Sontag observed in her essay on the double standard of ageing, in a modern society concerned with increasing industrial productivity and consumer culture where happiness and well-being are conflated with youth, people, like things, become obsolete quicker.¹¹² Furthermore, this

¹⁰⁸ Mitchinson, p.11.

¹⁰⁹ Bell, “Changing Ideas”, p.540.

¹¹⁰ Houck, p.2.

¹¹¹ Mitchinson, p.36.

¹¹² Susan Sontag, “The Double Standard of Ageing”, *Saturday Review of Literature*, 39 (1972), pp.29-38, (p.31).

phenomenon hits women harder than men because women's role and function in society is more narrowly defined and is reliant on fecundity and attractiveness.¹¹³ Although Sontag was writing about the late twentieth century, the emergence of a consumer culture in the early twentieth century, accompanied by ever-increasingly efficient systems of production, communication, and transportation, provided a context in which youth – as a metaphor for ability, productivity, and energy – emerged as the desirable standard.

The cult of youth could have a very concrete social impact: the construction of ageing as undesirable can easily translate into discriminations of all sorts, not least with regards to employment. That a 1938 advertising for a hair product used the headline “My Grey Hair Lost Me the Job!” testified, if not to actual discrimination, at least to a pervasive feeling that once one got older, one became at risk of being discriminated against at work.¹¹⁴ Thus, a female columnist commented in the *Hull Daily Mail* in 1925 that middle-aged women were simply “not allowed to look their age” for economic reasons:

There is a large army of wage-earning professional women who cannot afford to look old and who are driven, not by the tyranny of dressmakers, but by that of economic conditions. [...] Few women can hope to save enough to retire before 55 or 60, so many a woman, and many a man for that matter, dare not acknowledge themselves to be much more than forty. How many employers would entertain the application of a woman known to be over fifty, even if she had the energy, the skill, and the looks of a woman of forty?¹¹⁵

Here again, women were likely to be hit harder than men, as they were more likely to work intermittently and were largely unskilled. Returning to work in later life after having had children could be very difficult, as a guildswoman remarked in a 1911 letter: “Now it is no light matter for a woman to turn out in the world again to earn a living, especially with no trade. We know there is not work for young girls, never mind women who have been at home several years”.¹¹⁶

As mean life expectancies were increasing and pensions started being introduced, anxieties about the cost of ageing people for ratepayers prompted several surveys and enquiries. One of these, published in the *Journal of the Royal Statistical Society* in 1922, bore on sick leave among teachers in public elementary schools in London. It concluded

¹¹³ Sontag, p.34.

¹¹⁴ *Hull Daily Mail*, 25 March 1938.

¹¹⁵ *Hull Daily Mail*, 10 September 1925.

¹¹⁶ Women's Co-Operative Guild, *Working Women and Divorce: an account of evidence given on behalf of the Women's Co-Operative Guild before the Royal Commission on divorce* [1911] (London: Garland, 1980), p.36.

that women were more prone to take sick leave than men especially during the “critical years”, and that while the menopause and other female-specific conditions only accounted for a very small percentage of these absences, the menopause could trigger the lengthiest absences.¹¹⁷ The implication that menopause was invalidating and the risk of increased discrimination and prejudice against ageing women in employment this could entail did not go unnoticed, in particular among female medical professionals.

III.2 The MWF investigation: origins & politics

We have seen in chapter 1 how the Medical Women’s Federation undertook extensive research on menstruation with a view to transform medical and lay beliefs and practices. It is unsurprising therefore that they would undertake very similar work on menopause at a time when medical research largely focussed on hormones, which produced even more negativity towards this phenomenon.

In a 1926 address to the MWF on the health of professional women which was published in full in *The Lancet*, Dr Letitia Fairfield took issue with the attribution of increase in poor health in ageing women to the menopause. Denouncing medical practitioners’ tendency to link any health issues in women over forty to the menopause and pointing instead at inequalities in pay and working conditions, Fairfield called for systematic research into the health of working women, with a view to challenge negative medical assumptions and their detrimental impact on social practices and individual experiences.¹¹⁸ Following Fairfield’s paper, a subcommittee of the MWF was appointed to investigate women’s menopausal experiences. Sitting on the subcommittee were medical women who had already conducted significant research on menstrual health, including Fairfield herself, Alice Sanderson Clow, and Winifred Cullis, and it was chaired by Lady Florence Barrett.¹¹⁹

They followed the same approach they had successfully deployed in their work on menstruation, which consisted in using questionnaires and surveying healthy women rather than patients. Two questionnaires were used: one to be filled out by the respondents, and one to be filled out by a medical woman after an interview with them.

¹¹⁷ Strange, “In Full Possession of Her Powers”, pp.690-691.

¹¹⁸ Letitia Fairfield, “An Address on the Health of Professional Women”, *The Lancet*, 3rd July 1926, pp.5-10.

¹¹⁹ Strange, “In Full Possession of Her Powers”, p.693.

The investigation lasted five years and was conducted on 1,220 women aged 29 to 91 who had reached the menopause five or more years before the beginning of the study. The aim of this study was to determine the incidence and nature of symptoms attributable to the menopause, and to challenge prevalent assumptions on women's disability after "the change of life".¹²⁰ The results of this investigation were compiled in a report published in *The Lancet* in January 1933.

The investigation was clearly geared towards researching the effects of menopause with a view to fight discrimination against older women at work: in the questionnaire addressed to respondents for example, they were asked "Were you prevented from following your ordinary occupation during the 'change of life'?"¹²¹ In order to obtain a varied sample of respondents, both in terms of socioeconomic and marital status, the subcommittee combined two approaches: in their explanatory letter to medical women, they asked them on the one hand to distribute the questionnaire to friends and relatives, but also to collect data on women "in all sorts and conditions of life, *not necessarily from your patients*", [emphasis in the original] in order to avoid skewing the survey by class.¹²² Informants were thus for the most part approached through public assistance institutions and business houses, which the MWF had identified as two places where large groups of women from various backgrounds could be accessed based on criteria other than health.¹²³ The variety of the sample thus obtained was highlighted in the published report:

In order that the source of the data should include women of normal health and in all conditions of life, the subjects of the questionnaire were, as far as possible, other than patients. They included married and single women of various social status, leading an ordinary home life, women engaged in or retired from the various professions, intellectual and manual occupations and domestic work. They lived in cities, industrial areas, and rural districts in various parts of England and Scotland.¹²⁴

The main finding of this investigation was that the great majority of women had been able to carry on with their usual activities as they went through the menopause. The report stated rather sarcastically that in view of the existing medical literature on the

¹²⁰ MWF, "An Investigation of the Menopause in One Thousand Women", reprinted from *The Lancet*, 14th January 1933, Wellcome Library, SA/MWF/B.4/6/2, p.5.

¹²¹ MWF, menopause subcommittee, Questionnaire Form A, SA/MWF/B.4/6/1.

¹²² MWF, menopause subcommittee, circular letter, 19 Apr 1927, SA/MWF/B.4/6/1.

¹²³ Balaam and Crowther, p.19.

¹²⁴ MWF, "An Investigation of the Menopause", SA/MWF/B.4/6/2, p.1.

subject, “it was somewhat surprising to find that approximately 900 out of 1000 unselected women stated that they had carried on their daily routine without a single interruption”.¹²⁵ This pointed not only at the inadequacy of medical theories, but also at the social importance of a reevaluation of menopause. In fact, as Julie-Marie Strange observed, a closer look at the report and the data it included also reveals that the data had been carefully selected to fit the MWF’s agenda: the Federation was clearly more interested in proving that menopause was unproblematic for most women, rather than understanding why it was for some.¹²⁶ By choosing to apply a statistical analysis to the data they collected, they were able to emphasise the proportion of women who passed through the change with little or no difficulties, while simultaneously downplaying the severity of the symptoms experienced by those who fell outside this category.

The deliberate selection of data and simplification of the narrative at the expense of individual experiences that complicated their model tied in to broader gender issues, to do with their own priorities, and with socioeconomic considerations on women’s employment. At the time when this investigation was conducted, the MWF were also very active on the questions of menstrual health and birth control, which carried higher social and political stakes in their eyes. While they were anxious to discredit surviving assumptions on the incapacitating effects of menopause and to denounce their social implications, this question may have appeared a less pressing issue, and indeed far less work was conducted in this direction than on menstruation or birth control. One factor which may explain this was the MWF’s subscription to an optimistic speculative narrative of progress based on the transformation of the experience of menstruation for the next generation. One of the findings of the menopause investigation was that: “a normal menstruation tends to be followed by a normal menopause, and vice versa”.¹²⁷ From there, they were able to conclude that the majority of respondents:

had not so much opportunity for healthy development open to them as have girls of the present day. [...] the proportion of cases of dysmenorrhoea amongst young women is now much smaller. If then a normal menstruation is found to be associated with a symptomless menopause, there may be reason to hope that in the future there will be less disturbance of health at the ‘change of life’.¹²⁸

¹²⁵ MWF, “An Investigation of the Menopause”, SA/MWF/B.4/6/2, p.4.

¹²⁶ Strange, “In Full Possession of Her Powers”, p.698.

¹²⁷ MWF, “An Investigation of the Menopause”, SA/MWF/B.4/6/2, p.7.

¹²⁸ *Ibid.*, p.7.

Another reason for this was also that women themselves were divided at the time on the question of women's right to work after marriage. While the MWF actively supported medical women's right to work after marriage and many of them opposed marriage bars, they probably did not want to get involved in a more general campaign which would have created tensions possibly even among themselves.¹²⁹

Nonetheless, the attention to class in their sample suggests that the investigators were hoping to find that working-class women – who presumably could not afford time away from paid or unpaid labour – were less prone to menopausal disturbances than their middle-class counterparts. Such findings would have constituted a powerful blow on medical and popular prejudice, and would have fitted into their narrative promoting social equality. Yet interestingly the published report was conspicuously silent on the question of class. In fact, what the investigation had revealed was that more leisured women with a higher standard of living and a better diet suffered fewer health disturbances at the menopause.¹³⁰ These findings were not included in the report, and the MWF chose to highlight instead the correlation between menopausal difficulties and multiple pregnancies or lack of information on women's reproductive health. This way they simultaneously avoided publishing data that could be used against working women, while implicitly promoting birth control, and most of all education.

III.3 Reclaiming language?: methodology & limits

Central to this investigation was a desire to break away from the pathological narrative and language of menopause. In her 1926 address, Fairfield highlighted how this pervasive negativity could translate into a self-fulfilling prophecy whereby women themselves would expect and therefore experience difficulties at this time:

A special menopause-phobia may be set up which aggravates any pre-existing mental or physical weakness, and may itself make the patient seriously ill. [...] I have found a notion [...] among elderly neurotics that if they pass through 'the change' with no discomfort they must 'pay for it' by a nervous breakdown later.¹³¹

It is clear from their methodology that, as with menstruation, the MWF believed that the best cure against negative assumptions and pathological conceptions of the menopause

¹²⁹ Strange, "In Full Possession of Her Powers", p.696.

¹³⁰ Ibid., p.696.

¹³¹ Letitia Fairfield, "An Address on the Health of Professional Women", p.8.

was to reclaim it at least in part through the transformation of the narrative by using women's own words. The growing interest in menopause among the medical profession from the late nineteenth century was accompanied, as we have seen, by a deskilling of menopausal women through the devaluation of their individual experiences in favour of scientific expertise, which transformed women into passive recipients of care or objects of study, leaving no room for them to ask questions, offer their own understandings, or put their own words on their experiences. It was this silencing of women's experiences as well as the language of pathology that the MWF were simultaneously trying to challenge.

Through the use of questionnaires, the MWF were able to collect data from women themselves about their own experiences, and to shift the emphasis onto healthy women. The questionnaires to be filled in by the respondents included open questions, thus leaving room for explanations and further personal observations should the respondents wish to provide them, the aim being to collect qualitative as well as quantitative data: "Had you any trouble which in your opinion was due to the 'change of life'? If so, what was its nature? How long did it last?"¹³² Thus, using the same method as with their research on menstruation, the MWF was attempting to challenge the power relations inherent to traditional clinical research, as well as the dominant medical understandings of menopause as pathological.

However, the importance of the respondents' contributions should not be overestimated: despite the MWF's good intentions, the whole process was still hierarchic, and the boundaries between individual experience and scientific knowledge were not so porous in the end. Although the use of questionnaires certainly enabled a different way of communicating that did not solely work from the top down, there was nonetheless a form to be completed by a medical woman for each respondent, which essentially read as a list of symptoms to tick.

Although some of the qualitative data they collected made its way into the final report, much of it consisted of statistics based on these symptoms, a major limitation to their initial project which can be explained in part by the status of medical women within the profession and with the dominant direction of scientific research at the time. The MWF needed to establish their authority in a male-dominated field where the validity and

¹³² MWF, menopause subcommittee, Questionnaire Form A, SA/MWF/B.4/6/1.

objectivity of their research was questioned on the grounds that they had vested interests.¹³³ As we have seen, the 1920s were marked by an increasing reliance on sex endocrinology and laboratory research in the hope to produce “objective” knowledge on menopause. In this context, the investigators’ choice to have their data compiled and analysed by a (male) statistician rather than emphasising the qualitative data at hand can be read as an effort to appear scientifically objective in the eyes of their male colleagues. Yet their approach did not fit within current research paradigms and interests, and despite being published in *The Lancet*, the menopause report was not cited by other medical experts in the years following its publication.

The malleability of language makes it an ideal political tool for women to reclaim menopause,¹³⁴ hence the MWF’s desire to have healthy women’s voices heard. Yet the very language deployed in this investigation was problematic and reveals surviving misconceptions. In the questionnaires as well as in the report, certain key terms used as categories for statistical analysis were not clearly defined. It is clear for example that where the term “married” was employed, it was assumed that the woman was or had been sexually active and had had children. The investigators also had to acknowledge that some of the symptoms listed were not necessarily attributable to the menopause. The overwhelming focus on symptoms also meant that much of the language used still pertained to the realm of pathology.

More importantly, it is interesting to note that this investigation was still framed by an unclear and inherently negative definition of the menopause. For instance, when discussing the cohort, the report stipulated that “a considerable number of women stated that they had not menstruated since their last confinement, although this was definitely earlier in some cases than the usual menopausal age”.¹³⁵ This was not further commented upon, suggesting a surviving conflation of the menopause with a dysfunction of the menstrual cycle. We can also note here the uncritical use of the term ‘usual’ which, along with the use of the similarly problematic term “normal” as a category of analysis as opposed to “severe”, reveals the normative ideal being constructed through this investigation.

¹³³ Strange, “The Assault on Ignorance”, p.260.

¹³⁴ Ferguson and Parry, p.36.

¹³⁵ MWF, “An Investigation of the Menopause”, SA/MWF/B.4/6/2, p.5.

Nevertheless, the MWF were convinced that negative portrayals of older women by the media and the medical profession, along with a lack of accurate information, were largely responsible for negative experiences of the menopause. To remedy this, they sought to break the policy of silence, and to get a more positive message out there for women, deploying a language of health, activity, and ability, to counteract their worries and social prejudice, and to promote better practices. Yet as with the promotion of education on menstrual hygiene, this was not an entirely unproblematic move. The creation of a new normative ideal of relatively symptomless menopause entailed the exclusion and silencing of women who did not meet this ideal, as seen very concretely with the exclusion of data from the MWF investigation.¹³⁶ Besides, the continued use of the ambiguous euphemism ‘the change of life’ in leaflets and self-help literature still potentially suggested that a woman would no longer be able to live the same life as she did before.¹³⁷

III.4 The double standard of ageing

“The worst ten years of a woman’s life are those between thirty-nine and forty”.¹³⁸

Women’s experiences of ageing are always shaped in part by cultural representations of older women and the stereotypical identities associated with them. Stock characters provided a very limited range of possible identities: fiction provided the old witch, the evil step-mother, or the lonely widow, while popular jokes would feature a cranky old maid or an ugly spinster. This is not to say that ageing women identified with either of these categories, but that the limited range of cultural representations and their blatant negative connotations certainly did not help them feeling positive about their changing bodies and identities.

Cultural representations of middle-aged and older women thus cast them either as victims or as a laughing stock, typically deprived of the positive attributes bestowed upon men of the same age. After citing popular examples of middle-aged and older male characters living adventurous lives in fiction, a columnist writing for the *Yorkshire Post* in 1930 deplored the lack of similar representations of middle-aged female protagonists:

¹³⁶ Strange, “The Assault on Ignorance”, p.265.

¹³⁷ Karen A. Frey, “Middle-Aged Women’s Experience and Perceptions of Menopause,” *Women and Health*, 6 (1981), pp.25-36, (p.25).

¹³⁸ *Hull Daily Mail*, 18 June 1930.

So far no novelist has treated in such genial vein the adventures of the middle-aged matron who has seen her chicks safely out of the nest and then spread her own wings – but it could be done, and the heroine need not be absurd or unhappy at the end.¹³⁹

An analysis of the regional press in the first four decades of the century has revealed that, despite some improvement in representation,¹⁴⁰ and an increasing targeting of women through ladies' columns, women seldom appeared in the media as individuals with agency. Besides, even in articles targeted at women, it was not uncommon to find an element of mockery or contempt for middle-aged and older women, in particular those who tried too hard to look younger than they were: "There are 'fashions' for the middle-aged, but 'The Fashion' is not for her".¹⁴¹ Women lying about their age or trying to appear younger as best they could were the butt of many jokes.¹⁴² This distinctive hostility towards ageing women trying to conceal their age tied in to the double standard of ageing. Briefly commenting on the popular saying that a man was as old as he felt and a woman as old as she looked, a 1925 article published in *Woman's Outlook* remarked how "adage ha[d] conspired with custom to give man another advantage over woman".¹⁴³

That women and men were not equal with regards to ageing was a well-known fact at the time: "The tragedy of lost youth is, perhaps, more poignant in woman than in man because it means so much more to her".¹⁴⁴ It was believed that women reached their best earlier in life than men, and that middle age was harder for them because it represented a threshold onto old age in a way that was not experienced by men, who supposedly remained unchanged until at least ten years later.¹⁴⁵ Thus, in the press, even sympathetic articles seeking to reassure women that they needed not be ashamed of their age still mentioned that it was best if one still managed to look younger.¹⁴⁶ The underlying, and in fact sometimes very explicit message, was that past middle age, a woman could no longer be beautiful; the "Saying of the day" column in a 1918 issue of the *Yorkshire Post* for example included the following: "When a girl of sixteen falls in love she goes to a palmist; when a woman of forty falls in love she goes to a beauty

¹³⁹ *Yorkshire Post and Leeds Intelligencer*, 10 December 1930.

¹⁴⁰ It is worth noting that a word search in the local press for "woman + middle age" between 1870 and 1899 returned essentially murder cases and a few jokes.

¹⁴¹ *Yorkshire Evening Post*, 8 November 1922.

¹⁴² See for instance *Driffild Times*, 13 November 1915; *Hull Daily Mail*, 11 July 1930.

¹⁴³ *Woman's Outlook*, Vol. VI, n.71 (1925), p.170.

¹⁴⁴ *Yorkshire Evening Post*, 26 April 1935.

¹⁴⁵ *Leeds Mercury*, 17 September 1907; *Sheffield Evening Telegraph*, 18 December 1909.

¹⁴⁶ *Yorkshire Evening Post*, 13 July 1927.

doctor”.¹⁴⁷ As Sontag argued, “[r]ules of taste enforce structures of power. The revulsion against aging in women is the cutting edge of a whole set of oppressive structures (often masked as gallantries) that keep women in their place”.¹⁴⁸

The place of women in early twentieth-century society was still essentially that of child-bearer. Consequently, the end of reproductive life entailed by the menopause raised the question of postmenopausal sexuality. In a society which still defined women primarily in relational terms as wives and mothers, older women whose children had left home, who were no longer fertile, and whose postmenopausal sexuality was denied effectively became redundant.¹⁴⁹ Thus, in a 1900 article, a physician discussed the racial uselessness of the “post-reproductive woman”, arguing that her shorter reproductive life compared to her husband’s held the race back.¹⁵⁰ In answer to this paper, another physician observed that while in the past she may have had some continued importance as carer and nurturer, “modern civilisation and invention ha[d] destroyed her usefulness”, and wondered whether an increase in diseases in later years was “Nature’s first effort to remove these useless individuals”.¹⁵¹

In her analysis of medical views of the menopause in Canada in the first half of the twentieth century, Wendy Mitchinson observed changing opinions on this question.¹⁵² While the Victorian model of menopause cast the menopausal woman as sexless and warned of the dangers of postmenopausal sexuality, some change could be observed at least from the 1910s, yet it should be noted that this question was not often discussed in the medical literature, and that it is clear that there was no consensus on this question. While some physicians tried to determine the impact of menopause on sexual desire or the effects of continued intercourse on the physical changes it entailed,¹⁵³ the continued use of the term “castrate” to refer to menopausal women as well as a tendency in some studies to conflate menopause with the end of sexual activity as late as the 1930s suggests

¹⁴⁷ *Yorkshire Evening Post*, 16 July 1918.

¹⁴⁸ Sontag, p.38.

¹⁴⁹ Jo Harrison, “Women and Ageing: Experience and Implications”, *Ageing and Society*, 3:2 (1983), 209-235, (p.217).

¹⁵⁰ Harry Campbell, “Monogamy in its Relation to Longevity and Disease of Later Life”, *The Lancet*, 9 June 1900, pp.1654-1655.

¹⁵¹ *The Lancet*, 23 June 1900, correspondence, pp.1835-1836.

¹⁵² Mitchinson, p.26.

¹⁵³ See for instance Giles, “Menopause, Natural and Artificial”, pp.431-432.

that it remained a contentious point.¹⁵⁴ That a 1960s leaflet produced by the MWF sought to reassure women that the menopause needed not mark the end of their sexual lives or signify physical decay and redundancy suggests that some women may have experienced it as such:

If you are married the change of life need not alter your sexual relationship with your husband. It is happy and healthy for sexual intercourse to continue after the change [...] [Y]ou will be pleased to find how your energy and your outside interests begin to revive and how nice you look. Women over fifty have an important part to play and can be very attractive people.¹⁵⁵

Aside of racial preoccupations, the medical and cultural ambivalence about postmenopausal sexuality highlighted what Susan Sontag identified as the most evident sign of the double standard of ageing: the pervasive idea that ageing enhances a man but destroys a woman meant that women became sexually ineligible much earlier than men.¹⁵⁶

III.5 Working-class women and ageing

How did these discourses resonate with Yorkshire working-class women? Cultural narratives only provide us with an understanding of popular beliefs, whose purchase on individuals depended on a multitude of factors, while the medical literature mostly gives us access only to the experiences of women who needed – or felt they needed – medical help. Of the experience of other women, and especially working-class women, surviving sources tell us very little. As a rule, autobiographies and life stories seldom if ever touch on the author’s experience of ageing, while menopause typically receives no mention, a problem acknowledged by historians of old age.¹⁵⁷ The first person narratives analysed for this study make no exception: no mention is ever made of menopause, and the few references to ageing to be found usually concern other people, leaving us, as Stephen Hussey put it, with “the scattered images of the old of an extinct generation remembered

¹⁵⁴ See for instance William F. Christie, “Corpulence: its Causes and Cure”, *The Lancet*, 19 April 1930, pp.894-896.

¹⁵⁵ MWF, “The Change of Life”, 1960s, SA/MWF/B.4/6/3, p.2.

¹⁵⁶ Sontag, p.31.

¹⁵⁷ Lynn Botelho, “Old Age and Menopause in Rural Women of Early Modern Suffolk”, in Lynn Botelho, and Pat Thane (eds.), *Women and Ageing in British Society since 1500* (Harlow: Pearson Education, 2001), pp.43-65, (p.53); and Stephen Hussey, “‘An Inheritance of Fear’: Older Women in the Twentieth-Century Countryside”, in Botelho and Thane (eds.), *Women and Ageing in British Society*, pp.186-206, (p.188).

in the elderly memories of those who were then young”.¹⁵⁸ It may not be possible to recover these women’s voices, but we can however attempt to reconstruct a picture of their experiences by juxtaposing contemporary cultural understandings of ageing with the social roles and functions of older working-class women at the time to offer a counterpoint to medical and cultural narratives and interrogate the relationships between representation and lived experience.

As we have seen, ageing women were simultaneously confronted with a culturally constructed sense of loss and with injunctions to prevent it by any means possible – whether it was by regular care of their skin, use of cosmetics or medicines, sensible use of fashion, exercise, or adapting their temperament or outlook. Advertisements for tonics and similar remedies would play on this and promise for instance a “New Life at Forty-Five”, telling women passing through this life stage, “do not think you are too old to be well and happy”.¹⁵⁹ However, if the idea that a woman past forty “must necessarily be ‘going downhill’” was denounced as a “stupid fallacy” in another advertisement, the following statement that “[m]idle-age is what you make it” here again drove home the message that a woman was responsible for growing old healthily and gracefully.¹⁶⁰

Yet not all women could afford the medicines, cosmetics, or clothes advertised to them as so many remedies to their age; neither did they all have the time and financial resources to exercise regularly, change their diet, or develop new interests. In this respect, class played an important part in shaping experiences of ageing. If a number of articles in the popular press regularly celebrated the fact that women looked much younger and attractive at forty than they did in the past and that there was “no such thing as an old woman anymore”,¹⁶¹ the reality of ageing for working-class women was certainly different: “Everyone was old when they reached forty: everyone looked old, you know”, remembered Mrs Armstrong (b.1917).¹⁶²

¹⁵⁸ Hussey, p.188.

¹⁵⁹ *Yorkshire Evening Post*, 6 December 1934.

¹⁶⁰ *Yorkshire Evening Post*, 3 April 1940.

¹⁶¹ See for instance *Sheffield Independent*, 17 March 1915; *Yorkshire Post and Leeds Intelligencer*, 29 May 1925; *Woman’s Outlook*, Vol.VIII, n.133 (1927), pp.526-527.

¹⁶² *York Memories at Home*, p.46.

In the introduction to *Life as We Have Known It*, Virginia Woolf provides an exotic description of the bodies and faces of the members of the Guild as she saw them at their 1913 annual Congress. Describing with insistence the muscularity and roughness of the bodies “of people who are often stiff and fall tired in a heap on hard-backed chairs”, she seemed fascinated in particular by the way their lives had shaped not only their features but also their expressions:

The Guild’s women are magnificent to look at. Ladies in evening dress are lovelier far, but they lack the sculpturesque quality that these working women have. And though the range of expressions is narrower in working women, their few expressions have a force and an emphasis, of tragedy or humour, which the faces of ladies lack.¹⁶³

Though this passage certainly testifies more to a romantic interpretation of the impact of the realities of life on these women’s faces than with actual distinctive features, the physical dimension of ageing certainly impacted working-class women differently than it did women like Woolf. Not only were anti-ageing commodities often out of their reach, the very living and working conditions of working-class women also influenced this process, as a bittersweet 1926 editorial in *Woman’s Outlook* lamented:

To attain and keep beauty is deep-seated in our natures. [...] Funnily enough, however, we most of us start out in life fairly good looking. [...] But what a difference the years make! Over-crowded homes, row upon row of streets and houses, impure air, indifferent food, factory and office life wipe out the baby start of beauty and leave us how?¹⁶⁴

In her analysis of ageing and menopause in rural Suffolk in the early modern period, Lynn Botelho explores the impact of class on the physical manifestations of ageing and menopause. She argues that without any kind of treatment or an adapted diet, the menopause can produce a whole array of physical changes associated with ageing, such as wrinkles, loose skin, age spots, facial hair, or osteoporosis.¹⁶⁵ All of these signs of ageing are influenced to various extents by class, or more specifically, by living and working conditions throughout one’s life. Continuous exposure to the sun and wind for women working outdoors for example would accelerate the ageing process of the skin, while bending over a loom would increase risks of developing a stoop. A poor diet, poor housing, frequent pregnancies and ill health without proper care would also have taken their toll on the general constitution. The lack of proper dental care and the common

¹⁶³ Women’s Co-operative Guild, *Life as We Have Known It* [1931] (London: Virago, 1977), pp.xxiv, xxviii.

¹⁶⁴ *Woman’s Outlook*, Vol.VII, n.105 (1926), pp.417-418.

¹⁶⁵ Botelho, p.51.

practice of having one's teeth pulled out after a pregnancy or in times of illness would also contribute to making women look prematurely old: as Mrs Armstrong put it, "[i]f there was anything wrong it came out, it just came out. [...] My mother, she had her teeth out very early in life because that's how they did it".¹⁶⁶

It is interesting to note, as Julie-Marie Strange remarked, that social and cultural understandings of female ageing tend to be rooted in their physiology, while male ageing is more often defined in relation to work.¹⁶⁷ This fixation on the body can partly be explained by the fact that work was constitutive of identity and status for men in a way that it was not for women. A trade provided working-class men with a clearly defined role and a sense of belonging which they could carry with them into old age.¹⁶⁸ Yet while the corporeal experience of ageing and the menopause are in themselves important, this focus on the body may not be the most appropriate to explore working-class women's experiences, were it only because, as we have just seen, they could not afford to spend a significant amount of money or time in fighting the visible signs of ageing, and therefore may have been less concerned about it than their middle-class counterparts. Working-class women were more likely to worry about making ends meet or a sick relative than about their wrinkles. As one guildswoman put it in an interview for *Outlook*, "I am too busy to think of wrinkles or grey hairs".¹⁶⁹ Besides, in the face of the various changes prompted by the menopause and ageing, working-class women also experienced a form of continuity akin to that of men through their various social functions.

Middle-aged and older working-class women fulfilled a wide range of social roles in their communities, especially in rural areas, which counteracted the image of obsolescence conveyed by the media. Firstly, many of them continued to work, or returned to work after their children had left. If employment was harder to obtain past a certain age, washing, nursing, or needlework could always be found. Even for those who could no longer or did not need to work outside the home, a sense of continuity and usefulness could be found in the uninterrupted weekly routine of housework and various domestic duties held for decades.¹⁷⁰

¹⁶⁶ *York Memories at Home*, p.60.

¹⁶⁷ Strange, "In Full Possession of Her Powers", p.686.

¹⁶⁸ Hussey, p.197.

¹⁶⁹ *Woman's Outlook*, Vol.XI, n.205 (1930), p.350.

¹⁷⁰ Hussey, p.198.

There was no question for ageing working-class women – or men, for that matter – to become a burden on their families. Bessie Wallis for instance recalled how her grandfather committed suicide when he was diagnosed with liver cancer in 1910.¹⁷¹ It was common for older women to make themselves useful to their families, usually by carrying on domestic work, helping with the washing and cooking, and they took pride in doing so, just as they had throughout their lives. The following quote from Mrs Thomlinson (b.1916) illustrates quite well this sense of pride in one's work and ability to provide for one's family:

When I had children me mother used to come up on a Monday to wash for me; she still loved washing although she'd had it hard all her life. She was proud of her washing: when you had a yard and your washing hung up you could be very proud then in your own little life.¹⁷²

Older women also acted as carers in their own families, nursing a parent or husband, and often taking on child-minding. C. V. Horner's youngest brother was taken and raised by his grandparents after the death of his mother for instance, while Ellen Gill recalled her grandmother looking after her and her siblings each time a new baby was born, and Mrs Hadley (b.1918) and her siblings were all born in their old aunt's house.¹⁷³

As they grew older and when they no longer had dependents, working-class women could also act as caregivers more broadly within their communities. Usually, these roles would draw on alleged feminine qualities and often constituted an extension of their former roles as mothers and keepers of their own homes: many of these women would get involved in charity or social work for children, for example, or act as unofficial nurses and midwives. This was also true of women who never got married or did not have children, who could exercise these domestic roles in the houses and families of others, or more broadly in society, as a 1927 *Outlook* article on "Mother-Love" encouraged them to do: "Every woman wants to 'mother' someone, and where there is an absence of natural objects of affection, 'Child Welfare Work' cries out: 'Try mothering me'".¹⁷⁴ Social work was particularly encouraged, so as to make oneself useful and do some good, but also as an antidote to misery and isolation in later years.¹⁷⁵ In addition to this, organisations such as the Women's Co-operative Guild provided working-class women with an opportunity

¹⁷¹ Wallis, p.e.

¹⁷² *York Memories at Home*, p.12.

¹⁷³ Horner, p.1; Gill, *Ellen Gill's Diary*, p.1; *York Memories at Home*, p.46.

¹⁷⁴ *Yorkshire Evening Post*, 23 March 1940; *Woman's Outlook*, Vol.VIII, n.134 (1927), p.549.

¹⁷⁵ See for instance *Sheffield Evening Telegraph*, 22 July 1910; *Woman's Outlook*, Vol.IV, n.39 (1922), p.69; *Woman's Outlook*, Vol.VII, n.98 (1926), pp.212, 224.

to get involved in their immediate community, as well as education, recreation, and mutual support. Some older women also distinguished themselves and made themselves useful through their active involvement in the church, as Bessie Wallis recounted: “The backbone of the Chapels were the old ladies. They were the organisers and administrators who knit, sewed, crocheted and also solicited the local business men for funds”.¹⁷⁶

For these women, staying active and useful in their communities through social work, involvement in organisations like the Co-operative Guild or in their parish could then not only provide them with an antidote to slipping out of sight and loss of purpose, it could also help counteract the cultural imagery by providing a more diverse and accurate image of what it was, or could be like to be an older woman. As Stephen Hussey argued, older women, especially in rural areas, occupied a wide range of social identities and functions which gave them pride and status both in their own eyes and those of their community.¹⁷⁷

This chapter has examined the shifting medical and cultural understandings of menopause and ageing in the period 1900-1940. It has shown the increasing negativity of medical and cultural definitions of menopause and female ageing in the context of an emerging cult of youth, before analysing some of the factors that precipitated and sustained the medicalisation of menopause in this period. These developments have then been put in perspective with women’s experiences through a discussion of the work of the MWF and of the impact of class on ageing. This chapter has argued that, rather than reflecting women’s actual experiences, medical and cultural discourses reproduced certain social and cultural norms about women and ageing. This chapter has also shed light on a key issue at the heart of the production of knowledge in this period, namely the tension between supposedly “objective” and “subjective” knowledge that fuelled the development and direction of scientific research. As a range of scientists and medical professionals strove for scientific certainty and for the status of their respective disciplines, increasingly sophisticated methods and theories were deployed at the expense of women’s own voices and experiences. This highly problematic silencing and deskilling

¹⁷⁶ Wallis, p.9.

¹⁷⁷ Hussey, p.197.

of older women is compounded by the (apparent) lack of surviving first person testimonies which could possibly downplay the negativity of medical and cultural narratives, and by an ongoing cultural tendency to dismiss the voices and experiences of older people which calls for more research if we are to preserve them from historical erasure.¹⁷⁸

¹⁷⁸ On this last point, see Charlotte Greenhalgh, *Aging in Twentieth-Century Britain* (Oakland: University of California Press, 2018), pp.1-17.

CONCLUSION

The period 1900-1940 was marked by major shifts in understandings of female physiology and sexuality. This thesis has sought to shed light on some of these processes through its emphasis on the creation and diffusion of knowledge on these issues, as well as on the complex and often ambivalent sociocultural impact of these transformations. The medicalisation of female physiological processes, the professionalisation of a range of female healthcare providers, and the multiplication of sources of information on sexuality and female reproductive health generated a crisis in expertise by producing a range of coexisting and competing practices and discourses. If strong lines of continuity existed in Yorkshire working-class women's experience of the life cycle in this period, they were nonetheless exposed to, and targeted by, a growing range of medical and cultural discourses which promoted more modern attitudes and/or scientific habits of healthcare and attitudes to the body and sexuality. For all its benefits, the growing promotion of education on sexuality and women's health was far from unproblematic, not least because any form of education carries within it the values and aspirations of those who fashion themselves as experts and seek to impart that knowledge.

This thesis has outlined some broad patterns of change and continuity in relation to each of the four topics examined. Despite important cultural and scientific reconfigurations on these issues, it appears that working-class girls' and women's experiences of menstruation and menopause did not change dramatically during this period. This was due in part to the fact that they were less exposed to – and less targeted by – these new theories and narratives. The ideals conveyed by medical women and pharmaceutical industries in relation to menstruation bore little relevance to working-class women's aspirations and socioeconomic conditions, while debates on the nature and effects of the menopause remained essentially confined to specialist publications in this period. Unable to afford disposable sanitary products or medical advice on menopausal difficulties, working-class women and girls most likely continued to experience and manage menstruation and menopause in the same way throughout the period under study.

An important change that occurred in this period and which this thesis has explored at length particularly in chapters 1 and 2 was the progressive acceptance that knowledge on female physiology and sexuality was something that girls and young

women needed and should be given for their own sake. While previous generations had been brought up in ignorance due in great part to contemporary notions of respectability, it increasingly came to be understood that talking to girls and young women about their bodies, reproductive health, and sexuality was a means to protect them and preserve their health rather than to corrupt their minds. This represented an important ideological shift, and, together with the interwar development of modern forms of leisure and courtship, accompanied the rise of a new sexual culture. As this thesis has shown, this shift did not happen seamlessly: working-class mothers of the interwar years seemed keen to spare their daughters the anxiety they had experienced but found it difficult to do so, and those who continued the tradition of not instructing their daughters were increasingly criticised. While the proportion of girls and young women who received some form of sex instruction remained relatively low in this period, there are clear indications that attitudes to sexual knowledge were changing.

For working-class women, the most significant change this thesis has explored was in relation to the management of pregnancy and childbirth. This period was marked by mounting levels of state intervention on the question of maternity, accompanied by a tightening of the definition of expertise in medical circles through the development of specialised branches of medicine and the professionalisation of a range of health care providers. For all the benefits working-class women derived from them, these developments – which encompassed maternity benefits, maternity services, and increased medical control over antenatal and infant care – were ultimately ambivalent. Crucially, they were explicitly fuelled not only by a desire to curb maternal and infant mortality, but also to infiltrate and disrupt working-class health culture, as seen very clearly in chapter 3. The medicalisation of pregnancy and childbirth – which was to culminate with the displacement of childbirth away from home and into hospitals towards the end of the period under study – has been identified by historians of medicine and the working-class as one of the most powerful blows on working-class health culture.

By definition, the process of medicalisation posits medical knowledge and expertise as superior to women's knowledge and experience, thereby simultaneously deskilling them and furthering control over their bodies. As we have seen most clearly in chapters 3 and 4, in this struggle over expertise, scientific knowledge is presented by the most powerful group as objective, reliable, and modern, in opposition to women's own knowledge, experiences, and practices, which are dismissed as too subjective, unreliable,

and archaic – the so-called ‘old wives’ tales’. This raises questions about the changing cultural purchase of different bodies of knowledge and knowledge practices in this period. Indeed, this process was in part the logical continuation of a then long-lived cultural clash between two different approaches to knowledge and its transmission, namely the traditions of orality and mutuality that defined working-class culture more broadly, and the middle-class reliance on writings and institutional knowledge and practices. In short, working-class knowledge and practices were increasingly dismissed in favour of a bourgeois cultural model which imposed different definitions of knowledge and expertise. The staging of knowledge-transmission in both medical and cultural discourse analysed in this study testifies to these tensions and reveals an increased reliance on the latter in the period under study.

The tensions and competition between coexisting – and often conflicting – knowledges and understandings of women’s life cycle were not confined to the discursive level: they had concrete implications on the lives of working-class women and girls, determining for instance the services or opportunities available to them, and informing their choices and their attitudes to their own bodies and health. Exactly how individual working-class women and girls hierarchised these different forms of knowledge and expertise, and which component of this hierarchy they were most likely to turn to for advice or help may be impossible to determine with certainty, although it is possible to draw some conclusions from the evidence analysed in this study.

If superstition and informal knowledge continued to prevail in relation to menstruation and menopause, a generational gap in experience occurred in relation to sexuality and pregnancy, whereby from the interwar period onwards, young working-class women were increasingly likely to rely on other forms of knowledge, expertise, and care. One of the consequences of this was the changing status of bodily knowledge in relation to other forms of knowledge, both written and oral. Bodily knowledge is very difficult to access for historians: it is a very individual and intimate form of knowledge that is often difficult to articulate, and which consequently rarely finds its way into the sources we have. It is also less ad hoc than other forms of knowledge: throughout their lives, women and girls experience their bodies and physiological processes, and constantly learn from it. However, bodily knowledge needs to be considered because it informs the way women interact with other forms of knowledge. Conversely, both written and oral knowledge can inform bodily knowledge, as seen throughout this thesis as

various groups sought to undermine the problematic cultural association between womanhood and pain through education. What emerges from the present study in terms of the relationships between these different forms of knowledge is that while it seems likely that women's confidence in their own knowledge generally increased as they aged, the deskilling of women entailed by the medicalisation of their physiological processes was bound to eventually erode it as they became patients – a process that was particularly obvious in this period in relation to pregnancy and childbirth.

This is not to suggest that all working-class girls and women experienced this shift in a similar way or to the same extent in this period. Age and generation were important factors that influenced their attitudes to – and reliance on – different knowledges and practices. Women and girls approached menstruation, sex, pregnancy, and menopause in different ways, drawing on different forms of knowledge, and conversely different forms of knowledge were made available to them depending on their age. Typically, girls and young women were more likely to turn to their mothers or other informal sources of information when they began menstruating or during their first pregnancy, before relying more on their own knowledge and experience later on. Women of the older generations were also more likely to resist change and to retain their cultural suspicion of medical professionals, as seen for instance in the continued resort to untrained midwives towards the end of the period under study. In contrast, the growing accessibility of information on sexuality, and of medical care for pregnant women disrupted traditional patterns of knowledge-transmission between different generations of women, as young women progressively came to see their mothers' knowledge and practices as old-fashioned in a self-consciously modern age. These fluctuations also reflected different levels of agency at different moments of their lives. Women's and girls' ability to make choices about the way they managed their physiological processes or where they would go for information was influenced by a myriad of factors including their age, family structure, the extent of public discussion on these different stages of the life cycle, and material factors. Additional factors, to do with the local context, would also act to increase or undermine their agency and inform or preclude their choices, such as employment and access to informal networks of information, or the existence or absence of certain services where they lived.

One of the main contributions this thesis has made is to demonstrate the potential of a regional focus for the history of women's health and sexuality. The diverse economic

and demographic profile of Yorkshire in the first half of the twentieth century has made it possible to explore the impact of these factors on Yorkshire working-class women's experience of the life cycle, revealing similarities as well as differences between the different areas under study, particularly in relation to sexuality. This thesis has argued that while Yorkshire working-class women's experiences and sense of self were informed by the region in which they lived, employment opportunities for women in specific localities was a more important factor insofar as it determined gender relations in their respective communities, their relative economic status, their access to networks of information and support, and their opportunities for leisure, courtship, and consumption. Engaging in this way with the local context, and more specifically with the socioeconomic forces that shaped sexuality and women's position in their communities contributes to a more nuanced understanding of working-class sexuality, gender, and health culture in this period. Moreover, the socioeconomic profiles of the areas chosen for the case studies in chapter 2 were not specific to Yorkshire in this period, and therefore the observations this thesis has made are also of relevance to other parts of the country that displayed similar characteristics. Finally, although the sources used in this study did not enable me to fully extend this argument to the other topics under consideration, there clearly is scope to do so, particularly in relation to pregnancy and childbirth, and to a lesser extent menstruation and menopause.

No historical study can claim exhaustivity, and issues of time, scope, and sources mean that there are some limitations to this study. Most important among them are the questions of religion, and – to an even greater extent – race, which have received little attention here, despite being important factors shaping women's lives and experiences, their access to various sources of knowledge and support, and their encounters with medical and public health professionals. As well as these limitations, some of the themes explored in this thesis warrant further research, and can constitute exciting avenues for future historical work. Among these are the menopause and women's experiences of ageing in this period more broadly, which yet have to attract more attention from historians. Another is the relationship between working-class women and the historical record, and more specifically the various ways in which they interacted with institutional knowledge practices, constituted archives of their own, and preserved their voices, opinions, and experiences whilst operating within a culture that silenced and erased them on account of their class and gender.

Underlying this study has been a broader questioning of the politics of the production and diffusion of knowledge and of the creation of the historical record, as well as of the power structures which sustain definitions of knowledge, ignorance, and expertise. Crucially, both the Medical Women's Federation and the Women's Co-operative Guild have sought, collected, and published the experiences and views of girls and women who may have otherwise remained unheard. Both endeavours were very self-consciously political, as can be seen in the way the women who spearheaded those efforts shaped the answers they received – whether that was with a view to challenge pathologising medical theories on menstruation and menopause, or to shift the attention of the public onto the ongoing problem of maternal mortality and the conditions of working-class mothers. These endeavours did not only have the potential to transform social practices and health care provisions or to improve the conditions of women in the time in which they were produced; they also constituted a challenge to contemporary notions of what was important, what constituted knowledge, and what was worthy of being studied and recorded.

This links to an issue I was faced with during the research phase of this project. I have already discussed in introduction the challenge posed by the scarcity of autobiographies written by Yorkshire working-class women, and the classed and gendered tensions in relation to the production and preservation of such sources. In contrast, the Women's Co-operative Guild has left behind a wealth of materials relating to their various activities. Each local branch kept records and minute books, giving us details of lectures and papers given at meetings, questions debated, local and national campaigning on various issues, as well as socials and outings. In order to provide further context and gain a better understanding of the activities and concerns of the Guild, it was originally decided to include such records in the present study. Some existing records for the Bradford and Huddersfield branches have been consulted, but it soon became clear that, because of how and where they are held, tracking and accessing all these records fell beyond the scope of what could be achieved as part of this study. This particular challenge raises important questions of relevance not only to this study but to histories of working-class women and other marginalised subjects more broadly. There is an important point to be made about the visibility and accessibility of archival records, and the power relations reproduced through institutional knowledge practices.

APPENDIX

Biographical notes on cited autobiographies

Unpublished material

Bell, Rosa, *R. H. Remembers* [2:59]

Rosa was born in 1902 in Cumberland. She was the youngest of seven children. Her father was a colliery clerk and her mother was a dressmaker. She won a scholarship to go to grammar school but was unable to take it due to family circumstances. After being an apprentice dressmaker, she worked as a housemaid and nanny. She got married in the interwar years and relocated to Doncaster where her husband had found work after three years on the dole. They had no children.

Bold, Edna, *The Long and short of it, Being the Recollections and Reminiscences of Edna Bold* [2:85]

Edna was born in 1904 in Manchester. She and her twin brother were the eldest of five children. Her father was a baker and her mother a former weaver. Edna went to secondary school and to a Teacher Training College in Skipton in the early 1920s, after what she worked as a schoolteacher. She got married in the interwar years and had no children.

Denison, Mary, *Church Bells and Tram Cars, a Vicarage Childhood* [not referenced]

Mary was born in Leeds before the First World War. She was the eldest of more than five children. Her father was a vicar, and the family was fairly financially comfortable. Mary's autobiography focusses on her childhood and life in Leeds before and during the war. The narrative ends on 11th November 1918 when she was still a schoolgirl, and there is no mention of work, marriage, or children.

Gill, Arthur, *I Remember! Reminiscences of a Cobbler's Son* [1:268]

Arthur was born in 1887 in Leeds, where he spent his entire life. He was the second of eight children. His father was a cobbler. Arthur started working at the age of thirteen as an odd-jobs boy for a gold beater. He then held several short-term jobs before working as a writer for several firms which specialised in tickets, show cards, and advertisements. He met Ellen in 1907, and they got married in 1914. They had three children.

Gill, Ellen, *Ellen Gill's Diary* [1:269]

Ellen was born in Leeds on January 12th, 1888. She was the eldest of ten children. Her father worked in a leather factory and her mother was a former weaver. Ellen started working at thirteen, doing piecework for a large tailor for a few months before going to work at a local mill. She stopped working at the age of 21, when her mother had a new baby and needed her help at home. She met Arthur during a ramble in 1907. They got married in 1914 and had three children.

Horner, C. V., *Ups and Downs: A Lifetime spent in the Yorkshire Dales* [2:422]

C.V. was born on September 28th, 1897, in Swinithwaite, in the Yorkshire Dales. His father was a gamekeeper and was left a widower in 1900 with four sons under the age of six. C.V. started farm work as a child and subsequently held many jobs in the area including living-in odd-job boy for a retired army Colonel, gamekeeper assistant, munitions worker, quarry worker, and gamekeeper. He got married in 1930 and had five children.

Owen, May, untitled autobiographical letter [2:576]

May was born in 1896 in London. She was one of seven children. Her father was an alcoholic and consequently regularly found himself out of work. The family moved to a colliery village near Sheffield in 1906, where her father had found employment as a miner. May went to secondary school and to a Teacher Training College in Bingley, after what she worked as a schoolteacher. She got married in the interwar years but was left a widow in 1941. There is no mention of children. After the death of her husband, she found work as a hotel receptionist and later as a housekeeper.

Powell, Ludivina Grace, *Life in Yorkshire* [not referenced]

Ludivina was born in Thorp Arch, West Yorkshire, in 1879. She was the youngest of ten children (only six of whom lived). Her father was a rector. She never knew her mother, who died while giving birth to her. Ludivina's autobiography focusses mainly on her childhood, and makes no mention of work, marriage, or children.

Turner, Mary, untitled autobiography [2:777]

Mary was born in Manchester in 1921. Her father, a policeman, died when she was two years old. Her mother worked as a waitress and cook. She had one older brother and two

step-siblings. She started work at fourteen in a cotton warehouse, and subsequently worked in commercial offices until 1939, when she joined the Police Force as a civilian. She got married in 1942 and adopted a daughter as she was unable to have a child. The marriage ended in divorce.

Wallis, Bessie, *Yesterday* [2:794]

Bessie was born in 1904 in the mining village of West Melton, in South Yorkshire. She was the only daughter in a family of sons. Her father was a tradesman at the local mine. She won a county scholarship to go to secondary school but was unable to take it as her family was too poor. She left home at thirteen to work as a domestic servant for a wealthy aunt in the south. At fifteen, she took shorthand and typing evening classes and found employment as a clerk. She got married and had children in the interwar years. She moved to London during WWII.

Wilson, Edith Mabel, *I was an Edwardian child* [not referenced]

Edith was born in Leeds in 1897. She was the third of four children. She won a scholarship to go to secondary school and was able to pursue her education. She started a science degree at the University of Leeds in 1915, which she gave up after one year to get a teaching certificate instead. There is no information about subsequent work, marriage, or children as her autobiography ends abruptly in 1916 (the last section appears to have been lost).

Published material

Newbery, Maggie, *Picking Up Threads: Reminiscences of a Bradford Mill Girl*, 2nd edn., (Bradford: Bradford Arts, Museums and Libraries Service, 1993)

Maggie was born on April 20th, 1901, in Beverley, in the East Riding of Yorkshire. She was the seventh of twelve children. Her father was a farm labourer. The family moved to North Yorkshire in 1904 (first to Crayke, and then to Nun Monkton). In 1910 they went bankrupt and moved to Bradford, where Maggie spent the rest of her life. She started working in the mill at twelve as a part-time doffer. She subsequently held many jobs including spinner, domestic servant, after-sales representative, nurse, bath attendant, and swimming instructress. She got married in 1937 and had one child.

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