

IRISH AND JEWISH WOMEN'S EXPERIENCE OF CHILDBIRTH AND INFANT
CARE IN EAST LONDON 1870-1939: THE RESPONSES OF HOST SOCIETY
AND IMMIGRANT COMMUNITIES TO MEDICAL WELFARE NEEDS



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Oxford

THESIS SUBMITTED TO THE FACULTY OF MODERN HISTORY
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ABSTRACT

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This thesis examines Irish and Jewish mothers' experience of maternity provision and infant care services in East London in the years 1870-1939. As newcomers these immigrants not only had to cope with poverty but also the barriers of language and different cultural customs. Leaving their family and kinship networks behind them, Irish and Jewish mothers had to find new sources of support when incapacitated through pregnancy or childbirth.

Living in one of the poorest areas of London and unfamiliar with the local medical and welfare services, these immigrants might be expected to have suffered very poor health. On closer examination, however, Irish and Jewish immigrants appear to have had remarkably low rates of infant and maternal mortality. Despite the difficulties they faced as newcomers, Irish and Jewish mothers had certain advantages over the local population in East London. They were not only able to rely on the prolific and diverse services already present in East London, but could also call upon their own communal organisations. This provision offered a wide range of care and was a vital support to the newcomers.

After examining the social and economic background to Irish and Jewish emigration and settlement the thesis examines what impact this had on their health patterns, particularly infant and maternal mortality. The following chapters explore what forms of support were available to married Irish and Jewish mothers through their own family and local neighbourhood and communal agencies. Chapter five concerns the unmarried mother and what provision was made specifically for her. The care offered by the host society to immigrant mothers and their infants is explored in chapters 6 to 8. Institutions covered by these chapters include voluntary hospitals, Poor Law infirmaries, and charitable organisations such as district nursing associations and medical missions.

The thesis examines not only the services available to Irish and Jewish mothers, but also the attitudes of health professionals and philanthropists towards immigrants and how these affected the accessibility and acceptability of maternity and infant welfare services to Irish and East European Jewish mothers.

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'Physically weak' and the 'bringers of disease' were the words used by many social commentators to describe Irish and East European Jewish immigrants in the late nineteenth century. The immigrants were blamed for lowering not only the wages of British workers, but also their housing and living conditions. These views were clearly stated in investigations carried out by the government on immigration in 1888 and 1903.

On the other hand, Irish and Jewish mothers were perceived, by medical experts, voluntary workers, and other officials as exemplary mothers and wives. They devoted more time to the care of their families, worked less frequently outside the house, and cared for their infants better (for example, breastfeeding) than the general run of mothers in the East End.

Such positive and negative images of Irish and Jewish immigrants reflected the debates of the late nineteenth and early twentieth centuries. By the late nineteenth century, politicians, social reformers and many military leaders showed an increasing concern for the future of Britain. With the threat of competition from Germany, it was feared the British Empire would crumble and the physical condition of the population would deteriorate.

When the health of the nation was equated with the health of the Empire, the decline in the birth rate and the persistence of high infant mortality heightened these fears.

One solution to high infant mortality and poor health was seen to lie in education of 'ignorant' and 'feckless' mothers. Such views were voiced by many witnesses to the Royal Commission on Physical Deterioration in 1904. In addition to raising the standards of midwifery through the Midwives Act of 1902, the government increased state provision for maternal and infant welfare services. Such provision was slow to materialise and unevenly distributed, but it was influential on the level of services available to mothers and their infants.

One of the themes of this thesis is the effect of these attitudes on the experience of Irish and Jewish mothers. What in fact were the realities that lay behind the stereotypes of the Irish and Jewish mother? Cut off from the family and friends, Irish and Jewish mothers could find the experience of childbirth and infant care bewildering and strange in a country where few spoke their language or shared their religious and cultural traditions. Despite these difficulties, however, it seems that while Irish and Jewish immigrant women shared the poverty of their neighbours in East London, they had certain advantages over other mothers. While their ethnic and religious minority status could cause obstacles and discrimination when seeking healthcare, Irish and Jewish women could rely on alternative schemes within their own communities that were unavailable to the local population in East London.

The key issue addressed by the thesis is how ethnicity and religion affected Irish and Jewish mothers' experience of childbirth and infant care. Current studies on healthcare have demonstrated ethnicity to be an

important determinant of levels of morbidity and mortality, but few historians of maternal and child welfare services have considered ethnicity. A comparative study of Irish and East European Jewish immigrants provides the opportunity not only to understand the complex relationship between standards of health and the provision of medical services, but also to explore how medical welfare needs were shaped by ethnic and religious considerations. Irish and Jewish women's experience of childbirth and infant care in East London indicate that ethnicity was as important as social and economic factors in shaping the provision they received.

The period of this thesis, 1870-1939, saw a marked increase in the provision of medical, nursing, and maternal care. The extent to which this was provided by institutions with religious affiliations, which often combined an evangelical message with medical attention, is not always appreciated. Clearly, however, the religion of a mother and her family had a profound effect both on the care she would seek and on the care she could expect to receive. For Irish Catholic and Jewish patients certain difficulties could therefore arise from being attended by those not of their own faith. Unfamiliar with the English system, immigrants could find it more difficult to obtain help and to communicate with health professionals. The thesis looks at the ways in which these specific needs of Irish Catholic and East European Jewish patients were met by maternity services in East London both within their own communities and in host institutions.

In addition to exploring the ethnic and religious dimension to maternal and infant care, the thesis examines other local demands that were put on such provision. For issues such as these, local studies are more appropriate than national ones. Indeed, most existing work on maternal and

child welfare services has concentrated on central government policy, to the neglect of the local impact of such policies. Recent local studies of maternal and child welfare indicate the need for more research on the divergences between local and national maternal and infant welfare provision and the extent to which this was reflected in different rates of maternal and infant mortality and morbidity.

East London is particularly interesting for such a study not only because of its poverty and large numbers of immigrants, but also because of its diverse maternity and infant welfare schemes. In addition to this East London also appears to have adopted hospital confinements, as opposed to home confinements, much earlier and more rapidly than other parts of London or elsewhere. Indeed, East London appears to have been exceptional in the scale and variety of healthcare provision compared not just with other areas of London but with other cities in Britain. This allows us to examine one of the most interesting questions in the history of maternal and infant care. Where the provision of maternal and infant care was unusually comprehensive, was it able to compensate for social and economic deprivation? Or was the burden of poverty so great that medical care, however comprehensive and well-intentioned, was too feeble to have a measurable effect on the health of mothers and children in terms of rates of maternal and infant morbidity and mortality?

Objectives of the thesis

The thesis examines the local forces which shaped the provision of maternity care and infant welfare in East London and how this related to the needs of mothers and their infants in the area, particularly immigrants. It does not cover the full range of services in the area. Instead it focuses on the facilities provided by and for the immigrants,

in order to understand the interaction between immigrants and these services, and the local demands that were made on such provision. The institutions explored are voluntary teaching hospitals, poor law infirmaries and domiciliary and district nursing agencies as well as the communal organisations specifically aimed at the Irish and Jewish immigrants.

Key questions addressed by the thesis are:

- i) What were the problems Irish and Jewish mothers experienced as ethnic and religious minorities in the provision of maternity care in East London? How did their experience of childbirth differ from that of mothers in general?
- ii) In what ways did the immigrant communities organise to meet the shortfalls experienced by them as ethnic and religious minorities and did this have any impact on their levels of infant and maternal morbidity and mortality?
- iii) Did the experience of the first generation of immigrant mothers and infants differ from that of the following generations born in England?
- iv) Were the Irish and Jewish communities more or less supportive of those who bore children out of wedlock and did this have any impact on the experience and health of unmarried mothers and their infants?
- v) What maternity care facilities were available for mothers in childbirth in East London in general, and how did these interact with local conditions? How did the presence of the immigrant communities change the nature of existing provision?

Could the local services compensate for the poverty experienced by most of their patients? What influence did they have on where women chose to have their babies?

- vi) In what ways did national policies in maternity services and medical advances affect provision in East London?
- vii) How did the services provided in East London differ from those elsewhere in London and nationally?
- viii) What can the issue of ethnicity and religion teach us about the development of medical provision in the sphere of maternity care and the experience of patients using those services?

Sources

The specific experience of Irish and Jewish mothers is difficult to gauge because of the relative absence of references in primary sources. While some mention is made of the immigrants in medical reports and official government documents, this material is sparse and does not list separate statistics for the immigrant communities, particularly in relation to childbirth. This makes it difficult not only to assess the health patterns of the immigrants in relation to the general population but also to understand how the immigrants interacted with health professionals. More details remain on the East European Jewish immigrants than the Irish.

Material for the thesis was drawn from a variety of sources. Useful details concerning the social and economic background of the immigrants and the way in which they were perceived by outsiders was gathered from parliamentary papers on sweated labour, alien immigration, physical deterioration and Poor Law relief. Reports from local medical officers, local authorities and the Ministry of Health contained important details

concerning maternity and infant welfare services in East London and had some detail about the immigrants. Minutes, registers and reports from individual hospitals and other medical institutions also proved useful.

Material left by the established communities helping the immigrants such as the Catholic Church and the Jewish establishment was also consulted and gave important details about the interaction between immigrants and the host society as well as within their own communities. Much of this was initially traced through Catholic and Jewish directories and communal newspapers listing charitable institutions helping mothers and their infants. More primary material remains from the Jewish agencies than the Catholic ones. Jewish sources are also more accessible and centralised than those of the Catholic Church.

Written material threw light on the practice of institutions and the policies of their organisers and professional staff, but little was revealed about the experience of immigrant patients themselves. Oral history was used for this part of the research. Jewish immigration to East London is more recent than the Irish and therefore fresher in the people's memories which made it an easier task to gather information on the experience of Jewish immigrants.

Structure of the thesis:

The thesis starts by looking at the social and economic background to Irish and East European Jewish immigration and settlement. It examines what forces led these immigrants to leave their families and homes to migrate to England and what conditions greeted them in East London. Chapter one examines the types of skills the Irish and East European immigrants brought with them and compares the ways in which this was reflected in the social and economic mobility of each immigrant community.

This chapter also considers how the immigrants were helped by their co-religionists. Irish immigrants could seek support from the Catholic Church and the East European Jews from the Jews who had settled before them. Much of the support given was shaped by the concerns prevalent among the established communities. Catholic and Jewish leaders were deeply concerned with social acceptance and integration in British life. Only recently had they won civic rights previously denied to them. Both groups were therefore very anxious lest the poverty and customs of the newcomers undermine their own respectability and incite anti-Catholicism and anti-semitism. Such attitudes intensified the social stratification within each community and had repercussions on the provision of social welfare and medical relief explored in further chapters.

Chapter two looks at the impact social and economic circumstances had on the standards of health found among Irish and Jewish immigrants. The chapter examines how the health and demographic patterns among the immigrants in East London compared with those they left behind in Ireland and Eastern Europe, and those they settled among in East London. Were they better or worse off as a result of immigration? And having emigrated were they better or worse off than native East Londoners? Obviously these are questions which can be answered at a number of different levels. Here, however, we will be looking for answers in terms of infant and maternal mortality.

The chapter attempts to understand whether the low rate of infant mortality found among Irish and Jewish immigrants was a phenomenon unique to the Irish and Jewish immigrants living in East London, or whether it was replicated elsewhere. No accurate statistics can be obtained for measuring maternal mortality among the immigrants because the numbers involved are too small, but the immigrants were living in an area where

maternal mortality was consistently lower than other more wealthy places in London. This is surprising given the poverty of the area and is partly explained by the maternity services that existed in East London. Subsequent chapters explore how the facilities provided in the area contributed to this phenomenon.

In chapter three the emphasis is on the social history of the immigrant population. It examines how the Irish and Jewish mothers' experience of childbirth changed with migration and the absence of traditional support networks. In addition it looks at the increasing regulation of midwives and explores how Irish and Jewish mothers were affected by the disappearance of the local handywoman or untrained midwife. In the absence of their traditional support networks immigrant mothers had to find new resources to cope and were more dependent on services provided outside the family and immediate neighbourhood. For many this could make the experience of childbirth and infant care traumatic.

Irish and Jewish mothers, however, were not friendless and were able to seek help from communal organisations set up by their wealthier co-religionists. The forms of aid these organisations provided is the subject of chapter four. This chapter considers in greater detail the difficulties Irish and Jewish mothers faced as ethnic and religious minorities, showing that many of their needs pushed the communal agencies into finding new answers to old problems. Many of the services they provided filled vital gaps left by host medical associations.

The main concern of the thesis until chapter five is on the married immigrant mother and the difficulties she experienced as a member of an ethnic and religious minority. Chapter five turns direction slightly to look at the additional disadvantages faced by Irish and Jewish unmarried

mothers in obtaining maternity and infant care. Deaths among illegitimate infants were more than double those of legitimate infants in the years 1870-1939. Chapter five considers how the stigma and ostracism unmarried mothers and their infants faced contributed to these higher rates of infant mortality, and whether the special provision that was made for them by the communal Catholic and Jewish institutions and the host society could compensate for the disadvantages they suffered.

Chapters six through to eight examine the access immigrants had to maternity care provided by host agencies in East London. A major consideration is how immigrants fared in institutions which were geared to the majority of the population and had religious orientations which differed from their own. Alongside these concerns the chapters also examine the development of maternity services as a whole in East London. While most of the care offered to mothers for childbirth was dispensed in mothers' homes during the years 1870-1939 and not in the premises of a hospital or an institution, hospitals nonetheless took a leading role in the provision of maternity services. The quality of midwifery care offered to Irish and Jewish mothers in East London appears to have been of an unexpectedly high standard even in institutions such as the Poor Law infirmaries.

To what extent the abundance of teaching hospitals in East London shaped the nature and standards of the maternity services in the area is the subject of chapter six. This chapter also examines what impact these had on where patients' babies were delivered and the increasing trend towards hospital rather than domiciliary delivery in East London. Many of the patterns of care set by the voluntary hospitals together with policies on a national level had implications for other services in the area. This is

examined in the context of Poor Law institutions in chapter seven and that of domiciliary and district nursing organisations in chapter eight.

The thesis concludes that Irish and Jewish immigrants were largely able to overcome the disadvantages they suffered as ethnic and religious minorities. This was reflected in their lower rates of infant and maternal mortality. Important determinants of maternal and infant health among these immigrants were the standard of care available in East London which they shared with the local population, and the material aid and support they obtained from communal organisations established by their co-religionists.

The originality of this thesis lies in two ways:

1. It is a social history of childbirth and infant care in two large and important immigrant communities in East London; a subject hitherto neglected by other researchers.
2. The institutions of East London and the difference between the immigrants and the local population provide an unusual, if not unique opportunity, to examine the effectiveness of medical care on the health of infants and mothers in the early years of this century.

Although focused on the experience of Irish and Jewish immigrant mothers with childbirth and infant care in East London, the thesis has wider implications not only for the provision of relief for ethnic minorities but also the development of maternal and infant health and welfare services.

This thesis is dedicated to my parents and grandparents whose own experience and history of immigration inspired me to write this thesis.

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List of Abbreviations

AJA: Anglo Jewish Archives
A/R: Annual Report
CLMH: City of London Maternity Hospital
CRO: Chief Rabbi's Office's Archive and United Synagogues' Archive
EEMH: East End Maternity Hospital
ELNS: East London Nursing Society
ELO: East London Observer
GLRO: Greater London Record Office
JAPGW: Jewish Association for the Protection of Girls and Women
JBG: Jewish Board of Guardians
JC: Jewish Chronicle
JMH: Jewish Maternity Home
JWB: Jewish Welfare Board Archive
LCM: Little Company of Mary
LH: London Hospital
LSE: London School of Economics and Social Sciences
LSPCJ: London Society for Promoting Christianity Amongst the Jews
MCW: Maternity and Child Welfare
Mocatta: Mocatta Library, University College, London University
MOH: Medical Officer of Health
MH: Ministry of Health
NSP: Nursing Sisters of the Poor (Little Sisters of the Assumption)
PMJ: Parochial Mission to the Jews
PP: Parliamentary Papers
PRO: Public Records Office
SA: Salvation Army Archive
SAMH: Salvation Army Mothers' Hospital
SS: Saints (eg. Saint Mary and Saint Michael's Church)
St Barts: St Bartholomew's Hospital Archive
SBGNA: Stepney and Bethnal Green Nursing Association
SCHJ: Society for the Holy Child of Jesus
SRHS: Sick Room Helps Society
THL: Tower Hamlet Local History Library and Archive

INTRODUCTION

'Haggard and worn'. These were the words used by many contemporaries to describe Irish and Jewish immigrants arriving in East London during the nineteenth century. Both immigrant groups came within a short time of each other and lived in close proximity in one of the most poverty-stricken areas of the capital. A comparative study of Irish and East European Jewish immigrants provides the opportunity not only of understanding the complex relationship between standards of health and the provision of medical services, but also of exploring how medical welfare needs were shaped by ethnic and religious considerations. Irish and Jewish women's experience of childbirth and infant care in East London shows that ethnicity was as important as social and economic factors in shaping the provision they received.

Living in a predominantly Protestant society, Irish Catholic and Jewish patients had specific requirements which were not always catered for by the outside community. This thesis examines the ways in which ethnicity and religion affected the provision of healthcare to Irish and Jewish mothers. Many of the problems the immigrants faced were not new, but as religious and ethnic minorities they were forced to find new solutions to supplement host medical agencies.

The period of this thesis, 1870-1939, saw a marked increase in the provision of medical, nursing, and maternal care. The extent to which this was provided by institutions with religious affiliations, which often combined an evangelical message with medical attention, is not always appreciated.¹ Clearly, however, the religion of a mother and her family

1. Some exceptions to this are Frank K. Prochaska, 'Body and Soul: Bible Nurses and the Poor in Victorian London', *Historical Research*, Vol. 60, No. 143, Oct. 1987, 336-48; Anne Summers, *Angels and Citizens: British Women as Military Nurses 1854-1914* (London, 1988); S.W.F. Holloway, 'The

had a profound effect both on the care she would seek and on the care she could expect to receive. For Irish Catholic and Jewish patients certain difficulties could therefore arise from being attended by those not of their own faith. Unfamiliar with the English system, immigrants could find it more difficult to obtain help and to communicate with health professionals. This thesis looks at the ways in which these specific needs of Irish Catholic and East European Jewish patients were met by maternity services in East London both within their own communities and in host institutions.

Objectives of the Thesis

The thesis examines the local forces which shaped the provision of maternity care and infant welfare in East London and how this related to the needs of mothers and their infants in the area, particularly those of immigrants. It does not cover the full range of services in the area. Instead it focuses on the facilities provided by and for the immigrants, in order to understand the interaction between immigrants and these services, and the local demands that were made on such provision. The institutions explored are voluntary teaching hospitals, poor law infirmaries and domiciliary and district nursing agencies as well as the communal organisations specifically aimed at the Irish and Jewish immigrants.

Key questions addressed by the thesis are:

- i) What were the problems Irish and Jewish mothers experienced as ethnic and religious minorities in the provision of maternity

All Saints' Sisterhood at University College Hospital 1862-1899', *Medical History*, Vol.3, 1959, 146-156.

care in East London? How did their experience of childbirth differ from that of mothers in general?

- ii) In what ways did the immigrant communities organise to meet the gaps experienced by them as ethnic and religious minorities and did this have any impact on their levels of infant and maternal morbidity and mortality?
- iii) Did the experience of the first generation of immigrant mothers and infants differ from that of the following generations born in England?
- iv) Were the Irish and Jewish communities more or less supportive of those who bore children out of wedlock and did this have any impact on the experience and health of unmarried mothers and their infants?
- v) What maternity care facilities were available for mothers in childbirth in East London in general, and how did these interact with local conditions? How did the presence of the immigrant communities change the nature of existing provision? Could the local services compensate for the poverty experienced by most of their patients? What influence did they have on where women chose to have their babies?
- vi) In what ways did national policies in maternity services and medical advances affect provision in East London?
- vii) How did the services provided in East London differ from those elsewhere in London and nationally?
- viii) What can the issue of ethnicity and religion teach us about the development of medical provision in the sphere of maternity care and the experience of patients using those services?

Sources

The specific experience of Irish and Jewish mothers is difficult to gauge because of the relative absence of references to them in primary sources. While some mention is made of the immigrants in medical reports and official government documents, this material is sparse and does not list separate statistics for the immigrant communities, particularly in relation to childbirth. This makes it hard not only to assess the health patterns of the immigrants in relation to the general population but also to understand how they interacted with health professionals.

Some references to the two communities appear in parliamentary papers. This material furnishes important background information on the social and economic conditions faced by the immigrant populations in East London and an idea of the way in which immigrants were perceived by outsiders. Particularly useful papers are those relating to sweated labour in the late 1880s, alien immigration in 1888-1889 and 1903, Poor Law relief in 1888 and 1905-1909, and physical deterioration in 1904. More references are made to the East European Jewish immigrants in these reports than to the Irish.

For details concerning the provision of maternity and infant welfare services in East London I have relied on reports from local medical officers, minutes of local authority committees on public health and maternal and child welfare, files from the Ministry of Health and local newspapers. I have also consulted the minutes, registers and reports of various voluntary hospitals, Poor Law institutions, district nursing associations and medical missions.

Some of this material made specific reference to the Jewish population, but very little was said of the Irish. Surnames and residential details in registers offer only doubtful clues as to immigrants' origins. Surnames do

not reveal whether the patient was a newcomer or the child of an immigrant. Irish surnames are particularly difficult as many are similar to names common in England. While the census would have assisted on this issue, it is only available for 1871 and 1881 leaving a large part of the period of the thesis uncovered. Baptismal registers might also have been a useful source, but given the time constraints on completion had to be rejected as too time-consuming for this purpose.

One way to understand the interaction between immigrants, their ethnic communities and the host society, was to consult material left by the established communities helping the immigrants such as the Catholic Church and the Jewish establishment. Much of this was initially traced through Catholic and Jewish directories and communal newspapers listing charitable institutions helping mothers and their infants.

More primary material survives from the Jewish agencies than the Catholic ones. Jewish sources are also more accessible and centralised than those of the Catholic Church. Nonetheless there were difficulties with the Jewish material. One major institution involved in helping mothers during their confinement, the Jewish Maternity Home, had its records destroyed by a flood in the basement where they were stored five years ago.² Where necessary, I have relied on annual reports, articles in newspapers, and oral history.

To find material on the Irish involved an extensive search for the Catholic religious orders working in East London. Very little documentary evidence has been preserved from these orders. As with many institutions in the area, the premises of the Catholic nursing orders suffered bomb damage during the Second World War which destroyed most of the records

2. The development of this institution is explored in chapter 4.

relating to their work in East London. All that remains are snippets of primary sources and some secondary material. A great help in my research was the discovery of a local Catholic newspaper in East London which contained much information on the Irish population and the provision being made for them by religious orders.³ Some information on the Catholic organisations was also found in the charity files of the Charity Organisation Society.

Written material I examined threw light on the practice of institutions and the policies of their organisers and professional staff, but little was revealed about the experience of the immigrant patients themselves. For this part of the research I relied on oral history. It was easier to obtain interviews with members of the Jewish community than with the Irish. This was due to Jewish immigration to East London being more recent than the Irish.

The memory of immigration is therefore stronger in the Jewish community and more people are alive to interview who are the children of immigrants. Most of the descendants of the Irish community who settled in East London in the late nineteenth century are now the third or fourth generation and cannot recall direct experiences of immigration. For details on the Irish community I relied on interviews with nuns who worked in the area.

In addition to my own interviews I also used the tapes and transcripts of other researchers. Particularly useful in the Jewish context were transcripts from Jerry White's book *Rothschild Buildings*, and from

3. *Magazine of the Sacred Heart*, parish magazines from the Saint Mary and Saint Michael Catholic Church in Whitechapel. These are now held at the Tower Hamlets Local History Library. In the following chapters this will appear as *Magazine of the Sacred Heart*.

Margaret Mead's project in contemporary cultures.⁴ Very little has been recorded of the experiences of Irish immigrants in East London.⁵

Significance Of The Thesis Within The Current Literature

Current studies reveal that ethnicity is a significant factor in determining levels of morbidity and mortality. Balarajan and Botting, for instance, show that in England and Wales in the period 1982 to 1985 perinatal mortality demonstrated 'consistently higher rates among births to immigrant mothers in all age, parity and social class groups.' These rates varied widely between the different immigrant groups and according to the level of provision in the areas where the immigrants were based. Other studies confirm these conclusions.⁶ Recent studies in East London show that overall immigrants tend to have poorer health than others because of their bad living conditions and because of their difficulties in interacting with the health services.⁷

4. The transcripts for Jerry White's book can be found at the London Sound and Video Archive, and those of Margaret Mead are amongst her personal papers held by the archive at the Library of Congress in Washington D.C..

5. I gained some useful information relating to the Irish community on the Isle of Dogs in Poplar through the Island History Trust open days.

6. R. Balarajan & R. Botting, 'Perinatal Mortality in England and Wales; Variations by Mother's Country of Birth (1982-85)', *Health Trends*, Vol.21, 1989, 79-84. A number of recent studies on perinatal mortality which reported a 'high degree of association between low birth weight and socio-legal disadvantage and ethnic origin' are cited in Rona Campbell and Alison Macfarlane, *Where to be Born? The Debate and the Evidence* (Oxford, 1987), pp.22-24.

7. S.E Curtis and P.E Ogden, 'Bangladeshis in London, a Challenge to Welfare', *Revue Européenne des Migrations Internationales*, Vol. 2, No.3, Décembre 1986, 135-149, pp.144-147. The discrimination and difficulties black women suffer when using maternity services today is explored in Ann Phoenix, 'Black Women and Maternity Services', in J. Garcia, R. Kilpatrick & M. Richards (eds), *The Politics of Maternity Care: Services for Childbearing Women in Twentieth-Century Britain* (Oxford, 1990).

Historians have so far neglected to look at the ways in which the issue of ethnicity shaped health care in Britain in the late nineteenth and early twentieth centuries; yet an historical approach to this question may throw considerable light on the relationship between ethnicity and standards of health.

This thesis brings together subjects which have hitherto remained separate and draws on sources from different disciplines and fields. A vast literature exists on the history of immigration, gender, philanthropy and maternal and child welfare but few historians have attempted to unite these issues. The thesis is also novel in that it is a comparative historical study of two immigrant groups. There are numerous comparative studies of different immigrant groups in America,⁸ but relatively few historians have attempted this in the British context.⁹

Much of the literature on these two groups has focused on the social, economic and political background of their migration and settlement in Britain.¹⁰ More secondary literature is available on Jewish than on Irish

8. See for instance John Bodnar, *The Transplanted: A History of Immigrants in Urban America* (Indiana, 1985); Alan, M. Kraut, *The Huddled Masses: The Immigrant in American Society, 1880-1920* (Illinois, 1986); and Ronald H. Bayor, *Neighbours in Conflict: The Irish, Germans, Jews, and Italians of New York City 1929-1941* (Illinois, 1988). For a comparative study on immigrants in Canada see Jean R. Burnet & Howard Palmer, *'Coming Canadians': An Introduction to a History of Canada's Peoples* (Toronto, 1988).

9. The exception to this is Chaim Bermant, *Point of Arrival* (London, 1975); Colin Holmes, *John Bull's Island: Immigration and British Society 1871-1971* (London, 1988). Two books which deal with the political aspects of immigration are Colin Holmes *Immigrants and Minorities in British Society* (London, 1978) and Kenneth Lunn (ed.), *Hosts, Immigrants and Minorities. Historical Responses to Newcomers in British Society 1870-1914* (Folkestone, 1980).

10. For literature on Jewish immigration see Lloyd P. Gartner, *The Jewish Immigrant in England, 1870-1914* (London, 1960); David M. Feldman, 'Immigrants and Workers, Englishmen and Jews: The Immigrant to the East End of London 1880-1906', Ph.D. thesis, (Cambridge Univ., 1985); Eugene Black, *The Social Politics of Anglo-Jewry* (Oxford, 1988) and a collection of essays in David Cesarani (ed.), *The Making of Modern Anglo-Jewry* (Oxford, 1990). See also Jerry White, *The Rothschild Buildings: Life in An*

immigrants for the period covered by this thesis. Secondary sources on Irish immigration tend to concentrate on the period 1840-1860 or the 1940s and are very patchy for the period 1871 to 1939.¹¹

Few historians concerned with Irish or Jewish immigration in Britain have examined the experience of women in detail.¹² The exception in the Jewish context is the work by Burman.¹³ Few working on Irish immigration have tackled the subject.¹⁴ Similarly, while a large literature exists on the

East End Tenement Block 1887-1920 (London, 1980) for a rich study of the experience of Jewish immigrants in terms of culture and class in East London. For Irish immigration see J. A. Jackson, *The Irish in Britain* (London, 1963); Lynn Hollen Lees, *Exiles of Erin: Irish Migrants in Victorian London* (Manchester, 1979) and a collection of essays in Roger Swift and Sheridan Gilley (eds.), *The Irish in the Victorian City* (London, 1985). See also W.J. Lowe, 'The Outcast Irish in the British Victorian City: Problems and Perspectives', *Irish Historical Studies*, Vol. 25, No.99, May 1987, 264-276.

11. A recent collection of essays on Irish immigration shows that this is beginning to be addressed in Irish studies. See Roger Swift and Sheridan Gilley (eds.), *The Irish in Britain 1815-1939* (London, 1989).

12. In America specific studies have appeared on Jewish and Irish women. For example see Hasia R. Diner, *Erin's Daughters in America: Irish Immigrant Women in the Nineteenth Century* (Baltimore, 1983); C. Baum, P. Hyman, S. Michel, *The Jewish Woman in America* (New York, 1975); Sydney Stahl Weinberg, *The World of Our Mothers: The Lives of Jewish Immigrant Women* (North Carolina, 1988). American scholars have also recognised gender as an important element in comparative studies on immigration. See for instance Elizabeth Ewen, *Immigrant Women in the Land of Dollars: Life and Culture on the Lower East Side, 1890-1925* (New York, 1985); Doris Weatherford, *Foreign and Female, Immigrant Women in America 1840-1930* (New York, 1986).

13. Rickie Burman, 'The Jewish Woman as the Breadwinner', *Oral History Journal*, Vol.10, No.2, Autumn 1982, 27-39; 'Growing up in Manchester Jewry - the Story of Clara Weingard', *Oral History Journal*, Vol.12, No.1, 1984, 56-63; idem., '"She Looketh Well to the Ways of Her Household": the Changing Role of Jewish Women in Religious Life, c.1800-1930', in Gail Malmgreen (ed.), *Religion in the Lives of English Women 1760-1930* (London, 1986); idem., 'Jewish Women and the Household Economy in Manchester, c.1890-1920', in Cesarani *The Making of Modern Anglo-Jewry*. White also explores gender in his study of the Jewish community in *Rothschild Buildings*. Susan Tananbaum is currently finishing a Ph.D. at Brandeis University in Massachusetts on the social history of Jewish women in East London at the turn of the century.

14. The exception to this is Lees who examines women's roles in the context of the Irish family (Lees, *Exiles of Erin*). Some work exists on female Irish immigration as a whole, see for instance Pauline Jackson, 'Women in Nineteenth Century Irish Emigration' in *International Migration*

experience of working-class and middle-class women in British society and the impact of religion on women's lives,¹⁵ an exploration of ethnicity by researchers working on women's history in general is rarely encountered.¹⁶

As an event which particularly affects women, childbirth is an effective subject for measuring how women fare in society when they are at their most vulnerable. The event of childbirth for immigrant women is particularly revealing of the difficulties immigrant women encountered as newcomers, coping with language barriers and alien customs

Childbirth and immigrant women's experience of childbirth also allows an exploration of ^{the} nature of medical provision and its impact on standards of health. With the exception of research by Black on the health of the Jewish community in East London,¹⁷ health has been ignored by most historians working on immigration.¹⁸ But health is critical for

Review, Vol. 18, No.4, 1973, 1004-1020. A more contemporary study which includes some oral history concerning the lives of Irish women from the 1920s is Mary Lennon, Marie McAdam, Joanne O'Brien, (eds.), *Across the Water: Irish Women's Lives in Britain* (London, 1988).

15. Examples of the work on the history of middle and working-class women can for instance be seen in Jane Lewis, *Women in England 1870-1950* (Brighton, 1984); a collection of essays in Jane Lewis (ed.), *Labour and Love: Women's Experience of Home and Family 1850-1940* (Oxford, 1986); Elizabeth Roberts, *A Woman's Place: An Oral History of Working-Class Women 1890-1940* (Oxford, [1984] 1986); a collection of essays on the impact of religion on women's lives appears in Gail Malmgreen (ed.), *Religion in the Lives of English Women 1760-1930* (London, 1986).

16. For a useful discussion on the importance of gender in historical research see Joan W. Scott, 'Gender: A Useful Category of Historical Analysis', *American Historical Review*, Dec. 1986, 1053-1075. A recent essay on the lack of historical attention to the history of black women in Britain is Ziggi Alexander, 'Let it Lie Upon The Table: The Status of Black Women's Biography in the UK', *Gender and History*, Vol.2, No.1, Spring 1990, 22-34.

17. Gerry Black, 'Health and Medical Care of the Jewish Poor in the East End of London 1880-1939', Ph.D. thesis, (Leicester Univ. 1987). I am grateful to Dr Black for lending me his thesis.

18. One study has appeared on the general health of Jewish immigrants in New York: Deborah Dwork, 'Health Conditions of Immigrant Jews on the

understanding not only the important social and economic circumstances of an immigrant community, but also the ways in which it integrated with the host society to achieve fundamental care at times of life and death, and supplement host institutions.

Historians concerned with healthcare and maternity services in Britain in general have demonstrated the importance of class and gender in shaping the development of medical services and maternal and child welfare in Britain, but the issue of ethnicity has been neglected. Many have indicated how fears of physical deterioration, of an influx of immigrants and the collapse of Empire had a crucial impact on activities in public health, maternal and child welfare and the debates concerning immigration restrictions at the turn of the century, but this has not been extended further.¹⁹ American historians have examined how the presence of immigrants affected the provision of healthcare, particularly midwifery service, but no equivalent research exists for Britain.²⁰

Much of the provision made during childbirth for Irish and Jewish mothers was rooted in the philanthropic traditions of the nineteenth century. Work

Lower East Side of New York: 1880-1914', *Medical History*, Vol.25, 1981, 1-40.

19. See for instance Antony S. Wohl, *Endangered Lives* (London, [1983] 1984), pp.333-334. These issues are explored in the context of maternal and child welfare by Anna Davin, 'Imperialism and Motherhood' *History Workshop Journal*, Issue 5, Spring 1978, pp 9-66; and in the context of immigration by Colin Holmes, *Anti-semitism in British Society* (London, 1979), p.36-48; D.M. Feldman, 'Immigrants and Workers', pp.190-192, 345; K. Lunn, 'Political Anti-Semitism Before 1914', in K. Lunn & R. Thurlow (eds), *British Fascism on the Radical Right in Inter-war Britain* (London, 1976), pp.23-24.

20. For example see two articles by Charlotte G. Borst, 'The Training and Practice of Midwives: A Wisconsin Study', *Bulletin of the History of Medicine*, Vol.62, 1988, 606-627 and 'Wisconsin's Midwives As Working Women: Immigrant Midwives and the Limits of a Traditional Occupation, 1870-1920', *Journal of American Ethnic History*, Spring 1989, 24-49; Eugene Declercq, 'The Nature and Style of Practice of Immigrant Midwives in Early Twentieth Century Massachusetts', *Journal of Social History*, Vol. 19, 1985, 113-129.

by Prochaska and Summers shows how many of the measures undertaken in maternity and child welfare in the early twentieth century had precedents in the nineteenth century in practices such as home visiting and mothers' meetings, often undertaken by religious bodies.²¹ The thesis examines how the trends set by philanthropic workers were incorporated into the work undertaken among Irish and Jewish immigrants and how they shaped the maternity services provided by charitable and Poor Law institutions and later municipal organisations in East London.

Most work on maternal and infant services has concentrated on central government policy²² to the neglect of the local impact of such policies; exceptions are work by Peretz, Ross and Waterson.²³ Others have debated the relative importance of social and economic factors and the level of local health services in determining standards in public health, and in particular infant and maternal morbidity and mortality.²⁴ Loudon's work on

21. Anne Summers, 'A Home from Home - Women's Philanthropic Work in the Nineteenth Century' in Sandra Burman (ed.), *Fit Work for Women* (London, 1979). Work by F.K Prochaska on this subject includes *Women and Philanthropy in 19th Century England* (Oxford, 1980); *The Voluntary Impulse: Philanthropy in Modern Britain* (London, 1988); and 'A Mother's Country: Mothers' Meetings and Family Welfare in Britain, 1850-1950', *History*, Oct. 1989, 379-399.

22. Davin, 'Imperialism and Motherhood'; Deborah Dwork, *War is Good for Babies and Other Young Children* (London, 1987); Jane Lewis, *Politics of Motherhood* (London, 1980); Alison Macfarlane, 'Statistics and Policy Making in the Maternity Services', *Midwifery*, (1985), 150-161; Campbell & Macfarlane, *Where to be Born?*

23. E.P. Peretz, 'A Maternity Service for England and Wales: Local Authority Maternity Care in the Interwar Period in Oxfordshire and Tottenham' in J. Garcia, Kilpatrick & M. Richards (eds) *The Politics of Maternity Care* (Oxford, 1990); Ellen Ross, 'Labour and Love: Rediscovering Working-class Mothers 1870-1918' in Jane Lewis (ed.), *Labour and Love* (Oxford, 1986); P. Waterson, 'Role of the Environment in the Decline of Infant Mortality: An Analysis of the 1911 Census of England and Wales', *Journal of Biosocial Science*, Vol.18, 1986 457-470.

24. R.M Titmuss, *Birth, Poverty and Wealth: A Study of Infant Mortality* (London, 1943); J.M Winter, 'Infant Mortality and Maternal Mortality and Public Health in Britain in the 1930s', *The Journal of European Economic History*, Vol.8, 1979, 439-462; Charles Webster, 'Health, Welfare and Unemployment during the Depression', in *Past and Present*, No.109, Nov.

international maternal morbidity and mortality has also shown how these patterns were influenced by the practice of midwives and medical practitioners.²⁵ These studies have revealed the need for a fuller understanding of the divergence between local and national maternal and infant welfare provision and the extent to which this was reflected in different rates of maternal and infant mortality and morbidity.

A number of studies have looked at the social and economic base of East London and have examined the influence locality and community had in shaping strategies of survival and welfare provision in the area.²⁶ Few researchers, however, have studied in detail how these issues affected the provision of medical and maternity care in the area and the impact on the levels of maternal and infant morbidity and mortality.

East London is particularly interesting for such a study not only because of its poverty and large numbers of immigrants, but also because of its diverse maternity and infant welfare schemes. In addition to this East London appears to have adopted hospital confinements, as opposed to home confinements, much earlier and more rapidly than other parts of London or elsewhere. Indeed, East London appears to have been exceptional in the scale and variety of healthcare provision compared not just with other

1985, 204-230; Charles Webster, 'Healthy or Hungry Thirties', *History Workshop Journal*, Issue 13, 1988, 110-129.

25. Irvine Loudon, 'Maternal Mortality: 1880-1950. Some Regional and International Comparisons', *Social History of Medicine*, Vol.1, No.2, August 1988, 183-228; idem., 'Deaths in Childbed from the Eighteenth Century to 1935', *Medical History*, 1986, Vol.30, No.1, 1-41.

26. See for instance Gareth Stedman Jones, *Outcast London* (1971) and James A. Gillespie, 'Economic Change in the East End of London during the 1920s', Ph.D. thesis, (Cambridge Univ., 1987); Pat Ryan, 'Politics and Relief: East London Unions in the Late Nineteenth and Early Twentieth Centuries', in M.E. Rose (ed.), *The Poor and the City: the English Poor Law in its Urban Context, 1834-1914* (Leicester, 1985); Gillian Rose, 'Locality, Politics and Culture: Poplar in the 1920s', Ph.D. thesis, (London Univ., 1988).

areas of London but with other cities in Britain. This allows us to examine one of the most interesting questions in the history of maternal and infant care. Where the provision of maternal and infant care was unusually comprehensive, was this able to compensate for social and economic deprivation? Or was the burden of poverty so great that medical care, however comprehensive and well-intentioned, did not have a measurable effect on the health of mothers and children in terms of maternal and infant morbidity and mortality rates?

Thesis Structure

The resources available to the immigrants for childbirth and infant care might be seen as a series of concentric circles. Taking the family as the centre of the circle the thesis examines what domestic resources were provided and then explores the forms of help available in the local neighbourhood and through communal Catholic and Jewish agencies. The final chapters describe the outer circle, and concern the services provided by the wider host society through charitable institutions and Poor Law authorities. Each circle had its own characteristic form of provision which could overlap, and operate in conjunction with other services in the area. Mothers could seek help not only from their family and local neighbours but from a prolific and diverse network of institutions.

CHAPTER 1

BACKGROUND: IRISH AND JEWISH MOTHERS IN EAST LONDON: THEIR IMMIGRATION, SOCIAL AND ECONOMIC CONDITIONS

Introduction

Irish and East European Jewish migrants had been coming to England for centuries. During the late nineteenth century, however, they became more noticeable because they arrived in such large numbers. These two white ethnic communities living in close proximity in East London, faced comparable antagonisms from the local population as they competed for housing, employment and charitable relief.

Both groups migrated from communities facing upheaval and poverty and were searching for better economic conditions, but each arrived with different skills and backgrounds. Until the establishment of the Irish Free State in 1922, Irish immigrants, unlike the East European Jewish ones, were part of the United Kingdom. This distinction shaped many of the expectations the newcomers had of the new society and the reception they found on arrival.

East London

Much of the immigrants' experience was shaped by the social and economic conditions of East London, especially in the Metropolitan boroughs of Bethnal Green, Stepney and Poplar. East London was renowned among contemporaries as the most poverty-stricken area of the metropolis and was the focus of concern for many social reformers and politicians in the late nineteenth century who were worried about urban degeneracy and the threat of social disorder.¹

1. This is explored in detail by Stedman Jones, *Outcast London* (London 1971; 1984), p.12, 14, 241, 244-45, 283-284. In the 1880s the fear of riots and revolution stemming from poverty was particularly strong as a result of the riots in the centre of the West End. These destroyed the

Prostitution and crime were considered to be higher because of the presence of a large number of common lodging houses in the area. Many feared such vices would pollute the rest of London.² The arrival of immigrants in the East End reinforced such perceptions and attracted attention to the area. East London and its particular difficulties of social and economic deprivation coupled with immigration continued to be a focus of anxiety into the twentieth century.

The East End became a centre for middle-class philanthropic endeavours. Their presence in part made up for the absence of a large middle-class residential population. East London was an area where not only the Settlement House Movement was active, but also the Charity Organisation Society and numerous voluntary bodies.³ Each agency had their own objectives, but each aimed to eliminate the problems caused by poverty. Some provided relief while others aimed to 'redeem' the poor spiritually and culturally or through teaching them the ethics of self-help and thrift. One of their goals was to contain the threat of poverty and the social disorder it could cause. Their efforts, however, had little impact on the social and economic deprivation of the area.

Many of the problems faced in East London stemmed from the industrial and social structure of the area. A number of studies have been written on the

notion that the tranquility of the middle-class could be unaffected by the poverty of areas like the East End. For more discussion of the ways in which the riots and poverty were perceived as threats to the social order see chapter 16.

2. Jerry White, *Rothschild Buildings: Life in an East End Tenement Block, 1887-1920* (London, 1980), pp.6-13, 24-30.

3. Among the most famous Settlements in East London were Toynbee Hall and Oxford House. For a detailed study of the work undertaken by the Settlement House Movement and its relationship with East London see Seth Koven, 'Culture and Poverty: The London Settlement House Movement 1870-1914', Ph.D. thesis (Harvard Univ., 1987). I am grateful to Dr Koven for lending me a copy of his thesis.

social and economic history of East London and its relationship with London.⁴ Many of the economic and social difficulties of East London aggravated by the immigrants' arrival were rooted in the more fundamental structure of the area. The following paragraphs are only a brief survey of the conditions in East London to give an idea of the area to which the immigrants came.

Until the 1830s the two major industries of East London were silk-weaving and ship-building, but these industries subsequently declined as a result of the difficulties imposed by industrialization. They could not hope to compete against the technological changes brought about by the new forms of factory production, and the introduction of the power loom and iron steamship. The disappearance of these industries created massive unemployment, but new industries better suited to small-scale production soon supplemented and subsequently replaced the old trades of the area. Some idea of the occupations pursued in East London in the late nineteenth century is given by table 1.1.

While ship-building and its ancillary industries such as sail and rope-making rapidly disappeared after the 1860s, East London remained an important dock site for London. Nonetheless the industry was beset with difficulties. The docks had grown greatly during the eighteenth and early nineteenth century, moving further and further downstream towards West Ham and Tilbury. By the late nineteenth century a multitude of dock companies along London's 26-mile water-front were in fierce competition with each other. By the 1880s many of the dock companies were having to reduce their

4. See for instance Stedman Jones *Outcast London*, chapters 1 & 5, and James A. Gillespie, 'Economic Change in the East End of London during the 1920s', Ph.D. thesis, (Cambridge Univ., 1984).

Table 1.1 :
Percentage of Population Employed in Different Occupations in East London 1861 and 1891

Occupation	Male		Female	
	1861	1891	1861	1891
Administration	1.64	1.03	0.02	0.11
Professional & Teaching	1.84	1.21	1.27	1.05
Clerical	1.91	2.87	-	0.17
Commerce, Finance, etc.	1.58	1.16	0.21	0.06
Retail & Distribution	10.80	8.70	1.80	2.53
Personal Service	2.60	3.15	11.95	10.81
Transport, storage, etc	18.47	18.09	0.06	0.21
Building Industry	7.82	5.20	0.02	0.03
Wood and Furniture	8.47	7.37	0.76	1.30
Metal and Engineering	6.21	4.53	0.11	0.12
Shipbuilding	3.51	1.52	0.00	0.01
Precision Industry	1.49	0.95	0.04	0.07
Printing & Paper	1.80	3.14	0.41	2.49
Leather & Hides	0.87	0.97	0.17	0.45
Food & Drink Manufacture	3.22	2.06	0.21	1.52
Textile Manufacture	4.50	1.03	3.93	1.42
Clothing Trade	3.27	4.57	13.54	10.48
Boot & Shoe Trade	5.11	4.56	1.76	1.63
Chemicals, allied trades	1.65	1.09	0.11	0.4
Miscellaneous Manufacture	1.61	2.67	0.53	2.32
Miscellaneous Labour	8.01	7.81	0.04	0.03
Others	3.62	15.50	63.06	62.57
Rounded Total	100.00	100.00	100.00	100.00
The statistics for 1861 are for all those over the age of 20, while those for 1891 are for all those over the age of 10. The areas included in the category 'East London' are Shoreditch, Bethnal Green, Whitechapel, St George's-in-the-East, Stepney, Mile End and Poplar.				

Source: Gareth Stedman Jones, *Outcast London* (1971; 1984), Tables 5 and 6, Appendix 2, pp.364, 368.

labour force and sites. Unemployment and underemployment in the docks created a particularly grave situation for the population of East London. Dock labourers were the largest group of male workers in Poplar and the second largest in Stepney in 1911.

East London was also an important area for the clothing, footwear and furniture industries. The clothing industry was mostly confined to Whitechapel, and the furniture trade to Bethnal Green and Shoreditch. During the late nineteenth century these enterprises flourished and

expanded with the invention of the sewing machine and bandsaw. These trades were suitable where land was expensive and space severely limited. Much of the work was based around small units of production and required only a small amount of capital investment. Often farmed out to specialised workshops or undertaken as piecework by families within their own homes, such work was renowned for its sweated labour conditions. Governed by seasonal fluctuations, workers were either severely strained to meet market demands or underemployed when the markets quietened down.

East London also had a number of breweries and distilleries. This work was more regular than the other factory-based industries in the area. Jam factories, sweets and chocolate manufacturers based in East London were busiest in the period from Christmas to Easter. The cigarette industry had its highest demand for labour from August to December. Most of these enterprises were greatly dependent on female labour.

By the 1920s the industrial base of East London had not changed significantly. The traditional trades of the nineteenth century such as tailoring, leather-making, and the skin and furniture trades continued to dominate the occupational composition of the area. East London remained relatively unaffected by the development of new industries such as engineering, chemical and electrical trades and the expansion of white collar and more middle-class professional occupations.

The East End continued to be 'a distinct economic and social region within Greater London,' remaining relatively untransformed by the new industries appearing elsewhere in the city. Industries which were expanding in East London 'were precisely those in which the effects of increased mechanization and the growth of the factory were most ambiguous in terms

of regularized employment - cabinet making, the clothes trades, transport and warehousing, and the distributive trades.'⁵

Casual labour and unemployment continued to be a serious problem in East London in the 1920s. Many investigators in the years 1870-1939 considered the majority of those living in the East End to be the poorest in London. Most of those living in East London at the turn of the century were either surviving or living just below the subsistence level set by Booth at between 18s. to 21s. a week.⁶ Llewellyn Smith's survey in 1929 estimated that between 13 and 19% of the East London working class were living below the poverty line and the remaining number were in a very precarious position.⁷

Table 1.2 :
Percentage of Population Living in Poverty According to the Surveys Conducted by Booth in 1889, and Llewellyn Smith in 1929

District	% of Poverty Booth's Survey 1889	% of Poverty Llewellyn Smith's Survey 1929
Bethnal Green	44.6	17.8
Stepney	35.7	15.5
Poplar	36.5	24.1

Source: H. Llewellyn Smith, *The New Survey of London Life and Labour*, Vol.3 (1929), pp.347, 353, 365

Table 1.2 shows the percentage of population considered to be living in poverty by the investigations carried out by Booth in 1889 and Llewellyn Smith in 1929. According to these surveys the percentage of poverty appeared to decrease between 1889 and 1929, but the levels of poverty

5. Gillespie, 'Economic Change in East London', pp.83-84, 88.

6. Booth, *Life and Labour of the People in London*, Vol.1, East London (1889), p.33-61.

7. H. Llewellyn Smith, *The New Survey of London Life and Labour*, Vol.3, (1929), cited in Gillespie 'Economic Change in East London', p.40.

found in East London still ranked as the highest in London. In 1929 Poplar was the poorest area of London.⁸

Table 1.3:
Population Growth in East London 1871-1911

Year	Bethnal Green	Whitechapel	St George's in-the-East	Stepney	Mile End	Poplar
1871	120,104	76,573	48,052	57,690	93,152	116,376
1881	127,006	71,350	47,011	58,500	105,573	156,525
1891	129,134	74,462	45,546	57,599	107,565	166,697
1901	129,680	78,768	49,068	57,937	112,827	168,822
1911	128,282	67,750	47,101	53,798	111,375	162,449

Source: A/R of the Registrar General for England and Wales 1870-1911

Coupled with the problem of poverty was the increasing competition for resources. In the late nineteenth century the population of East London grew rapidly to a peak in 1901 and declined thereafter. Some areas showed a greater increase than others, such as Poplar and Mile End (see table 1.3). The high influx of rural migrants and later immigrants together with a high birth rate contributed to the demographic growth in the area.⁹ Overcrowding was a tremendous problem in East London, caused more by the decrease in the number of houses than the increase in population.

Many residential dwelling were demolished in order to make room for the expanding railways, business premises and schools in the area alongside slum clearances. Very little housing provision was made for the displaced

8. Llewellyn Smith, *New Survey*, Vol.3, (1929), pp.347, 353, 365.

9. The alien immigrant population of the Metropolitan borough of Stepney increased from 14,300 in 1871 to 54,310 in 1901. The last figure included the British born children of immigrant parents (*Royal Commission on Alien Immigration*, PP 1903 IX I (henceforth *Alien Immigration*, PP 1903, IX), table xxxvii). For more information on the influence that the composition of alien immigration and the birth rate had on the demographic patterns of East London see chapter 2 below.

residents forced to stay in the area to find work. Immigration aggravated the situation.¹⁰

In addition to overcrowding many of the houses lacked proper ventilation, suffered damp walls, and numerous defects in sanitation and the structure of their building.¹¹ Much of the housing was also extremely expensive. During the 1890s the rents for working-class housing rose by 10% in all of London, but in Stepney, where there was heavy competition for land from the railways, factories and warehouses, they rose by 25%.¹²

By the turn of the century some large tenement blocks were being built by dwellings companies,¹³ but housing continued to be in bad condition and overcrowded. In 1929 it was estimated that, compared with an average of

10. Between 1871 and 1901 the number of houses in Whitechapel declined from 8,264 to only 5,735. At the same time the population increased from 75,552 to 78,768, meaning an average increase in the number of residents per house from 9.14 to 13.74 in the same period (Lloyd P. Gartner, *The Jewish Immigrant in London* [London, 1960; 1973], p.147). According to Booth's study of poverty in London, the districts of East London were some of the worst problems in overcrowding. Bethnal Green was listed as the second worst area for housing and overcrowding. (Booth, *Life and Labour*, Final Volume, [1902], pp.3-40.)

11. Some idea of the defects in the accommodation available to Jewish residents in East London can be judged from an article in *The Lancet*, 3 May 1884. In an attempt to rectify the terrible housing conditions faced by their poor the Jewish community engaged its own sanitary inspectors from 1884 to visit homes in the East End, report defects to the London County Council and ensure that the Jewish poor were clean. For more details of the work undertaken by this committee see *House of Commons Select Committee on Alien Immigration*, PP 1889, X, Qs31792-31797 and *Alien Immigration*, PP 1903, IX, Q15400.

12. David M. Feldman, 'Immigrants and Workers, Englishmen and Jews: the Immigrant to the East End of London 1880-1906', Ph.D. thesis, (Cambridge Univ., 1985), pp.77-78.

13. For more information on the housing crisis and the development of dwelling housing companies see White, *Rothschild Buildings*, chapter 1 and Anthony S. Wohl, *Endangered Lives* (London, 1983), pp.319-327; Stedman Jones, *Outcast London*, p.183-188 and chapter 11.

3.4% for all of East London, 6.9% of the population lived more than three to a room in Bethnal Green, 7.5% in Stepney, and 5.3% in Poplar.¹⁴

Irish Migration

Before the nineteenth century Irish immigration to England was largely seasonal and temporary. By the early 19th century it was more permanent. This trend was reinforced by the Great Famine of 1845-1847. Whole families were forced to leave their homes. Between 1846 and 1854 2.1 million people left Ireland, constituting a quarter of Ireland's pre-famine population.¹⁵

Yet it would be wrong to see the famine as the sole cause of this migration. Those who arrived in East London in the mid nineteenth century originated from the South Leinster and Munster counties where much of the agriculture had been tillage.¹⁶ The increase in the monopoly of land and the reduction in the practice of subdividing land as well as the expansion in pasture farming which was less labour intensive, increasingly forced people to leave the land.¹⁷ By 1845 potato land could only support 75% of

14. Llewellyn Smith, *New Survey*, Vol.3, p.347, 354, 366.

15. J. A. Jackson, *The Irish in Britain* (London, 1963), p.7. Kerby A. Miller, *Emigrants and Exiles: Ireland and the Irish Exodus to North America* (Oxford, 1985; 1988), p.291. In 1881, it was estimated that between 1845-51 'death and emigration caused a decrease of 720,783, or 20.7% of the population, this being the rate of 120,000 persons annually, or 10,000 a month...Calculated on the basis of the population in 1861, these figures show that 45.5% of the whole population of Ireland have emigrated within these 30 years' (*The Tablet*, 2 July 1881, p.7).

16. The loss of population between 1841-1871 in Munster amounted to 1,014,058 or 42%; Connaught 574,712 or 40.4%; Leinster 646,203 or 32.6%; Ulster 558,865 or 23.4% (*The Tablet*, 5 Sept. 1874). Between 1851 and 1881 the percentages of those emigrating from the four provinces were respectively Munster 60%; Ulster 40.7%; Connaught 36.8% and Leinster 33.9%. (*ibid.*, 2 July 1881, p.7)

17. In 1881 *The Tablet* correlated the increase in emigration with the reduction of land ownership as a result of the Irish Land Bill. Agricultural holdings, through eviction and consolidation, had diminished from 691,2000 in 1841 to 523,609 in 1884, representing a 24% decrease (2 July 1881, p.7).

the nutritional needs for Ireland's labouring population. Potato cultivation itself only occupied three months of the year, and other employment was rare. Every year between late spring and harvest time the rural population suffered extreme deprivation, eating only one meal a day or every other day.¹⁸

Those who pursued domestic industry did not fare much better. Domestic industries, such as the linen industry, were an important part of the rural income, but the profits were unevenly distributed. These industries were economically vulnerable because of their orientation towards overseas markets.¹⁹ In the cities conditions were similarly harsh. Urban industrial work was late to develop and centred primarily in East Ulster, which was predominantly controlled by the Anglo-Ascendancy.²⁰ This was made worse by the legal discriminations against Catholics in the employment sector. From 1815 onwards southern cities in Ireland offered little industrial employment - a situation which worsened in the face of American and British competition after 1856. The Irish economy was also dependent on and deeply affected by the fluctuation of British markets. Between 1821 and 1841 most large towns, including Dublin, experienced demographic stagnation or decline.²¹

18. Miller, *Emigrants and Exiles*, p.53.

19. Often such industry 'acted as a brake on the transition to an industrial economy' (Brenda Collins, 'Proto-industrialization and Pre-Famine Emigration', *Social History*, Vol. 7, 1982, 127-146, p.146).

20. Before 1814 manufacturing was largely based in rural industries rather than in the town.

21. Lynn Hollen Lees, & J. Modell, 'The Irish Countryman Urbanised: A Comparative Perspective on the Famine Migration', *Journal of Urban History*, Vol.3, No.4, Aug. 1977, 387-391, p.391. For instance Limerick, in the county of Munster, had its population reduced from 59,000 to 48,000 during this period. Similarly prosperous manufacturing towns in Southern Ireland began to diminish. Even 'most townspeople - artisans and labourers - lived barely above subsistence level in filthy, congested, and disease-ridden slums and 'cabin suburbs.' In most towns, what population growth

Of the agricultural labourers who migrated to the towns, many stayed for only a short period before emigrating to either Britain or America. In 1884, 64.7% of Irish males who reached England and Wales were labourers, while farmers represented the next largest group. In 1911, it was estimated that 84-85% of the emigrants who left Munster and Connaught were labourers. Many of these immigrants were illiterate.²²

Emigrants generally came from the Irish counties which were the least urbanised and where employment outside farming was rare and agriculture and living conditions poor.²³ Most Irish emigrants went to America.²⁴ Many who came to Britain were poor and found it difficult to assimilate in British society; but a small number of middle-class Irish immigrants who were mainly Protestant, shared many of the cultural values of English middle-class society. Choosing London for its professional and educational opportunities the middle-class immigrants were more likely to live in

did occur was primarily due to the influxes of evicted, unemployed paupers from nearby estates.' (Miller, *Emigrants and Exiles*, p.35.)

22. *The Tablet*, 21 March 1885; Miller, *Emigrants and Exiles*, p.371. In 1841, official statistics on literacy had shown that only 28% of the population in Ireland over the age of five could read or write. Despite the lack of literacy, travellers often commented on the 'mental quickness' and 'natural eloquence' of the rural poor they met in Ireland. In the years 1851 to 1901, the proportion of Ireland's inhabitants over the age of five who could neither read nor write fell from 47% to only 14%. This progress, however, was slightly marred by the disproportionately high rates of illiteracy among Catholics generally. The rate for Catholics was 16.4% in 1901. (Miller, pp.70-71, 351). The male inheritance of land meant that girls were freer to move away from the farm and were expected to look for work in the outside world. In Ireland, therefore, girls often had a better education than the boys, who were expected to learn farming skills rather than attend school.

23. Miller, *Emigrants and Exiles*, p.351.

24. Between 1845 and 1855 approximately 1.5 million Irish went to America. 340,000 went to British North America (Miller, *Emigrants and Exiles*, p.291). When Irish migration was at its peak in the 1880s, two-thirds of the people born in Ireland were living outside the country. Between 1820-1910 nearly five million people left Ireland, 84% of these went to the USA (Jackson, *The Irish in Britain*, p.5). In 1881 78.3% of the Irish emigrants went to America, while 14.1% went to Britain in 1880 (*The Tablet*, 2 July 1881, p.7).

heavily English neighbourhoods and found it easier to assimilate into the London middle-class. Another group of Irish immigrants who utilised the training and occupational possibilities in London were craftsmen from Irish villages and small towns. Unlike the Protestant middle-class these immigrants found it harder, 'but not impossible to join the social world of the London artisan and trade unionist.'²⁵

While in 1841 the Irish constituted 1.7% of the total population in England and Wales, by 1861 this percentage had risen to 3.5%. These figures however disguise the density of the Irish in certain areas. During the decade of the potato famine, 46,000 Irish migrants came to London. In 1841 there were approximately 75,000 - 80,000 persons of Irish birth who lived in London, but by 1851 this figure had increased to 108,548.²⁶

A large proportion of the Irish settled in the old East End of London, mostly in Whitechapel, Stepney and St George's-in-the-East (see table 1.4), forming 5.8% of the total population in East London in 1851 and 4.8% in 1861. These figures, however, do not include the English-born children of Irish parents who comprised a substantial part of the Irish settlement in these areas. Using household samples, Lees found that such children constituted 30% of Irish households in 1851 and 40% in 1861. Based on these estimates Irish settlement in East London totaled 31,400 (8.3%) in 1851 and 35,708 (8.1%) in 1861.²⁷

25. Lynn Hollen Lees, *Exiles of Erin: Irish Migrants in Victorian London*, (Manchester, 1979), pp.53-54.

26. J. A. Jackson, 'The Irish in East London', *East London Papers*, Vol.6, No.2, Dec. 1963, 105-119, p.107. I am grateful to Dr Jackson for sending me an offprint of his article.

27. Lees, *Exiles of Erin*, p.46; Finbarr O'Shea, 'Community, Poverty and Criminality among the Irish in East London, 1850-1914', unpublished paper presented to the Department of History and Civilisation, European University Institute, Florence, June 1988, p.32.

Table 1.4 :
Irish-born Population of East London Registration Districts 1851 and 1861

District	Total Population		Irish-born Population		Irish-born as % of Total	
	1851	1861	1851	1861	1851	1861
Whitechapel	79,759	78,970	8,998	7,626	11.3	9.7
St.George's-in-the-East	48,376	48,891	3,576	4,004	7.4	8.2
Stepney (including Mile End)	110,775		6,099		5.5	
Stepney		56,572		4,139		7.3
Mile End		73,064		1,284		1.8
Poplar	47,162	79,696	2,494	3,182	5.3	4.0
Bethnal Green	90,193	105,101	813	1,190	0.9	1.1
Total	376,265	442,294	21,980	21,425	5.8	4.8
Figures taken from International Population Census Publications, Census of England and Wales, 1861; Vol.II: Ages, Civil Condition, Occupations and Birthplace of the People; Division I: London.						

Source: Finbarr O'Shea, 'Community, Poverty and Criminality among the Irish in East London, 1850-1914': Issues and Problems', unpublished paper presented to the Department of History and Civilisation, European University Institute, Florence, June 1988, pp.31-32

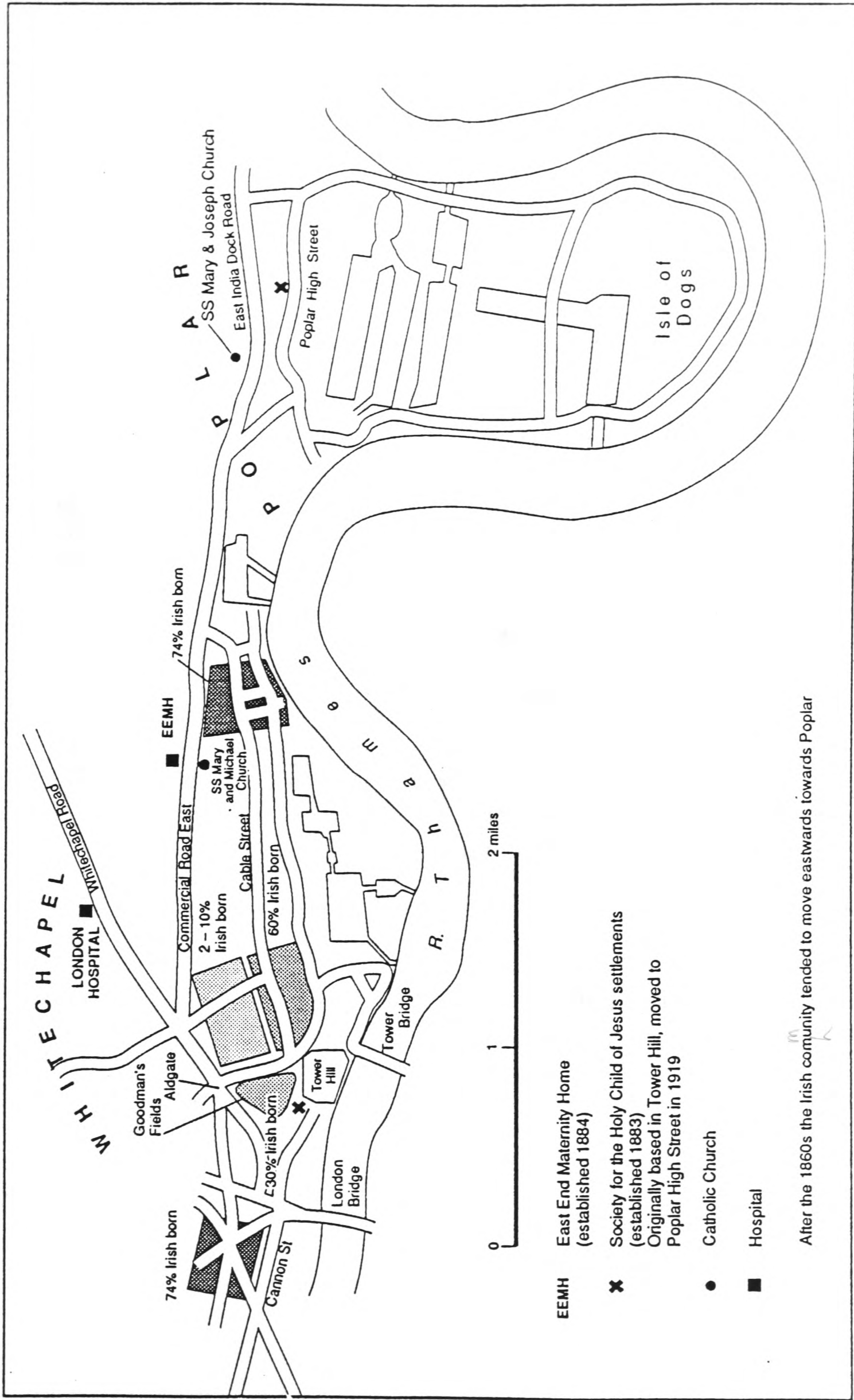
While the number of Irish who lived in East London was small in the northern areas of Bethnal Green and Mile End, in Whitechapel they represented 'over 16% of the population throughout the 1850s and 1860s.'²⁸ The Irish appear to have been concentrated in specific streets, but the statistics available for their residential patterns are largely impressionistic. (See map 1.1 below for Irish settlement in East London in the years 1851-1861 and map 1.2 below for an impression of the concentration of Irish residence in London as a whole in 1901.)

After 1851 the immigration figures began to drop gradually, levelling out from 1871.²⁹ Another wave of Irish immigrants arrived in the early 1920s after the establishment of the Irish Free State. Many of them were

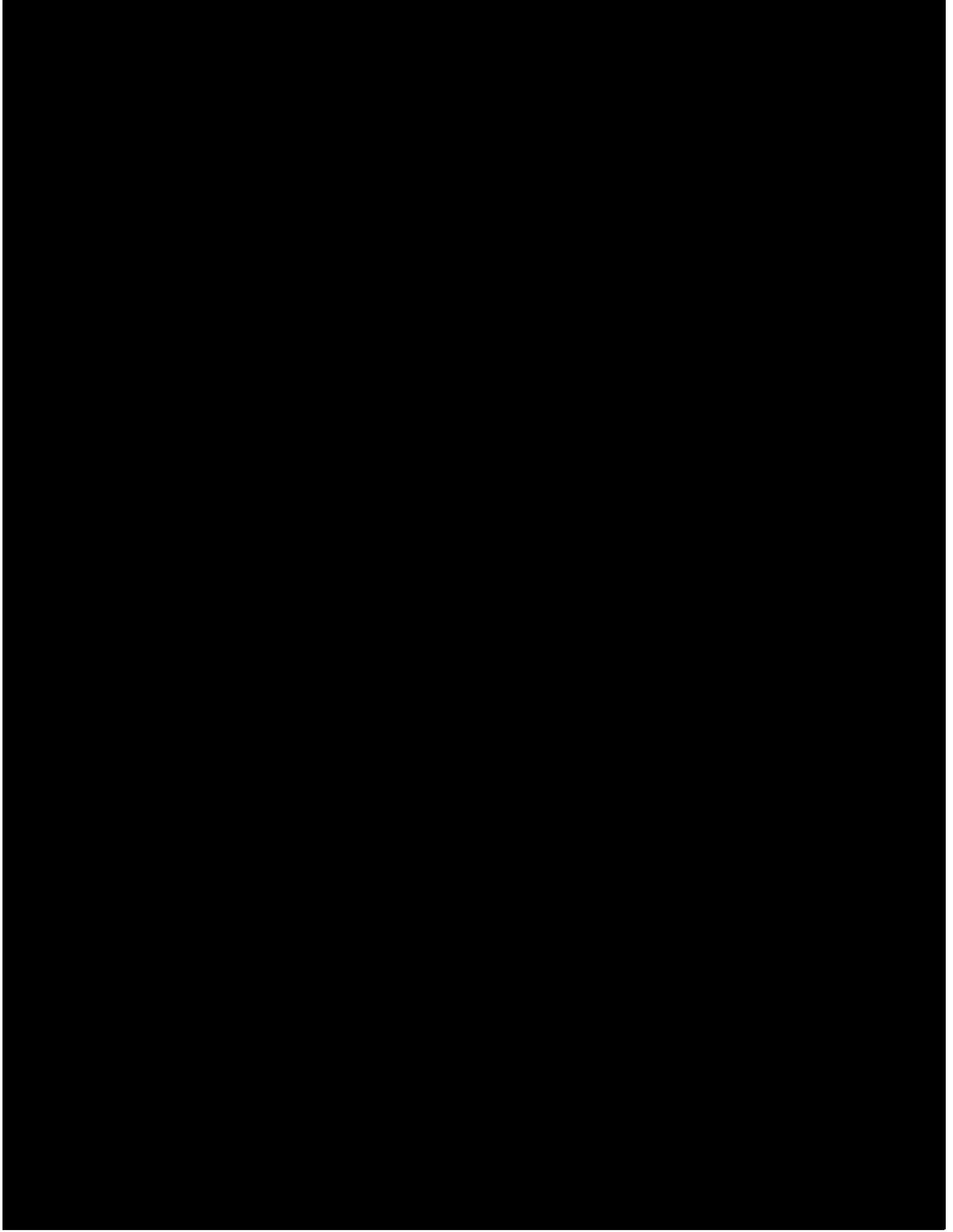
28. O'Shea, 'Community, Poverty and Criminality', p.32.

29. By 1891 the number of Irish-born residents in Britain constituted 1.6% of the total population in England and Wales. (Jackson, *The Irish in Britain*, p.9.)

Map 1.1 : Irish settlement in East London, c. 1851-61
 Adapted from Lynn Hollen Lees, *Exiles of Erin* (1979), pp. 65-6



Map 1.2: Irish Residence Patterns in London 1901
Source: Paul R. Thompson, *Socialists, Liberals and Labour* (1967), Map. 20, p. 355



attracted to Britain because of the employment possibilities and the tightening restrictions on immigration in the United States. In 1931 it was estimated that between 364,749 and 381,089 Irish-born persons lived in England and Wales.³⁰

The age of the emigrants remained young. In 1880 *The Tablet* calculated that 14% of the total emigrants were under 15 years of age; more than 54% were between the age of 15 and 25; 21% were between 25 and 35; 6% were between 35 and 45; and less than 5% were over the age of 45. Thus 75% of the emigrants were between the ages of 15 and 35, constituting what the newspaper called 'the very flower of the industrial population.'³¹ Between 1852 and 1921, 40% of the Irish immigrants were between the age of 20 and 25 years.³²

Over time the marital status and gender composition of the immigrants changed. The overwhelming majority of immigrants who came in the years 1870-1939 were single, and sought marriage partners as well as jobs. From the mid 1850s to the 1890s, male emigrants exceeded females, but after 1890 this began to be reversed.³³ The large proportion of Irish women migrating in the late nineteenth century reflected the lack of work for women, particularly in Southern Ireland. Of the female Irish immigrants who came to Britain in 1884, a large proportion were servants, seamstresses, dressmakers, milliners, farm servants and a small proportion were mill-workers.³⁴

30. Jackson, *The Irish in Britain*, p.11.

31. *The Tablet*, 2 July 1881, p.7.

32. Jackson, *The Irish in Britain*, p.19.

33. *ibid.*, pp.18-19.

34. *The Tablet*, 21 March 1885.

Jewish Migration

The Jews who were expelled in 1290 re-established themselves in Britain during Oliver Cromwell's rule. Many of those who arrived during the seventeenth century were of German, Dutch and Sephardi origin, and came as merchants.³⁵ In the eighteenth century they were joined by Ashkenazi Jews from Eastern Europe.³⁶ East European Jewish settlement grew in the 1840s, with the completion of an efficient and relatively cheap passenger service by rail and sea between Russia and Britain, and during the 1860s, when the American Civil War made migration to Britain more favourable.³⁷ From the 1870s onwards East European immigration greatly increased. These are the immigrants on which the thesis will focus.

Jewish migration was part of a general movement west from Eastern Europe.³⁸ Some migrated from towns, others from little villages. Life for the Jewish community in the Russian Empire was typical of the life Jews had in other parts of Eastern Europe. Tzarist policies had imposed enormous restrictions on the Jewish population, not only in geographical location, but also in employment capability and mobility. The May laws of

35. Sephardi Jews were descendants of the Spanish Jews who reached England via Holland.

36. Ashkenazi Jews were descendants of the Jews who originally settled in Germany and then migrated to Eastern Europe (Poland, Lithuania and Russia). They differed from Sephardi Jews in their Hebrew pronunciation, cultural and devotional traditions and language. Sephardi Jews did not speak Yiddish.

37. Williams criticises historians who have seen East European settlement and its impact as a phenomenon which primarily occurred after the 1870s. (Bill Williams, '"East and West": Class and community in Manchester Jewry, 1850-1914', in David Cesarani (ed.), *The Making of Modern Anglo-Jewry* [Oxford, 1990], pp.16-17; see also Bill Williams, *The Making of Manchester Jewry 1740-1875* [Manchester 1976; 1985], p.1; V.D Lipman, *Social History of the Jews in England 1850-1950* [London, 1954], p.5-9.)

38. Lipman, *Social History of the Jews*, p.85.

1881 forced Jews out of rural villages into the more urbanised towns and cities of the Pale, the area of North West Russia.³⁹

One of the causes of Jewish migration was the overcrowding in Jewish areas. Between 1820 and 1880 it was estimated that the Jewish population in Russia and Poland rose from 1,600,000 to 4,000,000, an increase of 150% as compared to 87% for non-Jewish residents. By 1897, the Jewish population in the Russian empire had increased to over 5,189,000.⁴⁰ The growth was even greater in European Russia (without Poland) where the number of Jews rose from 1,023,543 in 1838 to 3,789,448 in 1897. Such growth also occurred in other parts of Eastern Europe.⁴¹

By the end of the nineteenth century, although mass emigration had reduced the East European Jewish population, it was still extremely congested. The economic structure of Jewish life failed to expand with the needs imposed by the unprecedented increase in population. Many of the Jewish petty trades and crafts were increasingly replaced by newer technology and economic developments.⁴² Within the Pale of Settlement, Jewish workers tended to be employed in very small artisanal workshops and had very few openings for work in large factories, especially as these were located largely outside the settlement and often refused to employ Jews.⁴³ In addition Jewish workers often lacked the necessary technical skills.

39. Zvi Gitelman, *A Century of Ambivalence: the Jews of Russia and the Soviet Union 1881 to the Present* (New York, 1987), pp.13-14.

40. William J. Fishman, *East End Radicals 1875-1914* (London, 1976), p.22. Given that the Jewish population in these areas had already been reduced by emigration these figures underestimate the true population size by about 1,000,000. (Gartner, *Jewish Immigrant* (London, 1960;1973), p.21.)

41. Arthur Ruppin, *The Jews of Today* (London, 1913), p.33.; Gartner, *Jewish Immigrant*, p.21.

42. Gartner, *Jewish Immigrant*, p.21.

43. *Alien Immigration*, PP 1903, IX, Q13349, p.458.

This left Jews no alternative but to pursue artisanal occupations (see table 1.5 below), most of which were concentrated in the garment industry. Artisanal work meant a menial existence. The small-workshops Jews worked in could no longer compete with the large-scale factory production⁴⁴, and skilled Jewish artisans were increasingly displaced by machines. This was an important cause of much of their poverty. In 1900 it was estimated that between 30 and 35% of the Jewish population in the Pale of Settlement depended on relief provided by Jewish welfare agencies.⁴⁵

Pogroms and persecution further aggravated the situation. Between 1881 and 1905 about a million Jews left Eastern Europe. Three-quarters of these came from Russia. Over 80% went to America, others to Western Europe, South America and South Africa. Those who came to England were mostly from Russian Poland, but Galicians and Rumanians also arrived between 1890 and 1902.⁴⁶ Between 1881-1914 about 100,000 to 150,000 Jews came to Britain. Tables 1.6 and 1.7 (below) show the number, gender and age of the alien Jews who arrived and lived in London in the period 1871 to 1911, while table 1.8 (below) reveals what percentage Jews constituted of total aliens.

44. A. Leon, *The Jewish Question: A Marxist Interpretation* (New York, 1950; 1970), p.204.

45. Gitelman, *A Century of Ambivalence*, p.78. Gitelman unfortunately does not provide a source for this information. Similarly high statistics are given for the number of Jews existing on charity in the years 1870 and 1890 (Fishman, *East End Radicals*, pp.21-22), but again the sources are not revealed.

46. Colin Holmes, *Anti-semitism in British Society 1876-1939* (London, 1979).

Table 1.5:
Total Jewish Population and Number Engaged in Gainful Occupations in the Russian Empire, by Occupations, 1897

Occupation	Persons In Gainful Occupations			
	Men	Women	Total	%
Manufacturing & Mechanical work	438,039	83,048	521,087	35.48
Commerce	405,911	66,505	472,416	32.16
Personal & domestic service	61,992	113,740	175,732	11.96
Income from capital/ supported by relatives	33,346	25,074	58,420	3.97
Army and Navy	53,194	-	53,194	3.6
Transportation & communication	45,480	464	45,944	3.13
Agriculture	37,479	4,453	41,932	2.85
Education	33,609	1,664	35,273	2.4
Religious work	19,939	198	20,137	1.37
Supported by treasury or charity	11,371	8,765	20,136	1.37
Medical and sanitary work	6,854	2,916	9,770	0.66
Prisoners & convicts	3,907	414	4,312	0.29
Professional Service	2,557	30	2,587	0.18
Science, literature & art	2,704	166	2,870	0.19
Credit and Insurance Institutions	2,290	109	2,399	0.16
Prostitution	128	1,148	1,276	0.08
Private Law	1,028	9	1,037	0.07
Total	1,159,828	308,703	1,468,522	

Source: *Premier Recensement Général de la Population de L'Empire de Russie, 1897*, Mead Papers: Columbia University Research in Contemporary Cultures, Library of Congress Archive, Washington D.C., file: G45

Table 1.6:
Number, Gender and Age of East European Immigrants Arriving in Britain 1895-1902

		Men		Women		Children	
Date	Total	Number	%	Number	%	Number	%
1895	3,494	1,486	42.53	1,096	31.36	912	26.10
1896	6,171	3,337	54.08	1,686	27.32	1,148	18.60
1897	7,331	4,104	55.98	2,007	27.38	1,220	16.64
1898	8,283	4,850	58.55	2,126	25.67	1,307	15.78
1899	9,220	5,212	56.53	2,398	26	1,610	17.46
1900	11,493	6,938	60.37	2,844	24.75	1,711	14.88
1901	13,940	8,208	58.88	3,481	24.97	2,251	16.15
1902	11,459	6,507	56.78	2,937	25.63	2,051	17.90

Source: A Summary of Returns made to the Board of Trade of Customs, in *Royal Commission on Alien Immigration*, PP 1903, IX, Report and Minutes of Evidence, Appendix, p.76.

Table 1.7:
Number and Percentage of Women among the Russian and Russian Polish Population in London

Year	Total Russians & Russian Poles in London	Female Russians and Poles in London	% Female
1871	5,294	2,004	37.8
1881	8,709	3,671	42.15
1891	26,742	11,969	44.8
1901	53,537	24,408	45.6
1911	67,733	32,509	48.0

Source: D.M. Feldman, 'Immigrants and Workers, Englishmen and Jews: The Immigrant in the East End of London 1880-1906', Ph.D. thesis (Cambridge Univ., 1985), Table 1.8, p.37.

Table 1.8:
Total Number of Russian, Roumanian and Galician Immigrants Arriving in Britain and Percentage of Total Aliens 1895-1902

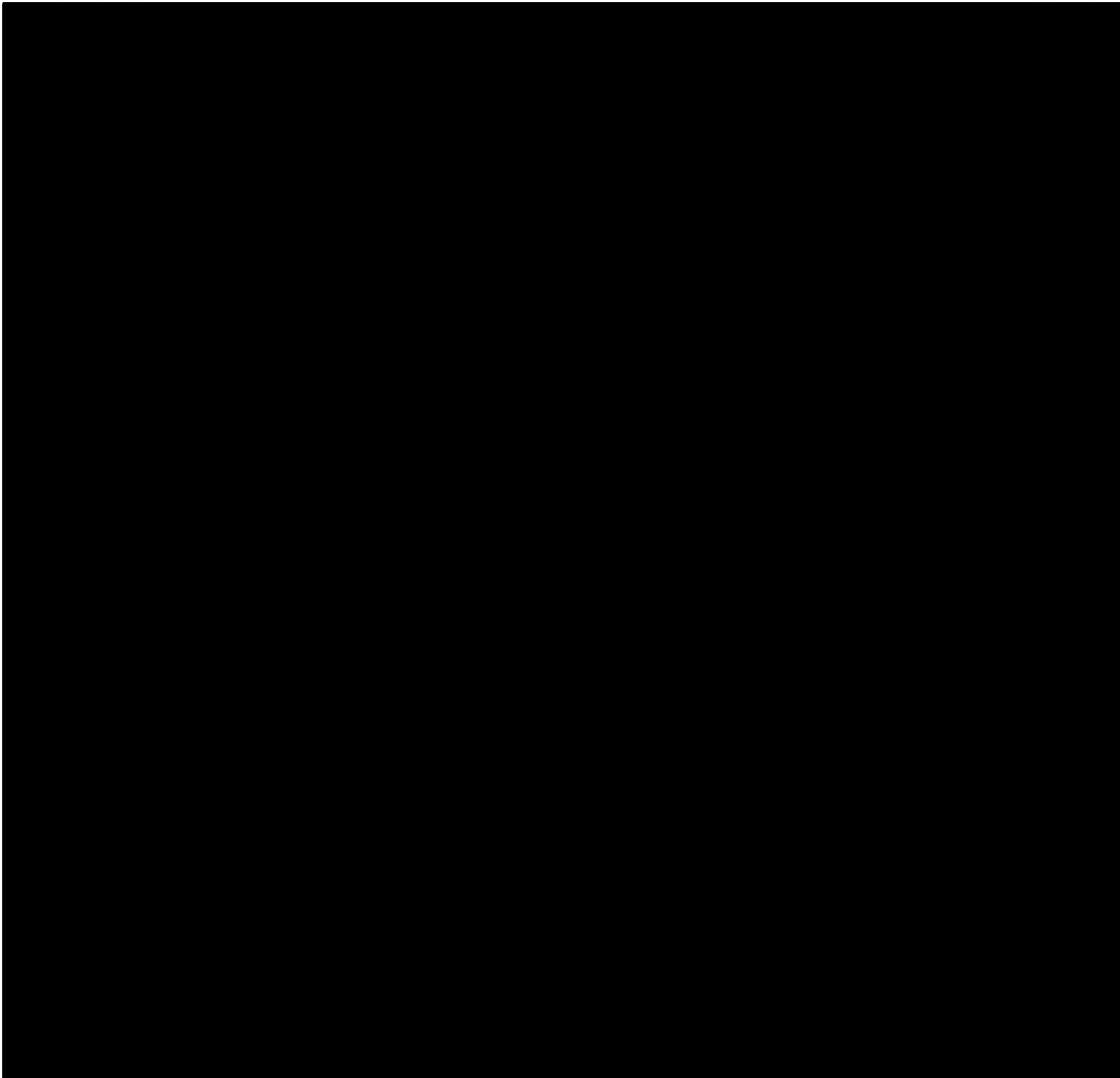
Date	Total	% of Total Aliens
1895	3,494	41.9
1896	6,171	49.9
1897	7,331	54.7
1898	8,283	60.4
1899	9,220	56.5
1900	11,493	60.4
1901	13,940	65.3
1902	11,459	62

Source: A Summary of Returns made to the Board of Trade of Customs, in *Royal Commission on Alien Immigration*, PP 1903, IX, Report and Minutes of Evidence, Appendix, p.76.

According to the Census of 1901, 95,425 Russians and Poles were living in the United Kingdom, of whom 53,537 were living in the County of London, and 42,032 in Stepney; nearly all of them were Jewish. In addition there were 6,189 Austrians and 246 Roumanians living in the County of London, the majority of whom were Jewish.⁴⁷ It was estimated that the total number of foreigners in London was 133,377 with a ratio of men to women of

47. Lipman, *Social History of the Jews*, pp.89-90.

Map 1.3: Proportion of Jewish Population to Other Residents of East London, 1899



Source: C. Russell & H.S Lewis, *The Jew in London* (London 1901)

1.4:1.⁴⁸ Map 1.3 (above) shows the areas of East London where the Jews were most concentrated.

Irish And Jewish Immigrants In East London: Social And Economic Background

The Occupations of Irish and Jewish Immigrants: The Irish:

Much of the work undertaken by the Irish in East London during 1870-1939 stemmed from the jobs previous generations of migrants had entered during the early nineteenth century. Some lent a hand during the labour-intensive period of harvesting, while others worked in dock , warehouse, bridge or tunnel construction where there was a shortage of English labour. The Irish were also vital contributors to the building of roads, canals and railway lines.⁴⁹ Some also found work in the textiles trade of East London. Others were active in the street trades, such as costering and street sweeping. By the 1860s the Irish had displaced most of the Jews in street trades such as the selling of oranges. Such work was not highly paid.⁵⁰

The scarcity of information makes it impossible to know the exact number employed in each occupation. Jackson's brief survey of East London streets through Enumerators' Books of the 1851 Census give some idea of the types of work the Irish took during the earlier period (see table 1.9 below).⁵¹

48. *Alien Immigration*, PP 1903, IX census returns, Mr Reginald Macleod.

49. Jackson, 'The Irish in East London', p.106-109; Lynn Hollen Lees, 'Mid-Victorian Migration and the Irish Family Economy', *Victorian Studies*, Vol.20, No.1, Autumn 1976, 25-43, p.30.

50. Jackson, 'The Irish in East London', pp.106, 109. Lipman, *Social History of the Jews*, pp.29-30. One orange-woman earned between 12s. and 14s. a week. This was just enough to survive on when her husband, who was a labourer, was in work, but when he was unemployed times were very hard as she stated to Mayhew 'We don't live, we starruve [sic.]' (Henry Mayhew, *London Labour and the London Poor*, Vol.I [London, 1861; 1964], p.92.)

51. Jackson, *The Irish in Britain*, p.108.

How this compared with the general population can be judged by a comparison with table 1.1 (above). Unfortunately Jackson's sample is too small to be representative of the total occupational structure of the Irish population in East London, but it demonstrates the influential role the East London economy had on the types of jobs available to the Irish.⁵²

Table 1.9 :
Chief Occupations of the Irish by Percentage according to Random Sample of East London Streets 1851

Male (N=274)		Female (N=179)	
General labourer	51.8	Domestic Service	30.2
Dock Labourer	7.7	Dressmaker	15.6
Building Labourer	6.9	Fruitseller	14.0
Tailor	6.6	Laundress	12.3
Coal Whipper	5.8	Milk Maid	5.6
Shoemaker	4.8	Field Labourer	5.6

Source: F. O'Shea, 'Community, Poverty and Criminality among the Irish in East London, 1850-1914', unpublished paper presented to the Department of History and Civilisation, European University Institute, Florence, June 1988, Table 4, p.35, original figures from John A. Jackson, 'The Irish in East London', East London Papers, Vol.6, Dec. 1963, 105-119, p.108.

No detailed research has been done on the occupational composition of the Irish in East London for the years 1871-1939. Irish men were increasingly concentrated in the manual industries. At the time of the 1889 dock strike, about 75% of the stevedores, the skilled hands among dock labourers were Irish or of Irish descent. In 1889 the average wage of a stevedore was 36s a week. Although stevedores were the best paid of dock workers, their work was subject to seasonal fluctuations and provided no job security, making the economic conditions of even these Irish workers and their families precarious.⁵³ In 1890, dock trade unionists such as Ben

52. O'Shea, 'Community, Poverty and Criminality', p.35.

53. J. Denvir, *The Irish in Britain*, (London, 1892; 1897), p.394. In 1887, a survey of wages and housing in St George's-in-the-East revealed that the average wage of dockers was 17s. which was lower than that of a general labourer who usually earned 21s. 2d. Shoemakers were likely to earn 21s. while the average wage of bricklayers was 31s., carpenters was 30s. 10d. and cigarmakers was 21s. 8d. (Cited in Stedman Jones, *Outcast London*, p.216.)

Tillet argued that the Irish had been driven to the docks from tailoring and shoemaking because of the influx of Jewish immigrants.⁵⁴

The Jews:

Many of the East European Jews who arrived in East London after 1870 deployed their artisanal and commercial skills in occupations they had pursued in Eastern Europe (see Table 1.10). By contrast with the Irish many of the Jewish immigrants exploited the opportunities expanding in the East End footwear, tailoring and furniture trades. Such work tended to be concentrated in small family workshops and was carried out under sweated labour conditions.

Table 1.10 :
Occupational Distribution of Russians and Poles in East London in 1891 and 1901

Occupation	% of occupied men		% of occupied women		% of total	
	1891	1901	1891	1901	1891	1901
Boot, Shoe & slipper makers	16	13	2	2	13	11
Tailoring, mantle making, & dressmaking	42	42	59	54	45	44
Capmakers	3	3	3	4	3	3
Furriers	3	1	5	3	3	2
Other clothing workers	1	-	3	5	1	1
All clothing workers	65	59	72	68	65	61
Cabinet makers	6	11	-	-	5	9
Other manufacturing, labouring & mechanical occupations except clothing workers	12	11	4	9	11	13
trading and commercial jobs	16	17	10	9	15	15
domestic servants & waiters	-	1	14	13	3	3
Total rounded	100	100	100	100	100	100

Source: Table 2.11 in David M. Feldman, 'Immigrants and Workers, Englishmen and Jews: the Immigrant to the East End of London 1880-1906' Unpublished Ph.D. thesis, (Cambridge Univ. 1985), p.57; Also see *Royal Commission on Alien Immigration* PP 1903, IX I, Q99 p.23 and Q1903.

54. Ben Tillet, *Sweating System*, PP 1888, XXI, Qs12662-12664.

The Lancet revealed in 1884 that many Jewish girls and women were kept toiling at their work long after the hours prescribed by the Factory and Workshop Act. 'At all hours of the day and night the [Pelham] street resounds with the rattle and whir of the innumerable sewing machines, the windows shine with the flare of gas, but the street is comparatively deserted.' Police stated that they often heard heavy machinery going on as late as 2 a.m. and beginning again at 7 a.m..⁵⁵ These findings were reinforced by the Royal Commission on the sweating trades in 1889. Jewish boot-finishers who worked 16 or 17 hours a day, mostly in cellar dwellings, often received a salary of 12s.⁵⁶ The average wage for a woman who did an hour's needlework in 1900 was not more than 2d., and was frequently as low as 3/4d.⁵⁷

In the late 1880s, a House Sample carried out in East London by Charles Booth showed that 13.7% of Jews were in poverty in the week of investigation, as compared with 12.1% of the whole working-class population. This higher level of poverty was thought to result from the greater percentage of unemployment or part-time or casual employment in the Jewish community. While 64% of the Jewish workers were employed in the casual labour market only 55% of non-Jewish workers were in a similar position.⁵⁸

55. Cited in Fishman, *East End Radicals*, p.51.

56. *Sweating System*, PP 1888-89, 5th Report: Conclusions and Recommendations, pp.xlii and xliii.

57. Booth, *Life and Labour*, 2nd series, *Industry*, Vol.IV, (1895-97),p.63.

58. Cited in 'Jewish Life and Labour' in H. Llewellyn Smith, *New Survey*, Vol. VI, (1934), p.287.

Mobility of the immigrants:

Not all immigrants remained poor in East London. Some Irish improved their economic status by joining the British army or police-force, and some street hawkers eventually established their own shops which gave them considerable security.⁵⁹ Nonetheless the Irish were generally less literate and upwardly mobile than the Jewish immigrants. Largely confined to a manual labour market, and to industries such as dock labour which subsequently declined, the Irish were unable to raise their social and economic status in the way that the Jews were able to from their occupational base. Moreover, some Irish immigrants viewed living in England as temporary and used their earnings to improve their circumstances when they resettled in Ireland.

The Occupations of Irish and Jewish Married Women

The immigrants' poverty, especially among the first generation, meant that many married women, as in the general population, were forced to combine the tasks of wife and mother with paid work. Frequent unemployment, illness or death of the male breadwinner in these families often made the woman's contribution to the family income vital. Many women had to rely on their own resources from early on and frequently worked outside the home, regardless of the age of their children. A great deal of their work could be carried out within the home while attending to duties of housework and childcare. In both communities family needs were of prime concern for married women. Those who worked outside the home often did so only as a last resort.

59. In 1891, the Irish born made up 14% of the British army. Jackson, 'The Irish in East London', p.110; Mrs M.K. and Mrs P.K., interviewed London, 1 May 1988, transcript, p.2; David Fitzpatrick, 'A Peculiar Tramping People: the Irish in Britain 1801-70' in W.E. Vaughan (ed.), *A New History of Ireland*, Vol.V (Oxford, 1989), p.641; idem, 'A Curious Middle-Place: The Irish in Britain, 1871-1921', in Roger Swift & Sheridan Gilley (eds), *The Irish in Britain* (London, 1989), p.23.

Married women had similar occupational opportunities open to them as single women. The types of jobs available to married women were dictated by the London economy. Much of the work in London was seasonal and many switched trades during the year according to the demand. The jobs available to married mothers included the manufacture of cheap and ready-made clothing, the making of embroidery or artificial flowers, the scraping of lint, the pulling of fur and the subsidiary tasks of leather and paper manufacture.

Some Jewish women had an advantage over Irish women because they could find employment in family workshops situated in the home or in close proximity to it. As will be shown below, this gave them more of an appearance of remaining within the home than other working mothers.⁶⁰ Irish women, however, could not depend on family workshops and were dependent on outside labour which was harder to combine with family needs. Their entry into the waged workforce varied according to the number and ages of their children and their family's economic needs.⁶¹

Charring work was widely undertaken.⁶² Interviews with nuns in East London and daughters of Irish immigrants all emphasised the number of mothers who

60. This is explored in greater depth in Lara Marks 'Assimilation and Social Mobility: Married Irish and Jewish Women's Work and Motherhood in East London 1870-1914' (Irish Studies Centre, The Polytechnic of North London, forthcoming).

61. Lees, *Exiles of Erin*, p.113.

62. Jewish women only did charring work if they had little alternative because of the stigma attached to doing domestic work for others (Interview by Jerry White, tape transcript 7:11/1-2; p.5). While Jewish families frequently employed Irish women to do their cleaning, very few Jews were hired for such work. Reference is made to this as early as 1872 by Hugh Heinrick who argued that many Irish girls 'lost their morality' when working for Jews, but gave no concrete reasons for his assertions. (*A Survey of the Irish in England* [1872; reprinted London, 1990], pp.29-30). Many Irish women used the opportunities opening up in English domestic service to migrate from Ireland. It was work which demanded single women, but skills which women could use later when trying to support a family. See also Fitzpatrick 'A Peculiar Tramping People', p.641.

would rise in the early hours of the morning to clean offices, and then return in time to get their children to school.⁶³ Family income was also supplemented by taking in lodgers.⁶⁴ Earnings from these trades supplemented a husband's wage in times of unemployment and other crises, but were inadequate to keep a family alive.⁶⁵

The extent to which married women participated in paid employment was greatly dependent on the economic circumstances of their family. While migration brought new opportunities, enabling some Irish and Jewish married women to stay at home, women of the first generation in general could not survive on their husband's earnings alone. In subsequent generations the situation changed and was related to the economic mobility of the Irish and Jewish communities. As Jews moved up the social ladder so their married women increasingly disappeared from paid labour, although this was an uneven process. In the Irish community this was more difficult.⁶⁶

63. Sisters of Mercy, interviewed London, 9 Dec. 1987, transcript, p.2; Sister of Charity, interviewed London, 14 Dec. 1987, notes; Mr M.F, interviewed London, 2 July 1987, transcript, p.5. Many of those employed to do the domestic chores of institutions such as workhouse infirmaries and voluntary hospitals had surnames common to people from Ireland. (See for instance Whitechapel Board of Guardians, Minutes 1878 [Greater London Record Office (GLRO) files: St/BG/Wh/60; St/BG/Wh/61]; or St George's-in-the-East Board of Guardians, House Committee, Minutes, 14 Jan. 1915 [GLRO file: St BG/SG/79/1]).

64. Lodging was perceptibly more common among the Irish and the Jews who often supplied shelter for fellow newcomers than among the general population. Lodging conventions differed between the two communities because of the customs attached to children leaving home. Jewish children were more likely to remain at home until they left to marry, while their Irish counterparts left at an earlier age making the practice of lodging a more familiar sight amongst the Irish community. Lodging constituted the provision of shelter as well as the contraction of services such as laundry, mending, tea and breakfast. The practice of taking in lodgers was relinquished once children entered the workforce.

65. White, *Rothschild Buildings*, p.437.

66. Coinciding with this disappearance from the waged workforce was the lessening hold many married Jewish women had over the family budget. Increasingly the male breadwinner managed the family economy and dictated

The Established Anglo-Catholic and Jewish Communities

Neither the Irish nor the Jewish population in England were homogeneous groups. Some were long established and integrated. Others were recent immigrants. Unlike the immigrants who settled in East London in the late nineteenth century, the established Jews tended to live in West London and did not speak Yiddish.⁶⁷ The Irish immigrants also felt excluded by the domination of their church by English Catholics.⁶⁸ Thus there were internal tensions in both groups. Compounding these problems was the long history of persecution and discrimination against Jews and Catholics, which persisted, albeit to a lesser degree even when civil rights were granted to the Roman Catholics in 1829 and to the Jews in 1859. Victorian 'No Popery' sentiment was strong, making the English Roman Catholic Church constantly conscious of its vulnerable position.⁶⁹ Similarly although anti-semitism was never as virulent as on the European continent, Jews nevertheless faced similar antagonisms to those of Catholics, most clearly

what should and should not be spent. (Rickie Burman, 'Jewish Women and the Household Economy in Manchester, c.1890-1920' in Cesarani, [ed.], *The Making of Modern Anglo-Jewry* [Oxford, 1990], 56-75, pp.70-72.) For more information on the different levels of married Irish and Jewish women's participation in the paid labour market see Marks 'Assimilation and Social Mobility'.

67. Eugene Black, *The Social Politics of Anglo-Jewry 1880-1920* (Oxford, 1988), pp.36-37.

68. Not all the Irish were Catholic in the nineteenth century, but the majority who settled in East London were. Contemporaries often commented that Irish Catholics were strongly religiously observant, making it feasible to assume that many of them had contact with the local Catholic churches and the social services they provided. It is for this reason that I have focused on the provision made in the Catholic community for the Irish immigrants. Tension grew between the Irish Catholics and the English Catholic Church in 1853 over the predominance of English in the Catholic hierarchy and the absence of Irish speaking priests. (Lees, *Exiles of Erin*, p.190). Many of the Irish immigrants who came to East London came from Cork. According to Miller 47.2% of these emigrants were Irish speakers in 1851, but by 1891 Irish-speakers constituted 27.3% of the emigrants. The number of Irish-speakers amongst the emigrants varied enormously according to where they came from within Ireland. (See Miller, *Emigrants and Exiles*, Table 10, Appendix, p.580.)

69. Jackson, 'The Irish in East London', pp.114-115.

seen in the debate concerning the Aliens Act of 1905 which limited immigration for the first time.

Many of the Irish and Jewish immigrants arrived in East London penniless and without any possessions. The overwhelming poverty of the immigrants caused much concern for Anglo-Jews and Catholics who feared that it might be used as ammunition against their own newly won status and respectability.⁷⁰ As already mentioned above East London was already the focus for many social observers during the nineteenth century and the immigrants often worsened the social conflicts and the fight for resources already present in the area.

Locally, anti-semitism in East London was largely fostered by the conditions under which the population was living. The Jews were seen, like the Irish, as the perpetrators rather than the victims of the shortage of housing, the insanitary conditions and unemployment. Immigrants were also blamed for overcrowding; it was common for Irish and Jewish families to take in members of their extended family or friends. Cases of deserted wives and bigamy among Jewish immigrants also provided bait for those who accused the Jews of the breakdown of the social unit, the nuclear family.⁷¹

Leaders of the Jewish and Anglo-Catholic communities in the 1880s saw the poverty and traditions of the newcomers as particularly strange and

70. Williams, *Manchester Jewry*; White, *Rothschild Buildings*; S. Gilley, 'The Roman Catholic Mission to the Irish in London', *Recusant History*, Vol. 10, 1969-70, p.123; M.A.G. O'Tuathaigh, 'The Irish in 19th Century Britain: Problems of Integration', in Roger Swift & Sheridan Gilley (eds), *The Irish in the Victorian City* (London, 1985), pp.27-28.

71. *Alien Immigration*, PP 1903, IX, Q9418, Q9780; Gartner, *Jewish Immigrant*, p.172; J. Hollingshead, *Ragged London in 1861*, (London, 1861; 1986), pp.25, 45. PP 1903, Joseph Buckman, *Immigrants and the Class Struggle: The Jewish Immigrant in Leeds*, (Manchester, 1983), p.159; White, *Rothschild Buildings*, p.77; Feldman, 'Immigrants and Workers', p.263.

embarrassing.⁷² Fears of anti-semitism and anti-Catholicism compelled Anglo-Catholics and Jews to improve the conditions of their new respective members. Many Anglo-Catholics and Jews were concerned that their poor accepting parish relief would both provoke antagonism in the outside world and also undermine their own respectability. There was also the concern that their fellow poor would be isolated culturally and possibly converted in such institutions.⁷³

Such views often accentuated the social stratifications within each community. One Catholic Poor School Committee reported, 'the education of the Catholic Church...can, and, as far as the education is diffused, will convert these masses into useful citizens, loyal subjects, and good men'.⁷⁴ Similarly, the established Jewish community wished to impose almost exactly the same programme of assimilation and respectability. A leader comment in the Jewish community's newspaper *The Jewish Chronicle* argued in 1881:

We may not be able to make them rich, but we may hope to render them English in feeling and in conduct....By improving in all directions and educating their children in an English fashion, we can do much to change our foreign poor into brethren who shall not only be Jews, but English Jews.⁷⁵

Many of these attitudes shaped the activities undertaken by the established Catholic and Jewish communities. Action was taken on two

72. Charles Booth Collection, LSE files: B147, pp.57, 101. See also Jackson, 'The Irish in East London', p.115-116.

73. See for instance *The Tablet*, 26 Feb. 1870, p.260.

74. Catholic Poor School Committee, *1st A/R* (London, 1848) p.14, cited in Lees, *Exiles of Erin*, p.198. See also N. Kirk, 'Ethnicity, Class and Popular Toryism', in K. Lunn (ed.), *Hosts, Immigrants and Minorities: Historical Responses to Newcomers in British Society 1870-1914* (Folkestone, 1980), p.78.

75. Cited in Rickie Burman, 'The Jewish Woman as the Breadwinner: The Changing Value of Women's Work in a Manchester Immigrant Community', *Oral History Journal*, Vol. 10, No.2, Autumn 1982, 27-39, p.36.

fronts. In the wider community members of the established Anglo-Catholic and Jewish communities secured positions on local Boards of Guardians, voluntary organisations such as the Charity Organisation Society, and, later, on municipal associations.⁷⁶ On another front the Anglo-Catholic and Jewish communities also created their own charitable institutions. In both communities religious bodies such as the United Synagogue and the Catholic Church played a central role in administering charitable social services.

One of the most active Jewish organisations in this sphere was the Jewish Board of Guardians (JBG) established in 1859. Many of its aims were in part a reaction to the threat posed by the immigrant Jews to the assimilation of the established Anglo-Jewish community into respectable English life. Arising out of an attempt to centralise the relief agencies organised by synagogues and other associations within the community, the JBG was the most cohesive charitable institution in the Jewish community. Its functions were wide, making it distinct from other Boards of Guardians.⁷⁷ The provision of soup, clothes, apprenticeships, loans for setting up businesses and for further passage to America or South Africa were some of the provisions made by the JBG.⁷⁸

In the 1860s the Board was among the most progressive philanthropic organisations in England, but it was not always as generous as it

76. Jewish participation in local government and local organisations is discussed in Geoffrey Alderman, *London Jewry and London Politics 1889-1986* (London, 1989). Difficulties the Catholic community encountered in securing positions on the Workhouse Visiting Society are mentioned in Elisabeth M. Ross, 'Women and Poor Law Administration 1857-1909', M.A. thesis (London Univ., 1956), p.55. This issue is explored further in chapters 4, 6, & 7 below.

77. Williams, *Manchester Jewry*, p.280.

78. *Sweating System*, PP 1888, XX, Q1, Q269; See also Jewish Board of Guardians (JBG) A/Rs; Williams, *The Making of Manchester Jewry*, p.280 and Feldman, 'Immigrants and Workers', p.197.

portrayed itself. In times of depression the JBG, like many other Parish Unions, could take a more disciplinary stance so as to inculcate the ethics of thrift.⁷⁹ Full investigations were made of applicants by the JBG to judge their moral integrity and thrift. Newcomers had to prove residence in England of 6 months and that they were able to support themselves before they were granted help. Those immigrants who appeared unable to maintain themselves were often repatriated by the JBG. This policy involved harrowing experiences for those it affected.⁸⁰ The moral values promulgated by the JBG were also important elements in the foundation of other charitable organisations under its auspices.

Relief was to be provided by the JBG where religious issues were at stake and help was unavailable elsewhere.⁸¹ This was most clearly seen in its policy on parish relief. Indoor parish relief, which required residence within the workhouse, limited religious observance. Outdoor relief provided outside the workhouse, in particular medical relief, was much more easily provided outside the workhouse. According to the JBG no complaints were heard from Jewish patients or from Poor Law authorities about the treatment of Jewish patients.⁸² The JBG therefore thought medical relief a lesser need and did not provide it after 1873.⁸³

79. Williams, *Manchester Jewry*, p.280; Feldman, 'Immigrants and Workers', p.197-198.

80. Alien Immigration, PP 1903, IX, Qs9774-9776, Q15629.

81. V.D. Lipman, *A Century of Social Service: 1859-1959: The Jewish Board of Guardians* (London, 1959), p.63.

82. JBG, A/R (1879), p.18. Contrary to the views held by the JBG, objection to the JBG's policy on medical relief were voiced in 1888. Their withdrawal of relief was thought to have increased the burden on the ratepayers in East London. Jewish patients were thought to be particularly demanding in seeking medical attention from Poor Law authorities (*House of Lords Select Committee on Poor Law Relief*, PP 1888, XV, Rev. Billings, Qs 2477-2478).

83. JBG, A/R (1879), p.18; (1873), p.22; (1891), pp.10-11; (1896), pp.18-19. This policy was reflected in the type of parish relief the Jews

The Catholic Church had a less centralised relief system than the Jewish community. Nevertheless, the Catholic Church had a number of associations which catered to the needs of their poor and promoted similar ethics of thrift and self-help. Such work was organised by various religious orders with help from some lay people.

A major Catholic institution providing relief in the East End was the Providence-Row Night Refuge established in 1860 by Monsignor Daniel Gilbert with the help of the Sisters of Mercy.⁸⁴ Despite its Catholic founder, the Refuge, unlike the JBG (which primarily catered for the Jewish poor), made no distinction by creed. The Refuge accepted everyone on the first night but investigated each case for subsequent days.⁸⁵ Based in Crispin Street, the Refuge served Shoreditch, Spitalfields, Whitechapel, and Houndsditch.

The Refuge housed families whose breadwinners were unemployed or whose mothers were sick in hospital. Some families were helped with their rent and weekly allowances, while items to sell were given to those artisans and labourers who were unemployed or to households where the chief breadwinner was ill. Boots and old clothes were also supplied. When unable

applied for. More Jews appeared amongst those accepting medical and outdoor relief than indoor relief. For more information on this see chapter 7, pp. 288-293 on poor law maternity provision.

84. As the son of Irish emigrants from Wexford, Father Gilbert was no stranger to poverty. Born and raised in London he had received help from a school in Soho run by the Irish Christian brothers, which had enabled him to complete his studies and become a priest. ('Providence Row', unpublished paper from Providence (Row) Night Refuge and Home, n.d.. I am grateful to Sister Aloysius for sending me this paper.)

85. *Catholic Directory* (1890), p.426 and (1905), p.565; *The Tablet*, 19 Dec. 1891, p.995.

to help directly, the Refuge attempted to place their clients in the appropriate institution.⁸⁶

Other Catholic organisations initiated abroad had branches in East London. One was the Society of Saint Vincent de Paul, a male religious order, originally established in France in 1833, and in England in 1844. Unpaid members of the society visited poor families in their own homes. It also distributed clothing and food, as well as tickets for bread, grocery and milk.⁸⁷ Female religious orders, such as the Sisters of Mercy and the Sisters of Charity of St. Vincent de Paul, both based on Commercial Road, provided social relief alongside their primary role as educators. Refuges and workrooms for girls and young women were provided by the Sisters of Marie Auxiliatrice (established in Bow in 1893) and the Sisters of the Sacred Heart of Jesus, (established in Homerton in 1866 and in Poplar and Mile End by 1880). These orders also visited the poor daily in their own homes, in hospitals and poor law infirmaries.⁸⁸

In 1893, a Catholic settlement was established by the Dowager Duchess of Newcastle on the request of Cardinal Vaughan in Tower Hill. In later years it was taken over by the Society of the Holy Child Jesus (SHCJ) and moved to Poplar. Middle-class philanthropic women of the settlement visited the poor in their own homes. They distributed food to the sick, and provided a soup kitchen for children.⁸⁹ Catholic ladies and nuns based at St. Celia's

86. *The Tablet*, 17 Dec. 1881, p.992; 19 Dec. 1885, p.991. Although not explicit the organisation appeared also to help unmarried mothers. (*The Tablet*, 19 Dec. 1885, p.991). For more information on Catholic communal provision for unmarried mothers see chapter 5.

87. *Catholic Directory* (1870), p.351; *Magazine of the Sacred Heart*, May 1906, p.ii.

88. *Catholic Directory* (1880), pp.391-392.

89. Settlement of the Holy Child, A/R (1962/3), p.5.

House in Commercial Road and St. Philip's House based in Whitechapel also undertook such work.⁹⁰

The degree to which immigrants accepted charitable aid from the more established communities, and conformed with schemes of anglicisation and assimilation, is difficult to assess. Much depended on the aspirations of the newcomers themselves and their social circumstances. Alongside the help provided by the Anglo-Catholic and Jewish communities were organisations set up by the immigrants themselves. These had their own agendas some of which matched those of the more established communities.

Looking at the Jewish community in Manchester, Williams argues that tensions not only existed between the Anglicized bourgeois Jews and the Eastern European working-class Jews but also among East European Jews themselves. Divisions were subtle among the newly arrived immigrants and were 'not simply along the lines of nationality, region of origin or religious preference (although all these existed), but even more in terms of differing degrees of success in the search for economic betterment and social respectability'.⁹¹ Feldman has also emphasised this in his study of *Chevras*,⁹² *Talmud Torahs* (religious schools) and Friendly Societies among the Jewish immigrants in East London. Many of these aimed at self-conscious improvement and respectability and stressed their independence from other parts of the Jewish community.⁹³

The Irish had comparable friendly societies and cultural associations which had similar aims to those of the Jewish immigrants. Some were set up

90. *Magazine of the Sacred Heart*, Jan. 1907, p.ii; and April 1907, p.vi.

91. Williams, 'East and West', p.18.

92. A *Chevra* is a social or voluntary association for religious and charitable purposes, often forming the congregation of a small synagogue.

93. Feldman, 'Immigrants and Workers', pp.285-298.

by the Catholic Church in an attempt to promote self-help and thrift within a Catholic context, but many other Irish associations were not under the control of the Church and they had their own agendas of self-improvement.⁹⁴

Many activities immigrants pursued did not encompass the ideals of the more established Catholics and Jews.⁹⁵ For the Jewish community certain tensions arose over the *Chevroth*. Fearing that *Chevroth* were indiscriminate in their almsgiving and were causing pauperisation, the established Jewish community tried to set up its own Jewish Friendly society in opposition to those established by the immigrants themselves.⁹⁶

Another area which caused friction was trade union organisation. While immigrants viewed this as a means to improve their living and working conditions, socialism was not necessarily approved of by the established Catholic Church or Jewish communal leaders. Gambling and the selling of illegal alcohol, a lucrative business for some Jewish immigrants, also caused much concern for the established community.⁹⁷ In the Catholic

94. Jackson, *The Irish in Britain*, pp.113-114; Lees, *Exiles of Erin*, p.207; Swift & Gilley, *The Irish in the Victorian City*, pp.10-11; Fitzpatrick, 'A Peculiar Tramping People', pp.637-638; O'Tuathaigh, 'The Irish in Nineteenth Century Britain', p.24. Irish publicans also played an 'important role in establishing a more settled Irish community in East London and helping to alleviate some of the distress of the immigrant cast adrift on the tide of London.' (Jackson, 'The Irish in East London', p.110).

95. For more discussion on this see Feldman, 'Immigrants and Workers', and Williams, 'East and West'.

96. Williams, *Manchester Jewry*, pp.278-279. Another important battle between the immigrant Jews and the more established community was over the establishment of the London Jewish Hospital in East London. Gerry Black has dealt with this episode in 'Health and Medical Care of the Jewish Poor in the East End of London 1880-1939', Ph.D. thesis, (Leicester Univ. 1987), pp.251-309. See also footnote 51 in chapter 4.

97. O'Tuathaigh, 'The Irish in Nineteenth Century Britain', p.28; Tom Gallagher, 'Church and Laity in Inter-war Glasgow: Political, Educational and Social Concerns', unpublished paper presented to Conference 'Catholics and their Church in Britain, 1880-1939', Warwick University 1988, p.2;

community there was great concern that the Irish were perceived to be heavier drinkers and more prone to fighting and crime than other groups. While some Irish joined Catholic teetotal clubs and took a temperance pledge, not all were willing to conform.

Conclusion

Most Irish and Jewish immigrants who settled in East London in the late nineteenth century came in search of better economic prospects and to escape the terrible social and economic upheavals occurring in the communities they left behind. On arrival in England, these two groups of immigrants faced similar hostilities from the host society, but their experiences were very different. Both came with very little money or possessions, but the Jewish immigrants were more literate and economically mobile than the Irish. Arriving with their artisanal and commercial skills, many Jews were able to utilise the opportunities expanding in the East End footwear, tailoring and furniture trades. Coming from an agricultural society Irish migrants had fewer skills to offer and tended to be concentrated in the manual industries, especially those based around the docks as well as in construction and transportation.

While migration brought new opportunities, it did not bring immediate wealth and a great number of the Irish and East European Jews were initially doomed to living in terrible conditions and had very poor health. The social and economic background of Irish and Jewish mothers in East London had an important bearing on their experience of childbirth and infant care. How this affected the health standards of immigrant mothers and their infants is examined in the next chapter.

Feldman, 'Immigrants and Workers', p.285; Fishman, *East End Radicals*, pp.137-138, 285.

CHAPTER 2

THE HEALTH OF IRISH AND JEWISH MOTHERS IN EAST LONDON

Introduction

Irish and Jewish immigrants arrived at a time when politicians and social reformers were concerned about the strength of the nation and declining health standards. The influx of immigrants compounded anxieties about racial degeneration in Britain.¹ A diminishing birth rate and persistent high infant mortality added to these fears. During the nineteenth century attempts were made to curb infectious and diarrhoeal diseases among infants, but the issue became a national preoccupation when many recruits failed to pass the fitness tests needed to join the army for the South African War (1899-1902). Fears that the nation was declining physically spurred the state into action. This was most clearly seen in the Royal Commission on Physical Deterioration in 1904.²

In a drive to reduce infant mortality, the Midwives Act was passed in 1902. It regulated the practice of midwives for the first time and attempted to raise midwifery standards. Many medical practitioners and policy makers argued that the solution to infant mortality also lay in the education of mothers through health visiting and in schools for mothers, later known as infant or child welfare centres. Various maternal and infant welfare schemes were also created by voluntary and municipal

1. This can be seen in the evidence given to the *House of Lords Select Committee on the Sweating System*, PP 1888 XX, XXI; PP 1889, XIII, XIV; PP 1890, XVI; *House of Commons Select Committee on Alien Immigration*, PP 1888, XI; PP 1889, X; and the *Royal Commission on Alien Immigration*, PP 1903, IX I & II (henceforth *Alien Immigration*, PP 1903, IX).

2. For the connection between fears of racial degeneration and the South African War and how these affected issues of infant mortality see Anna Davin, 'Imperialism and Motherhood', *History Workshop Journal*, Issue 5, Spring 1978, 89-66, p.49.

agencies.³ Drawing on nineteenth century notions of 'good motherhood' many of these activities were influenced by middle-class ideals of domesticity and the ideal family unit. They failed to acknowledge the positive culture of working-class motherhood⁴ and more importantly the social and economic deprivation which so often prevented mothers rearing robust infants let alone maintaining a healthy life for themselves.⁵

World War I, like the South African War, again prompted anxieties about the reproduction of the nation and led to the Maternity and Child Welfare Act of 1918 which gave more help to local authorities to establish grant-aided child welfare clinics. This act also provided money for ante-natal care, reflecting a shift in emphasis from the infant to the mother.⁶

3. School medical inspections were another way to ensure that from childhood to adulthood the nation's population would remain healthy and provide both a good workforce and army.

4. Davin, 'Imperialism and Motherhood', p.13-14.

5. Dwork has recently attempted to challenge some of these ideas which were originally put forward by Davin, Lewis and Dyhouse (see footnote 6, below). Dwork argues that many of the activities of the infant welfare movement offered more fundamental solutions than other historians have suggested, and that many mothers welcomed the facilities they provided. (Deborah Dwork, *War is Good For Babies and Other Young Children: A History of the Infant and Child Welfare Movement* [London, 1987], pp.219-220.)

6. For more information on the development of maternity and child welfare services see Davin, 'Imperialism and Motherhood'; Carol Dyhouse, 'Working-Class Mothers and Infant Mortality in England, 1895-1914', *Journal of Social History*, 12, 1979, 248-267; Jane Lewis, *The Politics of Motherhood: Child and Maternal Welfare in England 1900-1939* (London, 1980); Jane Lewis, 'The Working-Class Wife and Mother and State Intervention' in Jane Lewis (ed.), *Labour and Love: Women's Experience of Home and Family 1850-1940* (Oxford, 1986); Anthony S. Wohl, *Endangered Lives* (London, 1983); Irvine Loudon: 'Deaths in Childbed from the 18th Century to 1935', *Medical History*, Vol.30, No.1, 1986, 1-41; Charles Webster, 'Health, Welfare and Unemployment during the Depression', *Past and Present*, No.109, Nov. 1985, 110-129. Maternal mortality is discussed in greater depth below.

Concern for maternal mortality appeared in a number of reports from 1875⁷, but it did not achieve national priority in the same way as infant mortality until the early 1920s. While little was done to ease the economic burdens of motherhood, persisting maternal mortality during the 1920s and 1930s caused public outcry over the standards of midwifery care for mothers.⁸

It is against this background that the health of Irish and Jewish mothers and their infants is considered. Social and economic conditions of the immigrant communities in East London had an enormous impact on the health of women in the two communities. Poverty and ill-health were common among the majority of the Irish and Jewish populations in East London giving credence to the popular image of the immigrants as physically weak, sickly and the bringers of disease.⁹ One factory inspector reported that Jewish immigrant women who worked in sweated industries were often found 'anaemic' and 'lifeless'. Many immigrants suffered poor health before reaching England. Some observers believed that the population in Ireland and the Jewish areas of Poland had physically deteriorated, and this

7. Loudon, 'Deaths in Childbed', p.2.

8. Lewis, *Politics of Motherhood*, p.35-36.

9. One observer noted that many of the Jewish immigrants who arrived in England were initially very weak and had lost many of their infants due to the conditions they had endured before arriving in England. Within a short period of settling however, many of these immigrants became much stronger. (*Alien Immigration*, PP 1903, IX, Qs15970-15983. See also Colin Holmes, *Anti-semitism in British Society 1876-1939* (London, 1979), p.40; *Jewish Chronicle (JC)*, 8 Oct. 1897, p.18; 6 Oct. 1901, p.18.) A surgeon from Birmingham described the Irish as 'the very pests of society. They generate contagion. More and worse cases of fever, and other infectious diseases of spontaneous origin, occur among them...' The Irish were thought particularly to be the cause of the spread of typhus and smallpox. (*Royal Commission on the Condition of the Irish Poor in Great Britain*, PP 1836, XXXIV (henceforth *Condition of Irish Poor*, PP 1836, XXXIV), p.480. See also Frances Finnegan, 'The Irish in York', in Roger Swift and Sheridan Gilley (eds), *The Irish in the Victorian City* (London, 1985), p.61), and Graham Davis, 'Little Irelands', in Roger Swift & Sheridan Gilley (eds), *The Irish in Britain* (1989), p.115.

manifested itself in high lunacy rates among the Irish and Jewish population.¹⁰

In reality what was the standard of health among the immigrant mothers and their infants? Unfortunately few records document separate statistics for Irish and Jewish immigrants. All that remain are general impressions from medical officers and other contemporaries who contradicted the popular stereotypes, arguing that the Irish and Jewish immigrants in England usually stood 'apart in the poorer neighbourhoods from the general degeneracy'.¹¹ Less material exists for the health of Irish immigrants than for the Jews.¹² The health patterns of the Irish and Jewish populations have been largely drawn from that of East London as a whole. These have been broken down by area and by parish.

10. *Alien Immigration*, PP 1903, IX, Q11809; *Report of the Interdepartmental Committee on Physical Deterioration*, PP 1904, XXXII (henceforth *Physical Deterioration*, PP 1904, XXXII), Q1932, Q2199, Q3247, Q3257, & Q3457.

11. *Physical Deterioration*, PP 1904, XXXII, Q475, p.175. See also remarks by Dr Eichholtz, an inspector of the Board of Education, Dr Hall an ex-factory surgeon from Leeds and Sir John Gorst, MP (*Public Health*, February 1905, pp.283-284). Overall Jews were thought to have much lower rates of mortality than the general population in England and Eastern Europe. For more information on this see Arthur Ruppin, *The Jews of Today* (London, 1913), pp.75-77.

12. For more information on the general health of Jewish immigrants in America and elsewhere see Deborah Dwork, 'Health Conditions of Immigrant Jews on the Lower East Side of New York: 1880-1914', *Medical History*, Vol.25, 1981, 1-40, especially pp.25-31.

Figure 2.1 :
Annual infant deaths per 1000 live births in England and Wales and London 1876-1937

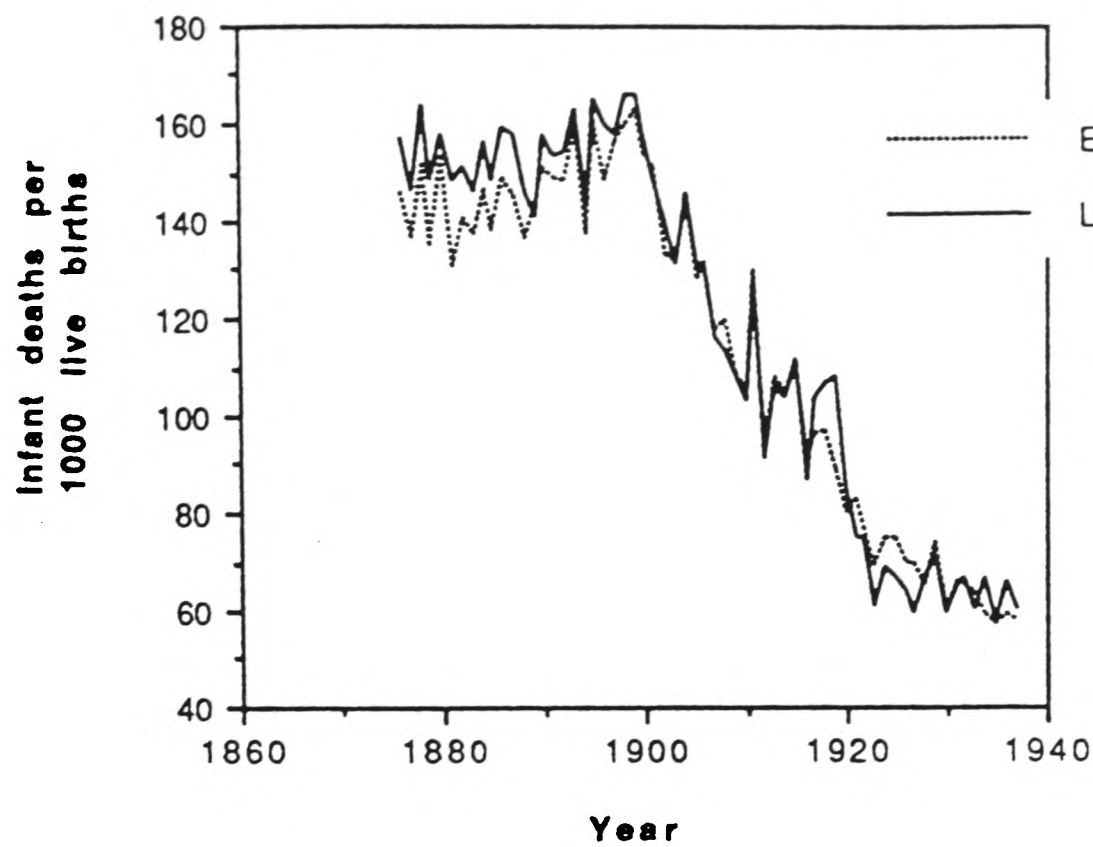
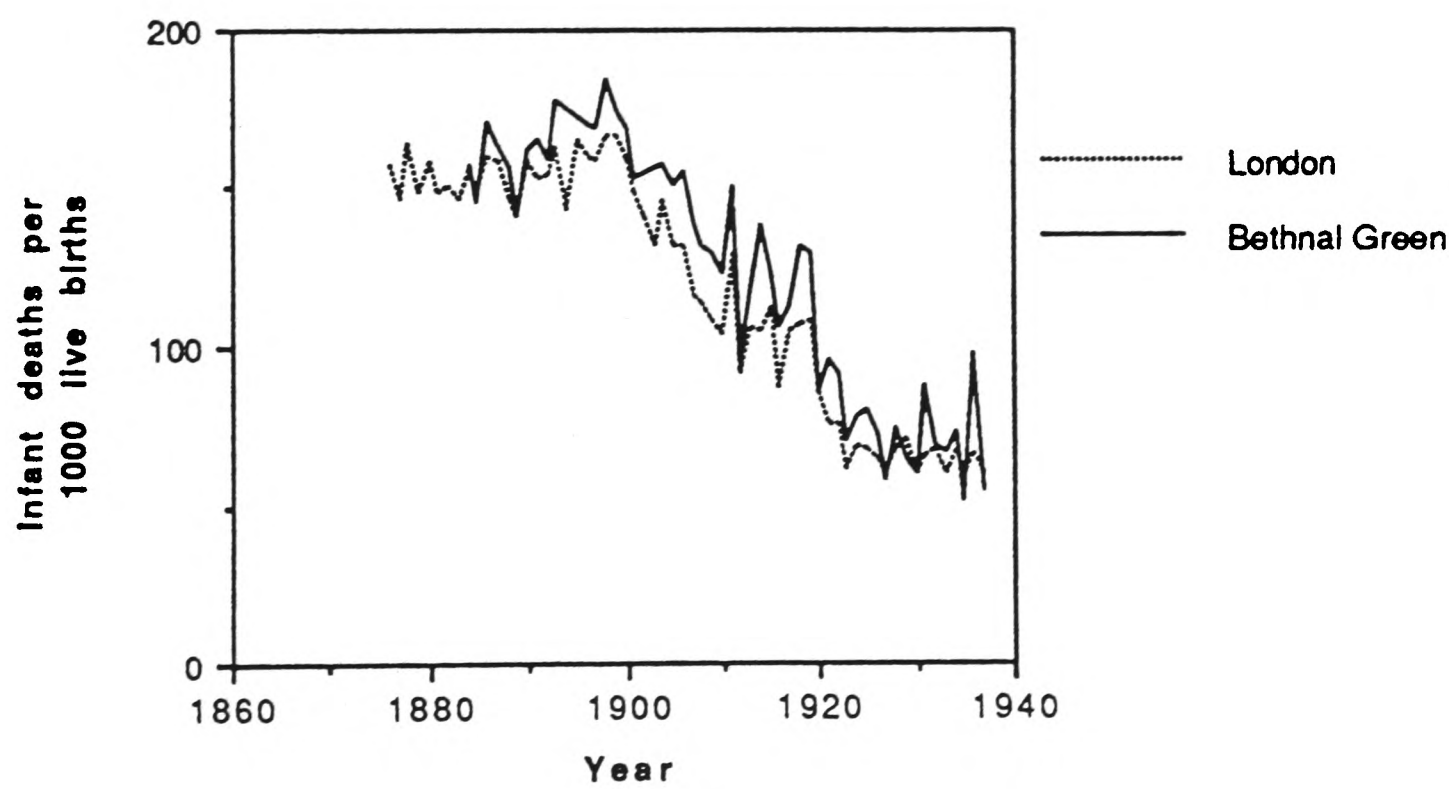


Figure 2.2 :
Annual infant deaths per 1000 live births in London and Bethnal Green 1876-1939



Source for figures 2.1 and 2.2: *A/Rs of the Registrar General For England and Wales 1876-1939*

Figure 2.3 :
Annual infant deaths per 1000 live births in London and Poplar 1876-1939

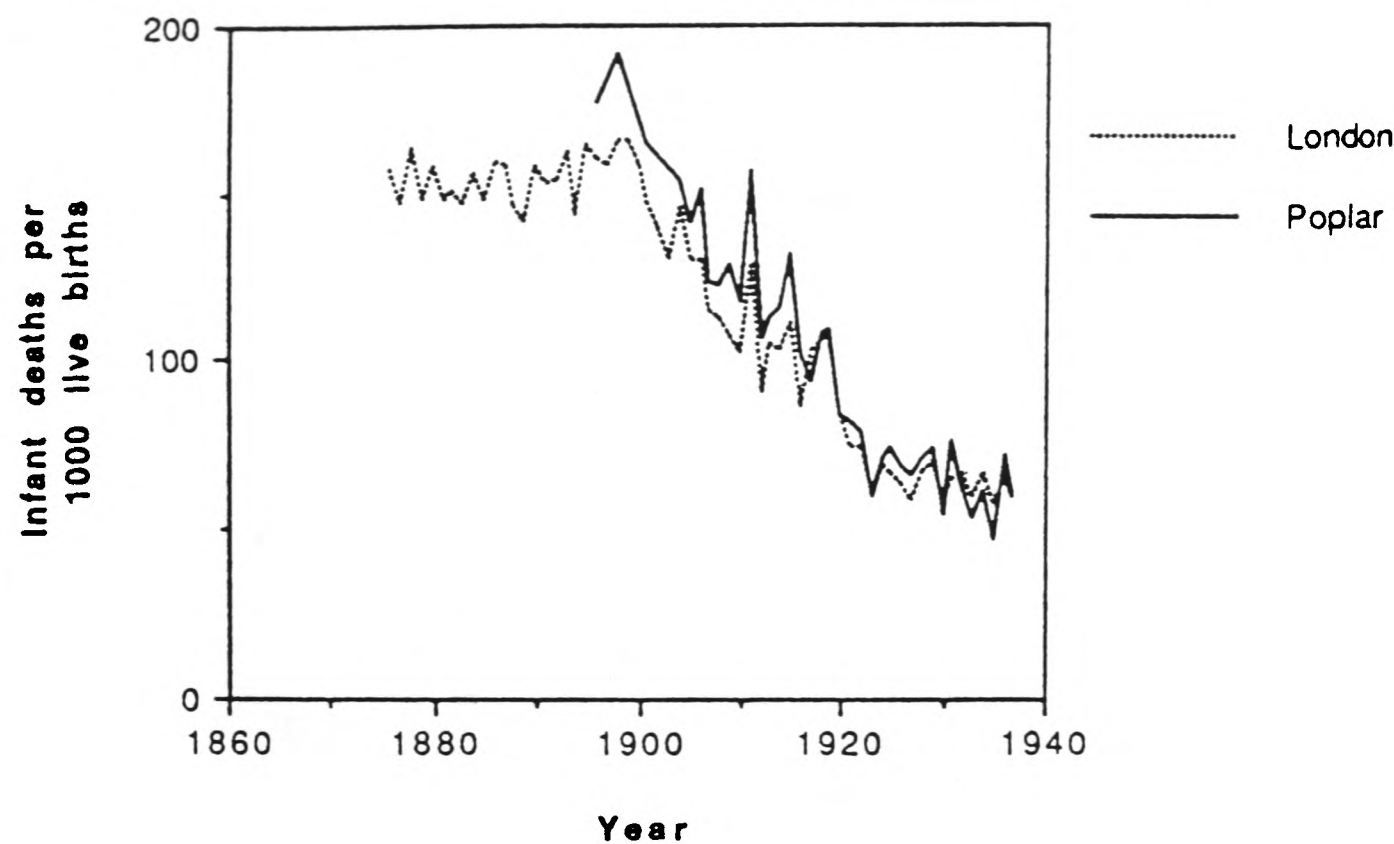
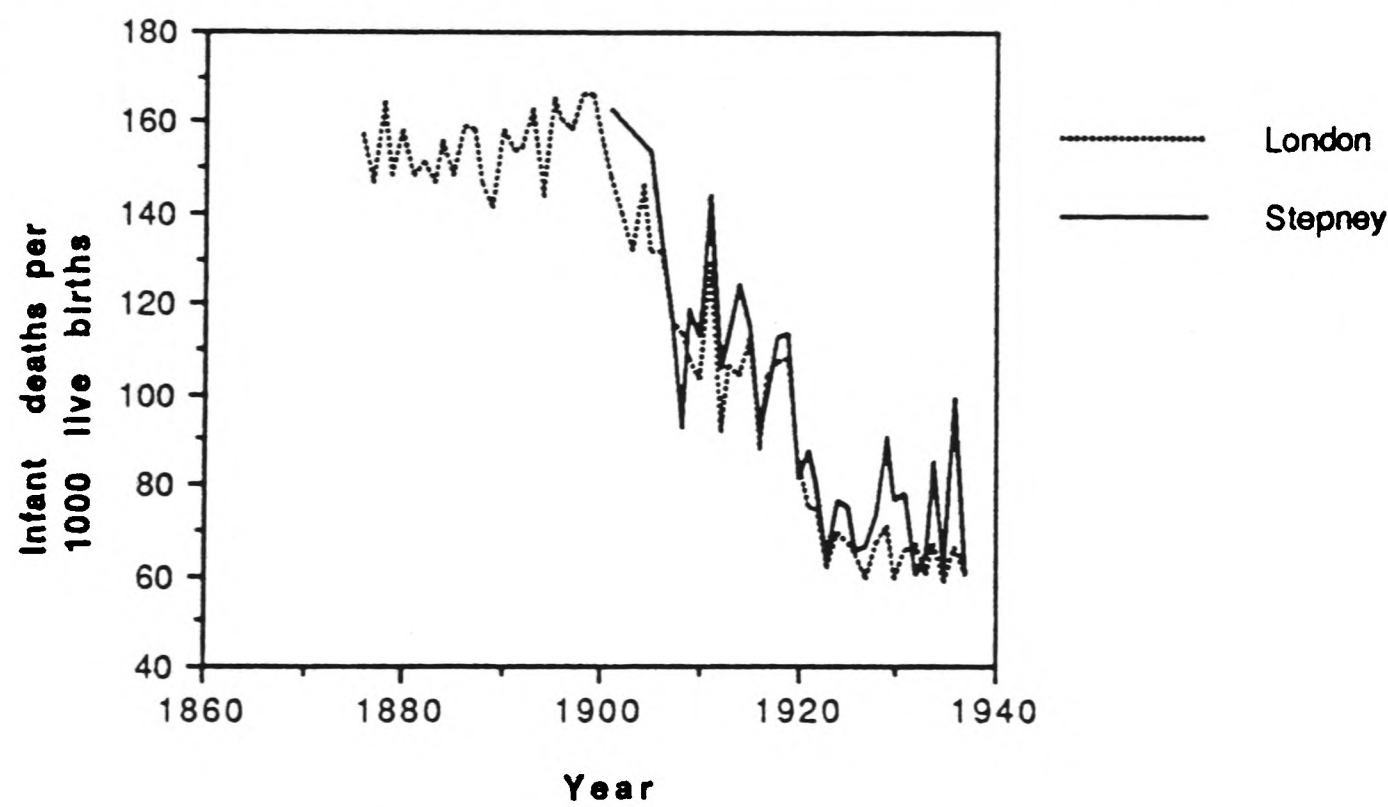
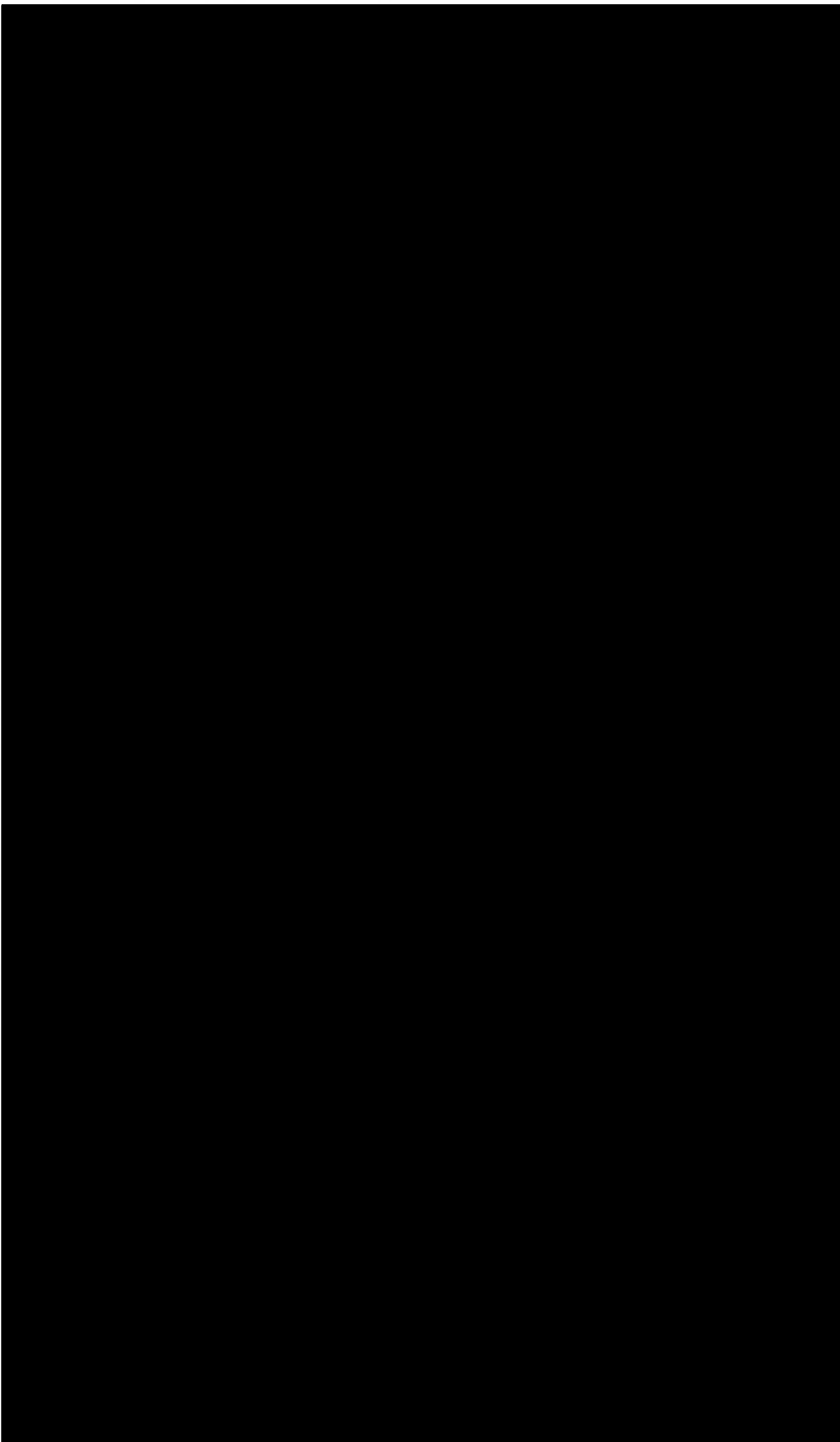


Figure 2.4 :
Annual infant deaths per 1000 live births in London and Stepney 1876-1939



Source for figures 2.3 and 2.4: *A/Rs of the Registrar General for England and Wales*

Map 2.1 : Infant Mortality Rate in Inner London 1891–1900



Source: Registrar General's Supplementary Report 1891-1900, Table 1, p.cxxxi.

Infant Mortality

Despite the remarkable reduction in other forms of mortality during the nineteenth century, infant mortality took longer to decline and remained high until the early twentieth century.¹³ Figures 2.1 to 2.4 (above) show that infant mortality was slightly higher in East London than either London as a whole or England and Wales. (Map 2.1 above shows how the rates of infant mortality in East London compared with other areas of London in the period 1891-1900). Despite this, Jewish infant mortality emerges from the statistics as remarkably lower than that for the rest of the population in East London.¹⁴ The high infant mortality of East London as a whole is attributable to the terrible social and economic deprivation of the area. This raises questions of interpretation regarding low infant mortality in areas where there were high concentrations of Jewish immigrants.

Table 2.1 below illustrates how in the years of high Jewish immigration 1886-1900, infant mortality declined in the districts where the East European immigrants were congregating, such as St.George-in-the-East and Whitechapel, whereas in other areas with fewer Jewish inhabitants, such as Limehouse and Mile End Old Town, infant mortality increased.¹⁵ (See Map

13. In roughly three generations crude death rates (deaths per 1,000 population) were halved. Approximately ninety percent of the mortality decline amongst all ages resulted from the reduction of mortality from infectious diseases. (J.M. Winter, 'The Decline of Mortality in Britain 1870-1950' in T. Barker, and M. Drake (eds), *Population and Society in Britain 1850-1980* [London, 1982], p.100; N.L. Tranter, *Population and Society 1750-1940* [London, 1985], p.64.).

14. *Physical Deterioration*, PP 1904, XXXII, Q636 p.185, Qs1096-1098 & Q11084. See also remarks by Dr Eichholtz, an inspector of the Board of Education, Dr Hall an ex-factory surgeon from Leeds and Sir John Gorst, MP (*Public Health*, Feb. 1905, pp.283-284).

15. Registers from the United Synagogue appear to contradict this evidence. According to this source, infant and child mortality formed a much larger proportion of the total deaths amongst the Jewish population than among non-Jews. Of the total deaths amongst the Jewish population 50% were of children under the age of 5, whereas in the general population it was 38% (*Alien Immigration*, PP 1903, IX, Qs15970-15983). These figures however are inaccurate because they do not measure the number of infant

1.3 above, p. 22 and tables 2.2 to 2.3 for the proportion of Jewish residents in the heart of East London during this period.) By 1900 St George's-in-the-East no longer showed as high a rate of infant mortality as other parts of East London such as Stepney which had fewer Jewish residents.¹⁶

Table 2.1:
Deaths under 1 Year of Age per 1000 Births in Stepney, Southwark and London during the Peak Years of Jewish Immigration

	1886-90	1891-95	1896-1900	Change 1886-1900
London	153	156	161	+ 5.1%
Borough of Stepney	170	168	165	- 2.9%
Limehouse	191	187	204	+ 6.8%
Mile End Old Town	147	154	155	+ 5.4%
St. George in-the-East ^a	195	190	-	- 7.2%
Whitechapel ^a	170	158	144	-15.3%
Borough of Southwark	172	181	186	+ 8.1%
^a Indicates predominantly Jewish areas in Stepney.				

Sources: *Royal Commission on Alien Immigration*, PP 1903, IX Minutes of Evidence, Dr Shirley Murphy Q3960, p.203; S. Rosenbaum, 'A Contribution to the Study of the Vital and Other Statistics of the Jews in the UK', *Journal of the Royal Statistical Society*, Vol. 68, 1905, Table XVII, p.528.

deaths per 1000 live births. It also fails to take into account the demographic structure of the Jewish community. Most of the recent immigrants were very young families introducing into the Jewish community surprisingly large numbers of children (V.D. Lipman, *Social History of the Jews in England 1850-1950*, [London, 1954], p.93). More prosperous Jews began to limit their family size from the 1850s which could explain their lower rate of infant mortality than poorer Jews (I am grateful to Dr Richard Smith for making this point.) For more information on low birth-rate amongst the Jewish population in England and other areas of Europe see Ruppin, *The Jews of Today*, pp.81-84.

16. See also R.I. Woods, P.A Watterson and J.H Woodward, 'The Causes of Rapid Infant Mortality Decline in England and Wales, 1861-1921 Part I', *Population Studies*, Vol.42, 1988, 343-366, in particular the maps indicating infant mortality in inner London 1880-1900 on p.358.

Table 2.2:
Percentage of Foreign Residents to Total Population in Stepney 1891 and 1901

	1891	1901
Limehouse	2.1	3.7
St George's-in-the-East	16.2	28.8
Mile End Old Town	5.3	11.5
Whitechapel	24.1	31.8
Whole Borough	11.3	18.2

Source: Stepney MOH A/R (1902); *Royal Commission on Alien Immigration*, PP 1903, IX, Report and Minutes of Evidence, Table LXXI, Appendix, Qs3916-3919.

Table 2.3 :
Number and Percentage of Foreign Residents to Total Population in Stepney 1871-1901

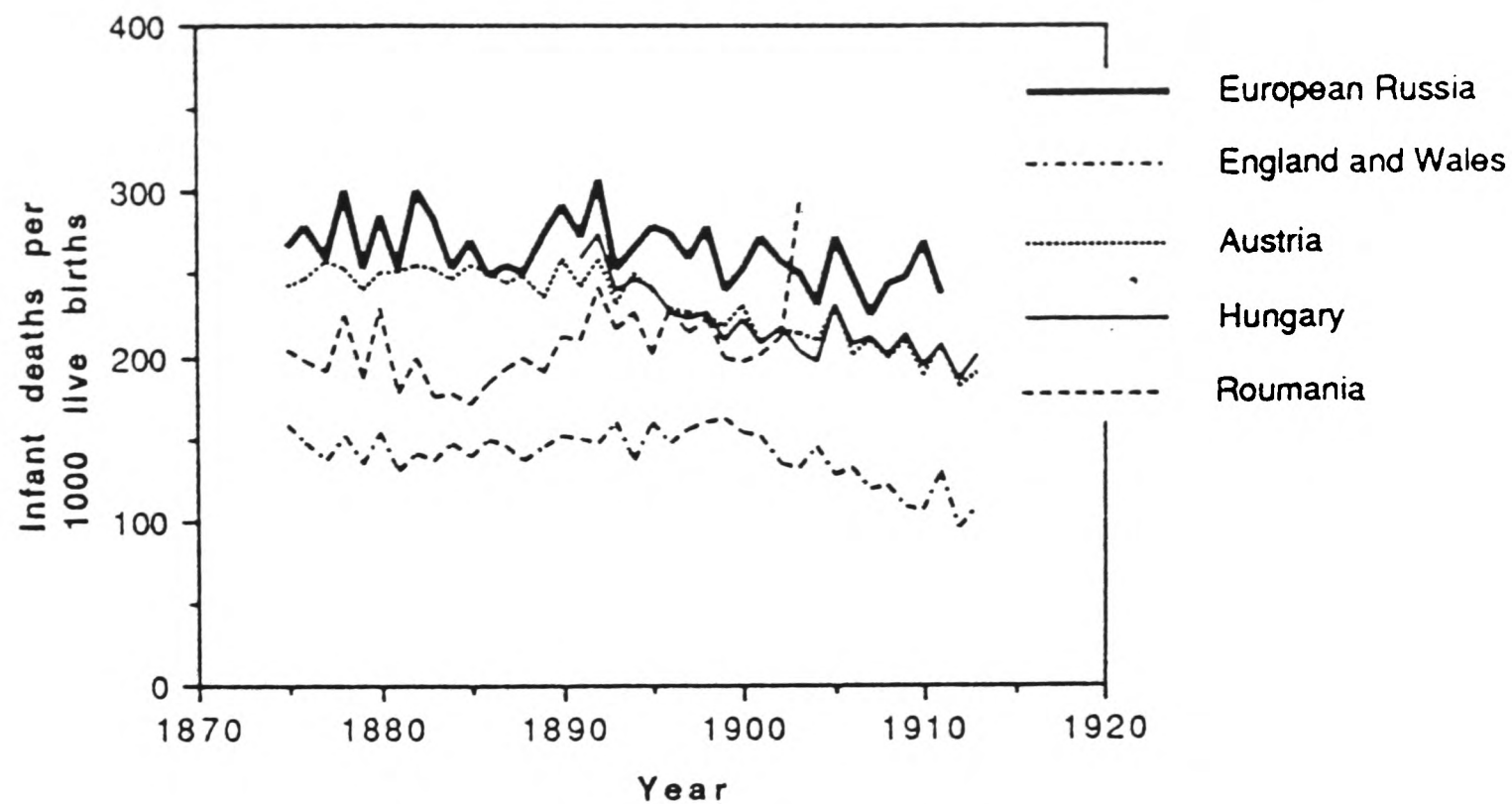
	1871		1881		1891		1901	
	Total	%	Total	%	Total	%	Total	%
Mile End Old Town	261	-	893	-	3,440	3	10,888	9
St George-in-the East	238	1	566	-	4,973	11	11,827	24
Stepney	24	-	30	-	78	-	915	1
Whitechapel	2,912	4	5,293	8	13,538	18	20,882	24

Compiled from *Select Committee on Emigration and Immigration*, PP 1888, Appendix 8, pp.256-62, 'Report on Voluntary and Effects of Recent Immigration', Appendix I, pp.138-9; *Royal Commission on Alien Immigration*, PP 1903, IX, Table XXXV, Q10911; *JC*, 5 June 1903, p.13; David M. Feldman, 'Immigrants and Workers, Englishmen and Jews: The Immigrant to the East End of London 1880-1906', Ph.D. thesis (Cambridge Univ., 1985), Table 1.7, p.34.

Jewish infant mortality was low in other places in England and Eastern Europe.¹⁷ (For a comparison of infant mortality between Jewish immigrants' areas of origin and England and Wales see figure 2.5. below) In Cheetham, the impoverished area of Manchester where the Jewish population was most concentrated, infant mortality was considerably lower than other parts of the city (see table 2.4 below).

17. Stillbirths were also thought to be less among the Jewish, but there are no statistics to confirm this assertion (R. Salaman, 'Anglo-Jewish Vital Statistics', *JC*, 26 Aug. 1921, Supplement, p.i [henceforth Salaman, *JC*, 'date']).

Figure 2.5:
Annual Infant Deaths per 1000 Live Births
in England and Wales and in Areas Jewish Immigrants originated from 1875-1913



Source: B.R. Mitchell, *European Historical Statistics 1870-1975* (Cambridge, 1980)

Table 2.4 :
Infant Mortality per 1000 Live Births in Manchester 1892-1899

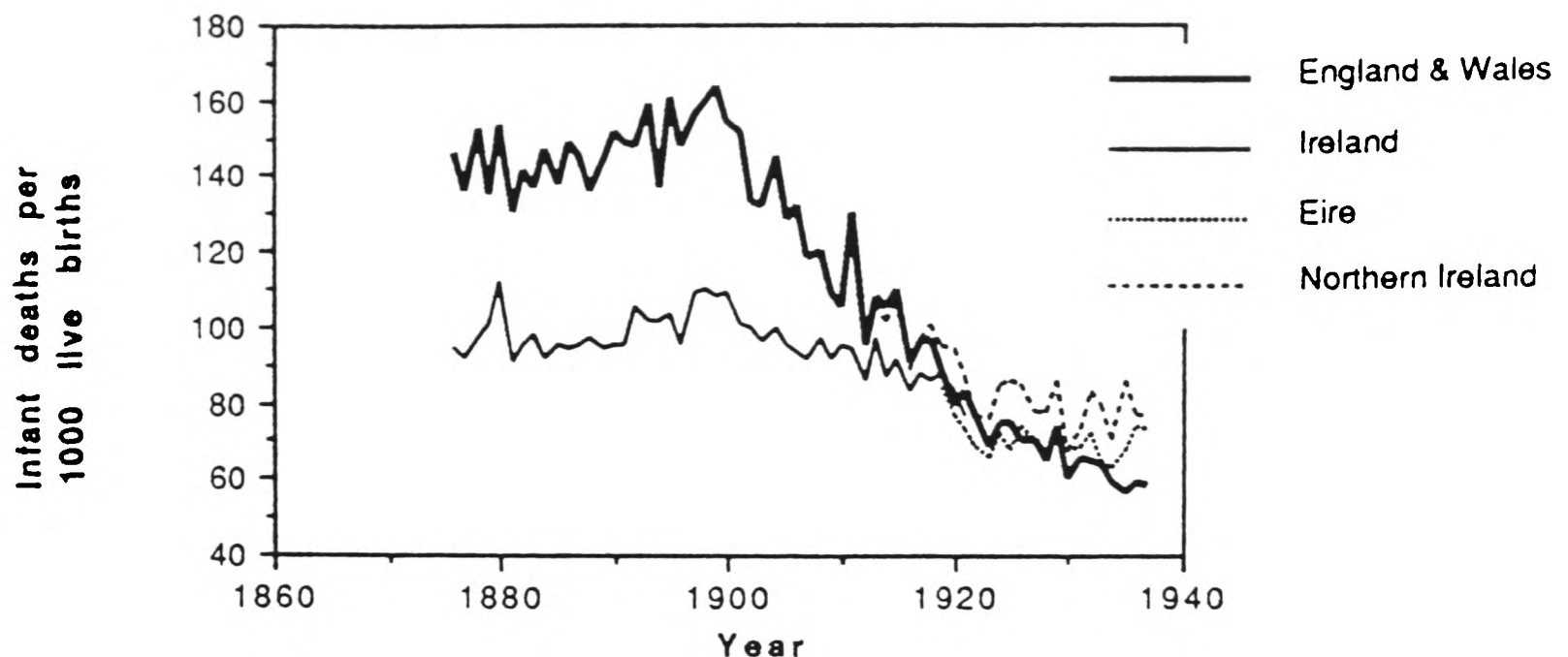
Date	Cheetham	Whole of Manchester	
1892		124	198
1898		122	196
1899		104	205

Source: S. Rosenbaum, 'A Contribution to the Study of Vital and Other Statistics of the Jews in the United Kingdom', *Journal of Royal Statistical Society*, Vol. 68, 1905, 526-556, pp.550-551; Ministry of Health, *42nd A/R on Infant and Child Mortality* [London HMSO, 1913], pp.76, 79.

Similar trends appeared elsewhere. In 1897 the Russian census showed that the rate of infant mortality in the (agrarian) Pale of Settlement was 132 for Jewish infants and 259 for non-Jewish ones.¹⁸

18. Salaman, *JC*, 29 July 1921, p.v; Ruppin, *The Jews of Today*, p.79; Dwork, 'Health Conditions of Immigrant Jews', p.28.

Figure 2.6:
Infants Deaths per 1000 Live Births in England & Wales & Ireland 1876-1935



Source: A/R of the Registrar General for England and Wales, for Ireland and for Northern Ireland and the Republic of Ireland 1870-1939

No figures remain on the rates of infant mortality among the Irish immigrants living in East London, but contemporaries believed that infant mortality was low among Irish immigrants.¹⁹ It is difficult to judge whether the low infant mortality rates among Irish immigrants related to the low rates found in Ireland generally, given the absence of information.²⁰ Statistics from the Registrar General show that infant

19. *Physical Deterioration*, PP 1904, XXXII, Q10038; Irish immigrants' infants died less from summer diarrhoea in Liverpool (E.W. Hope, 'Observations on Autumnal Diarrhoea in Cities', *Public Health*, July 1899, 660-665, pp.661,665). I am grateful to Naomi Williams for this reference.

20. Patricia Kelleher's work on Irish immigrants in Chicago in the 1880s suggests that infant mortality was slightly higher amongst Irish immigrants than the native white population in Chicago. Unfortunately this research is still too early to be fully cited. (Research being carried out at University of Wisconsin, Madison. See unpublished letter to L. Marks from Patricia Kelleher, 15 Nov. 1989, p.3. Work by Olivia Sandler on the Fertility Census of 1911 at Leeds University also suggests that the Irish population had a higher rate of infant mortality. According to her research the number of infants who died per 1,000 live births was 204.9 per 1,000, while for English infants the rate was 173.9. Jewish infants had the best chance of survival, a rate of 154 per 1,000 live births. (See Olivia Sandler's unpublished letter to L. Marks, 11 July 1989.) I am grateful to Patricia Kelleher and Olivia for supplying this information.

mortality was significantly lower in Ireland than that of England and Wales throughout the late nineteenth century (see figure 2.6 above). Figures 2.7 and 2.8 (below) suggest that the low rate of infant mortality in Ireland was due to the population being predominantly rural. The rate varied greatly between rural and urban areas. Immigrants who came to London from Dublin came from an area which had a comparable rate of infant mortality, whereas those from Cork came from a society where infant mortality was much lower (see figures 2.7 & 2.8 below).²¹

Why infant mortality was low among Irish and Jewish immigrants remains unclear. One medical officer in Stepney, puzzled by the phenomenon among Jewish immigrants asserted, 'I was very much interested to learn how it was that people who were living in close courts and crowded alleys under conditions that I was accustomed to find associated with high death rates wherever I had looked in London, had a low death rate.' He concluded that the difference in the death rate was due 'to better care the inhabitants took of themselves and their mode of life', and to the 'absence of the use of alcohol'. His impression was that the Jewish community 'led more regular lives than it is generally the habit of people living in the same

21. Unfortunately the figures from the Irish Registrar General were often inaccurate. For more information on the difficulty of finding reliable data for Irish demography and infant mortality see Brendan M. Walsh, 'Marriage Rates and Population Pressure: Ireland, 1871 and 1911', *Economic History Review*, Vol.23, 1970, 148-162, p.150; and G.S.L. Tucker, 'Irish Fertility Ratios before the Famine', *Economic History Review*, Vol.23, 1970, 267-284, pp.274-277. Work being undertaken by Dr David Fitzpatrick at Trinity College, Dublin, suggests that infant mortality was much higher nationally in Ireland than those estimated by the Registrar General, but the figures are still lower than those of England and Wales (see tables 1-3 in unpublished letter from Dr David Fitzpatrick to L. Marks, 17 May 1990). I am grateful to Dr Fitzpatrick for supplying these figures.

Figure 2.7 :
Annual infant deaths per 1000 live births in London and Dublin 1876-1939

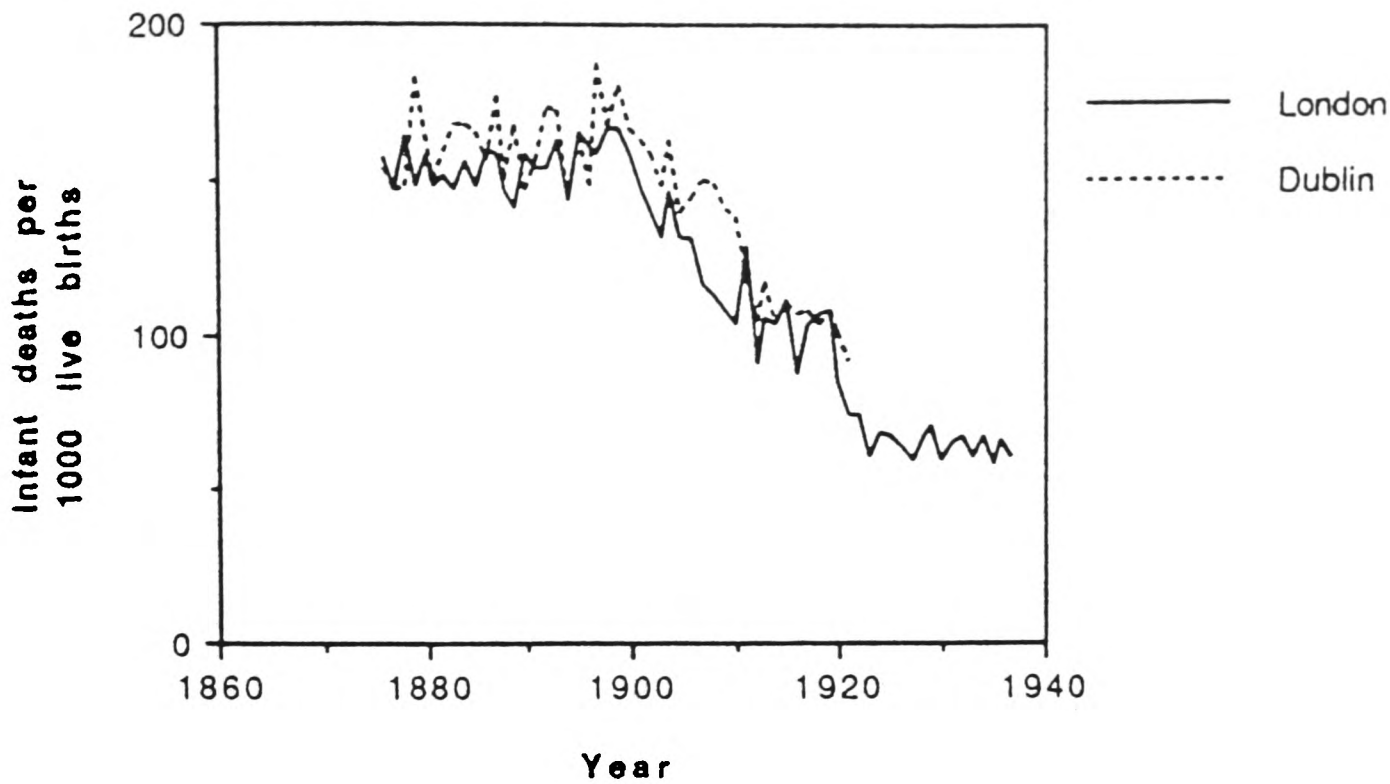
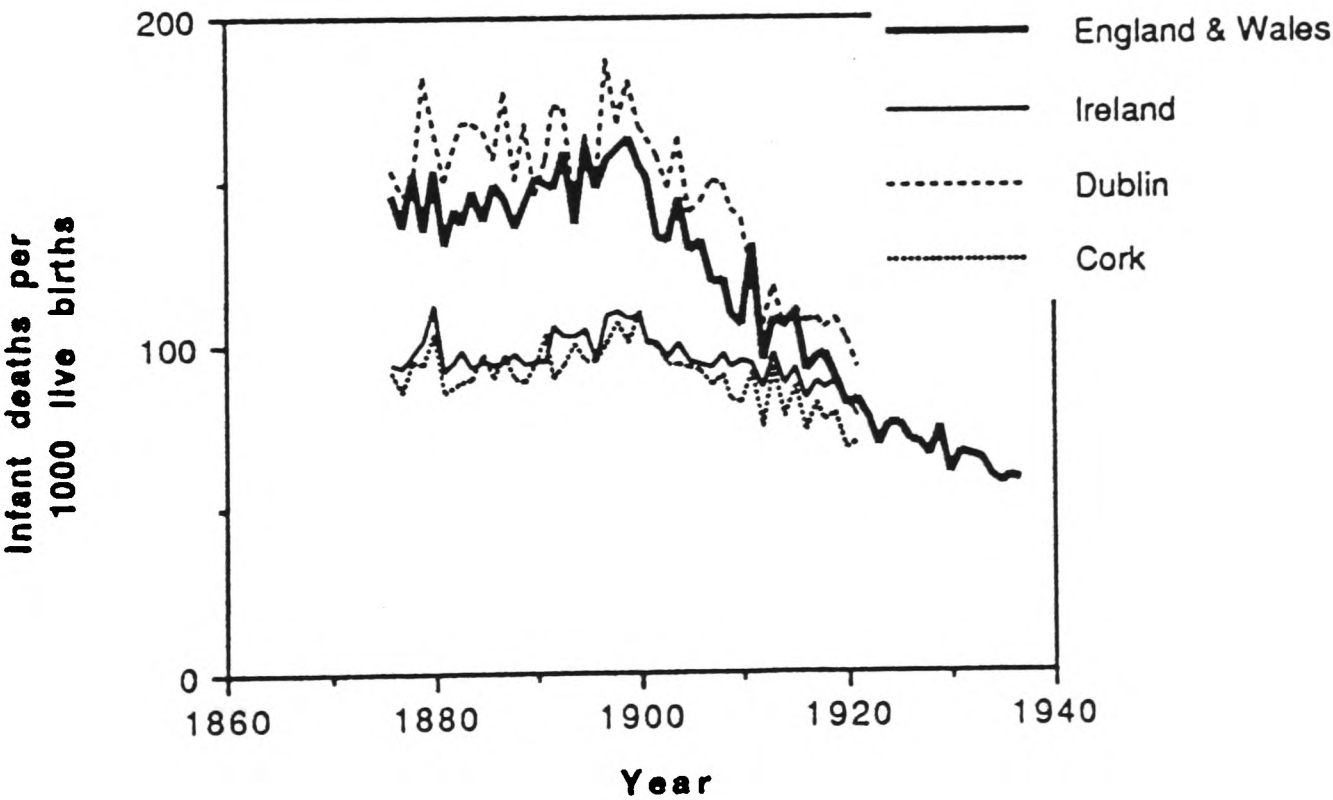


Figure 2.8 :
Annual infant deaths per 1000 live births in England and Wales and selected areas of Ireland 1876-1939



Source for figures 2.7 and 2.8: *A/Rs of the Registrar General for England and Wales and for Ireland 1870-1939*

class of home over here to lead.'²² Visitors in East London frequently commented that Jewish homes were cleaner than others in the area. Many contemporaries pointed to the dietary and hygienic laws of the Jewish religion as an explanation.²³

By contrast the Irish immigrants were thought to be living in less hygienic conditions than their Jewish counterparts or others and more prone to alcoholism.²⁴ Nonetheless, Irish mothers, like Jewish ones, were applauded for the care they took of their infants and the amount of time they spent breastfeeding their infants.²⁵ Jewish women often suckled their infants long after they were nine months old. The low rate of infant mortality among Irish and Jewish immigrants was attributed to such breastfeeding habits.²⁶

Irish and Jewish immigrants were also praised for their low rates of illegitimacy, which were often cited as the cause of high infant mortality

22. Dr Shirley Murphy, *Alien Immigration*, PP 1903, IX, Q3960, p.203. A study of Swedish infant mortality reveals the complexity of infant mortality and why single explanations such as breastfeeding or the nature of women's work are inadequate in explaining why infant mortality declined. See Anders Brändström, 'The Impact of Female Labour Conditions on Infant Mortality: A Case Study of the Parishes of Nedertorneå and Jokkmokk, 1800-1896', *Social History of Medicine*, Vol.1, No.3, Dec. 1988, 329-358.

23. See for instance Salaman, *JC*, 27 May 1921, p.ii-iii and Dwork 'Health Conditions of the Immigrant Jew', pp.29-30.

24. Hope 'Observations on Diarrhoea', p.661. Salaman argued that alcoholism and syphilis, so often a cause of high infant mortality, was relatively absent in the Jewish community. (Salaman, *JC*, 29 July 1921, p.v.).

25. *Physical Deterioration*, PP 1904, XXXII, Q10038; Hope, 'Observations on Diarrhoea', p.661. One surgeon in 1836 commented that when their infants were ill, Irish mothers were thought to walk long distances in order to obtain medicine. He complained however that they did not always follow the instructions given with the medicine (*Condition of Irish Poor*, PP 1836, XXXIV, p.480).

26. *Alien Immigration*, PP 1903, IX, Q5787, Q17877, Q17899, Q18311; Hope, 'Observations on Diarrhoea', p.661.

among the general population.²⁷ Jewish mothers were particularly held up as exemplary models to others and attracted much comment.²⁸ Charles Booth noted that 'the Jewish wives of every grade seldom work for money; they attend to cooking and household duties' and were a major force in the preservation of family life.²⁹ Jewish mothers were commended for ceasing to work early in their pregnancies.³⁰ Such comments, however, hide much of the work that Jewish mothers undertook to maintain the immigrant family economy and the burden that this placed on them.

Praise nonetheless did not come without criticism. Jewish mothers were accused of being over-concerned about their infants' welfare, of breastfeeding their infants too long and of being indecent in their methods of nursing.³¹ Irish mothers were good at breastfeeding but it was believed that 'their milk was not of good quality' as many of them were

27. Charles Booth Collection, LSE files A33, Bow; A38, district 12, pp.3-4. File A22, district 11 p.4. File B209, Father Donnelly, p.57; Reverend Father Akers, p.75. Henry Mayhew, *London Labour and the London Poor*, Vol.1 (London, 1851), pp.461, 466. *Alien Immigration*, PP 1903, Q18311. The illegitimate infant mortality rate was double that of legitimate infants. For more information on this and on illegitimacy among the immigrant communities see chapter 5.

28. *Physical Deterioration*, PP 1904, XXXII, Q475, p.175; Q636 p.185; Q1608; Q1609; Q1168, Q1169; Q3433. *Alien Immigration*, PP 1903, IX, Q17877, Q17899, Q18311; See also remarks by Dr Eichholtz, an inspector of the Board of Education, Dr Hall an ex-factory surgeon from Leeds and Sir John Gorst, MP (*Public Health*, February 1905, pp.283-284).

29. Cited in William J. Fishman, *East End Radicals 1875-1914*, (London, 1976), p.54. See also evidence from Mr Ward a vaccination officer in Bethnal Green, *Alien Immigration*, PP 1903, IX, Q18311.

30. *Physical Deterioration*, PP 1904, XXXII, Q1608.

31. Dr D.L Thomas argued that it was very difficult to persuade Jewish mothers to stop suckling their infants after they were 9 months old. (*Alien Immigration*, PP 1903, IX, Q5787.) A vaccination officer from Bethnal Green pointed out that 'the foreign women, when nursing their children, have not the same ideas of strict decency in their dress whilst in their houses and at their doors as the natives have.' Nonetheless he stressed 'This does not by any means imply a want of sense of decency; it simply means that they and their men do not regard the act of nursing as an indecency.' (*ibid.*, Mr Ward, Q18311.)

thought to be 'taking a great deal of whisky.' Unlike Jewish mothers, Irish ones were thought to be poor at feeding children once they were no longer suckling.³² The lack of statistics make these assertions difficult to assess.

Similarly it is hard to test the extent to which Irish and Jewish mothers' breastfeeding and work patterns influenced infant mortality and whether these changed between generations.³³ Interpretation of immigrant infant mortality is also complicated by the onset of a national decline in infant mortality during the early twentieth century. This coincided with a period when the immigrant population was slightly more settled and prosperous than previous generations.

Maternal Mortality

Evidence concerning maternal mortality among the immigrants is less conclusive than that for infant mortality. It has been argued that socio-economic and ethnic origins are a crucial factor in perinatal mortality rates, but this association with maternal mortality cannot be so clearly established from my material.³⁴ A much larger number of births is required

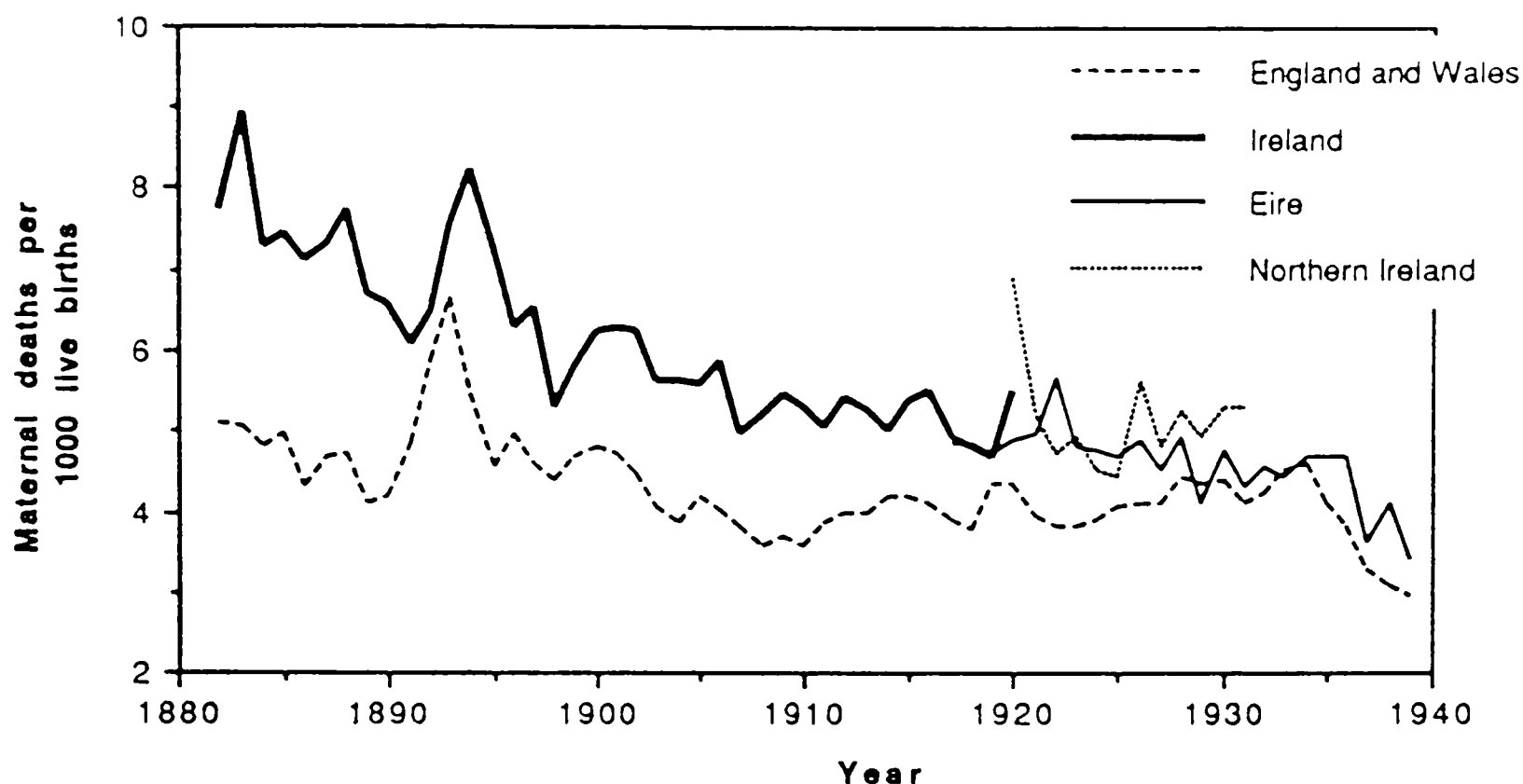
32. Sir Charles Cameron, *Physical Deterioration*, PP 1904, XXXII, p.57; Q10038. By contrast Jewish mothers were praised for the food that they gave their children. Much of the Jewish diet consisted of herring, and it was widely believed that the oil from this food helped protect Jewish children from rickets. See Edward Mellanby, 'Accessory Food Factors (Vitamines) in the Feeding of Infants', *The Lancet*, 17 April 1920, Vol.1, 856-864, pp.861-862. I am grateful to Dr Anne Hardy for this reference.

33. One woman remembered how her mother often had to interrupt breastfeeding her infant son when attending to customers in the shop which was within their home. This caused great problems in getting the child to eat later on. (Ray Waterman, *A Family of Shopkeepers*, [London, 1973], pp.32-33).

34. On average babies of Asian women, and to a lesser extent, those of women of Afro-Caribbean descent, have been shown to have a lower birthweight than babies of white women. (Rona Campbell & Alison MacFarlane, *Where to be Born? The Debate and the Evidence* [Oxford, 1987], pp.22-24). The rate of perinatal mortality is differentiated by age, parity and social class of the mothers of the immigrant populations and depends on where they are living (R. Balarajan & B. Botting, 'Perinatal

for an accurate figure on maternal mortality than for infant mortality and this is unavailable for Irish and Jewish mothers in East London.

Figure 2.9:
Annual Maternal Deaths per 1000 Live Births
in England and Wales and Ireland 1882-1939



Source: *A/Rs for the Registrar General for England and Wales, for Ireland, and for Northern Ireland and for the Republic of Ireland 1880-1939*

From national figures it would seem that Irish mothers faced a better chance of surviving giving birth in East London than in Ireland. Maternal mortality appears to have been greater in Ireland than England and Wales (see figure 2.9 above). Little is known about how maternal mortality rates compared between Eastern Europe and England.³⁵

Deaths in childbed followed tuberculosis as the most common cause of death among women of childbearing age.³⁶ Although there were variations over the

Mortality in England and Wales: Variations by Mother's Country of Birth', *Health Trends*, Vol.21, 1989, 79-84).

35. More is known about the training of midwives, which appears to have been of a high standard. For further information see chapter 3 below.

36. Sheila Ryan Johansson: 'Sex and Death in Victorian England' in Vicinus, M. (ed.), *A Widening Sphere* (Indiana, 1977), 163-181, pp.169-170; Irvine Loudon, 'Maternal Mortality: 1880-1950. Some Regional and

years, between 1855-1934 the maternal death rate in England and Wales averaged around 4.6 per 1,000 live births, totalling some 3,000 to 4,000 maternal deaths a year.³⁷

Just why maternal mortality persisted when the other forms of mortality declined was the subject of much debate among medical experts at the time and recently among historians. Maternal deaths differ from other kinds of mortality, because they are not necessarily the result of a pathological process, but more usually the result of a normal physiological process going wrong, the occurrence of which is more readily prevented than disease. It was this viewpoint which formed much of the discussion during the inter-war period concerning the persistence of high maternal mortality.³⁸ Many specialists in the 1930s believed that at least 40% of maternal deaths were preventable through good obstetric care.³⁹ Yet by the 1930s, when the training and licensing of doctors and midwives had improved, and antiseptic practice had been adopted in most deliveries, the

International Comparisons', *Social History of Medicine*, Vol.1, No.2, Aug. 1988, 183-228, p.184.

37. Maternal mortality appears to have declined in England and Wales from 1650 to 1850 before levelling out from about 1850-1934. R. Schofield, 'Did Mothers Really Die? Three Centuries of Maternal Mortality in the 'The World We Have Lost' in R. Smith, L. Bonfield, & K. Wrightson, (eds), *The World We Have Gained* (Oxford, 1987), p.254.

38. In 1924 Sir George Newman wrote: 'Not less than 700,000 mothers in England and Wales give birth to children each year. Of this number approximately 3,000 per annum have died during the last 10 years in the fulfillment of this maternal function. That is a serious and largely avoidable loss of life at the time of its highest capacity and its most fruitful effort....The death rate among women in childbirth has shown but little proportional lessening in the past 20 years.' (Preface to a report by Dr Janet Campbell [Senior Medical Officer to Maternity and Child Welfare Department] to the Department of the Ministry of Health 1924, cited in *Onward*, No.3, April 1924, p.57, [journal issued by City of London Maternity Hospital]).

39. Loudon, 'Maternal Mortality', p.184-5. In 1930 a Ministry of Health Committee investigating 2,000 maternal deaths concluded that 48% of the causes of maternal mortality were avoidable (cited in *Onward*, October 1930).

maternal mortality rate remained as high as it had been in the mid-nineteenth century.

By the early 1920s, the obstinacy of maternal mortality caused much concern not only among the medical men but also among politicians, the general public and the daily press. Regional studies carried out by medical practitioners and health officials at the time investigated the impact poverty and social deprivation had on maternal mortality rates, but the importance of these factors was sometimes denied for political reasons.⁴⁰

Malnutrition and anaemia certainly weakened many women and made them unable to survive haemorrhaging they might otherwise have coped with.⁴¹ Some contemporaries also believed that obstructed labours were caused by deformed pelvises resulting from rickets. In the Jewish community rickets was rare and was cited as a reason for the 'considerably less obstructed or abnormal labours' among Jewish mothers than others.⁴² In general pelvis malformation however accounted very little for the maternal mortality figures during this period.⁴³ The conclusion would seem to be inescapable

40. Many in the Ministry of Health, such as Newman, denied that social and economic factors had any bearing on maternal mortality and morbidity so as to avoid the necessity of making wider state welfare provision (Charles Webster, 'Healthy or Hungry Thirties?', *History Workshop Journal*, Issue 13, 1982, 110-129, pp.122-123).

41. Loudon, 'Maternal Mortality', p.198. Webster suggests that the high rate of anaemia and toxæmia among mothers in depressed areas shows that the vast expansion in maternal and child welfare clinics had little impact on the poor standards of health and nutrition in such areas. More radical solutions were needed in state welfare but ministers were reluctant to undertake them. (Webster, 'Healthy or Hungry Thirties', p.122-123.)

42. This was also believed to be the reason for the low infant mortality amongst Jews and the low number of still births. (Salaman, *JC*, 26 Aug. 1921, p.i). One reason given for the low incidence of rickets in the Jewish community was their diet. See footnote 32 above..

43. Rickets however, stunted the growth of children from birth and this was a problem which affected thousands of people. See Wohl, *Endangered Lives*, p.56-57.

that clinical factors, especially the danger of sepsis had a greater impact on the statistics than in factors which could be linked to social and economic causes.⁴⁴

Contrary to expectations, figures suggest that maternal mortality was surprising low in some areas of economic hardship, whereas in more prosperous regions it could be unexpectedly high. Middle-class mothers had no more protection against septic infection from doctors who attended them than working-class mothers had from midwives. Maternity homes favoured by the middle-class women by the early twentieth century had the worst records of maternal mortality. In 1931 the maternal mortality rate in middle-class Chelsea was 5.4 per 1,000 births, while in working class Hackney it was 3.2.⁴⁵ East London, although considered one of the poorest areas of London, had a remarkably small number of maternal deaths. Figure 2.10 (below) shows that maternal mortality in East London was much lower than London or England and Wales.

Given the evidence that the women of the East End not only suffered physically from the drudgery of poverty and that they were unable to pay for high quality obstetric care, these findings are surprising.⁴⁶ The access poor women had to charitable midwifery and medical care in East London during this period must therefore merit closer examination than

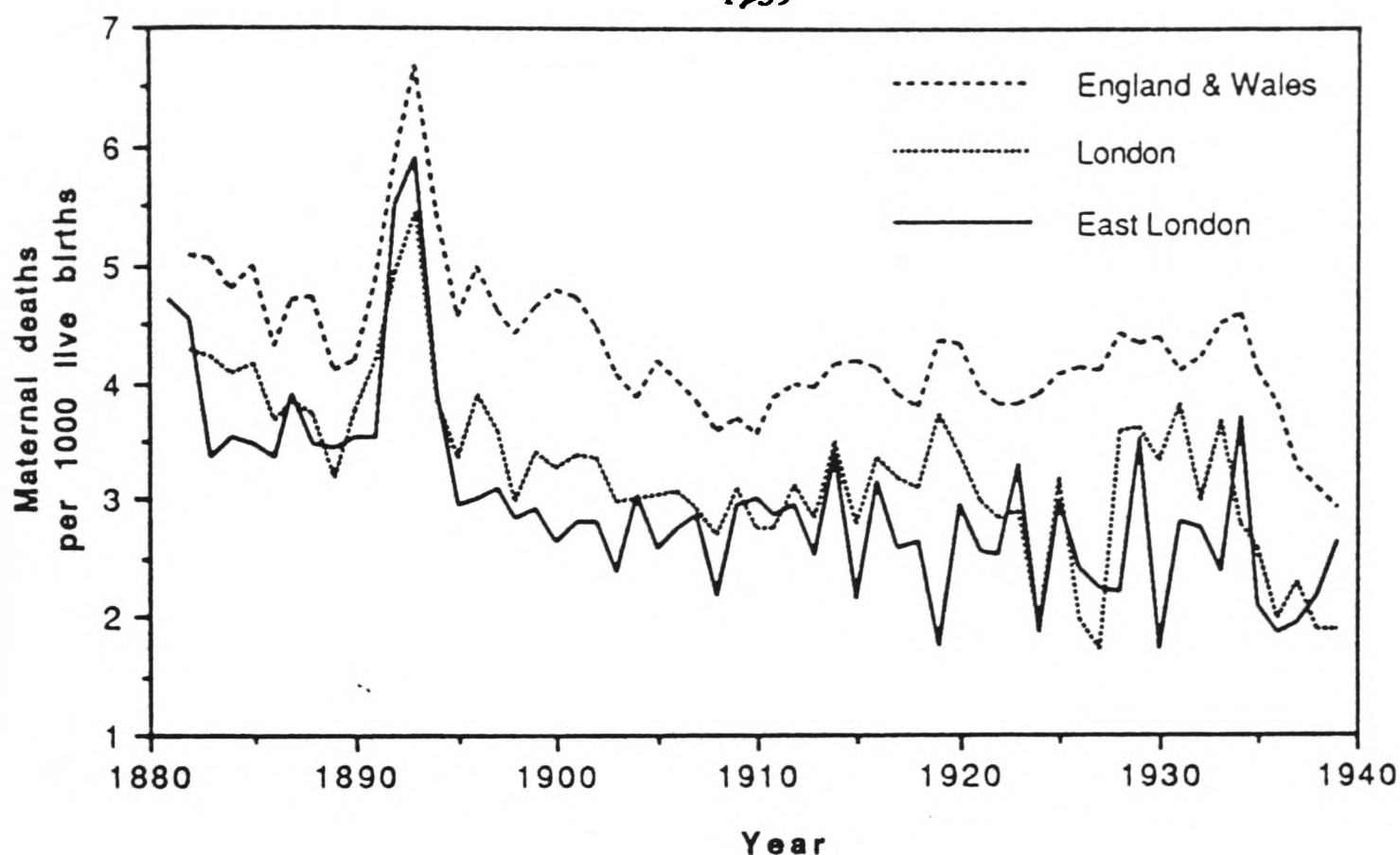
44. Infections could be limited by the use of antisepsis, and obstructions through careful obstetric management, but there was no really effective remedy against puerperal sepsis. Recent research suggests that the introduction of sulphonamides in 1936 was one of the most decisive factors in reducing maternal mortality (Loudon, 'Maternal Mortality', p. 202).

45. Jane Lewis, *Women in England 1870-1950* (Brighton, 1984), p.118.

46. See contemporary studies done by Lady Bell, *At the Works* (1907; reprinted London, 1985); Margaret Llewelyn Davies (ed): *Maternity. Letters from Working Women* (1915; reprinted London, 1984); Maud Pember Reeves: *Round About A Pound A Week* (1913; reprinted London, 1984); Margery Spring Rice, *Working-Class Wives* (1939; reprinted London, 1981).

hitherto received.⁴⁷ Although these services could not eliminate the social deprivation of the area, they seem to have been influential for maternal mortality. This theme is explored in other chapters.

Figure 2.10:
Annual Maternal Deaths in East London compared with England & Wales & London 1880-1939



Source: *A/Rs for the Registrar General for England and Wales 1880-1939*

Birth Rate

The fertility patterns of each immigrant group had an important bearing on the experience of childbirth and the rates of maternal and infant mortality. East London had a much higher birth rate than London or England and Wales (see figures 2.11 & 2.12 below), but evidence on the fertility patterns of the Irish and Jewish populations is also sparse. More details

47. An experiment carried out in the deprived area of Rochdale in the 1930s showed that maternal mortality could be lowered, despite the prevailing poor social and economic conditions, through good medical care. By improving the quality of obstetric treatment in Rochdale the number of maternal deaths were reduced within five years from 90 deaths per 10,000 to less than 20 per 10,000 (one of the lowest in the country). (Andrew Topping, 'Maternal Mortality and Public Opinion', *Public Health*, Vol.49, 1936, 342-9; Loudon, 'Maternal Mortality', p.208.)

remain for the Jewish population than for the Irish. Figure 2.13 below compares the birth rate of the areas Jewish immigrants came from with that of England and Wales.

Figure 2.11:
Annual Birth Rate per 1000 population in London and England and Wales 1875-1936

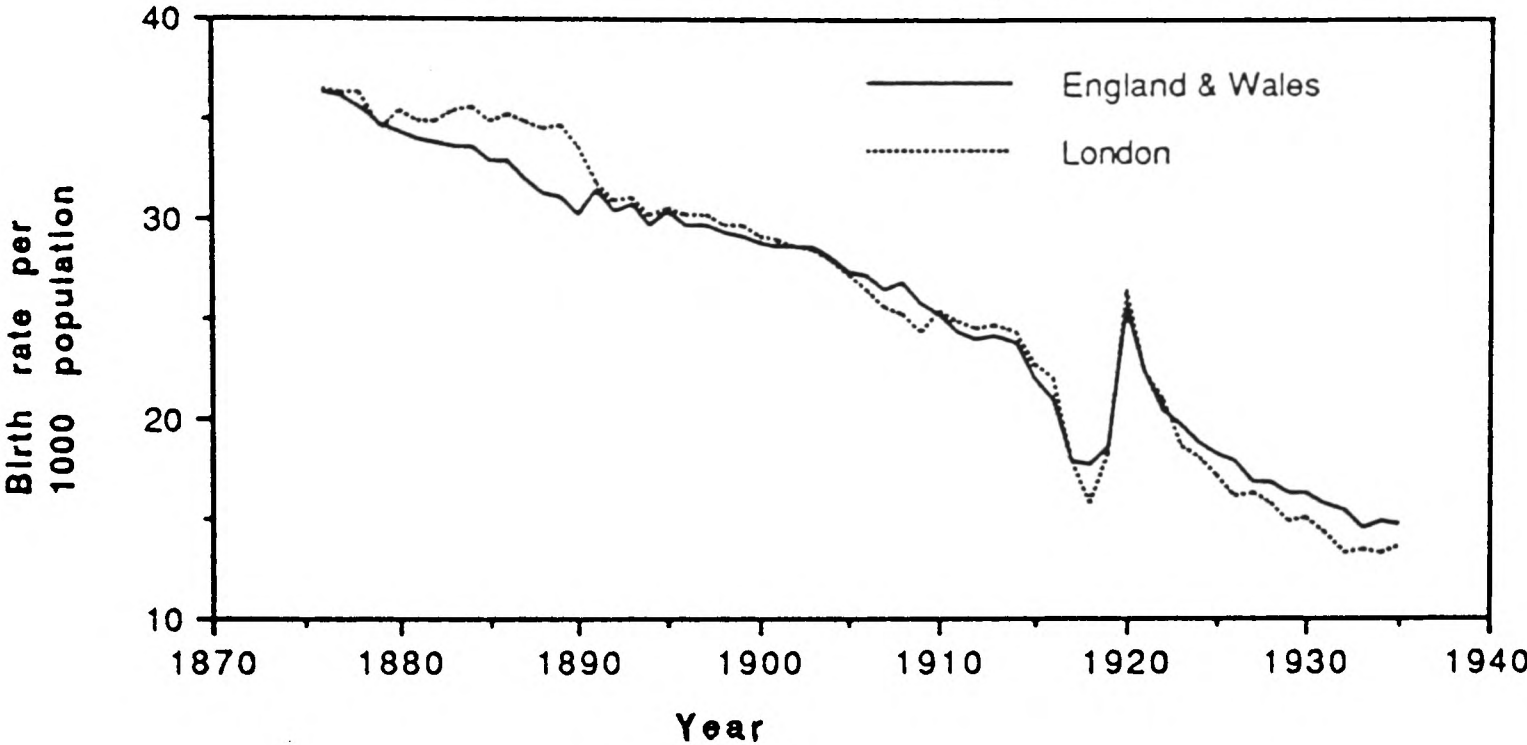
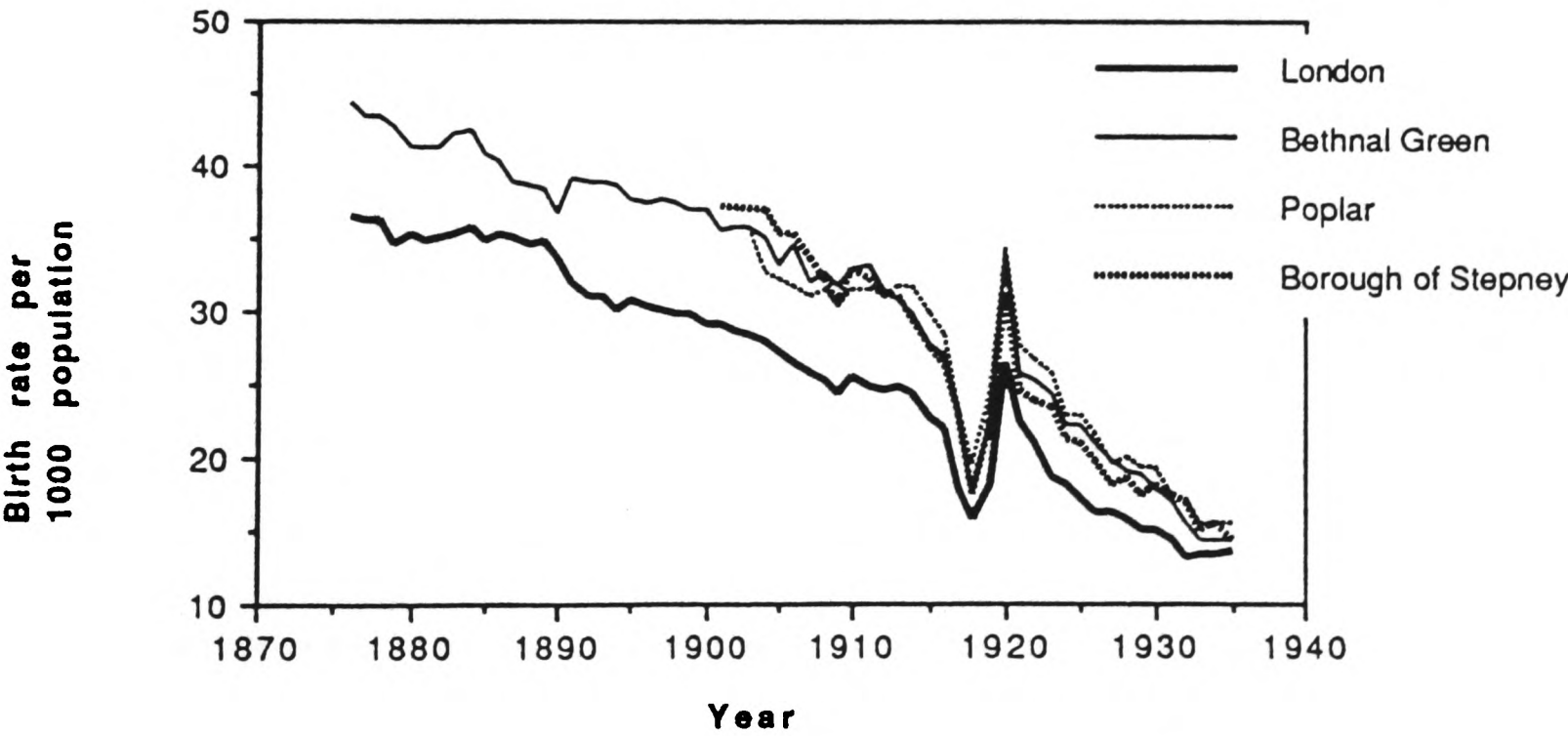
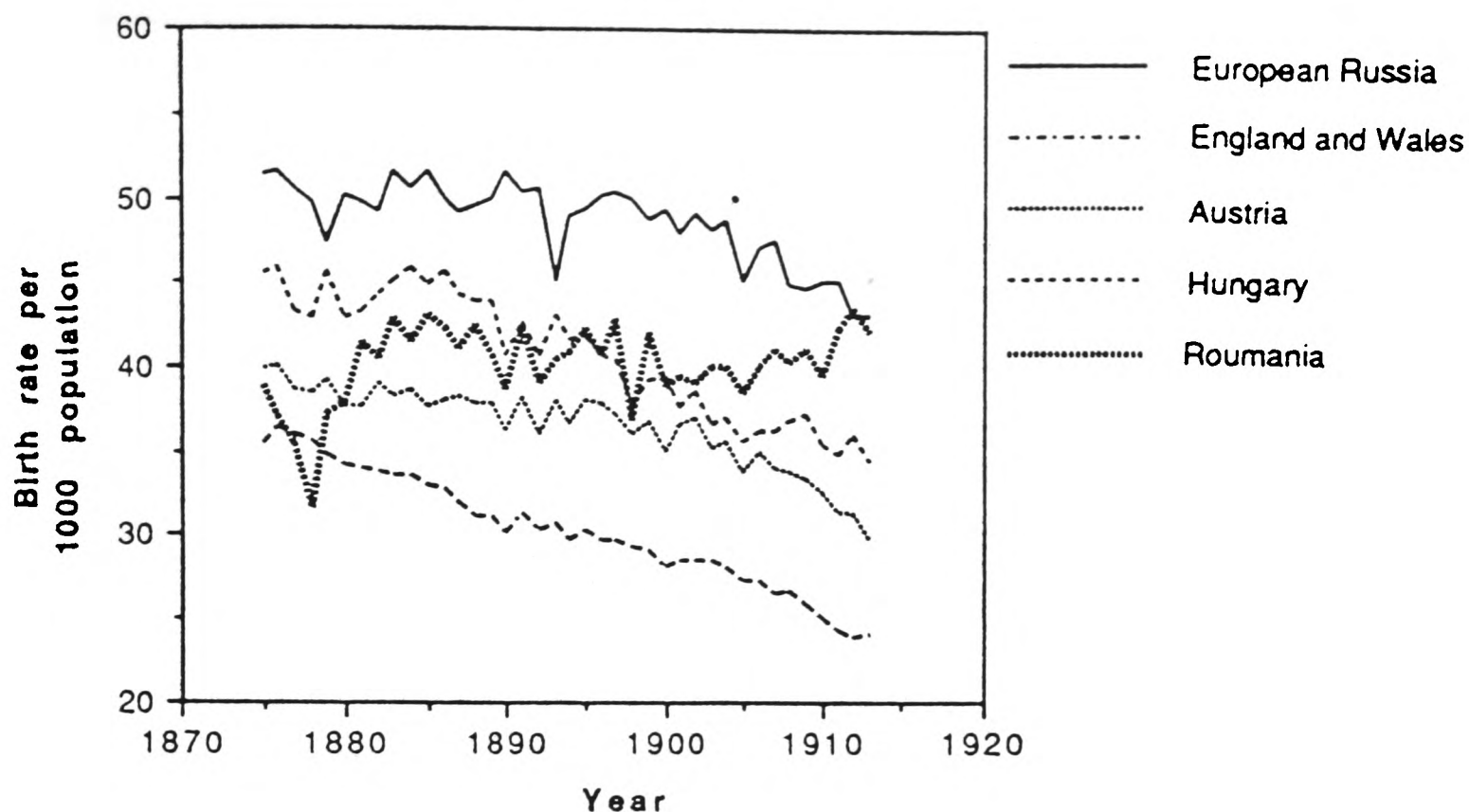


Figure 2.12 :
Annual Births per 1000 population in London and selected areas of East London 1875-1936



Source: A/Rs of the Registrar General for England and Wales 1876-1939

Figure 2.13 :
Annual births per 1000 population in England and Wales and areas Jewish immigrants left
1875-1913



Source: *European Historical Statistics 1870-1975* (Cambridge 1980)

The average family size of Jewish immigrants was higher than the norm of six children among the average British family in the 1860s.⁴⁸ Table 2.5 (below) shows that, although the overall birth rate was declining during this period, in areas with large numbers of Jews, such as Whitechapel and St George's-in-the-East, the birth rate increased. In 1908 the Jewish birth rate was still higher than others in East London. The average birth rate for the borough of Stepney was 33.1 per 1,000, whereas St George's-in-the-East which had a high concentration of Jews was 40.4 per 1,000.⁴⁹

48. Barbara Brookes, 'Women and Reproduction 1860-1939' in Lewis (ed.), *Labour and Love*, p.152; *JC*, 10 April 1896, p.11. According to the Fertility Census of 1911, in Leeds the number of children born to Russian (Jewish) couples was 3.95, for English couples the number was 2.82 and for Irish it was 3.38. (Figures from unpublished letter from Olivia Sandler to L.Marks, 11 July 1989.)

49. Dr Thomas, Stepney MOH, cited in *JC*, 17 July 1908. Family size began to diminish amongst the middle-class from the 1850s, but among the working-class it declined more slowly until the twentieth century. Working-class wives married and gave birth earlier than middle-class wives. The Census of 1901 showed distinct class differences in birth rate whereby the more middle-class area of Hampstead had a birth rate of 183 births per 1,000 wives aged 15-45, while in working-class Shoreditch the

Table 2.5:
Birth Rate per 1,000 Living in Stepney, Southwark and London 1886-1900

Area	1886-1890	1891-1895	1896-1900	% Change 1886-1900
Whitechapel	35.7	40.7	39.2	+ 9.8%
St. George-in-the-East	39.9	41.4	43.3	+ 8.5%
Limehouse	35.3	33.9	33.4	- 5.4%
Mile End Old Town	37.5	37.6	38.2	+ 1.9%
Borough of Stepney	37.0	38.3	38.4	+ 3.8%
Borough of Southwark	35.5	35.1	34.3	- 3.4%
London	32.2	30.9	29.8	- 7.4%

Source: *Royal Commission on Alien Immigration*, PP 1903, IX, Table LXXIV, Appendix, p.89

One of the reasons for the high Jewish birth rate was the age structure and marriage patterns of the immigrant community. Early marriages were common in the Jewish population, especially among the first generation of immigrants. Their rate of marriage was also increasing. While in 1898 the proportion of Jewish marriages in London totalled 10 per thousand, by 1906 it was 39.5 per thousand.⁵⁰ Of the population in England and Wales as a whole, 48% were aged between 15 and 45 in 1901. Among Russian and Russian Polish male immigrants 75% comprised this age group, as did 75% of female immigrants.⁵¹ The average age for the East European Jewish brides and bridegrooms in England during the Edwardian period was 22.9 and 25.1 respectively. Among English couples, however, the average marriage age of women was 25.9 while for men it was 26.9.⁵² Tables 2.6 and 2.7 (below)

rate was 283. Between 1880-1901 the fertility rate declined by 6% in working-class Poplar, whereas in Hampstead it declined by 30%. Only in the interwar period did family sizes decline in working-class neighbourhoods. (Ellen Ross, 'Labour and Love: Rediscovering London's Working-Class Mothers 1870-1918' in Lewis [ed.], *Labour and Love*, pp.75-77).

50. *JC*, 31 Jan. 1908.

51. David M. Feldman, 'Immigrants and Workers, Englishmen and Jews: The Immigrant to the East End of London 1880-1906', Ph.D. thesis, (Cambridge Univ., 1985), p.32.

52. Jewish immigrants married earlier than many Anglo-Jews. During the 1880s the average age for bridegrooms was 28.2 among the Anglo-Jews in England, while in Russia the average age was 24.5, for brides the respective ages were 21.3 and 24.1. See Barry A. Kosmin, 'Nuptiality and Fertility Patterns of British Jewry 1850-1980: An Immigrant Transition?'

show that immigrant Jews not only seemed to marry earlier, but also more frequently than the host community, which resulted in a higher birth rate.⁵³

Table 2.6:
Marriage Rates among Jews in London per 1000 Aged 15 and over in 1903

	Jews	London
Men	28.4	27.1
Women	31.7	22.8
Both Sexes	30.1	25.0

Source: S. Rosenbaum, 'A Contribution to the Study of Vital and Other Statistics of the Jews in the UK', *Journal of the Royal Statistical Society*, Vol.68, 1905, 526-556, Table XIX, p.549

Table 2.7 :
Proportion of Jewish Marriages per 1000 Total Population
in London 1857-1906

Date	Jewish marriages per 1000
1857	9.1
1873	10.0
1884	12.1
1893	21.1
1901	32.2
1906	39.5

Source: *Jewish Chronicle*, 31 Jan. 1908

By the 1920s, however, synagogue marriage registers showed that the average rate of marriage was beginning to fall, and the average age of people marrying was rising.⁵⁴ This corresponded with a decline in fertility. In 1928 the Whitechapel MOH observed

Whereas up to 1897 the birth rate was rarely less than 40 per 1,000 up to 1912, it has now dropped to 13 per 1,000... In

in D.A Coleman, *Demography of Immigrants and Minority Groups in the UK*, Proceedings of the 18th Annual Symposium of the Eugenics Society, London 1981 (London, 1982), Table VI, and p.255.

53. Feldman, 'Immigrants and Workers', p.32.

54. Kosmin, 'Nuptiality and Fertility Patterns of British Jewry', p.256. The same phenomenon appeared to be happening among the Jewish population in Eastern Europe. (Salaman, *JC*, 27 May 1921, p.ii.)

Whitechapel the birth rate has been falling for years. You no longer find those big Jewish families which were traditional from patriarchal times. Possibly no part of London shows such a great drop in the birth rate.⁵⁵

Within two generations, therefore, East European immigrants seemed to conform to the English middle-class family size which the established middle-class Anglo-Jewish community adopted from the 1850s.⁵⁶

The decline in fertility was not only attributable to the rise in late marriages, but also to more widespread use of birth control among the Jewish community. In 1949 a Royal Commission on Population found that 83% of Jewish women married in the 1920s adopted artificial methods of family limitation compared with a national average of 62%.⁵⁷

Less information remains for the fertility and marriage patterns of Irish immigrants and whether their behaviour changed once they left Ireland. Unlike the Jewish community, the Irish came from a society where the number of late marriages and rates of celibacy were growing. During the nineteenth century, marriage patterns changed radically in Ireland. Although there is much discussion over the reasons for this change, it is clear that in the first quarter of the nineteenth century Ireland had a high number of early marriages and a low rate of celibacy, although this varied significantly between each region and class. By 1900 however this pattern had been reversed. Late marriage and permanent celibacy 'was extraordinarily widespread, with the result that Ireland had the lowest level of nuptiality recorded in any country in modern times.' This was an

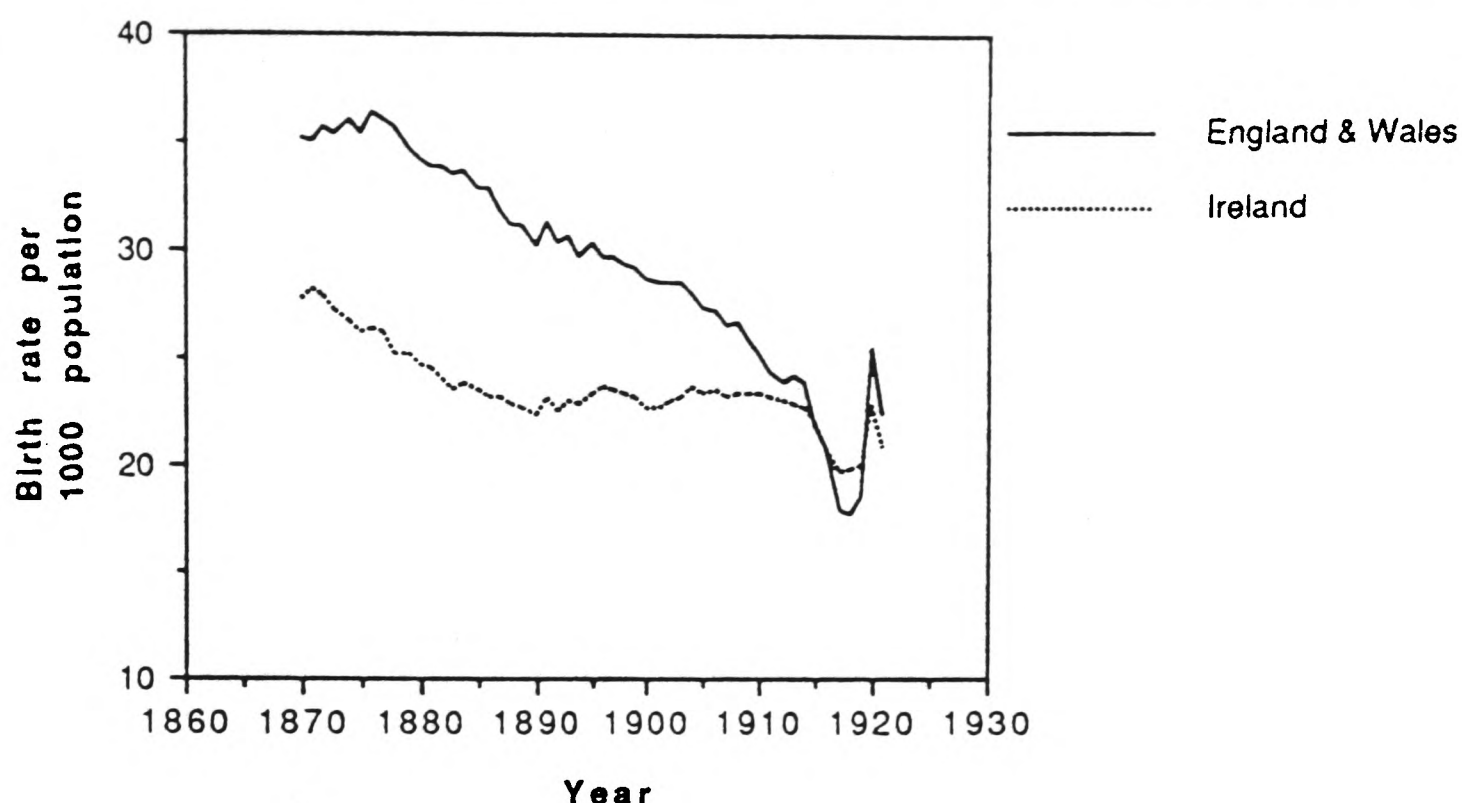
55. JC, 6 Jan. 1928.

56. Kosmin, 'Nuptiality and Fertility Patterns of British Jewry', p.252.

57. E. Lewis-Fanning, 'Family Limitation and its Influence on Human Fertility in the Past Fifty Years', *Paper of the Royal Commission on Population I* (1949), cited in Kosmin, 'Nuptiality and Fertility Patterns of British Jewry', p.258.

uneven process. Marriage rates declined in Leinster and Ulster from the late 1840s while they only dropped in Munster and Connaught after 1871.⁵⁸

Figure 2.14 :
Annual Birth Rate per 1000 Population in England and Wales and Ireland 1870-1921



Source: A/R for the Registrar General of England and Wales and for Ireland 1870-1921

The statistics from the Irish Registrar General suggest that the low marriage rates were accompanied by a low birth rate. Using the Registrar General as a source it would seem that the birth rate in Ireland was consistently lower than that of England and Wales until the second decade of the twentieth century (see figure 2.14 above). Within Ireland the rate varied, being greater in Dublin than Cork (see figure 2.15 below).

58. Walsh, 'Marriage Rates and Population Pressure', p.148. For more information on this subject see K.H Connell, *The Population of Ireland* (Oxford, 1950); idem. *Irish Peasant Society*; Michael Drake, 'Marriage and Population Growth in Ireland 1750-1845', *Economic History Review*, 2nd Series, Vol. 16, 1963, 301-313; Robert E. Kennedy, *The Irish: Emigration, Marriage and Fertility* (London, 1973); Kerby A. Miller, *Emigrants and Exiles: Ireland and the Irish Exodus to North America* (Oxford, 1985, 1988). In Ireland increasing numbers of women chose to become nuns rather than find employment in a shrinking market. Between 1841 and 1901 the number of nuns in Ireland multiplied eight times, despite the fact that the number of Catholics in Ireland had almost halved during the same period. See Caitriona Clear, *Nuns in Nineteenth Century Ireland* (Dublin, 1987), p.37.

Although Dublin had a higher birth rate than the Irish national average, until the early twentieth century it seemed to have a lower birth rate than London (see figure 2.16 below).

Figure 2.15 :
Annual birth rate per 1000 population in Ireland and selected areas of Ireland 1870-1922

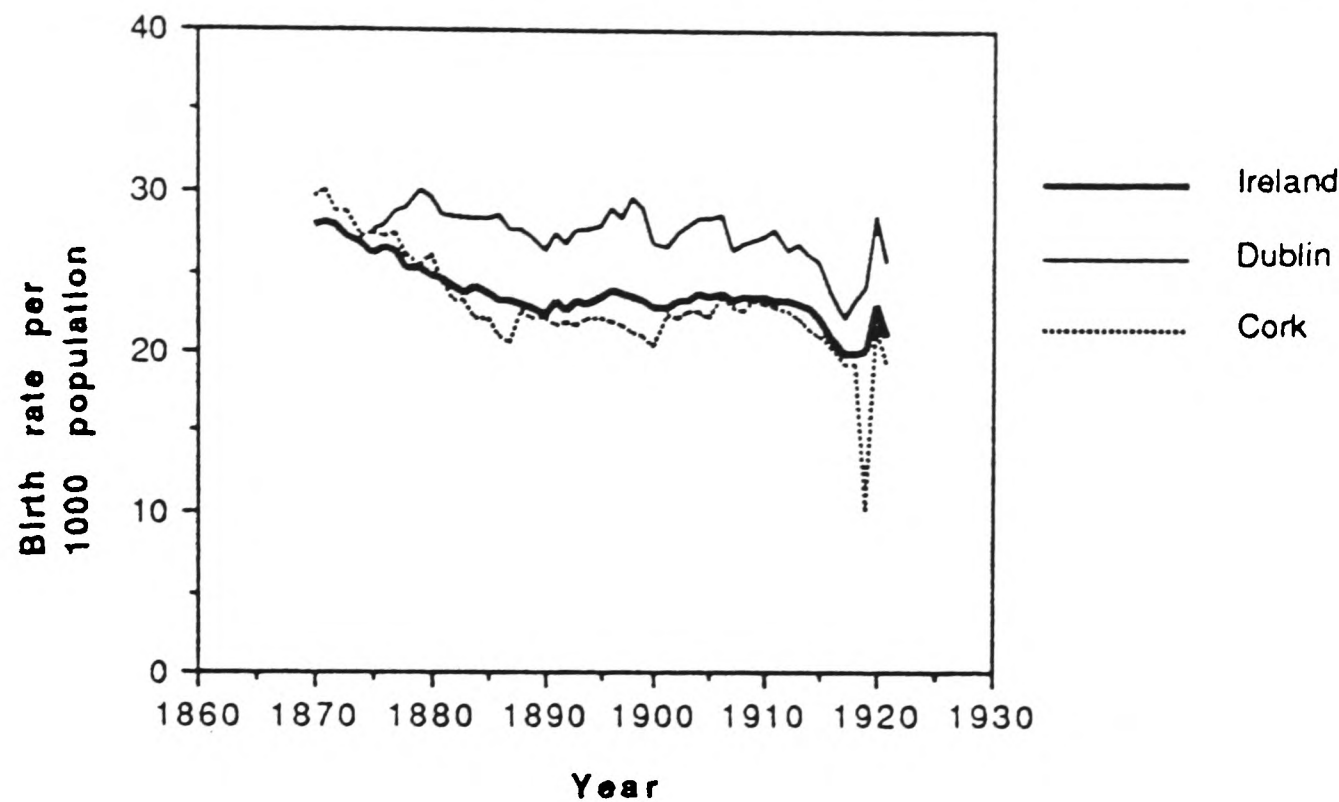
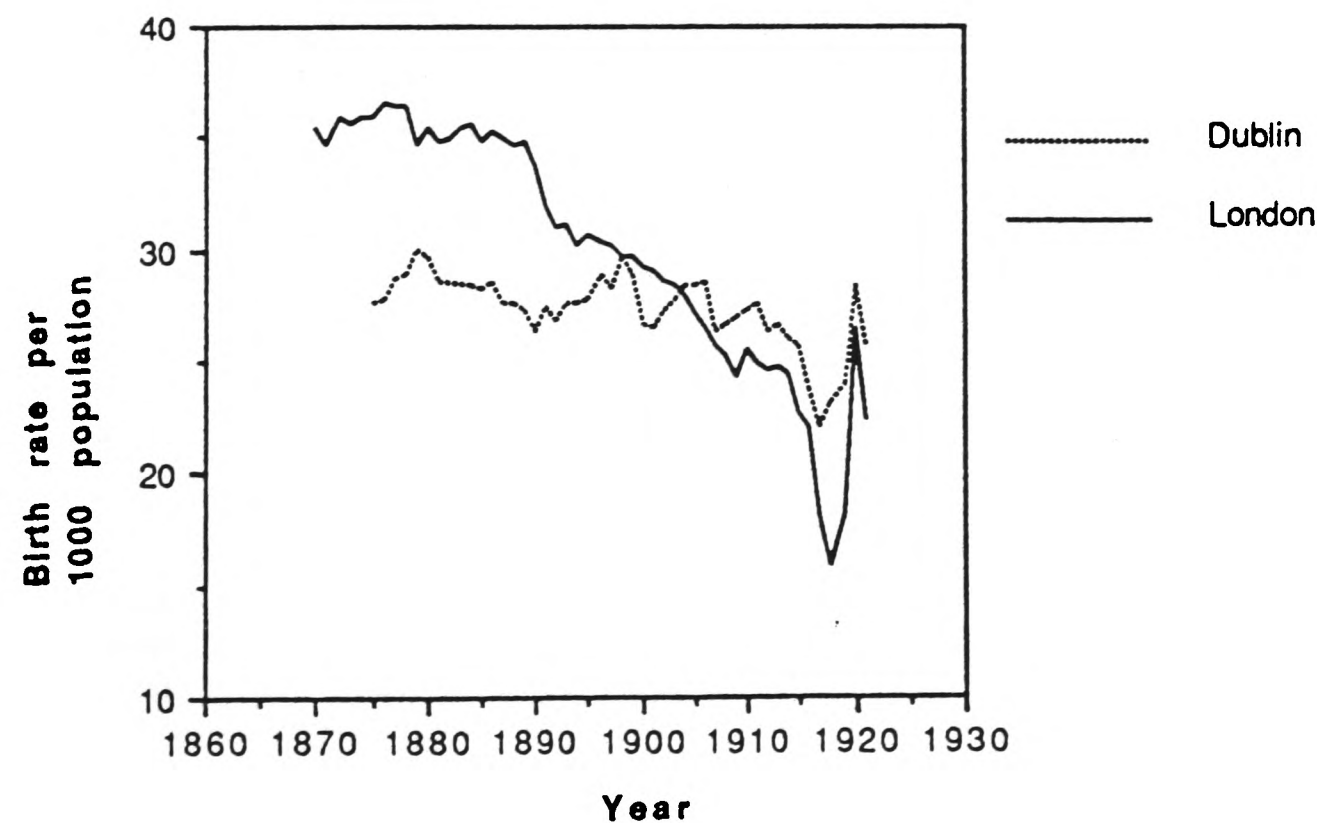


Figure 2.16 :
Annual birth rate per 1000 population in London and Dublin 1870-1922



Source: *A/Rs of the Registrar General for England and Wales and for Ireland 1870-1921*

Unfortunately these figures cannot be taken as an accurate assessment of the Irish birth rate and do not give an idea of the fertility patterns within marriages.⁵⁹ Little is known about the marriage or fertility patterns of the Irish immigrants living in East London during the period 1870-1939. Lees's work on Irish immigrants in London during the 1850s suggests that as in the case of Ireland where people married earlier in cities than in rural areas, those who settled in the urban area of London followed a similar trend.⁶⁰ Their marriage behaviour, however, changed as they became more established. In the period 1851-1861 the age of marriage among Irish women residing in five London parishes dropped from an average of 26 to 24. Indeed Lees argues that 'By 1861 the London Irish had lower ages of marriage than those of the total English, Irish and London population, and their rate of celibacy was lower.'⁶¹

Other research confirms this. Irish immigrants and Roman Catholics living in England were more fertile than the English average in the nineteenth century. This is explained by three factors: 'their concentration in the manual working classes and their residential segregation; cultural effects arising from Roman Catholic pronatalist ideology and minority status effects as such.' Nonetheless as they became more assimilated

59. Walsh, 'Marriage Rates and Population Pressure', p.150. For more data on marriage rates in Ireland 1871-1911 see Walsh's table 2 on p.151. Walsh has argued that despite the changes in the Irish marriage patterns the average number of children per marriage remained stable. Recent work however, has shown that marital fertility declined in these years. See Cormac O' Grada, *Ireland Before and After the Famine* (Manchester, 1988), chapter 5.

60. Lynn Hollen Lees, *Exiles of Erin: Irish Migrants in Victorian London*, (Manchester, 1979), p.129.

61. Lees, *Exiles of Erin*, pp.53, 138-139. See also Lees's table A.8, Appendix B for figures.

occupationally, residentially and through inter-marriage, so their fertility, like that of the Jewish community, began to decline.⁶²

Given the absence of separate statistics on marriage and fertility rates among Irish immigrants in East London it is impossible to assess how different their patterns were from the general population in the area. If their patterns were similar to those of the host society then their birth rate and fertility would have been larger than the national average given the high rates in East London. During the 1920s and 1930s the Catholic Church was adamantly against birth control and abortion, but how far this teaching was followed by Irish immigrants and their offspring in East London is unknown. If they were like other working-class families it is probable that they were slow to use birth control.⁶³

Conclusion

While maternal morbidity, associated with childbearing and poverty, may well have been high in East London, maternal morbidity is not readily susceptible to statistical analysis. Although there are no separate statistics for the rates of maternal mortality of the two immigrant groups, East London had a remarkably low rate of maternal mortality, indicating that other factors outweighed those of poverty. The immigrants, in particular the Jewish ones, also had a distinctive pattern of infant mortality which was much lower than that of the population around them who lived in equivalent conditions of poverty. Why this was so raises

62. About 80% or more of the Catholics in Britain are wholly or partly of Irish origin. K. Kirkwood, M.A Herbertson & A.S Parkes, 'Biosocial Aspects of Ethnic Minorities', in Coleman (ed.), *Demography of Immigrants and Minority Groups*, pp.62-63, 65.

63. For more discussion on birth control in British society and how this affected the Irish Catholic community see chapters 3 and 8, pp. 89-90, 328-330.

interesting questions about the connection between infant mortality and social and economic deprivation.

The following chapters examine the health care systems available to Irish and Jewish women and discuss how the Catholic and Jewish communal facilities supplemented those provided by host institutions. Although Irish and Jewish immigrants arrived in one of the most impoverished areas of London economically, the support networks available to them nonetheless seem to have been wide-ranging and prolific. The existence of these schemes might explain some of the health patterns explored in this chapter.

CHAPTER 3

MOTHERS AND MIDWIVES: FAMILY, NEIGHBOURHOOD AND CONFESSIOAL RESOURCES FOR IRISH AND JEWISH COMMUNITIES IN EAST LONDON

Introduction

In many societies childbirth is an event which relies on help from family members and the local neighbourhood. The use Irish and Jewish women made of these resources^{was} different before and after migration. Irish and Jewish mothers living in East London did not have the networks available to their mothers in Eastern Europe and Ireland, making their experience of childbirth distinct from that of previous generations.

How did migration change these support structures and how did it affect childbirth for Irish and Jewish mothers in East London? Were the new experiences of Irish and Jewish mothers related solely to the changes brought about by migration or were they connected to wider developments in midwifery? How did the increasing regulation and institutional training of midwives influence the type of carers available? What happened to the traditional birth attendant, or local handywoman? Who replaced her and how did this affect Irish and Jewish mothers giving birth in East London? These are some of the issues examined in this chapter.

Kinship Resources Before And After Migration

In Ireland and Eastern Europe the family played an important role for many young couples in the first year of marriage, providing economic and social support. Inheritance patterns in Ireland often meant that wives were accommodated with the family of the husband. In Eastern Europe, more orthodox Jewish couples sometimes lived with their parents to enable the husbands to pursue religious study on a full-time basis. Those who did not

live with their families frequently stayed close to them. Privacy might have been rare in these situations, but women could rely on their kin during and after confinement when tasks such as childcare and housework were harder to perform.

Frequently, Irish and Jewish women left their immediate family behind them when they migrated, and the structure of kinship networks changed. As early as the 1830s Irish immigrants were noted for their reciprocal relationships. In 1836, a Royal Commission argued that the Irish were much more supportive of each other in giving money to those in need than the local English working-class. It was also stressed that the Irish were more likely to take care of those who fell ill even if they were not part of the family.¹ Close kinship support networks also existed in the Jewish community.

In the absence of immediate family, Irish and Jewish immigrants were reliant on others. Newcomers and relatives were also frequent visitors in the homes of the immigrants, some of whom stayed for long periods of time. In return for shelter such visitors often shared the burden of running a family and would offer help in crises. While such hospitality was often cited as the cause of overcrowding and bad sanitation in areas where the immigrants had settled, contemporaries also praised the strong kinship ties among Irish and Jewish immigrants which they attributed to the good health of the immigrants and their infants.²

1. *Royal Commission on Poor Laws in Ireland: State of the Irish Poor in Great Britain*, PP 1836, XXXIV (henceforth *Condition of Irish Poor*, PP 1836, XXXIV), Appendix G.

2. *Report of the Interdepartmental Committee on Physical Deterioration*, PP 1904, XXXII (henceforth *Physical Deterioration*, PP 1904, XXXII), Q475, p.175; Q1172, p.204; Lynn Hollen Lees, *Exiles of Erin: Irish Migrants in Victorian London* (Manchester, 1979), pp.133-134. See also above, footnote 15 in chapter 2, pp.48-49. Some witnesses gave contradictory evidence, arguing that physical deterioration was prevalent among the population in the Jewish areas of Poland and in Ireland. (*Physical Deterioration*, PP

Birth Attendants: The Local Handywoman

During the nineteenth century a large proportion of births in Eastern Europe and Ireland were attended by untrained midwives who were often from the family circle or local neighbourhood.³ In England as well, many women were delivered by untrained midwives, but it is difficult to judge whether Irish and Jewish mothers employed such attendants because of the scarcity of records.

More is known about the history of immigrant midwives in America than in Britain.⁴ American primary sources reveal a continuing fascination with ethnicity, which is almost non-existent in equivalent English documents. We know that immigrant midwives remained vital providers of obstetric care for immigrant mothers in America through to the 1920s. Immigrant women were the most reluctant to relinquish the use of midwives who had often migrated from their own towns.⁵ Many of these women lacked the official qualifications which the American medical profession was striving to implement.⁶

1904, XXXII, Q1932, Q2199 & Q3257). Part of the degeneracy was thought to manifest itself in lunacy, often caused by syphilis, which was said to be widespread among the Irish and Jewish population (*ibid.*, Q2199 & Q3371).

3. Anne O'Connor, 'Listening to Tradition' in Liz Steiner-Scott (ed.), *Personally Speaking...Women's Thoughts on Women's Issues* (Dublin, 1985), p.80.

4. For the most recent research on the subject see Charlotte G. Borst, 'The Training and Practice of Midwives: A Wisconsin Study', *Bulletin of the History of Medicine*, Vol.62, 1988, 606-627 and *idem.* 'Wisconsin's Midwives as Working Women: Immigrant Midwives and the Limits of a Traditional Occupation, 1870-1920', *Journal of American Ethnic History*, Spring 1989, 24-49; Eugene Declercq, 'The Nature and Style of Practice of Immigrant Midwives in Early Twentieth Century Massachusetts', *Journal of Social History*, Vol.19, 1985, 113-129; Elizabeth Ewen, *Immigrant Women in the Land of Dollars* (New York, 1985), pp.129-146.

5. For more information concerning change in the use of doctors and midwives in America see Judith Walzer Leavitt, *Brought to Bed, A History of Childbearing in America 1750-1950* (Oxford, 1986).

6. Lillian Wald, a key figure in the promotion of public health and district nursing in New York from the 1890s, stressed the deep disdain for immigrant culture in much of the medical profession's opposition to

Ethnicity played a more visible role in the struggle between the medical profession and midwives in America than can be discerned in England.⁷ The tension this caused has left many more sources on immigrant midwives than can be found for England where immigrant midwives seem to have been neither as numerous nor as conspicuous a group and therefore aroused less anxiety among the medical profession of the host society.

Census data on midwives is known to be inaccurate.⁸ Very little written or published evidence can be found elsewhere on the untrained midwife in Ireland and Eastern Europe and England which makes it hard to assess how many mothers such midwives delivered and how rigorous their standard of midwifery care was. This is an area where oral descriptions are

midwives. In 1915 she wrote, 'Perhaps nothing indicates more impressively our contempt for alien customs than the general attitude taken toward the midwife. In other lands she holds a place of respect, but in this country there seems to be a general determination on the part of physicians and departments of health to ignore her existence and leave her free to practice without fit preparation despite the fact that her services are extensively used.' (Lillian Wald, *The House on Henry Street* [1915; reprinted New York, 1971], pp.59-60.)

7. F. Elisabeth Crowell, 'The Midwives of New York', reprinted in Judy Barrett Litoff, *The American Midwife Debate: A Sourcebook on its Modern Origins* (Westport, Conn. 1986), pp.36-49; Grace Abbott, 'The Midwife in Chicago', *The American Journal of Sociology*, Vol.20, No.5, March 1915, 684-699. Dr Joseph DeLee, a prominent obstetrician in Chicago, was one of the strongest voices attacking the practice of midwives, and most especially immigrant midwives whom he blamed for the persistently high infant mortality in America. In an attempt to counter the work of immigrant midwives he set up his own midwifery dispensary in the densely crowded immigrant area of Chicago in the 1890s. (Judith Walzer Leavitt, 'Joseph DeLee and the Practice of Preventive Obstetrics', *American Journal of Public Health*, Vol.78, No.10, Oct. 1988, 1353-1359; and Susan Sessions Rugh, 'Being Born in Chicago', *Chicago History*, Vol.15, No.4, Winter 1986-87, 4-21.)

Women's Work and the census

8. For more information on see Sally Alexander, 'Women's Work in 19th Century London', in Elizabeth Whitelegg et al. (ed.), *The Changing Experience of Women* (Oxford, 1982).

crucial.⁹ One important source for East European Jewish midwives is from interviews with Jewish immigrants in New York in the 1940s.¹⁰

Evidence on Jewish midwives can also be found among the advertisements in the local East End Yiddish press. Mrs Soloman Rabinovits, an immigrant midwife and sick nurse lived in Whitechapel in the 1880s, had 'many recommendations' from doctors and patients for the quality of her services. She attended private patients as well as the poor to whom she made no charge for her midwifery skills.¹¹ From the written and transcribed material available it would seem that these midwives, known as 'handywomen' in Ireland and England or *Bobbas* (grannies) in East European Jewish ghettos, often had close ties with the parturient woman. In some cases they might be a grandmother, mother or another senior female member of the family. Frequently, the mother was delivered by a local woman who was a familiar face to many in the neighbourhood and was held in special esteem, although most were untrained and illiterate.¹² Many of the skills they possessed came from watching other handywomen or, in some cases, doctors.

9. One of the few articles to appear on local handywomen in Britain has been Mary Chamberlain and Ruth Richardson, 'Life and Death', *Oral History Journal*, Vol.11, 1983, 31-43.

10. Margaret Mead Papers: Columbia University Research in Contemporary Cultures, (henceforth Mead Papers), Library of Congress Archives, Washington D.C.

11. *Di Tsukunft* (The Future), 24 Dec. 1886. The same advertisement appeared for five weeks in a row (see 19 Nov. 1886; 26 Nov. 1886; 10 Dec. 1886; and 17 Dec. 1888). I am grateful to Dr Marion Aptroot for this reference.

12. Mead Papers (File G48) J302, p.2; (File G50) J-R33 p.1; See also Ida Selavan, 'Bobba Hannah, Midwife', *American Journal of Nursing*, Vol. 73, Part 4, 1973, 681-683, p.681. In 1862, Poor Law Commissioners reported that the midwives employed in Irish rural areas, frequently did not have 'sufficient knowledge' to deal with complications (15th A/R of the Poor Law Commissioners, 1862 p.559 cited in Helen Burke, *The People and the Poor Law in 19th Century Ireland*, [Dublin, 1987], pp.248-249).

The classic stereotype 'Jack-of-all-trades' midwife is, of course, Sarah Gamp, and her partner Betsy, fictional nurses in Dicken's novel *Martin Chuzzlewit*, who undertook sick nursing, midwifery and laying out the dead.¹³ Local handywomen in Ireland carried out the same sorts of work.¹⁴ The Jewish *bobba* in Eastern Europe was regarded as 'a medicine woman' whose role was similar to that of the 'wisewomen' in other communities.¹⁵

These women were not only present for the actual birth. In Eastern Europe, it was common for a Jewish woman to engage the *bobba* as soon as she knew she was pregnant. A *bobba* foretold the date of birth by placing her hand on the woman's belly. She would visit the pregnant mother once a week in the early days of the pregnancy, then daily nearer the birth. Her visit was seen as a social occasion when she would talk to the mother and work out the expected birth date.¹⁶

In Ireland and Eastern Europe, immediately labour pains began a handywoman or *bobba* was called in. She would remain with the woman for the whole day, seeing to her physical needs and housework. It was also customary for her to visit the mother for several days after the confinement. In Ireland, the handywoman would even stay on certain occasions with the family for a few days.¹⁷

13. For more information on this see Anne Summers, 'The Mysterious Demise of Sarah Gamp: The Domiciliary Nurse and her Detractors c.1830-1860', *Victorian Studies*, Vol.32, No.3, Spring 1989, 365-386, pp.373-374.

14. Chamberlain and Richardson, 'Life and Death', pp.31-43.

15. Mead Papers (File G50) J-R33, p.1.

16. Mead Papers (G50) J-R33, p.1. Mark Zborowski and Elizabeth Herzog, *Life Is With People* with introduction by Margaret Mead, (New York, 1952), p.313.

17. Mead Papers (G50) J-R33, p.1; Linda Ballard, '"Just Whatever They Had Handy". Aspects of Childbirth and Early Child-care in Northern Ireland, prior to 1948', *Ulster Folklife*, Vol.31, 1985, 59-72, p.64.

The Obstetrical Society reported in 1869 that untrained midwives in England were grossly ignorant, incompetent and unable to tackle any difficulties. In London many women had received a certain amount of instruction, but they were quite unequal to any emergencies.¹⁸ Similarly a Select Committee in 1892 reported almost all midwives were untrained. Following the Midwives Act of 1902 it was found in 1905 that only half of all the state-registered midwives in Britain had received any formal training. As late as 1918 one in five midwives practised without any recognised credentials.¹⁹

Immigrants probably made extensive use of untrained midwives in their own communities in East London, but few details remain of the fees they charged and how they compared with those of other midwives. In 1870, the average fee charged by an English midwife was 7s. After the Midwives Act of 1902 a registered midwife could cost between 2s. 6d. and 21s. while an unregistered midwife usually charged 5s. By 1910 the average fee for a midwife was 10s.²⁰

Official estimates reveal an enormous disparity in the numbers of midwives practising. In Britain between 30 to 90% of births in villages and large

18. In 1869 the Obstetrical Society undertook an investigation into infant mortality at the suggestion of Dr Farr of the Registrar General's Department. *Transactions of the Obstetrical Society*, Vol.11, 1869, p.133, cited in E.W. Hope & J. Campbell, *Report on the Physical Welfare of Mothers and Children, England and Wales*, Vol.2., (Carnegie Trust, 1917), p.18.

19. *Select Committee on Midwives' Registration*, PP 1892, XIV, (henceforth *Midwives' Registration*, PP, date, vol.) cited in Irvine Loudon, 'Deaths in Childbed from the 18th Century to 1935', *Medical History*, Vol.30, 1986, 1-41, pp.10, 39.

20. Chamberlain and Richardson, 'Life and Death', p.33. Ellen Ross, 'Labour and Love: Rediscovering London's Working-Class Mothers, 1870-1918' in Jane Lewis (ed.), *Labour and Love: Women's Experience of Home and Family 1850-1940* (Oxford, 1986), p.78.

provincial manufacturing towns in 1869 were attended by midwives.²¹ Fewer midwives were employed in small non-manufacturing towns. In East London 30 to 50% of women giving birth employed midwives, while in West London only 2% hired them.²² In 1881, the census listed 2,646 midwives in Britain, whereas a Select Committee in 1892 estimated that the number of midwives in Britain was between 10,000 and 20,000. Of the 800,000 deliveries that took place in Britain 450,000, or approximately 50%, were undertaken solely by midwives without the help of medical practitioners.²³ The number of midwives seems surprisingly low for the number of deliveries during this period. Unfortunately the other forms of assistance given to mothers are unaccounted for.

The Rise of the Trained Midwife

The number and standard of trained midwives varied greatly between countries. Most European countries where Jews were based had some scheme for regulating midwives by the late nineteenth century. Midwifery standards were reputed to be high in Eastern Europe.²⁴ In the Jewish ghettos the trained midwife, or *akushorekeh* had a high-school education and a qualification in nurse training.²⁵ Midwifery courses in Russia and

21. Similar percentages were given for the number of midwives attending births in 1915, thirteen years after the Midwives Bill. In 1915, 96% of the total births in St Helen's were attended by midwives, while in Bournemouth it was 21%. (Hope and Campbell, *Physical Welfare of Mothers*, p.28).

22. *Transactions of the Obstetrical Society*, Vol.11, 1869, p.133; cited in Hope and Campbell, *Physical Welfare of Mothers*, p.18.

23. *Midwives' Registration*, PP 1892, XIV, p.144.

24. S. Josephine Baker, 'Schools for Midwives', *American Journal of Obstetrics and the Diseases of Women and Children*, Vol.65, 1912, 256-270, reprinted in Judy Barrett Litoff, *The American Midwife Debate: A Sourcebook on its Modern Origins* (Westport, Conn., 1986), pp.157-158.

25. Doctors were called in for emergencies. See Mead Papers (G50) J-R36, p.3-4.

Prussia, where the Jewish immigrants were based, had different admittance procedures and duration. Some courses lasted only three months while others trained applicants for a year.

The regulation of midwives was introduced to England and Ireland in 1902 and 1918 respectively.²⁶ Nonetheless, training programmes had already been established in both countries by the late nineteenth century through nursing associations, voluntary hospitals, various charities and poor law institutions.²⁷ One of the most famous hospitals training female midwives in Ireland from the 1870s was the Rotunda Hospital, founded in Dublin in the 1760s.²⁸ In 1892 midwifery training was thought to be much better in Dublin than London.²⁹ While a great proportion of Irish midwives lacked official training, Ballard has argued that midwifery regulations were only applied to Ireland in 1918 because many regarded the standards of midwifery in Ireland adequate without the need for the type of legislation passed in England in 1902, but this is difficult to assess.³⁰

26. Hope and Campbell, *Physical Welfare of Mothers*, p.19.

27. Efforts to improve midwifery standards in Ireland were undertaken by the Poor Law Commissioners from 1862 when they called on poor law dispensaries to appoint only midwives with hospital training. Not all parish unions appointed midwives as the commissioners advised (Burke, *The People and the Poor*, pp.248-249). The voluntary Queen's Institute of District Nurses and Midwives, financed by Queen Victoria's Jubilee Fund began to train midwives in Ireland in the 1890s (Ballard, 'Whatever They Had Handy', pp.63-64). For more information on the training of midwives in England see Jean Donnison, *Midwives and Medical Men: A History of the Struggle for the Control of Childbirth* (London, 1977; 1988).

28. For more on the history of medical practice and childbirth in the Rotunda see Joanne Murphy Lawless, 'Women and Childbirth: Male Medical Discourse and the Invention of Female Incompetence', Ph.D. thesis, (Dublin Univ. 1987), in particular pp.119-170, 222-223 and note to appendix. See also O'Connor, 'Listening to Tradition', p.80.

29. *Midwives Registration*, PP 1892, XIV 1, Minutes of Evidence, Q64.

30. O'Connor, 'Listening to Tradition', p.80; Ballard, 'Whatever They Had Handy', pp.59, 64

As the training process for midwives became more rigorous, a new type of woman began to enter the trade. According to Donnison this transformation began in England in the late 1870s. Gentlewomen and single women began to take up the profession for the first time, some of whom were inspired by religious and philanthropic motives. Married women with family ties were less able to enter midwifery courses provided by maternity charities and teaching hospitals than single women.³¹

These trends were reinforced by the regulation of the midwifery profession. Repeated attempts to regulate midwives were made during the 1870s, 1880s and 1890s. Finally in 1902 a Midwives Bill was passed,³² which established a Central Midwives Board (CMB) to register certified midwives and to oversee practice. Until 1905, those without a certificate from the CMB had to produce evidence of one year in bona-fide practice as a midwife,³³ but after that date no unqualified midwife could work without a certificate from the CMB.³⁴ By 1910 any midwife attending a woman in childbirth without a certificate and without the doctor's direction could be liable to prosecution. In times of emergency the midwife was compelled to call in a doctor.

Despite these regulations midwifery standards in Britain were not transformed overnight. In 1908, it was estimated that 73% of midwives were practising without any form of anti-sepsis, and 12% were midwives who

31. Donnison, *Midwives and Medical Men*, pp.92, 221. The same claim was made in 1909 (see *Report from Commissioner, Inspectors and Others on the Midwives Act*, PP 1909, XXXIII, Cd.4823, Q1383 [henceforth *Midwives Act*, PP date, Vol.]).

32. For more information on the development of this legislation and the pressures to have it enforced see Donnison, *Midwives and Medical Men*, pp.80-81, 161, 163.

33. Hope and Campbell, *Physical Welfare of Mothers*, p.23.

34. Hope and Campbell, *Physical Welfare of Mothers*, p.23; *Jewish Chronicle (JC)*, 11 Nov. 1904, p.9

fitted the drunken stereotype of Sarah Gamp. Until the late 1920s a large number of midwives were elderly and often unteachable.³⁵

Although the untrained midwife did not disappear immediately, the Bill of 1902 ultimately eliminated the role of the traditional handywoman.³⁶ In her stead emerged a new professional who often did not share the same class or cultural backgrounds as her patients.

Mothers were, however, slow to adopt these new midwives. In 1908 the CMB reported,

The difficulty of replacing the unqualified woman by a superior order of practitioner is not unfortunately a question of supply, as, apart from the feeling of medical men in the matter, the reluctance of a certain class of the poor themselves has to be overcome; in many cases they prefer the old type of attendant, who is probably well known to them and is usually more helpful in the house...³⁷

The older type of midwife was also cheaper and undertook cleaning work which the 'new starchy midwife was above'.

Allowing that the pregnant women got virtually no ante-natal attention from skilled full-time or unskilled part-time midwives, provided that it was a straightforward birth, she may have done better for post-natal help with the neighbour from the same street or village, than the brisk professional from the next parish or nearby town.³⁸

35. Loudon, 'Deaths in Childbed', p.39.

36. Loudon 'Deaths in Childbed', p.39; Hope and Campbell, *Physical Welfare of Mothers*, pp.22-23.

37. *Midwives Act*, PP 1909, XXXIII, Cd. 4507 & Cd. 4725, Report of the CMB from its Formation to 31 March 1908, Q5164-8, p.28 (henceforth CMB Report).

38. F.B Smith, *The People's Health 1830-1910* (London, 1979), p.46.

Some untrained midwives were also thought to be sources of information on abortion and birth control which increased their appeal for poor mothers, but horrified many medical practitioners.³⁹

The rise of the professional midwife and demise of the local handywoman also had an impact on the type of midwives serving immigrant communities in East London. Most Irish midwives in East London who came from the 1850s onwards arrived before the regulation of midwives took affect in Ireland. Similarly, during the early years of immigration, many of the Jewish midwives would not have had the benefit of the midwifery programmes developing in various parts of Eastern Europe. Restricted to the Pale of Settlement by Tzarist rule, many Jewish women would have found it difficult to attend midwifery courses run in institutions outside the areas in which they were permitted to reside.⁴⁰

While those who migrated in later years might have had more midwifery training than their earlier counterparts, they still found their practice restricted in England. Irish midwives who trained in Irish hospitals recognised as midwifery training schools by the CMB had no problem practising in England, but many of the credentials held by East European Jewish midwives were not recognised.⁴¹ These women had no shortage of

39. *Midwives Act*, PP 1909, XXXIII, CMB Report, Qs5164-5168, p.28.

40. Russian and Polish universities limited the number of Jewish students they received by a quota system. It is not known whether such restrictions were also imposed on students attending midwifery courses in hospitals. (S. Baron, *Jews Under Tsars and Soviets*, [New York, 1964; 1976], p.118; Elizabeth Ewen, *Immigrants in the Land of Dollars*, p.44; Sydney Stahl Weinberg, *The World of Our Mothers*, [North Carolina, 1988], pp.44, 271.)

41. The CMB recognised the following Irish hospitals for their midwifery training: in Dublin: Coombe Lying-in Hospital, The Rotunda, National Lying-in Hospital and St Patrick Dun's Hospital; in Limerick: Cork Lying-in Hospital; Bedford Row Lying-in Hospital ; in Belfast: Maternity Hospital of Belfast and the Belfast Union Infirmary. (*Midwives Act*, PP 1909, XXXIII, CMB Report, Appendix IV, p.56)

clients among their compatriots in Britain, but nonetheless their work was seen as illegal.⁴² If they intended to practice in England they were forced to retrain.

Difficulties caused by the regulations of 1902 were epitomised by many of the cases who sought help from the Union of Jewish Women (UJW).⁴³ Records of the UJW contain cases of immigrant midwives who had trained in Russia but lacked the necessary requirements to practise in England. In 1908, for example, one midwife who had learnt her skills from a Russian doctor in Eastern Europe was forced to retrain because her certificates were not recognised in Britain.⁴⁴ Retraining was probably harder for East European Jewish women than Irish women. Irish midwives did not have the same language barriers to overcome.⁴⁵ A great number of the immigrant Jewish midwives helped by the UJW had to learn English first before they could obtain the CMB qualifications.⁴⁶

Institutionalised Midwifery Training and Irish and Jewish Midwives: the Response To Professionalisation

Under the Midwives Act of 1902, candidates had to be 21 years of age, with sufficient general education and of good character to be accepted on

42. JC, 11 Nov. 1904, p.9.

43. Set up as a result of the first Jewish women's Conference held in 1901 the UJW campaigned for women's rights within the Jewish community and outside. Its main function, however, was to give advice and information to 'necessitous ladies' seeking employment. Part of its work involved providing loans for women training for suitable professions, such as midwifery and nursing. Sources for this organisation are kept at the Anglo-Jewish Archives.

44. Sarah Pyke House, General Meeting Minutes, 1907-1910, (VI), 25 March 1908, p.55; 28 Oct. 1908, p.94; 24 Nov. 1909, p.177.

45. See footnote 68 in chapter 1 p.30 and footnote 11 in chapter 4 p.107.

46. UJW, Executive Committee Minutes, 1902-1909, (AJ 26/A.1) and Sarah Pyke House, General Meeting Minutes, 1907-1910, (VI).

midwifery courses. All candidates had to undergo six months training at institutions approved by the CMB. Those who had trained for three years in voluntary or Poor Law institutions were only required to take a four months midwifery course, but all had to pass an examination set by the CMB in order to register.⁴⁷

Midwives could no longer train under the supervision of an older midwife or doctor. After 1902, pupil midwives were increasingly taught at lying-in hospitals and Poor Law Infirmaries, which gave preference to applicants with some sort of nurse training.⁴⁸ A large proportion of those who trained to be midwives were therefore recruited from applicants with hospital experience. Consequently in Britain the usual product was the nurse-midwife; in the USA and on the European continent, midwifery and nursing were usually two separate occupations.⁴⁹

Evidence concerning the midwifery training of Irish and Jewish women in English institutions is sparse. However, many of the difficulties Irish and Jewish women encountered during their midwifery training can be compared to those of Catholic and Jewish nurses learning in many of the same institutions. Each of them faced particular problems when working in voluntary hospitals. Many voluntary hospitals during this period were patronised by organisations from the Church of England and had an Anglican

47. 'Abstract of Legislation' in Hope and Campbell, *Physical Welfare of Mothers*, p.97.

48. Hope and Campbell, *Physical Welfare of Mothers*, p.22.

49. In 1932, a report from the Ministry of Health showed that most Dutch midwives were trained in specific midwifery schools which were distinct from those training medical students. By comparison, in England the bulk of midwifery teaching was done in schools which trained both midwives and medical students. This had resulted in competition between pupil midwives and medical students over the limited number of clinical cases. (Ministry of Health: 'Final Report on Departmental Committee on Maternal Mortality and Morbidity', [HMSO, London 1932], p.53.)

chaplain attached to the hospital staff. Such hospitals therefore had a strong Anglican orientation which could cause problems for nurses not of this persuasion.

In 1894, an investigation into the difficulties faced by non-Anglican probationer nurses reported that

Several of the leading London hospitals appear to insist on their nurses attending Church of England services, while the regulations allow no opportunities to Roman Catholics and others of attending the services of their own churches. This is virtually a boycott of all but Church of England nurses. All sectarian regulations of this kind in public institutions are indefensible in principle and mischievous in practice, and if the managers of hospitals do not spontaneously recognise this, they are likely to have it brought home to them by a serious diminution of their receipts, and by the establishment of opposition institutions.⁵⁰

The investigators concluded

That a nurse has to attend the ordinary service in hospital is not sufficient to establish the charge of bigotry, seeing that there may be as much bigotry in opposing the regulation as in requiring compliance with it; while it is perfectly clear that no hospital can have a separate service for every denomination represented among its nurses. But if there exist in any hospitals regulations which allow no opportunities to Roman Catholics and denominational nurses to attend the services of their own churches we think these regulations should be quoted. The establishment of opposition institutions would be welcome...⁵¹.

Poor Law infirmaries also posed certain difficulties. In 1894 the Workhouse Infirmary Nursing Association appeared unwilling to train Catholic nurses, because, it argued, the obstacles imposed by various Boards of Guardians made employment hard to secure for them. A letter in the Catholic newspaper, *The Tablet*, challenged this policy, stating that some Boards of Guardians were willing to employ anyone of whatever denomination. Unions in East London were among the more accepting;

50. *The Tablet*, 21 April 1894, p.621.

51. *ibid*.

including the Unions of Stepney, Mile End, the City of London, Whitechapel, Bethnal Green, St. George's in-the-East, Poplar and Shoreditch. Nevertheless, while these Unions appeared in principle to be tolerant it was admitted that they were not always so in reality.⁵²

Prior to the early twentieth century, the scarcity of Catholic and Jewish residential nursing homes, made religious observance difficult. One Jewish nurse lamented in the *Jewish Chronicle*:

At present there is absolutely no place where a Jewish girl can be trained to be a good and efficient nurse, and keep her religion. You will, perhaps, say she can go to the Jewish wards of the London Hospital; so she can, that is perfectly true, and she will there be able to have what is considered so essential - kosher meat.

Some people, I really believe, think that our religion consists only in eating kosher meat; it is a good deal, but it is not everything, as they would soon see if they were nurses.⁵³

The nature of their work and the routine of general hospitals meant that Jewish nurses could not attend synagogue easily on Friday nights or religious festivals. Kosher food only dealt with part of the problem. Similarly, Catholic nurses had difficulty attending daily mass and other observances. Catholic and Jewish nurses were also seen as easy prey to missionaries.⁵⁴

Some of these problems were overcome through the establishment of specific Catholic and Jewish hospitals. For example, the Catholic community was served by the Hospital of St. John and St. Elizabeth established in 1880

52. *The Tablet*, 20 Oct. 1894, p.605.

53. *JC*, 1 June 1894.

54. For the anxieties concerning the conversion of Jewish nurses see *JC*, 1 June 1894.

in Great Ormond Street, London.⁵⁵ Jewish hospitals developed slightly later, the first being the Jewish Maternity Home in 1911 and the London Jewish Hospital after the First World War. Both Jewish institutions were based in East London.⁵⁶

The situation was also eased by the establishment of Catholic and Jewish residential nurses homes. In 1906, the Sick Room Helps Society (SRHS) set up a Jewish nurses home in Philpot Street near London Hospital in Whitechapel, which was extended in 1911. A Catholic nurses' home was established in Newark Street for nuns training at London Hospital in 1915.⁵⁷ As a closed community in a convent, nuns had a slightly easier time than lay nurses during training. Nevertheless, nuns still faced difficulties when working outside the convent.

Catholic and Jewish women often met with discrimination which could hinder their training and practice. The difficulties they faced were epitomised by the Poplar Guardians who interviewed an Irish woman for the position of probationer nurse in 1912. During the interview, Father Higley asked her how she had learnt about the post, arguing that on previous occasions he had been accused of pushing forward Irish applicants. The candidate was appointed, but a heated discussion followed Father Higley's assertions, showing the vulnerability of Irish women when applying for a nurses position.⁵⁸

55. Sisters of Mercy, interviewed London, 9 Dec. 1987, transcript, p.1.

56. See chapter 4, especially footnotes 51, p. 119 and 78 on p.126 for details on the London Jewish Hospital, and pp.127-130 for the Jewish Maternity Hospital.

57. *Catholic Directory* (1915).

58. *East London Observer (ELO)*, 25 May 1912.

By the 1920s, most hospitals were more tolerant towards non-Anglican nurses and midwives, but discrimination persisted, preventing Catholic and Jewish nurses from gaining positions of responsibility. King's College Hospital and Middlesex Hospital reserved the 'Matron's post for members of the Church of England, the prayers of the Church of England having to be read by her'. University College Hospital would not even permit their Catholic nurses to be Ward Sisters.⁵⁹

Even when the difficulties of obtaining training were surmounted, Catholic and Jewish midwives and nurses could on occasion have trouble adhering to their religious principles when asked to perform certain tasks. A woman dying in childbirth could be particularly problematic for a Catholic attendant. According to Catholic teaching, the life of the unborn child came before that of the mother, a principle not always adhered to by non-Catholic health professionals. If an infant died during or just after childbirth without being baptised, Catholics regarded it as a lost soul.⁶⁰ Abortion raised similar issues concerning the unbaptised soul.⁶¹

In the 1920s and 1930s the Catholic Church also continually reminded its medical professionals that they should have nothing to do with birth control.⁶² The strength of feeling on the subject was exemplified by the

59. Ann Omnibus, 'The Position of the Catholic Nurse', paper read before the Catholic Medical Guild of St Lukes, Cosimas and Damian, at the Hospital of St John and St Elizabeth on 28 Nov. 1926 (Westminster Diocese Archive [WDA] file: Hi 2/95], p.2. This point was also made in a letter to *The Tablet*, 9 Oct. 1926, p.484.

60. Ann O'Connor, 'Child Murderess and Dead Child Traditions: A Comparative Study', Ph.D. thesis (Dublin Univ., 1987), p.7.

61. Pope Pius XI in *Castri Connubi*, in Proposed Statement for Publication in Catholic and Medical and Nursing Circles, p.1 (n.d) in WDA file: Hi 2/2.

62. Union of Catholic Mothers document (WDA file: CWL 5/90 [b] 1924-31). Opposition to birth control was not confined to the Catholic Church. In 1908, the Lambeth Conference of Bishops of the Anglican Communion unanimously opposed birth control. Twenty-two years later the Lambeth Conference reversed its decision and allowed for birth control in cases

famous court battle between Marie Stopes and the Catholic Church in the 1920s.⁶³ On a more local level classes were arranged to explain the evils of birth control. These were not only aimed at mothers but also health professionals such as nurses, midwives, nuns and lay-folk who visited mothers in their homes and in hospitals.⁶⁴ In 1920 concern was shown for Catholic working-class women who were being 'subjected to most humiliating and indelicate questioning' by health visitors and given advice on birth control.⁶⁵

Catholic teaching could cause grave dilemmas. A number of reports held at the Westminster Diocese highlight the difficulties Catholic nurses and midwives faced with craniotomy or abortion cases, and indicated that they might know nothing of these matters.⁶⁶

Jewish midwives were in less danger of contravening Jewish religious teachings. In contrast to Catholic teaching, Jewish law upholds the life of the mother over that of the unborn child. As Chief Rabbi Jakobovits has recently pointed out

where there was a morally sound reason for avoiding complete abstinence. (Ruth Hall [ed.] *Dear Dr Stopes, Sex in the 1920s* [London, 1978; 1981] p.59. See also Ruth Hall, *Marie Stopes: A Biography* [London, 1978], pp.193, 197-241, and Barbara Brookes, *Abortion in England 1900-1967* [Oxford, 1988], p.63).

63. Dr Halliday Sutherland, a Catholic doctor, was the chief Catholic opponent to Marie Stopes. Encouraged by the Catholic Truth Society he published a book on the Catholic view about birth control, to which Marie Stopes took exception, leading her to sue for libel in 1923. Letters of support for Dr Sutherland from the Catholic establishment can be found in WDA file: Bo 5/59. See also chapter 8, pp.334-336.

64. The initiative for these classes came from the Union of Catholic Mothers. (M. M. Thornely, 'A Record of the Catholic Women's League. Union of Catholic Mothers', 19 May 1935, p.19 [WDA file: Hi 2/95]).

65. See *The Tablet*, 17 July 1920, p.88; 24 July 1920. p.19; 31 July 1920, p.151; 4 Dec. 1926, p.751.

66. See Omnibus, 'The Position of the Catholic Nurse', pp.3-5.

In any mortal conflict between mother and child [Jewish law insists that a mother's life] 'enjoys priority, if necessary at the expense of the child, provided its head or the greater part of its body had not yet emerged from the birth-canal (which is the legal definition of birth). Judaism, therefore... would regard it a grave offence against the sanctity of life to allow a mother to perish in order to save her unborn child.'⁶⁷

Although this would be a problem for a Jewish medical attendant working in a Catholic institution, in most Anglican hospitals this principle would not have caused the same kind of complications Catholic health professionals faced.

In addition to these problems, Irish and Jewish women, like many working-class women, did not always have the educational requirements for institutional training. Compulsory education in Britain, established in 1870, did not equip everyone with the reading and writing skills needed for passing the written examinations set by the CMB.⁶⁸ The examination was oral and written. While lower middle-class women who had sufficient education to read and write could pass the examination, in 1909, complaints were received by the CMB 'that the examination, more particularly the written part, is too difficult for imperfectly educated women', but the Board refused to lower the standard expected of the examination.⁶⁹

Another obstacle to midwifery training was the minimum age and marital status requirements imposed by courses. Most programmes preferred single

67. Chief Rabbi, Dr I. Jakobovits, 'Jewish Medical Ethics', St Paul's Lecture, 23 Nov. 1976, p.2 (Bodleian Library).

68. A report in 1893 showed that 94.6% of the British population could sign the marriage register, but this distorted the real picture. In reality people's reading and writing abilities often did not reach beyond the ability to sign his or her own name. According to Roberts 'about 20% of the poor working-class were illiterate and about as many nearly so' at the turn of the century (Robert Roberts, *The Classic Slum*, [London, 1971; 1977], pp.129-131).

69. *Midwives Act Committee*, PP 1909, XXXIII, Cd.4823, Minutes of Evidence, Q1412; Cd.4725, CMB Report, pp.15-16; and Cd. 4507, p.39.

women and would only accept pupils over the age of 21. However, nurses who entered midwifery first had to pass the age limit of 23 required by most voluntary hospitals for nurse training.⁷⁰ Poor Law institutions required their probationers to be 25 in 1873, which changed to 21 in 1900.⁷¹ By that age, many Irish and Jewish women were already married,⁷² which prevented many of them from taking up nursing or midwifery. Nevertheless, the Irish community had an advantage in that it was constantly replenished with older single women emigrating from Ireland where postponed marriage and celibacy was characteristic.

The number of Irish and Jewish women entering the midwifery profession was also determined by the class and social structure of both the Irish and Jewish community. The increasing replacement of the traditional handywoman by more middle-class women coincided with transformations occurring in the nursing profession as a whole. In Britain from the mid-nineteenth century the higher positions of nursing, such as matron and superintendent, began to be filled by women from wealthier sections of society. Nursing was an attractive alternative to marriage and a means of independence for the large number of unmarried women during the late nineteenth century. Often these women were the daughters of clergyman or other professionals, who had received an adequate education, part of which had trained them for a spiritual vocation suited to nursing. Some became midwives.

70. In a study of four provincial hospitals in Manchester, Leeds, Southampton and Portsmouth Maggs, found that the average age for recruits in the later nineteenth century was between 25 and 35 years old. The age range varied on the demand for nurses in each area, but overall older women were preferred. The same was true in London. (Christopher Maggs, 'Nurse Recruitment to Four Provincial Hospitals 1881-1921' in Celia Davies, [ed.], *Rewriting Nursing History* [London, 1980].)

71. M.A Crowther, *The Workhouse System 1834-1929*, (London, 1981) p.177.

72. More information on the age of marriage in the Irish and Jewish communities appears in chapter 2, pp.66-70.

Comparable trends were occurring in the Irish community, where nursing increasingly became a vocation for the growing number of nuns.⁷³ Many of the nuns who undertook the duties of nursing had either middle or upper-class backgrounds.⁷⁴ Few nuns, however, became midwives.

Until the twentieth century, most Catholic nuns were forbidden from undertaking midwifery work, because it was feared that such work would, as one priest put it, be 'capable of arousing the imagination and exposing modesty to danger'.⁷⁵ The Vatican forbade one religious female order, the Little Company of Mary, established in 1877 by Mary Potter and active in East London from 1897, to assist in childbirth unless in emergencies; they were only allowed to attend pre-natal and post-natal cases.⁷⁶ In 1905, they were finally permitted to help women during childbirth, but even then such work was restricted to mature sisters.⁷⁷ Catholic nuns, therefore,

73. In Ireland, many of the workhouse infirmaries chose to employ nursing nuns rather than secular nurses who were considered more expensive. (Caitriona Clear, *Nuns in Nineteenth Century Ireland*, [Dublin, 1987], pp.107, 133.)

74. Many convents were divided along class lines. Those women who could supply the religious order with a dowry for their entry usually reached the position of 'religious choir nuns'. These nuns were the ones who later took on the tasks of teaching, nursing and ruling a convent. 'Lay sisters' tended to be the poorer nuns who could not provide a dowry and were confined to undertaking the chores connected with scrubbing, cooking and cleaning.' (For further discussion on this issue see Clear, *Nuns in Ireland*, pp.93-99.)

75. Quoted in Patrick Dougherty, *Mother Mary Potter, Foundress of the Little Company of Mary* (London, 1961), p.237. Nuns were not able to participate in surgical operations and night duty work for the same reason.

76. In its earliest days the LCM had one trained nurse, Sister Philip, who passed on her skills to the other pioneering Sisters in Nottingham. Originally known as Edith Coleridge, Sister Philip had trained at St George's Hospital in London just after the Crimean war, and was one of the first students of the reformed system of nursing. Emphasis was placed on professional and spiritual training, and on the principles of hygiene, order, comfort and kindness (Mary Campion, *Place of Springs: The Story of the First 100 Years of the Province of the Maternal Heart (English Province) at Little Company of Mary*, [Merseyside, 1977], pp.38-39).

77. Clear, *Nuns in Ireland*, pp.75, 127-128.

could not fill the growing gap created by the disappearance of the local handywomen in Ireland and East London.

The Jewish community, by contrast with the Protestant and Catholic communities, had no clergyman or professionals' daughters, imbued with a spiritual mission and sense of duty to furnish the higher ranks of the nursing profession. Jewish women were also less willing to undertake the lower grades of nursing work that were being accepted by Irish women.

Only two candidates applied to an advertisement for a probationer for maternity or midwifery training at the newly opened Jewish Maternity Home in 1911. Both were found inappropriate for the job.⁷⁸ The scarcity of Jewish nurses was repeatedly mentioned in the Jewish press, demonstrating the widespread lack of interest among Jewish women in nursing work. Mrs Model, commenting on the lack of candidates in 1911, lamented that 'the fine profession of nursing should appeal so little to Jewesses of good education, offering as it does such a splendid field for sympathy and personal influence, quite apart from its possibilities for independence'.⁷⁹

The dearth of Jewish nurses puzzled one correspondent to the *Jewish Chronicle*, considering that Jewish women were

peculiarly adapted for this profession, in view of their traditional love of home and family, and because they are endowed with the necessary qualifications of patience and perseverance which would make them... an ornament to their faith and profession.

78. The UJW commented in 1911 on the existence of thirty vacant posts in Jewish institutions for Jewish nursing staff, which were not being filled (*JC*, 8 Sept. 1911).

79. *JC*, 9 Feb. 1912, p.42.

Furthermore, the correspondent reasoned, it was only a matter of time before Jewish women would realise their suitability for such a profession.⁸⁰

The scarcity of Jewish nurses was attributable to the association of lower grades of nursing with domestic work, an activity unattractive to most Jewish women. Domestic work, so often regarded as inferior in the outside world, was held with just as much disdain in the Jewish community. Such jobs were associated with working-class women who generally had no other alternatives.⁸¹ It has been argued that many women preferred nursing to domestic service but in the Jewish community women entered neither occupation. Jewish women preferred factory or work-shop employment which did not isolate them from their families.

Whatever their age, marital status or social standing, Irish and Jewish women who wanted to enter the midwifery profession needed the financial means to support themselves through such training. This was beyond the reach of many women whose families, having only just settled in England, had virtually no means of supporting them. (See table 3.1 below for the fees charged for midwifery training in various London institutions in 1908).

80. *JC*, 29 Feb. 1912.

81. This attitude is confirmed by interviews with Jewish immigrants conducted in Manchester. Out of 300 interviews of Jewish immigrants in Manchester only one case arose of a woman undertaking work as a charwoman. (Rickie Burman, 'Jewish Women and the Household Economy in Manchester, c.1890-1920' in David Cesarani [ed.], *The Making of Modern Jewry*, (Oxford, 1990), p.59.) See also footnotes 62 & 63 in chapter 1 on pp.28-29 for information on Irish women and domestic service.

Table 3.1 :
Length and Fees of Midwifery Courses in Various London Institutions in 1908

Institution	No. of In-patients	No. of Out-patients	Pupil Mid-wives Trained	Fees Charged (3 mths' course unless stated)
EAST LONDON:				
CLMH ^a	802	2,756	61	£26 5s
EEMH ^a	498	708	52	£15 15s-£30
London Hospital ^a	218	1,654	48	£21
SAMH ^a	286	810	37	£14 14s-£18 18s
Bromley Hall, (Poplar) ^a	-	410	12	£15 15s
OTHERS:				
Voluntary Hospitals:				
Queen Charlotte's ^a	1,865	2,169	138	£35 (5 months)
General Lying-in ^a	837	2,147	54	£28 (4 months)
Clapham Maternity ^{ab}	465	956	52	£23 2s
British Lying-in ^a	537	647	21	£29 8s
Guys ^a	-	1,285	35	£22 1s
Middlesex ^{ac}	240	60	15	£26
Poor Law Infirmarys:				
Shoreditch Infirmary ^a	187	-	5	No fees
Whitechapel Infirmary ^a	112	-	5	No fees
a recognised by CMB as training school b relates to 1907 c estimates for 1909				

Source: Report from Commissioner, Inspectors and Others on the Midwives Act, PP 1909, XXXIII, Cd. 4507, Report of the CMB from its Formation to 31 March 1908, Q4226, p.223

Given these difficulties in midwifery and nurse training and practice, it is not surprising that the Catholic and Jewish communities faced a shortage in midwives from their respective denominations. The scarcity of midwives was linked to the shortage of nursing as a whole in both communities. The Catholic press, priests and other leaders, concerned about the prevalence of infant neglect and infant mortality⁸² as well as

82. A. Chandler, 'Effects of Drink on Children', pointed to the problem of intoxicated mothers who often "killed their babies" by lying on top of them (*Magazine of the Sacred Heart*, Nov. 1906, p.iv). The Sisters of Charity of St. Vincent de Paul in Bulstrode Street, Chelsea founded a creche in 1867 partly to prevent the neglect of infants when mothers worked. Attached to the same institution was a baby-home, and in 1877 great concern was voiced over infant mortality caused by the use of wet-

general ill health,⁸³ frequently called for more district nurses for their Irish Catholic poor in East London.⁸⁴ The scarcity of Jewish nurses was one of the issues at the Jewish Women's Conference in London in 1902.⁸⁵

In 1895, an enquiry mounted by the Jewish community discovered a desperate need for Jewish nurses and midwives among the Jewish poor to prevent the very high level of infant mortality among this section of the population.⁸⁶ While infant mortality formed 20% of the total deaths among the wealthy Jews, and 36% among the middle-class Jews, among the pauper Jews infant mortality constituted 81% of the total figure. These findings were substantiated by a group of workers who visited and provided relief to the Jewish poor.⁸⁷ Under these circumstances it was imperative for the

nurses for its babies (*The Tablet*, 2 April 1870, p.429; 17 Feb. 1877, p.211).

83. In 1871 it was reported: 'If medical assistance to the poor is to be anything more than a mere farce, if the enormous expenditure on it is to be checked, if there is to be any organized force capable of dealing with problems which continued epidemics present, the Poor Law Medical Service of Great Britain must be totally remodelled, from the headquarters at Whitehall, down to the poorest parish surgeon who starves away his existence in a country workhouse practice' (*The Tablet*, 9 Sept. 1871, pp.345-346).

84. A key Catholic nursing order, the Little Sisters of the Assumption (NSP), argued that its own congregation in East London was created because of the absence of good domiciliary medical care in the area (Letter from Mother M. of St. John to Father Pernet (founder of the congregation) November 1880, Notes on the Background to the NSP in the archive of the NSP). For more information on the NSP see the next chapter.

85. See UJW, A/R (1902), p.13 and A/R (1912), pp.15-16.

86. Jewish Board of Guardians (JBG), Committee on Infant Mortality, Report, p.7 (Charles Booth Collection, LSE file: B197). One Jewish philanthropist, Mrs Lionel Lucas, had begun to address the problem in the early 1890s when out of her own money she paid for two Jewish nurses to care for the Jewish poor. This, however, was not enough to cover the desperate needs for nursing in the poor Jewish community as a whole.

87. JBG, Committee on Infant Mortality, Report, 4 June 1895, pp.3, 6. These figures do not give an accurate account of infant mortality. For more information on this see footnote 15 in chapter 2, p.47. (JC, 10 April 1896, p.11; *Alien Immigration*, PP 1903, IX, Q3960).

established communities to provide nurses and midwives of their own denomination.

Development policies took a number of forms and were not necessarily successful. Much of the aid supplied was to help those training outside the Jewish and Catholic community in English institutions. From the material available it would seem that the Jewish community was more active in promoting midwifery than the Catholic^{one} which seemed more involved in training nurses.⁸⁸

Jewish midwives obtained most of their help from the UJW and the Sick Room Helps Society (SRHS).⁸⁹ Both organisations had different motives behind their support. For the UJW, midwifery was one means by which Jewish women 'of the educated classes', or who were widowed and had no financial support would be able to earn a decent livelihood and escape the drudgery of other forms of work or, worse still, prostitution.⁹⁰ Much of the work they undertook supplemented the work of the SRHS; the latter organisation was keen to train Jewish midwives so that Jewish immigrant mothers would receive adequate midwifery care in East London from those who were sympathetic to Jewish traditions and customs.

Both the SRHS and other organisations in the Jewish community publicized the risks the immigrants faced should they practise without English

88. A major institution supporting Catholic nurses was the Catholic Nurses Guild, established in the early 19th century. Its aim was 'to promote the spiritual, professional and social welfare of the members' among trained nurses, probationers and midwives. By 1929 the Guild had about 560 members and was said to be expanding. (Elizabeth Glanville, 'The Messenger: Nurses', *Magazine of the Sacred Heart*, April 1929, pp.99-100).

89. Further detail on the work undertaken by the Sick Room Helps Society appears in Lara Marks, '"Dear Old Mother Levy's": The Jewish Maternity Home and Sick Room Helps Society 1895-1939', *The Society for the History of Medicine*, Vol.3., No.1, April 1990, 61-88, and the following chapter.

90. UJW, A/R (1908), p.9.

qualifications. Notices prepared in Yiddish were placed in the main areas where the immigrants first arrived. Enquiries were also made on behalf of the women to clarify whether their foreign qualifications were valid.⁹¹

The UJW also established loans for a number of women to train as nurses and midwives. By 1907, 90 Jewish women had applied to the Union for help in nurse training, some of whom became fully qualified midwives and nurses. Between 1903 and 1909, the UJW advised and placed 35 Jewish women in hospitals and infirmaries as nurses, 3 of whom became probationers at the London Hospital and 25 of whom were registered as midwives.⁹² The SRHS also funded nurse training in 1899 when, with the aid of a few munificent friends, it sent two nurses to train at the City of London Lying-in Hospital. In its tenth year, the Society supported three maternity nurses training at the City of London Hospital and one at Plaistow District Nursing Home.⁹³

The help given by these Jewish agencies might have boosted the number of skilled midwives within the Jewish community. In 1896, the Royal Maternity Charity, an organisation noted for its employment of qualified midwives, found four Jewish midwives whose qualifications matched their regulations. These Jewish midwives could speak Yiddish and were employed specifically for the Jewish mothers for which the Charity catered.⁹⁴ In 1904, it was estimated that there were 28 midwives 'practising among the Jewish poor' in East London, which was probably not enough to satisfy the demand of the immigrant Jewish population, but their level of skill was surprisingly

91. Sarah Pyke House, General Meeting Minutes, 1907-1910, (VI), 25 March 1908, p.55; 28 Oct. 1908, p.94; 24 Nov. 1909, p.177.

92. *JC*, 1 Feb. 1907, p.30; 1 Jan. 1909.

93. *JC*, 30 Oct. 1896; 9 Dec. 1904, p.28.

94. *JC*, 7 Feb. 1896, p.15.

high.⁹⁵ While only eight of these 28 midwives were trained, it was estimated that at least three-quarters of the total would be accepted on to the CMB register. In the rest of England, only a quarter of all practising midwives were eligible for enrolment under the Central Midwives Board in 1904.⁹⁶

It is hard to judge how many Catholic and Jewish women were recruited to the midwifery profession. Few Jewish women applied for the post advertised by the SRHS in 1911 which is surprising given the high number of women who trained with the support of the UJW and the SRHS. One possible reason for the scarcity was that many emigrated or married after their studies and therefore did not practice in East London.⁹⁷ London as a whole had only a small number of midwives practising. In 1906 it was estimated that only 25% of births in London were attended by midwives, while 74% were delivered by medical men. It was thought that the high percentage of medical men made it harder for the new midwife to practice.⁹⁸ Even in later years, when institutional training was more secular and Catholic and Jewish religious observance easier, the number of trained Catholic and Jewish women was never sufficient to cover the needs of all Irish and Jewish mothers in East London. This helps to explain the lamentations expressed in each community over the issue.

95. The primary sources do not make it clear whether these midwives were all Jewish.

96. JC, 11 Nov. 1904, p.9.

97. The CMB reported similar problems. Many pupil midwives did not practise midwifery. Only 16.7% of the successful midwifery candidates at the CLMH and London Hospital intended to practise in 1913. (*Midwives' Act*, PP 1913, XXXIV, CMB Report, Cd. 6755, Appendix. See also *Midwives' Act*, PP 1909, XXXIII, CMB Report, Cd. 4822, Q4189 & Q4361).

98. *Midwives' Act*, PP 1909, CMB Report, Cd. 4822, Qs4198-99, Qs4388-4389.

Conclusion

The demise of the local handywoman had repercussions for all mothers giving birth in East London, but particularly for Irish and Jewish immigrant women. Given that Irish and Jewish mothers were living in a predominantly Anglican society, it was important that they were served by those familiar with their religious and cultural needs.⁹⁹

While Irish and Jewish mothers might be assured of better midwifery care with the increasing regulation and training of midwives, the possibility of finding someone who was sensitive to Catholic and Jewish traditions probably decreased. Forced to rely on outside midwives for help during childbirth, Irish and Jewish women were no longer being solely served by someone who was a familiar face to them or understood their background. The appearance of a stranger could, at times, be distressing. Evidence presented by a non-Jewish midwife, Mrs Ayers, to the Royal Commission on Alien Immigration, showed that some midwives lacked appreciation for the customs of the Jewish community and the poverty they faced. Mrs Ayers complained that Jews behaved indecently and offered her brandy instead of the customary cup of tea, and that it was difficult to get rid of the children and husbands from the birth chamber in Jewish homes.¹⁰⁰ Given the taboos concerning childbirth within the Jewish religion, her last statement is somewhat surprising. Nevertheless, her testimony revealed the great tension which could arise during childbirth from professionals who lacked sympathy for the culture of those they attended.

99. For more information on the way in which religion shaped medical and nursing care in late Victorian Britain see Frank K. Prochaska, 'Body and Soul: Bible Nurses and the Poor in Victorian London', *Historical Research*, Vol.60, No.143, Oct. 1987, 336-348.

100. *Alien Immigration*, PP 1903, IX, Q9425; *JC*, 22 Aug. 1902, p.14.

Such difficulties were aggravated by the increasing regulation of midwives. While the first generation of immigrants might have found a number of handywomen in their neighbourhood, subsequent generations found it harder to engage such birth attendants. This was due to a number of complex factors. As legislation tightened, so it became harder to practise and train as a handywoman. Midwifery skills could no longer be transmitted between generations because of migration and those who wanted to train and practice midwifery now had to obey state regulations which involved training in institutions unsympathetic to their cultural and religious needs and where sometimes they experienced discrimination.

One way in which the Catholic and Jewish communities attempted to relieve the situation was to set up nursing organisations of their own denomination. The development of these agencies and the support that they provided for immigrant mothers during childbirth will be explored in the next chapter.

In the absence of family support, local handywomen and midwives of their own religious persuasion, Irish and Jewish mothers were increasingly forced to rely on other forms of help at the time of their confinement such as that provided by charitable agencies and hospitals. Their experience of such services will be examined in the subsequent chapters.

CHAPTER 4

IRISH AND JEWISH WOMEN'S COMMUNAL CHILDBIRTH NETWORKS IN EAST LONDON

Introduction

Cut off from their traditional family and neighbourhood support, Irish and Jewish women could find giving birth in the new environment of East London a traumatic experience. In the absence of kin and friends and the gradual disappearance of the traditional birth attendant, the handywoman or untrained midwife, Irish and Jewish mothers were forced to look elsewhere for help during childbirth.

Despite the difficulties of being a newcomer in a strange society, the Irish and East European Jews had certain advantages over the local population. Irish and Jewish mothers were differentiated from others because they could rely on alternative schemes within their own established communities. As religious and ethnic minorities, these communities faced certain difficulties which motivated them to develop forms of help not provided in the host society.

Many of the difficulties Catholic and Jewish charitable organisations addressed were not unique to their communities. The maternal and infant welfare schemes were similar to those being undertaken in society as a whole.¹ Their aims and organisation however, were specific to Catholic and Jewish patients' requirements and traditions. The very existence of these communal institutions suggests that certain needs were not adequately provided in outside institutions. This chapter looks at how these communal

1. For more information on maternal and infant welfare services in Britain see chapter 2, pp.40-42

organisations were set up and how they catered to the needs of Irish and Jewish mothers and their infants.

Medical Care During Times Of Sickness And Confinement

By the late nineteenth century, medical provision, other than Poor Law medical relief, was provided either by the market, for those able to pay, or by local charities or subscription to friendly societies.² Some women obtained maternity services through the medical schemes of friendly societies. Membership of a friendly society, however, often demanded regular employment on the part of the husband and did not always offer membership to wives or maternity care.

For many women, therefore, the expense of attendance in childbirth caused problems. Before World War I a woman was lucky if her husband gave her 25s. regularly every week. Out of this she was expected to pay for rent, food and clothing for the whole family.³ Nothing remained for the additional outlay expected for maternity. On top of payment for the midwife there might be the additional expenses of hiring a nurse or someone to do the housework during the first few days after the birth, and the provision of necessities for the baby. The frequent loss of wages on the part of the mother during her confinement also made these costs harder to bear. In all, decent maternity care could cost as much as £5 before World War I.⁴

2. M.W. Flinn, 'Medical Services under the Poor Law' in Derek Fraser, *The New Poor Law in the Nineteenth Century* (London, 1976).

3. Margaret Llewelyn Davies (ed.), *Maternity: Letters from Working Women* (1915; reprinted London, 1984), p.5. See also Maud Pember Reeves, *Round About a Pound a Week* (1913; reprinted London, 1984), pp.75-93.

4. Ellen Ross, 'Labour and Love: Rediscovering London's Working-Class Mothers, 1870-1918', in Jane Lewis (ed.), *Labour and Love: Women's Experience of Home and Family 1850-1940* (Oxford, 1986), p.78; Llewelyn

Mothers' financial anxieties were not eased by the introduction of National Health Insurance in 1911 which made no special provision for childbirth. By this act, husbands who were in full employment could receive 30s. on behalf of their wives, but women did not receive this directly.⁵ The creation of Maternity Benefit in 1913 met, for the first time, some of the costs women were expected to pay for their confinements. This was limited, however, to those whose husbands were in regular employment. Given the prevalence of casual work and unemployment in East London, many women could not hope to claim the benefit. In 1913 one East London maternity hospital reported that many of their mothers, whose husbands were involved in dock work and casual labour, could not 'even get work to keep their Insurance cards up to date (or for 26 stamps)' and were 'therefore ineligible even for Maternity Benefit'. Even those who could claim maternity benefit found it insufficient⁶.

In East London women perhaps had easier access to charitable maternity services than in other places because of the high number of teaching hospitals, district nursing associations, dispensaries and medical missions in the area. The amenities provided by these organisations are explored further in chapters 6 and 8.

Much of the nursing in the nineteenth century was undertaken by religious bodies, causing some difficulties for Catholic and Jewish patients.⁷ Such services were accessible to Irish and Jewish mothers, but many of them had a Protestant pastoral message attached to their medical care which could

Davies, *Maternity*, p.5; See chapter 3, p. 78 for an idea of the fees charged by midwives.

5. Ellen Ross, 'Labour and Love', p.79.

6. East End Maternity Home, A/R (1913), pp.19-20.

7. See chapter 3, pp.89-91, for an exploration of the way religious observance affected nurse training.

cause discomfort for Irish and Jewish mothers. Medical missions had a particularly strident evangelical purpose behind their medical care.⁸ District nursing associations were also strongly influenced by the new religious zeal of the mid-nineteenth century. Voluntary hospitals were less concerned about converting souls, but were frequently patronized by organisations from the Church of England and had an Anglican chaplain attached to the hospital staff.

No distinction was made as to the religion of patients, but most hospitals and district nursing associations had prayers in the ward or at the bedside in the home. This could make non-Anglicans feel awkward. It was bad enough for the patients to feel an object of charity, let alone to feel that their beliefs and customs did not comply with those caring for them. Nevertheless, with the increasing tolerance for Catholicism and Judaism during the nineteenth century, most institutions made some arrangements for their non-Anglican patients to be visited by those of their faith.⁹

Nonetheless, certain problems still arose. In addition to the ethnic questions,¹⁰ complications arose over the need for certain Catholic and Jewish sacraments to be administered before death. Jewish law indicated that a Jewish dead body should be watched and prepared solely by Jews and buried within 24 hours, a custom not usual in English society. An

8. During a discussion over whether the Jewish community should provide a Jewish dispensary in East London, great concern was expressed over the enticement of the Jewish poor by the Yiddish-speaking staff working in the dispensaries provided by the medical missions. (*Jewish Chronicle* [JC], 6 Nov. 1896, p.16; 20 Nov. 1896.)

9. See chapters 6 to 8 below

10. Already referred to with regard to the danger of death for mother or child in chapter 3, pp.90-91.

additional ritual which concerned Jewish women was the circumcision, or *bris*, of baby boys on the eighth day after birth.

Language barriers were an additional difficulty. Although many of the first generation Irish were handicapped by their accent and sometimes by their lack of English, the first generation of East European Jewish immigrants had a greater language obstacle.¹¹ Many of them only spoke Yiddish, making communication with health professionals hard. This was especially difficult in cases of confinement, as the Chairman of the Royal Maternity Charity stressed in 1896. His compassion was great for the 'poor foreign Jewess' who 'could seldom speak the language' and was 'in the midst of strangers... in the hour of her trial and distress'. Recognising this problem the Charity appointed four midwives who could speak Yiddish. Such work, however, was limited and the chairman's appeals to wealthy members of the Jewish community to support such work met with a negative response.¹²

One midwife who worked for the London Hospital stated that many of her patients 'could only speak Yiddish...', and she often 'found communication

11. Before 1750 the majority of the rural Irish spoke Gaelic, but by 1800 at least half the population was bilingual. In 1831 government financed schools sponsored the teaching of English as the dominant language, making English an increasing phenomenon in Ireland. Prior to 1845 approximately 4 million, or half the total population, still spoke Gaelic Irish as their native language. By 1851, once the population had been reduced to 6½ million, no more than 23% of the total population spoke Irish, 5% of whom were monolingual in that language. Gaelic Irish nevertheless persisted, and London journalists and clergy often commented on the use of Gaelic Irish amongst the Irish migrants in the 1850s. Despite the spread of English in Ireland, a quarter of the total emigrants in the 1890s were Gaelic Irish speakers. Whatever the persistence of Gaelic Irish, the majority of emigrants understood English even if their literacy in the language was limited. (Kerby A. Miller, *Emigrants and Exiles: Ireland and the Irish Exodus to North America*, [Oxford, 1985; 1987], pp.69-76; Francis Stewart, Lyons, *Culture and Anarchy in Ireland 1890-1939*, [Oxford, 1982], p.8; Lynn Hollen Lees, *Exiles of Erin: Irish Migrants in Victorian London*, [Manchester, 1979], pp.189-190).

12. JC, 7 Feb. 1896, p.15. For more information on this charity and its interaction with Jewish patients see chapter 8 below.

with them difficult'.¹³ In hospitals other patients often spoke Yiddish and could help out, and similarly in the district neighbours could be at hand to translate. This eliminated some problems, but for Jewish women who could not speak English, childbirth must nevertheless have been a traumatic experience.

In addition to this, Jewish dietary laws made institutional care and district nursing of Jewish patients complicated. Most voluntary hospitals in East London provided kosher food, although not all had a kosher kitchen like the London Hospital. Non-Jewish nurses were not trained in the requirements of kosher kitchens and kosher cooking, which could cause difficulties in district nursing. Kosher food was an important concern in most East End Jewish homes no matter how small and poverty-stricken they might be.

Given that mothers were the ones upon whom the maintenance of the household depended, times of illness and confinement were particularly stressful not only for the mothers but also for the rest of the family. Some women had relatives or friends they could rely on during such periods, but many immigrant mothers were not so fortunate. During confinement the absence of kin was especially difficult given that it was rare to find someone in the host society who understood their cultural needs alongside their medical ones.

13. Cited in A.E. Clark Kennedy, *The London*, Vol.2 (London, 1963), p.191.

Table 4.1:
Showing Maternity Grants and Funding for Lying-in Women from the JBG

Year	Money Relief			Medical Relief				
	Maternity Cases	Total Money Relief	Maternity Cases as % of Total	Subscription to Maternity Charity	Maternity Subscription as % of Medical Relief	Special Midwifery Cases	Midwifery Cases as % of Total	Total Medical Relief Balance
1872	£52 15s	£1,891	2.80	£6 5s	1.57	£27 15s	7.35	£380 11s 5d
1873	£71 10s	£2,091	3.39	£4 3s	1.12	£14 17s 6d	4.20	£357 6s 6d
1874	£60	£2,010	2.98	£16 15s	4.43	£11 12s	3.12	£384 8s 9d
1875	£60 5s	£2,065	2.90	£15 15s	4.66	£35	10.20	£343 4s 5d
1876	£48 5s	£2,343	2.05	£29 8s	7.25	£38 5s	9.5	£400 8s 8d
1877	£56 10s	£2,791	2.04	£26 5s	6.82	£27	7.08	£381
1878	£62	£3,397	1.82	£23 6s	6.08	£25 14s 6d	6.86	£378 16s 5d
1879	£87 10s	£3,451	2.55	£22 5s	5.5	£12 15s	3.25	£399 15s 3d
1880	£77 15s	£4,069	1.89	£26 9s	8.64	-	-	£301 6s 2d
1881	£69 15s	£4,283	1.61	£24 7s	7.40	-	-	£324 2s 8d
1882	£115	£4,381	2.62	£26 9s	8.40	-	-	£310 15s 6d
1883	£99 10s	£4,268	2.34	£26 5s	8.15	-	-	£319 10s 8d
1884	£79	£4,395	1.80	£26 5s	9.85	-	-	£264 5s 3d
1885	£99	£4,566	2.17	£15 15s	4.56	-	-	£316 12s 8d
1886	£130 10s	£6,103	2.13	£15 15s	4.55	-	-	£351 1s 11d
1887	£119 10s	£5,324	2.24	£15 15s	5.70	-	-	£280 15s 11d
1888	£132	£5,472	2.41	£15 15s	5.95	-	-	£268 15s 1d
1889	£114 10s	£5,147	2.23	£15 15s	6.78	-	-	£236 4d
1890	£122	£5,884	2.07	£15 15s	6.25	-	-	£255 10s 6d
1891	£167	£8,352	2.0	£15 15s	5.82	-	-	£275 9d
1892	£243	£9,049	2.68	£15 15s	4.37	-	-	£365 16s 1d
1893	£343	£10,822	3.17	£15 15s	4.91	-	-	£325 16s
% calculated according to rounded numbers.								

Source: Jewish Board of Guardians A/Rs (Expenditure tables)

Table 4.2 :
Breakdown of Funds at Free Disposal of the JBG with Special Reference to Medical Relief and Maternity Cases

Year	Total Relief Given			Medical Relief	% of Total Medical Relief	Maternity Cases Relieved	% of Total Relief Given
1893	£16,700	17s	4d	£325	1.94	£246	1.47
1894	£16,489		1d	£429	2.60	£342 7s 6d	2.07
1895	£18,455	6s	9d	£471 10s 5d	2.55	£356	1.93
1896	£18,622	16s	9d	£417 3s 4d	2.24	£294 10s	1.58
1897	£17,253	9s		£354 12s 6d	2.05	£214 10s	1.24
1898	£16,385	16s	3d	£415 1s 8d	2.53	£214 10s	1.30
1899	£18,051	8d		£502 19s 10d	2.79	£229 10s	1.27
1900	£14,489	19s		£496 4s 4d	3.42	£263 15s	1.82
1901	£13,858	9s	9d	£558 17s 6d	4.03	£239 5s	1.72
1902	£13,258	16s	5d	£517 7s 2d	3.90	£257	1.93
1903	£14,310	13s		£666 1s 4d	4.65	£270 5s	1.89
1904	£17,719	14s	9d	£786 10s 3d	4.43	£377	2.13
1905	£22,828	2s	6d	£1,170 7s 3d	5.12	£402 8s	1.76
1906	£25,364	15s		£1,544 4s 8d	6.09	£451 10s	1.78
1907	£24,441	12s	4d	£1,798 3s 4d	7.36	£339 3s 5d	1.39
1908	£19,606	17s	11d	£1,272 4s 7d	6.49	£315 10s	1.60
1909	£23,043	5s		£1,741 14s 8d	7.56	£259 10s	1.12
1910	£23,534	3s	4d	£2,053 7s 8d	8.72	£235	1.00
1911	£20,383		11d	£1,930 16s 6d	9.47	£199	0.98
1912	£19,218	9s		£2,287 18s 9d	11.90	£181 10s	0.94
1913	£18,748	16s	2d	£2,762 6s 9d	14.73	£74	0.39
1914	£22,436	5s	4d	£3,046 4s 4d	13.58	£66 10s	0.29
1915	£20,560	11s	11d	£2,767 8s 1d	13.46	£37 8s 4d	0.18
1916	£21,384	17s	2d	£2,574 15s 2d	12.04	£70 12s 5d	0.33
1917	£22,469	14s	9d	£2,445 5s 10d	10.88	^a £102 12s	0.46
1918	£21,957	7s	4d	£2,236 14s 9d	10.19	£81 9s 9d	0.36
1919	£26,281	8s	3d	£2,359 9d	8.98	£57 2s	0.22
1920	£36,691	8s	2d	£2,880 4s 6d	7.85	£41 6d	0.11
1921	£39,774	18s	2d	£3,283 4d	8.25	^a £197 7s 6d	0.49
1922	£29,913	10s	7d	£2,114 3s 6d	7.06	£65	0.22
1923	£25,369	5s	6d	£2,304 10s 5d	9.08	£170 19s 2d	0.67

Table 4.2: Continued

Year	Total Relief Given	Medical Relief	% of Total Medical Relief	Maternity Cases Relieved	% of Total Relief Given
1924	£28,141 9s 11d	£1,791 9s 9d	6.36	£57 8s 9d	0.20
1925	£29,534 2d	£1,655 15s 11d	5.60	£58 5s 5d	0.20
1926	£25,314 15s 2d	£2,138 7s 9d	8.44	£41 18s 10d	0.16
1927	£24,707 16s 3d	£1,747 14s 1d	7.07	£13 10s	0.05
1928	£28,197 1s 11d	£1,802 8s 11d	6.40	£69 18s 8d	0.25
1929	£28,159 6s 3d	£2,055 18s 1d	7.30	£43 14s 3d	0.16
1930	£28,024 18s 8d	£2,136 18s 1d	7.62	£16 5s 9d	0.06
1931	£27,268 12s 7d	£2,142 6s 5d	7.85	£10	0.04
a Although the amount of money given to maternity cases was decreasing overall, the sum increased for no accountable reason in these years. % calculated according to rounded numbers					

Source: Jewish Board of Guardians A/Rs (Expenditure tables)

Catholic And Jewish Communal Institutions Providing Aid During Confinement
Jewish:

Before 1861 medical relief and assistance for maternity cases was provided for the Jewish poor through synagogues. From the eighteenth century several institutions were established by a number of synagogues for the relief of lying-in women. From 1861 medical relief became the responsibility of the Jewish Board of Guardians (JBG), and was funded from the grants made by the conjoint synagogues. The JBG provided its own dispensary and medical officer. Those who applied for medical relief could obtain expensive medicines such as quinine, cod liver oil and other things such as wine, gin and brandy, blankets, bath tickets, coals and food. A subscription was also taken out with the Royal Maternity Charity which secured the attendance of a midwife and other help for poor lying-in women.¹⁴

By the early 1870s the JBG discovered that its medical relief was surpassing general relief and seemed to have expanded beyond what was necessary. In 1870 it was estimated that the number of attendances at the surgery had increased by 380% in the past 8 years, while the number of

14. Jewish Board of Guardians (JBG), A/R, (1862), pp.18, 40.

general applicants had increased by only 25%.¹⁵ As noted in chapter 1 (p.34), the JBG decided to discontinue its outdoor medical relief in 1873. This was because it believed that adequate medical provision for the poor was made available under the Poor Law, and 'many of those who sought the medical officer of the Board were, in reality, poor, but not ill, and that they so sought him as a means of obtaining food, or its equivalent...'¹⁶ Similarly, the JBG discontinued its dispensary in 1879. In 1891 the JBG refused a plea from the Federation of Synagogues for the re-introduction of medical relief and a dispensary because of the influx of immigrants since the 1879 decision.¹⁷

Nevertheless the JBG did not entirely abandon the provision of medical relief. It promised to continue its maternity subscription and to supply medical extras not provided by the Parish. In addition to ^{this} it gave some financial relief to women in childbirth (see tables 4.1 & 4.2 above).¹⁸ Further provision was made by the Visitation Committee of the United Synagogue set up in 1881 and by the Ladies Conjoint Visiting Committee of the JBG founded in 1882. Both organisations visited the sick Jewish poor in their own homes, in hospitals, workhouses, and other such institutions. In 1884 the Ladies Committee began to supply nourishment and clothing in times of illness, and engaged a Jewish nurse in 1885 to care for the sick poor. Trained at London Hospital, this nurse was maintained at the expense

15. JBG, A/R (1870).

16. JBG, A/R (1873), p.23.

17. JBG, A/R (1891), pp.10-11; also cited in Gerry Black, 'Health and Medical Care of the Jewish Poor in the East End of London 1880-1939', Ph.D. thesis, (Leicester Univ., 1987), pp.140-141.

18. JBG, A/R (1885), p.27.

of Lady Rothschild and Mrs Lionel Lucas.¹⁹ The Committee also established a nourishment fund for the sick in 1886.

By the early 1890s, however, the JBG realised that despite these measures certain medical needs remained. An investigation carried out by a JBG committee in 1895 revealed that poor Jews had a much greater number of their infants dying than wealthier Jews.²⁰ Members of the committee concluded that,

whilst it can not be absolutely established that there is an excessive infantile mortality among the Jews, there can be no doubt that many deaths arise from causes which are preventable. It is also manifest that, as in the general so in the Jewish community, for every actual death which occurs, a certain proportion of children survive in a condition of permanently impaired vitality.²¹

Disturbed by this discovery the committee attributed the disparity to the living and working conditions of East London and inadequate nursing among the Jewish poor. Seeing many of these deaths as preventable, the JBG recommended increasing the number of skilled nurses for the Jewish poor.²² By 1891 two qualified nurses were working under the direction of the Ladies Conjoint Visiting Committee. One of the nurses attended confinements. Yet these nurses could not cover the desperate needs for nursing in the poor Jewish community as a whole.

19. JBG, A/R (1886).

20. For more details on this investigation and their findings see chapter 3, pp.97-98.

21. JBG Committee on Infant Mortality, Report, p.6 (Charles Booth Collection, LSE file: B197)

22. JBG Committee on Infant Mortality, Report, p.6-7.

With the creation of the Sick Room Helps Society (SRHS) in 1895, a new service appeared.²³ Established under the auspices of the JBG and the guidance of Mrs Alice Model, the SRHS nursed the sick poor and maternity cases in their own homes.²⁴ Its inspiration came partly from a similar Jewish foundation in Frankfurt-on-Main, the 'Hauspflege Verein'.²⁵ The object of the society was to 'provide women help in all cases where Jewish mothers are unable, owing to poverty, to provide for themselves proper nursing and have no relatives to look after the home during their illness'.²⁶ Based in Underwood Street, the heart of Whitechapel and the East End, its services were available to a large section of East London and the East European Jewish community.

Catholic:

Medical provision was less centralised in the Catholic community. Catholics nonetheless appeared as concerned as the Jewish community about the prevalence of infant neglect and infant mortality as well as general ill health among their poorer members. Protests from priests and other leaders often lamented the poor health of their community in East London and the need for good district nursing for their communities.²⁷ Unlike the Jewish community, however, where the provision of specifically Jewish

23. A history of this organisation also appears in Lara Marks '"Dear Old Mother Levy's", The Jewish Maternity Home and Sick Room Helps Society 1895-1970', *Social History of Medicine*, Vol.3, No.1, April 1990, 61-88.

24. Mrs Alice Model, later labelled the 'Florence Nightingale of the Jewish Community' (*JC*, 29 Sept. 1911), was the leading figure in the SRHS for over 40 years.

25. The work was carried out in conjunction with a new sub-committee of the Jewish Board of Guardians. All cases needing a home-help were to be referred to the SRHS by the Ladies' Conjoint Committee or by sick nurses funded by Mrs Lionel Lucas (*JC*, 3 Jan. 1896). The JBG agreed that it would refer its cases of pregnant women to the SRHS at the cost of 10s. per case (*JBG, A/R* [1900], p.21).

26. *JC*, 15 Nov. 1901, p.21.

27. See footnotes 82-84 in chapter 3, pp.96-97.

nurses was limited, the Catholic community could call upon its nuns who were trained as nurses.²⁸

A key Catholic nursing order, the Little Sisters of the Assumption, also known as the Nursing Sisters of the Poor (NSP), claimed that its own congregation in East London was created because of the absence of good domiciliary medical care in the area.²⁹ Their services were supplemented by two other religious orders active in East London: the Sister Servants of the Sacred Heart and the Little Company of Mary (LCM).³⁰

The Sister Servants of the Sacred Heart, originally founded in France in 1866, were well established in East London by the 1880s. Beside teaching and providing a refuge for orphaned and homeless girls they visited the poor daily and nursed the sick poor 'day and night in their own houses'.³¹ Beyond these details information on this order and its nursing work is limited.

One religious nursing order for which more material is available is the NSP. Officially founded in France in 1867 under the inspiration of Father Etienne Pernet and the help of Marie Antoinette Fage, the congregation came to Wellington Road, Bow in 1880 under the patronage of the Duchess of Norfolk and Lady Georgiana Fullerton. The object of the order was to 'devote themselves exclusively and gratuitously to nursing the sick poor

28. See chapter 3, pp.93-94.

29. Letter from Mother M. of St. John to Father Pernet, founder of the congregation, November 1880, Notes on the Background to the NSP (NSP archive).

30. See chapter 3 p.95 for additional information on the LCM.

31. *Catholic Directory* (1885), pp.418-419.

in their own homes day and night'. They nursed cases in Whitechapel, Poplar, Tower Hill, Limehouse, Upton, Mile End, Stratford and Hackney.³²

The LCM established in East London in 1897 under the guidance of Mother de Sales, had its headquarters in Commercial Road, Whitechapel, an area where numerous Irish migrants had settled.³³ Many of its nuns working in East London were from Ireland. Like the NSP, the LCM provided free nursing care for the poor in their own homes.³⁴ Unlike the SRHS, which catered primarily for the benefit of the sick Jewish poor, both the NSP and the LCM worked with patients of any religious persuasion.

Help within the Home

The SRHS undertook to supply nurses to its sick poor, and midwives to those in confinement, but its chief work was the provision of home-helps.³⁵ These home-helps were to fill in the gaps between the visits of the nurse as many district nurses were over-worked and had inadequate time to care sufficiently for the patient. In addition home-helps attended to the work usually performed by mothers, such as housework, shopping and cooking as well as childcare. The work of the home-helps gave the mother the much-needed mental and physical break from chores which hindered any real convalescence.³⁶ Poor mothers who had formerly 'grudged themselves even a few days of enforced idleness', the SRHS claimed, no longer feared

32. E.W. Whitehead, *A Form of Catholic Action: The Little Sisters of the Assumption* (London, 1947); *Catholic Directory* (1890), pp.439-440. Notes on background to the NSP (NSP archive).

33. Mary Campion, *Place of Springs: The Story of the First 100 Years of the Province of the Maternal Heart (English Province) at Little Company of Mary*, (Merseyside, 1977), pp.38-39.

34. *Magazine of the Sacred Heart*, 1927, p.iv.

35. From 1912 many of the nurses supplied came from the Queen's Jubilee nursing organisation.

36. *JC*, 3 Jan. 1896, p.9.

loss of time during confinements because of the home-helps scheme. Difficulties which had frequently occurred as a result of premature activity were now, the SRHS stated, eliminated.³⁷

One of the guiding principles of the SRHS was the 'maintenance of the integrity of the home when the mother is laid by through sickness or during the lying-in period'.³⁸ A mother's infirmity often placed a heavy burden on the husband, who was forced to forgo his daily earnings in order to care for his wife and the children, ultimately entailing destitution for all concerned. It was in this context that the SRHS defended itself against the idea that its work pauperised those it was caring for.

All that tends to improve the conditions of health, must increase the prospects of self-dependence among those who are not only immersed in the depths of poverty, but whose children likewise have ... succeeded to an inevitable heritage of sickness and suffering.³⁹

Jewish home-helps were essential in a situation where Jewish nurses were scarce. Whilst nurses of whatever religion could undertake the general nursing care, the need for someone with a knowledge of Jewish dietary habits remained. Such requirements had made the SRHS adopt a policy which was ahead of its time. Other nursing associations, keen to distinguish their medical expertise from domestic work were reluctant to embrace such a scheme. The SRHS, however, seemed to have found a balance in the division between domestic labour and professional nursing.⁴⁰ It was careful to stress that while the home-help was a 'valuable adjutant' to the midwife and nurse, providing hot water and helping with the patient

37. *JC*, 9 Dec. 1904, p.28.

38. *Charity Organisation Review*, 1914, p.187.

39. *JC*, 30 Oct. 1896.

40. M.E Baly, *A History of the Queen's Nursing Institute 1887-1987* (London, 1987).

generally, on no account was to she to 'interfere with professional duties'.⁴¹

Similar housework was undertaken by the nurses from the NSP and the LCM.⁴² This was less pioneering than the scheme arranged by the SRHS, but comparable with domestic work carried out by other nursing schemes, such Mrs Ranyard's Bible nurses who combined such work with their nursing duties.⁴³ Like the SRHS the NSP argued that their nurses aimed not only to tend the patient, but to also keep the family together.⁴⁴

From 1876 NSP nurses were assisted by Lady Servants or Lady Helpers, whose task was to provide clothes, medicine and food for the patients, and undertake the menial housework tasks. Coming from wealthier backgrounds these women were expressly forbidden to reveal their identity or to give any money. The aim of Father Pernet, founder of the NSP, was that the work of the Lady Helpers would break down the antagonisms between the classes and so unify the Catholic Church.⁴⁵

The background of these Lady Helpers and the motives behind their employment were somewhat different from those of the home-helps engaged by the SRHS. Many of the home-helps were widows or deserted wives struggling

41. *Charity Organisation Review*, 1914, p.187.

42. *Catholic Directory* (1890), pp.439-440; Whitehead, *A Form of Catholic Action*, pp.58-62; *Magazine of the Sacred Heart*, August 1927, p.iii.

43. For more detail about these nurses see Frank K Prochaska, 'Body and Soul: Bible Nurses and the Poor in Victorian London', *Historical Research*, Vol.60, No.143, Oct. 1987, 336-348 and F. Ducrocq, 'The London Biblewomen and Nurses Mission 1857-1880: Class Relations/ Women's Relations', in B.J Harris and J.K McNamara (ed.s), *Women and the Structure of Society* (Duke, 1984).

44. Notes on the background of the NSP.

45. Whitehead, *A Form of Catholic Action*, p.64. By contrast the nuns, whose life was meant to be one of moderation and frugality, were closer to the living conditions of those they served.

on the poverty line, and the work they undertook was seen as vital in preventing them from succumbing to destitution.⁴⁶ One Jewish woman interviewed remembered the financial desperation which pushed one woman, in spite of illness, to aid her mother during her confinement in 1921.

She was a middle-aged widow who was very very ailing. In the bedroom there was my mother in her bed and across the way there was an old-fashioned sofa and this poor woman used to lie on the sofa and she would ask me to run down to the shops to get her headache powder. And if she went shopping I had to go with her because she couldn't carry the shopping bag. I was only about six and a half years old then. She begged my mother to give her a good report when the 'lady' from the [Jewish Maternity] home called to inspect, because she needed the money.⁴⁷

Arguing that the home-helps provided a valuable service for the community, the SRHS strongly advocated that they should be properly remunerated. Viewing their home-helps as 'scientific charwomen', the SRHS felt their home-helps did 'arduous' work and did not want to appear to be doing anything which savoured of 'sweating' their employees.⁴⁸ Home-helps often worked from 8am to 8pm. They were paid according to the number of days they worked. By 1913 their payment ranged from 5s. a week for part-time work to 11s. a week for full-time employment.⁴⁹

Remuneration and funding

Eager not only to promote independence and self-help among those it employed, the SRHS also fostered the same spirit among its patients through its Provident Fund set up in 1898. Based on a model established by

46. JC, 9 Dec. 1904, p.28. A similar practice existed in rural poor law institutions from the eighteenth century. Many of the elderly and sick who were dependent on the parish were cared for by women who were long-term recipients of relief themselves. (Mary E. Fissell, 'The 'Sick and Drooping Poor' in Eighteenth-Century Bristol and its Region', *Social History of Medicine*, Vol.2, No.1, April 1989, 35-58, p.43.)

47. Miss T.G, interviewed London, 22 Jan. 1988, transcript, p.4.

48. JC, 11 July 1913, p.22.

49. *Charity Organisation Review*, 1914, p.188.

the Jewish organisation in Frankfurt-upon-Main and other nursing associations, the SRHS Provident Fund was a scheme which mothers contributed to on a weekly basis. Thus the scheme not only made provision for the mother and her family when she was ill, but managed to 'educate' her 'in habits of thrift' and prevented the 'stigma of pauperisation'.⁵⁰

Contributions to the Provident Fund were built up slowly, but by 1904 while 1,543 cases were attended by the Society, 2,450 poor women were contributing weekly payments of a penny to insure cover during periods of confinement, which amounted to a total of £517. Such weekly installments, although small in amount, were significant in saving the society from collapsing in 1908. Although not enough to cover the full costs of the expenditure, the weekly payments from the mothers covered a third of the society's expenditure in 1909. This proved that the society was no longer merely dependent on philanthropy but founded on the core of the people it intended to serve.⁵¹

By contrast the NSP and the LCM offered their nursing care free, the NSP was most adamant that no payment or food should be accepted, not even a cup of tea, for fear that the patients would feel inadequate.⁵²

50. JC, 24 Nov. 1899, p.23; 15 Nov. 1901.

51. JC, 5 Feb. 1909. Another institution which was built up on pennies contributed by the Jewish poor was the London Jewish Hospital. At the end of the nineteenth century many poor Jewish immigrants were campaigning for the establishment of a separate Jewish Hospital arguing that non-Jewish hospitals such as the London were not meeting their needs. Unlike the Sick Room Helps Society which was supported by the established community, the campaign for the London Jewish Hospital initially met with strong resistance from wealthier members of the community. Finally in 1919 the London Jewish Hospital was established. For more details on the history of the London Jewish Hospital and the tensions between the established community and the immigrants on the issue see Gerry Black, 'Health and Medical Care', chapter VII.

52. Possibly this policy worked because of the wealthier background of the Lady Helpers from the NSP, who could afford to support themselves and saw their work as part of their service to God. *Catholic Directory* (1890), pp.439-440; Publicity leaflet calling for donations (NSP archive).

Accordingly the NSP nuns always returned to the convent for meals when nursing a patient. These Catholic orders relied on subscriptions and donations from 'the generous', whom they appealed to regularly in *The Tablet* and other Catholic newspapers. In addition nuns regularly made door to door collections, known as questing, in order to raise money for aiding the poor.⁵³

Preventive work

Much of the work of the SRHS and the Catholic nursing^{nuns} constituted preventive health care which was already a concern in the world outside and within the Catholic and Jewish communities. From the mid-nineteenth century, mothers' meetings set up by various Protestant groups had become an important part of the social scene. Although initially spiritual in aim, these meetings were a crucial contact for mothers.⁵⁴ By the turn of the century mothers' meetings were increasingly focusing their attention on infant management.⁵⁵ Lessons on infant and domestic management and sewing, all of which were seen as being the essence of 'good motherhood', were also being provided by various Catholic and Jewish mothers' meetings.

In 1898 the NSP established an organisation known as the Daughters of St. Monica which ran monthly meetings emphasising the duties of Catholics and mothers.⁵⁶ Meetings were also held for fathers.⁵⁷ Although such meetings

53. Letter from Father Pernet to the Sisters in London, 30th January, year unknown. (Notes on the background of the NSP.)

54. See Frank K. Prochaska, 'A Mother's Country: Mothers' Meetings and Family Welfare in Britain 1850-1950', *History*, Oct. 1989, 379-99.

55. Prochaska, 'A Mother's Country', p.391.

56. NSP, *Fifty Years in the Harvest Field*, booklet for the Golden Jubilee of the Sisters arrival in England June 1880-1930, (NSP, 1930), p.19 (NSP archive).

57. Other organisations also held fathers' meetings. See Prochaska, 'A Mother's Country', p.390.

were pastoral, they also aimed to educate mothers and their families on the need for the harmony and unity of the family. The LCM, the Sisters of Marie Auxiliatrice and the Settlement of the Society for the Holy Child of Jesus (SHCJ) also organised mothers' meetings.

These meetings were used as opportunities for checking the health of the infants and imparting advice to mothers.⁵⁸ The SHCJ claimed such meetings provided an important source of support for mothers who often faced great poverty and at times starvation. In pleading for the continuation of the mothers' meetings, one mother was reported to have said

Miss, you don't know what it means to us. We look forward to it all the week. If we are worried or tired or lonely we just think that Tuesday evening is coming, and we'll leave all our troubles behind and go off to the meeting and have a cup of tea and a chat and perhaps a dance and a song and come back quite fresh and cheerful to our work.⁵⁹

Similar praise was said to come from mothers attending meetings organised by St Monica.⁶⁰

The work undertaken by the local Catholic mothers' meetings had the support of the national organisation the Catholic Mothers' Union. Its aims were to 'improve the religious and moral life of the Nation, by raising the tone and standard of the homes'. The object was to foster a sense of duty among parents to ensure the morality and discipline of their children, and the preservation of their Catholic faith. In addition it

58. NSP, *Fifty Years in the Harvest Field*, p.73.

59. Mayfield Settlement Magazine, *Social Work*, 1919, p.20 (Mayfield archive: Box B 36c).

60. Whitehead, *A Form of Catholic Action*, pp.72-74.

intended to reform the 'negligent and careless mothers of the lower classes'.⁶¹

No such national organisation existed within the Jewish community. In 1895, however an association called the East End Mothers' Meetings was established in Half Moon Street under the auspices of the JBG in East London. By 1898 about 50 women attended the meetings held twice a week in Great Prescott Street and the Brady Street Club. During these meetings needlework was taught and readings were given. Mothers could also buy clothes at the cost of the material only. Health talks were also given. The mothers were reported as 'glad to attend these meetings' which were an escape from their 'cheerless surroundings'.⁶²

Mothers were also visited in their own homes by Jewish ladies from the Association and West London Synagogue. During these visits opportunities were taken to provide advice, and efforts were made to educate women how to economise in their household budgets.⁶³ Some believed such teaching was vital. While admitting that the Jewish poor did not waste money on beer and alcohol, one correspondent still admonished Jewish mothers for their incapacity for thrift and called for their better domestic education.⁶⁴

From the late nineteenth century, sanitary inspectors and health visitors appointed by the JBG also educated the Jewish poor in East London in the

61. Leaflet from the Catholic Mothers' Union; Letter to Cardinal Bourne from the Christian Mothers Archconfraternity, 20 July 1913 (Westminster Diocese Archive [WDA] file: Bo.5/13c).

62. *East End Inquiry Commission*, June 1898, pp.14-15, pamphlet kept in United Synagogue, Council Minutes, Vol.2, 1891-1902 (Chief Rabbis' Office's archive).

63. *East End Inquiry Commission*, June 1898, p.14.

64. *JC*, 14 July 1901, p.8.

rigours of cleanliness.⁶⁵ By the turn of the century health visitors were increasingly focusing their attention on proper infant care, and were circulating leaflets in Yiddish and English on proper infant management.⁶⁶ Catholic and Jewish girls were also drilled in the rigours of proper domestic management and infant care through various girls' clubs.

In addition to these activities, staff from the SRHS instructed mothers on how to feed their children and to improve their homes alongside lessons in sewing.⁶⁷ According to the SRHS teaching on hygiene could not be left to neighbours and friends, who 'having no sense of cleanliness or order in their own dwellings,' could not 'bring these desirable factors into the homes of others'.⁶⁸ Ideally the home-helps would eliminate this problem by combining the teaching of cleanliness with their other tasks, but even home-helps were thought to be 'totally ignorant and backward'.⁶⁹ Part of the advice was directed towards expectant mothers. Following the trend set by the parliamentary debate concerning midwifery standards in 1902, visitors for the Provident Fund of the SRHS took the 'opportunity to advise the mothers as to the importance of securing properly qualified medical men and midwives to attend them in confinement'.⁷⁰

Information was also given to expectant Catholic mothers by individual nuns when visiting families. Whether they were teachers or nurses, the

65. JC, 14 July 1901.

66. Celia Davies, 'The Health Visitor as Mother's Friend: A Woman's Place in Public Health, 1900-1914', *Social History of Medicine*, Vol.1 No.1, April 1988, 39-59, p.52.

67. JC 9 July 1909; See also NSP, *Fifty Years in the Harvest Field*, p.19.

68. JC, 3 Jan. 1896, p.9.

69. JC, 24 Nov. 1899, p.23.

70. JC, 28 Nov. 1902.

nuns took the opportunity to visit mothers about to give birth. Sisters of Charity and the Sisters of Mercy, whose prime aim was to teach Catholic children, visited expectant mothers and helped them make arrangements for the birth.⁷¹ Visitors from the Settlement of the SHCJ also contacted the NSP to nurse the sick poor they came across.⁷²

Maternity care and hospital provision

Initially providing help for ordinary cases of illness and for families where the mother was in hospital or convalescing, the SRHS rapidly found its work dominated by maternity work. By 1898-1899, maternity cases numbered 515 out of the total 606 cases. In 1901 the trend was even more accentuated: out of the total 837 cases, 813 were confinement cases. Between 1898 and 1908 the number of maternity cases rose from 378 to 2,693, an increase of 2,315.⁷³

No specific mention was made of the number of confinement cases the NSP and LCM nursed. This might have been because nuns were limited in the type of maternity work they could undertake. Until 1905 nuns from the LCM were forbidden by the Vatican to undertake midwifery work for fear that it would damage their 'modesty'. Even after 1905 such work was restricted to mature sisters. Nonetheless this did not prevent the nuns from caring for cases just before and after the birth.⁷⁴ Records indicate that much of the

71. Sister of Charity, interviewed London, 14 Dec. 1987, notes; Sisters of Mercy, interviewed London, 9 Dec. 1987, transcript, pp.3 & 4.

72. Settlement of the SHCJ, Mayfield's *First Report*, 1913-1914, (Mayfield Archive: Box B 36c).

73. JC, 30 Oct. 1896; 24 Nov. 1899, p.23; 19 June 1910.

74. Other groups of nuns had permission to undertake midwifery work only at a much later date than that of the LCM. As late as 1961 a book on canon law for nuns indicated that the Vatican would be very slow to grant approval for midwifery work. (Caitriona Clear, *Nuns in Nineteenth Century Ireland* [Dublin, 1987], pp.75,127-128. See also chapter 3, p.95.)

work undertaken by these nuns in East London included nursing maternity cases.

While the nursing nuns and SRHS cared for maternity cases, only the Jewish community provided specific hospital facilities for childbirth. Although Catholic hospitals were already established in other areas of the country, such as the Hospital of St. John and St. Elizabeth in Great Ormond Street in London, none existed in East London.

The financial poverty of the Catholic community in East London meant that certain priorities took precedence. Letters to *The Tablet* during the late nineteenth century testified to the hardship suffered by many priests in East London and the difficulties they faced in building premises for their congregations and the desperate need for funds to build Catholic schools.⁷⁵ Remarks made by a priest from the Tower Hill Mission highlighted the problem. 'Our people have already given beyond their means, and are still giving week after week; but their contributions, though large for the poverty which offers them, are sadly inadequate to the heavy calls we have to meet.'⁷⁶ Under these circumstances, therefore, it is not surprising that attempts never materialised to provide a Catholic maternity hospital in East London.

Funds were perhaps not quite so scarce among the established Jewish community as they were for the Catholic Church. Priorities also differed between the two communities. Less concerned about the provision of places to worship, the monetary resources of the Jewish community were not drained through building churches.

75. See for example *The Tablet*, 10 Feb. 1872, p.174; 25 May 1872, p.654; 'Tower Hill Mission', 18 April 1874; 13 March 1875, p.339.

76. *The Tablet*, 27 Nov. 1875, p.687.

The need for a maternity hospital was also perhaps greater in the Jewish community. Both Jewish and Catholic patients had specific needs, but this was more complex in the case of the Jews. Disadvantages suffered by Catholic patients could be eased by the attachment of a Catholic priest to hospital premises. Visits from the Catholic Society for Visiting Hospitals also ensured that the 'spiritual and temporal' wants of poor Catholic patients were satisfied.⁷⁷ Jewish patients, however, needed more than the provision of a Jewish chaplain or Jewish visitors. Ritual requirements concerning diet and circumcision as well as the handicap of language barriers made the need for a specifically Jewish maternity hospital possibly more urgent.

In 1911 the SRHS was able to extend its maternity work with the provision of a Maternity Home.⁷⁸ Known as the Jewish Maternity Home (JMH), or more affectionately as Mother Levy's, the home was based at 24-26 Underwood Street, Whitechapel.⁷⁹ Together with provision of a nurses' home and headquarters for the SRHS, the Home included two maternity wards accommodating a total of twelve patients, an isolation ward, an operating theatre, a waiting room for applicants and a midwifery training school. In-patients of the maternity wards included those who had paid the weekly penny to the Provident Fund as well as poverty stricken mothers who could not pay anything.⁸⁰

77. *Catholic Directory* (1895), p.483.

78. The money came from the Lewis-Hill Bequest, which had been left directly for the purposes of establishing a maternity home. The establishment of the Jewish Maternity Home contrasts the difficulties incurred in setting up the London Jewish Hospital which was continually unable to raise funds from the wealthier members of the Jewish community (see footnote 49 above).

79. *JC*, 24 Dec. 1911, p.23.

80. *JC*, 29 Sept. 1911.

An important feature of maternity care in East London was the early introduction of hospital confinements as opposed to domiciliary midwifery.⁸¹ The high rate of hospital births was especially noticeable in Stepney where the JMH was based. A significant reason for the high proportion of hospital births in East London was that many of the hospitals were teaching hospitals which by the 1920s preferred to accept in-patients rather than district cases for greater ease in instructing pupil midwives and medical students. Many women saw hospital confinements as expensive and inconvenient because of their needs to care for children and the home, but some regarded hospitals as attractive alternatives to the housing conditions prevalent in the East End.⁸²

Two years after opening, the Jewish Maternity Home was already getting too small. By 1925 the number of admissions was severely restricted. The London County Council instructed the home to allow only 9 of the beds to be booked, while the remainder were to be kept for emergencies.⁸³ A large number of patients therefore had to be turned away. Many women said that they had to book a long time in advance in order to get into the home; otherwise there was no guarantee of admission. One woman, forced to book a hospital bed at a late stage in her pregnancy when complications developed, was immediately excluded from the JMH because it required early booking to secure a bed. This caused her some disappointment, preferring

81. The reasons behind this were multivarious and are discussed in greater detail in chapter 6, pp.202-216.

82. JC, 15 May 1925. One woman, who had her babies in the early 1920s chose the JMH, as opposed to remaining at home, because she lived in a cramped flat at the top of the house with no lavatory or bathroom, except in the back garden which was quite a distance to cover when feeling weak. (Letter from Mrs I.T to L.Marks, typed excerpts from letters received by L.Marks, p.5).

83. JC, 3 May 1925.

to go to Mother Levy's 'because they had chicken soup there everyday and they were fed very well'.⁸⁴

Plans to develop the home were finally realised in 1927. The extension included four new wards accommodating 23 more beds, two operating theatres, an observation nursery, and more accommodation for the nursing staff and administration.⁸⁵ Despite such extensions the demand for hospital births pushed the JMH to plan further expansion in 1937. By the late 1930s, however, it was no longer viable to retain the same location as the majority of the Jewish community had moved northwards.⁸⁶ It was proposed to build the new hospital in Stoke Newington but building was halted with the onset of war.⁸⁷

Preparation for motherhood and infant care

As the numbers of SRHS maternity patients increased so did the range of work the Society undertook. From 1912 it provided an Infant Welfare Centre. Like many other centres, the one to the JMH gave lessons on hygiene and thrift, and taught women how to make clothes for their babies and nightdresses for their confinements.⁸⁸

84. Miss T.G., interview, transcript, p.5.

85. JC, 1 Nov. 1927.

86. JMH, A/R (1936), p.11.

87. During World War II the hospital was evacuated to Hampton Court where 30 beds were provided in 1940. Work recommenced on the new hospital in October 1945 and eventually the hospital was opened in 1947 as the Bearsted Memorial Hospital.

88. Letter from Mrs R.G. to L.Marks, typed excerpts from letters, p.2; Mothers attending such classes were also given lectures on hygiene and infant welfare (*East London Observer* [ELO], 4 May 1929).

The SRHS saw its workers as crucial agents of social work and cleanliness.⁸⁹ A staff of health visitors based in the Infant Welfare Centre devised techniques such as simple drawings for getting their message across. A description of their work appeared in the *Jewish Chronicle* as follows:

One deals with the evils of a deadly fly, and depicts, in vivid fashion, the disease carrying *musca domestica* and the havoc it brings. Here, too, is an enlarged picture of a baby's comforter that has fallen in the street and collected a few thousand stray germs. The picture of the 'dummy', with its coloured representation of clinging disease disseminators, is enough to make a mother think. Literature is all very well, but one cannot always get the mothers to read it. They have no time. It is the picture that tells the story, and a lurid, necessary story it is.⁹⁰

Realising the importance of adequate nutrition for nursing mothers the SRHS, through the Infant Welfare Centre, provided milk supplements and vitamins for those mothers who had difficulties in breastfeeding. Unlike the other services such as the home-helps system (which was partially means tested), the milk supplements and other such items were free.⁹¹ Some Jewish nursing mothers could also obtain meals at the cost of 1½d. through a Mother's Dinner Fund run by the Jewish Day Nursery.⁹² For the many nursing mothers, who arrived at the nursery in the middle of the day

89. 'Sick Room Helps Society', paper presented to the Jewish East End Museum research group, author and date unknown, p.2. Paper kept at the Jewish East End Museum, now known as the Museum of Jewish Life.

90. *JC*, 12 April 1912, p.26.

91. *JMH*, A/R (1936), p.23; Miss T.G, interview, transcript, p.8.

92. Set up by Mrs Model in the late 1890s, the nursery primarily catered for the children of those who were forced to undertake waged work outside the home such as widows and deserted wives. While in 1914 the the nursery gave 728 meals were given to mothers by 1915 the number had risen to 1,157 [*Jewish Day Nursery, A/Rs, 1914-1915*]. These meals seemed to have increased during the war years, but significantly declined by 1916-1917 when only 480 meals were served [*Jewish Day Nursery, A/Rs, 1916-17*]. The initial increase might have been a way of remedying the problems created from the growing unemployment and poverty amongst women in the initial years of the war.

exhausted, 'over-heated' and incapable of breastfeeding, these meals were vital.

Other Jewish organisations, provided similar centres, most notably the Jewish Mothers' Welcome and Infant Welfare Centre based in the Bernard Baron Settlement⁹³. By 1926 this Centre had its own staff, which included a medical practitioner and two trained health visitors. Mothers could come with their babies for medical consultations three days a week. Fifteen minute special lectures were given at the centre, and dried milk and simple drugs were supplied under medical supervision. Treatment for minor ailments could be obtained daily. Health visitors, subsidised by the local authority, also called at the mothers homes.⁹⁴

Although no maternity hospital existed in the Catholic community, by 1915 a Mothers' Welcome was being held on the premises of the Settlement of the SHCJ. Later known as an infant welfare clinic, it was a place where mothers were able to consult a doctor once a week.⁹⁵ As with many such centres the Mothers' Welcome run by the SHCJ faced 'prejudices' among its patients.⁹⁶

93. Prior to the early 1930s this centre was on two sites, one on Betts Street and another in Camperdown House (Stepney, 'Public Health Survey', 1932, Appendices, [Public Records Office file: MH 66/392]).

94. Stepney, 'Public Health Survey', 1932; Jewish Mothers Welcome and Infant Welfare Centre A/Rs 1932-33, 1934-35 and 1938-39; See also Black, 'Health and Medical Care', p.109.

95. Settlement of the SHCJ, Minutes, 1 May 1915. When the SHCJ moved its headquarters to Poplar after the First World War, the Mother and Babies Welfare Clinic was transferred to Poplar High Street (Settlement of SHCJ, A/R [1931-32], and [1962-63] kept at Tower Hamlets Local History Library, THL).

96. Mayfield Settlement Magazine, *Social Work*, 1915, p.15.

One of the recommendations of the Maternity and Child Welfare Act of 1918 was an increase in ante-natal care.⁹⁷ From 1918 the JMH was among the earliest hospitals to be running its own ante-natal care sessions. By the 1920s the Jewish Mothers' Welcome and Infant Welfare Centre were also hosting ante-natal clinics. Contact with mothers was made continuously by the JMH before their confinements and was continued until the child reached school-age.⁹⁸ By 1929 over 1,970 mothers had attended ante-natal clinics held at the JMH twice a week. These were attended by medical practitioners, one of whom was Jewish.⁹⁹ Comparable ante-natal work was also carried out in the infant welfare centre at the Settlement of the SHCJ.

Circumcision

Through its association with the Initiation Society, the SRHS guaranteed its patients (whether nursed in the JMH or on the district) financial help with circumcisions. The Initiation Society had been established thirty-five years prior to the SRHS, to financially assist those who otherwise could not afford the circumcision of their child. Their work was seen as important in preventing Jewish infants from being taken away from the Jewish faith. By 1908, the Society was an official educational body, training *mohelim* (religious men who performed the circumcision) and insisting that all its members undertake anti-septic precautions whilst

97. Lewis, *Politics of Motherhood*, p.151. The Maternity and Child Welfare Act called on local authorities to provide maternity services with the aid of government funding. This was not mandatory and local authorities undertook such provision in varying degrees around the country. For more information on how this affected East London see chapter 8.

98. 'Jewish Charities', *ELO*, 1 May 1926, p.2.

99. *ELO*, 11 May 1929, p.6; Dr Muriel Landau acted as the Medical Officer of Health for the JMH from 1922 (JMH, A/R [1936], p.12).

performing the operation.¹⁰⁰ Although provision for circumcision was made in other local East London Hospitals¹⁰¹ and other maternity schemes, the SRHS ensured circumcision as a standard part of their services.

Patients' response

Reports of the Catholic and Jewish associations imply patients were deeply grateful for the nursing care they received. Although biased they suggest that despite some of the differences between the expectations of the patients and the health professionals, some satisfaction was obtained on the part of the former.¹⁰²

Although the SRHS was initiated by the more middle-class Jewish community, its patients did not feel the alienation they sometimes experienced when served by similar schemes run by other voluntary hospitals or associations. Conflicts may have arisen over the advice given on antenatal care and infant management, but the JMH was remembered with affection by those interviewed and the reports in the *Jewish Chronicle*. This suggests that the SRHS and its Home were popular in the Jewish community. The support which came from the Jewish mothers to prevent the collapse of the SRHS in 1908 reflected the affinity these mothers felt with the organisation.

The JMH had a reputation for being a homely place. Mother Levy, the superintendent of the SRHS for 25 years, was a much cherished figure in the community. It was through her care and that of her nursing staff that

100. *Jewish World*, 7 April 1911, p.10.

101. See chapter 6, pp.230-231.

102. In 1930 some hostility was expressed to the idea that the JMH now had a midwifery school and was allowing its patients to be treated by probationers (Letter from Barnett Hyman, *ELO*, 10 May 1930, p.6).

many Jewish women found the JMH 'a much cosier place than the enormous London hospital'.¹⁰³ As one woman stated

People weren't asked as many questions at Mother Levy's. It was a very homely sort of place - they made provision for older children so they could come when their mothers were there. Very often women had children close in age so they could bring the other children with them and take them to a little play area with toys.¹⁰⁴

Many mothers chose the SRHS and its maternity home because it was Jewish. It was more comfortable to be surrounded by a nursing staff who were sympathetic to Jewish rituals. In addition although many of the nursing staff employed in the Maternity Home were not Jewish and did not necessarily understand Yiddish, the mothers were surrounded by familiar Jewish faces from their neighbourhood who on occasion could translate for them.

Catholic women, although served by nuns who had no experience of motherhood themselves, could identify with the nuns nursing them. Living in East London the nuns were familiar with the lives of the women they helped and sometimes came from poor backgrounds themselves.¹⁰⁵ This distinguished them from the middle-class women who gave advice to working-class mothers but had little contact with the realities of poverty.

Articles in Catholic newspapers continually praised the work undertaken by the NSP and the LCM. Mother de Sales, who was the 'life and inspiration' of the LCM in East London from the time it was established, was particularly commended by the Catholic Church St. Mary and St. Michael in

103. Letter from Mrs I.T to L. Marks, typed letter excerpts, p.5.

104. Miss T.G, interview, transcript, p.8.

105. For a good analysis of the class structure of female religious orders in Ireland see Caitriona Clear, *Nuns in Ireland*, pp.93-99. See also footnote 74 in chapter 3 p.93.

Whitechapel.¹⁰⁶ When the LCM was forced in 1933, by administrative problems, to vacate its premises in Commercial Road many lamented its absence. In 1937 the rector of St. Mary and St. Michael commented that the return of the LCM, or Blue Nuns to East London would 'be welcomed by non-Catholics as well as Catholics', and that 'joyous commotion' greeted his announcement of their return.¹⁰⁷

Initially the NSP had difficulties establishing their nursing facilities in East London because they were new to the area. However, people rapidly sought their nursing care when they came into contact with the other facilities of the convent.¹⁰⁸ One NSP nun remembered an old man, who at the age of 103, excitedly recalled the care his mother had received from the NSP during her third confinement in Bow. The fond recollection the man had of the names of the nuns who had nursed his mother indicates the appreciation the mother must have expressed for the care she had received.¹⁰⁹ Several letters were sent to the NSP by medical practitioners commending the high standard of nursing care offered by the nuns in Bow in the 1890s which shows that they had had good feedback from the patients treated by the NSP.¹¹⁰

Communal Organisations and the Wider Community

These communal institutions saw their work as complementary to other schemes in the area. No evidence remains on the interaction between

106. *Magazine of the Sacred Heart*, Aug. 1927, p.76.

107. *Magazine of the Sacred Heart*, March 1937, p.xxi.

108. Notes on the background to the NSP (NSP archive).

109. Unpublished letter from Sister M.L. (archivist of the NSP) to L.Marks, Oct. 1988, p.2.

110. Letters to the NSP from Dr S. Alexander, 19 Feb. 1891; Dr R.Wheeler, 2 Feb. 1892; and Dr D. Taylor, Christmas 1896 (NSP archives).

Catholic nursing nuns and the wider community. More is known about the SRHS, regarded as a pioneering organisation¹¹¹ in the outside community. This was a result of its own active publicity. In 1910 recommendations made by Alice Model for home-helps were seriously considered by a Charity Organisation Society during their enquiries into provident nursing.¹¹² Similarly, in 1920 Alice Model's expertise was called upon by the Stepney Maternal and Child Welfare Committee during an investigation into the provision of home-helps for the area.¹¹³ Not all of Alice Model's suggestions were adopted, but her ideas and the scheme established by the SRHS were influential during these discussions.

One of the most enthusiastic followers of the SRHS was the Central Committee on Women's Employment (CCWE), which created its own home-helps training scheme in November 1914. The CCWE used many of the ideas already voiced by the SRHS in the 1890s.¹¹⁴ Margaret Bondfield, an ardent advocate of the scheme, stated in 1915 that the home-help worked in conjunction with the nurse, undertaking the housework, cooking and childcare, chores which so often hindered the speedy recovery of mothers.¹¹⁵

Using the model set up by the SRHS, the CCWE drew its home-helps from women who found work hard to secure, such as middle-aged women and those who had been thrown out of work by the war. Thus, it was argued, these women could become self-sufficient and at the same time help others.

111. *ELO*, 1 May 1915, p.5.

112. Charity Organisation Society, Proceedings of Council, 12 May 1910 p.304 (Greater London Record Office file: A/FWA/C/A3/45/1).

113. Stepney Maternal and Child Welfare Committee, Minutes, 11 May 1920, p.149 (THL file: 1083).

114. *ELO*, 19 June 1915, p.6.

115. *ibid*.

Initially employed in the workrooms of the Queen's Work for Women Fund, these women were then, if deemed suitable, selected to train as home-helps. Those chosen were scrutinised for their personal character and ability to maintain their own homes. They were sent to classes, some provided by settlements and others by the London County Council, in cookery, laundry, housewifery, hygiene and infant care. Like the SRHS the CCWE felt strongly that its home-helps should be properly remunerated for their work. During their training the home-helps were paid 11s. 6d. per week, but the Committee recommended that once qualified they should be paid 5d. per hour, or 12s. 6d. per week with food. Some home-helps were able to find work for 14s. per week.

By 1915 the CCWE had two large centres for recruiting home-helps, one in the West End and one in the East End, and had trained one hundred women in eight months. The areas covered by the office in East London included Stepney, Bethnal Green, Hackney, Poplar and Shoreditch. Like the SRHS, Margaret Bondfield stressed that the scheme should be self-supporting through the collection of weekly installments. According to her vision, home-helps were the solution for those women who could not afford servants. She saw the scheme as opening up 'boundless opportunities' and urged the municipal authorities to adopt it.¹¹⁶

Municipal authorities were slow to take up Miss Bondfield's suggestion and their response varied. Chapter eight explores the home-helps schemes that they set up.

116. *ibid.*

Conclusion

Although Catholic and Jewish communal childbirth networks in East London could not cater for all the Irish and Jewish mothers in East London, those who came into their care received a vital source of support during their confinement and afterwards. To what extent these institutions compensated for the adverse economic and social circumstances facing East European Jewish expectant mothers is hard to estimate, given the dearth of statistics concerning the health of these mothers and the small numbers involved.

What is apparent, however, is that certain needs which could not be met easily in host institutions made the Catholic and Jewish communities search for schemes which provided a new answer to old problems. Religious and cultural factors, quite as much as clinical considerations, provided the spur to innovation in domiciliary practice. Such help was invaluable to mothers striving to bring healthy infants into the world, and it provided a model for other less specialised agencies to follow.

The SRHS was most pioneering in this respect. By 1915 the SRHS proudly claimed to be the pioneer of the home-helps scheme. Good care during confinements involved not only skilled medical attention but also reliable domestic aid and childcare. Ordinarily home-helps or maternity nurses were expensive and beyond the pocket of many women in East London, but the SRHS proved that home-helps could be made available to even the poorest. While not as pioneering as the SRHS scheme, the nursing care offered by the nuns in East London offered an invaluable service to many poverty-stricken Irish mothers and their infants.

CHAPTER 5

'THE LUCKLESS WAIFS AND STRAYS OF HUMANITY': THE GUARDIAN ANGELS', ST. PELAGIA'S AND CHARCROFT HOUSE: IRISH AND JEWISH UNWED MOTHERS

Introduction

Of all the mothers who required help during childbirth the most needy were those who were single. Unmarried, deserted and the widowed all came into this category. And yet of all the mothers in England unmarried mothers were the least likely to receive adequate aid. In addition to the disabilities of poverty under which the unsupported mother laboured under, the stigma of illegitimate pregnancy rendered the mother ineligible for help from a great many of the charitable agencies which existed to care for her legally married sisters.

Illegitimate birth carried a higher risk of mortality to the infant. In 1870 it was estimated that at least 35% of the illegitimate births in manufacturing towns, and 75% of those born in London died before they reached their first birthday.¹ Between 1881-90 in Glasgow 27.3% of illegitimate infants died, while the figure for legitimate infants was just under half of that rate at 13.7%. In Manchester the rates were 39 and 17% respectively in 1891. Infant mortality declined after 1900, but the ratios between illegitimate and legitimate infant deaths persisted until the mid-1930s when the gap began to narrow.²

Illegitimacy was said to be rare in Irish and Jewish communities. In the outside community Irish and Jewish girls were held up as models of good

1. 'Report of the Infant Committee', *Transactions of the Obstetrical Society of London*, Vol.13, 1870, 132-149, pp.142-143.

2. Lionel Rose, *The Massacre of the Innocents: Infanticide in Britain 1800-1939* (London, 1986), p.23.

morality and clean living. While comments were frequently made about the propensity of the Irish to drink and fight in East London, their standard of morality and chastity was considered much higher than that of the Protestant population in the area during the 1890s.³ Similarly, illegitimacy was said to be rare among the Jewish population. In 1901 Mr William Ward, a vaccination officer of Bethnal Green, showed that while there had been 74 illegitimate births among the local population, only two had occurred among the 'foreign Jewish population'. He concluded that the Jewish morality was connected with their thrift and domesticity.⁴

When compared with England and Wales and London, the East End had a smaller percentage of illegitimate births. Nonetheless within East London, illegitimacy was slightly higher in areas where the immigrant Jews were most concentrated such as Whitechapel and St George's-in-the-East, especially during the 1880s and 1890s when immigration was at its peak (see figures 5.1 and 5.2 below).

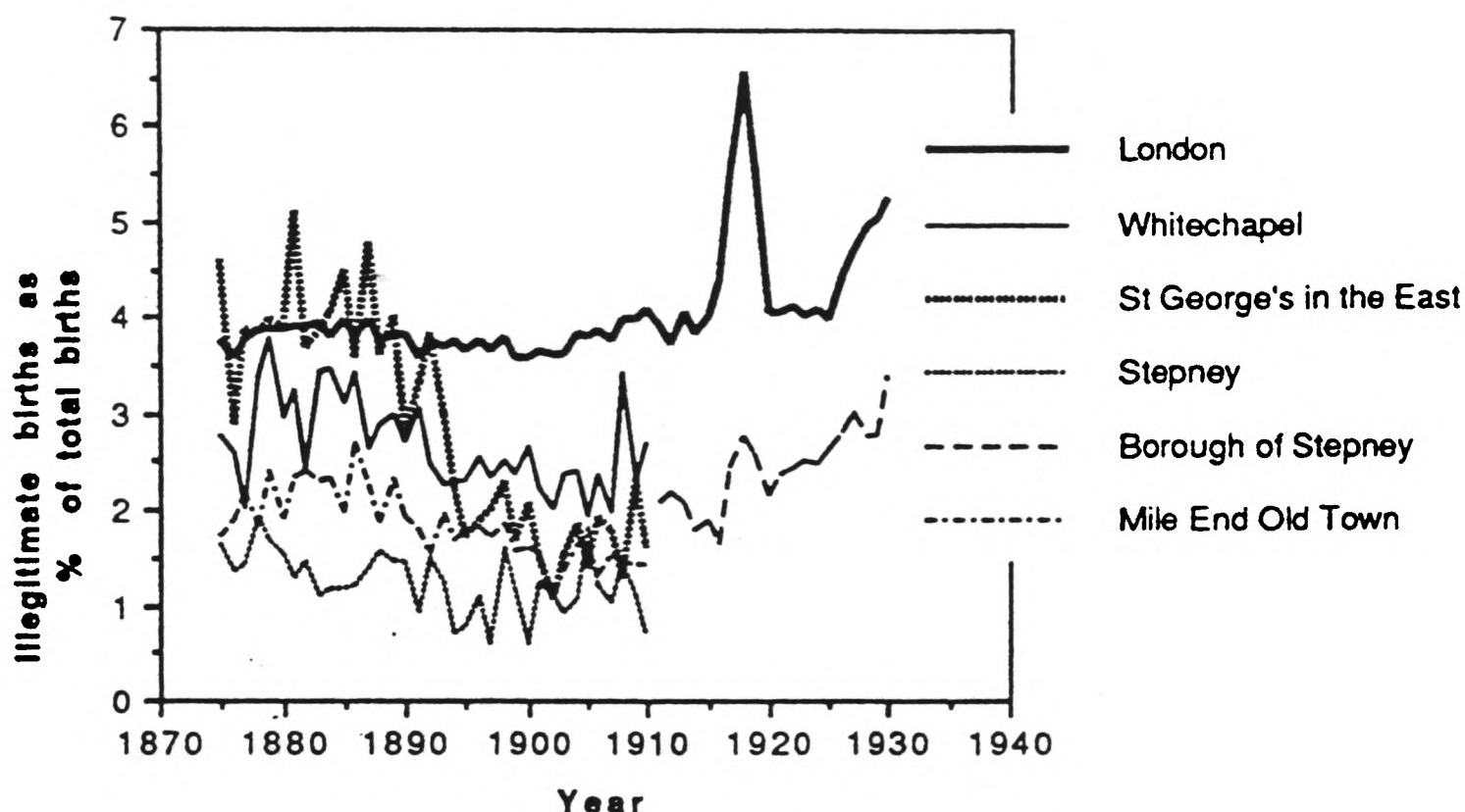
The impact of the social and economic dislocation of migration on family networks would make the absence of illegitimacy among the immigrant population surprising. Both communities were greatly concerned that single women arriving alone in a new city would be enticed into ruin by the temptations offered in the city and the workplace, or be trapped by the

3. Charles Booth Collection, LSE Files: A33, Bow; A38, district 12, pp.3-4; File A22, district 11 p.4; File B209, Father Donnelly, p.57, & Reverend Father Akers p.75. Henry Mayhew made similar remarks about the chastity of the Irish girls in the 1850s, which he attributed to their steadfast Roman Catholic faith (Henry Mayhew, *London Labour and the London Poor*, Vol. 1 [London, 1851], pp.461, 466). See also Hugh Heinrich, (edited by Alan O'Day), *A Survey of the Irish in England* (London, 1872; 1990), p.27.

4. *Royal Commission on Alien Immigration*, PP 1903, IX, II, Minutes of Evidence, Q18311.

growing white slave trade.⁵ Such fears contradicted any vision that the immigrant communities were free from such vices.

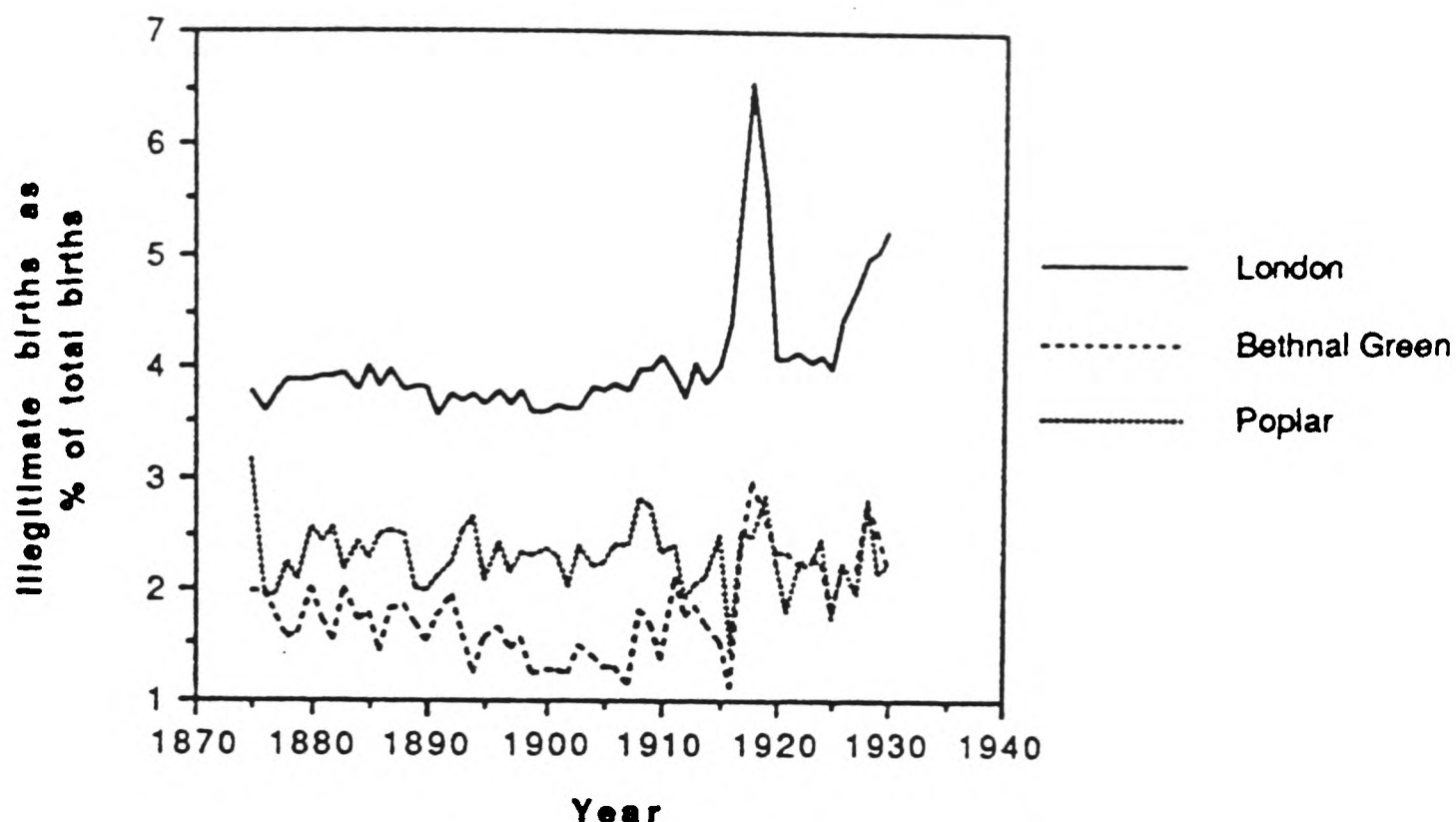
Figure 5.1:
Illegitimate births as percentage of total births in London and Borough of Stepney
1875-1935



Source: A/Rs of the Registrar General for England and Wales 1870-1935

5. In 1902 a correspondent to *The Tablet*, argued that the 'cause of the moral ruin of thousands of our poor London Irish is the environment in which they live....Just fancy the immoral conversation going on in the factories and workshops where our Catholic young men and young women spend the greater part of their lives, working together daily with men and women without religion or faith or morals of any kind... The wonder is that they are not ten times worse than they are'. (8 Feb. 1902, p.222-223.) In 1901 it was argued that were it not for the rescue work undertaken by the Jewish community, 'many a poor wayfarer would be hopelessly stranded in London, would never arrive at her destination, and would end by swelling the ranks of an unfortunate sisterhood, unable to retrace her steps, or redeem her character'. (Jewish Association for the Protection of Girls and Women [JAPGW], A/R (1901), p.72. All records relating to the JAPGW are kept by the Jewish Welfare Board.)

Figure 5.2:
Illegitimate births as percentage of total births in London, Bethnal Green and Poplar
1875-1935



Source: *A/Rs of the Registrar General for England and Wales 1870-1935*

Taboos surrounding illegitimacy make research on unmarried mothers difficult. While much has been written on the history of rescue work and prostitution in nineteenth and twentieth century British society, few historians have focused solely on the unmarried mother and her infant.⁶ Extensive work by Higginbotham has recently remedied this shortfall, and provides much of the background material for this chapter.⁷

The denial that such things could happen to Irish and Jewish women makes the task of uncovering material that much harder. Most of the surviving documents about Irish and Jewish mothers concern Catholic and Jewish homes

6. See for instance Edward J. Bristow, *Vice and Vigilance* (Dublin, 1977), and Judith Walkowitz, *Prostitution and Victorian Society* (Cambridge, 1981).

7. Ann R. Higginbotham, 'The Unmarried Mother and Her Child in Victorian London 1834-1914', Ph.D. thesis, (Indiana Univ., 1985); idem. 'Respectable Sinners: Salvation Army Rescue Work with Unmarried Mothers 1884-1914' in Gail Malmgreen, *Religion in the Lives of English Women 1760-1930* (London, 1986), p.219; idem. '"Sin of the Age": Infanticide and Illegitimacy in Victorian London', *Victorian Studies*, Vol.32, No.3, Spring 1989, 319-338.

rather than the workhouse where most unmarried mothers gave birth. More information can be found for those who sought to help them and for the Jewish community than the Catholic one. Information on the Catholic agencies is largely drawn from an interview I conducted with an Irish nun, Sister M., who worked with unmarried mothers in the major Catholic unmarried mothers' home, the Guardian Angels' Home, in London in the 1930s.⁸

While immigrant women were perhaps more vulnerable than other mothers when giving birth in a strange environment, Irish and Jewish single mothers faced the additional ostracism usually allotted to illegitimacy. The following are some of the questions this chapter hopes to address: In what way did the experience of unwedded Irish and Jewish mothers differ from that of other single mothers? Was the care they received from the Catholic and Jewish communities any better than elsewhere? Could the care Irish and Jewish single mothers received from the Catholic and Jewish communities prevent the high rates of illegitimate infant mortality?

The Position of the Unmarried Mother in Irish and Jewish Society

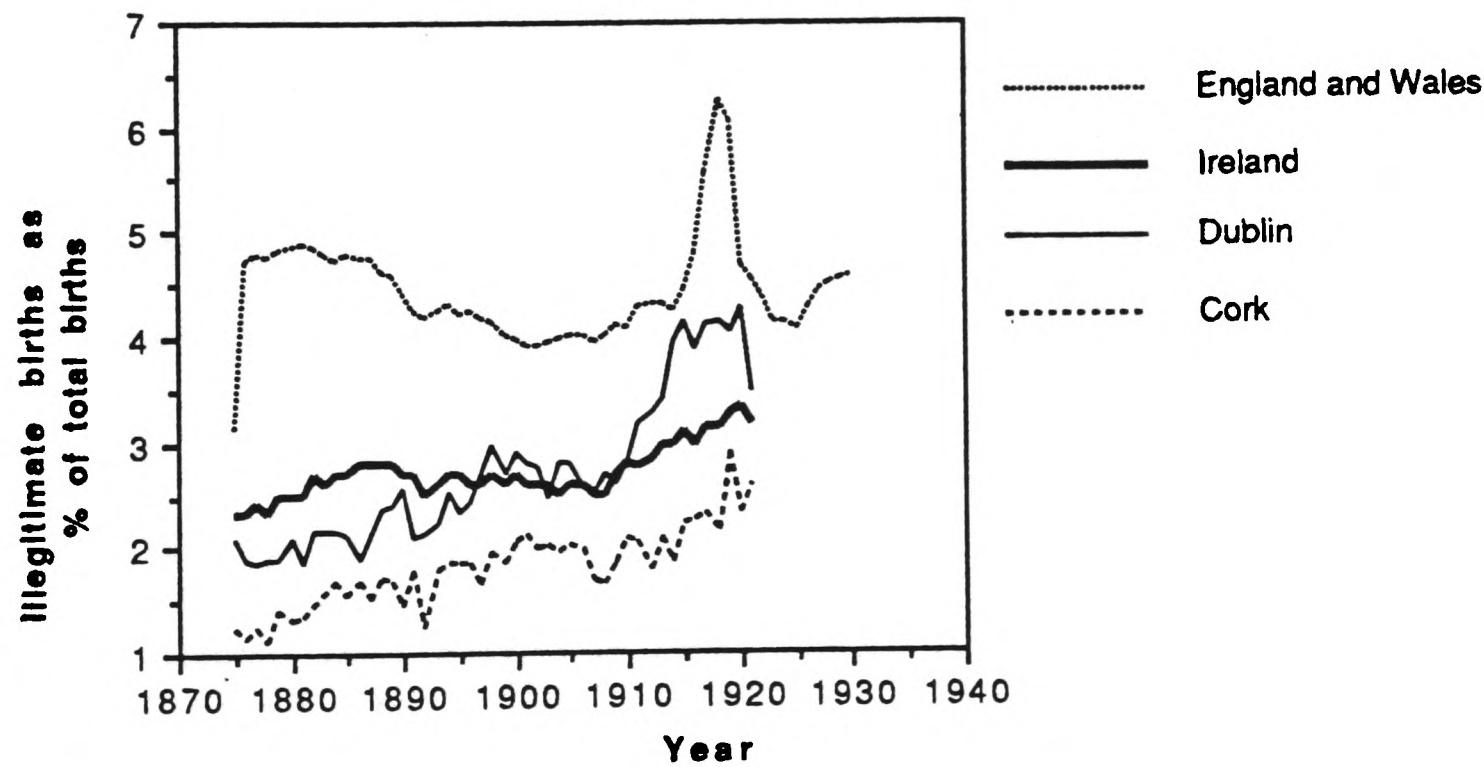
In late nineteenth century Irish and Jewish communities a woman's status was not only measured by her economic status but also by her chastity. Loss of virginity was considered 'sinful' and harmful to the family economy and social stability. Illegitimacy cast a stigma not only on the girl and the infant but also on the family. As in many societies, the level of tolerance accorded to an Irish or Jewish woman who fell pregnant outside of marriage varied tremendously, being not only dependent on

8. Sister M., interviewed Nottingham, 11 Nov. 1988. Sister M. originally came from County Meath in Ireland. Her religious order is the Little Company of Mary.

religious observance but also on economic factors which changed over the nineteenth century and altered with migration.

During the first decade of civil registration, 1871-1880, only 1.63% of the total births in rural Ireland were illegitimate.⁹ One estimate showed that Ireland had the lowest rate of illegitimacy in Europe during the 1890s. In Ireland 2.6% of the total births were illegitimate, while in England and Wales the figure was 4.1%.¹⁰ The lower rate of illegitimacy in Ireland compared with England and Wales for other years is confirmed by figure 5.3. Some attribute the lower rate of illegitimacy in Ireland to the Great Famine of the late 1840s and economic restraints on fertility; others say it was already occurring by the 1830s.¹¹

Figure 5.3:
Annual illegitimate births as percentage of total live births in England and Wales and Ireland 1875-1935



Source: A/Rs of the Registrar General for England and Wales and for Ireland 1870-1930

9. K.H. Connell, *Irish Peasant Society: Four Historical Essays* (Oxford, 1968), p.83.

10. G. Sundbärg, *Aperçus Statistiques Internationaux* (Stockholm, 1908), cited in Connell, *Irish Peasant Society*, p.83.

11. See footnote 58 in chapter 2, p.67

Lees has shown that in the mid-nineteenth century illegitimate births constituted an average of 4% of all Catholic baptized children in five London parishes. This was higher than that found among registers in 29 parishes of rural Ireland which had fewer than 2% of illegitimate births.¹² Registers from one Irish area of London, Soho, showed that illegitimate births exceeded 10% of the total births in 1850.¹³ It is difficult to compare this information with East London. Workhouse registers and those of voluntary hospitals give no precise figures on the number of Irish and Jewish unmarried women confined under their auspices. A number of unmarried women from Ireland or with Irish surnames appeared among those confined in the Whitechapel Union.¹⁴

No comparable material information exists on the Jewish community in Eastern Europe or in East London. Enquiries made by Jewish rescue workers during 1885 revealed that it was rare for workhouses to find unmarried Jewish women in their hospital wards. Whitechapel Workhouse was the solitary exception. It reported an annual average of 12 unmarried Jewesses in its infirmary ward for confinements and other treatment.¹⁵

Whatever the rates of illegitimacy in Eastern Europe, Ireland or England, it seems that unmarried mothers and their infants were often social

12. Lynn Hollen Lees, *Exiles of Erin: Irish Migrants in Victorian London* (Manchester, 1979), pp.151-152. Figures on Ireland are taken from Connell who used evidence from the Poor Law Inquiry in 1935. Not all parishes had such a low rate of illegitimacy. According to this inquiry in 9 Irish parishes between 2 and 4% of the births were illegitimate, while in 11 other parishes it was between 4 and 6% (Connell, *Irish Peasant Society*, pp.79, 82).

13. Lees, *Exiles of Erin*, p.152.

14. Whitechapel Board of Guardians, Minutes, 14 Oct. 1873 (Greater London Record Office [GLRO] file: St BG/Wh/55).

15. JAPGW, Minutes, 12 June 1885, p.12. See also *Royal Commission on Poor Law Relief of Distress*, PP 1909, XXXIX (henceforth *Poor Law Relief*), Appendix XXVI (B), Report from Miss Stansfeld, p.511.

outcasts in these communities. Unmarried mothers were known to leave home in order to conceal their pregnancy, some of whom came to England to be delivered of their child.¹⁶

The terror of falling pregnant when unwed was illustrated by a short story which although fictitious, conveys the loneliness and fears a young single Irishwoman in England would have experienced over suspected pregnancy. Bridget, aged 25, an Irish domestic servant, is petrified that she might be pregnant.

She had committed a mortal sin, fornication, and unless she had a piece of good luck she might be going to have a baby. All because of the good-for-nothing fellow, Jim... She ought to have known what sort of fellow his lordship was when he had started hinting.

She could not go home 'if it was a child of badness she was bringing with her. Bringing scandal into the parish and disgrace on her poor mother.'¹⁷ The extent of the shame and the need for confidentiality over such cases can be seen in the policy of Catholic maternity homes, which often changed the name of the inmates when they entered.¹⁸

Some unwed mothers, however, were accepted with their child in the community. Neighbours and grandmothers sometimes adopted the daughters'

16. For attitudes to unmarried mothers in Ireland see Ann O'Connor, 'Listening to Tradition', in Liz Steiner-Scott, *Personally Speaking: Women's Thoughts on Women's Issues* (Dublin, 1985), p.87. Some of the attitudes towards Jewish unmarried mothers in Eastern Europe can be gauged from the interviews of East European Jews in New York in the 1940s. One Polish person remembered stones being thrown by Jews through the window of a house where an unmarried Jewish mother was being delivered (Mead Papers, [file G45], JP-20, p.49).

17. Norah Hoult, 'Bridget Kiernan', (n.d. c.1930) in Janet Madden-Simpson (ed.), *Woman's Part: An Anthology of Short Fiction by and about Irish women 1890-1960* (London, 1984), pp.113, 120.

18. Sister M. said she never knew the real names of the women she cared for at the Guardian Angels (Sister M., interview, notes).

illegitimate children.¹⁹ Nuns from the Sisters of Mercy recalled that while illegitimacy was frowned upon in the Irish Catholic community in the East End, illegitimate children and their mother faced harsher treatment from state institutions.²⁰ Nevertheless, it was an important issue in both immigrant communities and they addressed themselves very seriously to the prevention, reform and saving of such women. The services they provided were crucial supplements to those being provided in the host community.

The Position Of The Unmarried Mother In English Society

In 1850 the only hospitals in London which assisted unmarried mothers and their infants were the Foundling Hospital, which accepted 45 infants a year from all over England and Wales; Queen Charlotte's Lying-In Hospital (established 1752) and the General Lying-in Hospital (established 1865) which together helped about a hundred women a year.²¹ Lying-in wards in general (voluntary) hospitals only began to admit single mothers from the late 1880s.

Workhouse Provision:

For the majority of unmarried mothers parish relief was often the only option. Provision made by the poor law authorities was divided between giving relief and supplying medical care during confinement. Under the Poor Law the position of the unmarried mother and her illegitimate child altered radically during the nineteenth century. In 1834, the Poor Law Amendment Act cut off the traditional patterns of parish outdoor relief for unmarried mothers and substituted indoor relief in the workhouse.

Higginbotham has shown that these changes made the unmarried mother

19. Margaret Mead Papers, (file G45) J P20, p.49; O'Connor, 'Listening to Tradition', pp.86-87.

20. Sisters of Mercy, interviewed London, 9 Dec. 1987, transcript, p.3.

21. Higginbotham, 'The Unmarried Mother and her Child', pp.28, 85.

particularly vulnerable between 1834 and 1914. The age of those women who entered the workhouse varied according to when they were admitted and the type of help they sought.²²

While some poor law guardians were slow to implement the 1834 Act, preferring outdoor relief because it was cheaper and prevented overcrowding of workhouses, outdoor relief for unmarried mothers nonetheless diminished greatly. Unmarried mothers and their infants were the largest single group seeking the shelter of the workhouse. Illegitimate births constituted the majority of workhouse births in London. In 1870 71% of all the babies born in Metropolitan workhouses were illegitimate.²³ By 1907 the figure was between 50 and 60%.²⁴ Many of these mothers stayed in the workhouse as little as ten days after delivery.²⁵

From the 1890s some guardians and charity workers sought to increase their powers to detain unmarried mothers. Believing that unmarried mothers, especially those with more than one illegitimate child, were feeble-minded, some guardians, such as those of Poplar in 1898, recommended isolation from the wider community.²⁶ In 1913 the Mental Deficiency Act

22. Higginbotham, 'The Unmarried Mother and her Child', p.57.

23. S. and B. Webb (eds), *The Break-Up of the Poor Law: Being Part One of the Minority Report of the Poor Law Commission*, (London, 1909), p.96; Pat Thane, 'Women and the Poor Law in Victorian and Edwardian England', *History Workshop Journal*, Issue 6, Autumn 1978, 29-51, p.35; Higginbotham, 'The Unmarried Mother and her Child', pp.43, 94-95.

24. This was lower than in provincial unions where the number of illegitimate births was about 70%. The lower figure for London could have been because charitable maternity homes were more abundant in London and therefore gave unmarried mothers in London a greater choice of help.

25. Webbs, *Break-Up of the Poor Law*, p.96.

26. Poplar Board of Guardians, Minutes, 12 Jan. 1898, p.15 (GLRO file:Po BG/45). By contrast, Whitechapel Board of Guardians were reluctant to undertake such a policy (Whitechapel Board of Guardians, Minutes, 1 April 1890, pp.444-445 [GLRO file:St BG/Wh/72]). Proposals for such a policy were also voiced in *Poor Law Relief*, PP 1909, XXXVII, Pt.VIII, Chapter 4, p.566.

permitted the certification and detention of those classified as 'feeble-minded'.²⁷ Although guide lines were vague, pregnant women who were considered feeble-minded could be detained in special institutions.

Charitable maternity homes:

As the harsh realities of the Poor Law legislation became apparent the middle-class showed an increasing concern for the plight of the unmarried mother and her child from the 1860s. Workhouses had gained a reputation for immorality, and reformers were horrified that 'innocent' single mothers who had been seduced were being mixed with hardened prostitutes, and women with several illegitimate children.²⁸

Fearing that innocents would be driven to suicide, infanticide or prostitution, middle-class reformers established charitable agencies for these mothers. By 1900 charitable organisations sheltered a fifth of all single women who gave birth in London and had contact with many more who had never entered a maternity home. Nevertheless these agencies placed their own restrictions on the types of cases they aided, so that only a very small minority of unmarried mothers were eligible for their help.²⁹

By 1905 London had at least 24 homes for unmarried mothers, 15 established by the Church of England. In East London there were a number of rescue homes, such as the one run by the Salvation Army in Hackney and the Bridge of Hope Mission in St. George's-in-the East. There was also one

27. *Bill to Make Further and Better Provision with Respect to Feeble-minded and other Mentally Defective Persons*, PP 1912-13, (213), III Pt II, pp.1005, 1040.

28. As late as 1907 similar fears were expressed to the Minority Report on the Poor Law. See Webbs, *Break-Up of the Poor Law*, p.95.

29. Higginbotham, 'The Unmarried Mother and her Child', pp.120-122.

established by the Poplar Rescue and Maternity Work in the 1890s and another founded in Stury Street in Poplar by 1900.³⁰

The existence of such maternity homes in East London was unusual. Most were based in West London so that they could be close to maternity hospitals which accepted unmarried mothers, and close to where 'many of the middle-class women who organised and staffed the homes lived.' It was also easier to obtain patronage and find situations for inmates in West London. Many maternity homes in West London accepted unmarried mothers from East London.³¹

Most rescue work among unmarried mothers was undertaken by religious agencies, which combined practical and spiritual assistance. To the Salvation Army;

The unmarried mother, coming to a Home, like this, leaves it with hopes for better and purer things. Spiritual help, - which is the only effectual help, very often, in such lives, has lifted her out of herself, and she goes out to fight for purity and goodness - and her child.³²

Although Higginbotham has indicated the need to understand the underlying religious messages in the campaigns among unmarried mothers, she has not suggested how this affected those whose religion differed from the reformers involved. Catholic Irish and Jewish unmarried mothers would have felt ill at ease in many of the charitable homes for unmarried mothers where few spoke Yiddish, or appreciated Catholic and Jewish religious customs. In 1885 two Jewish 'fallen women' objected to entering a

30. *Poor Law Relief*, PP 1909, XXXIX, Appendix XXVI (D), pp.512-513. For more information on the work of the Salvation Army with unmarried mothers see Higginbotham 'Respectable Sinners'.

31. Higginbotham, 'The Unmarried Mother and her Child', pp.324-325, and Appendix II.

32. Salvation Army newspapers, *The War Cry*, 25 Oct. 1913 and *The Deliverer*, December 1900, p.103.

Christian rescue home for fear of conversion.³³ Similarly in 1890 Irish Catholic girls refused to enter a girls' club run by a Protestant Home.³⁴ Many Irish and Jewish pregnant single women probably felt the same cultural isolation as those confined in the predominantly Anglican voluntary hospitals or Poor Law institutions.³⁵

Jewish and Catholic Rescue Agencies

The leading force in such work in the Jewish community was the Jewish Association for Protection of Girls and Women (JAPGW) which had close ties with the Jewish Board of Guardians (JBG). Set up in 1885, initially to combat the white slave trade, the JAPGW quickly developed into an international organisation. It had agents all over the world searching for fallen women and bringing traffickers to justice.³⁶

A comparable Catholic organisation working for the protection of girls was the International Catholic Association for Befriending Girls.³⁷ The

33. On hearing this Lady Battersea was spurred into founding the Jewish Association for the Protection of Girls and Women which later catered for such Jewish women. (Lady Constance Battersea, *Reminiscences* [London, 1922], p.419.)

34. *The Tablet*, 15 March 1890, p.405. The article concerned the a Catholic club for Flower girls in Drury Lane being run by Franciscan Sisters.

35. See chapters 6-8 below.

36. Originally named the Jewish Ladies Society for Preventive and Rescue Work, the JAPGW was founded by Lady Rothschild and Constance Rothschild (later Lady Battersea), Claude G. Montefiore and Arthur Moro. See Lloyd Gartner, 'Anglo-Jewry and the Jewish International Traffic in Prostitution 1885-1914', *American Jewish Studies Review*, Vol.7-8, 1982-1983, 129-178. E.J Bristow, *Prostitution and Prejudice: The Jewish Fight against White Slavery 1870-1939* (Oxford, 1983); Lara Marks 'The Experience of Jewish Prostitutes and Jewish Women in the East End of London at the turn of the century', *The Jewish Quarterly Journal*, Vol.34, No.2, 1987; idem. 'Race, Class and Gender: The Experience of Jewish Prostitutes and other Jewish Women in the East End of London at the Turn of the Century' in J. Grant (ed.), *Silent Voices* (forthcoming); Eugene Black, *The Social Politics of Anglo-Jewry* (Oxford, 1988), pp.232-236.

37. *The Tablet*, 25 May 1901, pp.818-819.

Catholic Guardians Association, however, was the central Catholic organisation involved in protection and rescue work, entering the field in 1896. It liaised with different districts, advised on placements in Catholic certified and industrial schools, secured employment for Catholic girls and boys, and recommended suitable surroundings for young people coming to London.³⁸ On a local level the bulk of the work was undertaken by different orders of nuns.

The Catholic and Jewish communities feared that the unwedded mother, like the orphaned child, would be converted in an 'alien' institution, such as the workhouse or a religious mission. Worse still, with no Catholic or Jewish institution to protect them, they could be left to walk the streets.³⁹ Both communities were involved in preventive activities alongside their rescue work. Attention was not solely focused on the erring mothers alone. Agencies were involved in preventive work in the broadest sense of the term, including the setting up of girls' clubs, workrooms, industrial schools and refuges for penitent women.⁴⁰

38. *The Tablet*, 17 June 1897, p.100.

39. One letter in 1896 recalled that 20 years previously the Catholic poor brought up in Protestant institutions were 'taught to revile their faith' (*The Tablet*, 20 June 1896, p.979). See also 17 June 1893, p.936.

40. Many Catholics argued that the Catholic community lagged behind the rest of society in providing rescue workers and facilities. In 1888 a correspondent to *The Tablet* lamented the absence of a Catholic Girls' Friendly Society and that Catholic girls were either sitting idly at home on Sundays or out with bad company when they could have been learning something useful. She noted that workers among the poor in London were struck by the absence of a Catholic society which corresponded to one like the Metropolitan Association for Befriending Young Servants (13 March 1888, p.418). A similar letter appeared in support of the establishment of a home for factory girls (*ibid.*, 13 May 1893, p.739).

Catholic and Jewish Aid For Unmarried Mothers

The Catholic and Jewish communities also provided specific facilities for the unmarried mother and her child. Although two of these institutions, St Pelagia's Home and Charcroft House, were originally founded in East London, they rapidly moved to North and West London where they could be assured of patronage and of domestic situations for their girls once they departed.

The most important Catholic institutions for the unmarried mother were the Guardian Angels' Home and St Pelagia's Home. In 1898, a committee of prominent Catholic women led by Viscountess Encombe, approached the sisters of the Little Company of Mary (LCM) to take charge of a home they wanted to establish for unmarried mothers.⁴¹ The home first based in Charlotte street, was transferred in 1911 to St John's Wood and named the 'Guardian Angels Home'. The home had space for twenty-five mothers and was the only Catholic home which catered for girls who needed accommodation before their confinement.⁴² St Pelagia's Home usually took in the mothers and their infants who needed accommodation once they left hospital. Founded originally in Stepney Green between 1888 and 1889 and transferred to Highgate in 1893, the Home took in girls once the infant was a fortnight old.⁴³ The Jewish home, known as Charcroft House, was founded in 1885. As the only Jewish rescue home, it took in women from all over

41. More detail about the LCM can be found in the chapters 3 and 4 above, pp.93, 115.

42. Viscountess Encombe was the daughter of Lord Lovat of Beaulieu, Inverness-shire, head of a Scottish Catholic family. Information from Extract of the *History of Little Guardians Home in St John's Wood*, p.39 (n.t and n.d) (henceforth *History of Guardian Angels' Home*). I am grateful to Sister Sheila Crehan for sending me this information. See also Sister M., interview, notes.

43. *The Tablet*, 21 Feb. 1920, p.262; 28 Feb. 1920. I was unable to trace the records of St Pelagia's Home. It was under the auspices of the Catholic Rescue Society in later years. Any records which relate to it are likely to have been destroyed in accordance with the rules of confidentiality which regulate such Catholic organisations.

England and on average accommodated between 12 and 16 girls in the years 1890 to 1939.⁴⁴

The inmates came from various places, including their own homes, lodgings, workhouse infirmaries and lying-institutions.⁴⁵ They were put in touch with the maternity homes through Catholic and Jewish Ladies Committees and rescue workers from other Christian societies, doctors, or in the case of the Catholic girls, priests. Some, helped by family or friends, applied directly to the homes. Charcroft House employed a visitor in East London to see girls before they were admitted to the home. Some had been found on the verge of suicide or infanticide.⁴⁶

Most maternity homes charged fees. Charcroft House expected their inmates to pay for board and lodging. Unmarried mothers often struggled to pay even small weekly fees. Unlike most maternity homes, those run by the Catholic community were free. To survive financially these homes relied instead on donations from the women and their friends.⁴⁷

As in the case of the Catholic homes, Charcroft Home declared its doors 'open to those who have sinned and been sinned against,' and 'to those who are anxious to hide their shame'. Those who organised the home saw it as

44. JAPGW, A/Rs.

45. The pattern whereby girls came into contact with the homes was common with most maternity homes for unmarried mothers in British society. (Higginbotham, 'The Unmarried Mother and her Child', pp.139-141.)

46. JAPGW, A/Rs, (1893-94); (1896-97), p.26; (1900) and (1903), p.60; Battersea, *Reminiscences*, p.419; Sister M., interview, notes.

47. The average fee was between 3s. and 8s. weekly and was 'to distinguish rescue work from pure charity... Fees were sometimes waived for deserving, destitute cases.' Higginbotham, 'The Unmarried Mother and her Child', pp.110-111 & p.143; JAPGW, Minutes, 27 Nov. 1885, p.35; JAPGW, A/R (1891-92), p.16.

'a city of refuge where the stricken, the maimed, and the weary may rest and take heart again before recommencing the battle of life.'⁴⁸

Nevertheless, the need to maintain an image of respectability and morality restricted the applicants accepted. Charcroft House insisted that all applicants be interviewed and investigated before they were admitted. It argued in 1905 that it was

open to the girl who has fallen through her ignorance, her weakness or her folly. To the habitual street walker it is not open. To the woman, old in her evil ways, it is no refuge. We have but this one Rescue Home in our community: the Christian Communities have a number and are able to sift and classify their cases.⁴⁹

Numbers were limited by the fact that the Jewish community had fewer resources for such work than the host society. Those admitted to Charcroft House had 'to conform to all rules', which implied that they were willing to enter for a full year and perform all domestic duties expected of them.⁵⁰

Like most maternity homes for unmarried mothers in English society, the Catholic and Jewish homes specified that they only took in those who were pregnant for the first time.⁵¹ The homes were not only refuges but also reforming institutions aimed at the young and innocent. Charcroft Home declared that women who sought the home merely as a shelter for a few weeks before and after their confinements and showed no 'intention of

48. JAPGW, A/Rs (1897-1898), p.34.; (1891-92), p.16.

49. JAPGW, A/R (1905), p.38.

50. JAPGW: Jewish International Conference on the Traffic in Girls and Women, *Official Report* (London 1910). (Henceforth Jewish International Conference, *Report*) p.191. (New York Public Library.)

51. Sister M., interview, notes; *The Catholic Directory* (1915).

ultimate reform' were to be rejected.⁵² Women who had more than one illegitimate child were considered beyond the reaches of reform. Victorian charities refused to provide shelter for women with several illegitimate children, deserted wives cohabiting with another man, or part-time prostitutes with an illegitimate infant.⁵³

To what extent Catholic and Jewish homes stuck to such policies is difficult to judge. In reality most maternity homes in the late nineteenth century accepted all types of unmarried mothers despite their policy which stated otherwise. Unpublished Salvation Army records revealed a greater variety of unmarried mothers entering the home than those officially published.⁵⁴

The same seems to have been true of Charcroft House. While it rejected some cases on the grounds of bad behaviour or because they were seen as too 'feeble-minded' to be helped, most of those helped by Charcroft House had not 'fallen' as the result of seduction.⁵⁵ Many had become pregnant by men they intended to marry. By 1927 Charcroft House seemed to be more lenient in its policy.

One of the rules of our home is that only unmarried mothers with their first baby should be taken, but in work of this kind all rules must yield to humanitarian considerations, and we have been well rewarded by some, if not all, of our exceptions. One girl giving birth to a stillbirth baby, left immediately on recovery. She returned to us within a year expecting another child, and we felt obliged to receive her, as her mother refused shelter, and her condition was so desperate we feared suicide...⁵⁶

52. JAPGW, A/R (1890-1891), p.10.

53. Higginbotham, 'The Unmarried Mother and her Child', pp.121-122.

54. Higginbotham, 'Respectable Sinners', p.227.

55. JAPGW, A/R (1913), p.62.

56. JAPGW, A/R (1927), p.55.

Like most maternity homes, the Catholic and Jewish homes stressed that their inmates were young innocent 'children'.⁵⁷ In reality this was not so. The mothers accepted by Charcroft House were aged 16 and over. Some had been 'ruined by bad company', but this was not always the case.⁵⁸ Little information exists on the age or circumstances of the mothers who entered the Guardian Angels' Home or St Pelagia's House. Those admitted to the Guardian Angels' Home were from various backgrounds. Some came from professional families while others were domestic servants.⁵⁹

The Guardian Angels and Charcroft House accepted mothers who were foreign. Charcroft House claimed that many of its inmates were 'untutored', 'uncultured', 'uneducated', and 'very ignorant'. A large number could not speak English which made it necessary for the Home to hire at least one matron who was 'proficient in German and Yiddish.' A number of the cases accepted by Charcroft House were women who were sent from Eastern Europe to conceal their pregnancy.⁶⁰

Table 5.1 and 5.2 (below) shows the number of women who passed through Charcroft House and whose native tongue was not English. In 1904 ten of the eighteen inmates were foreign-born, but many had lived in England since their childhood. Foreign-born women constituted at least half the proportion of inmates in 1907. By 1910 the admission of the foreign-born had become tighter and was limited to those who had been resident in

57. One article on St Pelagia's claimed that those it took in were 'plain and dull' women who, 'intoxicated by the delusion' that they were loved, had been ruined (*The Tablet*, 13 Dec. 1913, p.933). JAPGW, A/R (1891-92), p.16.

58. JAPGW, A/R (1892-93), p.20.

59. Sister M., interview, notes.

60. *The Catholic Directory* (1915); JAPGW, A/Rs (1897-1898), pp.13,34; (1899), pp.30-31; For examples of Jewish cases see JAPGW, A/Rs (1897-98), p.12 & (1911), p.54.

England for at least one year.⁶¹ This perhaps could be attributed to the restrictive policy of the Aliens Act which refused entry to destitute alien women arriving alone in England in an advanced stage of pregnancy.⁶² The legislation also reduced the overall number of Jewish immigrants arriving in England during this period, a trend which was accentuated in the years of the First World War.

Table 5.1:
Number of Foreign and English Women in Charcroft House 1901-1916

Years	English	%	Foreign ^a	%	Total in Home or admitted ^b
1901	-	-	9	-	-
1904	8	44	10	62	18
1905	8	50	8	50	16
1906	11	73	4	27	15
1907	7	47	8	53	15
1908	9	64	5	36	14
1910	7	53	6	46	13
1912	12	80	3	20	15
1914	13	81	3	19	16
1915	10	71	4	29	14
1916	14	93	1	7	15

% calculated according to total in home

a includes both those who had just arrived and those who had been settled in England for a while.

b each year the figure is taken from either those in the home, or those admitted that year, but does not include both categories.

Source: JAPGW, A/RS, 1901-1916.

The Guardian Angels' Home admitted girls of whatever creed or nationality. A large proportion were Irish because of the absence of similar facilities in Ireland until the 1930s. Many of the Irish women were sent specially from Ireland, through the auspices of the Catholic Rescue Society, to deliver their baby and were returned soon afterwards. Giving birth in

61. International Jewish Conference, Report, p.194. This reflected the policy usually insisted upon by the JBG. Any recipients of relief had to have been resident in England for at least six months.

62. East London Observer (ELO), 8 Dec. 1906, p.8.

England was also a way for Irish women to conceal their pregnancy and prevent the disgrace that might befall them.

Table 5.2:
Number of Women Entering, Leaving and Remaining in the Home 1888-1938

Years	New Inmates	Left the Home	Remained in the Home
1888	15	13	-
1892	13	12	14
1897	11	11	16
1898	12	11	17
1899	-	-	15
1901	18	17	15
1902	11	13	14
1903	15	11	-
1904	12	14	18
1905	16	17	16
1906	13	14	15
1907	13	13	16
1908	14	-	13
1910	13	-	14
1911	15	14	-
1912	15	16	15
1913	16	16	-
1914	16	14	17
1915	14	14	15
1916	26	24	15
1918	19	15	15
1919	13	15	-
1921	-	-	18
1925	12	16	9
1927	17	33	17
1928	-	28	18
1929	-	20	18
1930	-	-	26
1931	11	-	17
1932	12	16	11
1933	18	15	9
1934	15	21	16
1935	25	24	16
1936	21	22	15
1937	18	19	15
1938	24	22	17

These figures are only approximates for the later years because not all the cases are mentioned in the reports. They therefore cannot be taken as a uniform pattern.

Source: JAPGW, A/Rs.

Catholic and the Jewish homes accepted the mothers ahead of their confinements; the Guardian Angels' home three months before delivery.

Neither establishment provided midwifery services. Instead arrangements were made with other hospitals and charities to receive the girls for their confinement. Cases from the Guardian Angels' Home were sent to Queen Charlotte's Hospital or Paddington Hospital. Charcroft House sent cases to Queen Charlotte's Hospital, Royal Free Hospital, Queen Mary's in Stratford and Charing Cross Hospital. Special cases were also received at West London Hospital and the Royal Ophthalmic Hospital.⁶³

These homes aimed to provide a refuge denied to unmarried mothers in the outside world. Organisers of Charcroft House were adamant that it should be seen as a 'Home' in the 'truest meaning of the word', and that those that came under its protection should 'not associate it, as they so often do now, with visions of prison fare, hours of enforced silence, or toil unbroken by recreation.'⁶⁴ Seen as redeemable, unmarried mothers occupied a higher position in the hierarchy of fallen women than those of prostitutes and were treated accordingly. Rescue homes for unwedded women had different approaches to their inmates than penitentiaries for prostitutes which enforced stricter discipline and constraints.⁶⁵

No girl under the age of 16 years could be detained in Charcroft House against her will, but girls were expected to remain at least a year in Charcroft Home and St Pelagia's, otherwise they could be refused entry.⁶⁶ Moral reform required a long period of residence. Not all maternity homes asked their inmates to stay for as long as a year. Before the First World War most London unmarried mothers homes set a maximum six months

63. JAPGW, A/R (1898), p.38. Sister M. interview, notes; Unpublished letter from Sister Sheila Crehan to L. Marks, 31 May 1988, p.1. JAPGW, A/R, (1925).

64. JAPGW, A/R (1888-89), p.12.

65. Higginbotham, 'Respectable Sinners', p.221.

66. JAPGW, A/R (1892-93), p.15.

residence. This included the time the woman spent in the home before she gave birth.⁶⁷ Over time the required length of stay shortened.

Entrance to these homes was seen as a sign of girls' willingness to change. Like other maternity homes during this period, Catholic and Jewish establishments had a religious mission which would morally transform their girls' lives.⁶⁸ Charcroft House aimed to teach their girls

the religion of daily life, the religion that inculcates chastity, truth, and honesty. We trust that the home prayers, supplemented and followed by the services of the synagogue, deepen that faith and awaken those spiritual longings which we firmly believe God has implanted in His Children.⁶⁹

In accordance with Jewish religious traditions, Charcroft House ensured that their girls were given biblical instruction, and attended synagogue or prayers on Friday night and the Sabbath. One letter from a foreign girl expressed the homely religious feeling of the place.

You need not be unhappy with me, dearest Mother for I am in a good home, with good Jewish ladies. Friday night and Shabbos are the same as at home, every Shabbos the lady reads the Bible to us, and we never have anything to eat without prayers before and after.⁷⁰

Jewish festivals such as Chanukkah, Purim and Passover were also observed in the home.⁷¹ Catholic organisations had a comparable religious mission to that of Charcroft House or other maternity homes and gave their inmates

67. Higginbotham, 'The Unmarried Mother and her Child', p.149.

68. Higginbotham, 'The Unmarried Mother and her Child', p.151.

69. JAPGW, A/R (1897-98), p.11.

70. Letter cited in JAPGW, A/R (1899), p.32. The letter was dictated to Miss Bluth, the Matron, because the girl was unable to read or write.

71. JAPGW, A/Rs (1887), 15; (1914), p.66; (1915), p.32.

opportunity to observe mass on a daily basis as well as other Catholic rituals and festivals.⁷²

Like other maternity charities in England, the Catholic and Jewish homes saw themselves as moral agents of reform. Charcroft House complained that many of their girls came 'utterly untrained or with a pronounced dislike for household work.'⁷³ Indeed it stressed, 'it is no easy matter to transform unruly and often incapable girls, rough and untaught, into disciplined, truthful industrious women.' The type of work set for girls accommodated in these institutions endeavoured to eliminate such behaviour. Catholic and Jewish homes, like other maternity homes expected their inmates to undertake certain domestic duties. Ideally the tasks set were aimed at training the girls so that they would be able to enter a 'respectable' profession when they left the home. Girls in Charcroft House were also taught reading and writing.⁷⁴

Given that the Guardian Angels Home primarily cared for women about to give birth, they expected light forms of work from their girls. A special workroom in the home provide facilities for women to do craftwork, embroidery and make layettes. The items produced were sold to support the home. Girls were not expected to perform the heavier domestic chores such as laundry. This form of work awaited those who went to St Pelagia's in Highgate.⁷⁵

Charcroft House and St Pelagia's expected their inmates to do laundry labour. It was one way for them to raise income, but it was unusual for

72. Sister M., interview, notes; *The Tablet*, 13 Dec. 1913, p.933.

73. JAPGW, A/R (1888-89), p.13.

74. JAPGW, A/R, (1901).

75. Sister M., interview, notes; *The Tablet*, 13 Dec. 1913, p.933.

such homes.⁷⁶ Only a third of London's maternity homes for unmarried women in the nineteenth century had laundries which offered washing services to individuals outside the home. Laundries were more common in homes for prostitutes.

Domestic work was an integral part of the moral teaching offered by the home. Not only were the girls in Charcroft House trained to be 'neat in their person and clean and tidy in their work', they were also taught 'to speak the truth and to be obedient' as well as 'active and industrious'. According to Charcroft House such education succeeded in making the girls' 'manners grow softer; their speech less surly; their habits more domestic.'⁷⁷

Not all girls, however, were transformed by such work; Charcroft House argued that some were too weak physically to undertake such labour. Others with 'immature minds' refused to recognise the 'advantages' they would 'reap from their domestic training.' The home claimed that it was 'was not easy to bring home to them a sense of responsibility, or the desire for honourable independence,' which could only be secured through 'honest work.'⁷⁸

The Success Of Jewish and Catholic Homes

Organisers of Charcroft House and the Guardian Angels' Home claimed that those who left their homes had been reformed by their stay.⁷⁹ Such reform often implied spiritual redemption, but in reality the most such homes

76. JAPGW, A/R (1887). *The Tablet*, 13 Dec. 1913, p.933; 18 Aug. 1917.

77. JAPGW, A/Rs (1915) p.32.; (1897-98), p.14.

78. JAPGW, A/R (1905), p.41.

79. Little Company of Mary, *A Short Account of the Foundress of the Little Company of Mary*, with an introduction by Benedict Williamson (Rome, MCMXXVII).

could hope for was to prevent their charges later becoming burdens on the local taxpayers or from walking the streets. Job-training and the provision of childcare were the methods by which such aims could be fulfilled.⁸⁰

Workers at the maternity homes claimed relapses were rare. Higginbotham has pointed out that the tractability of unmarried mothers was not surprising given that they were to some extent 'a captive group. Their pregnancy or responsibility for an infant limited their options and may have made them more dependent on charitable assistance than other fallen women.' In addition to this, unmarried mothers' homes were more flexible in their policies which prevented the 'restlessness and disobedience that was often attributed to fallen women who found themselves in more strictly run homes.'⁸¹

Unlike the Salvation Army which boasted that it had a success rate of 92% among its unmarried mothers and that they rarely misbehaved or were dismissed from the homes, Charcroft House openly reported difficult cases.⁸² Some refused to remain under the conditions set by the home; others were dismissed for bad behaviour. They constituted a small proportion of the total leaving the home (see table 5.3 below). Others returned to their 'evil ways'.⁸³

80. Higginbotham, 'The Unmarried Mother and her Child', pp.136-137.

81. Higginbotham, 'Respectable Sinners', p.221.

82. *ibid.*

83. JAPGW, A/Rs, (1888-1889); (1901), p.59; (1905), p.41; (1915), p.32; 1919.

Table 5.3

Destination of the Unmarried Mothers who Left Charcroft House 1888-1938

Year	Total Girls Who Left	Refused To Stay or Discharged	Domestic Service	Dress-making/Tailoring	Other Work	Relatives or Friends	Married	Emigrated	Hostel/Other Institutions/Lodgings	Hospital Treatment	Not Known
1888	13	-	3	2	-	1	1	2	-	-	-
1892	12	1	3	-	-	3	2	1	-	-	-
1898	11	-	3	-	-	3	1	-	-	-	4
1901	17	6	5	1	-	5	-	-	-	-	-
1902	13	2	6	-	-	4	-	-	-	-	1
1911	14	-	4	-	-	7	-	2	-	-	-
1912	16	-	4	-	-	7	1	-	-	-	-
1913	16	-	7	1	-	7	-	1	-	-	-
1914	14	-	-	4 ^a	-	10	1	-	-	-	-
1915	14	3	7	-	-	4	-	-	-	-	-
1916	24	3	1	-	-	15	-	1	-	3	1
1918	15	2	4	-	-	9 ^a	1	-	-	1	-
1919	15	2	1	-	-	8	-	-	2	-	1
1925	16	-	4	2	-	1	-	-	5	2	-
1927	29	-	5	6	4	13	-	-	1	-	-
1928	12	-	1	-	6	6	-	-	4	-	-
1929	17	-	3	-	1	14	-	-	-	-	-
1931	16	-	-	-	-	14	-	-	2	-	-
1932	15	-	7	-	-	6	1	-	2	-	-
1933	16	-	5	-	-	7	-	-	3	1	-
1934	21	-	4	-	-	11	1	-	4	1	-
1935	24	-	3	-	-	14	1	-	5	1	-
1936	22	-	3	-	-	14	1	-	3	-	-
1937	18	-	5	-	-	9	1	-	3	2	-
1938	22	-	3	-	-	15	1	-	2	-	-
Total	422	19	91	16 ^a	11	204	13	7	36	10	7
a one of these later married and is included in the married column											
Those discharged include those who were dismissed for bad behaviour, were considered 'mentally defective', or unsuitable because they had an infectious disease											
Some of those who emigrated went to parents, but have not been included in the relative column.											
Those who refused to remain, included cases who remained for a short stay before returning to parents or relatives for their confinement											
Other work included box making, waitressing, leather-making, book-keeping, millinery, shop assistant, institutional training.											
Those who went into a hostel went to work daily while leaving their infant in the care of the hostel.											
The total number of girls who left are only approximates as not all the reports specify the exact number, particularly in the years 1916-1937											

Although biassed, those who worked at Charcroft House and in the Guardian Angels argued that the gratitude shown by their inmates reflected the fact that the girls had mended their ways.⁸⁴ One girl wrote to Charcroft House stating that she had found the ladies of Charcroft Home her only source of support at a time when she found herself 'in a strange land and without a

84. JAPGW, A/Rs; Sister M., interview, notes.

friend to care for' her. Following the example set by the home, she hoped to 'lead a good and respectable life'.⁸⁵ Another letter expressed the same sentiments,

I feel, I cannot express to all the ladies who have interested themselves in my welfare. I pray to God to keep me from temptation and to help me to do good to others, as others have done to me. I would rather die than do wrong again; I am writing this with all my heart.⁸⁶

These homes may have prided themselves on preventing mothers and their infants becoming a drain on the rates, but there are other criteria for success which were not always achieved. One was the health and well-being of infants.

Unmarried Mothers' Babies

Before World War I

Legislation and attitudes towards illegitimate infants changed radically between 1870-1939. This opened up the prospect of reducing infant and maternal mortality among unmarried mothers and their infants.

Under the Bastardy Act of 1844 the mother could seek maintenance from the father, but most could not bear the cost this entailed. Affiliation remained a complicated and expensive procedure. An unmarried mother was responsible for collecting and enforcing the affiliation order herself. Those who could not secure an affiliation order could find little assistance elsewhere.⁸⁷

Without such financial assistance unmarried mothers found it difficult to support themselves and their infants. Every penny earned was likely to be

85. JAPGW, A/R (1897-98).

86. JAPGW, A/R (1887), p.13.

87. Higginbotham, 'The Unmarried Mother and her Child', p.28.

spent on rearing the child. Those who took office, shop or mill work could care for their babies in the evenings, but those who went into domestic service were at the mercy of finding an employer sympathetic to their plight. Mothers who kept their infants were reliant on the support of their family or friends. Until 1927 English law made no provision for legal adoption of a child whose mother was still alive.⁸⁸

A more common solution for mothers and maternity homes was to send the baby to a nurse-mother. Maternity homes insisted on the nurses being near the home so that they could supervise the work and enable their mothers to visit their infants regularly. Women chosen by charity homes were usually respectable, poor, older working-class women who were married or widowed. These women often cared for one or two children for weekly sums of 4s. to 6s., but this hardly covered the expenses involved in providing sufficient milk and soft food for the infants.⁸⁹ The majority of these infants were bottle-fed and as a result infant mortality was high. During the nineteenth century parliamentary committees and medical men estimated that between 60% and 90% of the babies farmed out in this way died in their first year of life.⁹⁰

Some maternity homes had their own Baby Home. These could be more fatal for the infant than nurse-mothers. In such homes infants not only faced the dangers of hand-feeding, but by being overcrowded with many other infants and small children, they also risked infection. Two baby homes

88. Higginbotham, 'The Unmarried Mother and her Child' p.163 and idem., 'Respectable Sinners', p.224-225.

89. Higginbotham, 'The Unmarried Mother and her Child', pp.164, 168.

90. Higginbotham, 'Respectable Sinners', p.224, and idem., 'The Unmarried Mother and her Child', p.164. In 1870 it was calculated 80% of the illegitimate children put out to nurse in London died. On average 75% of illegitimate infants died in London during that period (see also 'Report of infant Mortality Committee', pp.142-43.)

reported in the 1860s that between 54% and 64% of the babies in their care had died. Even in later years when the Salvation Army opened its own baby home, it found that 18% of its infants died in the first year of life. This was much lower than another estimate which stated 80% of the illegitimate children put out to nurse in these homes in London died.⁹¹

The infant's survival chances depended on the charity's policies in regard to weaning the child and supervising its care. It was safer for the infant if it was permitted to stay with its mother. While some homes separated the mother and baby early, sending the infant to a nurse and the mother to work, others allowed mothers and infants to remain together for longer.⁹² Nevertheless even in a home like St Pelagia's in Highgate, which did not separate infants from their mothers, infants were found 'frightfully thin' by one visitor in 1913. This was explained by the fact that they were children of women who had 'suffered in mind and body'. The traumas mothers went through during their pregnancy were said to be clearly visible on the infants' physique although they were fed enough in the home.⁹³

All the Catholic and Jewish maternity homes were adamant, as Charcroft House said, 'not to destroy the natural affection of the mother for her child'.⁹⁴ Charcroft House argued,

It is important that the girl-mothers should be led to take a real interest in their children, although alas! they are symbols of their shame; and they should be taught to feel that the best proof of true repentance is an honest and industrious

91. Date unknown, Higginbotham, 'The Unmarried Mother and her Child', p.167. 'Report of the Infant Mortality Committee', p.138. Without accurate statistics these estimates remain impressionistic.

92. Higginbotham 'The Unmarried Mother and her Child', p.166.

93. *The Tablet*, 13 Jan. 1913, p.933.

94. JAPGW, A/R (1891-92), p.17.

life, which, let us hope, will enable them to provide for their little ones.⁹⁵

St Pelagia's allowed mothers and infants to stay together in the home for a maximum of two years. While babies were kept in a nursery during the daytime, mothers could have them by their bedside during the night.⁹⁶

St. Pelagia's however was unusual. Despite their intention to maintain some sort of maternal bond most homes separated mothers from their infants. The Guardian Angels immediately sent the babies away to a house in Abbey Road established at the turn of the century. There seems to have been no question of the mothers keeping their infants in the Home.⁹⁷ In Tottenham there was a St Pelagia's Home for illegitimate children from the years of two to ten.

Initially Charcroft House stated that mothers could not be admitted with their infants. In 1901 it changed its ruling and accepted women with their infants, but stressed that the infants would be boarded out.⁹⁸ One girl arriving in 1905 with 'her baby in her arms' who fought to have her baby maintained in the home was returned to her parents. Charcroft House initially arranged for the infants to be taken into workhouses.⁹⁹ Later it sent its infants to cottage homes or to foster-mothers. The home took trouble to find 'good and trustworthy women' to look after the infants,

95. JAPGW, A/R (1900), p.38.

96. Higginbotham, 'The Unmarried Mother and her Child', p.166. See also *The Tablet*, 13 Dec. 1913, p.933. While St Pelagia's allowed the mothers to retain their infants by them, it was not the same as the mother and baby home called the 'Holy Infancy' established in 1896. Unfortunately the home was forced to close after two years in action and few details remain of its activities (Sister M., interview, notes).

97. *History of Guardian Angels' Home*, p.40.

98. JAPGW, General Committee Report, 2 May 1901.

99. JAPGW, A/R (1905), p.39. JAPGW, Minutes, 10 Nov. 1886; 4 Jan. 1887.

and made sure that such women were supervised constantly. Despite scrupulous attention some infants did die under such care.¹⁰⁰

Mothers were encouraged to visit their infants in such places. This, Charcroft House argued, would ignite and maintain the maternal instinct in the mothers.¹⁰¹ Yet the feeling expected of unmarried mothers towards their infants was not that of a 'caring mother', but rather as a responsibility which would remind them not to fall again. Indeed it was for this reason that many maternity homes opposed adoption.¹⁰²

Much of the bond between the unmarried mother and her infant encouraged by the rescue workers was an economic one. Part of the reasoning behind the policy at Charcroft House was that infants were too much of a financial burden on its budget.¹⁰³ Its reports in the 1890s continually stress the difficulties in supporting such infants. Those mothers who left Charcroft House were expected to maintain their infants. Charcroft Home was prepared to help those in domestic service, but after one month's maintenance for the infant girls were expected to support their child entirely from their earnings.¹⁰⁴ St Pelagia's Home in Tottenham charged mothers for their children.

While the homes provided baby clothes and financial aid for medical expenses and in emergencies, most expected unmarried mothers to pay for

100. JAPGW, A/Rs, (1887), p.16; (1896-97), p.26; (1906), p.38; & (1912). Precise rates of mortality of the infants boarded out by Charcroft House are unobtainable.

101. JAPGW, A/Rs, (1889-90), p.15; (1906), p.39. In later years the infants were brought to the Home (A/R, [1912], p.60).

102. Higginbotham, 'The Unmarried Mother and her Child', p.69.

103. See for instance JAPGW, A/R (1889-90). In 1892 the maintenance of infants cost the home £64 and in 1897 £84 (A/Rs, [1892-93]; [1897-98]).

104. JAPGW, A/R (1906), p.38. JAPGW, Council Minutes, 1901-1912, p.140.

the upkeep of their babies and children. This could be a heavy burden on the unmarried mother struggling to make ends meet.¹⁰⁵ In 1911 the JAPGW recognised unmarried mothers struggled to support their infants. Single mothers were unable to claim any of the benefits instituted by the Insurance Act of 1911, which made their reliance on the financial aid of Charcroft House that much greater.¹⁰⁶ Accordingly the JAPGW Council decided to provide help from the Goldsmith Trust Fund. Girls were to be given not more than 2/- a week. Only £30 a year was allotted to such cases. In the years that followed reports noted that the home had paid for infants of those girls who could not provide for the full costs of their infants.¹⁰⁷

After World War I:

Provision for infants of unmarried mothers changed after 1914. During the war a heightened sense of urgency had resulted in a great increase in the number of illegitimate births.¹⁰⁸ Taboos concerning extra-marital sex remained in the 1920s and 1930s, but certain attitudes began to be liberalised and the unmarried mother and her infant were no longer so stigmatised as before.

New initiatives taken in the field were aided by the Maternity and Child Welfare Act of 1918, which for the first time established state support

105. Higginbotham, 'The Unmarried Mother and her Child', p.168.

106. JAPGW, A/R (1912), pp.17-18.

107. JAPGW, Council Minutes, 1901-1912, 22 Nov.1911, p.140. JAPGW, A/Rs, (1912) & (1914).

108. In 1915 fears were expressed about the moral welfare of thousands of Irish girls who were coming to England with no guidance or protection (*The Tablet*, 4 Nov. 1915, p.606). The war had also induced many other Catholic girls to leave their homes, which in 1917 the Catholic Women's League reported as having had 'disastrous results'. A rescue home was set up by the League to try to save these girls. (*The Tablet*, 16 June 1917, pp.764-765.)

for the unmarried mother and her child. Under the Act unmarried mothers could claim national insurance and maternity benefit. Together with other mothers they were also able to obtain ante-natal and obstetric care, as well as food supplements from local councils. Increasing numbers of mother and baby homes were also provided under the auspices of the local council.¹⁰⁹ Voluntary services were centralised through the establishment of the National Council for the Unmarried Mother and her Child in 1918. The organisation acted as a clearing house for voluntary agencies and worked for the reform of laws relating to illegitimacy. Voluntary maternity and baby homes also received grants from local authorities.¹¹⁰

Prior to the war most of the services available to unmarried mothers and their infants concentrated on the mother and not the welfare of the infant. Post-war social policy shifted its emphasis and the illegitimate child now became the centre of attention. Higginbotham has argued that the 'twentieth century concern with child welfare and the fitness of the population had prompted a new approach to the needs of the unmarried mother and her child, one that emphasised the health of children and mothers.'¹¹¹

Changes in policy reflected the increasing difficulties mothers and maternity homes faced in hiring someone to care for the infants. New employment patterns affected the system of nursing out illegitimate infants. Those who previously undertook such work found more remunerative

109. G.F. McCleary, *The Maternity and Child Welfare Movement* (London, 1935), pp.78-80; Higginbotham, 'The Unmarried Mother and her Child', p.292.

110. Many of the attitudes of the National Council for the Unmarried Mother and her Child reflected those of pre-war charity workers. It opposed adoption and instead advocated the reform of affiliation laws to force more putative fathers to accept responsibility for illegitimate children. (Higginbotham, 'The Unmarried Mother and her Child', p.291.)

111. Higginbotham, 'The Unmarried Mother and her Child', p.295.

employment. Nursing illegitimate infants therefore became much more expensive. In 1917 Charcroft House claimed, 'the enhanced cost of food and clothing makes it often impossible for a girl to pay a foster-mother sufficiently for the care of her child while she is at work'. Infants boarded with nurse-mothers could cost between 10 and 15s. a week by the mid-1920s.¹¹²

Although most infants who left Charcroft House went to foster mothers in the years 1927 to 1938 (see table 5.4 below), those who ran the home, in common with others, found it difficult to secure reliable foster mothers. This caused particular problems for Catholic and Jewish communities who found it difficult to hire foster mothers of their denomination.¹¹³ Charcroft House argued that it took

a task of superhuman ingenuity to find suitable foster-mothers who are willing and able to look after children. There are many cases where a girl on leaving the infirmary with her ten days old baby, has to put it with a foster-mother for a few days or weeks, and then for some reason or other a change has to be made and the mite frequently changes hands half a dozen times in as many months. These constant changes have proved extremely harmful to the health of the children.¹¹⁴

The absence of Jewish foster-mothers forced Charcroft House to send the infants to non-Jewish foster mothers, 'with the result that problems arose as to the child's religious upbringing'. In some instances foster mothers refused to let a Jewish minister or teacher help the child.¹¹⁵

112. JAPGW, A/R (1917), p.10; 1930. Higginbotham, 'The Unmarried Mother and her Child', pp.290-291.

113. JAPGW, A/R (1920), p.12; see also *The Tablet*, 24 Jan. 1925, p.117.

114. JAPGW, A/R (1927), p.45.

115. JAPGW, General Purposes Committee, Minutes, 1928-1932, 29 May 1929, p.36.

Table 5.4
Destination of the Infants on Leaving Charcroft House or its Hostel 1927-1938

Year	With Mother	Foster Mother	With Mother at Relatives	With Mother in Hospital	With Mother in Lodgings	Highbury House	Other Institution	Died
1927	-	8	2	1	-	2	-	-
1928	-	6	-	-	1	-	-	-
1929	-	8	4	-	2	-	1	-
1931	1	6	-	-	1	1	-	2
1932	3	8	2	-	-	-	-	-
1933	-	7	-	-	-	-	1	-
1934	4	6	-	-	-	1	-	-
1935	6	3	-	1	-	2	-	-
1937	4	5	-	-	-	4	-	-
1938	4	7	2	1	-	1	-	-
Not all the cases are given in the reports, so caution should be made in assessing the destination of the babies.								

Source: JAPGW, A/RS, 1927-1938

Part of the problem was solved by placing children in foster-homes. Linked with the Catholic Crusade of Rescue, the Guardian Angels' Home often placed their infants in homes run by the Sisters of Nazareth in Highgate or the Sisters of the Sacred Heart of Jesus.¹¹⁶ Catholic children were also sent to the St Pelagia's Babies Home in Tottenham or to the Catholic Home in Rusington, East Sussex, which was the only Catholic home to accept infants who were only a few days or weeks old.¹¹⁷ Highbury House for friendless Jewish children catered for illegitimate Jewish babies, but its accommodation for such cases was severely limited. By 1925 another Jewish foster home was urgently needed, but did not materialise.¹¹⁸

Although adoption became an option after 1927, those who ran Charcroft House, despite their continuing difficulties in placing infants, persisted in discouraging their mothers from this solution. Their objection was that

116. Unpublished letter from Sister Sheila Crehan to L.Marks, 31 May 1988, p.1.

117. Patronised by Lady Maud Barrett the home was established in 1913. By 1913 the home had 40 infants. *The Tablet*, 17 Feb. 1912, p.252; 29 Jan. 1913, pp.864-865.

118. Highbury House did not accept boys after the age of five years old. (JAPGW, A/R [1931].)

it would separate the mother from her infant. The Guardian Angels' Home used adoption in later years.¹¹⁹

All these factors forced unmarried mothers and those that cared for them to find new strategies. Increasingly, maternity homes provided accommodation for the infants within the home itself, which was pursued by Charcroft House from 1918. Charcroft House reported that the new system encouraged the 'motherly instincts and affections of the youthful unmarried parent', and that the signs of love the girls showed for their children were 'touching.'¹²⁰

Charitable maternity homes also began to provide hostels. In 1919 Charcroft House set up a hostel for its mothers and infants. A similar Catholic hostel, originally established as a refuge by the Catholic Women's League in 1917, was opened in Westminster in 1919. The institution sheltered first cases. Local Government Board grants funded such hostels, made possible by the Maternity and Child Welfare Act.¹²¹ Each hostel had a nursery for mothers to leave their infants during the day while they went out to work. Women had to pay for their own and their baby's maintenance out of their wages.¹²²

119. JAPGW, A/R (1930). When adoption started at the Guardian Angels' Home is unknown. Sister M., interview, notes; *History of Guardian Angels' Home*, p.40.

120. JAPGW, A/R (1919), p.12. Further detail on the implementation of the policy can be found in the JAPGW, Council Minutes, 1917-1933, 17 Dec. 1918, pp.7,13-14.

121. JAPGW, A/R (1919), p.12.

122. *The Tablet*, 7 June 1919, p.716; JAPGW, A/R (1920). The mothers were allowed to retain a weekly sum of pocket money to put away as their savings.

Maternity Homes Policy Towards Unmarried Mothers After 1914

Coinciding with the change in the policy on infants was a general loosening of attitudes towards unmarried mothers. Increasing options available to unmarried mothers made maternity homes realise they could no longer restrain their inmates as they had before. Many of the charities connected with Christian missions which continued the traditional maternity home where unmarried mothers were kept for a specified period and then sent into domestic service declined by the 1920s. Not only were they unpopular, but they were also expensive to run.¹²³

Catholic and Jewish homes adapted to the changing circumstances. While inmates were still trained in housework, the homes showed more flexibility. Girls at Charcroft House now received visitors once a month rather than every three months and they gained additional small payments. Laundry work was also abandoned in the 1920s, but girls were given lessons in domestic work and baby care.¹²⁴

St Pelagia's Home in Highgate continued to employ its inmates in laundry work, but more lenient policies were developing in the Catholic community for unmarried mothers. In 1922 a second home, St Joseph's, was established for Catholic unmarried mothers and their infants in Clapham, South London. Those who seemed unable to cope with the laundry work set by St Pelagia's could be sent there and given more suitable work.¹²⁵

Residence requirements also shortened. St Joseph's only required its inmates to stay six months, unlike St Pelagia's which imposed one year on those who entered. In 1929 Charcroft House no longer required its inmates

123. Higginbotham, 'The Unmarried Mother and her Child', p.292.

124. All mothers were also taught babycare and encouraged to breastfeed their babies within the home. JAPGW, Council Minutes, 1917-1933, 10 June 1920.

125. *The Tablet*, 29 Oct. 1921, p.570 and 25 Feb. 1922.

to remain a full year, and those who showed they had particular circumstances could ask to stay for only six months.¹²⁶ Fewer cases were applying to the Home, which organisers of the home explained was in part a result of the growing knowledge of birth control.¹²⁷

More important, however, was the increasing willingness on the part of grandparents to take responsibility for the baby in exchange for the wages brought in by their daughters. Girls themselves were reluctant to stay in the home for a year after the birth of the baby because they were anxious to return to their families who were dependent on their income. London County Council hospitals also no longer had the same stigma as the Poor Law infirmaries which gave unmarried mothers more attractive alternatives to those offered by the maternity home.¹²⁸

Despite a growing liberal attitude, concern for the moral welfare of unmarried mothers continued. Charcroft House feared they would be unable to learn their moral responsibilities during a short period of residence. In 1939 the home increased its residence requirement to nine months because, it was argued, girls were unable to settle down properly and benefit from the order of the home in the shorter period.¹²⁹

Charcroft house also extended its facilities for the after-care of unmarried mothers. Before the first World War the Home had kept a watchful eye on those who had left, but it established a special Guardians'

126. *The Tablet*, 25 Feb. 1922, p.256. JAPGW, General Purposes Committee, Minutes, 1928-1932, 29 May 1929, p.35. Not all agreed with birth control.

127. Indeed disapproval was voiced over the display and advertisement of birth control which was said to encourage promiscuity. (JAPGW, General Purposes Committee, Minutes, 1928-1932, 29 Oct. 1929, p.45.)

128. JAPGW, A/Rs (1933), p.61 & (1935), p.70.

129. JAPGW, General Purposes Committee, Minutes, 29 May 1929, p.35; JAPGW, A/Rs (1936), p.70 & (1939).

committee in the 1920s. Each member of the committee kept an eye on certain girls.¹³⁰ In addition to this unmarried mothers also had access to a club open daily between 3.30 and 9.30pm at the hostel. It was open to all former inmates. There they could meet other women in the same situation as themselves, as well as read, play games and have light refreshments. A worker was always available for advice and could help mothers obtain the proper attention for their eyes and teeth.¹³¹

Mothers were also taught the art of thrift and economy. Many of the mothers had a very tight budget on which to operate. After paying all the expenses for a foster-mother and board and lodging, some of the mothers were left with between 1s. 6d. and 2s. 6d.. This not enough for them to be able to clothe themselves and their babies, and left them with nothing to spend on leisure or amusement. Without some sort of financial support from the home they found it difficult to cope. A small number could claim unemployment benefit, but many failed to keep their health and unemployment cards stamped up to date to make such a claim.¹³²

Conclusion

While this chapter has been unable to establish whether Irish Catholic and Jewish communities had higher than average rates of illegitimate births and illegitimate infant mortality, it has shown that the unmarried mother had a very different experience of childbirth and motherhood from other Jewish and Irish mothers. Until the early twentieth century facilities open to most mothers in the East End were barred to those who had fallen pregnant out of wedlock. This severely limited the opportunities available

130. JAPGW, A/R (1925), p.53.

131. JAPGW, A/Rs (1927) & (1930).

132. JAPGW, A/Rs (1930), p.38 & (1931), p.46. The report for 1931 admonished the girls for failing to keep their cards in order.

for unmarried mothers and made them more dependent on charitable provision. Given that much of the charitable provision was made by bodies with religious affiliations, like their married counterparts in voluntary hospitals patronised by the Church of England or Poor Law institutions, unmarried Irish and Jewish mothers would have felt alienated in such environments. Provision by the Jewish and Catholic communities for their fallen sisters was therefore a vital form of support.

CHAPTER 6

IRISH AND JEWISH IMMIGRANT WOMEN'S EXPERIENCE OF CHILDBIRTH IN LOCAL EAST LONDON HOSPITALS

Introduction

In addition to the alternative schemes set up by the established Catholic and Jewish communities, Irish and Jewish mothers had particularly good access to maternity care from host institutions. Despite, or possibly because of, its poor social and economic situation, East London was characterised by a high level of maternity care provided on a charitable basis from early on. Such services were vital to mothers facing the continual strain of bearing infants on a low income. The abundant maternity facilities in the area could do little to prevent the economic and social hardships many mothers suffered, but they nonetheless appear to have had an important influence on the rate of maternal mortality. As mentioned in chapter 2 maternal mortality was much lower in East London than the rest of London or England and Wales (see figure 2.10, p. 61).

Chapters seven and eight examine resources provided by poor law institutions, as well as charitable agencies such as district nursing associations and later municipal centres. The focus of this chapter is on hospital provision which was especially good because of the numerous voluntary teaching hospitals in the area. Much of the care these hospitals bestowed was shaped by wider developments in maternity services as a whole. Like the Catholic and Jewish institutions examined in chapter 4, measures taken by these hospitals reflected concerns of the wider community such as the persisting high infant and maternal mortality.

Before the Second World War a large majority of deliveries were home deliveries. However, from the 1880s hospitals in East London played an

increasingly important role in delivering mothers in their home and were the leading examples of maternity care in the area. By the 1920s East London showed an unusually high rate of hospital births.

The hospitals were unusual both in terms of the types of help they provided and in their attitude towards the communities they served. What access did Irish and Jewish mothers have to hospital provision and how did their experience differ from that of other patients? Did hospital administrators and staff respond to the specific cultural and religious needs of their Irish and Jewish patients? How did the services offered by the teaching hospitals compare with Catholic and Jewish institutions and other facilities in the area and how were they perceived by the patients they served?

The specific experience Irish and Jewish immigrants had with these services is hard to gauge from the primary material because they are not listed as separate categories in the information concerning maternal mortality or number of patients.¹ Hospital registers reveal that people with Irish and Jewish sounding surnames used the hospitals, but it is difficult to know whether these names are those of immigrants or whether they are of people already well settled in East London. Their experiences can only be inferred from the general material available.

1. This research is easierⁱⁿ New York and Chicago where hospital records tend to list the nationality of each patient and sometimes that of their husbands alongside descriptions of their living circumstances. See for instance registers from New York Lying-In Hospital or Chicago Lying-in Hospital. (New York Hospital Archives, New York City and North-Western Memorial Hospital Archives, Chicago).

Table 6.1:
Number Of Midwives, Maternity And Monthly Nurses And Medical Students Trained At
East London Hospitals 1885-1940

	CLMH			EEMH		LH	SAMH
Year	Midwives trained	Monthly nurses trained	Medical students trained	Midwives trained	Maternity nurses trained	Midwives trained	Midwives trained
1885	14	94	-	-	-	-	-
1886	16	91	-	-	-	-	-
1887	24	110	-	-	-	-	-
1888	19	116	-	-	-	-	-
1889	24	117	-	-	-	-	-
1890	27	109	-	2	2	-	-
1891	22	102	-	-	5	-	-
1892	30	129	-	3	5	-	-
1893	33	122	-	9	9	-	-
1894	36	150	-	16	9	-	-
1895	41	160	-	14	18	-	-
1896	43	158	-	14	14	-	-
1897	44	140	-	16	16	-	-
1898	47	161	-	19	22	-	-
1899	48	159	-	17	22	-	-
1900	-	-	-	15	33	-	-
1901	48	144	-	11	22	-	-
1902	-	-	-	20	28	-	-
1903	47	127	-	25	29	-	-
1904	54	132	-	27	26	-	-
1905	44	130	-	31	14	-	-
1906	48	107	-	39	17	-	-
1907	42	113	-	38	16	-	-
1908	46	99	-	52	7	-	-
1909	61	101	-	49	17	-	-
1910	78	86	-	51	23	-	-
1911	63	81	-	53	27	-	-
1912	-	-	-	61	17	-	-
1913	67	55	17	60	19	-	12
1914	75	54	25	58	13	-	55
1915	71	50	27	61	21	40	66
1916	-	-	-	43	17	-	47
1917	-	-	-	40	6	-	23
1918	62	12	36	45	8	-	23
1919	88	6	48	59	5	-	48
1920	88	5	57	59	5	-	63
1921	72	8	55	58	5	-	112
1922	83	11	56	59	1	-	109
1923	71	8	60	61	1	-	79
1924	67	6	52	58	7	-	80
1925	41	9	50	53	11	41	77
1926	67	6	44	50	7	-	59
1927	42	1	36	30	14	-	54
1928	40	6	35	30	19	-	70
1929	40	3	19	42	11	-	46

Table 6.1: Continued

	CLMH			EEMH		LH	SAMH
Year	Midwives trained	Monthly nurses trained	Medical students trained	Midwives trained	Maternity nurses trained	Midwives trained	Midwives trained
1930	40	1	47	43	12	-	35
1931			43	40	11	-	33
1932	49	-	-	49	21	-	24
1933	49		30	44	12	-	27
1934	47		26	50	9	-	37
1935	43		37	45	6	23	33
1936	48		41	47	-	-	35
1937	54		32	51	-	-	50
1938	51	-	-	51	-	-	34
1939	-	-	-	-	-	-	38
1940	-	-	-	-	-	-	36
Between 1905 and 1925 811 midwives gained their CMB certificate at London Hospital							

Source: A/Rs from CLMH, EEMH, London Hospital (LH) and SAMH, (188-1940).

Table 6.2:
Number of Inpatients and Outpatients in East London Hospitals 1870-1939

	CLMH		SAMH		EEMH		LH	
Year	Total Inpatients	Total Outpatients	Total Inpatients	Total Outpatients	Total Inpatients	Total Outpatients	Total Inpatients	Total Out- patients
1870	327	-	-	-	-	-	-	-
1871	460	-	-	-	-	-	-	883
1872	421	143	-	-	-	-	-	755
1873	403	390	-	-	-	-	-	586
1874	425	485	-	-	-	-	-	674
1875	400	611	-	-	-	-	-	620
1876	408	625	-	-	-	-	-	666
1877	406	820	-	-	-	-	-	803
1878	closed	1,018	-	-	-	-	-	878
1879	287	1,121	-	-	-	-	-	1,091
1880	383	1,050	-	-	-	-	-	1,332
1881	415	1,229	-	-	-	-	-	1,559
1882	160	1,336	-	-	-	-	-	1,888
1883	261	1,239	-	-	-	-	-	2,215
1884	274	1,254	-	-	-	-	-	2,271
1885	259	1,118	-	-	-	-	-	2,745
1886	283	1,249	-	-	-	-	-	2,617
1887	356	1,204	-	-	-	-	-	2,490
1888	410	1,425	-	-	-	-	-	2,175
1889	422	1,499	-	-	-	-	-	2,022
1890	423	1,331	-	-	150	-	-	2,218
1891	455	1,554	-	-	143	-	-	2,127
1892	487	1,536	-	-	224	233	-	2,048
1893	430	1,767	-	-	194	257	-	-
1894	492	1,697	-	-	218	284	-	2,177
1895	490	1,585	-	-	230	259	-	2,206
1896	493	1,681	-	-	233	274	-	1,914
1897	521	1,668	-	-	237	241	-	2,161
1898	565	1,623	-	-	255	293	-	2,052
1899	585	1,559	-	-	264	255	-	2,114

Table 6.2: Continued

	CLMH		SAMH		EEMH		LH	
Year	Total Inpatients	Total Outpatients	Total Inpatients	Total Outpatients	Total Inpatients	Total Outpatients	Total Inpatients	Total Outpatients
1900	599	1,753	150	253	248	286	-	2,414
1901	650	2,051	-	-	198	329	-	-
1902	524	2,242	-	-	313	367	-	3,013
1903	608	2,294	-	-	344	422	-	3,646
1904	601	2,533	-	-	377	453	-	3,695
1905	611	2,605	-	-	382	510	-	3,944
1906	639	2,786	-	-	430	458	-	5,028
1907	676	2,772	-	-	433	541	-	5,383
1908	802	2,756	-	-	498	708	-	4,197
1909	863	2,840	-	-	573	854	-	5,163
1910	842	2,742	-	-	558	1,039	-	4,707
1911	987	2,529	-	-	528	1,021	-	4,590
1912	985	2,374	-	-	621	920	-	4,631
1913	845	982	-	-	445	1,055	-	3,917
1914	1,055	849	463	1,964	553	922	-	4,202
1915	1,011	658	450	1,331	549	1,166	-	3,250
1916	1,090	539	625	1,417	679	1,091	-	3,144
1917	1,307	355	829	1,034	643	919	-	2,402
1918	1,268	290	969	915	757	761	-	-
1919	1,403	428	1,084	1,277	801	1,080	-	2,817
1920	1,847	539	1,002	1,652	988	1,481	-	-
1921	1,730	500	1,011	1,340	1,024	1,321	-	2,495
1922	1,703	420	1,129	1,493	1,024	1,340	252	2,731
1923	1,696	306	1,104	1,424	1,020	1,262	314	2,957
1924	1,670	282	1,138	1,346	999	1,119	344	2,688
1925	1,657	270	1,300	1,270	1,087	1,092	347	2,355
1926	1,578	252	1,420	1,050	1,219	893	387	2,360
1927	1,571	211	1,483	1,024	1,241	820	569	2,319
1928	1,587	210	1,605	1,074	1,276	788	605	2,147
1929	1,616	251	1,607	988	1,310	610	692	-
1930	1,552	275	1,549	927	1,450	616	677	1,976
1931	1,673	260	1,447	881	1,437	528	-	751
1932	1,581	267	1,583	887	1,466	472	-	678
1933	1,512	246	1,602	740	1,403	369	-	612
1934	1,572	210	1,618	731	1,574	377	-	521
1935	1,587	283	1,534	676	1,590	328	1,373	485
1936	1,612	261	1,596	685	1,494	306	2,295	467
1937	1,704	256	1,595	750	1,492	263	2,104	476
1938	1,658	299	1,756	1,099	1,572	280	2,175	384
1939	1,531	256	1,509	1,134	-	-	-	-
Total	61,704	76,049	33,158	29,362	36,744	31,233	12,134	143,822

Source: A/Rs from the CLMH, SAMH, EEMH, and London Hospital (LH), (1870-1939)

Table 6.3 :
Residences of the Outpatients Attended at the CLMH 1876-1918

Year	Bethnal Green	City	Clerkenwell	Hackney	Holborn	Islington & Holloway	St.Lukes	Shoreditch & Hoxton	Spital- fields	White- chapel	Total
1876	80	12	70	-	-	122	185	146	4	6	625
1877	105	13	117	-	1	149	233	195	4	3	820
1878	138	12	149	-	3	176	269	257	6	8	1,018
1879	135	8	187	-	10	219	271	277	8	6	1,121
1880	137	6	160	1	3	211	232	288	5	7	1,050
1881	218	6	208	8	2	240	230	305	9	3	1,229
1882	259	5	198	12	7	257	237	338	13	10	1,336
1883	192	3	188	9	3	254	212	357	14	7	1,239
1884	201	5	207	10	0	270	217	319	9	16	1,254
1885	167	3	193	17	1	253	209	267	5	3	1,118
1886	164	2	189	22	0	333	210	324	1	4	1,249
1887	157	4	174	14	-	369	179	293	3	11	1,204
1888	152	3	173	47	-	484	210	279	1	5	*1,425
1889	166	4	161	29	-	487	249	390	5	8	1,499
1890	139	17	152	20	-	468	203	325	2	5	1,331
1891	176	8	135	37	-	561	218	409	6	4	1,554
1892	167	15	141	29	-	496	179	499	7	3	1,536
1893	173	14	164	34	-	583	263	521	11	4	1,767
1894	158	21	132	24	-	564	265	519	9	5	1,697
1895	173	9	128	19	-	500	258	490	6	2	1,585
1896	266	13	94	31	-	522	236	511	6	2	1,681
1897	266	9	88	26	13	509	239	511	5	2	1,668
1898	295	4	79	37	16	514	189	478	5	6	1,623
1899	312	5	108	41	19	450	181	437	3	3	1,559
1900	405	2	96	47	64	434	195	498	5	7	1,753
1901	387	6	128	62	119	537	188	611	2	1	**2,051
1902	442	11	108	69	193	645	203	562	4	5	2,242
1903	441	11	95	66	206	678	235	559	2	1	2,294
1904	477	5	118	83	274	713	189	668	3	3	2,533
1905	428	4	87	85	297	744	188	753	9	10	2,605
1906	411	3	102	101	301	824	239	783	10	12	2,786
1907	387	5	71	97	338	864	203	787	4	6	2,772
1908	413	7	94	117	367	842	176	722	6	12	2,756
1909	371	2	60	182	457	851	184	729	1	3	2,840
1910	365	1	38	134	376	863	128	829	4	4	2,742
1911	345	3	47	116	337	806	153	718	3	1	2,529
1915	1	2	8	2	17	71	125	432	-	-	658
1918	2	20	4	20	1	39	40	164	-	-	290

* 100 cases not accounted for ** 10 cases not accounted for

Source: CLMH, A/Rs, (1876-1918)

Voluntary Hospital Maternity Services in East London

Voluntary hospitals which provided maternity care on a charitable basis in the area included the London Hospital often known as 'The London',² the City of London Maternity Hospital (CLMH), the East End Maternity Home (EEMH) and the Salvation Army Mothers' Home (SAMH). All these hospitals had training programmes for teaching midwives. Table 6.1 (above) shows the numbers trained in each institution in the years 1885-1940 and table 6.2 (above) reveals the numbers of patients treated by each hospital.

Established in 1750, the CLMH was initially a lying-in institution which, from 1872, also provided a domiciliary or 'district' midwifery service. Based in Aldersgate Street, it served a very large district, predominantly the more central areas of the city, but also received a great number of patients from further East (see table 6.3 above). Initially the hospital's outdoor midwifery service only covered the area within a mile of the hospital, but it grew quickly and by 1880 the district midwives were attending over a thousand patients a year, three times more than the total number of inpatients. Until the late 1880s the CLMH's outpatients department was one of the largest in London. The hospital, however, deliberately reduced its outdoor department when maternity benefit was introduced in 1913, because, it argued, many women would no longer need its charitable midwifery services.³

London Hospital, founded originally as a general voluntary hospital and teaching hospital in the mid-eighteenth century, took maternity patients in order to train their medical students from 1853 with the introduction

2. More detailed information on the maternity services provided by London Hospital can be found in Lara Marks 'Hospital and Community: London Hospital and its Place in the Provision of Maternity Health Care in East London 1870-1939', in Valerie Fildes (ed.), *Women and Children First. International Maternal and Infant Welfare 1800-1950* (Wellcome, forthcoming).

3. CLMH, A/R (1913).

of the 'Green Charity'. This was a district midwifery service run by medical students who delivered patients in their own homes. Such provision for maternity patients was unusual for general hospitals during this period.⁴ In 1885 a 'White Charity' was also set up which provided maternity care through the hospital's midwifery students. Table 6.4 (below) gives an idea of the proportion of outpatients attended by maternity assistants who were probably medical students, and by midwives. By the late 1880s the maternity department of London Hospital was one of the largest outdoor departments in the area. Initially the hospital only accepted patients within a one mile radius of Whitechapel Road, where the hospital was based, but later patients were taken from further afield. Although the service was predominantly domiciliary, by the early twentieth century maternity wards, such as the Marie Celeste ward, catered for inpatients.

Established in 1884, the EEMH initially aimed to provide charitable institutional care for an average of 6 patients at a time, but extended to provide district midwifery care in 1891.⁵ Its out-door service was soon much larger than its inpatient one. The hospital was not only a place of treatment but also provided midwifery training. Located further East and South than The London, it served an area closer to the docks.

4. F.B Smith, *The People's Health 1830-1914* (London, 1979), pp.29-30; J.H. Woodward, *To Do The Sick No Harm: A Study of the British Voluntary Hospital System to 1875* (London, 1974), p.45.

5. M.S. Sumner, 'Hospital Visits' in A.A. Leith, (ed.), *Every Girls Annual*, Extra Supplement, 1887; *East London Observer (ELO)*, 30 May 1908. The Hospital was formerly known as the Mother's Lying-in Hospital until 1912 when it changed its name to the East End Maternity Hospital.

Table 6.4:
Number Of Outpatients Attended by Maternity Assistants and Midwives at London Hospital 1871-1938

Year	Maternity assistant cases	Midwife cases	Total cases	Year	Maternity assistant cases	Midwife cases	Total cases
1871	883	-	883	1905	3,944	-	3,944
1872	755	-	755	1906	3,488	1,540	5,028
1873	586	-	586	1907	3,379	2,004	5,383
1874	674	-	674	1908	2,543	1,654	4,197
1875	620	-	620	1909	3,334	1,829	5,163
1876	666	-	666	1910	2,823	1,884	4,707
1877	803	-	803	1911	2,624	1,966	4,590
1878	878	-	878	1912	2,673	1,958	4,631
1879	1,091	-	1,091	1913	2,033	1,884	3,917
1880	1,332	-	1,332	1914	2,093	2,109	4,202
1881	1,559	-	1,559	1915	1,215	2,035	3,250
1882	1,888	-	1,888	1916	1,495	1,649	3,144
1883	2,215	-	2,215	1917	682	1,720	2,402
1884	2,271	-	2,271	1919	1,263	1,554	2,817
1885	2,745	-	2,745	1921	1,206	1,289	2,495
1886	2,617	-	2,617	1922	1,388	1,343	2,731
1887	2,490	-	2,490	1923	1,393	1,564	2,957
1888	2,175	-	2,175	1924	1,180	1,508	2,688
1889	2,022	-	2,022	1925	1,158	1,197	2,355
1890	2,218	-	2,218	1926	1,221	1,139	2,360
1891	2,127	-	2,127	1927	1,230	1,089	2,319
1892	2,048	-	2,048	1928	1,280	867	2,147
1894	2,177	-	2,177	1930	1,265	711	1,976
1895	2,206	-	2,206	1931	440	311	751
1896	1,914	-	1,914	1932	393	285	678
1897	2,161	-	2,161	1933	360	252	612
1898	2,052	-	2,052	1934	316	205	521
1899	2,114	-	2,114	1935	267	218	485
1900	2,414	-	2,414	1936	240	227	467
1902	3,013	-	3,013	1937	248	228	476
1903	3,646	-	3,646	1938	158	226	384
1904	3,695	-	3,695				

Maternity assistants probably referred to cases undertaken by medical students.

The midwife cases refer to those cases undertaken by trained midwives or midwife pupils supervised by trained midwives.

Source: London Hospital, *A/Rs* (1871-1904)

The SAMH was unusual in that it grew out of an institution which primarily catered for unmarried mothers. The Salvation Army's rescue work, begun in the 1880s, had shown the desperate need for a maternity home for single mothers. Its first home, founded in Chelsea in 1886, was at that time one of the few alternatives to the workhouse for unmarried mothers.⁶ Five

6. Founded in 1752, Queen Charlotte's hospital was the first lying-in institution to assist not only poor married women but also 'deserving' single women as well. In 1865 more provision was made for unmarried mothers through the establishment of the General Lying-in Hospital. These hospitals helped about 550 cases a year. (Ann R. Higginbotham, 'The

years later a nurses' training school was launched by the Army at Ivy House, Hackney, which in 1894 became a maternity home for single women. By the late 1890s its maternity services extended into a district midwifery service for married mothers, and in 1913 the Mothers' Hospital (SAMH) appeared.⁷ Based in Clapton, the Hospital initially restricted its patients to women from that area and Bethnal Green, but as its district outposts opened so its catchment spread further east.

Located in different parts of East London, these hospitals provided an extensive network of maternity care. Records from the CLMH and the EEMH are particularly interesting because they show the occupation of each woman's husband. Based on the outskirts of the East End and nearer to the city, the CLMH had relatively more prosperous patients. The majority of their husbands were involved in artisan work or semi-skilled labour, although there were also some whose occupation was more casual and subject to the fluctuations of the seasons.⁸ Casual jobs, however, were more common among husbands of the women confined in the EEMH who were primarily employed as dock labourers near the hospital. The London had more varied patients than those of the EEMH, including those whose background was rooted in dock work, textiles and furniture making. Established in Clapton, the SAMH had a slightly wealthier constituency. Such differences, however, were too small to make a great impact, and as the hospitals aimed

Unmarried Mother and her Child in Victorian London 1834-1914', Ph.D. thesis [Indiana Univ., 1985], p.92.)

7. J. Fairbanks, *Booths Boots: Social Service Beginnings in the Salvation Army* (London, 1983); 'The Mother's Hospital', *The City and Hackney Health Authority Newsletter*, Issue 12, May 1986, p.1.

8. CLMH, Outpatients Register and District Case Books, and EEMH Outpatients and Inpatient Registers 1875, 1885, 1895, 1905, 1915, 1925, 1935.

at providing care for poor women, most of their patients came from similar backgrounds of poverty.

The hospitals however, showed some perceptible differences in the types of immigrants they accommodated. Of all four hospitals, inpatient registers from the EEMH showed far more women coming in with surnames common in Ireland. This was partly because the hospital was so near to the docks, where many of the Irish immigrants had settled. Some Jewish patients used the EEMH in later years, but they appeared more regularly in the registers of the hospitals which were further north west from the docks, indicating the predominantly Jewish areas that these hospitals were based in.

Hospital Regulations and Procedures

Of the four hospitals the SAMH was most religious in its outlook and evangelical in its aim. The mission of the hospital was not only to provide medical services but to also heal their patients spiritually. They saw the work that their midwives were doing as dealing 'with souls as well as bodies.'⁹ Their aim was not only spiritual consolation during illness but also the more long-term goal of conversion.¹⁰ According to the Salvation Army their missionary efforts did not go without some influence and many mothers who previously would not have prayed were converted by their efforts.¹¹

Even Jewish patients were reported to be affected by the spiritual ministrations of the Salvation Army.¹² It was customary for the SAMH

9. *The Deliverer*, February 1899, p.114 (newspaper issued by the Salvation Army).

10. SAMH, A/R (1933), p.4.

11. SAMH, A/R (1933), p.16; (1934), p.9.

12. SAMH, A/R (1934), p.10.

nurses to hold prayers at the bedside of the patients in their homes as well as in the hospital wards. Mrs E.C. who worked in the hospital and was delivered in her own home by a midwife from the SAMH recalled prayers during breakfast and 'plenty of singing' in the Home.¹³

Religious practice was not confined to the Salvation Army.¹⁴ Early reports from the CLMH stated that women could have their infants baptised in the hospital's chapel. Fees from the collection of these baptisms went towards the running of the hospital. Women were invited to attend the churaching and thanksgiving ceremony as well as to baptise their infants. This undoubtedly would have caused some problems for Jews, who do not believe in baptism, and for Catholic women, who might have preferred the ceremony performed by a Catholic priest. Once they left the hospital women were entreated to continue the private prayers they had said whilst in the institution and also to attend public worship.¹⁵ Reports from The London and the EEMH did not specify their religious orientations. Although not compulsory, the stress laid upon religious ceremonies in the SAMH and CLMH implies that Irish and Jewish mothers who did not attend these occasions would have felt outsiders.

In addition to experiencing religious alienation, some Irish and Jewish mothers might, in common with other mothers, have been discomfited by the paternalistic attitudes of the hospital authorities. The explicit intention of these hospitals was to provide a charitable service for the benefit of all poor women. As charitable objects, however, the patients

13. Mrs E.C., interviewed London, 13 Jan. 1988, transcript, pp.7-8.

14. See 'Inquiry as to Charges to Proselytise: Jewish Patients in the German Hospital', 22 Feb. 1894, pp.3-4, in United Synagogue Visitation Committee, Minutes, Vol. 1, 1871-1902 (Chief Rabbi's Office's Archive [CRO]).

15. CLMH, A/R (1871), p.9.

had to satisfy certain requirements before they were permitted entry.¹⁶ Keen to show prospective donors the respectability of the hospital, the hospitals stressed that only married women with good moral characters were admitted. To gain treatment women had to produce letters of recommendation from a Governor or subscriber of the Hospital and certificates of marriage.¹⁷ Many thought twice before applying for such charity, especially when acceptance was regarded as a sign of pauperism.

By the end of the nineteenth century, with the increasing concern for the plight of the unmarried mother and her child, voluntary hospitals began to accept single mothers for the first time, but only on condition that they were first cases.¹⁸ Registers from the EEMH and London Hospital show very few unmarried mothers.

Although illegitimacy continued to be taboo from 1870 to 1939, the policies of hospitals towards unmarried mothers softened over the years.¹⁹ Some unmarried mothers were picked up through the Venereal Disease Department at London Hospital. Many single mothers applied to the hospital for assistance from all over London and other parts of the country. No girl was 'sent away without every effort having been made to help her in her trouble'. A few of the single mothers were confined in the hospital, but many were referred to other agencies specially organised to deal with

16. Smith, *The People's Health*, pp.28-30.

17. This was a common policy for voluntary hospitals throughout the nineteenth century (Smith, *The People's Health*, pp.29-30; A.E. Clark Kennedy, *The London* [1963], p.33). In 1870 the CLMH, anxious to curb false certificates, told their Governors to check the character and respectability of women before they gave out letters of recommendation (CLMH, A/R [1870], p.18).

18. CLMH, A/R (1908), p.15; *Onward*, No. 8, 1925, p.178 (journal issued by CLMH); *The Deliverer*, April 1902, p.127. For further information on unmarried mothers see chapter 5.

19. See chapter 5.

the plight of the single mother. The policy of the hospital was to keep in touch with the girls 'as far as possible'.²⁰ In 1922 the Hospital thought nothing of helping a woman who was clearly cohabiting.²¹

Table 6.5:
Number of Single Mothers Compared to the Total Number of Maternity Patients
(Inpatients and Outpatients): The London 1922-1929

Year	Total Patients	Single Mothers	% Single Mothers Treated
1921	2,495	42	1.68
1922	2,983	18	0.60
1923	3,271	21	0.64
1924	3,032	30	0.98
1925	2,702	25	0.92
1926	2,747	24	0.87
1927	2,888	20	0.69
1928	2,752	20	0.73

Early annual reports do not give any figures so no comparison can be made with the war years when illegitimacy increased.

Source : London Hospital, A/Rs (1922-1929)

When compared with the overall numbers of mothers cared for by The London, the percentage of single mothers remained relatively small throughout the years (see table 6.5 below). Married women themselves faced restrictions on entry to the hospital. In an area like East London, where maternity teaching hospitals flourished after the 1880s, access to hospital facilities might have been easier because of the need to provide cases for medical and midwifery students. But the numbers treated were determined by the number of staff and the number of beds. Outdoor and indoor patients had to get references even in the 1930s.²² Mothers also had to book early

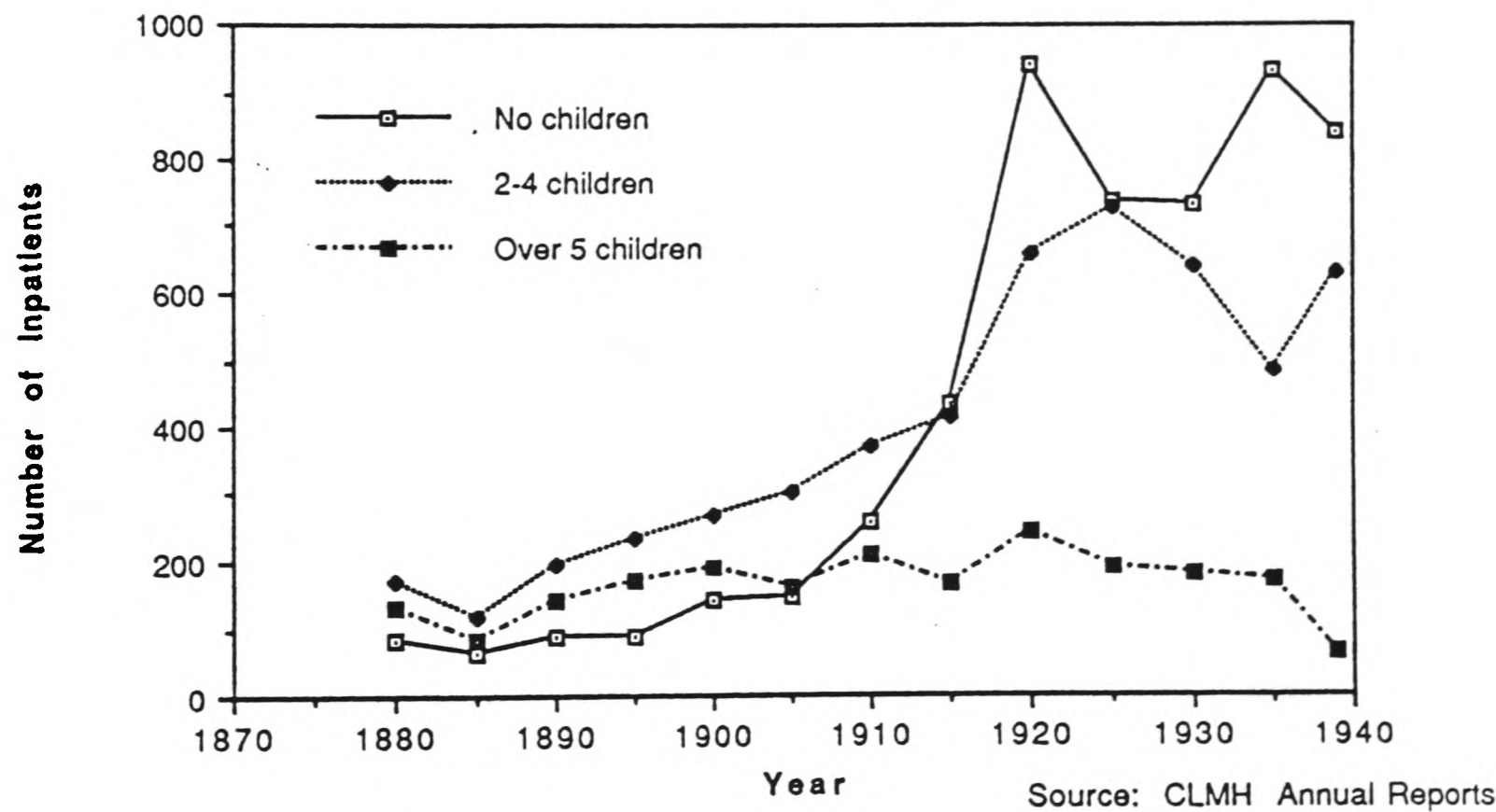
20. London Hospital, A/Rs (1921), p.187; (1926), p.203.

21. Although the hospital did not mind aiding such a case, the woman helped and the man living with her clearly felt the necessity of proving their respectability to the Hospital, so that no one would feel anything had been done 'behindhand'. E.W Morris (House Governor): 'Report of a Visit to the District Maternity Charity with Miss Nicholls, District Midwife', 19 Dec. 1922. (I am grateful to Professor Ellen Ross for supplying this report.) The same story was repeated in an article in *London Hospital Illustrated*, 1933, pp.10-11.

22. Mrs E.C, interview, transcript, p.3.

if they wanted to be sure of care. Hospital provision was usually made for those with first confinements or those who had more than five previous pregnancies. Table 6.6 (below) and figures 6.1 and 6.2 show how those accepted as inpatients at the CLMH tended to have had fewer pregnancies before their confinement than those treated as outpatients. Abnormal cases became a greater priority for all hospitals with the introduction of effective ante-natal care in the 1920s.²³

Figure 6.1 :
Number of inpatients delivered at CLMH showing the number of previous pregnancies before confinement



23. Of the cases admitted to the EEMH in 1925 the majority were either primigravidae, or cases where difficulty was anticipated. Most emergencies arising during pregnancy or labour were also admitted to the Home, which slightly increased the number of abnormalities the hospital had to deal with. (EEMH, *Clinical Report* [1925], p.3.)

Figure 6.2 :
Number of outpatient deliveries at CLMH showing the number of previous pregnancies before confinement

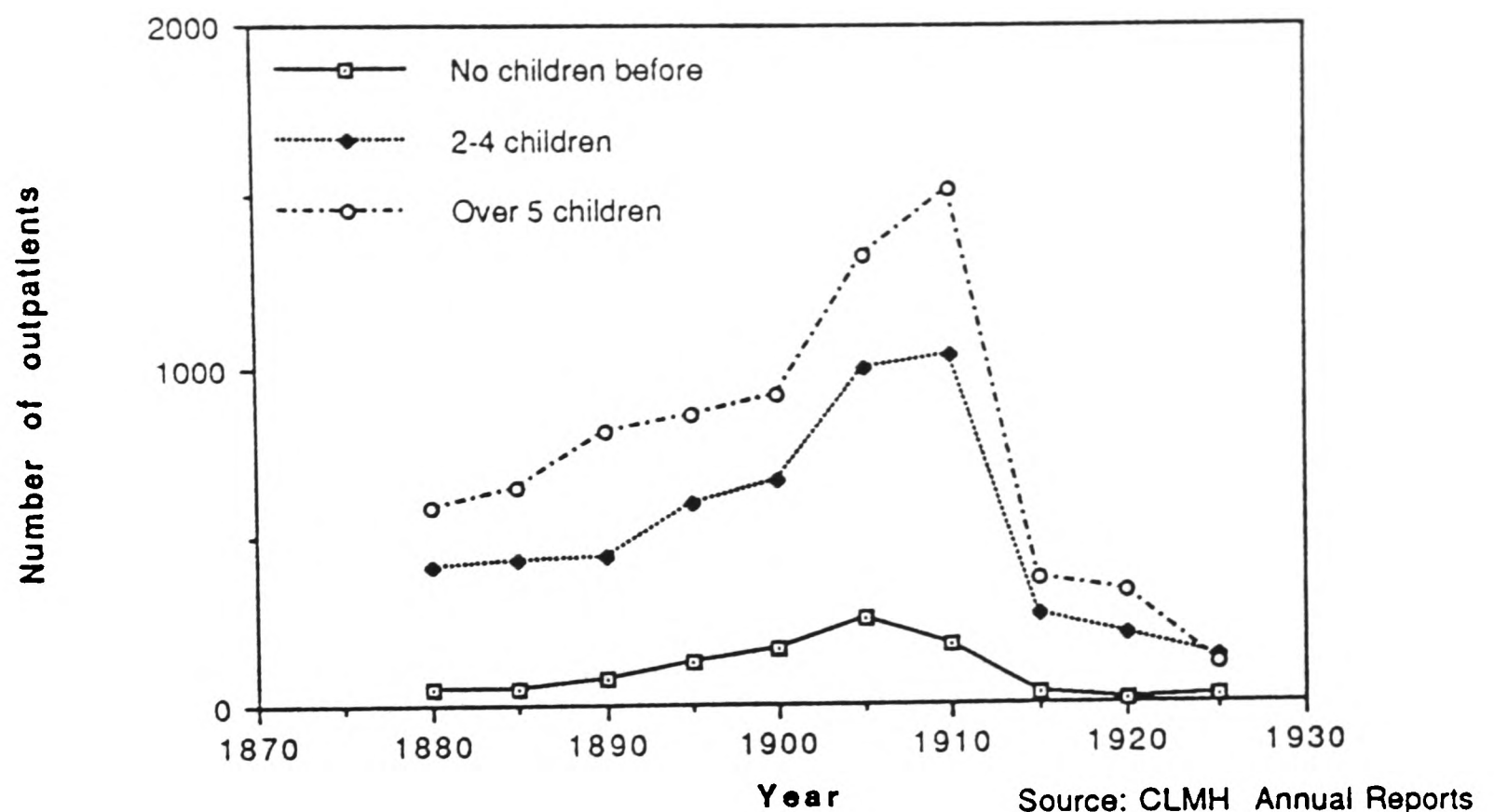


Table 6.6:
Deliveries and Maternal Deaths and Number of Previous Pregnancies of Patients from the CLMH at Five Yearly Intervals 1870-1939

Year	INPATIENTS					OUTPATIENTS				
	Deliv-eries	Maternal Deaths	Number of Previous Confinements			Deliv-eries	Maternal Deaths	Number of Previous Confinements		
			0	2-4	Over 5			0	2-4	Over 5
1880	383	12	82	171	130	1,050	4	48	413	589
1885	259	5	61	117	81	1,118	1	51	427	640
1890	423	1	87	193	143	1,331	3	82	439	810
1895	490	1	86	235	169	1,585	4	126	596	863
1900	599	1	142	266	191	1,753	2	170	663	920
1905	611	1	147	302	162	*2,575	3	252	995	1,328
1910	842	4	259	371	212	2,742	1	180	1,038	1,524
1915	1,011	16	432	413	166	658	0	25	263	370
1920	1,847	11	943	659	245	539	0	6	202	331
1925	1,657	11	738	729	190	270	0	15	137	118
1930	1,552	7	734	637	181	275	0			
1935	1,587	6	930	484	173	283	0			
1939	1,531	6	839	629	63	256	0			

* This figure does not correspond with table 6.2; 30 cases are unaccounted for.

Source: CLMH, A/Rs (1870-1939)

As hospital confinement became safer and increasingly popular the demand for beds grew more urgent. During the 1920s The London continually

lamented that it had to turn women away because it could not give them the inpatient care they were seeking (see table 6.7).²⁴ Hard decisions had to be taken as to who should be taken into hospital rather than attended in their own homes in the district. Those ordered by doctors to go into hospital were taken without question, but others had to be judged according to their housing conditions and how cramped these would be for a home confinement. Given the general state of housing in the East End this would have been a hard decision for anyone.

Before looking at the response of patients to the procedures and religious policies of the hospitals, this chapter considers the services provided by the hospital authorities.

Table 6.7:
Number of Patients Turned Away who wanted Inpatient Treatment as Compared to those Accepted for Treatment at London Hospital 1921-1930

Year	Total Inpatients Treated	Patients Wanting Inpatient care - Referred Elsewhere	% Patients Referred Elsewhere
1921	-	142	-
1922	252	167	40
1923	314	250	44
1924	344	191	36
1925	347	214	38
1926	387	204	35
1927	569	159	22
1928	605	251	29
1929	692	276	29
1930	677	310	31
The London acquired more beds in 1926 which explains the increase in the number of inpatients after that date.			

Source: London Hospital, A/Rs, 1921-1930.

Quality of Care Available from the Hospitals

The risk of infection in hospitals diminished greatly with the introduction of antiseptics in the 1880s and the improvement in medical

24. See London Hospital, A/Rs (1921-26).

training, but the incidence of puerperal sepsis was still far higher in hospitals than in the home. Home-births themselves were not without danger. The safety of all births was greatly dependent on the training and skill of the medical attendants. Those who could secure district midwifery care from voluntary hospitals were probably assured of better treatment from the 1880s onwards.

Nevertheless one medical student training at The London in 1905 remembered the exhaustion he suffered when, with very little previous clinical experience, he was expected to deliver 54 mothers in a fortnight. 'I lost all sense of time, I did not know whether it was yesterday, today or tomorrow. It sounds absurd but it is true. The month we spent on maternity was itself enough to undermine the stoutest constitution.'²⁵ The gruelling hours they worked could undermine the work of even the best trained students and must have had some impact on the type of care they could give.

By 1919 the situation had changed very little in London Hospital. Both medical students and midwifery pupils were expected to undertake district deliveries with very little previous training and minimal supervision. Medical students had sole responsibility for conducting the labours and the after-care of the mother and infant for the following ten days. Such students were in their fourth year and had taken a course of lectures on midwifery, but their clinical experience was minimal. During their first three labours on the district they were supervised by the Junior Resident Accoucheur, but after that were left to their own devices. Assisted by the Junior Resident Accoucheur, medical students also conducted their first

25. R.N. Salaman, 'The Helmsman Takes Charge' (Unpublished memoirs, n.d.), p.27-28.

two labours each week in the Marie Celeste lying-in ward. Any abnormalities of labour were reported to the Junior Resident Accoucheur.

The authors of an official report by The London in 1919 were horrified that, as the largest hospital in England, London Hospital could be so negligent in its midwifery training and standards of midwifery care. Indeed they claimed that it was 'a wonder that the public have tolerated it for so long'. Calling for a reform of these conditions, they argued that medical students and pupil midwives could only gain adequate practical teaching of the clinical conduct of labour in the environment of an inpatient maternity department.²⁶ London Hospital subsequently increased its inpatient intake in the 1920s.

Investigations over the quality of care have not been found for the other hospitals. In the wider community, however, the EEMH was often praised as exemplary in its maternity care. In 1930 it was commended for its success in lowering maternal mortality despite the high number of abnormal cases received. Of the 37,171 mothers delivered as inpatients by the EEMH 1884-1938 there were 74 deaths, which was a rate of 2.01 per 1,000 births. The maternal mortality rate for outpatients was much lower; out of a total 31,233 deliveries there were 22 fatalities, or a rate of 0.70 per 1,000 births.²⁷ Unfortunately these figures cannot be compared with London Hospital or the SAMH, but figures from the CLMH suggest that the EEMH had a remarkably low rate. In the years 1870-1939 out of a total of 62,143 inpatients there were 374 deaths at the CLMH or a rate of 6.06 per 1,000.

26. Dr E. Holland, 'Report on the External Maternity District and on the Urgent Need of Reforming the Work of Students thereon', April 1919, p.5 (London Hospital Archive file: LH/A/17/35).

27. The low rate of maternal mortality at the EEMH was discussed in the *British Medical Journal*, 15 Feb. 1930, pp.294-295, p.294; *ELO*, 17 May 1930, p.5; 23 May 1931, p.6; and *The Medical Officer*, 25 Aug. 1928, p.79-81; 31 Jan. 1931, p.45.

Its record for outpatients was 123 deaths out of 74,049 deliveries, the equivalent of 1.63 per 1,000 births. Table 6.8 shows the number of maternal deaths for each year in the CLMH and EEMH for the years 1870-1939.

Table 6.8:
Number of Inpatient and Outpatient Deliveries and Maternal Deaths at CLMH and EEMH
1870-1939

Year	INPATIENTS				OUTPATIENTS			
	CLMH		EEMH		CLMH		EEMH	
	Total deliveries	Total deaths	Total deliveries	Total deaths	Total deliveries	Total deaths	Total deliveries	Total deaths
1870	327	13	-	-	-	-	-	-
1871	460	4	-	-	-	-	-	-
1872	421	2	-	-	143	1	-	-
1873	403	8	-	-	390	1	-	-
1874	425	7	-	-	485	4	-	-
1875	400	5	-	-	611	1	-	-
1876	408	9	-	-	625	1	-	-
1877	406	9	-	-	820	0	-	-
1878	a	a	-	-	1,118	2	-	-
1879	287	1	-	-	1,121	1	-	-
1880	383	12	-	-	1,050	4	-	-
1881	415	8	-	-	1,229	0	-	-
1882	160	8	-	-	1,336	3	-	-
1883	261	10	-	-	1,239	5	-	-
1884	274	6	-	-	1,254	2	-	-
1885	259	5	-	-	1,181	1	-	-
1886	283	3	-	-	1,249	4	-	-
1887	356	1	-	-	1,204	1	-	-
1888	410	1	-	-	1,425	4	-	-
1889	422	2	-	-	1,499	2	-	-
1890	423	1	150	1	1,331	3	-	-
1891	455	3	143	1	1,554	5	-	-
1892	487	0	224	0	1,536	2	233	0
1893	430	1	194	1	1,767	5	257	1
1894	492	1	218	1	1,697	2	284	2
1895	490	1	230	4	1,585	4	259	0
1896	493	0	233	1	1,681	4	274	0
1897	521	3	237	3	1,668	6	241	0
1898	565	1	255	0	1,623	6	293	2
1899	585	1	264	1	1,559	6	255	0
1900	599	1	248	1	1,753	2	286	2
1901	650	2	198	0	2,051	3	329	1
1902	524	3	313	0	2,242	2	367	0
1903	608	2	344	1	2,294	5	422	0
1904	601	3	377	0	2,533	7	453	1
1905	611	1	382	1	2,605	3	510	0
1906	639	2	430	2	2,786	4	458	0
1907	676	4	433	2	2,772	2	541	0
1908	802	3	498	0	2,756	0	708	0
1909	863	3	573	1	2,840	3	854	0
1910	842	4	558	0	2,742	1	1,039	0
1911	987	4	528	2	2,529	2	1,021	1
1912	985	5	621	0	2,374	3	920	0
1913	845	9	445	3	982	1	1,055	0
1914	1,055	10	553	2	849	1	922	1
1915	1,011	16	549	0	658	0	1,166	1
1916	1,090	14	679	2	539	1	1,091	1
1917	1,307	12	643	1	355	1	919	2
1918	1,268	5	757	3	290	1	761	2
1919	1,403	5	801	2	428	0	1,080	0
1920	1,847	11	988	0	539	0	1,481	0
1921	1,730	7	1,024	2	500	0	1,321	0
1922	1,703	10	1,024	2	420	0	1,340	1
1923	1,696	7	1,020	2	306	0	1,262	0
1924	1,670	9	999	0	228	0	1,119	0
1925	1,657	11	1,087	1	270	0	1,092	1
1926	1,578	6	1,219	1	252	0	893	0
1927	1,571	5	1,241	1	211	0	820	0
1928	1,587	8	1,276	2	210	0	788	0
1929	1,616	7	1,310	2	251	0	610	1
1930	1,552	7	1,450	2	275	0	616	0
1931	1,673	7	1,437	4	260	0	528	0

Table 6.8: Continued

	INPATIENTS				OUTPATIENTS			
Year	CLMH		EEMH		CLMH		EEMH	
	Total deliveries	Total deaths	Total deliveries	Total deaths	Total deliveries	Total deaths	Total deliveries	Total deaths
1932	1,581	10	1,466	4	267	0	472	2
1933	1,512	9	1,403	0	246	0	369	0
1934	1,572	3	1,574	4	210	0	377	0
1935	1,587	6	1,590	2	283	0	328	0
1936	1,612	3	1,494	3	261	0	306	0
1937	1,704	4	1,492	3	256	0	263	0
1938	1,658	4	1,572	2	299	0	280	0
1939	1,531	6	-	-	256	0	-	-
a Hospital closed								
CLMH: 1870-1939 total inpatients 61,704 with 374 deaths = 6.06 per 1,000 deliveries 1872-1939 total outpatients 76,049 with 124 deaths = 1.63 per 1,000 deliveries. EEMH: 1884-1938 total inpatients 36,744 with 74 deaths = 2.01 per 1,000 deliveries. 1891-1938 total outpatients 31,233 with 22 deaths = 0.70 per 1,000 deliveries.								

Source: A/Rs from the CLMH and EEMH (1870-1939)

One reason for the low maternal mortality rate at the EEMH was its clinical practice. One medical officer commented 'The essence of the East End Hospital practice is not wait and see, but see and wait. That that is the basis of sound midwifery, results abundantly testify.' The hospital had a reputation for very little instrumental interference in its births. Although the rate at which it used forceps for its deliveries varied over the years (see table 6.9 below), its overall rate of forceps delivery was 2.9% of all births. It also had a low induction rate which was 1.21%. For every 1,000 births only 0.1% caesarian sections were performed. All these rates compared very favourably with the rates considered reasonable during this period.²⁸ Table 6.10 (below) shows the rates for the CLMH whose forceps rate was not as low as the EEMH. How the treatment given at the CLMH and the EEMH reflected on the infants' survival can be seen in tables 6.11 and 6.12 (below).

28. The standard rate considered reasonable for forceps was 7% of all deliveries. ('The East End Maternity Hospital', *The Medical Officer*, 31 Jan. 1931, p.45. See also 25 Aug. 1925, p.80).

Table 6.9:
Percentage of Inpatient and Outpatient Deliveries at the EEMH in which Forceps were Used

Year	Forceps Rate
1925	2.5%
1926	2.5%
1929	4.1%
1930	3.6%
1931	4.8%
1932	3.2%
1934	4.1%
1935	4.4%
1936	4.2%
1938	5%
1939	5%

Source: Clinical Report in EEMH, A/Rs, (1925-39)

Table 6.10:
Number and Rate of Instrumental Deliveries at The CLMH

Year	Forceps	%	Caesareans	%	Induction	%
1912	115	11.7	10	1	7	0.7
1913	50	5.9	10	1	23	2.7
1914	105	9.9	11	1	19	1.8
1919	155	11	4	0.4	26	1.8
1922	150	8.8	8	0.5	47	2.7
1923	125	7.37	13	0.8	58	3.4

Source: CLMH, A/Rs (1912-1923).

Table 6.11:
Number and Rate of Stillbirths and Neo-natal Deaths at the EEMH 1911-1939

Year	OUTPATIENTS					INPATIENTS				
	Infants Born	Still-births	%	Neo-natal deaths	%	Infants Born	Still-births	%	Neo-natal deaths	%
1911	1,015	15	1.5	-	-	524	9	1.7	-	-
1912	909	20	2.2	-	-	617	15	2.4	16	2.6
1913	1,055	18	1.7	-	-	440	10	2.3	-	-
1914	982	32	3.2	-	-	550	15	2.7	11	2
1925	1,096	23	2.1	19	1.7	1,096	30	2.7	19	1.7
1926	893	15	1.7	10	1.1	1,241	42	3.4	11	0.8
1929	612	13	2.1	6	1	1,325	36	2.7	26	2
1930	625	13	2.1	4	0.6	1,456	33	2.3	17	1.2
1931	529	10	1.9	9	1.7	1,445	42	2.9	17	1.2
1932	475	2	0.4	1	0.2	1,466	42	2.9	34	2.3
1933	377	4	1.1	2	0.5	1,407	32	2.3	15	1.1
1934	381	4	1	1	0.3	1,598	41	2.6	33	2.1
1935	310	10	3.2	2	0.6	1,605	33	2	25	1.5
1936	310	7	2.2	6	1.9	1,511	40	2.6	24	1.6
1938	266	5	1.9	3	1.12	1,500	40	2.7	19	1.3
1939	284	3	1.1	0	0	1,305	43	3.3	16	1.2

Source: EEMH, A/Rs, (1911-1939)

Table 6.12:
Number and Rate of Stillbirths and Neo-Natal Deaths at the CLMH 1870-1939

Year	OUTPATIENTS					INPATIENTS				
	Infants Born	Still-births	%	Neo-natal deaths	%	Infants Born	Still-births	%	Neo-natal deaths	%
1870	-	-	-	-	-	329	-	-	7	2.1
1871	-	-	-	-	-	468	-	-	2	0.4
1872	145	3	2	1	0.7	427	-	-	7	1.6
1873	403	16	4	4	0.9	406	-	-	3	0.7
1874	486	17	3.5	2	0.4	433	-	-	10	2.3
1875	616	22	3.6	4	0.6	401	-	-	8	1.9
1876	633	30	4.7	12	1.9	413	-	-	15	3.6
1877	830	24	2.9	16	1.9	411	-	-	7	1.7
1878	1,030	51	4.9	11	1.1	hospital closed				
1879	1,140	46	4	15	1.3	291	-	-	5	1.7
1880	1,065	34	3.2	19	1.8	385	-	-	16	4.1
1881	1,244	36	2.9	10	0.8	419	-	-	15	3.5
1882	1,352	52	3.8	12	0.8	161	-	-	12	7.4
1883	1,262	37	2.9	12	0.9	266	-	-	4	1.5
1884	1,269	49	3.8	24	1.9	275	-	-	11	4
1885	1,135	69	6.1	6	0.5	260	-	-	13	5
1886	1,269	67	5.3	13	1	287	-	-	5	1.7
1887	1,223	61	5	13	1.1	358	7	1.9	6	1.7
1888	1,366	63	4.6	22	1.6	412	15	3.6	10	2.4
1889	1,515	57	3.7	17	1.1	427	18	4.2	13	3
1890	1,360	60	4.4	16	1.2	430	19	4.4	12	2.8
1891	1,567	65	4.2	23	1.5	458	12	2.6	15	3.3
1892	1,568	66	4.2	40	2.5	488	24	4.9	18	3.7
1893	1,789	64	3.6	32	1.8	434	17	3.9	14	3.2
1894	1,721	70	4.1	26	1.5	498	12	2.4	13	2.6
1895	1,605	60	3.7	33	2	298	15	5	13	4.4
1896	1,708	72	4.2	25	1.5	502	19	3.8	8	1.6
1897	1,686	69	4.1	32	1.9	524	29	5.5	15	2.9
1898	1,646	90	5.5	22	1.3	571	28	4.9	15	2.6
1899	1,582	70	4.4	29	1.8	593	31	5.2	29	4.9
1900	1,779	78	4.4	31	1.7	611	-	-	31	5.1
1901	2,080	72	3.5	35	1.7	655	31	4.7	35	5.3
1902	2,264	79	3.5	40	1.8	532	27	5.1	40	7.5
1903	2,325	92	4	44	1.9	615	12	1.9	4	0.65
1904	2,563	92	3.6	47	1.9	609	23	3.8	7	1.1
1905	2,642	91	3.4	39	1.5	622	23	3.7	9	1.4
1906	2,827	96	3.4	56	2	644	22	3.4	56	8.6
1907	2,810	93	3.3	48	1.7	683	20	2.9	48	7
1908	2,791	82	2.9	41	1.5	810	35	4.3	41	5
1909	2,879	90	3.1	33	1.1	876	29	3.3	33	3.8
1910	2,789	89	3.2	22	0.8	854	42	4.9	22	2.6
1911	2,556	69	2.7	54	2.1	1,005	54	5.3	54	5.4
1912	2,406	73	3	20	0.8	1,001	48	4.8	2	0.19
1913	994	15	1.5	2	0.2	856	43	5.8	32	3.7
1914	855	4	4.7	3	0.3	1,068	60	5.6	44	4.1
1915	667	9	1.3	10	1.5	1,025	46	4.5	51	5
1916	552	10	1.8	4	0.7	1,212	53	4.4	52	4.3
1917	364	4	1	15	4.1	1,323	76	5.7	44	3.3
1918	292	2	0.6	6	2	1,287	54	4.2	26	2
1919	435	8	1.8	8	1.8	1,426	55	3.8	40	2.8
1920	544	7	1.3	8	1.5	1,869	73	3.9	43	2.3
1921	506	10	2	4	0.8	1,754	47	2.7	41	2.3
1922	422	6	1.4	6	1.4	1,731	49	2.8	31	1.8
1923	308	5	1.6	5	1.6	1,718	69	4	54	3.1
1924	284	5	1.7	5	1.8	1,688	63	3.7	69	4.1
1925	273	1	0.4	2	0.7	1,678	72	4.3	50	3
1926	255	2	0.8	3	1.2	1,600	-	-	20	1.3
1927	212	3	1.4	0	0	1,590	-	-	22	1.4
1928	211	3	1.42	1	0.5	1,613	-	-	30	1.8
1929	256	3	1.17	1	0.4	1,652	-	-	29	1.7
1930	276	8	2.8	4	1.4	1,577	-	-	28	1.8
1931	263	6	2.3	1	0.4	1,695	-	-	21	1.2
1932	270	6	2.2	2	0.7	1,604	-	-	25	1.6
1933	250	3	1.2	4	1.6	1,528	-	-	29	1.9
1934	214	6	2.8	1	0.5	1,595	38	2.4	42	2.6
1935	286	8	2.8	4	1.4	1,605	32	1.9	24	1.5
1936	270	2	0.7	1	3.7	1,628	61	3.7	40	2.5
1937	262	8	3	5	1.9	1,724	60	3.5	25	1.5
1938	300	9	3	7	2.3	1,678	52	3.1	25	1.5
1939	257	5	1.9	5	1.9	1,551	-	-	31	1.9

Source: CLMH, A/Rs (1870-1939).

Inpatient Confinements

The preference for hospital confinements in The London's report for 1919 was part of a more general public debate concerning the dangers of childbirth. Until the 1920s childbirth was predominantly an event which occurred at home and not in hospital. As early as 1920, however, the Ministry of Health was arguing for an increase in the number of maternity hospitals and homes to compensate for bad housing conditions.²⁹ Similar attitudes were voiced by many East London hospitals including The London. Deploing the state of terrible housing, London hospital by 1930 was arguing for the extension of inpatient care. It called for the creation of 'sufficient lying-in accommodation for every woman who requires it', which it claimed would be for 'the good of the community'.³⁰

This view, which became orthodox after the Second World War, was extreme in 1930. The College (later Royal College) of Obstetricians and Gynaecologists, founded in 1929, with its emphasis on building the speciality of obstetrics and gynaecology, endorsed the government policy for a national maternity service in the 1930s which was based on home deliveries by midwives and general practitioners as the backbone of the service, with hospital deliveries reserved only for 'social' admissions, high risk cases and emergencies.³¹

29. Ministry of Health Memorandum, *Maternity Hospitals and Homes* (HMSO, London, 1920), p.1.

30. London Hospital, *A/R* (1930), p.210.

31. I am grateful to Dr Irvine Loudon for pointing this out to me.

Table 6.13:
Percentage of Home and Institutional Confinements in East London and Other Areas
1915-1946

Place	Year	% Home Confinements	% Hospital Confinements
London:			
Bethnal Green ^a	1931	56.3	43.7
	1932	53.39	46.6
	1933	54.2	45.8
	1935	41.2	58.8
	1936	43	55.3
	1937	44.6	
Poplar ^b	1915	88.7	12.3
	1920	87.8	10.2
	1925	75	23
	1930	62	38
	1932	50.1	49.9
	1935	39.9	56
Stepney ^b	1920	76.4	21
	1927	80.8	16.8
	1935 ^c	26.6	73.4
St.Pancras	1915	87.5	12.5
	1935	44	56
Birmingham	1915	>97	< 3
	1935	67	33
Hull	1915	>97	< 3
	1935	88	22
Liverpool	1915	>97	< 3
	1935	88	22
National	1927	85	15
	1933	76	24
	1937	75	25
	1946	46	54
a The figures are taken from hospital sources which might account for the stress on hospital care. The figures cited are for the home and hospital deliveries undertaken by the major hospitals in Bethnal Green. b These percentages are calculated according to the number of births notified by doctors, midwives and parents which were home confinements and to the births notified by the hospitals. the percentages are approximates and therefore do not add up to 100% c The figures for this year are calculated according to an investigation undertaken by Stepney MOH in 1935 on the level of skilled midwifery in the area and are therefore more accurate than most statistics for the time.			

Source: Poplar *MOH A/RS*, statistics relate to those births notified by doctors, midwives and institutions (1915), (1921), (1926), (1931), (1932), (1936); Bethnal Green *MOH Report* (1930-1939); national figures and other areas taken from Jane Lewis: *The Politics of Motherhood* (London, 1980); p.120.

Table 6.14:
Total Number of Inpatients and Outpatients of Five Hospitals in East London Compared with Four Non-East London Hospitals 1922-1938

	INPATIENTS				OUTPATIENTS			
Year	Total for 5 East London Hospitals ^a	%	Total for 4 Non- East London Hospitals ^b	%	Total for 5 East London Hospitals	%	Total for 4 Non- East London Hospitals	%
1922	4,415	44	3,900	20	5,589	56	15,555	80
1923	4,435	46	4,163	21	5,212	54	15,897	79
1924	4,401	48	4,102	23	4,716	52	13,756	77
1925	4,668	50	4,203	22	4,630	50	15,325	78
1926	4,860	54	4,177	23	4,142	46	14,292	77
1927	5,214	60	4,540	23	3,544	40	15,003	77
1929	5,917	67	4,784	28	2,908	33	12,012	72
1930	6,047	69	5,088	29	2,770	31	12,670	71
1931	6,072	71	4,519 ^c	27	2,510	29	12,184 ^c	73
1932	6,042	72	3,958 ^c	25	2,378	28	11,695 ^c	72
1933	-	-	4,561 ^c	28	-	-	11,628 ^c	72
1934	-	-	5,023 ^c	27	-	-	13,866 ^c	73
1935	6,354	78	5,023 ^c	28	1,811	22	12,906 ^c	72
1936	-	-	5,017 ^c	28	-	-	12,828 ^c	71
a Five East London hospitals include the City of London Maternity Home, East End Maternity Home, Jewish Maternity Home, London Hospital and Salvation Army Mothers' Hospital								
b Non-East London hospitals include the British Mothers' Lying-in Hospital (Woolwich), Clapham Maternity Hospital, General Lambeth Hospital and Queen Charlotte's Hospital (Marylebone) 1922-1931.								
c After 1930 there are no figures for Clapham hospital.								
This table does not show the overall trend of hospital confinements. It is limited to showing the pattern for voluntary hospitals and does not take into account what was occurring in poor law institutions or amongst district midwifery agencies. For more information on these organisations see chapters 7 & 8.								

Source: A/Rs of City of London Maternity Home, the East End Maternity Home, Jewish Maternity Home, London Hospital and Salvation Army Mothers' Hospital; London County Council "Statistics of Hospitals in Greater London not under public management" in *London Statistics* (1922-1936).

An interesting aspect of the hospital maternity services in East London is the rapidity with which they increased their number of beds and hence their number of hospital confinements by comparison with other areas. As table 6.13 (above) reveals, from the 1920s, East London had a much higher rate of hospital births than home ones compared with the rate for other parts of London or nationally. Stepney (where London Hospital and the EEMH were located) showed an extremely quick transformation to hospital confinement. In 1927 nearly 81% of all the births occurred at home; by 1936 this had been reduced to just under 27%. Similar trends were seen in Poplar and to some extent in Bethnal Green. Compared to other London hospitals, such as the British Mothers' Hospital in Woolwich and the General Lambeth, East London hospitals accepted a greater proportion of

inpatients from the 1920s (see table 6.14 above and figures 6.3 to 6.6 below).

A significant reason for the high proportion of inpatients in East London may have been the presence of numerous important teaching hospitals.³² Throughout the period, home confinements had better records on maternal mortality, but medical staff faced many difficulties when delivering cases at home. Students also had certain advantages in treating women in hospital rather than at home, where help during an emergency was not quite as forthcoming. By the late 1920s hospitals could deal more effectively with emergencies and abnormal cases from the ante-natal clinics.

However, one of the most important causes for the high rate of hospital confinements in East London was undoubtedly the housing conditions in the area. Reflecting on his midwifery training at London Hospital in 1905 Salaman recalled undertaking home deliveries in homes which were

the poorest imaginable and often totally unprepared for the event. Once I attended a woman in a naked garret, reached by a ladder. There was a broken down bed and a single bed with a single blanket, a chair without a back, a tin basin without a towel, and the poor mother herself was practically naked. Of food and drink there was none.³³

Cramped housing also meant there was no escape from noise and the arguments of families in the background. Salaman remembered on one occasion using the excuse of needing some boiled water to get some respite

32. St Pancras had a high rate of hospital births which was accounted for by the high number of teaching hospitals and lying-in institutions in the area (Jane Lewis, *The Politics of Motherhood: Child and Maternal Welfare in England, 1900-1939* [London, 1980], pp.120-121).

33. Salaman, 'The Helmsman', p.27-28.

Figure 6.3 :
Annual outpatients as percentage of total births in London Hospitals 1922-1936

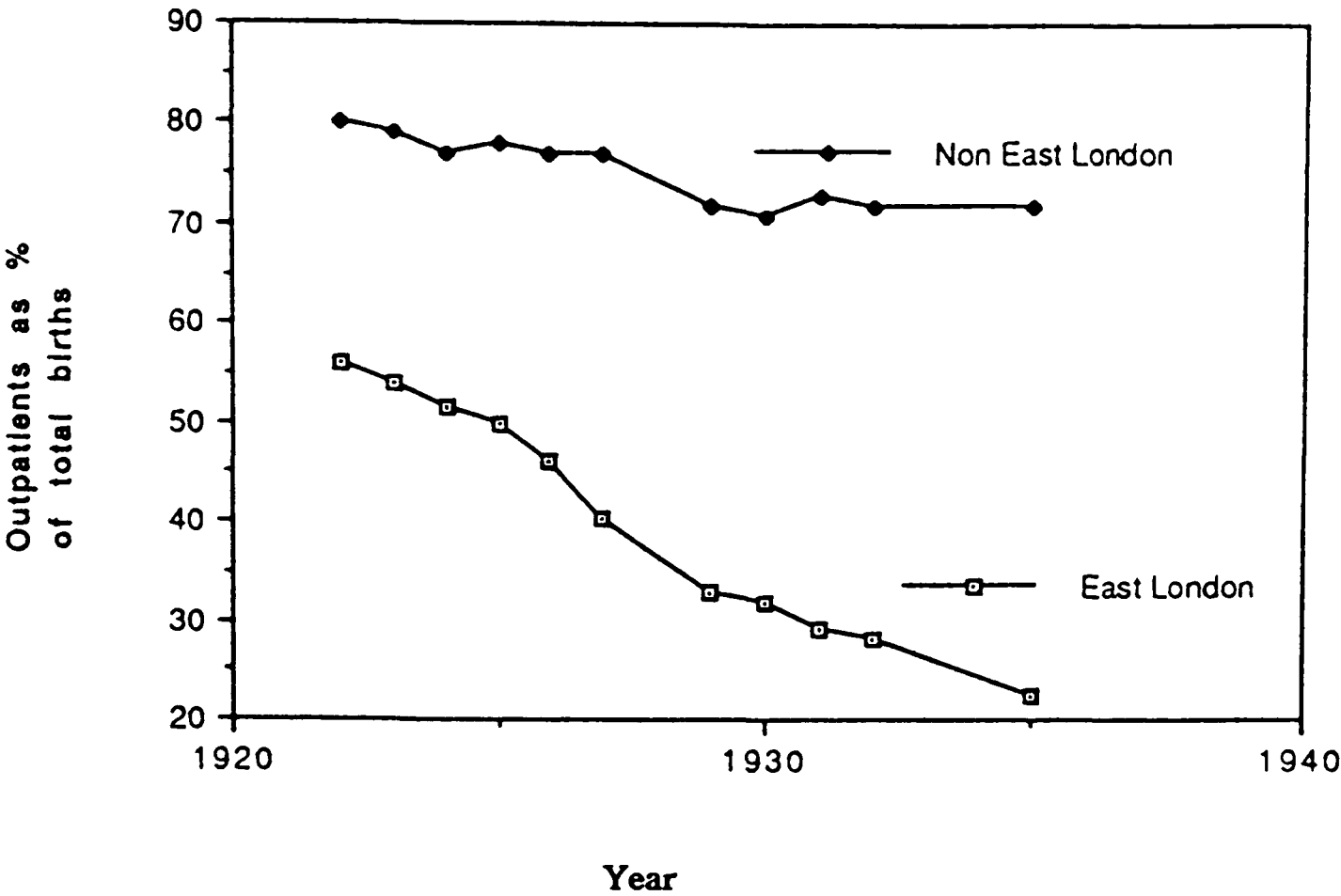
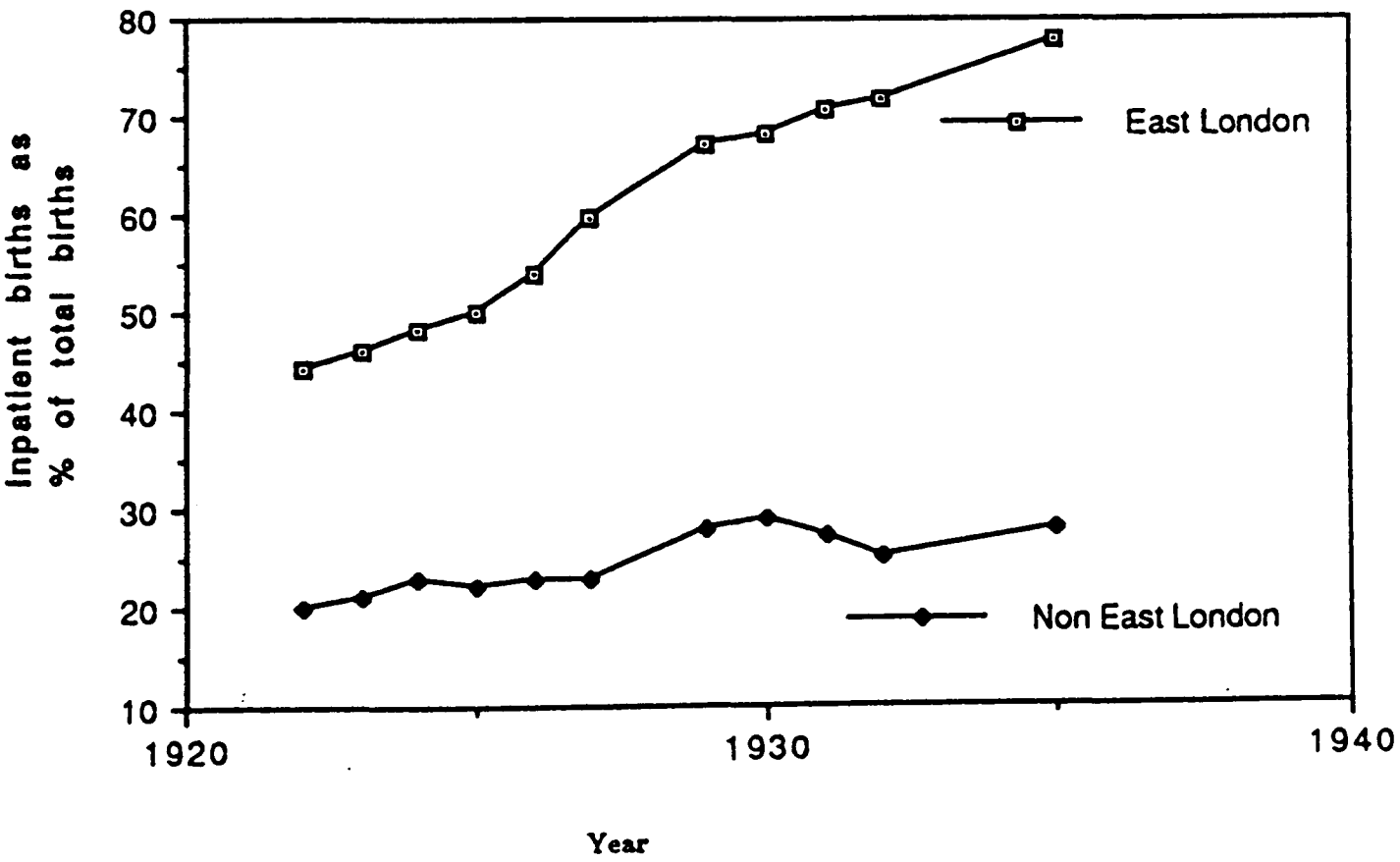


Figure 6.4 :
Annual percentage of inpatients in London Hospitals 1932-1936



Source for figures 6.3 and 6.4:: A/Rs of the CLMH, EEMH, JMH, London Hospital, and SAMH; London County Council, 'Statistics of Hospitals in Greater London not under public management' in *London Statistics* (1922-1936)

Figure 6.5 :
Annual inpatients and outpatients in 5 East London Hospitals 1922-1936

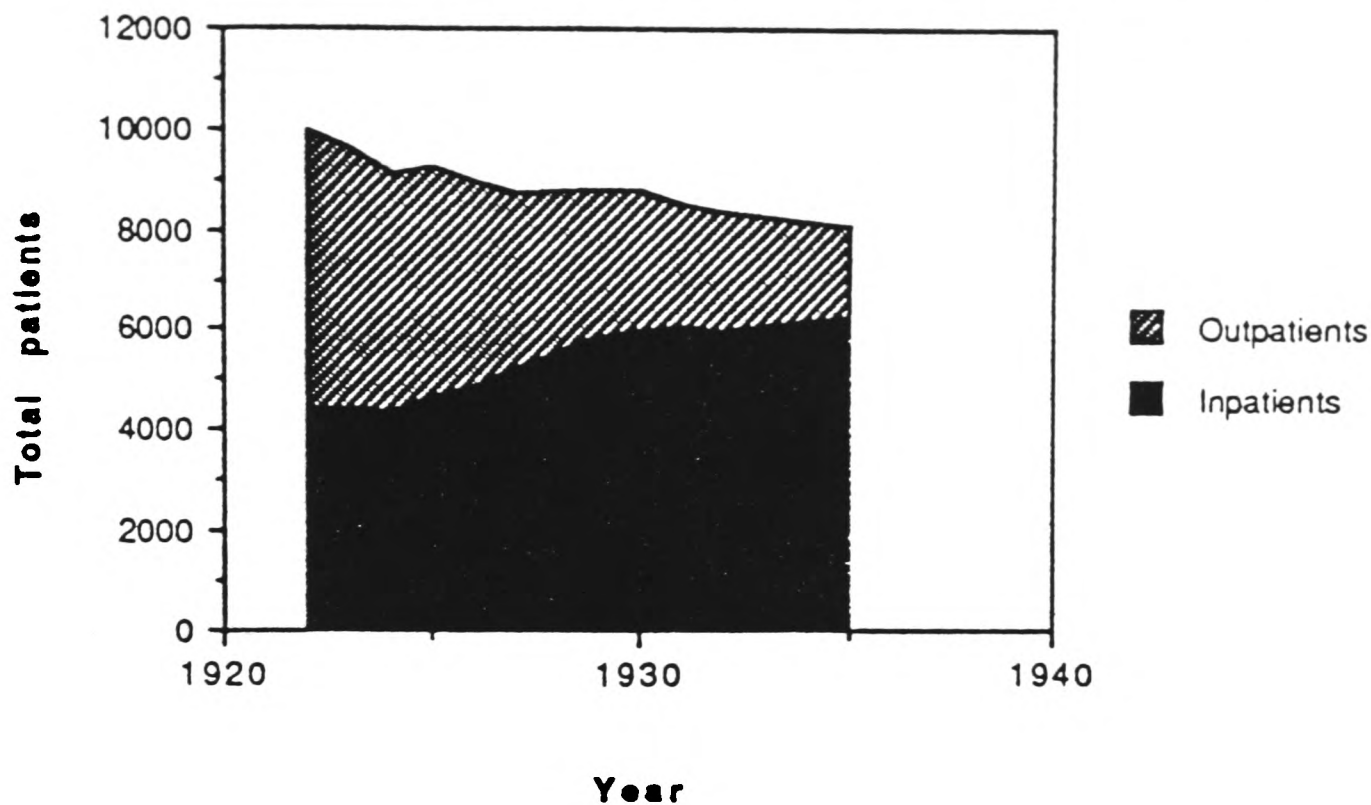
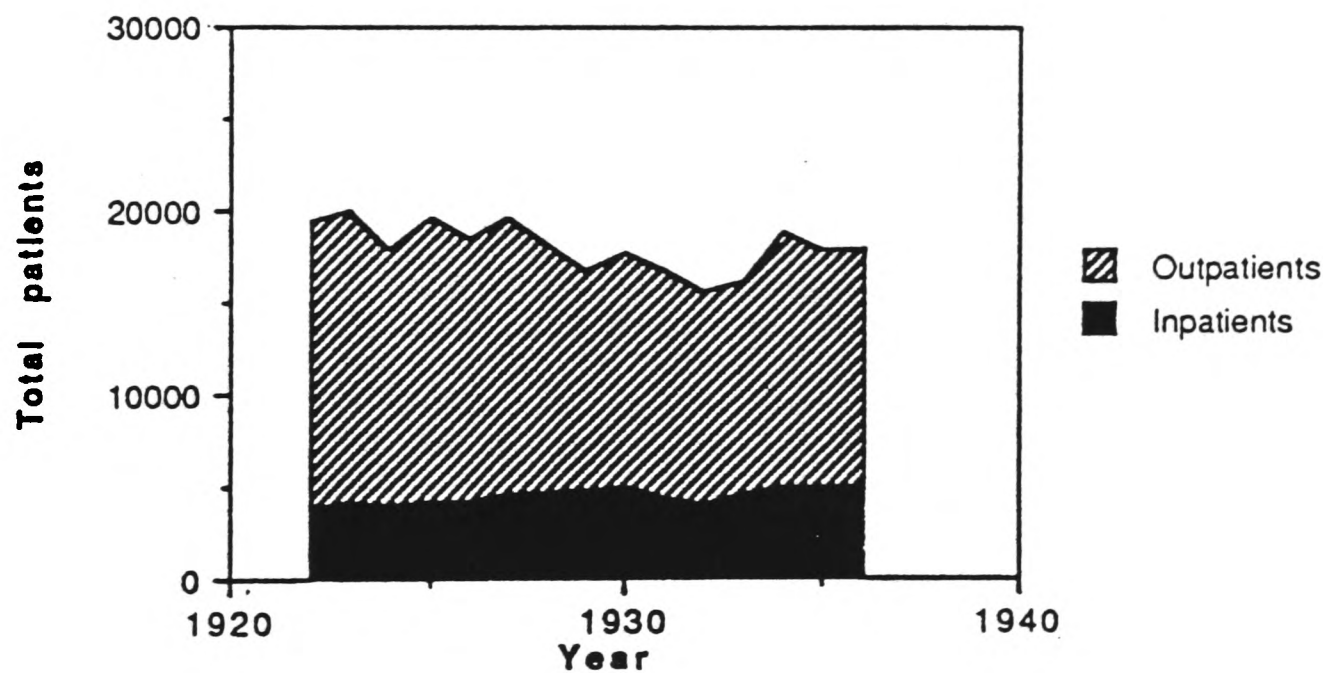


Figure 6.6 :
Annual outpatients and inpatients of non-East London Hospitals 1922-1936



Source for figures 6.5 and 6.6: A/Rs of the CLMH, EEMH, Jewish Maternity Home, London Hospital and SAMH; London County Council, 'Statistics of Hospitals in Greater London not under public management' in *London Statistics* (1922-1936)

from a fight between a father and daughter in the next room.³⁴ Similar descriptions appeared in reports from other hospitals. In 1913 the EEMH declared that 'Without doubt, the best place for a poor woman to be confined is not her own home.'³⁵ The picture drawn by Salaman^{of bad housing} in 1905 was also described by the House Governor of London Hospital in 1922.³⁶

By the 1920s new blocks of flats were appearing in East London with bathrooms and electric light, but the rent charged for such accommodation was 'quite prohibitive' to most living in East London. Many were therefore forced to continue living in over-crowded insanitary tenement houses.³⁷ Bugs were also a problem. In the house where Miss B carried out her first delivery the walls had just been whitewashed. She waited most of the night for the baby

and once the gas was lit the bugs crawled through the new whitewash and came out through the walls, and before I'd got the baby I'd used up all the swabs killing bugs so I had to send father across to hospital to get another packet of swabs. Of course I'd used them all up.... And I was told that I shouldn't ... have used them.... of course, you weren't dirty because you'd bugs, the bugs were in the walls, they didn't belong to the person ... I can remember bathing another baby, and you know I'd dressed it up and there it was lovely and clean and I picked it up to kiss it and there was a bug crawling up its gown ...³⁸

In early years hospitals appeared to appreciate that many women found it impractical to be confined in hospital as it would entail leaving their house and their 'little children to the care of a kind but casual

34. *ibid.* p.30.

35. EEMH, A/R (1913), p.12.

36. E.W Morris, 'Report of a Visit to the District Maternity Charity', pp.3-4.

37. London Hospital, A/Rs (1925), p.197; (1921), p.187; & (1924), p.187; Miss M.B., interviewed London, 7 July 1987, transcript p.4.

38. Miss M.B., interview, transcript, p.6.

neighbour'.³⁹ By 1925, however, the EEMH was arguing that housing which lacked the 'common necessities of life' placed normal cases of birth at serious risk.⁴⁰ This emphasis got stronger each year, and by the 1930s the EEMH was stressing the comforts that hospitals could afford the mothers and the nurses. It reported that twice in one year a ceiling had fallen down whilst an infant was being born at home, leaving the mother less perturbed than the nurses. Given these housing circumstances it was not surprising that the SAMH saw the 'convenience of the wards' as 'a boon'.⁴¹

According to the medical reports women themselves were demanding hospital rather than home confinements.⁴² Why then was the new generation of women calling for hospital confinements when their mothers, whose living conditions were often comparable or worse, had stayed at home?⁴³ The CLMH took the view that the change had come about during World War I which had brought thousands of soldiers and civilians into contact with hospitals, making the prospect of confinement in hospital less daunting.⁴⁴

Similarly the EEMH argued that women's growing choice to be confined in hospital stemmed from a growth in the number of women educated 'in the matters of health and sanitation'.⁴⁵ With the improvements in obstetric

39. EEMH, A/R (1913), p.12.

40. EEMH, A/R (1925), p.13.

41. EEMH, A/R (1931); SAMH, A/R (1933), p.3.

42. Ministry of Health Memorandum, 'Maternity Hospitals and Homes', p.1.

43. In 1924 the SAMH reported, 'In these days of acute housing problems, surely everyone should realise that history repeats itself over and over again, and there is actually 'no room' in the impossibly small spaces in which some families live for the little, expected new-comer to arrive. The Mothers' Hospital has been a boon to many such'.(A/R (1924), p.7.)

44. *Onward*, No.3, 1925, p.58.

45. EEMH, A/R (1927), p.6.

care and the increase in the number of beds, hospital confinement became an alternative closed to women a few decades before.

Some women preferred to go into hospital because it got them away from the claustrophobic atmosphere of home. Many mothers saw the time they spent in hospital as a holiday, as testified by one patient interviewed by the SAMH:

This is my fourth, and all my babies were born here. I came to the Mothers' Hospital to be properly looked after and to have a holiday. It is the only real rest I have, and I make the most of it. My husband is in steady work, but we have only two rooms, and there is a great deal of racket and noise in the house. I think I should have gone crazy if I had had my baby at home; and I know that I should have been dreadfully irritable with my husband and children.⁴⁶

Both the EEMH and the SAMH were prepared to take women in a few days before their actual confinement so that the mothers could catch up on some rest. This, the SAMH argued, spared many mothers the extra exhaustion they would have normally suffered had they remained at home, and also built up the women's constitution before they returned home.⁴⁷ The length of time mothers spent in hospital and how many beds were available for them at the CLMH and EEMH can be seen from table 6.15 (below). While the beds increased over the years, the length of stay varied over time.

Whether the choice of these women to be confined in hospital stemmed from the pressure from the medical staff is hard to judge. Certainly the

46. SAMH, A/R (1926), pp.7-8; see also EEMH, A/R (1934).

47. SAMH, A/Rs (1916), and (1926)

Table 6.15:
Number of Patients, Beds and Average Length of Stay at the CLMH and EEMH 1887-1939

Year	CLMH			EEMH	
	Inpatients admitted	Average number of beds daily	Average stay in days occupied	Inpatients admitted	Total number of beds
1887	356	15.5	15	-	7
1888	410	17.8	16	-	"
1890	422	20.6	18	150	13
1892	487	23.5	17.4	224	"
1893	430	19.6	16.8	194	"
1894	492	21.1	16	218	"
1895	490	20.9	15.5	230	"
1896	493	21.5	16	233	"
1897	521	23	16	237	"
1898	565	24.8	16	255	18
1899	585	25.5	16	264	"
1901	650	27.5	15.5	198	"
1902	-	-	-	313	19
1903	608	22.6	15.7	344	26
1904	601	25.5	15.3	377	"
1905	611	23.8	14.5	382	"
1906	639	25.6	15.2	430	"
1907	676	26.1	15	433	"
1908	802	28.6	16.1	498	33
1909	863	34.7	16	573	"
1910	842	35.5	15	558	"
1911	987	33	14.3	528	"
1912	985	42.6	14.6	621	"
1913	845	39.5	14.2	445	"
1914	1,055	47.9	15	553	"
1915	1,011	46	15	549	"
1918	1,268	50.16	13.03	757	"
1919	1,403	57.89	12.19	801	"
1920	1,847	75.07	14.3	988	"
1921	1,730	68.04	13.71	1,024	38
1922	1,703	66.83	13.7	1,024	"
1923	1,696	70.30	14.30	1,020	"
1924	1,670	67.75	13.92	999	"
1925	1,657	65.76	13.19	1,087	41
1926	1,578	63.15	14.12	1,219	56
1927	1,571	64.7	14.09	1,241	"
1928	1,587	67.33	14.69	1,276	"
1929	1,616	63.52	13.45	1,310	"
1930	1,552	65.70	14.44	1,450	"
1931	1,673	69.98	14.60	1,437	"
1932	1,581	68.46	14.87	1,466	"
1933	1,512	65.64	14.77	1,403	"
1934	1,572	68.16	14.60	1,574	"
1935	1,587	67.54	14.49	1,590	"
1936	1,612	69.10	14.70	1,494	59
1937	1,704	76.13	14.99	1,492	"
1938	1,658	73.79	14.75	1,572	"
1939	1,531	67.73	14.52	-	"
The average length of stay is not given for the EEMH.					

Source: A/Rs for CLMH & EEMH (1887-1939)

housing standards required by hospitals to carry out a district delivery were high as revealed in instructions to mothers who were to receive district midwives from the CLMH in 1936.

The room should be the best available in the house with as much sun and air as possible, and near the bathroom is advisable as it saves endless steps for the nurse. Do not have more furniture in it than is really needed. Good lighting should be considered. The carpet should be rolled up, or if this is not possible, it should be well protected with sheets. A single bed is preferable and with a foot end. Plenty of bed linen and some old sheets, also a small one, are needed.⁴⁸

Such conditions could not be achieved in the majority of East London homes.

During his midwifery training at London Hospital at the beginning of the twentieth century Salaman had noted that Jewish homes tended to provide better conditions for confinements than others. In his experience Jewish homes were 'immeasurably better' because 'however poor the home, there would be clean linen, hot water and several women neighbours to comfort the mother and assist the doctor.'⁴⁹ Years later Miss M.B., who was working for The London in the 1920s, confirmed this description.⁵⁰ By contrast medical professionals stressed that the homes of Irish patients were much poorer and were less well equipped for childbirth and other medical treatment than those of other local residents. Irish families also seemed to be noticeably larger than other families.⁵¹

48. *Onward*, No.49, January 1936, p.36.

49. Salaman, 'The Helmsman', pp.27-28.

50. Miss M.B., interview, transcript, p.4.

51. Salaman, 'The Helmsman', pp.27-28; 'Two Private Cases', *League of London Hospital Nurses Review*, No. 8, 1939, p.44. Recollections of a private nurse from 1899. One of the cases was that of an Irish family.

Although many women were clamouring to be delivered in hospital by the late 1920s, this was not the whole picture. Although not in half as bad a condition as many of the houses in East London, the EEMH itself had many disadvantages for confinements. In 1932 the Stepney Public Health Survey reported: 'The building consists of an old house and a chapel converted into a hospital... It presents all the disadvantages of an adapted building - numberless narrow corridors on varying levels and awkward narrow stairways.' The equipment of the hospital was also 'simple in quality and minimum in quantity.' In addition the hospital's practices were unorthodox: Only ante-natal cases selected by the senior tutor were medically examined by doctors; babies slept together with their mothers in the wards; septic cases were retained as long as possible; and no masks or gloves were used for confinements. Yet, the report continued, 'The hospital is an outstanding example of how good workmen can obtain excellent results with bad tools. The medical and nursing staff are devoting all their energies to the care of patients'. It concluded that 'In spite of everything the statistics in the past years have left nothing to be desired'.⁵²

A number of women told by their doctor to go to into hospital refused to do so because they 'didn't trust their husbands, and wouldn't leave them'.⁵³ Many women could not rely on their family or neighbours to look after the children in their absence. Financial restraints also limited the possibility of employing someone to undertake such work. Aside from the help that could be gained from the Sick Room Helps Society and later the

52. Stepney, 'Public Health Survey', 1932, pp.xvi-xvii, (Public Records Office [PRO] file: MH 66/391).

53. Miss M.B., interview, transcript, p.6.

council, home-helps or maternity nurses were expensive and beyond the pocket of many women in East London.⁵⁴

Home confinements were cheaper for the hospital than hospital births. In 1914 the total cost of each inpatient per week amounted to 17s. 7d., whereas the average cost of each outpatient cost 6s. 10d., less than half of the sum to keep an inpatient in for a week.⁵⁵ Figures from before the First World War show that most handywomen were paid 10s. for ten days with food, which increased to a minimum of 15s. per week after the war. The average weekly wage during these years was 25s. For the majority of women, therefore, such provision was beyond the family's budget.⁵⁶

While the number of hospital deliveries was obviously increasing, the number of home confinements remained quite high, and all that could be done was to make the best of the situation found in patients' homes.⁵⁷ Despite the lack of facilities in the homes, the majority of the deliveries were successful.⁵⁸ In its report for 1932, the EEMH regretted the recent flow of expectant mothers to hospitals because its work had

54. Ministry of Health, *Report*, 8 May 1920, [PRO file: MH 52/202]. For more information on home-helps see chapters 4 and 8 and Lara Marks '"Dear Old Mother Levy's": the Jewish Maternity Home and Sick Room Helps Society 1895-1939', *Social History of Medicine*, Vol.3, No.1, April 1990, 61-88, pp.76-78.

55. EEMH, A/R (1914).

56. London Hospital, A/R (1921), p.186; Margaret Llewelyn Davies (ed.), *Maternity, Letters from Working-Class Wives* (1915; reprinted London, 1984), p.5. See chapter 3, p.78 for the fees charged by midwives.

57. EEMH, A/R (1930), p.13; London Hospital, A/R (1929), p.209.

58. In its annual report for 1932 the EEMH stated that of the 8,200 cases attended by the EEMH on the district for the years 1922-1932 there were no maternal deaths.

'shown through many years, that normal cases can be treated in poor and sometimes dirty homes with no fatalities'.⁵⁹

Other Services Provided

Follow-up care:

All the hospitals had some kind of follow-up care for their district cases whereby the midwives or medical students visited the mothers several times, and in some cases maternity nurses could also be brought in for the following weeks to help not only with medical care but some housework as well. While their help was not as extensive as that of home-helps provided by philanthropic organizations and municipal schemes, maternity nurses did go some way to helping mothers burdened with housework and childcare during confinement.

In 1922 London Hospital, in collaboration with Bethnal Green Council from 1925, was supplying maternity nurses and labour nurses to accompany their district medical students and pupil midwives.⁶⁰ Labour nurses assisted the students during the deliveries, and maternity nurses took care of the patient for the following ten days.⁶¹ Often maternity nurses also provided extra nourishment, groceries and baby garments for their patients. These

59. EEMH, A/R (1932), p.8.

60. London Hospital, A/R (1926), p.202.

61. London Hospital A/R (1927), p.201. London Hospital separated the nursing work undertaken during the delivery and the lying-in period between labour and maternity nurses. Much of the work undertaken by these two types of nurse was probably rooted in the traditional work of a 'monthly nurse'. A monthly nurse had less midwifery training than a midwife, and could not practise as an independent midwife. Her main task was to carry out the menial tasks alongside a medical practitioner during a delivery and to nurse the mother during the lying-in period. Many upper-class women during the nineteenth century preferred to employ independent midwives with full midwifery training to act as their monthly nurses when delivered by a medical practitioner. For more information see Jean Donnison, *Midwives and Medical Men: A History of the Struggle for the Control of Childbirth* (London, 1977; 1988), p.62.

nurses were reported to be in high demand by the patients.⁶² In later years over half of the outpatients received maternity nurses, but this was due to the significant drop in the number of outpatients rather than an increase in the number of maternity nurses (see table 6.16 below).

Table 6.16:
Total Number of Maternity Nurses Supplied to Outpatients from The London 1922-1934

Year	Maternity Outpatients	Maternity Nurses Supplied	% Outpatients Receiving Maternity Nurses
1922	2,731	330	12
1923	2,957	329	11
1924	2,688	305	11
1925	2,355	286	12
1926	2,360	355	15
1931	751	383	51
1932	678	367	54
1933	612	342	56
1934	521	302	58

Source: London Hospital, *A/Rs* (1922-1934).

Preventive work:

Apart from the immediate task of nursing women during their confinements all the hospitals undertook preventive health care. These services had roots in activities which had operated since the nineteenth century such as health visiting and the establishment of schools for mothers and Babies Welcome Clubs. Patients cared for by the EEMH in its earliest years, for instance, received lessons on the necessity of cleanliness and 'how to wash and dress and feed a baby' alongside medical care they received.⁶³

This educational policy continued into the twentieth century and was also pursued by the other hospitals. Lessons on hygiene and infant management were provided at sessions when the women booked into the hospitals and at a later date through ante-natal and post natal clinics. Guidance was given

62. London Hospital, *A/R* (1928), p.215.

63. EEMH, *A/R* (1932), p.8.

on breastfeeding and extra nutriments were provided for pregnant nursing mothers along with milk for their infants.⁶⁴

By the 1920s ante-natal care became a regular part of the services offered by East London hospitals. The persistence of high maternal mortality during the 1920s increased public awareness on the need to institute proper ante-natal services.⁶⁵ Ante-natal care had an extremely high profile in the 1920s because it was seen as the only way to reduce maternal mortality. Effective ante-natal care relied on the co-operation between midwives, general practitioners and hospital consultants, which was rare in the inter-war period.⁶⁶ Ante-natal care as practised in East London hospitals, however, probably came closer to the attainable ideal than elsewhere. Their policy of deliberately identifying high-risk mothers and their provision of special attention before, during and after labour was perhaps the greatest service ante-natal care could provide during this period.⁶⁷

As at other hospitals, most women who wanted maternity care from The London and EEMH could only book by attending the antenatal sessions.⁶⁸

64. Bethnal Green MOH, A/R (1910-11), p.36; Stepney MOH, Report (1910), p.22; (1914), pp.55-57. The MOH of Stepney reported that education concerning breastfeeding was especially needed if the following could be taken as a common problem. 'Quite recently when one of the Health Visitors called at a certain house, she found the mother and her first baby, aged 3 weeks, at breakfast. The mother was having bacon and eggs and the baby, bacon fat and the yolk of egg!' (Stepney MOH, A/R (1914), p.57.)

65. London Hospital, A/R (1927), p.201.

66. Often ante-natal care was split between many different institutions, clinics and General Practitioners' surgeries with minimal communication between everyone. In addition most ante-natal care took the form of testing urine and measuring blood pressure. This was only useful for toxæmia cases, for which there was no effective treatment.

67. For a detailed description of the ante-natal care practice of the EEMH see W.H.F Oxley, 'Prophylaxis in Midwifery', *The Medical Officer*, 25 Aug. 1928, pp.79-81.

68. *The Medical Officer*, 25 Aug. 1928, p.81.

Young women who were expecting their first confinement were expected to attend the antenatal clinics more often than those who already had children. The department at the London kept 'strict watch' on 'possible defaulters'.⁶⁹ According to London Hospital's reports very few women failed to return to these clinics and they took full advantage of the facilities.⁷⁰

Medical staff working in the ante-natal clinics saw their role as educational. The SAMH stressed that an expectant mother should live

a normal healthy life, not overworking, or doing heavy lifting, avoiding sudden exertion, and trying as far as possible, to be normal. She should rest every afternoon on her bed for an hour with her clothes off, and really relax. This will help her not to become very tired, and will also help her child. She should have regular outdoor exercise for at least one hour per day, walking or gardening.⁷¹

Unfortunately such advice was not necessarily practical for many mothers of East London whose lives were strenuous. Interestingly one nurse singled out Jewish mothers as having better living standards than others in the area. Their homes were less overcrowded and cleaner.⁷²

By the late 1920s maternity services extended into post-natal care carried out by the Infant Welfare Centres, including those established by the hospitals. Much of the post-natal work only constituted 'an examination of the new-born infant and the giving of advice to the mother, rather than a

69. London Hospital, *A/R* (1925), p.197.

70. London Hospital, *A/R* (1927), p.201.

71. Matron, 'Mother's Circle', *Onward*, No. 48, October 1935, p.409. Similar advice was given by the EEMH see its *A/R* (1927), p.12.

72. Miss M.B. interview, transcript, p.2-3. See chapter 2 for reports from the government and Ministry of Health, p.44.

physical examination of the latter'.⁷³ Most of the advice given was on breastfeeding, which was a continuation of old policy.

How effective such education was is debatable. Despite decades of warning against artificial feeding, according to one medical officer ignorance remained.

What is most annoying is the mother who comes once, with a breast-fed baby satisfactory in every way and then never again [until] about 18 months or two years later, when she brings a miserable, pasty, undersized child with bow legs. When reproached she invariably says that, as to the bow legs, the lady next door, or her mother, or her grandfather (and sometimes the doctor) says 'He will grow out of it as he gets older.'⁷⁴

Hospital reports were slightly more sympathetic to the reasons behind the continuance of artificial feeding, which they saw as the result of 'the strenuous lives that the mothers' lived. The EEMH felt that much of this could be corrected by educating mothers to apply for extra food from the Borough.⁷⁵ In 1929 London Hospital claimed that since it had opened its ante-natal department, their mothers had become 'more solicitous, not only for advice for their infants but for themselves in matters of health during pregnancy'.⁷⁶ Tables 6.17 to 6.19 (below) give an idea of the numbers of mothers who attended the various clinics at the CLMH and SAMH.

73. Stepney, 'Public Health Survey', 1932, pp.xx, 44.

74. Bethnal Green MOH, A/R (1924), p.14.

75. EEMH, A/R (1928), p.13.

76. London Hospital, A/R (1929), p.201.

Table 6.17:
Numbers of Cases and Attendances at the Child Welfare Centre and Ante-Natal Clinics of the CLMH 1921-1939

	CHILD WELFARE CENTRE		ANTE-NATAL	
Year	New cases during the year attended	Total attendance	Number of cases attended	Total attendance
1921	530	6,322	-	-
1922	738	5,690	2,242	3,363
1923	701	5,836	2,145	3,453
1924	422	5,234	2,137	3,453
1925	500	4,876	-	3,726
1926	-	4,717	-	5,832
1927	389	4,839	2,277	6,001
1928	354	4,854	2,227	6,730
1929	431	4,639	2,070	7,555
1930	345	4,674	2,083	7,856
1931	358	4,114	2,161	8,305
1932	389	4,134	2,225	8,189
1933	344	3,996	2,098	10,035
1934	334	4,191	2,181	10,278
1935	304	4,076	2,749	10,282
1936	280	3,302	3,369	9,990
1937	277	3,444	3,003	10,248
1938	241	3,145	2,908	9,972
1939	280	2,580	2,832	9,646

Source: CLMH A/Rs (1921-1939)

Table 6.18:
Number of Cases and Attendances at the Ante-Natal and Child Welfare Clinics for District Cases at SAMH 1921-1940

		Ante-natal Clinic		Child Welfare Clinic	
Year	District births	Sessions	Attendances	Sessions	Attendances
1921	1,340	92	296	94	2,050
1922	1,493	138	1,844	1,878	2,922
1923	1,424	148	1,878	58	2,146
1924	1,346	155	2,922	103	3,652
1925	1,270	153	1,923	101	1,528
1926	1,050	160	1,579	100	1,933
1927	1,024	248	2,121	97	1,707
1928	1,074	275	3,276	110	1,792
1929	988	245	3,142	141	1,558
1930	927	223	3,000	130	1,185
1931	881	202	2,701	104	776
1932	887	204	2,896	54	636
1935	676	-	3,092	-	158
1936	685	-	3,167	-	143
1937	750	-	3,437	-	-
1938	1,099	-	6,802	-	-
1939	1,134	-	9,515	-	-
1940	1,133	-	9,146	-	-

Source: SAMH, A/Rs and *The Deliverer*, 1921-1939.

Table 6.19:
Number of Cases and Attendances at Various Clinics held at SAMH 1920-1940

Year	Number of births in hospital	Hospital				Post-natal Clinic		Dental Clinic	
		Ante-Natal Clinic		Child Welfare Clinic		Sessions	Attendances	Sessions	Attendances
		Sessions	Attendances	Sessions	Attendances				
1920	1,002	156	*3,959	*104	*3,575	-	-	-	-
1921	1,011	139	4,534	139	3,668	-	-	-	-
1922	1,129	142	6,987	142	3,407	-	-	-	-
1923	1,104	185	6,407	185	2,833	-	-	-	-
1924	1,138	221	6,598	221	3,646	-	-	-	-
1925	1,300	338	14,463	338	6,198	-	-	-	-
1926	1,420	355	11,987	355	6,948	-	-	-	-
1927	1,483	342	14,942	148	7,594	42	210	29	372
1928	1,605	345	16,475	151	7,548	53	219	30	454
1929	1,607	397	18,359	148	6,663	-	-	254	75
1930	1,549	403	19,380	145	5,658	96	-	25	501
1931	1,447	397	17,728	153	6,031	101	-	25	557
1932	1,583	408	19,392	154	6,560	89	-	25	593
1935	1,534	-	20,154	-	7,130	-	2,311	-	511
1936	1,596	-	20,978	-	7,782	-	2,093	-	468
1937	1,595	-	21,290	-	7,561	-	2,544	-	444
1938	1,756	-	22,316	-	9,017	-	2,851	-	395
1939	1,509	-	19,943	-	7,764	-	2,151	-	345
1940	1,712	-	14,738	-	6,283	-	1,822	-	296
* It is not clear whether the session and attendance belonged to the hospital or district clinics									

Source: SAMH A/Rs and *The Deliverer*, 1920-1941

Social welfare schemes of the hospitals:

A recurrent theme in the hospitals' reports was of the unemployment and poverty faced by the overwhelming majority of its patients. Such deprivation meant that many of its mothers could not 'provide themselves adequately with what they need for their infants'.⁷⁷ One way in which the hospitals tried to ease this problem was through their social welfare schemes.

The SAMH provided some welfare relief such as garments and food through its mothers' meetings (established in 1895), which were not only aimed to provide religious knowledge but also to give mothers a cup of tea and a respite from the daily drudgery of housework, and an opportunity for women 'to open their hearts' to sympathetic nurses.⁷⁸ District midwives could also advise them on what was wrong and where to get the required care.⁷⁹

77. London Hospital, A/R (1925), p.198.

78. For further information on mothers' meetings see Frank K. Prochaska, 'A Mother's Country: Mothers' Meetings and Family Welfare in

Coming into contact with the women in their own surroundings midwives from all the hospitals gained a good knowledge of the conditions these women were facing. Their work often supplemented that of the health visitor, as was revealed in one report from the EEMH:

In our visiting we cannot restrict ourselves to maternity only, but incidentally send children to Hospital, consumptive men to Dispensaries and Infirmaries, and in fact, if the mother is in any kind of trouble, from being knocked about by her husband to the death of her child, she comes at once to tell 'Matron'.⁸⁰

The midwives could also provide certain necessities from the Samaritan Funds attached to each hospital. Such funds were an acknowledgement that medical care alone would not suffice in an area of great deprivation. The Samaritan Society of each hospital operated in different ways, providing baby clothes and nightgowns for confinement, and food. At Christmas time there were extra activities provided by the hospitals such as a special tea and gifts of coal and food and additional garments.

The EEMH appears to have been particularly sensitive to the needs of its patients. During the dockers' strike of 1911 women were allowed to come into hospital ahead of their confinement (in some cases three months before delivery), because of the stark prospects many faced should they remain at home where money was scarce and food not forthcoming. Many women admitted to the hospital were found to be starving.⁸¹ Similarly the Salvation Army was aware of the burden of poverty which caused

Britain, 1850-1950', *History*, Oct. 1989, 379-399 and chapter 4, pp.120-122.

79. *The Deliverer*, February 1899, p.114.

80. EEMH, A/R (1911), p.15.

81. EEMH, A/R (1911), pp.14-15.

malnutrition and ill-health, and would take in women in advance of their confinements.⁸²

The EEMH reported in 1912,

Never have our visits revealed such unparalleled poverty as during the past year. The coal strike was terrible, but when it was followed by the long dock strike it was indeed disastrous. To face a succession of crises as our people have been through is almost beyond the limit of their endurance. To insufficient food the patients are inured, but to no nourishment and to work hard and to nurse a baby has been the too common lot of our women.⁸³

Other hospitals were aware of the social deprivation facing many of their patients, but did not show quite as much concern as the EEMH.

An important part of the assistance given through the Samaritan Fund was the financial aid given to those who needed to go to a convalescent home. Such help was vital if a mother was to regain her strength before embarking for the first time or yet again on the burdens of motherhood.⁸⁴

The London recognised that

though confinement is not necessarily an illness, a fortnight's rest and change from the continual routine of home life is a great boon to the mothers of large families and indeed if they are to maintain a good standard of health, it is almost imperative that they should have this short rest after the confinement.

Most of the women from The London were sent to the St Mary's Convalescent Home in Birchington on Sea. Yet this service was very limited and no more than 2% of all maternity cases were helped in this way.⁸⁵

82. SAMH, A/R (1933), pp.6-7.

83. EEMH, A/R (1912), p.14.

84. EEMH, A/R (1910), p.15.

85. London Hospital, A/Rs (1922-1934)

Such help was not unique to The London. Other maternity hospitals in East London ran similar schemes but how many mothers they covered is unknown. Yet, while these services were important they were not enough to eliminate the greater part of the deprivation in the area, and difficulties arose over childcare for the remaining children in the mother's absence. They could only help in a limited way, and were reserved for 'deserving' cases. This was a policy pursued by even the most sympathetic hospital, such as the EEMH.

Fees Charged

Although these hospitals were established with the explicit aim of providing medical care on a charitable basis, it is a mistake to presume such services were entirely free.⁸⁶ Viewing themselves as agents of social reform, they aimed to make their patients self-supporting citizens. It was clear from the earlier reports of the CLMH, that although a charitable institution it was not to be 'considered as a Poor House'. No woman was to take advantage of institutional care without due cause. According to the rules of 1870 a woman was only allowed to remain in hospital free of charge for 48 hours before her confinement. Should she remain beyond that time previous to her confinement she would be expected to pay at the rate of 18 pence per day.⁸⁷

This policy became less stringent over time, but women were still expected to contribute towards the costs of their care, because, it was argued, the

86. The Salvation Army made it clear that 'To the maternity home any woman is admitted upon payment of a subscription of 1s. per week for 10 weeks, the object being rather to train nurses in midwifery than to afford charitable relief'. (SAMH, *Report of the Committee of Inquiry upon the Darkest England Scheme* [1892], cited in Fairbanks, *Booth's Boots*, p.36.)

87. CLMH, A/R (1870), pp.10-11.

service could not be entirely self-supporting.⁸⁸ By 1892 the Salvation Army was running a scheme whereby women could subscribe to the maternity home 1s. per week for 10 weeks to ensure treatment. In 1897 the standard fee charged by a Salvation Army district nurse for 9 days attendance was 7s. 6d., but this was not required should the patient be unable to pay.⁸⁹ Three years later the institution was charging between 7s. 6d. and 10s. 6d. according to the circumstances and the husband's wages, for 'ten days thorough nursing and keeping the home tidy'.⁹⁰ Patients could pay the sum in small amounts every month. In 1908 the EEMH charged 3s. 6d. for women being attended at their own homes. Women were given back 1s. of the fee if they kept certain 'simple rules' set by the hospital. What the rules were is unclear.⁹¹ In the 1930s London Hospital charged 14s. for an inpatient delivery.⁹²

Like many voluntary hospitals by the beginning of the twentieth century, London Hospital had its own Lady Almoner.⁹³ It was her job to prevent any abuse of the charity provided by the hospital. She was to assess the degree to which patients could be expected to pay for the services offered by the hospital. Any tendency on the part of the patient towards

88. This was stressed by a plea for money by the Salvation Army in *The Deliverer*, February 1899.

89. *All the World*, May 1897, p.216 (newspaper issued by the Salvation Army); *The Deliverer*, Jan 1897.

90. *The Deliverer*, July 1900, p.11, By the early 1930s the Salvation Army was charging '£1 and 25s. the first, a £1 for each of the others. If you had a woman come in to help you, you would pay 10 shillings or 10 bob.' Mrs E.C., interview, transcript, p.4.

91. *ELO*, 30 May 1908, p.3. For fees charged by midwives, see p. 78.

92. Mrs D.G., interviewed London, 28 Sept. 1987, transcript, p.13.

93. For more information on the introduction of payment into voluntary hospitals and the establishment of Lady Almoners see Geoffrey Rivett, *The Development of the London Hospital System* (London, 1986), pp.49-50, 119, 144.

thriftlessness and dependence was frowned upon in the almoner's reports.⁹⁴ In line with this tradition, rather than offering material support the Lady Almoner put families in touch with other charitable agencies already organised for this purpose. This even included various Apprenticeship and Skilled Employment Associations, so as to help the children of their patients to gain suitable trades.⁹⁵

Such attitudes underlay the questioning mothers had to undergo in order to gain the benefits of the maternity care offered by the hospital. Although women were always expected to pay some contribution towards the care they received, with the introduction of the maternity benefit in 1913 many women who previously were unable to pay were now expected to cover some of the expense of their confinement. The amount was dependent on their husband's income. One Jewish woman remembered how humiliated her mother felt by the personal questions she was always asked by the Lady Almoner, often after a long wait. As a Jewish patient she felt even more resentful of the ignorance shown by the staff in spelling her name.⁹⁶

Patients' Attitudes and Community Response to the Hospitals

Aside from the embarrassment some women felt when asked judgmental questions by the Lady Almoner, what was the experience of patients in general? The experience of patients treated by these hospitals changed over time and was partly tied to the changes occurring in hospital policies as a whole. Rules governing the CLMH, for instance, seemed paternalistic in their approach to patients during the 1870s. Those

94. *First Report of the Lady Almoner*, 1 Feb. 1910 - 31 Jan. 1911, cited in Gerry Black, 'Health and Medical Care of the Jewish Poor in the East End of London 1880-1939', Ph.D. thesis (Leicester Univ., 1987), pp.217-218.

95. Black, 'Health and Medical Care', p.219.

96. Miss T.G, interviewed London, 22 Jan. 1988, transcript, p.8.

admitted were expected to behave with the appropriate decorum. They were to arrive with clean apparel and linen, and were expressly forbidden to take any kind of 'spirituous liquors' as they were 'highly injurious' to both the mother and the infant. After confinement women were required by the rules of the hospital to show their gratitude by waiting on the Governor or Governess who had 'kindly recommended' them and to present them with a letter of thanks and to acknowledge the help they had received from the hospital.⁹⁷ Other hospitals in East London were not explicit in such procedures, but the policy pursued by the CLMH was quite common for many voluntary hospitals during the nineteenth century. In practice such rules were probably moderated over time.

Despite the patronising attitudes of the hospitals, there was an element of warmth and sympathy for the poverty-stricken patients they were serving. Although the Lady Almoner was not necessarily the most popular person, the midwives and maternity nurses of these hospitals were looked upon as friends or 'angels' of the poor or slums or even 'angels of mercy'.⁹⁸

By the 1930s all the hospitals were serving a third generation of women, having previously helped their mothers and grandmothers.

In the East End there are now whole families of children who have been attended into the world by Salvation Army nurses; sometimes young wives, booking the services of the older nurses will say, 'Do you remember? When I was four I used to hold the soap for you and roll up the binders! Mother always had you and so must I!'⁹⁹

97. CLMH, A/R (1871), p.9.

98. *The Deliverer*, January 1897, p.301, Oct. 1906, p.157; *London Hospital Illustrated* c.1936 p.5; SAMH, A/R (1913-1914), p.7.

99. SAMH, A/R (1932), p.5.

This suggests that the patients must have had some kind of satisfaction if daughters were being persuaded by their mothers to go to the same hospital.

Despite the barriers of language and cultural differences and moments of tension it seems that these hospitals were by and large sympathetic to their Jewish patients' needs. In his years at the London hospital as a medical student Salaman recalled that he had hardly been affected by any anti-semitism, nor seen any real mistreatment of Jewish patients. He claimed that 'The record of the 'London' in those days of the Aliens Bill agitation was indeed a proud one'. Similarly he stated that Catholic patients were treated at London Hospital in the same way as other patients, and were not made subject to any 'hostility or ribaldry' from the staff or other patients.¹⁰⁰

Part of the reason behind the good treatment of these patients was that the established Catholic and Jewish communities took a keen interest in financing and running these hospitals. In all of the hospitals Catholic and Jewish benefactors were active in funding-raising schemes, and often sat on the hospitals' various committees; Jewish women being conspicuously active in the ladies' associations and Needlework Guild.¹⁰¹ Through their donations the established Catholic and Jewish patrons were able to gain positions of authority which enabled them to safeguard the rights of their co-religionists in hospital institutions.

100. Salaman, 'The Helmsman', pp.23, 37.

101. Catholic benefactors appeared on subscription lists in the EEMH, A/R (1910). Mrs Lionel Rothschild was president of the Needlework Guild for the EEMH (EEMH A/R [1937]). Lord Rothschild was one of the most famous Jewish benefactors and fund raisers for the London Hospital. For more details on the relationship between the Jewish community and hospitals see Black, 'Health and Medical Care', chapter VI.

To gain the financial sponsorship of wealthy Catholic and Jewish patrons, many of these hospitals went out of their way to make special provision for Catholic and Jewish patients. Where hospitals did not concede to their demands Jewish subscribers changed their allegiances. This was most clearly seen in the case of the German Hospital in London which was accused in 1894 of allowing its Jewish patients and Catholic patients to be proselytised and forced to listen to Protestant prayers. These allegations proved groundless, but many Jewish subscribers protested by redirecting their sponsorship to other hospitals and the established Jewish community transferred its allegiance to the Metropolitan Hospital instead, which guaranteed Jewish rituals would be more easily observed.¹⁰²

All the East London hospitals providing maternity services allowed their Irish Catholic and Jewish inmates to be visited by those of their respective faith. At the EEMH and The London, Catholic nuns and priests were able to visit Catholic and non-Catholic patients freely. Their concern, however, was mostly for the many Irish Catholic women using the hospital.¹⁰³ Salaman remembered one Catholic priest in particular who was always welcomed by patients at the London. This contrasted with the official Anglican clergy, who seemed to be 'colourless, impersonal officials'. Their 'influence' was 'negligible', and their visits often 'aroused derision amongst the nursing staff as well as the patients'.¹⁰⁴ Jewish patients had similar arrangements and often were attended by a

102. More information relating to this episode can be found in 'Inquiry as to the Charges to Proselytise: Jewish Patients in the German Hospital', United Synagogue Visitation Committee, Minutes, Vol. 1, 1871-1902; JC, 9 March 1894, p.11; Black 'Health and Medical Care', pp.229-234, 322.

103. Sister of Charity, Sister P, interviewed London, 14 Dec. 1987, notes p.3.

104. According to Salaman 'In one large ward, 'Sister' used to suspend a doll in clerical garb from the chandelier with the avowed object of scaring off the visiting chaplain.' (Salaman, 'The Helmsman', p.35.)

rabbi or lay Jewish visitor from a nearby synagogue or from the United Synagogue Visitation Committee.¹⁰⁵

The religious needs of Jewish patients were much more elaborate and complex than those of Catholic patients, which was perhaps one reason why they were more conspicuous as a group than the Irish in hospital records. One of the most pressing needs for Jewish patients was the provision of kosher food. From its early days London Hospital had a kosher kitchen attached to its special Jewish wards. In 1928 the CLMH established a special kosher kitchen with the financial support of the Jewish community.¹⁰⁶ Other hospitals did not possess kosher kitchens, but they managed to bring in kosher food from outside for their Jewish patients.

Another concern for the Jewish community was provision for the circumcision of baby boys on the eighth day after birth. In 1906 London Hospital received correspondence from the Jewish Initiation Society, which dealt with circumcision, calling for the notification of each birth of male Jewish children so that a qualified Jewish doctor (*mohel*) could perform the rite. The letter expressed fear that several Jewish women who were confined in the Marie Celeste Ward 'through ignorance' had not had 'their children circumcised according to Jewish law on the 8th day'.¹⁰⁷ Arrangements were made by the Hospital for the wishes of the society to be adhered to, and other hospitals had a similar practice.¹⁰⁸ Staff at The

105. *ibid.*, p.35; United Synagogue, Visitation Committee, Minutes, 1902-1914.

106. *JC*, 9 Jan. 1925; *JC*, 14 Sept. 1928.

107. London Hospital Archive: Blue File LM/5/27. Letter from the Society for Relieving the Poor on the Initiation of their Children into the Holy Covenant of Abraham to the Secretary of the London Hospital, E.W Morris.

108. SAMH, A/R (1933), p.9.

London looked forward to the celebration because relatives would bring a huge feast which they were invited to join.¹⁰⁹

Table 6.20:
Number of Jewish Inpatients Treated at London Hospital 1871-1938

Year	Total Patients	% Jews	Year	Total Patients	% Jews
1871	4,781	5.0	1905	13,552	12.2
1872	5,899	4.9	1906	14,139	12.0
1873	6,212	4.2	1907	14,288	11.1
1874	6,223	4.2	1908	14,871	11.0
1875	6,338	3.9	1909	14,990	12.2
1876	6,303	5.2	1910	16,884	12.4
1877	6,825	4.6	1911	16,827	13.2
1878	6,448	5.1	1912	17,096	11.9
1879	5,811	5.5	1913	18,130	11.3
1880	6,312	5.9	1914	18,933	11.7
1882	6,860	5.6	1915	17,637	14.2
1883	7,171	6.6	1916	16,053	13.3
1884	7,388	6.3	1917	19,699	10.5
1885	8,565	6.8	1919	18,770	10.4
1886	8,732	7.8	1921	17,444	10.3
1887	8,743	7.5	1922	17,977	11.0
1888	8,863	7.5	1923	17,975	10.6
1889	8,873	7.3	1924	18,237	10.0
1890	9,105	7.7	1925	18,077	11.1
1892	9,458	7.7	1926	14,698	13.9
1893	10,070	8.3	1927	13,972	14.5
1894	9,703	7.9	1928	14,256	14.2
1895	10,559	8.4	1929	14,304	14.7
1896	11,337	7.0	1931	14,304	14.7
1897	11,146	7.0	1932	14,634	14.1
1898	11,662	7.7	1933	14,515	14.8
1899	13,234	8.6	1934	15,050	14.4
1900	12,746	9.1	1935	15,409	14.7
1901	13,364	10.4	1936	15,049	14.7
1902	13,160	10.7	1937	15,102	13.9
1903	13,120	11.7	1938	15,902	13.7
1904	13,536	12.6			

Source: London Hospital, A/Rs (1885-1938).

The extent to which these hospitals provided for the needs of minority patients can be most clearly seen in the records for The London which had a large proportion of Jewish patients amongst its general inpatients and outpatients. Table 6.20 shows how the number of Jewish patients accepted by London Hospital increased over the years 1871 to 1938. No statistics remain for how many Jewish patients used the outpatient service. However, in 1907 it was estimated that between 30 and 20% of the total outpatients

109. Miss M.B., interview, transcript pp.1-2.

were Jewish. No figures can be found for the number of Jewish mothers using the maternity services. In the same year it was estimated that approximately half of the home births attended by the hospital's midwives were Jewish.¹¹⁰ In 1925 it was thought that of a total 1,800 patients treated at the CLMH 450, or 25%, were Jewish.¹¹¹ Unfortunately no statistics remain for the Irish population using the hospital, or for the Jewish and Irish patients who used the other hospitals.

Various people I interviewed implied that Catholic and Jewish patients cherished the care they received at the hospitals. Although Jewish patients were seen by the health professionals to be slightly strange in their habits and their language, they were considered more grateful than many for the treatment they received. Miss B who worked at The London argued that 'the attitude of the Jewish patients was excellent', and the relatives helping during confinements were very cooperative. She also claimed that 'they were always trying to show their gratitude by giving presents to the medical staff'.¹¹²

One Jewish woman who gave birth at London Hospital in 1936 had fond memories of the place and said that many held it in great esteem.¹¹³ Others, however also commented on how large and impersonal the hospital was.¹¹⁴ The EEMH was smaller than The London, and had a mixed response from its patients. One Catholic nun who frequently visited the place had the impression that the EEMH was a 'very happy place, but the

110. *JC*, 8 March 1907; I am grateful to Dr Gerry Black for this reference.

111. *JC*, 9 Jan. 1925.

112. Miss M.B., interview, transcript, pp.2,3.

113. Mrs D.G., interview, transcript, p.20.

114. Miss T.G., interview, transcript, p.8.

accommodation was very limited and it wasn't laid out very well',: a verdict borne out by the 'Public Health Survey' for Stepney.¹¹⁵ Despite this, she argued, many women chose to have their babies there and 'loved it'. One of the sisters there was very popular in the Irish Catholic community.¹¹⁶

Less happy memories came from the daughter of a Jewish mother who gave birth in the EEMH in the 1920s.

Mother was very ill during the pregnancy and she felt that she had to go into hospital as she could not risk a home delivery. I went to visit once - the food was atrocious. Absolutely appalling. Mother couldn't eat any of the food there. They used to give them boiled pudding, and peas with worms crawling out of it. Mother couldn't eat anything. She was there a fortnight, and when she came home she was very weak because she hadn't eaten anything. The baby was all right to start off with. The EEMH was very poverty stricken.¹¹⁷

Another woman, Mrs E.C., whose husband was the son of Irish parents, booked to have her baby in at the EEMH in the early 1930s. Her initial experience of the home changed her mind. She resented having to get a reference before she was admitted, and when she was admitted before she was due she found conditions so unbearable she decided when her proper time came she was not going to give birth in the hospital. 'I didn't like it one bit seeing all these people screaming and hollering, because I wasn't. So I decided I wasn't going to have the baby there.'¹¹⁸

This woman decided instead to engage a Salvation Army midwife in her own home, whom she described as 'really nice to me and gentle.' Mrs E.C. said that 'they talked a lot about religion and all that', but she was not

115. See p.213 and footnote 52 above.

116. Sisters of Mercy, interviewed London, 9 Dec. 1987, transcript, p.3.

117. Miss T.G., interview, transcript, p.4.

118. Mrs E.C., interview, transcript, p.3.

bothered by this and felt that it gave the place a more 'homely' atmosphere than the EEMH.¹¹⁹ Jewish women who gave birth in the home stated they also had not been unduly affected by the prayers in the hospital.¹²⁰

Conclusion

Whatever the attitudes of the patients, these hospitals seemed to offer a service which reflected the needs of the community around it. Based in an area of great poverty, the hospitals to some extent understood the need for a service which stretched beyond medical care to a large number of social services. To what extent such provision compensated for the living conditions facing most mothers in the area is hard to estimate, but it would seem that these services could account for the remarkably low maternal mortality in East London in the years 1870-1939.

It is clear that the medical and social services offered by these hospitals and other agencies provided a vital network of communal aid in an area where the burdens of motherhood were worsened by terrible poverty. For the standards of the time these hospitals did remarkably well in terms of maternity care and were leading forces in providing facilities which poor mothers could not have otherwise purchased for themselves. Their services reached out into the homes of the patients they served.

Like all voluntary hospitals, those based in East London catering for poor mothers suffered increasingly from lack of funds as the twentieth century progressed.¹²¹ It was the task of the Lady Almoner to see that rigid

119. Mrs E.C., interview, transcript, pp.4, 7.

120. Women from the Jewish Women's League, interviewed London, 9 April 1990, tape.

121. In 1920 desperate shortages of finances pushed The London to charge patients a guinea a week for their maintenance (*ELO*, 14 Aug. 1920, p.4). In 1930 the EEMH had a deficit of £26,000 because it built new buildings

economies were observed, and that the services of the hospital were not 'abused' by those who could afford private care. Inevitably, she was not a popular figure. Some patients remember that her initial scrutiny made them feel humiliated and unwelcome.

Based in an area of high immigration these services had an extra challenge. While there might have been tensions between immigrants and the hospital professionals and authorities, overall immigrants were not distinguished from other sections of the local community in terms of treatment. That their cultural and religious needs were considered is most clearly seen in the context of the Jewish patients. This is not to say that these immigrants never felt isolated in the hospitals. Indeed, as outsiders these communities felt the need to establish their own organizations for helping mothers during confinement, which often complemented the other maternity services in East London. It could be argued that the immigrant communities were more fortunate than the local population because they had supplementary provision.

(ELO, 17 May 1930, p.5). For more discussion on the financial difficulties many voluntary hospitals faced in London during the 1920s see Rivett, *Development of London System*, pp.185-191.

CHAPTER 7

POOR LAW INSTITUTIONS AND THE PROVISION OF MATERNITY CARE TO IRISH AND JEWISH WOMEN IN EAST LONDON 1870-1929

Introduction

Parish relief always allowed for some form of medical assistance during illness or childbirth for the very poor, but its character changed over the centuries and was linked to the nature of Poor Law provision as a whole. This not only had implications for the types of maternity care offered but also the access patients had to the facilities. The experience Irish and Jewish mothers had of these services shows parish provision was more responsive to local needs and roots and perhaps less punitive than has traditionally been believed.

In 1834 parish relief was transformed by the Poor Law Amendment Act. This amended the legislation of 1601 which had provided relief or assistance to the poor in each parish. The earlier act had established institutions for those who could not look after themselves and financial aid was given on an outdoor basis to the more able-bodied poor, which included some expectant mothers. After 1834 outdoor relief was provided on a very limited basis. Those who wanted assistance now had to enter an institution, or workhouse. It was hoped that this system would test people as to their real state of destitution and eliminate pauperism. Acceptance of such charity also entailed the loss of voting rights and caused great humiliation.

From the earliest times Poor Law authorities had to cope with aiding the aged and the sick as well as expectant mothers. Before 1834 the destitute sick were given minimal outdoor relief and were left in their own homes to be cared for by family and neighbours. Some parish authorities set aside

rooms for these poor, while others provided separate infirmaries. The Act of 1834 made no provision for the sick within the workhouse, but by the 1840s an increasing number of workhouses were evicting the able-bodied poor because of the overwhelming need to admit the sick.¹ Provision for the sick poor was therefore better in some parishes than others.²

By the 1860s there was strong agitation for the separation of the sick from the able-bodied, and this separation was formally recognised by the Metropolitan Poor Law Amendment Act in 1867. Under this, London Poor Law unions were able to combine to build large district asylums which were to be managed by the Metropolitan Asylums Board. This enabled the easier classification and institutional treatment of the sick, infirm and insane poor.³ Nonetheless recipients of Poor Law infirmary care were as stigmatised as those confined in the workhouse. Only in 1885, under the Medical Relief (Disqualification Removal) Act, were those who accepted medical relief from the parish able to retain their right to vote.⁴

1. Ruth G. Hodgkinson, *The Origins of the National Health Service* (London, 1966), p.451.

2. Some provision for the sick poor which was enlightened for its day was that made by parishes in Norfolk well before 1834. See Anne Digby, *Pauper Palaces* (London, 1978), pp.161-179.

3. Pat Ryan 'Politics and Relief: East London Unions in the Late Nineteenth and Early Twentieth Centuries', in M.E. Rose (ed.), *The Poor and the City: the English Poor Law in its Urban Context, 1834-1914* (Leicester, 1985); Gareth Stedman Jones, *Outcast London* (London, 1971; 1984), pp.253-255. Many of the developments after 1867 were rooted in the 1834 Poor Law Act which enlarged the local unit of Poor Law administration and resulted in the construction of larger institutions. These allowed for the more effective segregation of the various classes of paupers. For more information on this see Felix Driver, 'The Historical Geography of the Workhouse System in England and Wales, 1834-1883', *Journal of Historical Geography*, Vol.15, No.3, 1989, 267-286, pp.272, 282, 283.

4. M.W. Flinn, 'Medical Services under the New Poor Law' in Derek Fraser (ed.), *The New Poor Law in the Nineteenth Century* (London, 1976), pp.64-65.

Despite the legislation the stigma attached to such services took time to be reduced.

Much of the assistance given by Poor Law Guardians to mothers during childbirth was bound up with these changes in parish and medical relief. Services available to mothers varied between regions and was not uniform. The type of care afforded to mothers under this service was therefore heavily dependent on the decisions of local Guardians. Unlike some unions which refused to help pregnant mothers outside the workhouse, unions such as St George's-in-the-East and Whitechapel in East London (both of which were renowned for highly restrictive outdoor relief policies)⁵ did provide some outdoor midwifery care, albeit on a very limited scale. With the cuts in outdoor relief as a whole, however, maternity care in East London was increasingly dispensed within the confines of the Poor Law institution rather than the patients home.

As charges on the parish rates mothers who sought such aid had very little say in where they were delivered. Until the early twentieth century the Poor Law relieving officer decided whether a woman was to be confined in her own home or in the workhouse. Given the demeaning experience suffered by many when applying for parish or union relief, it is not surprising that women turned to the parish for help during their confinement only as a last resort. Until the late 1880s, when voluntary hospitals began to accept single mothers for the first time, unmarried mothers formed the largest group of women seeking maternity care from the Guardians.

By the early twentieth century, however, much of the stigma attached to parish maternity services was diminishing. Concern for infant and maternal

5. For more information on the cut in outdoor relief by unions in East London see Ryan 'Politics and Relief', pp.136,142-151; Stedman Jones, *Outcast London*, pp.250, 274-276.

morbidity and mortality together with developments in maternity care as a whole, such as the regulation of midwives, spurred many parishes to improve provision for expectant mothers. At the same time mothers, who, in a poverty stricken area like East London, were highly dependent on Poor Law midwifery care increasingly used these services. The fact that during World War I thousands of people were accommodated in Poor Law infirmaries also helped to erode older prejudices.

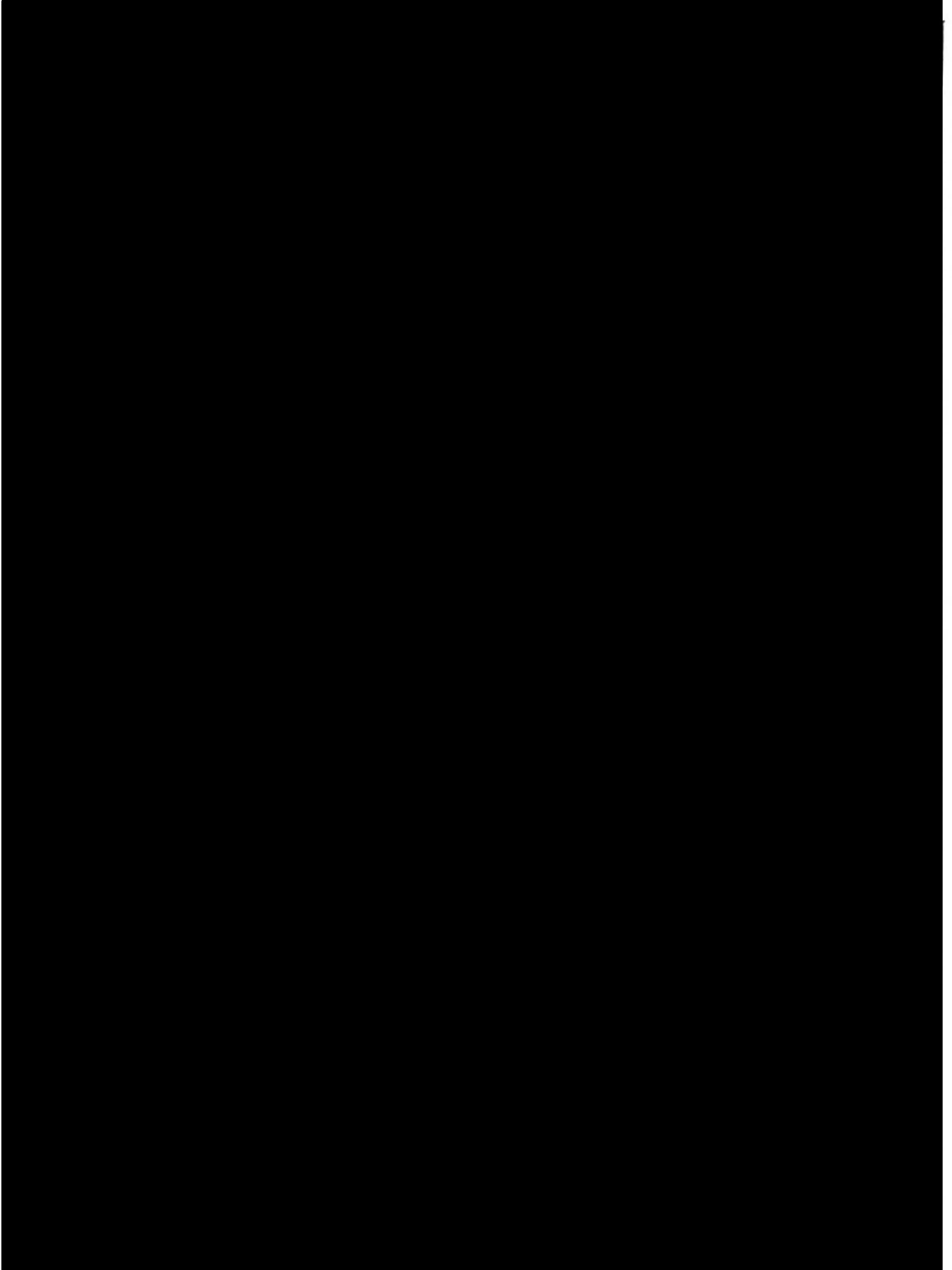
Many of the changes in the Poor Law institutions in East London were linked with the location and size of the unions. Unlike provincial unions which were less centralised administratively and financially, those based in East London could seek financial support from the Metropolitan Common Poor Fund after 1867, and this was crucial in an area where the high level of poverty was a tremendous strain on ratepayers.

This chapter is concerned with maternity provision in the unions of Bethnal Green, Whitechapel, St George's-in-the-East and Poplar.⁶ Overall the levels of poverty and the strain faced by these unions was higher than most in London, but variations existed between the unions, reflecting the different demands on each and their location (see map 7.1). In his study of poverty Booth argued that St George's-in-the-East was the poorest area of London, because of its lack of major industry and high number of casual labourers. Bethnal Green where the occupational base was dependent on the furniture trade and the casual labour market ranked second.⁷ Comparable levels of poverty were also found in Whitechapel where the population was overwhelmingly employed in small trades such as clothing and cigar-making.

6. Most of the material relating to these institutions are held by the Greater London Records Office (GLRO). Henceforth footnotes will only give the place of the union and file number for reference to Board of Guardian minutes etc.

7. Charles Booth, *Life and Labour of the People of London*, 1st Series, *East London*, Vol.1 (1889), p.37.

Map 7.1 : Location of Poor Law Institutions in East London c. 1888
Source: W.J. Fishman, *East End, 1888* (London, 1988), Map 1, p. xiv



Of all the unions Whitechapel had the largest group of Irish and Jewish immigrants to deal with and the highest number of lodging houses. Poplar, with one of the largest unions in the area, had more factories and large employers than the other places, which meant that it had a more varied occupational base of unskilled and semi-skilled workers.⁸ The presence of a large number of proletarian workers in Poplar gave the labour movement there a stronger hold than in other parts of East London, and this was reflected in the more radical policies on outdoor relief pursued by the local Guardians. Other unions were more restrictive in their policies.⁹

What relation the politics of the different unions had in relation to maternity services is difficult to determine. The sheer volume of material for each parish in East London makes the task of uncovering the history of Poor Law maternity care in the area complicated. Unlike the maternity hospitals and district nursing associations in East London, the Poor Law institutions do not provide records of maternity cases. This has made it difficult to assess the full extent of these services available to mothers in East London and what impact they had on maternal and infant morbidity and mortality.

For the purposes of this thesis I have concentrated on only four unions of the area and have examined the minutes, registers and reports from the Boards of Guardians and their infirmaries. Many of these sources reveal only indirect evidence of the maternity care afforded by the parish, especially in the nineteenth century.

8. *ibid.*, pp.63-69, 71.

9. Ryan 'Politics and Relief', pp.139, 165-166. The radical politics of Poplar and the forces behind this during the 1920s are examined in Gillian Rose, 'Locality, Politics and Culture: Poplar in the 1920s', Ph.D. thesis (London Univ., 1988).

Very little is known about the Irish and Jewish population who applied for help from Poor Law institutions. Contemporaries argued that the lower rates of application for poor relief in East London were a reflection of the large numbers of immigrants in the area who relied on relief from elsewhere, but, with the exception of a few comments from Ryan, few historians have explored this connection further.¹⁰ Even less is known about the Irish and Jewish mothers who used the Poor Law maternity services. Jewish immigrants, in particular, were reluctant to use infirmary facilities and do not show up readily in the records.¹¹ The Irish are even harder to locate. Although a large percentage of the Catholics applying to Poor Law authorities were Irish, the material does not always specify their place of origin. The only clues available to the researcher are the surnames generally common to Ireland, but, as in the Jewish case, these do not show whether they belong to immigrants or their children.¹² What experience Irish and Jewish immigrant women had in these institutions can partly be judged by the religious provision Poor Law Guardians made for non-Anglican inmates and their attitudes towards them. This account of the encounters Irish and Jewish mothers had with Poor Law maternity services has been extracted from details on mothers in general.

10. *Royal Commission on Poor Law Relief of Distress*, PP 1909, XXXVII (henceforth *Poor Law*), Evidence of Henry Lockwood, inspector for the Metropolis, Qs12855-12873, & Q13819; Ryan 'Politics of Relief', p.148.

11. Black also found this difficulty when doing his research on Jews and medical care in East London. See Gerry Black, 'Health and Medical Care of the Jewish Poor in the East End of London 1880-1939', Ph.D. thesis (Leicester Univ., 1987), p.189.

12. One means to get at this material would be to look at census schedules, but this material demands time-consuming scrutiny to get any meaningful data and they are only available for the years 1871 and 1881 which leaves the majority of the years examined in this thesis uncovered.

The Irish And Jewish Community and Poor Law Provision

The experience Irish and Jewish mothers had with the maternity services provided by the Poor Law authorities was dependent on the position of Irish and Jewish women under the Poor Law.

As in the case of any migrant, Irish and Jewish newcomers' claims to parish support were tenuous without the proper residential qualifications. Before 1846 Irish residents in English parishes had no rights of settlement, and those found to be a burden on the rates were frequently shipped back to Ireland. In the early nineteenth century thousands of Irish migrants were removed from English parishes in this way. Many avoided applying for relief for fear of removal.¹³

Even after 1846 those born in Ireland could only ask for parish relief if they could prove they had lived continuously in an English district for five years. In 1865, however, under the Union Chargeability Act (28 & 29 Vic. cap. 79) the laws of settlement and removal were revised to require just one year's residence.¹⁴ Despite the frequent protests over the expense involved in enforcing orders of removal, the laws remained unchanged well into the twentieth century.¹⁵ Jewish East European immigrants arriving in the 1870s faced the same dangers of removal as the Irish before them.

13. M.A Crowther, *The Workhouse System 1834-1929* (London 1981; 1983), p.225.

14. M. Rose, 'Settlement, Removal and the New Poor Law' in Fraser (ed.), *The New Poor*, pp.31, 38-39.

15. In 1875 Whitechapel Board of Guardians signed a petition with the Guardians of St Pancras, City of London, Hackney, St Marylebone, the Strand, St. George's and Paddington in protest against the Irish Removal Bill in parliament that year. (Whitechapel, 25 May 1875; 1 June 1875, [St BG/Wh/57].) In 1880 Whitechapel Guardians petitioned the government against the proposed Irish Removal Bill (Whitechapel, 27 July 1880, [St BG/Wh/62]).

The debate concerning the laws of removal reflected the underlying anxiety that should such powers be abolished, parishes would be inundated with an influx of newcomers and unable to cope. This was clearly feared at the time of the Irish famine in the 1840s and 1850s.¹⁶ In the late nineteenth century many investigations were undertaken to estimate to what extent East European immigrants had taken away the work and livelihoods of the local population and what impact this had had on the level of pauperism within London.¹⁷

Most of these surveys concluded that pauperism had not increased as a result of the immigration and that the East European Jews were not a large number of those claiming parish relief.¹⁸ The fact of these continual investigations, however, gave cause for concern for the more established Catholic and Jewish communities. Their fears that the appearance of the fellow poor on the parish rates would result in anti-Catholicism or anti-semitism were not unfounded.

The tenuous position of Jewish immigrants was highlighted in the Royal Commission on Alien Immigration in 1903¹⁹ and the Aliens Act that followed in 1905. Under this Act the Home Secretary could deport any alien who had committed a criminal offense or had, within twelve months of arrival 'been

16. Rose, 'Settlement and Removal', p.39.

17. In particular see Whitechapel Board of Guardians, *Report on Immigration of the Foreign Poor*, pp.1-2 (Whitechapel, 1 Nov. 1887, p.257, [St BG/Wh/70]) (henceforth *Report on Immigration*); See also for references to ongoing questions from Local Government Board to Guardians about the number of aliens receiving relief in individual parishes: Bethnal Green *Triennial Report* (1897), p.7 (Be BG/261/1); Bethnal Green Hospital, Committee Minutes, 1903 (Be BG/161/3); Poplar, 6 July 1892, p.193 [Po BG/34]; 17 Feb. 1909, p.742 (Po BG/55). See also Stedman Jones, *Outcast London*, pp.244.

18. *Report on Immigration*, p.5.

19. *Royal Commission on Alien Immigration*, PP 1903, IX (henceforth *Alien Immigration*, PP 1903, IX) p.24-25.

in receipt of any parochial relief as disqualifies a person for the parliamentary franchise or been found wandering without ostensible means of subsistence...' Within four years of the passage of the Act 1378 people had been deported.²⁰

Pregnant women were particularly vulnerable under this act. In 1906 the Whitechapel Board of Guardians approached the Home Office over the question of destitute alien women arriving alone in Britain 'in a condition of advanced pregnancy, and who must of necessity become a charge to the ratepayers'. It was said that such cases were on the increase. The Home Office assured the Guardians that the Aliens Act not only intended to prevent alien pregnant pauper women gaining entry into the country, but that the Home Office would relieve Guardians of any such women.²¹ Such restrictions were later reinforced by the Aliens Restriction (Amendment) Act of 1919 which extended the powers of medical officers based at ports to reject aliens on arrival. It was within their jurisdiction to grant only conditional landing to parturient women.²²

Many applying to the parish for relief found the process repugnant. As outsiders, however, Irish and Jewish claimants could experience the additional problem of anti-Catholicism or anti-semitism from Poor Law officers. On a number of occasions Whitechapel recorded abuse to Jewish patients by the district medical officer, Mr Braye. In 1879 Mr Braye recorded the following in the register:

20. *Jewish Chronicle* (JC) 24 June 1910. Cited in Steve Cohen, 'Anti-semitism, Immigration Controls and the Welfare State', *Critical Social Policy*, Issue 13, Summer 1985, 73-92, p.81.

21. *East London Observer* (ELO), 8 Dec. 1906, p.8.

22. Edmund Leigh White, 'The Work of an Aliens Medical Officer', *The Medical Officer*, 1 Oct. 1921, p.147.

People in good condition. Ratepayers, shopkeepers, better clothes than I can afford. Would never have had pauper visiting order if they had not been Jews. Have been paying Doctor Swyer for private-attendance. A pauper's order is invariably given to these Jews who are sent on from the Jewish Relief Officer without compelling the head of the family to come for order - in many cases their servants.

When attending a Jewish mother he noted: 'Nothing amiss except pregnancy. No order would have been given if they had been Asians instead of Jews'. In another instance Mr Braye called a Jewish woman a 'dirty Jewish bitch'.²³ The Guardians put him on probation. His behaviour did not improve. Only in 1881, however, did the Guardians force him to resign.²⁴

Irish and Jewish newcomers who entered workhouse infirmaries also faced the prospect of being culturally isolated. The difficulties Catholic inmates faced were illustrated in a letter which appeared in the Catholic newspaper *The Tablet* in 1873.

When our Catholic poor find themselves enclosed in the workhouse, there is little opportunity for them properly to attend to their religion, even when all officials are kind and willing to make things convenient. Experience shows that the Sacraments have to be received and administered in a very curtailed and uncomfortable manner...²⁵

A particular problem for the inmates of the City of London Union Infirmary on Bow Road in East London was the lack of Catholic prayer books, rosaries, tale-books, or newspapers. In addition not all workhouses or their infirmaries provided Holy Mass on Sundays.²⁶ Jewish inmates had to

23. Whitechapel, 25 Nov. 1879, pp.51-52, (St BG/Wh/106/1).

24. Complaints continued against Mr Braye. See Whitechapel 2 Dec. 1879, (St BG/Wh/62); 2 Feb. 1880, (St BG/Wh/63). For the discussion concerning his resignation see 18 Jan. 1881; 8 Feb. 1881 and 1 March 1881 (St BG/Wh/63).

25. Bernard Bulbeck, 'Catholic Poor in Workhouses', *The Tablet*, 12 April 1873, p.470.

26. 'The Cries from our Poor in the Workhouses', *The Tablet*, 4 Feb. 1893, p.177.

apply specially for permission not to have to work on the traditional Jewish sabbath in the St George's-in-the-East Union.²⁷

The established Catholic and Jewish communities were also anxious that correct spiritual consolation was available for those dying in workhouse institutions and infirmaries.²⁸ Death among Jewish inmates was complicated by the stipulation that only a Jewish person could lay out the dead person, and that the body had to be buried within twenty-four hours.²⁹

Over the years the East London Boards of Guardians were more willing to make religious provision for their Catholic and Jewish inmates and by 1906 most of the unions in East London had done so.³⁰ They also helped finance special Catholic and Jewish chaplains and instructors and supplied bibles and other ritual objects.³¹ In later years the Guardians of St George's-in-the-East made sure that a Yiddish newspaper and some Yiddish books were supplied to the infirmary.³²

27. United Synagogue, Visitation Committee, Minutes, 7 March 1904 (Chief Rabbi's Office's Archive [CRO]).

28. *The Tablet*, 18 July 1880 p.361.

29. Outside the Jewish community similar importance was attached to preserving the identity and integrity of the dead body. After the Anatomy Act of 1832 the unclaimed corpse of anyone who died on the parish could be used for dissection purposes. Many feared that their spirit would be unable to rest or be resurrected without proper burial. The possibility of being used for dissection therefore caused great fear of dying in the workhouse. It thus became very important for the working-class that they should be able to provide a decent funeral and burial for themselves. Even those who had meagre incomes set aside money for the burial society. (For further information on this see Ruth Richardson, *Death, Dissection and the Destitute* [London, 1988; 1989], pp.272-281.)

30. *Return with reference to religious services at Metropolitan Unions and Parishes* 1906 in Bethnal Green Infirmary, Minutes, 26 April 1906, (Be BG/150).

31. Whitechapel, 3 May 1870, p.342 (St BG/Wh/50); Poplar, 1 June 1888, p.211 (Po BG/34); 23 July 1924 p.87 (Po BG/71).

32. Whitechapel, 20 Sept. 1907, p.241, (St BG/SG/45).

The Jewish community was particularly concerned about the supply of kosher food for their compatriots in both the workhouse and the infirmary. While Guardians ensured the provision of fish for Catholics on Fridays³³, the dietary requirements for Jews was more complex. A prolonged debate by the Whitechapel Guardians during the 1870s about the provision of kosher food illustrated the difficulties Jews faced in such institutions. The Board finally decided to buy kosher meat but not to allow 'special rations'.³⁴ Remarkably, precautions were also taken to separate milk from meat utensils and to cook Jewish food away from non-kosher food in the infirmary.³⁵ Years later a clerk from the St. George's Board of Guardians was hostile to the proposal to provide kosher food for Jewish inmates of the infirmary. He regarded Jewish patients who refused to eat non-kosher food as 'bigoted'.³⁶ Eventually kosher food was provided for the infirmary, but the discussion revealed the vulnerability of Jewish inmates.

Guardians increasingly understood the importance of providing kosher food for their Jewish inmates. In 1910 the Board of Guardians in Mile End noted that 'the recovery of such patients may be retarded owing to the food supplied to them being prepared in a way contrary to their principles'³⁷

33. Alice Mackie, 'Memories of the Poplar Workhouse 1932-1939', in *Settlement of the Holy Child*, A/R (1962/3), p.25 (Tower Hamlet's Local History Library).

34. It is not clear what was meant by 'special rations' but it might have been the provision of food which was kosher for Passover. (Whitechapel, 25 Oct. 1870, pp.240-243 [St BG/Wh/51]; 28 March 1876 [St BG/Wh/57]).

35. Whitechapel, 10 Feb. 1880, p.74, (St BG/Wh/106/1).

36. ELO, 29 Feb. 1908, p.2.

37. ELO, 2 April 1910, p.2.

and followed the example of other East London Guardians in supplying kosher food.

Increased religious provision stemmed in part from the pressure of the more established Jewish and Catholic communities. Fearing that their poor would be culturally isolated or converted in workhouse institutions, the established Catholic and Jewish communities attempted to safeguard the religious and cultural interests of their poor by securing positions on the Boards of Guardians and by making other representations.

In the Jewish community the United Synagogue's Visitation Committee and the Jewish Board of Guardians (JBG) was in constant contact with Poor Law authorities on the question of religious provision for Jewish inmates.³⁸ Often the Visitation Committee arranged that the initial supply of kosher food would be financed by the Jewish community.³⁹ The extent of visiting work undertaken by the Visitation Committee to Jewish inmates in Poor Law institutions can be seen in table 7.1 (below).⁴⁰ Similar action

38. Formed in 1871 this Committee's purpose was to visit Jewish inmates in poor law institutions, voluntary hospitals and prisons. They were the main organisation undertaking such work, but they were joined by other groups within the Jewish community such as the Ladies Conjoint Committee, the Ladies Loan Society, the Jewish Ladies West End Society, and the Minister of the East End Visiting Committee. (United Synagogue, Council Minutes, pamphlet on the East End Scheme, p.12, [CRO]). United Synagogue, Visitation Committee, Minutes 1871-1902. See also Whitechapel, 24 May 1892, pp.461-462 [St BG/Wh/74].)

39. United Synagogue, Visitation Committee, Minutes, 1871-1902, 11 Nov. 1909 & 12 April 1910.

40. Members of the Committee were allotted specific places to visit. Many of the lady visitors on the Committee were drawn from the West London Synagogue (United Synagogue, Visitation Committee, Minutes, 17 Nov. 1913, p.297).

Table 7.1:
Number of Visits to Jewish Inmates in Various Poor Law Institutions made by the United Synagogue Visitation Committee 1873-1912

Institution	Year	No visits	Maximum no. inmates	No. admitted in last year	No. of visitors
Whitechapel Union W & I	1873	8	5	-	-
	1874	9	5	-	-
	1875	8	6	-	-
	1876	6	7	-	-
	1877	9	11	-	-
	1878	12	2	-	-
	1879	5	7	5	-
	1880	5	9	14	-
	1881	3	11	16	-
	1882	7	11	1	-
	1883	15	10	14	-
	1884	31	44	49	-
	1890	69	22	55	-
	1891	34	16	-	-
	1896	75	38	305	-
	1897	44	4	-	-
	1901	101	23	179	-
	1905	134	42	158	5
	1910	146	66	428	6
	1911	139	68	394	7
	1912	138	52	408	8
St George's- in-the-East Union W W & I	1873	1	0	-	-
	1875	2	0	-	-
	1876	2	-	-	-
	1877	2	1	-	-
	1878	1	5	5	-
	1879	1	-	-	-
	1880	1	1	2	-
	1882	3	1	1	-
	1883	4	2	1	-
	1884	7	5	4	-
	1890	8	5	2	-
	1891	33	8	12	-
	1896	22	4	20	-
	1897	25	5	28	-
	1901	50	16	89	-
	1905	126	22	156	5
	1910	70	40	258	6
	1911	97	12	283	5
	1912	49	25	181	5
Poplar & Stepney Sick Asylum	1901	2	1	1	-
	1905	24	3	3	2
	1910	31	3	10	2
	1912	25	4	11	3
City of London W W & I W	1873	2	0	-	-
	1874	12	8	-	-
	1875	4	5	-	-
	1876	4	1	-	-
	1877	4	9	-	-
	1878	4	1	1	-
	1879	3	3	2	-

Table 7.1: Continued

Institution	Year	No visits	Maximum no. inmates	No. Admitted in last year	No. of visitors
City of London W	1880	2	4	7	-
	1881	1	1	1	-
	1882	4	4	-	-
	1883	6	6	3	-
	1884	12	15	19	-
	1890	20	6	12	-
	1891	13	4	8	-
	1896	7	6	5	-
	1897	5	3	3	-
	1901	52	7	12	-
	1905	12	1	0	1
	1910	50	4	21	1
	1911	38	2	7	3
	1912	50	6	15	1
Bethnal Green W W & I	1874	1	0	-	-
	1884	1	1	1	-
	1890	20	9	5	-
	1891	11	2	3	-
	1896	15	-	1	-
	1897	11	-	-	-
	1901	18	-	-	-
	1905	56	13	15	4
	1910	91	26	84	6
	1911	87	25	116	7
	1912	92	23	114	-
Mile End W & I	1882	1	2	2	-
	1890	23	3	3	-
	1891	16	4	8	-
	1896	8	7	13	-
	1897	10	5	7	-
	1901	40	15	53	-
	1905	50	38	137	4
	1910	75	40	386	7
	1911	60	55	340	6
	1912	76	43	340	5
Shoreditch	1890	3	1	1	-
	1891	25	1	2	-
	1896	11	2	2	-
	1897	7	-	-	-
	1901	18	4	13	-
	1905	22	4	29	1
	1910	21	5	18	2
	1911	23	3	12	1
It is unclear whether certain institutions are infirmaries or workhouses, where possible I have indicated when numbers refer to the workhouse and the infirmary. W: Workhouse only, the numbers next to this letter and below it relate to the workhouse only W & I: Workhouse and Infirmary, the numbers next to these letters and below them are for inmates both in the infirmary and the workhouse.					

Source: United Synagogue, Visitation Committee, *Minutes*, 1902-1914, (CRO).

was taken by the Catholic community to win religious concessions for their poor.⁴¹ The Catholics established their own Catholic Guardians Association with the explicit purpose of getting Catholic Guardians appointed.

Despite this however difficulties remained. Commenting on Jewish patients Reverend A. Green remarked

much care is bestowed at the infirmary and great desire exists to do all that is possible for the welfare of the patients. But a workhouse infirmary is a workhouse infirmary when all is said and done, and there is a difference indeed between that and such a place as the Jewish wards of the London Hospital. In the Union Infirmary the status of the average patient is naturally not of the highest. The Jew who come in *qua* Jew is regarded more or less as an alien, and when he can speak only Yiddish this is accentuated... it often happens that a Jew who wants to put on his hat when he takes his meals, and who wants to put on tephilin⁴² and say his prayers in the morning, is assailed with all manner of comment, ribald and blasphemous, which renders his stay a perfect purgatory.⁴³

Jewish patients, as in dealing with other agencies, also had the barrier of language to cope with in workhouse infirmaries. Reverend Wolf commented

Visitors to the infirmaries, especially in the East End, will agree that the conditions in these places are altogether unsuited for Jews. The feeling between the Jew and non-Jew

41. One of the most burning issues in the Catholic community was the placing of Catholic children in poor law schools. This issue was continually raised by the Catholic priests to the Boards of Guardians in Whitechapel and St George's-in-the-East. Many of the children mentioned had surnames common to Ireland. (Whitechapel, 3 Nov. 1878, [St BG/Wh/60]; 5 Oct. 1880, 16 Nov. 1880, 4 Jan. 1881 [St BG/Wh/62]; 19 Dec. 1881, [St BG/Wh/106/1]; St George's-in-the-East, 31 March 1871, [St BG/SG/13]; *ELO*, 8 March 1873.) *The Tablet* also reported extensively on difficulties faced by Catholic children in workhouse and the need for Catholic schools (*The Tablet*, 12 April 1873, p.470; 20 April 1878, p.787; 20 Aug. 1881; 27 Aug. 1881, pp.337-338; 3 Nov. 1881, p. 377; 26 Nov. 1881, p.359; 12 Sept. 1885, p.429).

42. *Tephilin* (phylacteries) are small black boxes with small parchments of extracts from the five books of Moses which Jews strap to their forehead and arms when carrying out certain prayers, particularly in the early morning.

43. Reverend A.A. Green, originally born in East London, was minister of Hampstead Synagogue between 1892 and 1930. He wrote under the pseudonym 'Tatler' in the *JC*, 1 Jan 1909, cited in Black, 'Health and Medical Care', p.182.

patients is somewhat strained, and the staff generally would rather prefer to dispense with the Jewish element. Here again the language difficulty is the main trouble. The very name 'Infirmary' seems to terrify the East End Jew.⁴⁴

Nonetheless while most Irish and Jewish mothers probably tried their utmost to avoid Poor Law authorities, a number of them had no choice but to receive help from the parish during their confinement. The experience Irish and Jewish mothers had with these services was bound up with general developments in parish maternity care as a whole.

The Structure and Accommodation of Medical Relief in East London

Modifications to parish medical relief as a whole had implications for the types of maternity care offered by Poor Law authorities during this period. Following the Metropolitan Poor Law Amendment Act of 1867 and the establishment of the Metropolitan Asylums Board, Poor Law infirmaries in general were separated from the workhouse. Thus a new form of hospital was initiated by the legislation of 1867. Paid nurses began to supplement able-bodied pauper women as the carers in Poor Law infirmaries, and consultants and resident medical staff were appointed. Buildings and equipment also changed to meet the advancing standards of medical knowledge. Much of this was financed by the Local Government Board (LGB) and was no longer reliant on the budgets of Guardians.⁴⁵ By taking some of the administration and finances out of the hands of the Guardians, the act finally secured the possibility for progress in indoor medical care, albeit slow and uneven.

An examination of the different unions in East London and their infirmaries reveals great disparity in services and the types of immigrants who used them. In 1871 one of the first hospitals as outlined

44. JC, 5 Feb. 1909, cited in Black, 'Health and Medical Care', p.183.

45. Flinn, 'Medical Services', pp.64-65.

under the Metropolitan Poor Law (Amendment) Act was opened in the parish of Poplar, named St Andrew's Hospital. Built in Devon Road in Bow⁴⁶ the hospital opened with the explicit intention of receiving the pauper sick. Although St Andrew's was considered one of the most satisfactory Poor Law hospitals in the Metropolis few Jews used it.⁴⁷ This perhaps reflected the fact that it was not situated in the heart of the Jewish population. Based in Poplar, the hospital was more frequented by the Irish population who were residing fairly close by.⁴⁸

St George's Infirmary in Stepney was one of the earliest infirmaries in East London to be detached from a workhouse. By 1870 the infirmary was providing 307 beds, which had increased to 406 beds in 1930 and 410 in 1938.⁴⁹ It was renamed St George's-in-the-East Hospital in 1924.⁵⁰ Some years later the Whitechapel Infirmary was created out of the original Whitechapel Union Workhouse in Vallance Road in 1876. By 1919 it had been renamed St Peter's Hospital. In 1881 the parish of Mile End Old Town established an infirmary in Bancroft Road. During the First World War the infirmary briefly served as a military hospital.⁵¹ Bethnal Green separated its infirmary services from its workhouse only in 1900 with the creation of the Bethnal Green Infirmary. It was a purpose built infirmary, but was initially limited to workhouse patients only. After 1929 the

46. Unfortunately not much material remains from this institution in the GLRO and I was unable to trace it elsewhere.

47. Black, 'Health and Medical Care', p.189.

48. Mrs P.T, interviewed London, 14 Dec. 1987 (SS Mary's and Joseph's Church, Poplar). She had her baby in St Andrew's in the late 1930s, by which time there were three maternity wards.

49. Black, 'Health and Medical Care', p.188.

50. St George's-in-the-East, 22 March 1923, p.156, (St BG/SG/75).

51. Black, 'Health and Medical Care', p.187-188; see also Catalogue for Mile End Old Town Board of Guardians for summary on the Mile End Infirmary (GLRO).

administration of most of these infirmaries was taken over by the London County Council.

Maternity Provision by East London Poor Law Authorities

Despite the increasing number of infirmaries after 1867, most indoor maternity care continued to be provided in workhouses. Dr Downes⁵², in a report to the Bethnal Green Guardians in 1903 pointed out that maternity wards in more than two-thirds of the Metropolitan Unions and Parishes were accommodated in the workhouse, whereas less than a third were in the infirmary. Most of the infirmaries which housed maternity wards were themselves within the same boundaries as the workhouse.⁵³ Of the Poor Law medical services maternity wards were the slowest to improve⁵⁴, and were greatly dependent on the policy of individual unions⁵⁵.

St George's-in-the-East and Whitechapel appear to have been the earliest in providing separate maternity wards in East London. By 1873 moves were made, with the encouragement of the LGB, to establish a special lying-in ward within the infirmary of St George's-in-the-East.⁵⁶ In the same year eleven mothers, some of them single Irish women, were confined in the lying-in ward of the Whitechapel Union.⁵⁷ By 1877 the lying-in ward had

52. Dr Arthur Downes became a medical Inspector in 1889. He wrote some influential reports concerning workhouse nursing and stressed the need for efficient nursing within workhouses. Downes felt that the sick poor should receive as good care in the workhouse as they would in a general hospital. (Crowther, *The Workhouse System*, p.177.)

53. Bethnal Green, 1903, p.14, (Be BG/261/2).

54. Pat Thane, 'Women and the Poor Law in Victorian and Edwardian England', *History Workshop Journal*, Issue 6, Autumn 1978, 29-51, p.39.

55. S. and B. Webb (eds), *The Break-Up of the Poor Law: being Part One of the Minority Report of the Poor Law Commission* (London, 1909), pp.84-85.

56. St George's-in-the-East, 11 July 1873, pp.115-116, (St BG/SG/16).

57. Whitechapel, 14 Oct 1873 (St BG/Wh/54).

been transferred to the Whitechapel Infirmary, established the year before.⁵⁸

First mention of a maternity ward in the Poplar Institution appeared in 1894 when efforts were made to hire additional nurses to staff it.⁵⁹ These maternity wards remained part of the workhouse until after the first World War when they were annexed to St Andrew's Hospital. In 1921 these wards were separated from the main entrance of the workhouse and called the All Saints' Maternity Hospital, 'so as to protect the dignity' of the mothers and their infants.⁶⁰ Mile End Old Town Infirmary had a separate lying-in ward by 1888.⁶¹ Despite the establishment of the Bethnal Green hospital in 1900 the maternity wards remained part of a special block at Waterloo House, the workhouse building, until 1924.⁶²

Conditions In The Poor Law Maternity Wards

Irish and Jewish mothers faced similar conditions to those of mothers in general. Before the development of separate maternity wards the conditions under which mothers had to give birth were often appalling as Louisa Twining recalled in the case of one workhouse.

The lying-in ward ... which was only a general ward without even screens, had an old inmate in it who we discovered to have an ulcerated leg and cancer of the breast; yet she did nearly everything for the women and babies, and often delivered them too. The women's hair was not combed, it was 'not lucky' to do so, and washing was at a discount. The doctor and myself could not imagine at first why the

58. Whitechapel, 23 Oct. 1877, (St BG/Wh/60).

59. Poplar, 13 June 1894 p.102, (Po BG/41).

60. Poplar, 20 July 1921, p.72 (Po BG/75).

61. Mile End Old Town Infirmary, Committee Minutes, 30 Oct. 1888, (St BG/ME/87/3).

62. Bethnal Green, 29 Nov. 1900, p.82 (Be BG/147); 4 Sept. 1924, pp.139-140; 18 Sept. 1924 p.154 (Be BG/161).

temperatures went up, and the babies nearly always got bad eyes and did badly.⁶³

Such conditions were not conducive to ensuring healthy mothers and infants, but it is difficult to judge whether the rates of maternal and infant mortality were any worse in these institutions than in voluntary hospitals or patients' homes during the 1860s and 1870s. Unfortunately the absence of official records on deaths in childbirth within workhouse institutions makes assessment difficult. Reliable figures on maternal mortality can only be estimated from a sample of 10,000 cases.

One study which attempted to examine the extent of maternal mortality in workhouses was carried out by Mr Gathorne Hardy, the president of the Poor Law Board, in 1865. He undertook an investigation into the number and mortality of childbearing women in metropolitan workhouses and compared them with statistics from larger lying-in hospitals. Although the research does not provide an accurate account of maternal mortality in workhouses during this period, it does suggest that the rates were much lower than might have been expected.

Of the 2,728 confinements in 39 workhouses there were 16 deaths which occurred in nine workhouses only. Hardy's statistics clearly showed that the workhouses had a much lower maternal death rate than a hospital such as Queen Charlotte's which catered primarily for unmarried mothers, or even than hospitals which only accepted married women. His figures also demonstrate that workhouses in East London did not have the highest rates of maternal mortality. Overall, however, the investigation proved that

63. Louisa Twining, *Workhouses and Pauperism* (London, 1898), p.201, cited in Crowther, *The Workhouse System*, p.166.

district midwifery care was the safest form of confinement.⁶⁴ The results of his survey are best seen in tables 7.2 and 7.3 (below).

Table 7.2:
Number of Confinements and Maternal Deaths in London Workhouses in 1865

	Number of deliveries	Number of maternal deaths	Death rate 1000 cases
Thirty workhouses	1,754	Nil	0
St Martin's-in-the-Field	27	1	37
St Marylebone	306	2	6.5
Hampstead	5	1	200
St. Pancras	249	3	12
Islington	91	5	55
East London	41	1	24
West london	52	1	19
Whitechapel	107	1	9
St George's, Southwark	96	1	10
Total	2,728	16	6

Source: Hardy, 'Workhouse Death-rate in Childbirth', *Journal of Statistical Society*, Vol.30, 1867, 171-3, p.172

Table 7.3:
Number of Confinements and Maternal Deaths in London Workhouses and Selected Lying-in Hospitals in 1865

	Number of deliveries	Number of maternal deaths	Death rate 1,000 cases
Queen Charlotte's Hospital 1857-1863	2,268	90	40
Rotunda Hospital, Dublin 1857-1861	6,521	169	26
British Lying-in Hospital 1849-61	1,581	11	7
39 London Workhouses 1865	2,728	16	6
Outdoor Midwifery Dept., St George's Hospital 1856-1863	2,800	10	3.5

Source: Hardy, 'Workhouse Death-rate in Childbirth', *Journal of Statistical Society*, Vol.30, 1867, 171-3, p.172

Another study carried out ten years later by the Local Government Board confirmed Hardy's research (see tables 7.4 and 7.5 below). According to the Registrar General's figures for 1847-1879, of the 23,953,400 children

64. Mr Gathorne Hardy, 'Workhouse Death-rate in Childbirth' *Journal of Statistical Society*, Vol. 30, 1867, 171-3, p.172. I am grateful to Dr Irvine Loudon for giving me this reference.

born alive there had been 116,648, deaths from 'mertia' (puerperal fever) and childbirth a rate of 4.86 per 1,000 live births. Those undertaking the investigation for the years 1871-80 concluded that the death rate from 'mertia',

was less in the workhouse infirmaries than in the entire population, and if all the circumstances are taken into consideration the record appears to establish the fact that a pauper woman delivered in a workhouse lying-in ward, has as fair a chance of life, so far as mertia is concerned, as a poor woman confined in her own home. Indeed, if the Registrar General's returns could be classified with sufficient minuteness to show exactly in what classes the deaths in parturition really occurred, and at what ages, the proportion of primipara, and other collateral conditions necessary to a rigorous mathematical deduction, there is every reason to believe that the result would not be unfavourable to Poor Law institutions.⁶⁵

Given that many of the mothers who gave birth within the workhouse were often the most impoverished and malnourished these results are even more surprising. One reason for the low death rate was perhaps that more women were attended by midwives than medical practitioners in Poor Law institutions. Midwives were less likely to interfere during the birth than medical practitioners and this reduced the risk of infection.

In 1903 Dr Downes informed the Bethnal Green Guardians that it would be safer to accommodate their maternity cases in the workhouse than in the infirmary. He argued that the risk of infection for mothers during childbirth was much greater in the infirmary. In the workhouse mothers and their 'attendants would usually come only in contact with healthy inmates', which would limit the infection.⁶⁶

65. 'Statistics of Childbirth in Workhouse Infirmaries', in Local Government Board, 11th A/R, 1882, in *Reports of Commissioners*, PP 1882, XXVIII, Cd.3337, p.xlix.

66. Bethnal Green, 1903, p.15, (Be BG/261/2).

Table 7.4 :
Workhouse Infirmaries with the Largest Number of Deaths and Highest Death Rate for
the Years 1871-1880

Workhouses	Deliveries	Deaths	Ratio %	One death in
Croydon	634	11	1.73	57
St Olaves	582	11	1.89	53
Bradford	592	12	2.02	49
Bristol	792	12	1.51	66
Sheffield	612	12	1.96	51
St Giles	1,075	12	1.11	89
Kensington	1,162	12	1.03	97
Islington	1,008	13	1.28	77
Lambeth	1,807	14	0.77	129
Whitechapel	857	16	1.86	53
St Marylebone	2,267	18	0.79	126
St Pancras	2,286	26	1.13	88
Liverpool	3,148	31	0.98	101
Manchester	2,265	39	1.72	58

Source: 'Statistics of Childbirth in Workhouse Infirmaries', in Local Government Board 11th A/R, 1882, in *Reports of Commissioners*, PP 1882, XXVIII, Cd.3337, p.xlvii.

Table 7.5 :
Causes of Maternal Deaths in Workhouse Infirmaries 1871-1880

	PROVINCES		METROPOLIS	
	Deaths	Ratio %	Deaths	Ratio %
Mertia	115	0.18	30	0.13
Post-partum haemor- rhage	48	0.07	22	0.09
Puerperal convulsions	79	0.12	13	0.05
Puerperal peritonitis	102	0.16	43	0.18
All other causes	215	0.33	93	0.40

Source: 'Statistics of Childbirth in Workhouse Infirmaries', in Local Government Board 11th A/R, 1882, in *Reports of Commissioners*, PP 1882, XXVIII, Cd.3337, p.xlvii.

Illustrating his point Dr Downes gave the following figures for 1901:

	Approximate no. of inmates	Erysipelas Fever	Puerperal Fever
Workhouses	32,000	512	9
Infirmaries	12,500	1,113	22

He further stated

It must not be supposed that the cases enumerated above, originated in the Institutions in which they occurred. A large proportion, probably a large majority, were admitted from outside, but they afford a measure of the risk to parturient women treated in the workhouse or infirmary respectively....It will be observed that the cases in the Workhouses were less

than half the number in the Infirmeries, notwithstanding the far greater number of Inmates in the former.⁶⁷

Whatever the advantages or disadvantages for the mothers of giving birth within the infirmary or the workhouse, a survey in 1907 revealed that neonatal infant mortality was also surprisingly low given that many of the mothers had been 'exposed to adverse conditions' before the birth of their infants.⁶⁸ The figures indicated that illegitimacy did not have a uniform bearing on the rates of infant mortality (see table 7.6 below). Illegitimate infants had a much higher risk of death in London workhouses than illegitimate infants in workhouses elsewhere.

Table 7.6: Infant Births & Deaths in Poor Law Institutions of 450 Unions in 1907; together with Corresponding Statistics for Total Births in England & Wales & in London in 1906 (out of 1,000 live births)

Age at death	Workhouses outside London			London workhouses			England Wales	London ^a
	Legitimate (N=1479)	Illegitimate (N=4421)	Total (N=5900)	Legitimate (N=1002)	Illegitimate (N=1581)	Total (N=2583)		
Days								
0	18.9	7.9	13.4	13	11.4	12.2	11.8	-
1	23.7	32.2	27.95	28	23.5	25.75	13.2	-
Weeks								
1	8.6	13.5	11.05	6.2	11.2	8.7	6.1	-
Total	51.2	53.6	52.4	47.2	46.1	46.65	31.1	37.6
2	15.0	13.9	14.45	11.7	11.6	11.65	6.2-	-
3	6.4	10.7	8.55	26.6	9	17.95	4.6	-
Total under 1 mth	72.6	78.2	75.4	85.5	66.7	76.1	41.9	37
Mths								
1	45.2	55.1	50.15	23.8	67.2	45.5	14.3	13.4
2	27.6	30.8	29.2	33.3	49	41.15	11.4	11.2
3	31	27.6	29.3	42.2	54	48.1	10.2	10.1
4	33.1	16.5	24.8	22.6	30.3	26.45	8.7	8.6
5	12.7	12.3	12.5	5.9	23.3	14.6	8.1	8.6
6	10	11.9	10.95	18.2	31.6	24.9	7.4	7.7
7	13.7	7.9	10.8	18.4	20.2	19.3	6.8	7.3
8	7.1	8.9	8	12.3	20.4	16.35	6.6	6.7
9	28.9	6.4	17.65	31.4	16.7	24.05	6.17	
10	18.5	4.6	11.55	6.3	12.6	9.45	5.6	6.1
12	11.3	8.4	9.85	19.5	-	-	5.4	6.2
Total	311.7	268.6	290.15	319.6	392	355.8	132.5	129.9
N = Number of infants rates based on. a Figures include both illegitimate and legitimate deaths								

67. *ibid.*

68. Webbs, *Break-Up of the Poor Law*, pp.102-103.

Summary of the Above Table 7.6

Age at death	Workhouses outside London			London workhouses			England Wales ^a	London ^a
	Legitimate (N=1479)	Illegitimate (N=4421)	Total (N=5900)	Legitimate (N=1002)	Illegitimate (N=1581)	Total (N=2583)		
Under 1 month	72.6	78.2	75.4	85.5	66.7	76.1	41.9	37
1-3 mths	72.8	85.9	79.35	57.1	116.2	86.6	25.7	24.6
3-6 "	76.8	56.4	66.6	70.9	107.6	89.4	27	27.3
6-9 "	30.8	28.7	29.75	48.9	72.2	60.5	20.8	21.7
9-12 "	58.7	19.4	39.05	57.2	29.3	43.2	17.1	19.3
Total	311.7	268.6	290.15	319.6	392	355.8	132.5	129.9
N = Number of infants rates based on. a Figures include both illegitimate and legitimate deaths								

Adapted from Table I & II in S and B Webb (eds), *The Break-Up of the Poor Law: Being Part One of the Minority Report of the Poor Law Commission* (London, 1909), pp.100-101.

The survey showed that the older infants had a high mortality rate, which it attributed to the insanitary condition of most workhouse nurseries.⁶⁹ Although Poor Law infirmaries were endeavouring to copy the hygiene standards set in voluntary hospitals, this was not always achieved. In 1899 a visitor revealed a particularly low level of cleanliness in the children's ward of Whitechapel Infirmary. Infants often remained unwashed and one flannel was used to clean all of them. In addition the system of 'cleansing the Babies bottles' appeared to be 'very unsatisfactory'. The visitor reported that she had found 'a bottle in "soak" in a greasy looking tin basin,' which was used for washing the children who were not 'as clean' as they should have been. She concluded that the unhygienic conditions were largely due to defective management and overworked nurses.⁷⁰

Whatever the causes, infant mortality was undoubtedly higher in workhouses than elsewhere throughout the nineteenth century, and continued to be so into the early twentieth century. In 1907 the Minority Report on the Poor Law confirmed this situation. It claimed,

69. *ibid.*, p.102.

70. Whitechapel, 31 Oct. 1899, pp.384-385, (St BG/Wh/81).

The infant mortality in the population as a whole, exposed to all dangers of inadequate medical attendance and nursing, lack of sufficient food, warmth and care, and parental ignorance and neglect, is admittedly excessive. The corresponding mortality among the infants in the Poor Law institutions, where all these dangers may be supposed to be absent, is between two and three times as great. Out of every 1,000 babies born in the population at large, 25 die within a week and 132 are dead by the end of the first year. For every 1,000 children born in the Poor Law institutions, 40 to 45 die within a week and, assuming the mortality among those who are discharged to be the same as those remaining, no fewer than 268 or 398 will be found to have died by the end of the year, the number varying according to whether we take the experience of the Poor Law institutions for legitimates or for illegitimates, in the Metropolis or elsewhere.⁷¹

The Quality of Midwifery Staff in Poor Law Institutions

The standard of maternity care offered within the workhouse was determined by the quality of its nursing staff and medical officers.

Until the late nineteenth century many infirmaries in East London expected their nurses to combine midwifery care with general nursing duties.

In earlier years many of these nurses not only lacked midwifery training but basic nursing skills. By 1865 the Poor Law Board was encouraging Guardians to employ salaried nurses, but many continued to use paupers for nursing work until it was officially forbidden by the Poor Law Board in 1897.⁷² As large institutions with more resources, the infirmaries in East London appear to have been more capable than others of funding salaried staff to care for their patients. Bethnal Green employed salaried nurses for its workhouse infirmary from the unusually early date of 1853⁷³, while similar policies were undertaken in Poplar, Mile End, St George's-in-the-East and Whitechapel from the 1870s. Throughout the years Guardians

71. Webbs, *Break-Up of the Poor Law*, p.101.

72. Crowther, *The Workhouse System*, p.177.

73. Bethnal Green 13 June 1853, (Be BG/17).

reported difficulties in securing nursing staff because of inadequate wages⁷⁴ and bad accommodation.

In an attempt to eliminate the acute shortage of trained nurses in workhouse infirmaries, Poor Law authorities began to train their own nurses.⁷⁵ By the turn of the century most of the workhouse infirmaries in East London were providing facilities for probationer nurses as can be seen in table 7.7. Returns taken in 1902 showed Poplar and Stepney Sick Asylum had the largest number of probationer nurses, and Whitechapel the smallest.⁷⁶ Probationer nurses constituted a vital component of the nursing staff, Poplar having one of the highest percentages. The level of training nurses received in workhouse infirmaries was highly variable until a national syllabus was set by the Nurses Registration Act in 1919.

Table 7.7 : Proportion of Student Nurses to Total Staff Employed in East London Infirmaries 1902

	Total number of nursing staff	Total number of probationer nurses	% probationer nurses
Bethnal Green	85	30	35
Hackney	68	35	52
Poplar & Stepney Sick Asylum	84	67	80
City of London	50	23	46
Shoreditch	50	18	36
St George's-in-the-East	30	^a 24	80
Whitechapel	39	10	26

a This figure includes both probationers and staff nurses.

Adapted from *Returns of Nursing Staff Employed at Infirmary, Bethnal Green, 30 Oct. 1902*, (Be BG/148).

74. Whitechapel reported in 1885 and 1892 that their nurses kept on retiring because their salaries were too low (6 Oct. 1885, p.64, [St BG Wh/106/2] ; 8 Nov. 1892. p.195 [St BG/Wh/75]). In 1905 Bethnal Green Infirmary called on the LGB to support a raise in the wages for its sisters, because they were being paid far lower than elsewhere. The salary was raised from £30 to £35. (9 Nov. 1905, [Be BG/150].)

75. For further detail on nurse training see Crowther, *The Workhouse System*, pp.176-178.

76. *Returns of Nursing Staff Employed at Infirmary*, in Bethnal Green, 30 Oct. 1902, (Be BG/148).

The standard of nurse training was especially important given that they undertook much of the midwifery care in workhouse infirmaries. In 1894 Poplar Guardians complained that their midwifery care was carried out by the general nursing staff because they did not have a separate nurse to staff their maternity ward.⁷⁷ They finally obtained an additional nurse with special midwifery qualifications to look after the maternity ward in 1895. The employment of trained midwives to work in the maternity wards, however, was slow, as can be seen in table 7.8 (below) which shows one resident midwife at the Hackney institution in 1902.

Where midwifery duties were carried out in conjunction with more general nursing care the risk of infection was great, as the local government inspectors commented when visiting the Whitechapel Infirmary during the 1890s. Only after 1903 was a certified midwife appointed to attend the maternity ward in the Whitechapel Infirmary, duties which had previously been carried out by a Sister of the Infirmary.⁷⁸ Similar moves were made by Bethnal Green. On opening its hospital in 1900 Bethnal Green immediately appointed a sister who had undertaken a midwifery course at Queen Charlotte's Hospital to take charge of its maternity ward, with the help of assistant nurses. The duties expected of the midwife were to ensure all the wards were clean and that the records were kept accurately. Midwives were directly under the authority of the matron and medical officer.⁷⁹

77. Poplar, 13 June 1894, p.102 (Po BG/411); 20 Nov. 1895, p.337 (Po BG/42).

78. Whitechapel, 3 March 1903, p.45, (St BG/Wh/82).

79. Bethnal Green: Waterloo House Minutes, 9 Feb. 1905, (Be BG/234).

Table 7.8:
Number of Patients and Type of Nursing Staff Employed at Infirmarys in East London in 1902

	Bethnal Green	Hackney	Poplar & Stepney Sick Asylum	City of London	Shoreditch	St George's in-the-East	Whitechapel
No. of beds	669	606	770	511	515	396	590
No. of patients	483	443	754	376	462	266	556
Patients per bed	5.6	6.5	8.9	7.5	9.2	8.8	14.2
matron	1	1	1	1	1	1	1
assistant matron	1	1	2	1	1	1	1
superintendent nurses	2	1	2	2	1	1	1
home sisters	1	-	-	1	1	-	-
midwife	-	1	-	-	-	-	-
maternity pupils	-	1	-	-	-	-	-
ward sisters or head nurses	15	9	10	9	8	6	4
staff nurses	40	24	7	18	24	^a 24	25
probationers	30	35	67	23	18	^a 24	10
<i>Total Nursing Staff</i>	85	68	84	50	50	30	39
a the 24 includes both probationers and staff nurses							

Source: *Return of Nursing Staff Employed at Infirmary*, in Bethnal Green, 30 Oct. 1902, (Be BG/148).

The assistant nurses at Bethnal Green were offered the possibility of training in obstetrics while working on the ward⁸⁰ and by 1904 the acceptance of pupil midwives was becoming a matter of course.⁸¹ Their admittance, however was dependent on approval from the CMB as outlined in the Midwives Regulation Bill in 1902. In 1905 the Central Midwives Board approved Poor Law Institutions as training schools for midwives.⁸² The jurisdiction of the CMB over the Poor Law institutions was replaced by that of the Local Government Board (LGB) in 1906. To qualify, midwives now had to pass an exam set by the LGB. This required the pupil midwife to have watched twenty labours; to have made abdominal and vaginal examinations during the course of labour; and to have nursed twenty lying-

80. Bethnal Green, 29 Nov. 1900, p.82, (Be BG 147). Poor law infirmaries were relatively late in providing midwifery training despite having sufficient cases for practical instruction. In the 1880s only three infirmaries took pupil midwives. (Jean Donnison, *Midwives and Medical Men: A History of the Struggle for the Control of Childbirth* [London, 1977; 1988], p.119.)

81. Bethnal Green, 24 Nov. 1904, p.181, (Be BG/149).

82. Bethnal Green, 11 Feb. 1905, (Be BG/149).

in women during the ten days following labour. Pupil midwives also had to attend a three month course of instruction, consisting of fifteen lectures.⁸³

In 1907 Whitechapel Infirmary became one of the first Poor Law training schools for midwives in England, with its nurses taking midwifery courses in their fourth year. Its training was thought to be of the highest standard by the LGB and other public authorities.⁸⁴ Pupil midwives from both Whitechapel and Bethnal Green attended midwifery lectures by a doctor authorised by the CMB and funded by the LGB.⁸⁵ St George's-in-the-East sent each of its nurses to the East End Maternity Home to receive midwifery training. Each nurse was to receive four months training at the voluntary hospital rate of £19 10s.⁸⁶

By the early twentieth century, then, the standard of midwifery training among those caring for mothers within Poor Law institutions had improved greatly since Louise Twining's days. In 1909 the Central Midwives Board considered Poor Law institutions good models in their midwifery training for other schools, especially as they had more types of patients than the ordinary lying-in institution.⁸⁷ Comparing it to the training given by

83. Bethnal Green, 1906, pp.48-49, (Be BG/261/4).

84. Dr H. Larder, Medical Superintendent at Whitechapel Infirmary, letter to *ELO*, 9 Oct. 1909, p.5.

85. Whitechapel 13 March 1906, p.453 (St BG/Wh/87); Bethnal Green Infirmary, 15 May 1910, p.238, (Be BG/152).

86. St George's-in-the-East 16 Dec. 1915, (St BG/SG/79/1).

87. Many poor law infirmaries had a high percentage of bad cases to deal with. Women confined often had problems of chronic alcoholism, destitution and various conditions which were not allowed into general lying-in hospitals (*Reports from Commissioners, Inspectors and Others on the Working of the Midwives Act*, PP 1909, XXXIII, Cd. 4823, (henceforth

Maternity Charities and Lying-in Hospitals, the Carnegie Trust argued in 1917 that 'The training in the Poor Law Institutions has been regarded by many authorities as the more satisfactory on account of the important fact that it embraces the general training of the nurse.'⁸⁸ By the 1920s many Poor Law institutions were recognised by the CMB as midwifery schools. In 1924 St George's-in-the-East Hospital was recognised in this capacity.⁸⁹

District Maternity Care Provided by Poor Law Institutions

While maternity wards in Poor Law institutions were slow to change, district midwifery made even more limited progress. The 1867 Act did not touch outdoor relief, under which district midwifery was provided. After 1842 each union had been divided into districts. Ideally each district was to contain a population which would not be too numerous nor too dispersed to be cared for by a district medical officer employed by the union.⁹⁰ In larger districts more than one district medical officer was employed. Most district medical officers' salaries were low and the duties expected of them often overwhelming. Midwifery formed a minor part of their work. Frequently their work in this area was supplemented by local midwives, who could call a medical practitioner when an emergency arose, or failing that, the district medical officer.

Midwives Act, PP), Minutes of Evidence, Q3682; see also Q3625, Q3642, Qs3648-89).

88. E.W Hope and J Campbell, *Report on the Physical Welfare of Mothers and Children in England and Wales*, Vol. 1 (The Carnegie UK Trust, 1917), p.22.

89. St George's-in-the-East, 24 July 1924, p.94 [St BG/SG/78]. Moves to make the hospital into a midwifery training school partly stemmed from the fact that it was losing the services of its nurses for four months while they were training at the East End Maternity Home (St George's-in-the-East, 23 Nov. 1922, p.43, [St BG/SG/75]).

90. Flinn, 'Medical Services', p.49.

For much of the nineteenth century Guardians were more interested in cutting their outdoor medical relief budgets than in offering appropriate financial incentives to secure good medical care for their mothers during childbirth.⁹¹ Figures from the St George's-in-the-East infirmary imply that midwifery orders formed a very small proportion of the total medical orders provided by parish in the months of 1870 (see table 7.9 below). Table 7.10 (below) shows the same was true for Bethnal Green in later years. ^{Bethnal Green} Midwifery orders formed a slightly smaller proportion of total medical orders than those for London as a whole (see table 7.11 below).

Table 7.9:
Number of Midwifery and Medical Orders Issued by the St George's-in-the-East Board of Guardians in the Six Months ending Michaelmas 1870

	Type of Order	Total Number of cases
Mr Kay	General	892
	Midwifery	46
Mr Lamminan	General	664
	Midwifery	43
Mr Baker	General	1,016
	Midwifery	46
Dr Belcher	General	667
	Midwifery	35
Total		3,409
Total Midwifery Orders: 170 = 5% of total		
Total General Orders: 3,239 = 95% of total		

Source: St George's-in-the-East, 9 Dec. 1870, p.310 (St BG/SG/13).

91. Smith, *The People's Health*, p.53; Crowther, *The Workhouse System*.

Table 7.10:
Number of Outdoor Midwifery & Medical Orders Issued by the Bethnal Green Board of Guardians 1898-1911

Year	Total Medical Orders	Total Midwifery Orders	Midwifery Orders as a % of Total Medical Orders
1898	2,795	19	0.67
1899	2,624	10	0.38
1900	2,550	7	0.27
1901	2,382	10	0.42
1902	2,702	13	0.48
1903	2,458	14	0.56
1904	2,625	13	0.49
1905	3,104	28	0.90
1906	3,379	33	0.97
1907	3,357	25	0.74
1908	3,916	31	0.79
1909	3,692	38	1.00
1910	3,724	32	0.85
1911	4,218	29	0.68

Source: Bethnal Green Board of Guardians, *A/Rs*, 1898-1911 (Be BG/261/2).

Table 7.11:
Number & Percentage of Outdoor Midwifery Orders in the Metropolis 1883-1913

Year	Total Medical Orders	Total Midwifery Orders included in the Total Medical Orders	Midwifery Orders as a % of Total Medical Orders
1883	102,198	1,109	1.08
1884	104,384	1,191	1.16
1885	102,397	1,273	1.24
1886	111,060	1,448	1.30
1887	116,267	1,464	1.26
1888	116,218	1,599	1.37
1889	113,072	^a 1,365	1.21
1890	119,141	^a 1,257	1.05
1891	115,961	^a 1,247	1.07
1892	118,610	1,346	1.13
1893	131,440	1,473	1.12
1894	118,527	1,468	1.24
1895	^b 132,645	1,503	1.13
1896	116,893	1,326	1.13
1897	112,956	1,106	0.98
1898	110,419	1,058	0.96
1899	109,653	987	0.90
1900	99,351	827	0.83
1901	102,470	851	0.83
1902	106,931	897	0.84
1903	105,798	1,072	1.01
1904	114,148	1,023	0.89
1905	116,158	1,193	1.02
1906	117,126	1,146	0.97
1907	113,198	1,187	1.04
1908	115,667	1,101	0.95
1909	115,623	1,295	1.12
1910	111,063	1,265	1.13
1911	122,225	1,280	1.04
1912	117,825	1,157	0.98
1913	97,370	506	0.51

a Exclusive of cases attended by 15 midwives. The cases during these 3 years numbered 357, 305 and 333 respectively.

b Increase probably due to severe weather.

Source: Local Government Board *A/Rs*, contained in *Reports from Commissioners*, PP 1883-1914.

Irish and Jewish mothers, like many other mothers would, probably have preferred to be confined at home on the parish than in a Poor Law

institution. This was especially important for Irish and Jewish mothers given the restraints on their religious observance in such institutions. The freedom of Irish and Jewish mothers to give birth at home would however have been limited by the restraints operating in the outdoor parish midwifery services.

Paupers needing outdoor medical relief could only be cared for once referred by the union's relieving officer, whose job was to assess entitlement to relief. A woman had to secure a midwifery order from a relieving officer before she could secure help during her confinement. This entitled her to engage a midwife, or in an emergency, a medical practitioner, employed by the parish. As stated above, on occasion officers could make it difficult for Irish and Jewish patients to obtain such orders.

Although the relieving officer could be bypassed on some urgent occasions, the requirement for a midwifery order could lead to problems. A common complaint among medical officers was that relieving officers were not medical experts and therefore could not know the needs of their patients, including maternity cases.⁹² The Minority Report complained in 1909 that some unions refused to provide outdoor midwifery orders, or restricted them to an extent which prevented most mothers from obtaining them. Some unions refused orders to mothers with three or four children, at the same time as granting the request of unmarried mothers or those who were being confined for the first time.⁹³ Of the unions examined for East London, it appears that these restrictions were not extensively applied and a range of women were given midwifery orders.

92. Flinn, 'Medical Services', pp.49-50.

93. Webbs, *Break-Up of the Poor Law*, p.89-90.

Securing midwifery orders, however, could sometimes obstruct good care, especially in times of emergency when the necessity for speed was vital. In 1894 Whitechapel infirmary held an inquest on a woman who had died because of negligent medical care during childbirth. The medical practitioner who responded to the call refused to attend the case without a larger fee, for which extra permission had to be secured.⁹⁴ Because the first relieving officer was absent, and no subsequent call was made on another officer, no extra order was secured. The woman only received skilled attention three days later, by which time it was too late. She died in the infirmary a fortnight later.⁹⁵

Summing up the case, the coroner concluded that the medical officer had been legally correct in refusing to attend the patient without an order from the Relieving officer, but added that 'for years past, he had advocated a system whereby the necessitous poor would be allowed to call in the nearest doctor in cases of urgent sickness'. The doctor was to be paid for his first visit out of the rates. Poplar Guardians had already adopted the system, and he advised that Whitechapel Guardians should do the same.⁹⁶ The following year Whitechapel Guardians sent a letter to medical practitioners in the area, informing them that, if a district medical officer was not available, the Guardians would be prepared to pay all the fees entailed by the medical practitioner for the first visit and for any medicine. Any doctor making such a visit between the hours of 10pm and 8am was to be paid 7s. 6d., and between 8am and 10pm 3s. 6d.⁹⁷

94. Without proof of a midwifery order, both medical men and parish midwives were not assured of payment for their work.

95. Whitechapel, 18 Dec. 1894, p.195, (St BG/Wh/77).

96. *ibid.*

97. Whitechapel, 2 July 1895, pp.427-428, (St BG/Wh/77).

In 1898 the situation was slightly eased with the passing of Section (2) in the Poor Law Amendment Act. This empowered Guardians to pay medical men called in to undertake urgent medical care and midwifery work. Individual unions were to set the scale of payment.⁹⁸ Medical practitioners in the parish of St George's-in-the-East were unwilling to attend any urgent midwifery cases without the guarantee that they would be paid a minimum fee of £1 1s.⁹⁹ On occasions Guardians forgot or delayed payment for the midwifery care carried out by local doctors, which was resented. In 1908 a doctor in St George's-in-the-East refused to attend a case on the grounds that he had not been paid for two former attendances.¹⁰⁰

Only in 1918 was the dispute over who should pay the medical men for emergency work settled with the passing of the Midwives Act. Under this legislation local authorities were required to pay the fee whenever the patient's family was unable to do so. The fee could be recovered at a later stage.¹⁰¹

Except in emergencies much of the midwifery work undertaken by the parish was done by local midwives.¹⁰² Until the regulation of midwives in 1902

98. St George's-in-the-East, 23 Aug. 1907, p.209, (St BG/SG/45).

99. St George's-in-the East, 15 Nov. 1907, p.328, (St BG/SG/45); Whitechapel Guardians were paying similar fees to the doctors they were hiring for such cases (Whitechapel, 31 Dec. 1907, p.277 [St BG/Wh/89]).

100. Poplar, 10 Jan 1908, p.408, (Po BG/SG/45).

101. Donnison, *Midwives and Medical Men*, p.185.

102. The fees guardians paid for such services were 6s. for each district midwifery case in Whitechapel in 1884. By 1904 the fees had been raised to 7s. 6d. for each case in Whitechapel which compared favourably with private cases. Of the 420 midwives who were reported to be working in London in 1909, only 32 were working entirely within either Poor Law institutions or Lying-in Hospitals. Many more midwives were reported to be working from their own homes for charitable or Poor Law institutions or taking private patients. (Whitechapel, 1 Jan. 1884, [St BG/Wh/66]; 8 Nov. 1904, p.322 [St BG/Wh/86]; 'The Supervision of Midwives in the County of London', *The Medical Officer*, 21 Jan. 1911, p.29.)

there was no guarantee that the midwives hired by the parish were qualified. Indeed, given the low wages offered by the parish for such work, it might be assumed that women hired were not among the best qualified.¹⁰³ Nevertheless by the 1870s Guardians were hiring professional midwives, as they were doing with their nursing staff in the infirmaries.

Whitechapel Guardians from the 1870s onwards took a particular interest in securing qualified midwives. In 1872, prompted by allegations that they were employing an unqualified woman, the Whitechapel Guardians thoroughly investigated her training with the Royal Charity of Midwives. Satisfied with her skills they continued to employ her.¹⁰⁴ She was under strict instructions that in cases of emergency she was to send for a medical officer, and to make sure she sent for him from the correct district. The midwife was provided with a map for the purpose.¹⁰⁵

Standards among the midwives employed by the parish Guardians almost certainly improved with the implementation of the Midwives Act in 1902 and the creation of midwifery schools within workhouse institutions.

Attitudes Towards Mothers Confined in Poor Law Institutions

Until the turn of the century pregnant women had an ambiguous position under the Poor Law.¹⁰⁶ Expectant mothers were not viewed as 'impotent'

103. Smith, *The People's Health*, p.48.

104. Whitechapel, 17 Sept. 1872, pp.121, 195; 15 Oct. 1872, pp.156-157 (St BG/Wh/54).

105. Whitechapel, 12 Nov. 1872, p.205, (St BG/Wh/54). In 1890 the Whitechapel Guardians again ensured that they hired a certified midwife from the Royal Maternity Charity (Whitechapel, 15 April 1890, p.456-457, [St BG/Wh/72]).

106. Thane has shown that for much of the nineteenth century the poor law made no specific provision for women, leaving them in a very vulnerable social and economic position. Unless they were single, women continued to be treated as appendages to their husbands. (Pat Thane, 'Women and the Poor Law', pp.29-35.)

like the infirm or the elderly, and often experienced the humiliation of the 'able-bodied' poor.¹⁰⁷ Most women had to prove themselves destitute before they could get any parish support for their confinement. As late as 1909 some unions insisted on providing maternity care only within the workhouse.¹⁰⁸

The attitude towards mothers giving birth within the workhouse stemmed largely from the fact that the great proportion of pregnant mothers supported by the parish midwifery services were unmarried mothers.¹⁰⁹ Like the 'undeserving' poor, the moral conduct of unmarried mothers was regarded as open to question. Even the workhouse social reformer, Miss Louise Twining, argued that the lying-in wards should be 'in the workhouse rather than the infirmary' so 'as to induce a proper sense of shame in the mothers'.¹¹⁰

By the 1890s some of these attitudes had altered slightly to arguing that the girls should be detained in the workhouse 'in the interests of the women themselves'. For the sake of the health of the women and infants, the Poplar Guardians in 1898 urged the LGB 'to promote legislation to

107. Smith, *The People's Health*, p.47; Mary Chamberlain and Ruth Richardson, 'Life and Death', *Oral History Journal*, Vol.11, No.1, 1983, 31-43, p.33; Thane, 'Women and the Poor Law', p.39.

108. Webbs, *Break-Up of the Poor Law*, p.87. See also *Royal Commission on Poor Law Relief of Distress*, PP 1909, XXXVII, p.246 (henceforth *Poor Law*, PP 1909).

109. The Poor Law Amendment Act of 1834 cut outdoor relief for unmarried mothers and decreased the assistance available from the father of the illegitimate child. After 1834 unmarried mothers were therefore increasingly forced to seek relief within the confines of the workhouse. For more information concerning the attitudes towards unmarried mother and the provision of services see Ann R. Higginbotham, 'The Unmarried Mother and Her Child in Victorian London 1834-1914', Ph.D. thesis (Indiana Univ., 1985), p.2, and idem. 'Sin of the Age': Infanticide and Illegitimacy in Victorian London', *Victorian Studies*, Vol.32, No.3, Spring 1989, 319-338, p.321.

110. Cited in Crowther, *The Workhouse System*, p.78.

enable Boards of Guardians to detain unmarried inmates of Lying-in Wards for three weeks after the birth of their children'.¹¹¹ Such views were common for the period. In 1900 Bethnal Green refused permission for visitors to attend mothers confined in its lying-in wards and mothers were unable to leave the wards on the usual visiting days.¹¹² By contrast, the Whitechapel Board of Guardians was more lenient and reluctant to adopt the policy proposed by Poplar.¹¹³

Vestiges of the old attitudes nonetheless remained. In 1903 Dr Downes recommended against transferring the maternity wards from the Bethnal Green workhouse, because they would be abused in the same way as the infirmary. Many patients were inefficiently occupying space in infirmaries when, he argued, they should be accommodated in the workhouse. Should the maternity wards be placed in the infirmary they too would be used too freely.¹¹⁴

The stigma attached to giving birth in a workhouse continued in the early twentieth century. In 1904 the Registrar General requested that births occurring in the workhouses should not be registered as such, and asked the Whitechapel Guardians to register the births in workhouse as having taken place at 2a South Grove, Mile End Road.¹¹⁵ But women themselves used

111. Poplar 12 Jan. 1898, p.15, (Po BG/45)

112. Bethnal Green, Waterloo House Minutes, 9 May 1900, (Be BG/ 234). No reason was given for this decision.

113. Whitechapel 1 April 1890, pp.444-445, (St BG/Wh/72).

114. Bethnal Green 1903, p.15, (Be BG/261/3). Dr Downes also expressed this view in 1909 (see *Poor Law*, PP 1909, XL, Q23155, and Appendix XV (D), p.437). As late as 1920 many workhouses were still refusing to provide outdoor relief to unmarried mothers on the pretext that to do so would invite immorality. Returns from January 1920 demonstrated that 79% of unmarried mothers relieved were provided with indoor relief. (Crowther, *The Workhouse System*, p.100.)

115. Whitechapel, 8 Nov. 1904, pp.322-323, (St BG/Wh/86). Other unions were slow to adopt this policy (see *Poor Law*, PP 1909, XXXVII, p.246). Guardians from Poplar and Bethnal Green took much longer to implement this

parish maternity services only as a last resort. In 1911 the East End Maternity Home reported that the dock strike had caused many mothers to be confined in the workhouse despite having previously booked to come into the home. Although the mothers were well looked after there, they were still adamantly 'against a baby being born in the workhouse'.¹¹⁶

As late as 1909 one Lady inspector was horrified that women who were confined within the workhouse were not separated into specific categories. She claimed,

Nowhere is classification more needed than in the maternity wards. The unavoidable and close intercourse between the young girl, who often enters upon motherhood comparatively innocent and the older woman who is lost to all sense of shame and who returns again and again to the maternity wards for the birth of her illegitimate children, constitutes a grave danger. Too often the older woman invites the friendless girl to share her home on leaving.¹¹⁷

Guardians remained uneasy about providing maternity care even on an outdoor level. In 1910 Poplar Guardians protested against a clause in the Midwives Bill which proposed to compel Guardians 'to pay the fee of the doctor whom a midwife is required to send for in cases of emergency' whether it was for a destitute case or not. They argued that it would not only put a new burden on the rates, it also went against the principles of Poor Law institutions. In effect, they claimed, the proposal would 'bring

policy. Only in the early 1920s did they begin to receive their maternity cases through a separate entrance from the workhouse and register their mothers as giving birth in a different institution. (Poplar, 20 July 1921, p.72 [Po BG/68]; Bethnal Green 18 Sept. 1924, p.154, [Be BG/161].)

116. East End Maternity Home, A/R (1911), pp.14-15.

117. Webbs, *Break-Up of the Poor Law*, p.95. See also Miss Stansfeld, *Poor Law*, PP 1909, XXXVII, Pt.VIII, Chapter 4, p.563-564.

families to whom it applied into contact with the Poor Law without their consent and without any application on their part'.¹¹⁸

Nevertheless evidence suggests that the embarrassment of giving birth with the help of the parish was changing nationally. In 1909 the Royal Commission on Poor Law Relief commented that many more women were willing to enter the workhouse institutions for their confinements than previously assumed. The Minority Report of the Commission calculated that the annual number of births in the Poor Law institutions of the United Kingdom probably exceeded 15,000. Nearly 2000 births occurred annually in the thirty-four lying-in wards of the Poor Law institutions of the metropolis.¹¹⁹

Frequently these women were using the workhouse solely as a maternity hospital. They normally stayed ten days in total and rarely took any other form of relief afterwards. According to the Minority Report of 1909 many of these mothers were not in the 'ordinary sense of the term, destitute persons.' Indeed editors of the report argued

it is generally assumed that the women admitted to the Workhouse for lying-in are either feeble-minded girls, persistently immoral women, or wives deserted by their husbands. Whatever may have been the case in past years, this is no longer a correct description of the patients in what have become, in effect, Maternity Hospitals.

In England and Wales during 1907 30% of the women who gave birth within Poor Law institutions were married women. Married women constituted between 40 and 50% of those confined in London Poor Law institutions.¹²⁰

118. Poplar, 28 Sept. 1910, p.328 (Po BG/56) ; See also *East End News*, 30 Oct. 1930.

119. *Poor Law*, PP 1909, XXXVII, Pt. V, chapter 1, p.245; Webbs *Break-Up of the Poor Law*, p.93.

120. Webbs, *Break-Up of the Poor Law*, pp.95-96. One observer to the commission was reported as saying that in some large cities the advantages

It would seem, however, that for the average mother the stigma attached to giving birth under the auspices of the parish was diminishing. Attitudes towards hospital care, and in particular towards Poor Law infirmaries, altered greatly during World War I when their services were used on an unprecedented scale and in new ways. For example in 1917 the LGB funded the Whitechapel infirmary to establish a new ward to receive non-pauper women for their confinements during air-raids.¹²¹ Such developments not only showed a change in public attitudes towards Poor Law infirmaries, but also perhaps a shift in the sensitivity of Guardians to the needs of the community.

Although the original aim of Poor Law maternity services was to provide for those who could not afford maternity care in any other way, a wider public increasingly utilised the facilities. In 1920 Poplar Guardians considered whether they should allow 'ordinary' maternity patients to use their lying-in wards, subject to approval from the Ministry of Health. West Ham Union had already instituted such a policy.¹²² Similarly in 1922 the Whitechapel infirmary committee recommended that the infirmary should accept paying patients subject to the consent of the Ministry of Health at a fee of 1 guinea per week. Preference was to be given to those who were living within the Whitechapel Poor Law area.¹²³ Some of the maternity beds offered in Poor Law infirmaries were also funded by the local borough

of the maternity departments were 'so much appreciated that various underhand expedients' were 'adopted to secure admission to the wards.' Married women were reported as pretending they were single or deserted in order to gain admission (*Poor Law*, PP 1909, XXXVII, Pt. V, Chapter 1, p.245).

121. Whitechapel, 4 Dec. 1917, p.432, (St BG/Wh/97).

122. Poplar, 21 July 1920, p.74, (Po BG 67).

123. Whitechapel, 28 Nov. 1922, pp.232-233, (St BG/Wh/102).

council.¹²⁴ In 1927 Poplar Guardians allotted eight of their beds to the borough council.¹²⁵

Many of the improvements made by Poor Law authorities to their maternity services stemmed from increasing public demand for the high rate of maternal mortality to be curbed. Their policies and views were similar to those of voluntary hospitals. In 1921 the Poplar Guardians argued that 'in view of the overcrowded conditions of many of the homes in the district, and of the fact that trained certified staff are engaged at the maternity wards,' they thought 'that endeavours should be made to induce expectant mothers to come into the wards during the period of confinement.'¹²⁶

By the early 1920s the focus of maternity care by East London Poor Law authorities was on inpatients and its rate of hospital confinements was high compared to the rest of London or the country as a whole. While Poor Law infirmaries, taken over by the Local Government Board in 1929, showed an increase in the number of inpatients in Stepney by the late 1920s, this was slightly slower than in voluntary hospitals whose number of inpatients increased dramatically in the years after 1915 (see figure 7.1 and figure 7.2 below).¹²⁷ Tables 7.12 and 7.13 (below) show the number of maternity patients in Poor Law infirmaries from 1890 onwards.

No accurate figures can be found for the proportion of mothers who were being confined within the maternity wards of Poor Law institutions as opposed to being confined on the district. It is clear, however, that the number of maternity beds provided by the Poor Law authorities was

124. For more information on this and other services provided by the council see the next chapter.

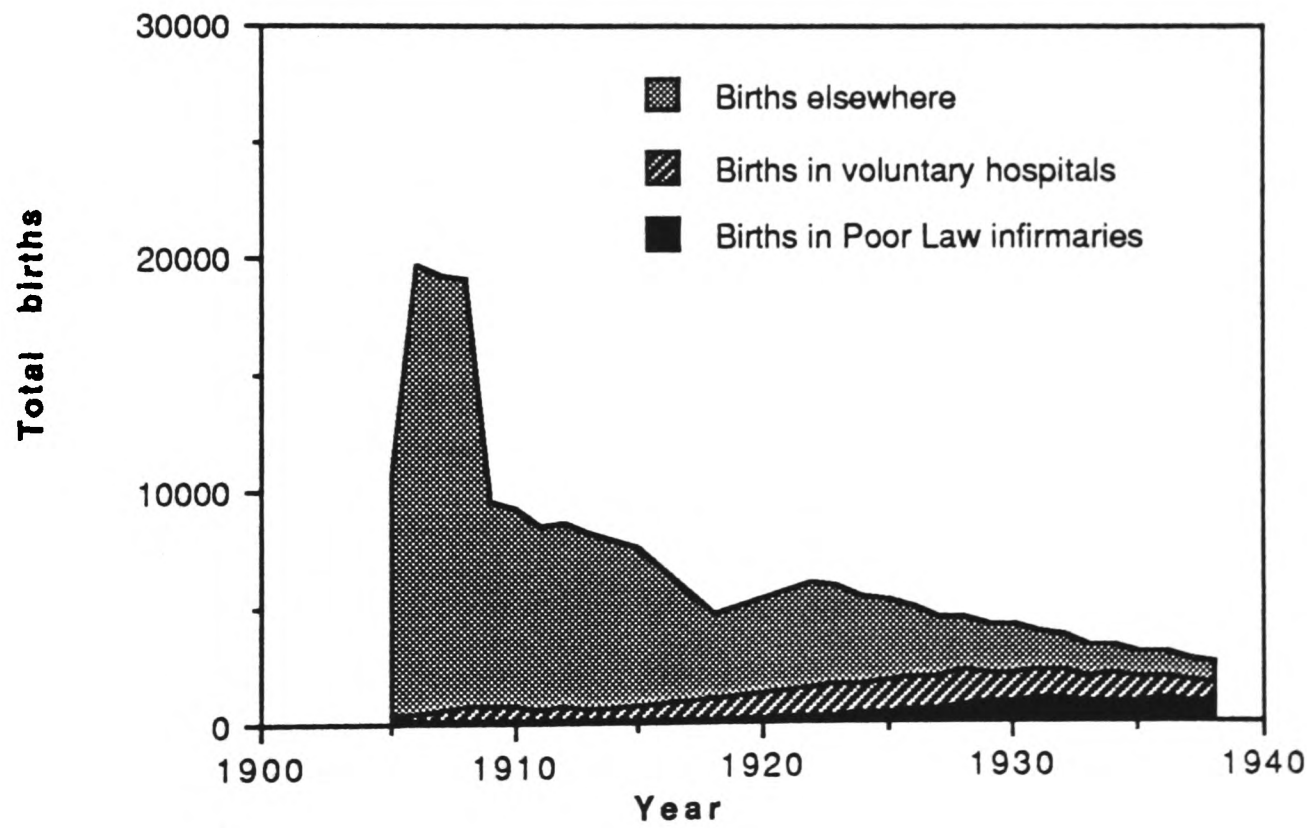
125. Poplar, 27 July 1927, p.112, (Po BG/74).

126. Poplar, 20 July 1921, p.72, (Po BG/75).

127. For more information on hospital confinements in East London and London see pp.203-207.

increasing. Initially the Poplar maternity wards only accommodated twenty-eight mothers with their babies. The number confined in the hospital rapidly increased as the table 7.14 (below) demonstrates. By 1926 the demand for entry was so great that there was soon pressure to develop a municipal maternity hospital, which was finally realised in 1929 with the establishment of a maternity ward at St Andrew's hospital. This ward provided twelve beds and twelve cots.¹²⁸

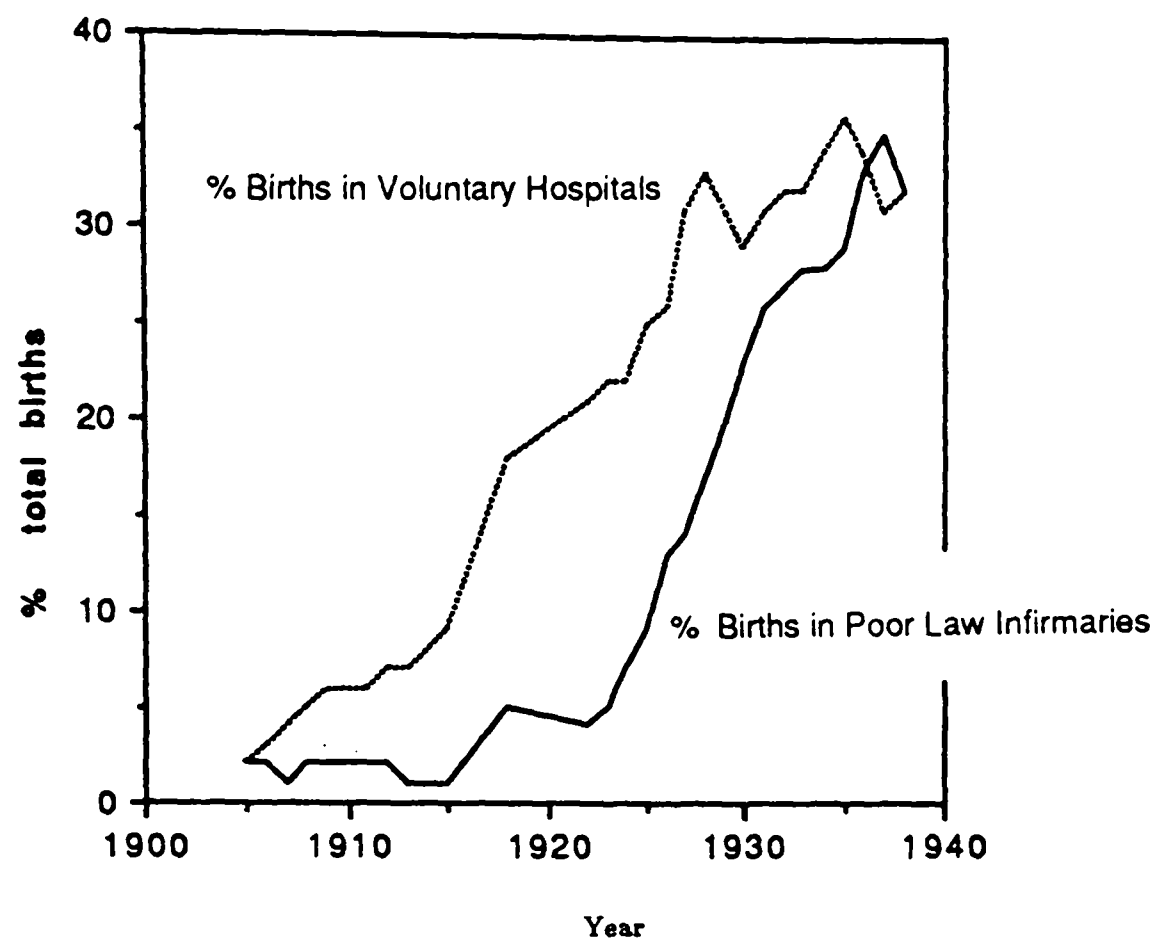
Figure 7.1 :
Annual births of Stepney residents in voluntary hospitals, Poor Law infirmaries and elsewhere 1905-1938



Source: Stepney MOH, A/Rs, 1905-1938

128. ELO, 10 Aug. 1929, p.3.

Figure 7.2 :
Percentage of births of Stepney residents in voluntary hospitals and Poor Law institutions
1905-1938



Source: Stepney MOH, A/Rs, 1905-1938

Table 7.12:
Number and Percentage of Workhouse Infirmary Births in Selected Unions of East London
1890-1899

	Year	Total births in the borough	Total workhouse infirmary births	Infirmary births as % of total
St George's-in-the-East	1890	1,510	67	4
	1891	1,622	79	5
	1892	1,545	95	6
	1893	1,661	73	4
	1894	1,502	67	4
	1895	1,697	51	3
	1896	1,728	59	3
	1897	1,745	58	3
	1898	1,795	63	3
	1899	1,791	52	3
Whitechapel	1890	2,730	105	4
	1894	3,178	129	4
	1895	3,133	130	4
	1896	3,168	118	4
	1897	3,150	110	3
	1898	3,125	105	3
	1899	3,005	124	4
St George's-in-the-East and Whitechapel became part of the borough of Stepney in 1900				

Source: St George's-in-the-East and Whitechapel MOH, A/Rs (1890-1899).

Table 7.13:
Total Number and Percentage of Births of Stepney and Poplar Residents in Voluntary Hospitals and Poor Law Infirmarys 1905-1938

Year	Total Births		Infirmary Births ^a				Voluntary Hospital Births			
	Stepney	Poplar	Stepney		Poplar		Stepney		Poplar	
			Total	%	Total	%	Total	%	Total	%
1905	10,596	5,441	246	2	74	1	235	2	94	2
1906	10,668	5,363	189	2	91	2	333	3	190	3
1907	10,226	5,249	153	1	72	1	401	4	167	3
1908	10,124	5,451	202	2	109	2	493	5	239	4
1909	9,502	5,138	191	2	95	2	531	6	228	4
1910	9,167	5,076	195	2	92	2	537	6	244	5
1911	8,464	4,965	183	2	95	2	494	6	233	5
1912	8,579	5,009	189	2	79	2	590	7	277	5
1913	8,165	5,208	125	1	72	1	545	7	219	4
1914	-	5,059	-	-	51	1	-	-	239	5
1915	7,506	4,687	100	1	38	0.8	673	9	156	3
1916	-	4,543	-	-	41	0.9	-	-	220	5
1917	-	3,700	-	-	83	2	-	-	246	7
1918	4,622	3,203	226	5	97	3	850	18	413	13
1919	-	3,949	-	-	82	2	-	-	379	10
1920	-	5,457	-	-	167	3	-	-	522	10
1921	-	4,117	-	-	140	3	-	-	453	11
1922	6,002	3,990	257	4	160	4	1,288	21	580	14
1923	5,914	-	325	5	-	-	1,286	22	-	-
1924	5,457	-	388	7	-	-	1,221	22	-	-
1925	5,371	-	494	9	-	-	1,347	25	-	-
1926	4,977	-	639	13	-	-	1,314	26	-	-
1927	4,561	-	622	14	-	-	1,413	31	-	-
1928	4,577	-	782	17	-	-	1,494	33	-	-
1929	4,215	-	834	20	-	-	1,304	31	-	-
1930	4,212	-	951	23	-	-	1,203	29	-	-
1931	4,010	-	1,026	26	-	-	1,244	31	-	-
1932	3,728	-	1,005	27	-	-	1,209	32	-	-
1933	3,319	-	926	28	-	-	1,080	32	-	-
1934	3,299	-	931	28	-	-	1,137	34	-	-
1935	3,027	-	880	29	-	-	1,089	36	-	-
1936	3,067	-	1,005	33	-	-	1,030	34	-	-
1937	2,759	-	969	35	-	-	860	31	-	-
1938	2,619	-	846	32	-	-	850	32	-	-

^a a Poor Law infirmaries became municipal institutions after 1929. By the early 1920s many of the infirmaries had dropped the title 'infirmery' and become 'hospitals'. For instance Whitechapel infirmery was listed as St Peter's Hospital and St George's-in-the-East became St George's Hospital in 1923.

Source: Stepney and Poplar MOH, A/Rs, (1905-1938)

Table 7.14 :
Number of Births in the All Saints Maternity Hospital 1921-1928

Year	Number of Births
1921	30
1922	67
1923	112
1924	212
1925	314
1926	512
1927	581
1928	561

Source: *East London Observer*, 10 Aug. 1929, p.3.

Social Services Provided For Mothers by Poor Law Institutions

From their earliest days Poor Law institutions had provided relief other than medical care for destitute mothers. This ranged from general relief,

such as food and clothes, to shelter within the workhouse. Securing such services from Poor Law authorities frequently entailed demanding investigations into families' circumstances, a process which was not unfamiliar to those who asked for comparable services from the lady almoner in a voluntary hospital.

One midwife working in Poplar in 1906 complained to Sir Shirley Murphy of the difficulties mothers faced with Poor Law officials when seeking parish support. She had sent the unemployed husband of one of her patients to the relieving officer to ask for food for his wife, but he had been refused. Instead he was offered an order for the whole family to go into the workhouse. At this point the midwife tried to intervene and approached the relieving officer, but with no success. If it had not been for the help of the midwife and the neighbours the woman 'might have starved'. In another instance where a mother did not have enough breast milk to feed her baby the inability to secure help from the parish proved fatal for the infant.¹²⁹

Although the midwife gave detailed accounts of two cases, she commented that she had seen many other cases where relief had been refused to the husband applying on behalf of the wife. The stigma attached to such relief remained. One man whom the midwife told to approach the relieving officer had said that 'he would rather lie in the gutter than go again'. Desperate for advice about what to do in these circumstances, the midwife asked Sir Shirley Murphy what she should do to get help for such cases. She pleaded

We, as district midwives are told we are responsible for the health of the mothers and babies under our care, and how can we care for them if mothers have no food. I often, out of my own pocket, pay for milk and food because there seems no other

129. Poplar, 12 Dec. 1906, pp.434-435; 6 Feb. 1907, p.536, (Po BG/53). The first case was of a woman with a surname common in Ireland.

way to help them. I am only a woman earning my own living and cannot keep doing this.¹³⁰

Sadly the evidence given by this midwife was common, reflecting the restrictions imposed on outdoor relief as a whole. In 1909 the Minority Report criticised the Poor Law authorities for inadequate and variable social services for mothers and their infants. 'An expectant mother, if granted Outdoor Relief at all, is seldom given more than 2s. or 3s. a week, no consideration being given to the special needs of her condition.'¹³¹ In some cases mothers were only given 1s. or 1s. 6d. for the child and nothing for themselves. Nor were relieving officers given any particular instructions to grant special food to pregnant women. After the birth of the infant no follow-up service was offered in the form of nursing or home-helps.¹³²

Preparation for Motherhood and Infant Rearing

Unlike voluntary bodies who were very active in educating mothers in diet, hygiene and breastfeeding by the turn of the century, Poor Law authorities were slow to undertake such preventive measures. Part of this might have stemmed from the fact that much of it was already being undertaken by local authorities. Established under the Local Government Act of 1894, the borough councils had increasingly assumed some of the Guardians' former duties in registration of births and deaths, sanitation and hospital provision.¹³³ Local councils soon became key figures in the provision of

130. Poplar, 6 Feb. 1907, p.536, (Po BG/53).

131. Webbs, *Break-Up of the Poor Law*, p.86.

132. *ibid.*, p.86.

133. Crowther, *The Workhouse System*, p.91.

maternal and infant welfare, most notably in the form of milk supplies, infant welfare centres and health visitors.¹³⁴

Editors of the Minority Report in 1909 were scandalised, however, that similar activities were not also being undertaken by Poor Law authorities.

In view of the fact that the mothers are, in the great majority of cases, extraordinarily ignorant on these points, it does not seem to us economical that so large an expenditure should annually be incurred from the Poor Rate in order to provide for the birth of infants, without any precautions being taken to prevent these infants from dying within a few days or weeks of birth. Nor do we find the Destitution Authorities in any part of the Kingdom taking any heed whatsoever of the conditions under which the 50,000 infants under five years of age, whom they have always on their books as Outdoor paupers, are being reared. The mothers may nurse their infants themselves, or may use the most insanitary bottles; they may feed their infants properly, or give them potatoes or red herrings; they may lock them up in a deserted room all day (since the Guardians make it necessary for the mothers to go out to work), or they may leave them (with dummy teats or 'comforters') with the most careless neighbours; they may overlay them in bed; they may even insure their little lives with one of the Industrial Insurance Companies, and so use some of the Guardians' Outdoor Relief money thus hideously to speculate in death without any warning or prohibition and without even any attention by the Destitution Authority, out of whose funds these infants are being maintained.¹³⁵

Provision made by Poor Law authorities in this area was slightly improved with the passing of the Maternity and Child Welfare Act in 1918 which empowered local authorities to provide maternity and infant welfare services such as ante-natal clinics. Like many voluntary hospitals a number of Poor Law institutions began to provide their own ante-natal clinics from the 1920s. In 1926 Bethnal Green Hospital made arrangements for their mothers to have ante-natal check-ups. All applicants who sought to give birth in the maternity wards were advised to report to the sister

134. Further information can be found in chapter 8.

135. Webbs, *Break-Up of the Poor Law*, p.87.

at least three months before they expected to be confined. They were no longer expected to apply directly to the relieving officer.¹³⁶

One of the prime objectives of the Act was to co-ordinate services and prevent overlapping.¹³⁷ By the 1920s it was common both for the Poor Law authorities to send their mothers to municipal ante-natal clinics, and for the council to fund maternity beds within Poor Law hospitals. Although moves were made in Poplar to convert a room for ante-natal work¹³⁸, they were still dependent on the council for most of its ante-natal care. This had its limitations. Any important ante-natal treatment had to be obtained either from the patients own doctor or from a suitable hospital.¹³⁹ The Local Government Act of 1929 finally enabled local councils to take over Poor Law infirmaries and their maternity services.

Use of Services by Irish and Jewish Mothers

With the increasing advances made in maternity provision as well as religious toleration within Poor Law institutions, what was the uptake of services by Irish and Jewish patients? Unfortunately no figures remain for how many specifically Irish or Jewish mothers approached the parish for help during their confinement. Nonetheless it would seem, from the evidence available on infirmary and workhouse provision as a whole, that they tried their best to avoid such care.

136. Bethnal Green, 18 March 1926, p.56, (Be BG/163).

137. Nicholas Gebbie, 'Some Effects of the Local Government Act, 1929, or the Future of Maternity and Child Welfare', *The Medical Officer*, 1 Nov. 1930, p.193.

138. Poplar, 30 Dec. 1925, p.290, (Po BG/72).

139. Poplar, 27 July 1927, p.112, (Po BG 74).

Although no figures remain on the use made by the Irish community of the workhouse, the statistics concerning Jews show that they used much more outdoor medical relief than indoor relief. This was in complete contrast to the general population during this period who were more reliant on indoor relief (see tables 7.15 and 7.16). Given the restrictions being

Table 7.15 :
Total Number of Austrian, Russian and Polish Immigrants to whom Poor-Law Relief was Granted by the East London Unions particularly used by East European Immigrants in 1909 and 1911

Parish or Union	Year	Total Aliens	Total Austrian, Hungarian, Russian & Polish	Austrian, Hungarian, Russian & Polish as % of Total
Bethnal Green	1909	170	146	86
	1911	200	178	89
	1912	145	128	88
	1913	132	102	77
City of London	1909	55	16	29
	1911	71	30	42
	1912	21	11	52
	1913	24	13	54
Mile End Old Town	1901-2	558	486	87
	1909	422	357	85
	1911	487	416	85
	1912	605	529	87
	1913	599	535	89
Poplar	1909	118	11	9
	1910	125	9	7
	1911	102	11	11
	1912	111	10	9
St George's-in-the-East	1901-2	710	612	86
	1909	1,530	1,257	82
	1911	991	791	80
	1912	601	528	88
	1913	448	352	79
Whitechapel	1901-2	669	549	82
	1909	900	706	78
	1911	649	505	78
	1912	536	427	80
	1913	585	511	87
The majority of Austrian, Hungarian, Russian and Polish immigrants who settled in East London were Jewish. A number of Germans were also confined in these institutions who could have been Jewish but I have not included them in the statistics. Figures only exist for the years 1909 and 1911-13.				

Sources: London County Council *London Statistics*, Vols. 21-24 (1910-13); *Royal Commission on Alien Immigration*, PP 1903, IX II, Appendices XXV and XXVI.

Table 7.16: Percentages of Aliens and General Population Receiving Different Forms of Relief out of Total Relieved in East London Unions particularly patronised by East European Immigrants 1909-1911

Parish or Union	Year	Indoor Relief		Outdoor Relief		
		General Population %	Aliens %	% of Aliens Granted Medical Relief	Other	
					General Population ^a %	Aliens %
Bethnal Green	1909	85	59	39	15	2
	1911	87	48	49	13	3
	1912	90	50	47	10	3
	1913	87	11	84	13	5
Mile End Old Town	1909	59	27	72.75	41	0.5
	1911	56	24.5	75	44	0.6
	1912	60	22.5	77	40	1
	1913	56	17	82	44	1
St George's-in-the-East	1909	-	18	76	-	1
	1911	88	19	75	12	5
	1912	90	23	69	11	2
	1913	89	29	70	15	2
Whitechapel	1909	95	38	54	5	2
	1911	97	44	50	3	2
	1912	96	47	44	4	3
	1913	97	56	74	3	0.5
a Unfortunately the category listing the number of the general population receiving outdoor relief does not distinguish between medical relief and other forms of help as it does for the alien paupers.						
Figures only exist for aliens for the years 1909-1913.						

Source: Based on figures from London County Council, *London Statistics*, Vols. 21-24, (1910-13).

imposed on outdoor relief and the increasing emphasis on indoor relief in East London during this period the great number of Jews accepting outdoor relief is surprising.¹⁴⁰

One of the reasons for the relative absence of Jewish inmates applying for indoor relief and their larger numbers claiming medical relief was the policy pursued by the JBG.¹⁴¹ The chief aim of the JBG was to provide

140. For more information on the crusade against outdoor relief generally see Karrel Williams, *From Pauperism to Poverty* (London, 1981), pp.96-107, 128-135. In the context of East London see Ryan 'Politics of Relief', pp.142-151.

141. For more information on the JBG and the welfare it provided see chapter 1 and 4, pp.33-35, 112. See also Lara Marks, '"Dear Old Mother

relief where religious issues were at stake and aid could not be found elsewhere. Unlike indoor parish relief which limited religious observance and other cultural activities, outdoor relief such as medical relief permitted more freedom. The JBG therefore did all that it could to prevent their poor from having to accept indoor relief. Medical relief, however, was considered a lesser need and was not provided by the JBG after 1873.¹⁴² Those who could not afford medical relief or gain charitable care were therefore forced to depend on the local union.

Records from the United Synagogue Visitation Committee show that the majority of Jews claiming indoor relief sought the shelter of the infirmary rather than the workhouse (see table 7.17 below). Mile End seems to have had a higher number^{of} Jewish inmates in its workhouse than others. This may perhaps have been because its policies towards Jewish inmates were more liberal than others. In addition to this casual labour and poverty were not as acute in Mile End, perhaps allowing the union greater freedom in their expenditure on ritual requirements for Jewish patients. Guardians in Mile End also tended to be more radical than other unions in East London.¹⁴³ Overall, however, even in Mile End Jews appeared to make much more use of the infirmary than the workhouse.

Levy's": The Jewish Maternity Home and Sick Room Helps Society 1895-1939', *Social History of Medicine*, Vol.3, No.1, April 1990, 61-88, pp.74-76

142. JBG, A/R (1879), p.18; see also JBG, A/Rs (1873), p.22; (1891), pp.10-11; and (1896), pp.18-19.

143. Ryan has argued that the radical politics of Mile End which began in the 1880s remained constant up to 1914. She argues that Mile End was influential in shifting the other unions in East London to a greater political focus. ('Politics of Relief', pp.139,156-157).

Table 7.17:
Total Jewish Inmates Admitted over the Year to Various Poor Law Institutions,
Distinguishing Between Workhouse and Infirmary

BETHNAL GREEN UNION		
Year	Infirmary/Hospital Inmates ^a	Workhouse Inmates
1884	-	1
1885	-	2
1887	-	10
1888	-	5
1889	-	14
1890	-	5
1891	-	3
1896	-	1
1905	15	-
1910	77	7
1911	105	11
1912	101	13
a Bethnal Green established a separate hospital in 1900; before that sick patients were accommodated in the workhouse.		
MILE END UNION		
Year	Infirmary Inmates	Workhouse Inmates
1910	232	154
1911	232	108
1912	239	101
ST GEORGE'S-IN-THE-EAST UNION		
Year	Infirmary Inmates	Workhouse Inmates
1901	89	-
1905	103	53
1910	223	35
1911	232	51
1912	179	2
WHITECHAPEL UNION		
Year	Infirmary Inmates	Workhouse Inmates
1905	148	10
1910	413	15
1911	377	17
1912	375	6

Source: United Synagogue, Visitation Committee, Minutes, 1902-1914.

Using sample years Black has shown that Jews made up a very small percentage of those who went into the infirmaries in the East End (see table 7.18 below). Those less likely to have Jewish inmates included the

Table 7.18:
 Number of Jewish Patients Compared to the Total Number of Inpatients in the Various
 Infirmarys in East London 1899-1927

Parish or Union	Year	Total Inpatients	Total Jews	% Jews
City of London	1899	1,045	31	2.96
	1900	848	19	2.24
	1901	1,028	16	1.55
	1904	1,909	18	1.98
	1908	2,370	23	0.97
	1913	1,564	38	2.42
Bethnal Green ^a	1902	2,183	23	1.05
	1910	2,903	90	3.10
	1915	2,392	80	3.34
	1916	2,117	97	4.58
	1917	2,061	101	4.90
	1918	1,663	89	5.35
St George's- in-the-East	1908	unknown	unknown	6
Whitechapel	1900	4,844	234	4.83
	1910	4,135	411	9.93
	1915	3,442	382	11.09
Mile End Old Town ^b	July-Dec 1919	812	96	11.82
	1920	2,019	272	13.47
	1921	2,203	382	17.34
	1922	2,815	585	20.78
	1923	2,976	709	23.82
	Jan-May 1924	1,407	353	25.08
	Dec 11 1926 - Dec 11 1927	4,157	737	17.72
a taken from the admission and discharge registers				
b taken from the creed registers				

Based on Gerry Black, 'Health and Medical Care of the Jewish Poor in the East End of London, 1880-1939', Ph.D. thesis (Leicester Univ., 1987), Tables IV -VII, pp.187-189.

City of London Infirmary (primarily catering for men after 1909), which was based in Bow where there were few Jews, and the Bethnal Green infirmary which Jews would have been deterred from entering because it was initially attached to the workhouse. Religious observance in infirmaries might prove difficult, but in workhouses the rules were even stricter.

The number of Jews housed in the Whitechapel infirmary was remarkably low given that it was based in an area with a heavy concentration of Jews, that it provided kosher food and was noted for its good arrangements for Jewish women.¹⁴⁴ Of all the infirmaries the one in Mile End Old Town had the highest number of Jewish patients, although this perhaps reflected the specific years in which the figures were recorded. After World War I infirmaries were more liberal in their religious provision and no longer possessed the same stigma so that patients were less reluctant to enter them.

Conclusion

By 1929 great progress had been made by Poor Law authorities in the provision of maternity services since the nineteenth century. Many of the improvements were due to wide-spread concern about maternal mortality during this period which had resulted in more stringent midwifery standards and preventive healthcare in all organisations dealing with mothers. Whatever the causes, in Poor Law infirmaries maternity cases were no longer mixed with the general poor and were now being looked after by trained midwives and nurses and medical officers both on the district and in increasingly updated maternity wards. Women using these facilities also no longer faced the same stigma as fifty years previously.

Accompanying the shifts in attitude from stigmatising to helping mothers during their confinements, Poor Law institutions also became more liberal in their attitudes towards Irish and Jewish inmates. This was most clearly evident in increasing religious provision and satisfaction of dietary

144. The good treatment of Jewish women in the Whitechapel infirmary was highlighted at a conference between delegates from the United Synagogue's Visitation Committee and JBG's Sanitary Committee in 1907 (Black, 'Health and Medical Care', pp.187-1890).

requirements. Although statistics are minimal for the immigrants using the services, the data available suggest that immigrants began to enter the Poor Law infirmaries as religious provision increased and attitudes to non-Anglicans softened.

Nevertheless, whatever advances were made in the years 1870-1929, the maternity services provided by the Poor Law authorities continued to be inferior to those offered in voluntary institutions. Even in the hands of local government, these services could not hope to catch up with the developments already occurring in the voluntary sector. Years of meagre funding had ensured that even under the council these services remained second-rate by comparison with the charitable institutions with their royal connections and royal patronage.¹⁴⁵ Like other mothers, Irish and Jewish mothers, therefore, would have chosen wherever possible to obtain their midwifery care from the voluntary sector which seemed to be more advanced than that offered by the Poor Law and later the local government authorities.

145. Crowther, *The Workhouse System*; Flinn, 'Medical Services', pp.51,55,59; Smith, *The People's Health*. See Prochaska's forthcoming work on the history of the King Edward's Fund for London. I am grateful to Dr Frank Prochaska for help on this information.

CHAPTER 8

DOMICILIARY AND DISPENSARY MATERNITY PROVISION FOR IRISH AND JEWISH MOTHERS IN EAST LONDON

Introduction

Much of the care Irish and Jewish mothers in East London received before, during and after childbirth was provided outside hospitals. Most charitable provision was available to mothers in their own homes and did not bind them to restrictions imposed on those confined within institutions. Nevertheless these services had their own demands which could be problematic for Irish and Jewish mothers. This chapter examines the forms of support which were available outside the hospitals in East London, and the interactions Irish and Jewish patients had with these services.

Directories for East London charitable organisations between 1870-1939 indicate an enormous number of organisations working for the benefit of the mother and child, beyond perhaps what might be expected for such a poor area and starting from a very early period. In his study of poverty in East London, Charles Booth revealed a complex network of district nursing organisations, dispensaries, and clinics providing medical care in the 1880s and 1890s.¹ Plentiful provision for the area continued well into the twentieth century. When members of the Carnegie Trust visited Stepney with the intention of establishing a large centre for maternity and child welfare, they declared that such a centre was not needed because voluntary and municipal bodies already catered so well for the area.²

1. Charles Booth, *Labour and Life of the People of London*, 1st Series, *East London*, Vol.1 (1889), pp.127-129; Charles Booth Collection, LSE Files: A38, p.4; A32, p.17; A33, p.43; B181, pp.105-107, p.109.

2. Stepney Medical Officer of Health (MOH), A/R (1930), p.85.

By the early twentieth century maternity and child welfare was being increasingly financed by the state rather than the voluntary sector. Under the Maternity and Child Welfare Act of 1918 local authorities were required to create specific committees for administering maternal and infant welfare. Local councils and voluntary institutions could also apply for grants to help provide paid midwives, health visitors, infant welfare centres, day nurseries and milk and food for necessitous mothers and infants.³ Implementation of the 1918 Act varied enormously between councils and regions. Some new schemes were developed under the act, but many of those which did emerge stemmed from voluntary activities of the nineteenth century.⁴

Voluntary organisations, often supported by local government grants, continued to play a vital role in the provision of maternal and infant welfare well into the interwar period. In East London, voluntary agencies retained a hold over maternal and child welfare services longer than in many other places.⁵ By the 1920s, therefore, a complex network of maternal and child welfare schemes was being supplied by the local government and

3. Jane Lewis, *The Politics of Motherhood: Child and Maternal Welfare in England, 1900-1939* (London, 1980), p.34.

4. Research by Summers and Prochaska has shown that many of the maternal and child welfare schemes present in the late nineteenth and early twentieth centuries were rooted in the work undertaken by women philanthropists from the early nineteenth century. Their work has shown that recent historians of maternal and child welfare have tended to concentrate too narrowly on the contribution made by the male government and medical establishment which has denied the influence of female philanthropic workers active on the issue much earlier. See Anne Summers, 'A Home from Home - Women's Philanthropic Work in the Nineteenth Century' in Sandra Burman (ed.), *Fit Work for Women* (London, 1979), p.33; Frank K. Prochaska, 'A Mother's Country; Mothers' Meetings and Family Welfare in Britain, 1850-1950', *History*, Oct. 1989, 379-399, pp.393-394.

5. Chief Medical Officer, A/R (1937). I am grateful to Elizabeth Peretz for this reference.

the voluntary sector. A number of these services overlapped in their aims and in their provision.

Historians who have examined the social policies behind maternal and infant welfare services have stressed that in the late nineteenth and early twentieth centuries many of the services were directed towards the welfare of the infant and not the mother. By focusing on aggregate national data, these researchers seem to have underestimated the complexity of provision for mothers.⁶ What emerges from a local study of East London is that services were more responsive to local needs. It would seem that while many policy makers failed to appreciate the real needs of mothers, voluntary and municipal agencies in East London did go some way to catering for mothers' requirements.⁷ Although much of the welfare was geared towards the health of the infant and child, it necessarily involved provision for the mother. The voluntary and municipal services could not eradicate the powerful poverty in the area, but the nursing care and social welfare they offered gave some support to mothers who otherwise had nothing.

Research on maternal and child welfare has centred on how the ideology of motherhood and the kind of models mothers were expected to conform to shaped the services provided and the experience of mothers.⁸ Few studies

6. Lewis, *Politics of Motherhood*; Anna Davin, 'Imperialism and Motherhood', *History Workshop Journal*, Issue 5, Spring 1978, 9-65; Carol Dyhouse, 'Working Class Mothers and Infant Mortality in England, 1895-1914', *Journal of Social History*, Vol.12, 1979, 248-67.

7. Many women's groups, such as the Women's Co-operative Guild, actively campaigned for the government to focus its efforts as much on the high levels of morbidity faced by women as on the rising levels of maternal morbidity in the 1920s and 1930s. While the government increasingly took measures to curb maternal mortality it did very little to tackle morbidity which many women felt should have as much priority. (Lewis, *Politics of Motherhood*, pp.42-50.)

8. Research on Oxford, Tottenham and Merthyr Tydfil has explored how the attitudes promoted by the maternal and infant welfare movement and the marketing of products specifically geared to mothers and their infants

however have focused on the specific provision for childbirth. Many of the organisations examined in this chapter, such as midwifery charities, district nursing associations and medical missions, while affected by the discussions promoted by policy makers, provided a service which was different from child welfare schemes.

Maternal and child welfare is explored in the present chapter for its contribution to provision for childbirth and the care of the infant up to the age of one. During the inter-war period three major anxieties shaped official policy towards maternal and child welfare provision: 1) the continuing decline and social differential in the birth rate; 2) the persisting high maternal mortality and 3) the need to replace the losses of the First World War.

This chapter examines whether the changes in maternal and child welfare made the facilities more accessible to Irish and Jewish mothers. While provision made by organisations in the twentieth century was more secular in orientation than in the nineteenth century, some religious demarcations remained. This was influential in the relationship between the organisers of these services and Irish and Jewish mothers.

Types of Services Provided

A variety of services were available to Irish and Jewish mothers in East London outside hospitals and other institutions between 1870-1939. Irish and Jewish mothers appear to have made as much use of the amenities as the general population.

affected the experience of motherhood during the 1920s and 1930s. In practice it was very difficult for mothers on low incomes to adhere to the advice given to them. (Elizabeth Peretz, 'The Costs of Modern Motherhood to Low Income Families in Interwar Britain' in Valerie Fildes (ed.), *Women and Children First. International Maternal and Infant Welfare 1800-1950* [London, forthcoming].)

An organisation directly concerned with delivery was the Royal Maternity Charity (RMC). Established in 1757, the RMC supplied qualified midwives to the poor in their own homes within a one mile radius of St Paul's.⁹ Although its headquarters were not in East London, many of its cases were from Bethnal Green, Mile End and Whitechapel (see table 8.1).¹⁰

Associations actively involved in caring for the mother and her infant after birth were the Nurses of St John the Divine founded at St John's House in 1848; the East London District Nursing Society (ELNS) created in 1868; Mrs Ranyard's Bible Nurses established in 1868; and the Shoreditch and Bethnal Green Nursing Association (SBGNA) organised in 1888. Not all of these agencies had their base in East London, but a great number of their patients were from that area. More primary sources remain for the ELNS and the Bible Nurses than for the other nursing associations.¹¹

The nurses of St John the Divine first undertook work in East London with the cholera epidemic of 1866.¹² Mrs Ranyard's nurses were among the

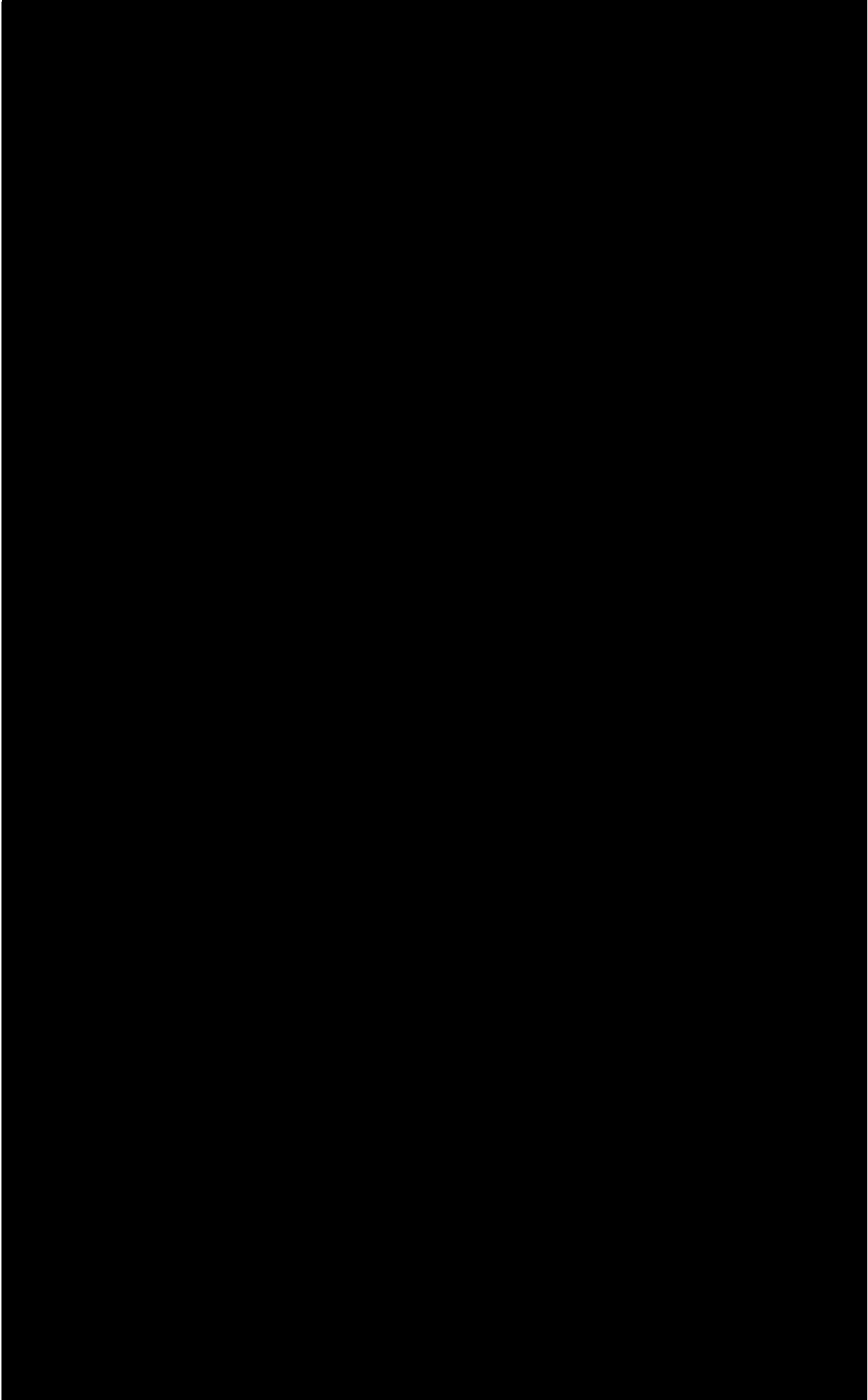
9. J. Hall Davis, *Parturition and its Difficulties* (London, 1865).

10. As each table is referred to frequently, they have been assembled together at the end of the chapter for convenience. The same applies to the figures in this chapter.

11. Material on the Bible Nurses is kept among the papers relating to Mrs Ranyard's Mission at the Greater London Record Office (GLRO). Papers for the ELNS are kept at Tower Hamlets Local History Library, where there are also a handful of sources on other nursing associations.

12. During the 1860s the St John the Divine Nurses were attached to the Wapping Infirmary (Edith Ramsay, *East London Nursing Society 1868-1968: A History of a Hundred Years* [London, 1968], pp.17-18). The nurses of St John played an important part in hospital work and the reforms taking place in hospital nursing. For more detailed historical studies of the establishment of the St John the Divine Nurses see Anne Summers, *Angels and Citizen* (London, 1988), p.20; idem. 'The Mysterious Demise of Sarah Gamp: The Domiciliary Nurse and her Detractors' in *Victorian Studies*, Vol.32, No.3, Spring 1989, 365-386, pp.379-380 and idem. 'The Costs and Benefits of Caring: Nursing Charities c.1830-1860' in J. Barry & C.Jones (eds), *Medicine and Charity* (forthcoming). See also Dr F. Cartwright, *The Story of the Community of the Nursing Sisters of St John the Divine* (London, 1968).

Map 8.1 : Areas served by the East London Nursing Society in 1882
Source: East London Nursing Society, *Minutes* 1882 (THL: 441), Map showing New Districts for 1882



earliest trained district nurses to have undergone some form of training in London and the largest in number.¹³ In 1868 the Mrs Ranyard's mission was active in various parts of the East End, but by 1918 most of the nurses no longer worked in the heart of the area.¹⁴ Unlike the other nursing associations, the ELNS and the SBGNA had their headquarters in East London.¹⁵ The ELNS was most active in areas with high concentrations of Irish and Jewish immigrants (see map 8.1 above showing the districts covered by the ELNS in the 1880s).¹⁶

At various times during the period 1880 to 1939 at least nine medical missions operated within the East End. Figures 8.1 and 8.2 show seven of the medical missions and other missions in the area. Most medical missions were no more than ten minutes walk away from the homes of the poor in the East End (see map 8.2 below).¹⁷ Few primary sources exist for the majority of these missions. More information remains for the All Saints' Dispensary, (known as the All Saints' Out-Patient Hospital from 1907),

13. Between 1868 and 1874 Guy's Hospital, Westminster Hospital and the London Hospital trained 78 of Mrs Ranyard's nurses. During this period the ELNS only had three private nurses and these had no formal hospital training until the 1880s. By 1898 Mrs Ranyard's nurses numbered between 80 and 90 in total. See Frank K. Prochaska, 'Body and Soul: Bible Nurses and the Poor in Victorian London', *Historical Research*, Vol.60, No.143, Oct. 1987, 336-48 p.340; Ranyard Nurses' A/Rs (1881), p.3 & (1898), p.7.

14. For further detail on these nurses see Prochaska, 'Body and Soul' and F. Ducrocq, 'The London Biblewomen and Nurses Mission 1857-1880: Class Relations/ Women's Relations', in B.J Harris and J.K McNamara (eds), *Women and the Structure of Society* (Duke, 1984). Ranyard Nurses, A/Rs (1898), (1916), (1918), and (1925).

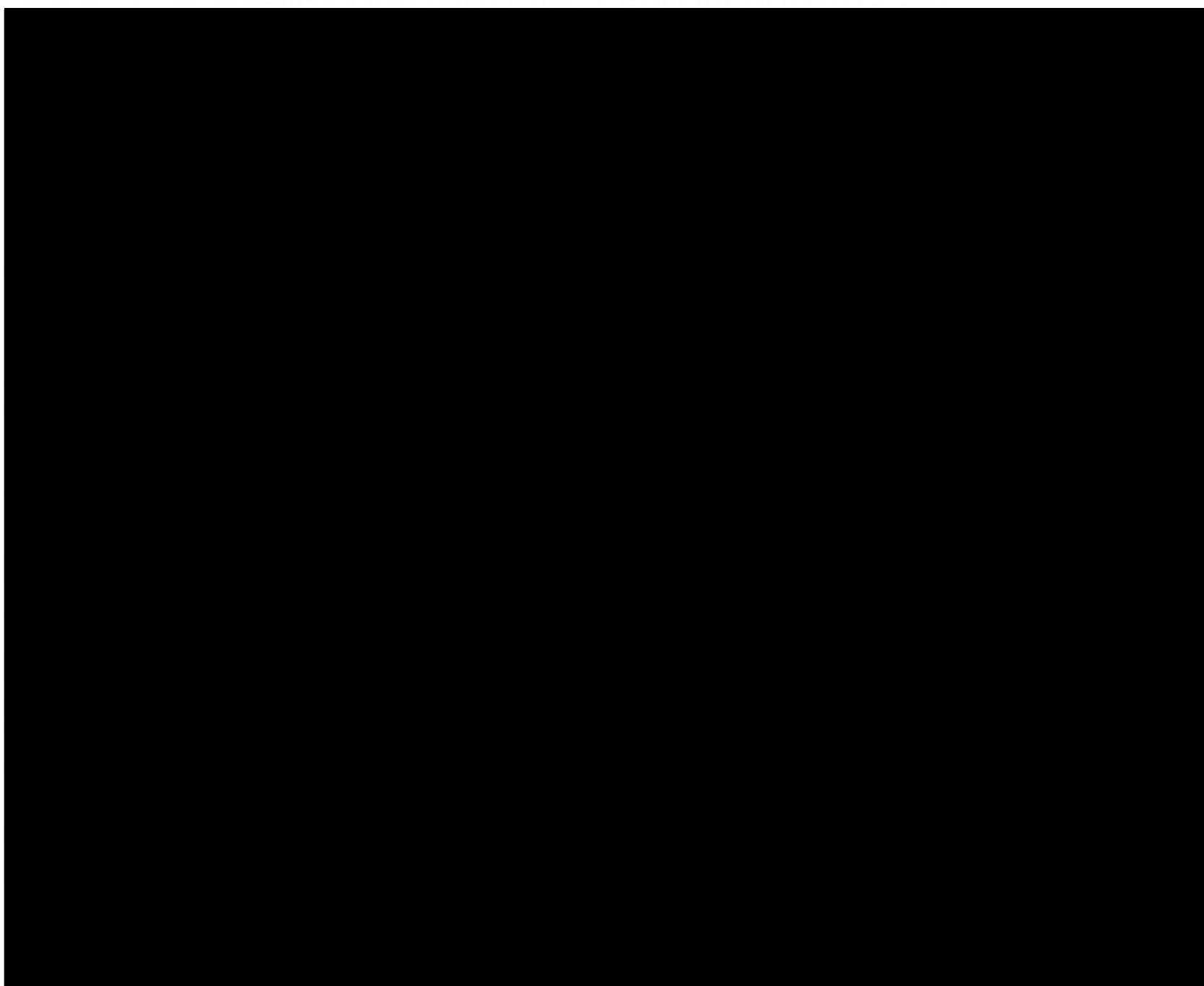
15. The SBGNA was formerly known as the Haggerston and Hoxton District Nursing Association.

16. Ramsay, *ELNS*, pp.7-8; *ELNS*, A/Rs (1882), p.3, & (1883), p.3. The ELNS was sponsored by Mrs Stuart Wortley and Mrs Robert Wigram.

17. Gerry Black, 'Health and Medical Care of the Jewish Poor in the East End of London 1880-1939', Ph.D. thesis (Leicester Univ., 1987), p.158.

established in 1897 and for the medical mission run by the London Society for Promoting Christianity Among the Jews (LSPCJ) from 1891.¹⁸

Map 8.2 :
Missions and Medical Missions in the East End 1898-1901



Source: All Saints' Medical Mission *Minutes* 1898, & G. Black, 'Health and Medical Care of the Jewish Poor in the East End of London 1880-1939', Ph.D. thesis (Leicester Univ., 1987), p. 158.

18. Correspondence and Papers relating to the All Saints' Hospital are held at the Anglo-Jewish Archives (AJA), University College of London, Library. In 1851 the Society of All Saints of the Poor established a scheme to train nurses. Essentially an Anglican nursing order the All Saints nurses had close connections with University College Hospital in London. These nurses might have had links with the All Saints Hospital in East London, but the connection is not mentioned in primary or secondary sources. For more information on the All Saints' nurses see S.W.F. Holloway, 'The All Saints Sisterhood at University College Hospital', *Medical History*, Vol. 3, 1959, 146-156. I am grateful to Dr Anne Summers for this reference. Sources for the LSPCJ mission are held in the Bodleian Library, Oxford.

Maternity work

The RMC aimed to provide a level of midwifery care to the poor unavailable in lying-in homes or from untrained midwives (see table 8.2). Horrified by the low standards of midwifery care available to mothers in lying-in institutions and from the parish, the charity supplied trained midwives to work with the poor in their own homes under the supervision of a group of physicians. Any case of infection was inspected and midwives were expected to maintain strict standards of cleanliness.¹⁹ By the late nineteenth century RMC midwives were attending to a large number of cases, many of whom were in East London.

By contrast maternity work constituted a small percentage of the overall work undertaken by district nursing associations. In the late nineteenth century Mrs Ranyard's nurses cared for the greatest number of maternity cases (see table 8.3). The society forbade its nurses to act as midwives, but all its nurses were expected to have a certificate in monthly nursing from a lying-in hospital together with a hospital and district nurse training.²⁰ Confinement cases could only be cared for 'under a doctor's direction'. Each nurse was trained in 'scrupulous cleanliness' and the use of anti-sepsis.²¹

In certain districts nurses were set apart for obstetric and monthly work only, collaborating with maternity departments of specific hospitals such as Charing Cross Hospital and St Thomas's Hospital.²² The maternity branch

19. After 1883 all pupil midwives trained by the charity had to pass the exam set by the London Obstetrical Society (RMC, A/R [1883], p.101).

20. Ranyard Nurses, A/R (1898), p.7.

21. The Ranyard Mission argued that the work carried out by their nurses protected mothers from 'the carelessness and ignorance of well-meaning neighbours' (Ranyard Nurses, A/R [1898], p.10; *The Nursing Branch of the Bible Women and Nurses*, booklet for nurses, (n.d.), p.8 [GLRO file: A/RNY/162]).

22. Ranyard Nurses A/R (1906), p.25.

of Mrs Ranyard's nurses was reported to be very popular in the late 1890s, but it had declined by 1914 and continued to do so during the years of the First World War (see table 8.3).²³

After the war more maternity cases were being cared for by the nurses of St John than by other associations (see table 8.4). The nurses of St John had a long tradition of maternity work, beginning with their involvement in the maternity ward in King's College Hospital in 1864. Later they established their own maternity home in Chelsea in 1876 where they trained midwives.²⁴ From their earliest days in Poplar the nurses provided midwifery care on a large scale.²⁵

Maternity cases never made up more than 6% of the total patients cared for by the ELNS (see table 8.3). Nevertheless the association had close ties with the East End Maternity Home and London Hospital, who referred maternity cases to them.²⁶ The SBCNA also appears to have taken on maternity work, but the only figures available concern the interwar period (see tables 8.3 & 8.5).

Charitable midwifery care in East London was provided on such a widespread scale by the numerous voluntary hospitals that very few medical missions

23. How many of the maternity cases cared for by Mrs Ranyard's nurses were in the East End is not known, except that very few were taken in the later years when the organisation was no longer working in the heart of the area.

24. Florence Nightingale was very interested in the home. See 'The Community of Nursing Sisters of St John the Divine', Centenary Pamphlet of St John's Nurses, (1948).

25. *ibid.*, p.8; St John the Divine Nurses, *Appeals* (1933-38); *East End News*, 16 Nov. 1934. Unfortunately the number of midwifery cases looked after by the nurses of St John are unavailable aside from the years 1917 to 1924.

26. ELNS, A/R (1891), p.7. In 1928 the ELNS received 42 maternity cases from the ELNS and 35 in 1927 (ELNS, Minutes, 17 March 1928).

offered midwifery services.²⁷ Unlike the district nursing associations, who saw their work as complementary to the maternity work of the voluntary hospitals, the medical missions perceived such provision as fierce competition. This is borne out by the history of the midwifery service attached to the All Saints' Medical Mission.

With the financial help of one lady patron, All Saints' Hospital began to provide a certified midwife for some patients in 1905.²⁸ The midwifery cases grew rapidly in 1905. Eighty-two women were delivered in the first ten months of providing the service, seventeen of whom were first confinements.²⁹ Despite the increasing number of midwifery cases undertaken by the mission's midwife, her services were terminated in 1907. During her time at the mission she delivered 104 cases and was reported to have 'done much to raise the sanitary conditions and self-respect of the people.' However, in 1907 London Hospital extended its midwifery services with the introduction of maternity nurses working on the district free of charge; this proved too much in the way of competition for the mission's midwife.³⁰

27. Black has made a similar point in relation to the brief existence of the midwifery services provided by the All Saints' Hospital. However, he has argued that this was contrary to the evidence emanating from the Sick Room Helps Society (SRHS) (Black, 'Health and Medical Care', footnote 70, p.164). My research has shown that while the SRHS complained of a lack of Jewish midwives, it acknowledged the abundance of midwifery services in the area provided by voluntary hospitals and district nursing associations. For more information concerning the history of the SRHS see chapter 4 above and Lara Marks, '"Dear Old Mother Levy's": the Jewish Maternity Home and Sick Room Helps Society 1895-1939', *Social History of Medicine*, Vol.3, No.1, April 1990, 61-88.

28. All Saints' Hospital, A/R (1905), p.8.

29. Although there had been 'several anxious cases owing to insanitary homes, privation and inadequate accommodation' all the cases were reported to have 'done well' (All Saints' Hospital, A/R [1906], pp.10-12).

30. All Saints' Hospital, A/R (1907), pp.8-9. One other mission which seems to have provided a maternity service was Mildmay Mission Hospital, but this service was for private patients. One Jewish woman remembered giving birth there in the 1930s for which she paid £2 50s. She chose to go

Unlike independent untrained midwives who found it much more difficult to continue their practice with the tightening regulation of midwives after 1902, midwives supplied by district nursing associations conformed to legislative standards and continued their work in the early twentieth century. Some of the associations increased their midwifery provision in the inter-war years. By 1938 the ELNS was 'entirely responsible for full-time midwifery for the Stepney area', and were working in conjunction with and receiving funding from the Council.³¹ In the same year the nurses of St John established a school for midwives in conjunction with the Royal College of St Katherine.³²

By the 1920s local authorities were paying district nursing associations to undertake some of their maternity cases. Subscriptions were also given to maternity hospitals to maintain beds for local authority cases.³³ Data suggests that patients were charged in Stepney for beds in public hospitals in 1929 (see table 8.6), although it is not known how many mothers in East London were helped in this way.

Whilst a number of district nursing associations strengthened their ties with the midwifery services, borough midwifery schemes were also being developed. Not all councils, however, employed their own midwives. Neither Stepney nor Poplar had a borough midwifery scheme. Poplar expected its

there because it was easily accessible. (Women from the Jewish Women's League, interviewed London, 9 May 1990, tape). More information concerning the maternity nurses provided by London Hospital appears in chapter 6, pp.215-216.

31. ELNS, 'Superintendent's Report', Minutes, April 1938, p.11. In 1937 the ELNS appointed a maternity nurse to care for maternity cases in its own home (May 1937, p.146).

32. 'The Community of Nursing Sisters of St John the Divine', (1948).

33. Many of the maternity cases paid for by Stepney council to go into the EEMH had surnames common to the Irish community. Some Jewish names also appeared. (Stepney Maternity and Child Welfare [MCW] Committee, Minutes, 1919-1939.)

necessitous patients instead to claim back fees they had paid for their maternity care.³⁴ By contrast Bethnal Green began to provide a borough midwifery service from 1924. Fees charged for the service were dependent on the family's income and access to maternity benefit (see table 8.7).³⁵ Table 8.8 shows the number of cases and visits Bethnal Green's borough midwives undertook. Out of the total births in the borough the midwife only catered for a small handful of patients.

The service catered for necessitous mothers who could not afford to provide their own care.³⁶ Bethnal Green argued that it faced a great shortage of competent midwives, not as might be expected because there was lack of supply, but because mothers were unable to pay the fees needed by midwives to make a decent living. Less than a third of mothers could afford to hire private doctors or midwives.

At least a third of the mothers from Bethnal Green were attended by medical and midwifery students provided by teaching institutions such as the London Hospital. This does not seem to have had an adverse effect on maternal mortality in the area, but members of the council objected to the

34. Poplar MOH, 'Maternal Mortality', in Stepney MCW Committee, Minutes, 18 June 1935.

35. In 1926 the council was forced to lower the fees because of the free midwifery services being provided by London Hospital which were great competition for its midwifery service. The free midwifery service offered by London Hospital had forced the All Saints' Medical Mission to close its midwifery service (see above). Private midwives and other Hospitals such as the EEMH also found it difficult to compete with the free service of London Hospital and continually complained that it was undercutting the livelihood of private midwives (Bethnal Green, 'Public Health Surveys', 3 June 1925; 7 Jan. 1926 [PRO file: MH 52/156]).

36. Often the only form of midwifery help a necessitous mother could acquire was provided by the Board of Guardians, but very few mothers appear to have asked for such care in Bethnal Green. In 1923 out of a total 645 births in Bethnal Green only 21 mothers sought maternity care under the auspice of the Poor Law. (Bethnal Green, 'Public Health Survey', 4 April 1924 (PRO file: MH 52/156).)

women being used as 'teaching material'.³⁷ Regarding this situation as unsatisfactory, the Council provided midwives at its own expense without backing or financial help from the Ministry of Health.³⁸

Nursing care for mothers during illness

Aside from providing help for mothers in the days immediately following a birth, district nursing associations and medical missions offered support to those with ailments during pregnancy or in the months after the delivery through their nursing work. Some of the mothers on the district they cared for also suffered complications from abortions and miscarriages. Nursing care was provided for mothers alongside their care of surgical and fever patients and their dispensing of medicines.³⁹

Women who had many children and were poor often had symptoms which some medical professionals and women themselves attributed to childbirth.⁴⁰ Married women who were lucky enough to have insurance were shown to have much higher rates of sickness than men.⁴¹ In 1939 a national survey of 1,250 working-class wives found that only 31% were in good health, 22.3% were categorised as 'indifferent', 15.2% as 'bad' and 31.2% as 'very grave'. The women were reported to have a large range of debilitating

37. *ibid.*.. Complaints were not voiced in Poplar or Stepney.

38. *ibid.*

39. While nursing associations had some clinics, a greater amount of their time was spent in caring for patients in their own homes. Most medical missions provided their services through a clinic, but home visits to patients were also made. The All Saints' Hospital boasted an extensive follow-up service for their patients, which they claimed to be superior to many medical institutions in London (All Saints' Hospital, A/R [1908], pp.7-8). See also Black, 'Health and Medical Care', pp.164-165.

40. See for instance the letters published from mothers in 1915 by the Women's Co-operative Guild revealed that large numbers of women suffered complications from childbirth (Margaret Llewellyn Davies, *Maternity: Letters from Working Women* [1915; reprinted London, 1984].)

41. Lewis, *Politics of Motherhood*, pp.43-44.

illnesses. Their conditions included prolapsed wombs, anaemia, gynaecological disorders, swollen ankles, toothache and varicose veins.⁴²

A great number of women also had medical complaints arising from abortion. Between 1928 and 1930 the Registrar General reported a rise in the number of abortions by 21%.⁴³ In 1936 the BMA estimated that between 16% and 20% of all pregnancies ended in abortion, making the annual number of abortions between 110,000 and 150,000, of which 50% were believed to be illegal abortions. Many of the abortifacients women could purchase through advertisements were ineffective but many contained poisonous ingredients such as lead. Others resorted to hot baths or falling down stairs, or, in the last resort, an abortionist. The consequences could often be disastrous, but it is not known how many abortions resulted in illness or death. Complications following abortions were often concealed by women from doctors and were often presented as if they were general illnesses.⁴⁴

The nursing care provided by district nursing associations and medical missions could relieve some of the pain mothers experienced. Over half of the cases helped by the ELNS during the 1880s were women, some of whom were helped after a miscarriage or needed care for a breast abscess.⁴⁵

42. Margery Spring Rice, *Working-Class Wives* (1939; reprinted London, 1981), pp.28-29.

43. Judith Emanuel, 'The Politics of Maternity', M.Sc., Manchester, 1982, p.63. I am grateful to Judith Emanuel for lending me her thesis.

44. 'The Abortion Report', *British Medical Journal*, 17 June 1939, 1248-1251, p.1248; Angus McLaren *Birth Control in Nineteenth Century England* (London, 1978), pp.232-240; Lewis *Politics of Motherhood*, p.17; Elizabeth Roberts, *A Woman's Place: An Oral History of Working-Class Women 1890-1940* (Oxford, 1984, 1986), pp.97-100; Irvine Loudon 'Deaths in Childbed from the 18th Century to 1935', *Medical History*, Vol, 30, No.1, 1986, 1-41, p.27.

45. ELNS, A/R (1884).

Women continued to dominate the figures in the years up to 1926 (see table 8.9).

As with midwifery, nursing services offered by district nursing associations continued after the Maternal and Child Welfare Act of 1918. No specific municipal nursing association was established in East London in the interwar period, and councils depended on the existence of voluntary provision.⁴⁶

Preventive work:

By the early twentieth century all the organisations were undertaking preventive work. Much of this was rooted in the schemes devised by health visitors in the late nineteenth century, which in turn owed much to the health visiting schemes of lady missionaries, such as Mrs Ranyard's Bible Women.⁴⁷ Preventive work undertaken by the voluntary and municipal agencies largely constituted advice and not treatment, which severely limited the influence they had on mother's health.⁴⁸ Classes on infant care, home nursing, cooking and sewing were offered at institutions such as the Stepney School for Mothers.⁴⁹

46. See for instance Poplar, 'Public Health Survey', (1930), Appendix XII (PRO file: MH 66/372).

47. Summers 'A Home from Home', pp.39,43,45,51-57 and Prochaska 'Body and Soul', pp.342-344. For more information on the development of health visiting and their work see Celia Davies, 'The Health Visitor as Mothers' Friend: A Woman's Place in Public Health, 1900-14', *Social History of Medicine*, Vol.1., No.1, April 1988, 39-59.

48. *MH Memorandum 13/MCW*, in Stepney MCW Committee, Minutes, 24 Feb. 1920. Infant welfare centres concentrated on providing advice so that they would not be perceived as competitors against general practitioners working in the field. (Lewis, *Politics of Motherhood*, pp.102-103, 109)

49. Stepney MOH, A/R (1912), p.55.

Social welfare:

All organisations, including the RMC provided some form of social welfare for their patients, either through mothers' meetings or through its nurses. Nurses could obtain certain necessities such as food, clothing and baby-linen for their patients from a Samaritan Fund.⁵⁰ Medical missions also dispensed milk, coal, bread, cash and toys to their patients as well as hospital letters.⁵¹

The relief given by these agencies made little impact on the poverty of the area as a whole, but for some it must have been a means of supplementing a tiny income.⁵² Patients relieved in this way by district nursing associations and medical missions did not have to undergo the humiliation of questions from either a parish officer or a lady almoner in the voluntary hospitals.

Nevertheless, adhering to guidelines set by the Charity Organisations Society which argued against indiscriminate almsgiving, each organisation was eager not to be seen as pauperising their patients. Medical missions were similarly committed to these principles. In their case patients were

50. *The Nursing Branch of the Bible Women and Nurses*, booklet for future nurses (no date), p.15; Report of the Sub-Committee on Nursing, ELNS, Minutes, December 1894; RMC, A/R (1883).

51. Black, 'Health and Medical Care', p.169. See also All Saints' Medical Mission, Minutes; Barbican Mission to the Jews A/Rs (1882), and (1938) (GLRO file: A/FWA/C/D128/1); East End Mission, Correspondence and Papers, 1917-36 (GLRO file: A/FWA/C/D163/1).

52. Just before World War I the Fabian Women's Group called on the state to improve living standards and welfare provision to lighten the burden of motherhood. Their study of mothers in Lambeth between 1909 and 1913 showed even respectable hard working mothers could not survive on the meagre incomes brought home by their husbands. One of the conclusions of the study was that 'any weighing centre, school for mothers, or baby clinic which does exist is fighting the results of bad housing, insufficient food, and miserable clothing - evils which no medical treatment can cure. Such evils would be put an end to by the State grant.' (Maud Pember Reeves, *Round About a Pound a Week* [1913; reprinted London, 1984], p.229.)

expected to pay back for their services through attendance at religious services. One Mission stressed in 1898 that

Every care should be taken to obviate the possibility of Jews attaching themselves to the Christian Church for merely mercenary reasons, and that while being ready to assist Jews, as well as other parishioners, with such advantages as are provided by well managed Clubs, Institutes, Reading Rooms, Sick Dispensaries, etc, the Church should absolutely discountenance the association of relief from the first to last with attendance on religious services.⁵³

Religious orientation of the services provided

All of these organisations aimed to provide charitable medical services for the poor in their own homes, but their motives for doing so varied. While the RMC saw itself as a purely unsectarian charity⁵⁴, most of the nursing associations were influenced by the religious zeal attempting to prevent the general decline in religious devotion which seemed to be pervading the nation.⁵⁵ Nothing is known about the religious attitude of the SBGNA, but the others had some religious principles behind their creation.

53. East London Jewish Fund, pamphlet (1898), in All Saints' Mission, Minutes, p.9.

54. In 1871 it cautioned one of its midwives for promoting 'spiritualist views', and requested she be 'careful not to allow her principles and views to interfere with the proper discharge of her duties to patients' (RMC, Minutes, 31 Jan. 1871, p.404). The case came before the committee because several complaints had been made and a subscriber had withdrawn his funds on the allegation that the midwife, Mrs Ayers, had let her 'spiritualist views' prejudice her in her work (RMC, Minutes, 10 Jan. 1871, p.401). 'Spiritualist views', as used in the text, implied that Mrs Ayers was trying to convert patients.

55. M.E. Baly, *A History of the Queen's Nursing Institute 1887-1987* (London, 1987). For a good discussion on the ways in which religious zeal influenced philanthropy in general see Summers 'A Home from Home', pp.35-37, and idem., 'The Costs and Benefits of Caring'.

Nurses supplied by Mrs Ranyard had an explicitly evangelical outlook.⁵⁶ Originally drawn from women formerly employed as 'Bible Women'⁵⁷, Mrs Ranyard's nurses were expected to be devout Christians who would promote a spiritual message with their practical duties.⁵⁸ Nurses, it was argued, had more opportunities than the minister of religion to encourage the sinner to reform. As the organisation's instructions revealed,

Remember those moments are given to the Nurse far more frequently than to the Minister. However indefatigably he visits he can never, perhaps, find the doors of the soul flung so wide open as she does, during those tremendous moments when she is ministering to the body, in bending on the man struck down, or the mother amid her children.⁵⁹

A similar message was promoted by the medical missions whose prime purpose was to gain converts.⁶⁰ Missionary work among the sick was seen as particularly productive as outlined by the Bishop of Stepney, who stated that 'Sick persons were more susceptible to spiritual influences and the

56. The model on which Mrs Ranyard based her nurses was the nursing sisterhoods of the Roman Catholic and High Church. See *The Missing Link* (magazine published by the mission), 1868, p.34 (GLRO file: A/RNY/104).

57. Bible Women were Protestant women whose duty was to visit the poor in their own homes, sell them bibles in instalments, and educate them in the principles of Christianity and in domestic affairs. Prochaska has argued that the Bible Women were the first kind of district visitor. He has also stressed that many of the aims of Mrs Ranyard's mission later influenced other organisations such as the Charity Organisation Society and social work pioneers like Octavia Hill (Prochaska, 'Body and Soul', p.337).

58. *The Missing Link*, 1868, p.218 and 1870, p.161-2; Ranyard Nurses A/R (1898), p.11; Prochaska, 'Body and Soul', p.340. While many of the early nurses were drawn from the Bible Women, in later years nurses were recruited from the mothers' meetings run by the mission. Ideally the nurses were drawn from single women between 25 and 35, or from women who either had lost their children or had them in school. In 1904 the Society 'jealously preserved' its 'Christian constitution', arguing that it would do so as long as there was 'no religious disability' attached to municipal or hospital training or appointments (Ranyard Nurses, A/R [1906], p.24).

59. Ranyard Nurses Jubilee Publication, (1889), p.33 (GLRO file: A/RNY/91).

60. United Synagogue, Mission Committee, p.51; cited in Black, 'Health and Medical Care', p.156. See also the All Saints' Hospital, A/Rs.

knowledge put into their mind at such a time might afterwards lead to good results.'⁶¹ Medical work was seen as only the beginning of a proselytising process, as the East Mission stated in 1912,

The sole aim of our medical work is to lead these people from Judaism to the light of the Gospel, and to heal the disease of the soul through curing the sickness of the body... Hundreds owe their conversion to the Providence which, working through their sickness, brought them to the Medical Mission.⁶²

Similarly in 1913 the Barbican mission reported 'The Medical Mission continues to fulfill its very useful purpose...The essential missionary side of the enterprise is always kept uppermost.'⁶³

The spiritual ministrations of the Bible Nurses were directed at patients of all religious persuasions, including Catholics and Jews.⁶⁴ Medical missions, however, the majority of them established during the peak of the Jewish immigration, were primarily directed at the Jewish population rather than the Irish Catholic community. While the Catholic press expressed fears of proselytisation in workhouses, it raised no particular outcry against medical missions. The names of missions also confirmed that they focused their attention on the Jewish population.

While the Bible Nurses read prayers in the homes of the sick, patients who visited medical mission dispensaries were expected to attend religious

61. Speech made by the Bishop on opening a medical mission to the Jews in Old Saints Parish, Buxton Street in 1896 (*East London Observer* [ELO], 24 Oct. 1896).

62. *Report of the East End Mission* (1912), pp.10, 15, cited in United Synagogue, Mission Committee, *Report of the Executive Committee* (1912), pp.14-15. See also All Saints' Hospital, A/R (1907), p.4.

63. *Immanuel's Witness* (Magazine of the Barbican Mission), March 1913, p.7, cited in United Synagogue, Mission Committee, *Report of the Executive Committee* (1912), pp.14-15.

64. Special instruction was given on how to approach Catholic constituents and how the bible should be read to them (*The Missing Link*, 1868).

services and to listen to biblical sermons before a doctor cared for them. The Medical Mission in Philpot Street sometimes locked its doors once the patients were inside to prevent escape from prayers.⁶⁵ One Jewish doctor in East London remembered the 'tragic-comic scenes' presented by the

poor [Jewish] women with their squalling children in their arms, sitting on bare benches, dumbly suffering but studiously deaf to the 30 minutes harangue from the Missionary which was an essential prerequisite of treatment.⁶⁶

Missions such as the All Saints' Medical Mission (known as the All Saints' Outpatient Hospital from 1907), which was milder in its proselytisation, nevertheless promoted Christian literature in Hebrew, Yiddish and English among their patients.⁶⁷

Medical missionaries tended to see Jewish women as more accessible than the men who were at work all day and saw medical relief as the easiest means of contact.⁶⁸ Sister Steen, of the Barbican Medical Mission to the Jews, argued that young mothers were particularly good clients in so far as they often heeded the mission's religious teachings when they came for help and advice. Their infants were also thought to be good targets for conversion.⁶⁹

65. United Synagogue, Mission Committee, *Report of the Executive Committee* (1912), pp.14, 27.

66. R. Salaman, 'The Helmsman Takes Charge', (Memoirs) unpublished manuscript, p.36. A similar impression was conveyed by Reverend J.F Stern of the East London Synagogue to the United Synagogue conference on medical missions in 1926 (CRO file: 957).

67. Report of PMJ 1897 - April 1898, in All Saints' Medical Mission, Minutes, p.35. The All Saints' mission changed its name from being a dispensary to an outpatients' hospital because of the large number of surgical and medical patients it was then receiving (All Saints' Hospital, A/R [1907], p.4).

68. Bermant, *Point of Arrival* (London, 1975), p.217; All Saints' Hospital, A/R (1905), p.6; LSPCJ, A/R (1896), p.15.

69. *Immanuel's Witness*, in Barbican Mission to the Jews, 49th A/R (1937-38), p.38 (GLRO archive: A/FWA/C/D128/1). Similarly workers from the

In 1905 the Alls Saints' medical mission provided a midwifery service for the first time which was specifically aimed at immigrant women. The mission pictured such a service as

a great boon, not only to the English mothers, but more especially to the poor Polish and Russian Jewish mothers, who, in a strange land, have often to undergo great privations, and submit to much pain and suffering from unqualified ministrations, which are especially aggravated by their terrible ignorance of sanitary arrangements.⁷⁰

It argued that its maternity branch brought the mission into 'much more cordial relations with Jewish mothers, especially those from Russia and Poland' who had previously associated Christianity with persecution.

The degree to which the nurses of the Ranyard Mission and other medical missions were successful in transforming the souls of their patients is difficult to judge. One worker for the dispensary of the Barbican Mission to the Jews who sang and played Hebrew melodies with a Christian message, argued that

The Hebrew melody generally touches Jewish emotions, and the words of the Christian message bring the consoling comfort of Christ to the Jewish heart. The patients listen gladly, and some have been attracted to come to the other meetings and classes.⁷¹

In 1901 the All Saints' Medical Mission reported that its dispensary had brought a 'very great blessing to the poor people' and had 'undoubtedly' done 'a great deal towards breaking down the feeling of suspicion existing

Ranyard Mission reported that while Catholics did not like to attend meetings 'for fear of the priest', they were 'very willing to hear the Bible read in their houses'. (Report from Goswell Road Mission, *The Missing Link*, 1870, p.300.)

70. All Saints' Hospital, A/R (1905), p.8.

71. *Immanuel's Witness*, June 1938, p.41.

between the English and the Jews.'⁷² Nevertheless it is doubtful whether many Jewish patients converted through the work of the medical missions. Even Sister Steen reported that while patients were willing to see a doctor, they were 'very reticent' about 'being visited' or discussing religion. Missionaries were aware that their patients might be converting for insincere reasons as one Mission stressed in 1898:

Every care should be taken to obviate the possibility of Jews attaching themselves to the Christian Church for merely mercenary reasons, and that while being ready to assist Jews, as well as other parishioners, with such advantages as are provided by well managed Clubs, Institutes, Reading rooms, Sick Dispensaries, etc, the Church should absolutely discountenance the association of relief from the first to last with attendance on religious services.⁷³

Despite these reservations the LSPCJ argued that the work of its medical mission was 'very effective and telling'. In the years 1809-1900 the total number of Jews baptised in London by the missionaries of the LSPCJ was 2,022, making an average of 22 baptisms a year. How many remained converts is unknown.⁷⁴

Nursing associations, with the notable exception of Mrs Ranyard's nurses, were not overtly evangelical. The Nursing Sisters of St John the Divine were the first Anglican nursing sisterhood in England ⁷⁵, but those who

72. Parochial Mission to the Jews (PMJ) at Home and Abroad A/R, (1901), in All Saints' Medical Mission, Minutes. All Saints' Medical Mission was under the auspices of the PMJ.

73. East London Jewish Fund Pamphlet (1898), in All Saint's Mission, Minutes, p.9.

74. Rev. W.T. Gidney, *The History of the London Society for Promoting Christianity Among the Jews, 1809-1908*, (London, 1908) p.533.

75. Robert Bentley Todd, professor of the medical department at King's College Hospital was motivated to establish the nursing sisterhood because of a belief that more religious discipline would transform abysmal nursing standards.

joined its orders were not expected to take religious vows.⁷⁶ Similarly while the ELNS aimed for its nurses to have a 'good influence' in persuading its patients 'gently to come to Church', its spiritual message was not overt.⁷⁷ In 1909 the ELNS were accused of attempting to 'proselytise' non-conformist patients, but Father Murphy commented that he never heard anything but praise from his Catholic constituents about its work.⁷⁸ Appreciation was also expressed by the Jewish community and Jewish patients over the years.⁷⁹

Interaction Between Irish and Jewish Patients and the Providers

Little is known about the interaction between Irish and Jewish patients with organisations like the Nurses of St John or the SBGNA, but evidence suggests that the other organisations, particularly the RMC and ELNS, had frequent dealings with Irish and Jewish patients. The latter agencies especially had strong links with the Jewish community. Members of the established Jewish community sat on the board of governors and took prominent roles in the running of each organisation. The Jewish Board of Guardians (JBG) also subscribed to both associations on a regular basis.⁸⁰ Each organisation appears to have filled a vital gap in services for the Jewish poor as well as the community around them.

76. Part of this stemmed from a fear that nurses of St John would be accused of bringing High Church vows into hospital wards.

77. ELNS, A/R (1885), p.13.

78. See Ramsay, *ELNS*, p.12; *ELO*, 14 Jan. 1911, p.2 and 11 Feb. 1911.

79. See for instance ELNS, A/R (1890), p.6 and (1901), p.10; *Jewish Chronicle (JC)* 18 May 1906, p.9.

80. The RMC was receiving a subscription from the JBG from 1880 and the ELNS from 1906 (RMC, Minutes, 29 Jan. 1880; *JC*, 18 May 1906, p.9; ELNS, A/R [1906]).

While no statistics remain of the number of Jewish patients cared for by the RMC and ELNS, it is clear that they formed a large proportion of their clientele. Both agencies were sensitive to the needs of Jewish patients who were unable to speak English. In 1896 the Charity employed 4 Jewish midwives who could speak Yiddish to cater specially for their Jewish patients. Similarly the ELNS hired a Yiddish speaking Jewish nurse in 1906, sponsored and directed by the JBG.⁸¹ Given the good provision made by the RMC and ELNS for Jewish patients and their non-proselytising approach it is not surprising that many Jewish patients sought their services.

What is more puzzling is that many Jewish patients used the facilities provided by the medical missions whose evangelical message was hard to ignore. The attraction of the medical missions was that they provided medical care free or at a minimal economic cost.⁸² The Goulston Street Mission charged patients 1d., plus an additional 1d. if they received a bottle of medicine. Many Jews also had a high regard for the skills of the missions medical staff.⁸³

All Saints' Medical Mission received a large proportion of Jews into its clinics.⁸⁴ In its first year at least three-quarters of its patients were Jewish. The mission claimed that it had treated at least 16% of the total

81. JC, 7 Feb. 1896, p.15; 18 May 1906, p.9.

82. See interview with Dr Ian Gordon who visited the Gilhead Medical Mission in Fournier Street as a child in Black, 'Health and Medical Care', p.168. This was also stressed by the United Synagogue, Mission Committee, *Executive Committee Report* (1912), p.15.

83. United Synagogue, Mission Committee, *Executive Committee Report*, (1912), pp 15, 26; Bella Aronovitch, *Give it Time* (London, 1974), p.116; Black, 'Health and Medical Care', (1987) p.168.

84. Black has argued that the All Saints' Mission had a gentler approach than most medical missions in East London. See 'Health and Medical Care', p.166.

Jewish parishioners in their area.⁸⁵ Returns from the Mission for the period October 1897 to April 1899, showed that of the total 4,594 attendances, 2,861, or 62% were of Jewish patients. Table 8.10 shows that the high proportion of Jewish patients continued. In 1921 the dispensary was forced to close its doors due to lack of funds, but during its 25 years of existence, 51,254 attendances had been made, an average of almost 2,847 a year, of whom three-quarters had been Jewish.⁸⁶

It is not known how many of the women delivered by the dispensary's midwife were Jewish, but the mission reported that many Russian and Polish mothers were asking for midwifery care under its auspices. According to the mission Jewish mothers had commented that the mission's midwife was 'much more sympathetic than the Jewish midwives'.⁸⁷

The high level of Jewish attendance at such missions caused grave anxiety for the Jewish community over the years.⁸⁸ Repeated calls were made for the JBG to provide more medical services such as a free dispensary to reduce the attraction of those run by missionaries. Some urged the

85. PMJ Report (1897-April 1898), in All Saints' Medical Mission, Minutes, p.35.

86. All Saints' Hospital, A/R (1921), p.5. My search through the A/Rs of the hospital has revealed a greater number of attendances over the years than Black has calculated. His total came to 44,438. ('Health and Medical Care', p.167).

87. All Saints' Hospital, A/R (1906), p.6.

88. Continual letters appeared in the JC and over the years a number of investigations were made by the established community into the impact medical missions were having on Jewish immigrants. The first investigation arose in 1879 with the termination of medical relief by the JBG and was later followed up in 1896 when calls were made for the JBG to reconsider its decision. In 1905 another enquiry was made by the United Synagogue's East End Committee, which concluded that nothing could be done 'to counteract the steps taken by the Missionaries'. As late as 1926 the United Synagogue mounted an additional conference on the issue, which again surmised that no steps could be taken against the missionaries and the Jewish patients' use of their clinics. The matter was brought up yet again in 1933 in a letter to the Jewish Chronicle (Black, 'Health and Medical Care', pp.172-176).

founding of the London Jewish Hospital as an answer to the problem. Others regarded the work of the missionaries as self-defeating.⁸⁹

Whatever the views of the established Jewish community, the large proportion of Jewish patients attending the medical missions suggests that they did not mind their proselytising activities. In addition to obtaining skilled medical attention cheaply, patients received more individual attention at a medical mission than in a big hospital such as the London Hospital where an average of 30 seconds was spent on each patient after hours of waiting.⁹⁰ Medical missions also did not expect their patients to undergo searching questions from a parochial medical officer or a lady almoner. In general the atmosphere of medical missions was generally more congenial.

The dispensaries were small institutions; the doctors were less busy, and not inclined to hurry. They gave times for general conversation and personal sympathy. They made enquiries after relatives, and the patients were encouraged to come again. None of the general hospitals or public dispensaries could be carried on in this way.⁹¹

Medical missions were also within walking distance of the patients' homes, were open at convenient times and made an effort to provide staff who spoke Yiddish.⁹²

89. *JC*, 6 Nov. 1896, p.16; 20 Nov. 1896; Black, 'Health and Medical Care', pp.172-173.

90. Black, 'Health and Medical Care', pp.164-165.

91. Some contemporaries suggested that Jews had a more nervous disposition than most patients and were therefore more likely to make a series of visits to doctors and hospitals, making the missions one more institution to visit in their rounds (*ibid.*, p.169).

92. *ibid.*

Changing Structure of Provision

Maternal and child welfare facilities began to increase with the growing state concern for infant mortality by the turn of the century. State provision of such services, however, remained minimal before World War I. While local councils were in charge of the notification of births and were beginning to employ health visitors, the voluntary sector, as with midwifery and nursing, continued to dominate the field.⁹³ In 1902 and 1908 a Committee of Stepney Council argued for the employment of health visitors by the Council, but were instead forced to rely on the financial assistance of a private benefactor and the Local Government Board (LGB) for funding.⁹⁴

While 35 local authorities were running infant welfare centres in England by 1916, 160 centres were organised by branches of voluntary societies.⁹⁵ Voluntary bodies continued to play a dominant role in the provision of such services in East London (see tables 8.11-8.15). In 1914 the Stepney Medical Officer of Health (MOH) argued that Voluntary Societies undertook the greater part of the work in the borough and were especially active in the provision and maintenance of the schools for mothers.⁹⁶ As can be seen

93. The majority of infant welfare centres in Britain before World War I were run by voluntary groups. Two societies most involved in the work were the National Conference on Infant Mortality, founded in 1906 (became the National Association for the Promotion of the Welfare of Children under School Age in 1912) and the Association of Infant Consultations and Schools for Mothers established in 1911 (became the Association of Infant Welfare and Maternity Centres in 1930). See Lewis, *Politics of Motherhood*, pp.33-34.

94. Stepney MOH, A/Rs (1902) & (1908). Only in 1910 did Stepney Council begin to employ its own health visitor. By contrast health visitors were appointed by Bethnal Green Council in 1906 and by Poplar in 1908. Like voluntary health visitors, those appointed by the boroughs were expected to visit the homes of the poor and to advise mothers on breastfeeding, matters of home hygiene, how they should manage their health during pregnancy, care and clothe their infants and notify births (*ibid.*, (1902), p.85; (1910), p.38; (1913).

95. Lewis, *Politics of Motherhood*, p.34.

96. Stepney MOH, A/R (1914), pp.54-55. Voluntary organisations providing infant welfare centres and health visitors included the St George-in-the-

by tables 8.14 and 8.15 a greater proportion of the infants visited in the boroughs of Stepney and Poplar just before World War I were by health visitors appointed by the voluntary agencies.

During the war years government and local authority sponsorship of services increased greatly. This trend was apparent in Stepney where the number of visits paid by the council's health visitor overtook those of voluntary workers in 1915 (see table 8.12). Maternal and infant welfare work expanded after 1915 when 50% grants were made available to local authorities for the support of infant welfare centres.⁹⁷ After 1915 all births were notified to councils, so that arrangements could be made for a health visitor to visit the infant and encourage the mother to attend clinics.

The Maternal and Child Welfare Act of 1918 reaffirmed national commitment to maternal and child welfare, but its provision was not comprehensive and was implemented unevenly. A Population Investigation Committee in the 1930s and a study undertaken by a social researcher from Southampton University in 1939 revealed a wide variation between authorities in deciding who was eligible for free treatment under the maternal and child welfare schemes. This not only included the provision of milk and dinners, but also midwifery and convalescent treatment for mothers and infants.⁹⁸ Just as Peretz has shown in the cases of Oxfordshire, Tottenham and Merthyr Tydfil, the scales set in East London varied widely not only between each authority but also between services. Tables 8.7, and 8.16 to

East Infant Welfare Association (established in 1909), the Stepney Mother's and Babies' Welfare (established in 1910) and the Sick Room Helps Society (established 1895, see chapter 4 above). In Poplar similar work was being undertaken by the Poplar Infant Welfare Care Association and the Royal College of St Katherine (Poplar MOH, A/R (1914), p.27).

97. Lewis, *Politics of Motherhood*, p.96.

98. Peretz, 'Costs of Modern Motherhood', p.11-13.

8.20 show the different charges Stepney and Bethnal Green set for milk supplies, midwifery fees and the treatment of maternity cases in hospitals and convalescent homes.

Voluntary organisations remained the backbone of the maternal and child welfare service in Poplar and Stepney during the interwar period.⁹⁹ In 1920 the Ministry of Health was willing to pay at least 50% of the expenditure made by voluntary societies in maternal and child welfare.¹⁰⁰ Table 8.19 gives an idea of the different expenditure each area spent on maternal and child welfare. Voluntary organisations continued to run the bulk of the services in the area.¹⁰¹ Although their presence might have acted as a break to state provision, they did not necessarily depress standards.

99. In 1921 Poplar Labour Council was sent to gaol for spending too much of its rates on relief of the local poor. Known as Poplarism this provoked an ardent debate about the legitimacy of over-spending rates on poor relief in the 1920s and 1930s. Poplar's policy on public relief did not extend into maternity and child welfare. For more information concerning the politics of Poplar see Gillian Rose, 'Locality, Politics and Culture: Poplar in the 1920s', Ph.D. thesis, (London Univ., 1988), pp.28-32; idem. 'The Struggle for Political Democracy: Emancipation, Gender and Geography', forthcoming, p.9.

100. Letter from the Ministry of Health to Stepney MCW Committee, 12 Nov. 1920 in Stepney MCW Committee, Minutes, 12 Oct. 1926, p.228. See also Lewis, *Politics of Motherhood*, p.96. While many Councils were happy to see the continuation of voluntary agencies in the provision of maternal and infant welfare, some opposed using voluntary workers instead of trained professionals. In 1925 the Stepney MCW Committee argued that while voluntary visitors were very useful they were no substitute for trained health visitors who had experience in child welfare nursing, sanitation and in many cases midwifery. Instead the voluntary workers could be used to make informal visits to mothers in their home and arrange for convalescent or dental treatment or some form of social welfare (Stepney MCW Committee, Minutes, 8 Dec. 1925).

101. Poplar MOH, A/R (1929), pp.144-145. Some voluntary schemes for infant welfare in Poplar, such as those run by Sylvia Pankhurst and Muriel and Doris Lester, were more radical than others in the area. Pankhurst and the Lester sisters saw their infant welfare measures as part of broader 'radical and emancipatory political project which did not keep women in the home'. (Rose, 'The Struggle for Political Democracy', p.9.)

The hold voluntary societies retained over maternal and child welfare services in East London affected the access Irish and Jewish mothers and their infants had to these services and their experience of them. While many of the medical missions continued to combine evangelical work with their care, the religious approach of others diminished by the early twentieth century. Government sponsorship of voluntary organisations reinforced the emphasis on secular services.

Although voluntary agencies retained much of their independence after 1918, their reliance on government funding made them subject to greater scrutiny than before. Many were forced to accede to demands made of them by the maternal and child welfare committees. Some prominent members of the committees were Jewish and Catholic communal leaders, such as Alice Model, who had an interest in safeguarding the denominational interests of their respective communities.

Many of the services provided in East London were still divided along denominational lines. A number of the maternal and infant welfare clinics provided by the local council were held in halls leased from religious institutions. In Stepney the facilities were clearly demarcated between the Jewish community and the others. A distinction was made as to who would serve Jewish patients.¹⁰² The reception Jewish mothers received varied between agencies.

In 1925 the Dame Colet Maternity and Child Welfare Centre, a voluntary organisation, was reprimanded by the Stepney Maternity and Child Welfare Committee for its treatment of Jewish cases. The centre provided for poor Jews but refused to do so for wealthier ones. The centre contended that in

102. The absence of MCW Committee, Minutes for Poplar and Bethnal Green have made it difficult to establish how widespread these incidents were. The Irish community do not seem to have been affected by this issue.

its experience 'a number of Jewish mothers' who attended its clinics 'lived in the less poor streets' and were therefore in a better position than others to purchase foods at retail prices than others who could only afford to buy the food as supplied by the centre at cost price. No distinction was made for the social status of other patients.¹⁰³

Jewish mothers were also refused treatment by Stepney School for Mothers in 1926 and municipal maternity and child welfare centre in 1938.¹⁰⁴ These organisations do not appear to have refused patients on anti-semitic grounds, but more because of the way in which maternal and infant welfare services were structured. Jewish patients were considered a separate category by the council and voluntary organisations because of the abundance of Jewish services in the area. Table 8.11 shows that even at the outbreak of World War I a very high number of health visitors were employed by Jewish voluntary societies to visit their mothers, and this was continued in the 1920s.¹⁰⁵ By 1926 in Stepney, four infant welfare centres, out of a total of nine, were Jewish (see figures 8.3 for 1919 and 8.4 for 1929 and map 8.3).¹⁰⁶ While these were voluntary clinics, they were intricately connected with the council's services and received grants from the MH and later the LGB. Stepney Council also reserved a bed at the

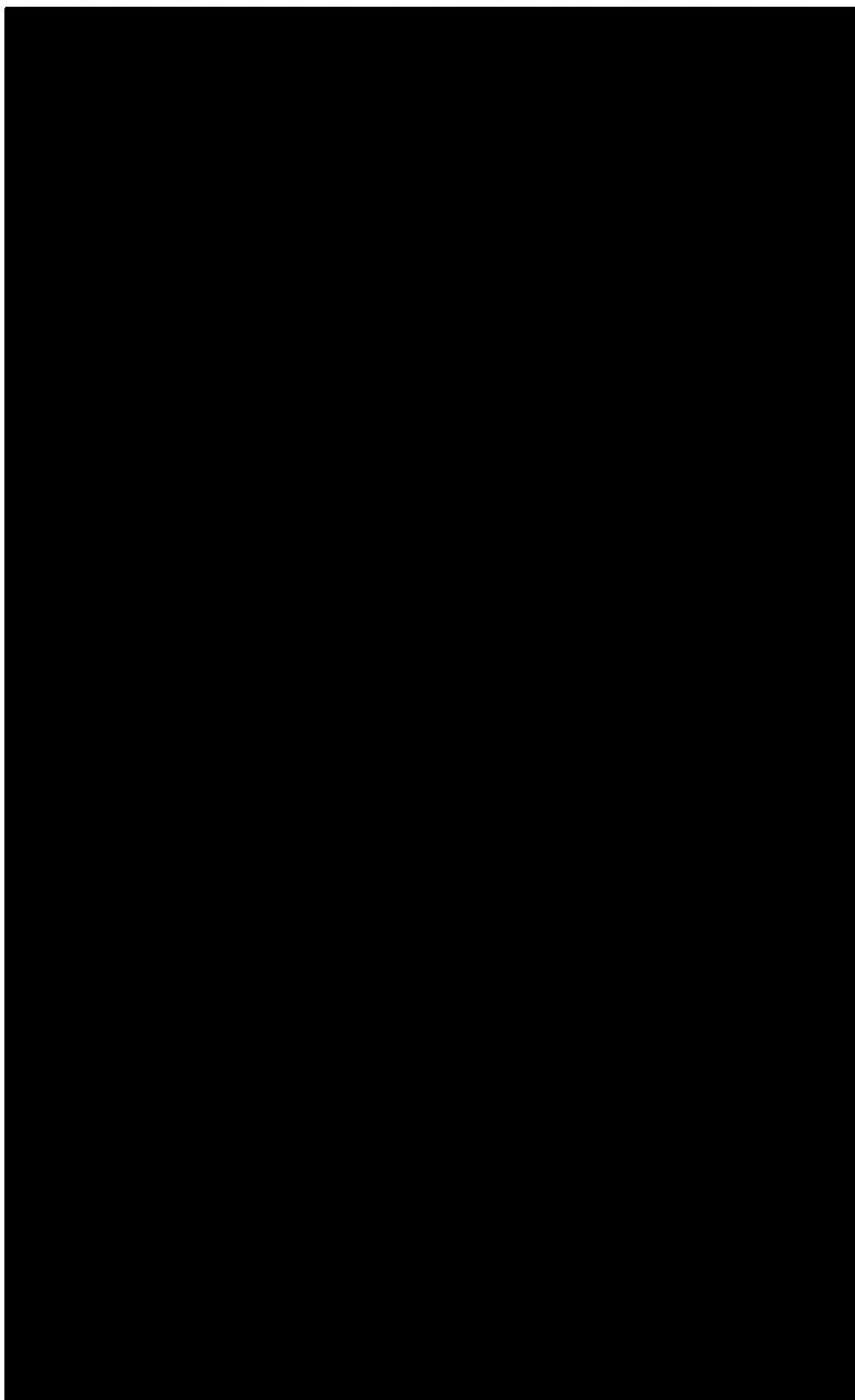
103. Stepney MCW Committee, Minutes, 10 Feb. 1925, p.483; 19 May 1925, p.24.

104. Stepney MCW Committee, Minutes, 12 Jan. 1926, p.109; 18 Oct. 1938, pp.225-226.

105. It is not known how many of these health visitors were Jewish. Originating from the tradition of lady visitors (often ladies of the leisured class), health visiting was not accorded the same disdain as midwifery or nursing was in the Jewish community. For more information on Jewish lady visitors see Miriam Steiner, 'Philanthropic Activity and Organisation in the Manchester Jewish Community 1867-1914', M.A. thesis, (Manchester Univ., 1974), p.105-110.

106. Stepney MCW Committee, Minutes, 12 Jan. 1926, p.109.

Jewish Maternity Hospital for Jewish patients.¹⁰⁷ Jewish mothers who attended Stepney's municipal ante-natal clinic in Limehouse were usually referred 'to their own particular hospitals'.¹⁰⁸



107. Stepney MCW Committee, Minutes, 24 Feb. 1920.

108. Stepney, 'Public Health Survey', Appendix D (b) 1932, p.xi (PRO file: MH 66/391).

It was just as important for Jewish mothers to have sympathetic health professionals caring for them during childbirth as it was in the months after the event. A great proportion of the work carried out by maternal and infant welfare centres was concerned with feeding and diet. For Jewish mothers it was important that the food provided by the centres and the advice of what to do within their homes accorded with the Jewish dietary laws of kosher food. Given that instruction was a vital component of the work undertaken by such centres it was also important to have people who could communicate with Jewish mothers who did not understand English.¹⁰⁹

No information remains on the relationship Irish mothers had with non-Catholic voluntary agencies in East London. While there were a number of infant welfare centres and creches run in Catholic settlements and Church Halls in Stepney and Poplar, Irish Catholic mothers do not seem to have caused any debate among the providers or the consumers. A major concern for the Catholic community, was family limitation. This caused great discussion, but this was a contentious issue for many whatever their denomination or class during the 1920s and 1930s.¹¹⁰ The debate revolved around abortion and birth control.

109. In 1926 Alice Model argued it was 'highly desirable that Jewish mothers should attend only Jewish centres owing to the difference in customs, language and dietary laws to those obtaining to the Christian centres'. (Stepney MCW Committee, Minutes, 12 Jan. 1926, p.109). I found no comparable arguments for the Irish community.

110. In 1927 the establishment of a voluntary birth control clinic in Stepney sparked some support from members of Stepney MCW Committee, but also great opposition. Many felt that the subject should not be discussed even during the committee's session. (Stepney MCW Committee, Minutes, 15 March 1927, p.308.) Numerous advocates of birth control during the early twentieth century were eugenicists who belonged to the Malthusian League. Linked to arguments of physical degeneracy which saw the middle-class being swamped by the high birth rate amongst the 'unhealthy' working-class, much of the efforts of the Malthusian League were aimed at the working-class who they claimed could eliminate poverty by limiting their families. While some (male) socialists opposed birth control because of the emphasis given to it by the Malthusian League, working class women's groups and the Workers' Birth Control Group, established in 1924, were vital proponents in the struggle for access to birth control. Some women,

During the Victorian and Edwardian period abortion was very widespread and was most common among married women who already had two or more children. Although illegal from 1803, abortion was cheaper than contraception and more convenient because it did not require co-operation on the part of men.¹¹¹ Many women in the late nineteenth and early twentieth centuries resorted to abortion as a means of birth control.

By the 1920s and 1930s many were aware of the fatalities criminal abortion caused but were unwilling to condone the use of birth control as a solution. While many, including the Lambeth Conference of Anglican Bishops and many medical practitioners, condemned the use of birth control, the Catholic Church was one of the strongest opponents on the issue.¹¹² During the 1920s opposition to birth control was repeatedly voiced in national and local Catholic newspapers.¹¹³ Fearing that public institutions were about to be given public money to offer birth control advice, the Catholic community with the support of Catholic residents in East London sent a circular to the Ministry of Health in 1925 calling on them not to do so.¹¹⁴

however, opposed birth control on the grounds that it would subject their women to their husbands even more. (Lewis, *Women in England 1870-1950* (Brighton, [1984, 1986], p.32; idem., *Politics of Motherhood*, pp.196-200; McClaren, *Birth Control*, pp.61, 215-218.)

111. Patricia Knight, 'Women and Abortion in Victorian and Edwardian England', *History Workshop Journal*, Issue 4, Autumn 1977, 37-81, pp.57, 59. McLaren, *Birth Control*, pp.231, 235-249. See also Barbara Brookes, *Abortion in England 1900-1967* (Oxford, 1988), particularly pp.2-7.

112. See ¹¹²s 62-63 above in chapter 3.

113. *Magazine of the Sacred Heart*, September 1925, pp.v-vi; *The Tablet*, 9 April 1921, p.475; 5 Aug. 1922, p.187; 28 Oct. 1922, p.579; 29 Nov. 1924, p.701; 13 Dec. 1924, pp.812-813.

114. *Magazine of the Sacred Heart*, September 1925, pp.v-vi. Repeated calls were being made by women at the Labour Party Annual Conferences in 1925, 1926 and 1927 for the provision of birth control information through local authority clinics (Lewis, *Women in England*, p.20).

While the government was concerned to promote healthy motherhood, it was slow to promote birth control because of the fear that it would reduce the declining birth rate even further.¹¹⁵ In 1930 the Ministry of Health allowed local councils to provide birth control information for the first time, but this was limited to cases where further child-bearing would be dangerous to the health of the mother.¹¹⁶ Such stringencies meant that the number of maternal and infant welfare clinics who offered birth control advice remained small. By 1937 only 95 of 423 of these centres had opened birth control clinics.¹¹⁷

For much of the interwar period voluntary groups were the main providers of birth control advice, which the Catholic community had very little control over. All they could do was ensure birth control literature was not available in maternal and infant welfare centres accommodated in Catholic institutions.

Services Provided Under The New Structure

Many of the services offered under the Maternal and Child Welfare Act of 1918 originated from provision made in the late nineteenth century. This was most clearly the case in the supply of nutritional needs.

Nourishment and milk supplies:

Studies showed that mothers often stunted themselves for the benefit of their husband and children, and frequently had the worst diet in the family. While most men had some meat in their diet, women subsisted on

115. Many regarded birth control as antithetical to maternal and infant welfare which was primarily aimed at maintaining and increasing the population (Lewis, *Women in England*, p.33; idem., *Politics of Motherhood*, p.197).

116. Stepney MCW Committee, Minutes, 14 April 1931, p.38.

117. Lewis, *Women in England*, p.33.

bread and tea. Just before World War I family budgets in Lambeth showed that women had a third of the amount men could spend on food on a daily basis. On average women had 2½d. while men had 6d.¹¹⁸

From early on in their history, district nursing associations, and medical missions supplied necessitous patients nourishment. By the early twentieth century some free milk was distributed by voluntary milk depots, most of which was directed towards the infant. Charitable organisations such as the Stepney Babies' Welcome and the Stepney Invalid Kitchen established in 1910 also supplied dinners to necessitous women after the child was born on the recommendation of the health visitor.¹¹⁹ During the First World War and afterwards local authorities began to supply such meals to necessitous pregnant and nursing mothers. On a less generous basis, cups of tea and biscuits were also provided at maternal and infant welfare clinics.¹²⁰ Table 8.19 reveals that in 1922-23 the provision of milk and dinners constituted at least half the estimated budget for maternal and infant welfare in Poplar and Stepney. Charges were made for this service and assessed according to a family's income.

In an attempt by the government to cut its expenditure on maternal and infant welfare, local authorities were ordered to limit the amount of free milk they were providing.¹²¹ Milk and food bills between 1919 and 1920 had

118. B. S. Rowntree, *Poverty: A Study of Town Life* (London, 1901), p.54-55; Derek Oddy, 'Working Class Diets in late Nineteenth Century Britain', *Economic History Review*, Vol. 13, 1970, 314-23, p.321; Maud Pember Reeves, *Round About A Pound A Week*, p.140.

119. Stepney MOH, A/R (1910), pp.39, 43.

120. Lewis, *Politics of Motherhood*, p.72-73. One health visitor from Poplar in 1915 commented that the cup of tea was often a major incentive conducting women to come to the clinics. (Poplar Public Health Committee [PHC], Minutes, 9 Feb. 1915, p.80.)

121. Stepney MCW Committee, Minutes, 10 Oct. 1922, pp.130-131. Concern over the quality of milk and the spread of tuberculosis was also used by government officials to withhold distribution. See Linda Bryder, *Below the*

amounted to 17.3% of the total maternal and child welfare budgets allotted to local authorities, but by 1929-30 this had declined to 13.4%.¹²² Like many others, Bethnal Green, Poplar and Stepney councils consistently opposed the limits required for the provision of free services.¹²³

Irish and Jewish mothers, as poor as the other mothers in the area, made as much use of this service as the rest of the population. Surnames common to both communities repeatedly appeared in the applicant lists in the minutes of the Stepney Maternity and Child Welfare Committee.

Dental care

By the 1920s dental care was included in many of the facilities offered by maternal and infant welfare centres. Such provision had already been made by medical missions from the early twentieth century. Charitable dental services whether provided by a medical mission or a maternal and infant welfare centre were a blessing for many given that many mothers suffered poor teeth as a result of their insubstantial diets and that dental care was expensive.

Ante-natal work:

After 1918 ante-natal clinics became more common.¹²⁴ Between 1919-1922 Stepney had one of the lowest rates of maternal mortality in London, which some attributed to the good ante-natal provision in the area.¹²⁵ Apart

Magic Mountain: A Social History of Tuberculosis in Twentieth Century Britain (Oxford, 1988), pp.17-18, 133-138.

122. Lewis, *Politics of Motherhood*, p.173.

123. Stepney MCW Committee, Minutes, 10 Oct. 1922, pp.131-132; & 2 Oct. 1928, p.46.

124. See chapter 6, pp.217-221.

125. Stepney MCW Committee, Minutes, 15 July 1924, pp.418-420.

from the ante-natal clinics provided by hospitals, local authorities were also active in dispensing ante-natal care. In 1920 Bethnal Green founded its first ante-natal clinic. Councils also provided funds for voluntary organisations to supplement its ante-natal work. Three ante-natal clinics began to be run in Poplar by the voluntary organisations in 1919. By 1928 Stepney had four voluntary ante-natal clinics and one municipal one.¹²⁶ Table 8.16 shows that the number of ante-natal visits undertaken by health visitors appointed by Poplar Council increased between 1914 and 1935, overtaking the voluntary work in the area.

Help within the home

Many mothers experienced much mental anguish in trying to keep a family together when ill or about to give birth.¹²⁷ District nursing associations did much for the mother in her own home, but the fear that their work might be associated with domestic labour limited the amount of chores they undertook within the home.¹²⁸ Local councils were also slow to provide home-helps, and such provision was dependent on the policy of individual councils. Efforts were made by Stepney Council to employ home-helps as early as the 1920s, but the plans were dropped when difficulties arose

126. Poplar PHC, Minutes, 8 April 1919, p.221; Stepney MCW Committee, Minutes, 2 Oct. 1928.

127. Dr Eden from Charing Cross Hospital, Ranyard Nurses, A/R (1906), p.28. In 1883 the RMC appealed to their governors not to inconvenience their patients by requiring them to make too many personal applications as this often meant husbands lost time from work, or caused women to neglect their families in order to make the journey (RMC, A/R [1883], p.48).

128. M.E. Baly, *History of Queen's Nursing Institute 1887-1987* (London, 1987), p.157. See chapter 4 above and Lara Marks '"Dear Old Mother Levy's"'.

over the engagement of suitable candidates and the lack of backing from the Ministry of Health.¹²⁹

Prior to 1935 when the first municipal home-help was appointed by Stepney Council to care for special cases, neighbours or district nursing associations such as the ELNS and Sisters of St John were considered better candidates for undertaking such work than the Council. Some mothers in Stepney could apply for a grant to cover the expenses of a home-help.¹³⁰

Bethnal Green Council had a more positive policy than Stepney or Poplar. In 1928 Bethnal Green established a panel of 4 home-helps and by 1935 Bethnal Green Council was supplying 18 home-helps for 163 mothers (see table 8.20). Such work undoubtedly helped some, as one letter to the Bethnal Green Council indicated.

I consider it my duty to express my keen appreciation of the timely and needed help given by your Centre in the after effects of my wife's confinement... may I add that the services rendered by Mrs — have exceeded all expectations. Nothing has been a trouble to her. She has been a genuine mother to the children ... and remarkably clean.¹³¹

Convalescent treatment:

From early on arrangements were also made for mothers to be sent to convalescent homes. For instance Tower Hamlets Mission enabled mothers to go on day excursions to the countryside or for two weeks holiday to the seaside. Every summer the mission took 250 women on such day excursions

129. Stepney MOH, A/R (1920), p.16 (PRO file: MH 52/202); Stepney MCW Committee, *Report* (1932), p.5 (PRO file: MH 66/392); Stepney MCW Committee, Minutes, 30 Aug. 1920, p.203.

130. Stepney MCW Committee, Minutes, 11 May 1920, p.148; 15 Oct. 1935; 11 Feb. 1936.

131. Bethnal Green MOH, A/R (1935), p.45.

and 300 to the seaside for a fortnight.¹³² Similarly Mrs Ranyard's nurses also helped their patients to go to a convalescent home. Table 8.21 shows that women made up the greatest number of patients helped by the organisation in this way. In later years comparable provision was made by the local authorities. As table 8.16 reveals for Stepney, patients helped in this way were charged according to their income.

Conclusion

Irish and Jewish mothers had recourse to a wide variety of domiciliary and dispensary services outside voluntary and poor law institutions in the event of pregnancy and childbirth. Access to the care provided by these agencies was freely available to Irish and Jewish mothers in the same way as voluntary hospitals and Poor Law maternity provision.

During the late nineteenth century domiciliary and dispensary services had a comparable religious orientation to voluntary hospitals and Poor Law institutions. By the early twentieth century however, with the exception of medical missions whose message continued to be evangelical, these organisations were more aware of the religious and cultural needs of their non-Anglican patients. This coincided with an increasing secularisation of medical services as a whole; a trend which was accentuated by the expansion in municipal provision. The new municipal services were less religiously orientated than their predecessors, reflecting the change in attitudes towards religion and medical care. Medical discoveries in pain relief offered new answers and began to substitute the importance of religious solace.¹³³

132. The date of these activities is unspecified; Tower Hamlets Mission, 'Documents/Key Files', 1875-1933 (GLRO file: A/FWA/C/D57/2).

133. For more thoughts on this subject see Prochaska 'Body and Soul', pp.336, 347.

Municipal expansion, however, was gradual, and voluntary institutions, now partly funded by the state, continued to be strong in East London throughout the interwar period. This both helped and hindered Catholic and Jewish patients. It gave communal Catholic and Jewish agencies active in maternal and child welfare more financial security and interaction with the wider community, but demarcations were retained as to whom should be treated by which organisation. Irish and Jewish mothers no longer feared being converted but maternal and child welfare services were still shared between different agencies divided along religious lines for practical reasons.

APPENDIX TO CHAPTER 8: TABLES

Table 8.1:
Number and Place of Deliveries Undertaken by the Royal Maternity Charity 1872-1891

Year	Total Deliveries	Deliveries in Eastern District		Deliveries in Western District	
		Number	%	Number	%
1872	3,666 ^a	2,565	70	932	25
1873	3,220	2,331	72	889	28
1874	3,059 ^b	2,126	69	737	24
1880	3,595	3,022	84	573	16
1882	2,999	2,522	84	477	16
1883	2,700	2,317	86	383	14
1885	3,331 ^c	3,017	91	168	5
1886	4,000	3,580	90	420	11
1889	3,427	2,977	87	450	13
1890	3,325	2,811	85	514	15
1891	3,571	2,777	78	794	22
a This included 169 deliveries in the Southern district					
b This included 196 deliveries in the Southern district					
c This included 146 deliveries not in Eastern or Western districts					

Source: Royal Maternity Charity, *Minutes*, (1872-1891).

Table 8.2:
Number and Outcome of Deliveries Undertaken by the Royal Maternity Charity 1867-1917

Year	Deliveries	Maternal Deaths 1-4 weeks		Stillbirths		Infant Deaths 1-4 weeks		Cases to which a Dr was called	
		Number	Rate	Number	Rate	Number	Rate	Number	%
1867	3,650	7	1.92	108	29.58	18	4.93	91	2.5
1868	3,442	5	1.45	111	32.24	11	3.19	67	1.9
1869	3,437	6	1.74	113	32.87	12	3.49	82	2.4
1870	3,523	8	2.27	114	32.36	17	4.82	114	3.2
1871	3,253	8	2.45	106	32.58	15	4.61	79	2.4
1872	3,666	4	1.09	108	29.45	14	3.81	110	3.0
1873	3,220	7	2.17	110	34.16	14	4.34	105	3.26
1874	3,369	9	2.67	89	26.41	12	3.56	117	3.47
1875	2,963	6	2.02	62	20.92	13	4.38	82	2.76
1876	3,069	6	1.95	102	33.23	1	54.88	116	3.78
1877	2,987	9	3.00	80	26.78	1	34.35	94	3.15
1878	3,133	11	3.51	127	40.53	26	8.29	136	4.34
1879	3,425	14	4.08	163	47.59	18	5.25	144	4.20
1880	3,595	11	3.05	127	35.32	29	8.06	151	4.2
1881	3,362	9	2.67	104	30.93	15	4.46	137	4.07
1882	2,999	7	2.33	105	35.01	11	3.66	145	4.83
1883	2,700	9	3.33	82	30.37	9	3.33	134	4.96
1884	3,165	7	2.21	118	37.28	6	1.89	155	4.89
1885	3,331	12	3.60	84	25.21	2	0.60	141	4.23
1886	4,000	13	3.25	93	23.25	13	3.25	165	4.10
1887	3,890	10	2.57	102	26.22	12	3.08	176	4.52
1888	3,604	11	3.05	112	31.07	27	7.51	17	3.25
1889	3,427	6	1.75	104	30.34	24	7.0	80	2.33
1890	3,325	4	1.20	99	29.77	18	5.41	77	2.31
1891	3,571	8	2.24	86	24.08	10	2.80	65	1.82
1892	3,622	7	1.93	84	23.19	7	1.93	72	1.98
1893	3,933	7	1.77	106	26.95	9	2.28	108	2.74
1894	4,390	8	1.82	128	29.16	18	4.10	90	2.05
1895	4,445	4	0.89	133	29.92	34	7.64	137	3.08
1896	4,121	9	2.18	109	26.45	23	5.58	120	2.91
1897	3,950	8	2.02	93	23.54	32	8.10	123	3.11
1898	3,724	2	0.53	81	21.75	31	8.32	72	1.93
1899	3,856	8	2.07	95	24.63	15	3.89	98	2.54
1902	3,902	7	1.79	62	15.88	20	5.12	59	1.51
1903	3,044	2	0.65	71	23.32	17	5.58	47	1.54
1904	3,290	5	1.52	65	19.75	21	6.38	50	1.51
1907	2,376	3	1.26	84	35.35	38	15.9	143	6.0
1909	2,351	5	2.13	85	36.15	37	15.7	191	8.2
1916	621	1	1.61	119	30.59	8	12.8	79	12.72
1917	492	0	0	11	22.36	5	10.16	69	14

Rate: Maternal Mortality, Stillbirths and Infant Deaths calculated per 1,000 deliveries.

Source: Royal Maternity Charity, *Minutes*, 1867-1917.

Table 8.3 :
The Percentage of Maternity Work Undertaken by Different District Nursing Associations
1885-1937

Year	Ranyard Nurses		ELNS		St Johns Nurses		SBGNA	
	% of all cases	Total maternity cases	% of all cases	Total maternity cases	% of all cases	Total maternity cases	% of all cases	Total maternity cases
1885	-	-	6	150	-	-	-	-
1886	-	-	5	123	-	-	-	-
1887	-	-	5	117	-	-	-	-
1888	-	-	6	135	-	-	-	-
1889	-	-	4	137	-	-	-	-
1890	-	-	3	120	-	-	-	-
1891	-	-	3	101	-	-	-	-
1892	-	-	3	110	-	-	-	-
1893	-	-	3	137	-	-	-	-
1894	-	-	3	144	-	-	-	-
1895	-	-	3	166	-	-	-	-
1896	-	-	3	160	-	-	-	-
1897	21	1,502	5	260	-	-	-	-
1898	-	-	5	263	-	-	-	-
1899	17	1,498	3	179	-	-	-	-
1900	-	-	3	137	-	-	-	-
1901	17	1,315	3	153	-	-	-	-
1902	14	1,138	3	121	-	-	-	-
1903	16	1,257	2	109	-	-	-	-
1904	16	1,151	3	164	-	-	-	-
1905	14	997	3	142	-	-	-	-
1906	-	-	3	140	-	-	-	-
1907	14	1,164	3	122	-	-	-	-
1908	11	907	3	123	-	-	-	-
1909	12	993	3	117	-	-	-	-
1910	13	1,026	3	132	-	-	-	-
1911	12	1,035	3	108	-	-	-	-
1912	9	802	4	164	-	-	-	-
1913	-	-	3	177	-	-	-	-
1914	7	807	3	160	-	-	-	-
1915	6	756	3	145	-	-	-	-
1916	6	669	3	128	-	-	-	-
1917	5	493	3	68	12	480	-	-
1918	3	310	2	80	12	461	-	-
1919	4	395	2	157	-	-	-	-
1920	5	542	5	176	-	-	0.76	42
1921	-	-	5	153	21	675	-	-
1922	-	-	4	131	27	387	-	-
1923	3	126	-	-	-	-	-	-
1924	-	-	3	34	27	521	-	-
1925	1	128	-	-	-	-	-	-
1926	-	-	-	-	-	-	-	-
1927	-	-	1	24	-	-	-	-
1928	-	-	0.3	10	-	-	-	-
1929	1	126	0.3	8	-	-	1.7	97
1930	-	-	0.5	17	-	-	1.2	94
1931	-	-	0.6	17	-	-	1.2	75
1932	-	-	-	-	-	-	8.4	74
1933	-	-	-	-	-	-	28	83
1934	-	-	-	-	-	-	10	86
1935	-	-	-	-	-	-	8.2	83
1936	-	-	-	-	-	-	9.4	76
1937	-	-	-	-	-	-	10.2	71

Source: A/Rs from Mrs Ranyard Nurses, ELNS, St John Nurses and SBGNA

Table 8.4 :
Number and Type of Patient Cared for by the Nurses of St John in East London

Year	Total Cases	Midwifery Cases		Ante- & Post-Natal Cases	
		Total	%	Total	%
1917	4,129	480	12	-	-
1918	3,979	461	12	-	-
1921	3,701	675	18	100	3
1922	3,141	387	12	23	1
1924	3,081	521	17	300	10
In 1917 the nurses reported that the decrease in the number of maternity patients was partly due 'to the fact that women have felt they would be safer in Lying-in Hospitals than in their own houses, and no doubt this is correct'.					

Source: St John the Divine Nurses' Association, A/Rs, (1917-1924).

Table 8.5:
Numbers of Mothers Visited and the Number of Visits made by the SBGNA 1921-1929

Year	Total Mothers	Total Visits	Average Number of Visits per Mother
1921	33	436	13
1923	49	613	12
1926	38	409	11
1928	43	-	-
1929	52	502	10

Source: Bethnal Green Medical Officer of Health (MOH), A/Rs, (1921-1929.)

Table 8.6:
Scale of Charges Set by Stepney Council to Mothers for Maternity Treatment in the Special Maternity Wards of Whitechapel, St George's-in-the-East and Mile End Hospitals 1929

Family income (after deducting) rent, insurance and other charges				Charges to patient per case		
				(a) eligible for <i>single</i> maternity benefit & not more than 1 child	(b) eligible for <i>double</i> or single maternity benefit	(c) Ineligible
Below	£2	5s	per week	£3	Add £1 in each case	Deduct £1 in each case
Above	£2	5s	& not above	£3 1s		
"	£2	6s	"	£3 2s		
"	£2	8s	"	£3 3s		
"	£2	9s	"	£3 4s		
"	£2	10s	"	£3 6s		
"	£2	11s	"	£3 8		
"	£2	12s	"	£3 10		
"	£2	13s	"	£3 12		
"	£2	14s	"	£3 14		
"	£2	15s	"	£3 16		
"	£2	16s	"	£3 18		
"	£2	17s	"	£4		
"	£2	18s	"	£4 2s		
"	£2	19s	"	£4 4s		
			£3			

Table 8.7 :
The Midwifery Fees Charged for the Bethnal Green Borough Midwifery Service according to Number in Family and Income

No in fam-ily	Fees charged for Midwifery Services															
1	-	-	-	-	-	-	(2/6) 1/6	(3/-) 2/6	(4/-) 3/6	(5/-) 4/6	(6/-) 5/6	(7/6) 6/6	(10/-) 7/6	(12/6) 10/-	(15/-) 12/6	
2	-	(3/-) 1/6	(3/6) 2/-	(4/-) 2/6	(4/6) 3/-	(5/-) 3/6	(6/-) 4/-	(7/-) 5/-	(8/6) 6/-	(10/-) 7/6	(12/6) 10/-	(15/-) 12/6	(18/-) 15/-	(25/-) 20/-	(30/-) 25/-	
3	-	1/6	2/6	3/6	4/6	5/-	6/-	7/6	10/-	12/6	15/-	17/6	20/-	25/-	-	
4	-	2/-	3/-	4/-	5/-	6/-	7/6	9/-	12/6	16/-	21/-	25/-	-	-	-	
5	1/	2/6	3/6	4/6	6/	7/	8/6	10/-	15/-	21/-	25/	-	-	-	-	
6	1/-	3/-	4/-	5/-	6/6	8/-	10/-	12/6	18/-	25/-	-	-	-	-	-	
7	1/6	3/6	4/6	5/6	7/-	9/-	12/-	15/-	21/-	25/-	-	-	-	-	-	
8	1/6	4/-	5/-	6/-	7/6	10/-	14/-	18/-	25/-	-	-	-	-	-	-	
9	2/-	4/6	5/6	6/6	8/6	11/-	16/-	21/-	25/-	-	-	-	-	-	-	
10	2/-	5/-	6/-	7/-	9/6	12/-	18/-	25/-	-	-	-	-	-	-	-	
Fami-ly in-come *	4/- to 4/11	5/- to 5/11	6/- to 6/11	7/- to 7/11	8/- to 8/11	9/- to 9/11	10/- to 12/5	12/6 to 14/1	15/- to 17/5	17/6 to 19/11	20/- to 22/5	22/6 to 24/11	25/- to 29/11	30/- to 3/11	35/- and over	
Income scale is subject to addition in respect of maternity benefit if any.																
The numbers in brackets are for the first confinements																
* Family income was usually calculated per head with deductions made for travel expenses and money accepted for lodgers.																

Source: Bethnal Green, 'Public Health Survey', 1924, (PRO file MH 52/156)

Table 8.8:
Cases & Visits Undertaken by the Borough Midwifery Service in Bethnal Green 1925-1937

Year	Total Births in Bethnal Green	Cases		Visits	Book-ings
		Undertaken by Borough Midwife	Percentage of Total Births		
1925	2,630	24	0.91	-	-
1926	2,501	138	5.5	1,020	-
1927	2,353	114	4.8	1,122	-
1929	2,064	120	5.8	1,490	-
1930	1,955	149	7.6	1,720	-
1935	1,438	97	6.7	975	133
1937	1,258	75	6.0	-	-

Source: Bethnal Green MOH, A/Rs; A/R of the Registrar General for England and Wales (1925-1937).

Table 8.9:
Number of Women Cared for by the ELNS.

Year	Total	Women		Year	Total	Women	
		Total	%			Total	%
1884	2,539	1,426	56	1906	4,816	2,210	46
1885	2,674	1,617	61	1907	4,639	2,063	45
1886	2,440	1,406	58	1908	4,096	1,795	44
1887	2,459	1,319	54	1909	3,499	1,611	46
1888	2,332	1,057	45	1910	3,616	1,709	47
1889	3,645	1,503	41	1911	3,673	1,634	45
1890	3,919	1,508	39	1912	3,981	1,623	41
1891	3,971	1,500	38	1913	4,439	1,638	37
1892	3,857	1,622	42	1914	5,139	1,664	32
1893	4,259	1,748	41	1915	4,946	1,701	34
1894	4,291	1,666	39	1916	4,159	1,555	37
1895	5,438	2,227	41	1917	4,031	1,457	36
1896	4,984	1,967	40	1918	2,993	1,029	34
1897	5,089	2,386	47	1919	3,289	1,271	39
1898	5,187	2,297	44	1920	3,184	1,204	38
1899	5,306	2,529	48	1921	3,779	1,164	31
1900	5,028	2,361	47	1922	3,855	1,152	30
1901	4,966	2,336	47	1923	4,157	1,191	29
1902	4,103	1,867	46	1924	3,961	1,175	30
1903	4,652	2,102	45	1925	4,099	1,221	30
1904	4,652	2,102	45	1926	4,320	1,314	30
1905	5,277	2,550	48				

Source: ELNS, A/Rs (1884-1926)

Table 8.10 :
Total Number of Jews Treated by the All Saint's Dispensary, Buxton Street 1897-1921

Date	Attendances			Cases		
	Total	Jews	% Jews	Total	Jews	% Jews
1896-97	3,882	2,372	61	1,180	-	-
1896-						
1900	10,000	7,000	70	-	-	-
1899	6,000	4,000	67	-	-	-
1903	-	-	-	2,400	-	-
1904	2,776	-	-	1,038	841	81
1905	3,311	-	-	1,376	922	67
1906	2,597	-	-	1,348	1,072	79
1907	3,560	-	-	1,544	-	-
1908	3,290	1,013	31	-	-	-
1909	-	-	-	1,786	1,462	82
1910	3,651	-	-	1,768	-	-
1911	3,159	-	-	1,725	1,406	82
1912	3,000	-	-	1,328	-	-
1913	2,610	1,740	67	-	984 ^a	-
1914	2,304	-	-	1,196	-	-
1915	2,538	1,851	73	-	-	-
1916	2,467	1,812	74	-	-	-
1917	1,858	1,424	77	845	-	-
1918	1,487	1,086	73	698	-	-
1920	1,187	994	84	-	-	-
1921	1,459	1,079	74	-	-	-
Total 1896-21	51,254	17,999		18,235	6,687	
a New cases						

Source: All Saints' Hospital, A/Rs, (1896-1921).

Table 8.11:
Number and Percentage of Visits Paid by Municipal and Voluntary Health Visitors in Stepney to Babies 1914-1915

Year	Total	Municipal		Voluntary		Jewish	
		Number	%	Number	%	Number	%
1914	3,079	1,354	44	1,725	56	1,118	36
1915	3,157	1,698	54	1,459	46	1,035	33

Source: Stepney MOH, *A/Rs* (1914), p.55 and (1915), p.25

Table 8.12:
Different Organisations Providing Health Visitors and the Number of Visits They Paid in 1914 and 1915

	1914	1915
St George in-the-East Infant Welfare Association	383	-
Stepney Mothers' Welcome	244	356
Jewish Mothers and Babies Welcome	1,118	1,035
Whitechapel School for Mothers (established 1915)	-	68

Source: Stepney MOH, *A/Rs* (1914), p.55 and (1915), p.25

Table 8.13:
Number and Percentage of Visits Paid by Municipal and Voluntary Health Visitors to Assess Babies in Poplar

Year	Total Visits	Municipal Health Visit		Voluntary Health Visit	
		Total	%	Total	%
1912	10,862	3,642	33	7,220	66
1913	16,306	5,842	36	10,464	64
1914	7,945	2,346	30	5,599	70

The drop in the number of visits during 1914 can be explained by the First World War. Voluntary Health Visitors include those supplied by the Poplar Health Visiting Association. In late 1914 the health visitors were also being sent out from Royal College of St Katherine.

Source: Poplar Public Health Committee, *Minutes*, 1912-1914.

Table 8.14:
Number of Facilities Run by Voluntary and Municipal Bodies in Stepney, 1933

	Council	Voluntary Association
Health Visitors employed by	11	15
Infant Welfare Centres provided by	7	9
Ante-natal clinics run by	1	3
Day Nurseries run by	-	5

Source: Stepney MOH, *A/R* (1933).

Table 8.15:
Number and Percentage of Ante-natal and Post-natal Visits Paid by Municipal and Voluntary Health Visitors in Poplar

Year	Total Visits	Public Health Department (Municipal)				Royal College of St. Katherine (Voluntary)			
		Ante-natal	Post-natal	Total visits	%	Ante-natal	Post-natal	Total visits	%
1914	6,860	594	1,714	2,308	34	1,234	3,318	4,552	66
1925	7,087	1,509	1,497	3,006	42	2,193	1,888	4,081	58
1935	7,286	2,643	1,072	3,715	51	2,531	1,040	3,571	49

Source: Poplar MOH, A/Rs (1914-1935).

Table 8.16:
Scale of Charges Set by Stepney Council to Mothers for Convalescent Treatment 1924

Number in family	Scale of income per head after deducting rent	
	Fee 5/- per week	Fee 10/- per week
1	13/-	15/-
2	10/6	12/6
3	8/6	10/-
4	7/6	8/6
5	7/-	8/-
6	6/6	7/6

Source: Stepney MCW Committee, *Minutes*, 3 June 1924.

Table 8.17 :
Mothers Receiving Maternity Outfits from Bethnal Green Council

Year	Free	Half Price	Cost Price	Total
1929	53	19	24	96
1930	79	25	52	156

Source: Bethnal Green, 'Public Health Survey' (1931), (PRO file: MH 66/311)

Table 8.18:
Different Scales Set by Stepney and Bethnal Green Councils and the MH for the Provision of Milk 1922 and 1929

Number in Family	1922				1929 Bethnal Green Council Scale Approved by the MH	
	MH's Suggested Scale		Stepney Council's Scale		Free	Half-Cost
	Free	Half-Cost	Free	Half-Cost		
1	13s	15s	16s	18s	14s	16s
2	10s 6d	12s 6d	13s	14s 6d	12s	14s
3	8s 6d	10s	10s 6d	11s 6d	10s	12s
4	7s 6d	8s 6d	9s 6d	10s 6d	9s	10s
5	7s	8s	8s	9s 6d	8s	9s
6	6s 6d	7s 6d	8s	9s	7s	8s
7	-	-	7s 6d	8s 6d		
8	-	-	7s	8s		
9	-	-	6s 6d	7s 6d		
10	-	-	6s	7s		
11	-	-	5s 6d	6s 6d		
12	-	-	5s	6s		
13	-	-	4s 6d	5s 6d		

All charges were calculated once rent had been deducted and were assessed per head.

The difference in the scales set by the MH and Stepney Council remained more or less the same. A similar table appeared in 1927. Note that both Bethnal Green and Stepney set a higher income level under which mothers were eligible.

Source: Stepney MCW Committee, *Minutes*, 10 Oct. 1922, pp.130-131; 14/6/1927; Bethnal Green, 'Public Health Survey', 1930-31, (PRO file: MH 66/311).

Table 8.19:
Amount Spent on Maternal and Child Welfare Work Undertaken by Councils in London in Relation to Population Size 1922-23

Borough	Population	Infant Mortality Rate per 1000 Live Births	Total Estimate for MCW Work £	Estimate for Provision of Milk and Dinners £	Received MH Approval:	
					Total Expenditure on MCW	Expenditure on Milk and Dinners
East London:						
Hackney	224,200	64	6,626	*2,700	6,626	2,700
Poplar	154,100	83	16,303	11,400	7,638	2,735
Shoreditch	105,200	114	19,078	13,085	6,458	2,500
Stepney	249,738	89	21,090	12,000	12,600	4,180
Elsewhere in London:						
Chelsea	64,290	78	2,782	750	2,520	750
Deptford	113,500	88	4,058	1,000	-	-
Fulham	160,000	-	7,100	1,000	7,100	1,000
Hampstead	86,890	88	3,270	300	3,070	300
Kensington	175,686	110	4,030	1,000	3,970	1,000
St Pancras	212,900	76	15,795	3,000	14,850	2,665
Southwark	184,388	90	7,736	3,000	**3,844	1,343
Woolwich	135,307	62	13,318	5,700	8,182	1,700
* no dinners						
** amount received						
Note the higher estimates in provision for Poplar and Stepney. The high estimate for Stepney might be accounted for by the large population in the area. The same explanation does not hold for Poplar which had a much smaller population. Poplar's high estimates might have been connected with the radical politics of the council accorded to public relief during this period. Other areas which had equally high estimates for the work were areas with large populations and with reputations for progressive maternal and child welfare provision from voluntary and council bodies. Note that the amounts approved by the MH was below that which boroughs estimated they should spend.						

Source: Summary of Replies received by Shoreditch Borough Council for the Financial Year 1922-23 to assess the provision of milk supplies. In Stepney Maternity and Child Welfare Committee, *Minutes*, 12 June 1922, p.75.

Table 8.20:
Mothers aided by the Bethnal Green Home-helps Scheme, 1928-1938

Year	Home-helps			Total Cases	% of Total Births in Bethnal Green	Total Cases Paying	% of Cases Paying
	On Panel	Tempo- rary	Total				
1928	4	-	4	14	.65	12	86
1929	8	-	8	65	3.15	44	68
1930	8	6	14	165	8.44	134	81
1935	12	6	18	163	11.33	67	41
1936	12	6	18	172	13.10	61	35
1937	12	6	18	190	15.10	61	32
1938	10	14	24	186	14.13	69	37

Source: Bethnal Green MOH, A/Rs, 1928-1938.

Table 8.21:
Number of Women, Men and Children Sent to the Convalescent Home by Ranyard Nurses

Year	Total	Women		Men		Children	
		Total	%	Total	%	Total	%
1897	312	223	72	44	14	45	14
1899	325	239	74	49	15	37	11
1901	300	217	72	49	16	34	11
1903	215	161	75	29	13	25	12
1904	295	235	80	38	13	22	7
1905	312	237	76	48	15	27	9
1907	355	253	71	58	16	44	12
1908	347	250	72	57	16	40	11
1909	395	283	72	62	16	50	13
1910	455	318	70	98	21	39	9
1911	421	310	74	75	18	36	9
1912	469	335	71	95	20	39	8
1914	402	283	70	92	23	27	7
1915	386	284	74	75	19	27	7
1916	359	278	77	55	15	26	7

Source: Ranyard Nurses, A/Rs (1897-1916).

Figure 8.1 :
Different Medical Missions Working in the East End in 1898

1. *MISSION HALL*, Philpot Street (Medical Mission to the Jews)
2. *CENTRAL MISSION HALL* (1891), 4 Goulstone Street (London Society for Promoting Christianity Among the Jews)
3. *GILHEAD MEDICAL MISSION* (1878), Fournier Street (British Society for the Propagation of the Gospel among the Jews)
4. *BARBICAN MISSION TO THE JEWS*, Medical Mission on 82 Whitechapel Road
5. *BETHNAL GREEN MISSION*, Medical Mission (1901), 305 Cambridge Road
6. *BETHESDA MISSION TO THE JEWS*, Medical Mission on 262 Commerical Road
7. *ALL SAINTS' MEDICAL MISSION* (1897), 31 Buxton Street

Adapted from Gerry Black, 'Health and Medical Care of the Jewish Poor in the East End of London 1880-1939', Ph.D. thesis (Leicester Univ., 1987), p.158.

Figure 8.2 :
Different Missions Working in the East End in 1898

Sponsored by Church of England:

1. LONDON SOCIETY FOR PROMOTING CHRISTIANITY AMONGST THE JEWS (1809)
MEDICAL MISSION
2. EAST LONDON MISSION TO THE JEWS (c.1875) 87 COMMERCIAL ROAD
3. EAST END MISSION TO THE JEWS (c.1880) 119 LEMAN STREET
4. ALL SAINT'S MEDICAL MISSION (1897) BUXTON STREET

Affiliation unknown:

1. MILD MAY MISSION TO THE JEWS (1876) 79 MILD MAY ROAD, PHILPOT STREET
2. WILD OLIVE MISSION (1891) 4, VINE STREET, MINORIES

Unsectarian:

1. BARBICAN MISSION TO THE JEWS (1879) 33 FINSBURY SQUARE, LONDON EC
2. HEBREW CHRISTIAN TEACHING TO ISRAEL (1894) 114 WHITECHAPEL ROAD
3. LONDON CITY MISSION 52 ALCOMBURY STREET
4. WHITECHAPEL MEDICAL MISSION TO THE JEWS (1900)

Source: All Saints' Medical Mission, Minutes, 1898 (AJA).

Figure 8.3 :
Voluntary Infant Welfare Agencies in Existence in Stepney at the End of 1919

I MATERNITY AND INFANT WELFARE CENTRES:

Limehouse:

STEPNEY SCHOOL FOR MOTHERS, 587 COMMERCIAL ROAD
MISSION HALL, CARR STREET, LIMEHOUSE FIELDS

St. George's in-the-East:

CONGREGATIONAL CHURCH, WATNEY STREET
THE INSTITUTE, 136 ST GEORGE STREET
ST GEORGE'S IN THE EAST AND WAPPING INFANT WELFARE ASSOCIATION,
235 CABLE STREET (CATHOLIC CENTRE)
CHURCH HALL, PLANET STREET
WESLEYAN CHAPEL, CABLE STREET (JEWISH)

Wapping:

22 RAINES MANSIONS, OLD GRAVEL LANE
INFANTS' SCHOOLROOM, ST PAUL'S SCANDRETT STREET

Mile End:

DAME COLET HOUSE, MILE END ROAD
MILE END INFANT WEIGHING CENTRE, CONGREGATIONAL
BUILDINGS, BURDETT ROAD

Whitechapel:

WHITECHAPEL SCHOOL FOR MOTHERS, 52 PHILPOT STREET
WHITECHAPEL SCHOOL FOR MOTHERS, ST MARY'S SCHOOL HOUSE,
CHURCH PASSAGE, SOUTHFIELDS
THE MINORIES, 49 CHURCH STREET, MINORIES
MOTHERS' WELCOME, GREAT PRESCOTT STREET
SICK ROOM HELP SOCIETY, 24 UNDERWOOD STREET (JEWISH)
14 ALIE STREET (JEWISH)

II ANTE-NATAL CLINICS HELD AT:

LONDON HOSPITAL
EAST END MATERNITY HOME
THE MINORIES, 49 CHURCH ROAD
SICK ROOM HELP SOCIETY, UNDERWOOD STREET
COTTON ESTATE, MILE END

III CRECHES:

JEWISH INFANTS DAY NURSERY, 23 NEW ROAD, WHITECHAPEL
MARIE HILTON CRECHE, 14 AND 16 STEPNEY CAUSEWAY
GEORGE YARD MISSION, ANGEL ALLEY, HIGH STREET
HOLY CHILD CRECHE, 66 CHAMBER STREET, TOWER HILL (CATHOLIC)
DAY NURSERY, RECTORY SQUARE;
ST GEORGE'S, WELLCLOSE SQUARE (CATHOLIC)
8 MARTHA STREET, ST GEORGE'S
MILLION PENNY FUND DAY NURSERY, 10 GREAT GARDEN STREET

Source: Stepney MOH, A/R (1919).

Figure 8.4:
Voluntary Infant Welfare Agencies in Existence in Stepney in 1929

I Maternity and Infant Welfare Centres:

1. SHADWELL INFANT WELFARE CENTRE, HIGH STREET, SHADWELL
2. MILE END INFANT WELFARE CENTRE, BURDETT ROAD
3. WOMEN'S LEAGUE OF SERVICE CENTRE, CHURCH STREET
4. JEWISH MOTHERS' WELCOME, ALDGATE
5. JEWISH MATERNITY AND SICK ROOM HELPS SOCIETY:
 2 CENTRES:- UNDERWOOD STREET AND BETTS STREET
6. EAST STEPNEY JEWISH CENTRE, BEAUMONT SQUARE
7. STEPNEY SCHOOL FOR MOTHERS AND OBSERVATION WARD, COMMERCIAL ROAD
8. ST JOHN'S INFANT WELFARE CENTRE, LIMEHOUSE FIELDS
9. DAME COLET INFANT WELFARE CENTRE, 29 DUCKETT STREET

II Nurseries and Creches:

1. ST PAUL'S DAY NURSERY, WELLCLOSE SQUARE, LONDON DOCKS
2. PORT OF LONDON DAY NURSERY, WAPPING
3. MARIE HILTON CRECHE, STEPNEY
4. JEWISH DAY NURSERY, NEW ROAD

Source: Stepney MOH, A/R (1919).

CONCLUSION

Like many of their neighbours in East London, Irish and Jewish immigrants had little money and few possessions. Living in one of the most impoverished areas of London, it might be expected that the immigrant populations experienced very poor health. It would be reasonable to assume that poor health would have been reflected in many health indicators, especially maternal and infant mortality. Immigrants arriving in a poor area would, after all, have carried the extra burden of unfamiliarity with local services, a different language and distinct customs leading to isolation, if not ethnic and religious discrimination. Integration into the host community was beset with difficulties; only some of the immigrants brought with them special skills which gave them a material advantage over native East Enders.

With these disadvantages, they might well have fallen to the bottom of the community in matters of health and welfare. Surprisingly, they did not. Infant mortality - usually considered a reliable measure of social and economic conditions - was actually lower among the two immigrant groups, especially the Jews; and maternal mortality was lower among the immigrants than it was in England and Wales as a whole, and probably the same level as the rest of the community in the East End. Why was this the case? Why, relatively speaking, did the Jews and the Irish do so well by the standard measures of maternal and infant health?

The evidence suggests that the disadvantages of poverty compounded by the disadvantages of immigration were overcome by:

First, the unusually good provision of inpatient and outpatient maternity services in the East End which were available to both the native and immigrant communities.

For all its poverty, perhaps, indirectly because of it, maternal and infant care was better in East London than in the metropolis as a whole, and London was marginally better than all of England and Wales.

Secondly, infant mortality was largely lowered by the provision of special systems of support and care for the Irish and the Jews. The benefits of such communal provision were also supplemented by certain ethnic customs (e.g. breastfeeding) which were conducive to good health.

In short, the important determinants of maternal and infant health were the quality of care in East London, which they shared with the rest of the community, and the material aid and support which the established Jews and Catholics provided for the immigrant Jews and Irish. Communal agencies were able not only to make their own provision for poorer co-religionists, but, by virtue of their earlier settlement within the host society, to secure a foothold in existing municipal institutions and voluntary organisations. The more established Jewish and Catholic organisations were able to speak for the newcomers and build bridges between them and their English neighbours, obtaining a degree of tolerance and pluralism which is surprising from a contemporary perspective.

Since it is often supposed that social and economic circumstances were, at least before the mid-1930s, by far the most important determinants of infant and maternal mortality, these findings have important implications for historical studies of maternal and infant welfare. To some extent this is recognised in existing literature, particularly concerning maternal mortality. What this thesis suggests, however, is that ethnic customs and the welfare services and philanthropy organized by more prosperous members

of these ethnic groups for their poor were of major importance in determining the levels of maternal and infant health in immigrant communities.

This thesis should not be seen as a conclusive study, but rather as one which begins to question the impact of ethnicity, religion and gender in the history of immigration and healthcare. Further study is necessary if we are to develop a more subtle grasp of the ways in which ethnicity affects the provision of healthcare and standards of morbidity and mortality. This thesis is only the beginning of such research.

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AJA:	Anglo Jewish Archives
CRO:	Chief Rabbi's Office's Archives, also known as United Synagogue's Archives
GLRO:	Greater London Record Office
JWB:	Jewish Welfare Board Archive
LH:	London Hospital Archive
LSE:	London School of Economics and Social Sciences
Mocatta:	Mocatta Library, University College, London University
PRO:	Public Records Office
St Barts:	St Bartholomew's Hospital Archive
SA:	Salvation Army Archive
THL:	Tower Hamlets' Local History Library and Archive

Order of Sources:

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Crusade of Rescue (Homes for Destitute Catholic Children) (Bo. 1/46 1920-23; Hi. 2/59 1930-40)
Divorce (Bo. 1/12; Hi. 2/67)
Hackney [Bo. 1/92)
Hanwell (Bo. 1/92)
Hospitals (Bo. 1/63 1905-1931; Hi. 2/114-115; chaplains: Hi. 2/116; statistics: Hi. 2/190A)
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All letters were answered with a questionnaire. Letters which answered the questionnaire are indicated.

t letters which have been typed as excerpts
q letter with answers to questionnaire
i interviewed

Mrs M.B., London, 10 Nov. 1987^t
Mr S.B., London, 5 Nov. 1987; 19 Nov. 1987^q
Mrs G.C., Middx., 11 Nov. 1987^t
Mrs M.S.C., Essex, 1 Nov. 1987; 16 Nov. 1987; 23 Nov. 1987^t
Mrs S.C., London, 11 Nov. 1987; 19 Nov. 1987^t
Mrs A.T.F., Cardiff, 30 Oct. 1987^t
Mrs H.G., West Sussex, 20 Nov. 1987^q
Mrs M.S.G., London, 2 Nov. 1987^t
Mrs R.G., London, 10 Feb. 1988^t
Miss T.G., London, 6 Nov. 1987, 19 Nov. 1987^q; 1 Feb. 1988 ^{ti}
Mr M.K., London, 30 Oct. 1987^t
Mrs R.K., Essex, 11 Nov. 1987^t
Mrs B.L., Cambridge, 26 Dec. 1987
Mrs L.L., London, 17 Nov. 1987^t
Mrs M.L., London, Nov. 1987
Mrs S.L., London, 1 Nov. 1987^t
Mrs E.M., Galilee, Israel, 4 Dec. 1987; 18 Jan. 1988^q
Mrs E.P., London, Nov. 1987 (3 letters, last letter ^q)
Mrs R., London, Nov. 1987; 12 Nov. 1987^q ^t
Mr S.R., London, 12 Nov. 1987^t
Mrs A.S., London, 1 Nov. 1987^{ti}
Mrs T., Essex, 18 Nov. 1987; 10 Dec 1987^q ^t
Mrs I.T., London, 31 Oct. 1987; 13 Nov. 1987^t
Ms B.J.T., Hertfordshire, 8 Dec. 1987
Mrs M.V., Hertfordshire, 13 Nov. 1987; 26 Nov. 1987^t
Mrs E.Y., London, 5 Nov. 1987, 11 Nov. 1987^t
Mrs W., London, 31 Nov. 1987ⁱ

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L. Marks's interview tapes and transcripts

(to be deposited at The London Museum of Jewish Life and the London
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All interviews occurred in London unless stated otherwise.

Mrs A.E., 5 May 1987
Mrs A.S., 13 December 1987 (transcript)
Mrs B.L., 28 October 1987
Dr C., 15 December 1987
Day Club, 14 December 1987 (notes)
Mrs D.G., 27 September 1987 (transcript)
Miss D.J., 21 December 1987
Mrs E.C., 13 January 1988 (transcript)
Mrs F.M., 2 June 1987
Kingshold Day Centre, 17 November 1987

Mrs K.B., 4 November 1988 (notes)
 Miss M.B., 7 July 1987 (transcript)
 Mr M.F., 2 June 1987 (transcript)
 Mrs M.K. and Mrs P.K., 1 May 1988 (transcript)
 Mrs N.A., 10 June 1987 (transcript)
 Miss P.G., 25 October 1987
 Mrs R.C., 28 October 1987
 Mrs R.W., 29 September 1987
 Dr S.S., 7 July 1987
 Sisters of Charity, 14 December 1987 (notes)
 Sister E.M., (NSP), Nottingham, 11 November 1988 (notes)
 Sister of Mercy, 9 December 1987 (transcript)
 Stepney Day Settlement Club, 28 October 1987
 Miss T.G., 22 January 1988 (transcript)
 Mrs W., 8 December 1987 (notes only)

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Jewish: Tapes for *From Stepney Green to Golders Green* (London, 1987); especially North London Progressive Synagogue Ladies' Guild Association (4 March 1987) and Mrs F.E.
 Irish: Miss C.P., Mr M.B., Miss J.B., Miss B.H.

Jerry White Interview Transcripts for Rothschild Buildings (1980) (London History Workshop Sound and Video Archive)

Mrs A. (T 7:07/1-3; 9; 13; 30; 32)	Mrs L. (T 37/1-2)
Mrs A.K. (T 7.15)	Mrs L.B. (T 7 02/1-2)
Mr B.A.	Miss M. (T 44; 45)
Mr D. (T 7:11/1-2)	Mr M.A. (T 7.8)
Miss E. (T 7:12/1-2; 14)	Mr M.D
Mrs F.	Mrs M.H
Miss F.P. (T 7:04/1-2)	Mrs M.L. (T 7:33/1-2; 36/1-2)
Mrs G. (T 7:31) .	Mr R.L
Miss H. (T 7:25/1-2; 28/1-2)	Miss R.W. (T 7.10)
Mr and Mrs Harris.	Miss S.M. (T 7:17 1-2)
Mrs J. (T 7:18; 19; 22/1-2; 27; 40)	Mr V. (T 7:5)
Mr J.B. (T 7:34/1-2, 43)	Mrs Y. (T 35/1-2)
Mr J.C.	Mr R. (T 7:23/1-2; 24/1-3;
Mr I.R. (T 7:1R, 2R)	26/1-2; 29; 42)
Mrs K. (T 7:20/1-2; 21, 41)	

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