

**“The hope of the future lies in their instruction”:
Health Education in the British Infant Welfare Movement, 1900-1914**

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For my University of Michigan classmates, professors, and friends.

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INTRODUCTION

“The real remedy, however, is to be sought in social education.”¹ This was one of the strongest recommendations of the British Inter-Departmental Committee on Physical Deterioration after their 1905 investigation. This committee had been formed after the staggeringly poor health of the recruits for the Boer War a few years earlier was discovered. Nearly half of the men who volunteered were deemed physically unfit for military service.² Many of the ailments the recruits were due to conditions acquired as young children as a result of malnourishment and poor health. This apparent lack of vigor in its population was a jarring realization for a nation already feeling increasingly self-conscious about the status of their empire.³ How was “social education” going to solve this problem?

Further understanding of the “deterioration” of the British race was found in Sir George Newman’s widely read *Infant Mortality; A Social Problem*. This 1906 book, as the title suggests, does not isolate the issue of infant mortality as solely a medical issue. Rather, he asserts that the health of a nation's young, and specifically the death of young infants, should be a concern for all citizens. His argument has several facets, and ultimately concludes that, “this loss of infant life is in some way intimately related to the social life of the people.”⁴

¹ *Report of the Inter-Departmental Committee on Physical Deterioration*. 2nd ed. London: Darling & Son, Ltd., 1905, 55.

² Dwork, Deborah. *War Is Good for Babies and Other Young Children*. London: Tavistock, 1987, 15.

³ *Ibid.*, 16.

⁴ Newman, George. *Infant Mortality; A Social Problem*. New York: E.P. Dutton & co., 1906, vi.

Both of these realizations regarding Britain's ill health point to the same target for improvement: children. In order to ensure the survival of Britain and a prosperous future, they needed to care for their posterity from the very beginning. These babies, though, were anything but healthy as the astounding figures regarding infant mortality illustrated. Infant mortality was increasing as the birth rate was decreasing when the nineteenth century came to a close.⁵ In order to avoid letting the "whole nation gradually dwindle till it dies out", something needed to be done.⁶

Thus, the infant welfare movement (IWM) was born. The movement was heterogeneous in its members, efforts, and respective successes; but still united around the cause of protecting and fostering Britain's youth for the good of the nation, and Empire's, future. Infant mortality rates had first been noted as a problem in the mid-19th Century, but the piecemeal efforts to ameliorate them had not worked by the beginning of the 20th Century.⁷ Something more needed to be done.

Britain's infant welfare movement was not the first large-scale crusade to improve infant health and survival. Similar efforts had been undertaken in Belgium and France in the years just prior, and soon the ideals of improving infant health would spread to the United States. International conferences on infant mortality were held, and these helped to spread ideas and increase effectiveness of the movements across

⁵ Dwork, 7.

⁶ Evelyn Bunting, *A School for Mothers* (London: H. Marshall & Son, 1907), 13.

⁷ Ian N. Gregory. "Different Places, Different Stories: Infant Mortality Decline in England and Wales, 1851-1911." *Annals of the Association of American Geographers* 98, no. 4 (September 26, 2008): 775.

Waldo, F.J. "The Milroy Lectures on Summer Diarrhoea." *The Lancet* 1, no. 4002 (May 12, 1900): 1344-50.

Europe and the world.⁸

As a result, multi-faceted initiatives with the shared broad goal of improving Britain were developed and implemented. Narratives of class and welfare were present and significant in Britain's infant welfare movement. While services were extended to all levels of the socioeconomic ladder, efforts were often started by members of the upper and middle classes for the aid of the poor. These missionaries to the lower classes believed that "Health [is] a far more valuable gift with which to start in life than riches."⁹ In this way, health was seen as a state that should not be determined by class barriers, but rather be enjoyed by as many infants as possible. By aiding the nations' infants, progress could be made to improve the health, fitness, and strength of Britain for the future.

After the issue of infant mortality had been established and deemed worthy of action, the question of methods came into play. Drawing on the work of other international counterparts as well as new ideas, "social education" became a preferred tactic for targeting the problem of infant mortality, as the Inter-Departmental Committee on Physical Deterioration had recommended. In particular, efforts were directed to teaching women, from young girls to expectant and new mothers, about the proper, hygienic ways to care for their infants and children.¹⁰ Oftentimes, this was done through institutions known as "schools for mothers." Additional educational efforts were developed to instruct fathers and the British public in becoming partners in infant health.

⁸ Dwork, 114.

⁹ Bunting, 66.

¹⁰ Kerl, Jeanne. "Profession, Gender, and Class in Britain's Infant Welfare Movement, 1890-1935." Indiana University, 1994, 31.

Schools for mothers came about, in part, from the influence of the Belgian and French infant welfare movements. The work of Dr. Miele in Ghent, Belgium was a particularly influential model for the St. Pancras School for Mothers, one of the foremost and well-documented schools of its kind in Britain.¹¹ In the charter of the St. Pancras School for Mothers, the founders described their efforts to create “a novel experiment in England [,it] will be the school to which mothers and girls may come and learn how a baby should be clothed, fed, washed and tended, and treated in small ailments.”¹² This poor area of London was fairly representative of the experience of urban poverty in London at this time.

These schools for mothers, also known as “Mothers’ and Babies’ Welcomes”, served as neighborhood centers for dispersal of information and aid for women, children, and families. Oftentimes, these schools were charitable endeavors, sometimes with a partnership with local health authorities that often evolved following the success of the school. Services included: baby weighing, meals for expectant mothers, lessons in “mothercraft”, and support groups for new fathers.¹³ These centers also worked to connect women and families to other social services as needed.

Much discussion arose regarding which topics should be covered in the curricula for these schools. Many health professionals and women’s activists had their own individual opinions about where emphasis should be placed in instruction. Additionally, the value of educating young girls in schools about mothering was debated. According to the syllabus of the St. Pancras School for Mothers, topics included: proper breast-

¹¹ McCleary, G.F. *The Early History of the Infant Welfare Movement*. London: H.K. Lewis & Co. LTD., 1933, 121.

¹² Bunting, 14.

¹³ *Ibid.*, 32, 64, 76.

feeding protocols, suitable infant clothing, appropriate infant foods, and normal timelines for infant growth.¹⁴ The types and scope of lessons varied among centers.

Infant welfare work did not solely stay the private charitable sector. Rather, the British government also responded to the intensifying national crisis by passing a series of measures aimed to provide public support for improving infant health and survival. These public ordinances aided in the progression of infant welfare efforts but did not replace the unique function of schools for mothers. The first of these important pieces of legislation was the 1906 Education Act, which included the provision of meals to schoolchildren who qualified economically.¹⁵ This was closely followed by the 1907 Education Act that mandated medical inspection of schoolchildren at regular intervals.¹⁶ Both of these acts dovetailed with the work of the infant welfare movement as they provided nourishment and health checks for children who were out of infancy, but still developing.

The 1907 Notification of Births Act was a permissive act which allowed municipalities to require reporting of births to local Medical Officers of Health within thirty-six hours.¹⁷ This would aid the work of the infant welfare movement in its attempts to make contact with infants as soon as possible. Further government involvement in the welfare of Britain's young came with the 1908 Children Act which held penalties for child deaths as a result of parental neglect.¹⁸ This was illustrative of the priority that concern for children took in this era. Finally, the National Insurance

¹⁴ Ibid., 64-66.

¹⁵ Ross, Ellen. *Love and Toil*. New York: Oxford University Press, 1993, 200.

¹⁶ Ibid.

¹⁷ Ibid.

¹⁸ Ibid.

Act of 1911 included a provision for maternity benefits for new mothers which was of additional assistance to the work of the schools for mothers.¹⁹

“Health visitors” had been a publicly funded measure of health promotion long before the infant welfare movement picked up momentum.²⁰ These trained individuals went to homes to check on sanitary conditions and provide advice. Often, women served in these positions and their special efficacy in infant-specific matters was widely noted.²¹ Health visitors fell under the jurisdiction of local Medical Officers of Health(MOH). These government officials took on advisory roles in many of the efforts of the infant welfare movement.²² Dr. John F. J. Sykes, MOH for St. Pancras, was one such official. He was instrumental in developing the St. Pancras School for Mothers and publicly touted his appreciation for the voluntary work of women in association with this school.

Records of the infant welfare movement are numerous and varied. The multiple entities working in these efforts each have their own records of the problems they were addressing and the work they were performing.

Several facets of the British medical community were involved in promoting infant health. Their records exist in several manners. First, some practitioners and MOH’s recorded personal documents detailing their work in the movement. Additionally, medical journals such as The Lancet and The British Medical Journal (BMJ) often ran reports regarding the progress of infant welfare efforts, as well as their

¹⁹ Ibid.

²⁰ Dwork, 125.

²¹ Ibid., 127.

²²Engineer, Amanda. “The Society of Medical Officers of Health: Its History and Its Archive.” *Medical History* 45 (2001): 102.

opinions on the proper future direction of the IWM. Medical Officers of Health also prepared detailed statistical reports for their regions annually and these often contained information regarding infant welfare efforts in the area.

Women's voices can be heard in several different sources. Records like *A School for Mothers*, written by the women workers of the St. Pancras School for Mothers, show personal views of infant welfare work. Further, these accounts often included quotes from the women directly impacted by these services. Other larger organizations conducted surveys of general family life in poverty. These studies, like Charles Booth's *Life and Labour of the People in London* (1902) and Maud Pember Reeves' *Roundabout a Pound a Week* (1914), gave further insight into impoverished daily life and the impacts of infant welfare work. Additionally, *The Pudding Lady* recounts a home visiting scheme developed in association with the St. Pancras School for Mothers.

Large national conferences on infant mortality kept diligent records of lectures and the ensuing debates. These unique sources have catalogued the exact points of debate between the attendees at these conferences. Attendees came from various avenues of the work in the infant welfare movement, and these conferences show the co-operation, or lack thereof, among them. Additionally, these conferences were often sources of new ideas for infant welfare work and thus show the chronology of the movement very effectively. Further, the National League for Physical Education and Improvement (NLPEI) was another national body associated with infant welfare work that left detailed records of their conferences.

Several prominent analyses of the infant welfare movement have been written

and each has had a different focus. One important difference lies in whether the analysis looks at long-term changes or short-term benefits.

Jane Lewis' *The Politics of Motherhood* (1980) focused on the long-term impact of infant welfare work on legislation and policy. She argues that there was an overall long-term negative effect on women as a result of policies which she argued were focused more on children than on women. Her work does not include extensive discussion of the experiences of individual mothers, but rather focuses on broader implications.

Deborah Dwork's *War is Good for Babies and Other Young Children* (1987) also focused on long-term effects of the work of the infant welfare movement. This work included more details regarding individual mothers and small-scale voluntary efforts, and ultimately concluded that the full scale of work of the IWM was successful in reducing the infant mortality rate. Dwork devotes a large portion of her discussion to the improvement of the milk supply and explores the efforts of schools for mothers somewhat secondarily. As her title suggests, this work focused on the impacts of the movement on children.

Love and Toil (1993) by Ellen Ross catalogues the experiences of mothers in "outcast London." She provides a comprehensive look at the ways of life of these hard-working mothers. She discusses the impact of the infant welfare movement on these mothers, though it is only one part of her analysis. Overall, she argues that the experience of poverty profoundly affected how mothers interacted with and cared for their children.

In this study, I will examine specifically the language of the intent and practice of

education within the infant welfare movement, especially within the schools for mothers. While other works have criticized the infant welfare movement as not caring for mothers or as being ultimately out of touch, I will argue that the intentions and actions of the educative efforts of the infant welfare movement were carefully tailored and responsive to the needs of the women being served. Further, I will survey the unique collaborative atmosphere fostered in these schools for mothers and how it contributed to their ability to better serve the mothers in their district. While it is difficult to examine the exact statistical influence that any one effort of the IWM had on infant mortality rates, the continued focus and emphasis on engaging and empowering mothers and families with respect to caring for their children led to positive focus on the poor and increased desire for understanding and amelioration of their situation.

In Chapter One, I will discuss the educational schemes developed for expectant mothers and issues associated with prenatal education. Much of this chapter will focus on the arguments which established the importance of prenatal education, which included countering some of the eugenics rhetoric of the era. Further, I will discuss the issues of women's employment outside the home as it related to infant welfare. The center of these arguments related to the understanding that infants were inextricably tied to the health and well-being of their mothers, and thus a focus on empowering women through education to better care for themselves emerged.

Chapter Two examines the intentions, methods, and discussion regarding infant care. Additionally, this chapter discusses legislation and economic concerns that the infant welfare movement needed to consider. I will argue that the leaders of the

schools for mothers needed to be, and tried to be, very in touch with their clients in order for the school to be effective. In this way, the topics of education needed to be carefully determined in order to enact effective change. This need led to a greater understanding of the lives of the poor among welfare and health workers.

In Chapter Three, I evaluate educational programs directed at groups other than mothers, specifically: fathers, school-age children, and the greater British public. Within these educational efforts, a few themes emerged which contributed to the collaborative atmosphere fostered by this aspect of the infant welfare movement. Most notably, the infant was recognized as a product of his family unit. As a result, welfare and health professionals needed to be more in touch with the everyday lives of those they served in order to effect meaningful change. Further, this delegitimized “mother blaming” as infants were no longer tied solely to their mother, but rather their entire home experience. Rather, a community of individuals informed about infant care was created and thus mothers had partners in the national quest for reducing infant mortality.

In sum, I argue that those developing educational efforts in the infant welfare movement held an influential understanding that poor women and families had the power to take care of their infants if properly instructed in ways to do so. In order to make effective topics for education and appropriate methods of delivery, infant health workers needed to understand their clients, something that was not often seen in welfare efforts of this era. This collaboration was reflected also in the nature of the schools themselves as well as the national collaboration fostered on this issue.

Moreover, this collaborative atmosphere was noticed and appreciated by the traditional medical community.

While change over time shows historical significance, I argue that the continued and increased focus on education in the infant welfare movement shows both the appreciation for the work being done as well as excitement over the possible positive outcomes. With such attention being paid to poor women and their families, an increase in understanding among classes and, as a result, empowerment and respect for the poor.

Working-class mothers are specially anxious that their infants should be born healthy and robust and be healthily bred, and that they will make every effort and sacrifice to secure these results and welcome any advice and assistance to improve their own health and that of their sucklings.

-Miss Bibby of the St. Pancras School for Mothers
National Conference on Infant Mortality, 1906



Figure 1: Mothers and their infants gathered at the St. Pancras School for Mothers.²³

²³ Bunting, 90.

CHAPTER ONE: Education for the Expectant Mother

It is evident that if infants die within a few days or hours of birth or even if dying later, show unmistakable signs of being unequal to the calls of bare physical existence, that there must be something more than external conditions or food or management which is working to their hurt. The explanation is clearly to be found in ante-natal conditions. We must, therefore, address ourselves to the question, what are the ante-natal conditions which lead to immaturity, and the other agencies which bring about the death of infants on the very threshold of life?¹

Sir George Newman's *Infant Mortality; A Social Problem* explored the issues surrounding death early in life. This influential book, as described previously in the introduction, arrived at the conclusion that infant mortality was, in fact, a *social* problem. As this passage logically lays out, infants who perished very early in life were very likely disadvantaged before they were even born. Consequently, it was evident that postpartum intervention and education would not suffice. Rather, the biological realities of child-bearing meant that the news of proper care of infants needed to involve expectant mothers.² As the workers of the St. Pancras Schools for Mothers expressed, initiatives were developed to encourage “the protection and preservation of the health of both mother and child, for these two are one flesh more truly even than

¹ Newman, 62.

² For a detailed, contemporary discussion of the role of mothers' health in influencing infant mortality rates, see: “Infant Mortality in Victorian Britain: The Mother as Medium”, by Robert Millward and Frances Bell, *The Economic History Review*, 2001.

husband and wife.”³ This hinged on the biological understanding that “infant life is dependent upon the mother from nine months before birth until nine months after birth.”⁴ The St. Pancras School for Mothers, and other infant welfare workers and associations, kept these two realities in mind as they worked to develop programs and syllabi for their work in education in the infant welfare movement. Accordingly, while the impetus behind this work was focused on improving the health and survival of infants, Britain’s women needed to be served and educated in order for this national goal to be reached.

As the players in the infant welfare movement acknowledged the need to care for and educate expectant mothers, several implications followed. First, this meant that the services provided by the players in the movement needed to be able to reach women as expectant mothers, rather than just those who had already given birth. While the 1907 Notification of Births act helped to increase contact with mothers postpartum, further steps were required in order to reach women before they had given birth.

Reaching expectant mothers was only part of the task, though. These women needed to be convinced of the importance of becoming educated in infant welfare and the importance and impact of their individual health. Many personal reports by charitable workers during the infant welfare movement spoke of the ways these mothers in poor households tended to give as much as possible to their families before taking anything for themselves. For example, one woman, identified as the mother of “Family C” in *The Pudding Lady*, described her desperate efforts to provide for her

³ Bunting, 9.

⁴ Ibid.,8.

family, but said she “hates to ask for help in any way. It “makes her feel like such a sneak.”⁵ She, as with other women documented in this account, did not feel she could take time to focus on herself while pregnant because there were already so many tasks to attend to in the home. In this way, those working to promote education for expectant mothers had to convince the woman of the supreme importance of her health and her education about her health, before the instruction itself could even begin.

Additionally, within this greater movement for infant health, the issues of eugenics and “survival of the fittest” came into play. Darwinian philosophies contributed to the development of a more radical group of activists in the movement who argued against preventive care and education, as it would lead to a “retrogression” of the race.⁶ Many activists in the infant welfare movement countered this belief. The interaction between the infant welfare movement and the eugenics rhetoric of the early twentieth century helps to expose the opposition to infant welfare work. In turn, the motives behind work for infant health can be further elucidated.

Prenatal education focused on finding ways in which the mother could take steps to care for her own health and, in turn, her unborn child’s. Further, instruction was provided on ways that women could better prepare for taking care of their soon-to-be newborns. Each of these aspects contributed to empowering expectant mothers to make the best situation for themselves and their future children. Aspects of the school for mothers’ model were significant in creating a community of future mothers who were no longer isolated in their preparation for their babies.

⁵Bibby, Miss. et. al. *The Pudding Lady: A New Departure in Social Work*. London: W.J. Mackay & Co. Ltd., 1912, 43.

⁶Anna Davin. “Imperialism and Motherhood.” *History Workshop* 5 (Spring 1978): 19.

Establishing the Need

The first chapter of Dr. David Forsyth's *Children in Health and Disease* was entitled "The Physiology of Children." Much of the chapter, though, was devoted to the physiology of the *developing* child. "We are beginning to understand that the child becomes the man by a process of gradual evolution," Forsyth explained in the opening, thus setting up his ensuing discussion of the factors affecting the progression of a growing fetus.⁷ These fetuses were entirely dependent on their mothers at this point in development, and Forsyth enumerated several serious conditions which can affect the fetus as a direct result of the expectant mother's health. Additionally, several more mild detrimental conditions were tied in directly to basic facets of the mother's well-being. From this evidence, he concluded that "the protection of the mother's health is essential to the future of the child."⁸

Sir George Newman's *Infant Mortality; A Social Problem* had also argued the influence of antenatal conditions. As was shown in the beginning of this chapter, Newman proposed looking for the conditions which caused infant death so early in life, and logically concluded that some of these factors must relate to the health of the

⁷ David Forsyth, M.D., D.Sc. *Children in Health and Disease; A Study of Child-Life*. London: John Murray, 1909, 1.

⁸ *Ibid.*, 8.

On page 243 of the same work, Forsyth argued for the importance of women's health, not only in the later stages of pregnancy as he discussed the advent of malformation at "comparatively early stages in the development of the child", which consequently meant this could not be tied to the mother's health late in her pregnancy. Therefore, the health of women as both imminent and longer-term future mothers needed to be protected if the health of the fetus in utero were to be optimized.

mother. Additionally, Newman explained that up to 20-25% of fetuses do not reach the stage of viability and these pregnancies are terminated in spontaneous abortions.⁹

Further confirmation of these sentiments was common in medical journals at this stage of the infant welfare movement. “If healthy children were wanted, there must first be healthy mothers,” one article exhorted.¹⁰ Rooted in biological understanding, strong support for prenatal education was expressed by medical professionals across Britain.

In addition to establishing the biological need for prenatal education, this message needed to be successfully conveyed to expectant mothers. In addition to the anecdote from *The Pudding Lady* presented earlier in this chapter, accounts by infant welfare workers were rife with stories of women who did not understand the necessity of caring for their own health, or who simply did not feel that their life’s circumstances allowed them to take this extra time and effort to care for themselves. Expectant mothers needed to be empowered to recognize the importance and influence of their own health.

Accessing mothers before their children were born proved to be a challenge for schools for mothers. While the 1907 Notification of Births Act, though only a permissive law, helped local public health authorities to be made aware of births very soon after they occurred, reaching women before their children were born was often contingent on the mother herself reaching out for assistance in preparing for her baby.

⁹ Newman, 78.

¹⁰ Ballantyne, J.W. “Discussion on the Social Aspects of the Falling Birth-Rate.” *The British Medical Journal* 2, no. 2590 (August 20, 1910): 455.

With this understanding, Dr. Sykes, the St. Pancras Medical Officer of Health, developed an advice card for expectant mothers in 1905. This card contained information regarding proper infant feeding, clothing, and hygiene practices. Additionally, it contained information about preparing the home for the baby and ways that the mothers could care for themselves while pregnant in order to provide better health for their unborn child.¹¹ This card was sent to the addresses of all registered births following the 1907 Notification of Births Act, but this still did not allow access to expectant mothers. As a result, Dr. Sykes widely distributed packets of these advice cards to churches, hospitals, and other community institutions in order to try to access as many women as possible.¹² These advice cards did not hold particularly complex information, but, rather, they held details of measures that mothers themselves could take to improve infant welfare. In lieu of schools for mothers or prenatal health visitors, this was an opportunity to at least make expectant mothers aware of issues affecting themselves and their future children.

The process of distributing advice cards was illustrative of a common theme permeating infant welfare efforts.¹³ Though large-scale legislation had been enacted and continued to be throughout this period, it became clear that this would not suffice. Individual attention needed to reach each mother and each child. This reality led to many of the positive benefits for poor women and families as the instructors and welfare providers needed to understand them and their unique situations in order to

¹¹ McCleary, 124.

¹² *Ibid.*

¹³ See *Report on the Proceedings of the National Conference on Infantile Mortality, 1908* pages 51-57 for a larger discussion on the concern of finding ways to spread infant welfare knowledge through communities.

provide useful assistance. The school for mothers became a preferred place for this sort of instruction.

Topics of Instruction

In the realm of prenatal education, efforts focused on teaching women ways that they could improve their lifestyles for the health of themselves and their developing babies. Additionally, schools for mothers offered classes that helped mothers to prepare their homes for the arrival of their children.

In the opening stages of the infant welfare movement, Sir George Newman provided recommendations for ways that mothers could be educated before the birth of their children. This section of *Infant Mortality; A Social Problem* was a subsection of the chapter devoted to “Preventive Methods”, thus indicating Newman’s understanding of expectant women’s agency and the opportunity for improved infant health and survival that educating women provided. Similar sentiments were described during the National Conference on Infantile Mortality of 1906. The “hygiene” of the expectant mother was regarded as one of the avenues where the most promise for progress presented itself. The practice of distributing prenatal advice cards was already in place, but Miss Gardiner of the St. Pancras School for Mothers explained her view that the assistance of expectant mothers would be most effective through further proliferation of in-person educational efforts.¹⁴

At the St. Pancras School for Mothers, much of the instruction of expectant mothers focused on encouraging mothers to care for their own health at this crucial time. This was most evident in the provision of meals for mothers, which is examined

¹⁴ *Report on the Proceedings of the National Conference on Infantile Mortality, 1906*. 2nd ed. Westminster: P.S. King & Son, Orchard House, 1906, 179.

in detail in the next section. In addition to the provision of meals, the syllabus of the School sheds light on topics of importance.

The first item in Lecture 1 entitled “How to Prepare for Baby” was that the best preparation was a healthy, wholesome, well-ordered life from *our* babyhood.”¹⁵ Similar sentiments were found in other accounts which expressed the idea that “two lives instead of only one to be built up” with the mother’s attention to her own health.¹⁶ While other analyses of the infant welfare movement such as those discussed in the introduction asserted the view that mothers were of secondary importance in infant welfare work, lessons such as these show the honest focus on promoting these women’s health throughout life. Though this was rooted in the concern for infants, the focus on women cannot be ignored or diminished.

In addition to encouragement of lifelong health, the St. Pancras syllabus exhorted women to take care of themselves during their pregnancy as they are “requiring even more of all things necessary for health” compared to the rest of their lives.¹⁷ Accounts of urban poverty such as *The Pudding Lady*, however, showed us just how hard women worked to take care of their families, even when they were expecting a child. Further, condemnation of women’s work during pregnancy was rampant.¹⁸ In this way, the voluntary workers of the School anticipated the mothers’ possible concern with being unable to devote adequate time to caring for the rest of their family at home while they specially tended to their health in pregnancy. Consequently, the syllabus goes on to say

¹⁵ Bunting, 64.

¹⁶ Ibid.

¹⁷ Ibid.

¹⁸ Dwork, 35.

that the expectant mother is “not to be considered an invalid.”¹⁹ The workers of the School showed their understanding of a possible worry of the impoverished mother and explicitly addressed it, thereby exhibiting their desire to understand their clients’ ways of life.

A section of this lesson was also devoted to the proper precautions expectant mothers should take while working. This passage indicates that proper, careful work is even “very desirable” for pregnant women, provided that adequate rest is obtained.²⁰ As I will discuss later in this chapter, women’s work during pregnancy was not always looked upon favorably and was often strongly condemned.²¹ This portion of the lesson, though, assured these women that they could work and help to provide for their families, while also taking precautions for their own health, and thereby that of their developing child. This tone showed the desire for a partnership and reasonable, attainable health goals through education.

Taken together, these passages show the genuine concern for the mother and the desire to be conscious of her undoubtedly challenging life at home. The goal of education in this case was to empower the woman to realize the importance of her own health- for the benefit of *herself*, as well as her unborn child.

The closing section of this lesson presented women with the reality of the incredible power they had to provide for their children. The voluntary workers of the St. Pancras School for Mothers had undoubtedly heard numerous stories of the mothers’ inability to provide for their children as they would desire to in the material

¹⁹ Bunting, 64.

²⁰ *Ibid.*, 65.

²¹ Dwork, 35.

sense. This passage, though, showed the even more critical area where they did hold the ability to provide:

The coming child is dependent to a great extent on mother for its health and strength. If unable to do all one would like, do extra well all within power. Health a far more valuable gift with which to start in life than riches, however great.²²

The empowering potential of prenatal education was exemplified in the closing of this lesson on how to prepare for the coming baby. While much of the mothers' financial situation was not in their own direct control, this lesson emphasized the degree of control that women had over this way of providing for their future children. The tone was not accusatory or doubtful of the mothers' care, but rather it acknowledged the possible difficulties of adhering to these guidelines fully, but showed the opportunity each mother had to influence this "gift" of her child's health.

Provision of Meals for Expectant Mothers

While much of the writing surrounding educating mothers has an empowering rhetoric, some of the most strikingly pro-mother writing came in discussing the way that the mothers needed to realize the importance of taking care of themselves with proper nourishment as a part of taking care of their families.

A considerable section of *A School for Mothers* was devoted to discussing the voluntary workers' experiences with the women of the St. Pancras School for Mothers regarding the way that women allocated money and food for themselves and their families. The discussion clearly showed that the voluntary workers came to understand their clients and the ways that they sacrificed for their families. A section of *A School for Mothers* was devoted to discussing the provision of low-cost or free meals for expectant

²² Bunting, 66.

and nursing mothers. The writers included personal details regarding their interactions with the mothers at these dinners. The images recorded conjure sympathy for the mothers and show the workers' desire to truly help the mothers and their families.

Accounts of the mothers' conduct at the dinners showed the positive motherly qualities of the women being served at the St. Pancras School. Women were seen giving "the child two or three mouthfuls to her own single one" while there was an "utter absence of complaint" from the mothers who were starving themselves.²³ Through these images, the writers could further dispel the misconceptions of poor women as unfit, non-caring mothers. Rather, they showed readers how much these women wanted to help their children, further emphasizing the need for schools for mothers.

This issue represented a unique situation in infant welfare work. In other cases of "mismanagement", some accounts faulted mothers for not caring enough for their babies. However, in this case, when the mothers, often in desperate poverty, went without food to allow their families to eat, the motive behind going without was taking care of their families. In this way, greater sympathy for the mother emerged, since she was trying to support her family. In order to combat this practice, the mother needed to be empowered to realize her own importance and influence on her family through her individual health. The mother's health dictated the family's health, and this fact meant that efforts needed to be directed at encouraging and educating mothers regarding their own health.

²³ Ibid., 37.

Additionally, the discussion of time spent at dinners at the school further displayed the partnership the voluntary workers wanted to have with the women. The writers discussed how their interactions with the mothers led them to believe that women could learn to be proper mothers “because of her love for her child.”²⁴ While other accounts had cast doubt on poor women’s abilities to be the types of mothers the infant welfare movement wanted to develop, these firsthand accounts from workers who partnered with the women created a distinctly optimistic picture of the women served by the school.²⁵

The implications of “the extraordinary tendency of women to starve themselves” was also discussed in terms of women’s place in British society.²⁶ The following passage from *A School for Mothers* illustrated the broader consequences that the school’s workers saw in this habit:

It all turns on this, that they don’t think enough of themselves. They never treat themselves, either in the home or in public affairs, as of any importance, and consequently no one else thinks them important. One of the first steps needed to effect the political and social emancipation of woman is a crusade on the part of man calling upon her to eat. And there can never be a really strong race of Britons until she does.²⁷

This analysis exemplified the care that the voluntary workers had for the women they served and proved that they did not just solely view them as mothers of babies, but rather as fellow women.²⁸ The importance of mothers caring for themselves extended

²⁴ Ibid., 39.

²⁵ Further discussion of their desires to dispel poor views of the women they served can be found on pages 45-48 in Bunting’s *A School for Mothers*.

²⁶ Ibid., 29.

²⁷ Ibid., 30.

²⁸ For an in-depth discussion of the history and implications of “auto-starvation”, see Ellen Ross’ *Love and Toil*, pages 54-55. This is also vividly recounted in Anna Martin’s *The Mother and Social Reform*, pages 35-36.

past the issue of health and, in these writers' opinions, had great implications for women's place in British society.

These school meals also served as educational opportunities of a more informal, conversational variety. This contributed to the partnership atmosphere the School wanted to create, rather than having an obvious teacher-student relationship. The authors of *A School for Mothers* described their desire to gain the trust of the "dinner women", which ultimately led the women to feel more comfortable sharing their personal stories and situations. When the voluntary workers knew more about the women's home situations, they felt they could better develop services and curricula for the mothers.²⁹ Further, the dinners offered the "greatest opportunities for unobtrusive teaching."³⁰ The recognition of this opportunity further underscored the collaborative atmosphere the voluntary workers of the St. Pancras School for Mothers wanted to develop. The voluntary workers valued this opportunity to better understand their clients and impart helpful knowledge in a non-threatening, low-pressure atmosphere. By inviting in expectant mothers, the School could promote its services and classes for newborns. This tactic was touted by Dr. Sykes as another way to access expectant mothers, while also serving as an important resource for nursing mothers.

Medical reports took notice of the success of these diners for expectant and nursing mothers.³¹ An article in *The British Medical Journal* goes on to explain their view of the added educational benefits involved in this provision of meals. Meals were regarded as "object-lessons in the economic provision and preparation of nourishing

²⁹ Bunting, 37.

³⁰ *Ibid.*, 39.

³¹ "Public Health and Poor Law Medical Services: St. Pancras School for Mothers." *The British Medical Journal* 1, no. 2476 (June 13, 1908): 1462.

food.”³² As the workers of the St. Pancras School for Mothers had also noted, these dinners came to be a time where informal education could be performed and further trust and understanding could be built between the School’s personnel and its clients.

For education to be practiced at its most effective, a sense of trust and understanding must be built between the teachers and the students. The meals for nursing mothers held at schools for mothers across Britain, including the St. Pancras School for Mothers, allowed for a more informal setting where more personal interaction between a school’s personnel and clients could take place. They also allowed for continuity in a student’s attendance at the school. Expectant mothers were encouraged to come for the meals, in addition to classes, and new mothers were invited to take part in dinners while nursing their infants.



Figure 2: Expectant mothers, mothers, and their children eating a meal at the St. Pancras School for Mothers.³³

Women’s Work Outside the Home

In the early stages of the infant welfare movement when the causes of increased infant mortality were investigated, many researchers focused on the new challenges

³² Ibid.

³³ Bunting, 54.

presented as a result of rapid urbanization. According to the influential *Report of the Inter-Departmental Committee on Physical Deterioration* in 1905, the three most “injurious” results of rapid urbanization were: overcrowding, pollution, and the circumstances of employment.³⁴ Certain investigators concerned with infant welfare focused in on the issue of women working outside the home.³⁵ Public opinion often negatively targeted women who worked outside the home, but other studies suggested that the effects of women working outside the home did not have as directly drastic of an effect as many had believed or that with simple regulation of work the health effects could be minimized.³⁶

The influential treatise *Infant Mortality; A Social Problem* discussed the issue of evaluating the impact of women’s work outside the home on infant death rates. As Newman framed the matter, he noted that the issue had been taken up in the middle of the nineteenth century by public health authorities.³⁷ Newman continued by evaluating the slew of health problems that factory work could impose. These circumstances were noted as likely harmful to a developing child.³⁸

A common argument, that refrained from the outright blaming of women for leaving their infants at home. To counter this, some accounts exhorted readers to consider the circumstances in which women had to leave the home to work.³⁹

Investigators, like George Newman, explained that women rarely went to work outside

³⁴ *Report of the Inter-Departmental Committee on Physical Deterioration*, 16.

³⁵ *Ibid.*, 47.

³⁶ Davin, 202.

³⁷ Newman, 91.

³⁸ *Ibid.*, 91-98.

³⁹ Dyhouse, Carol. “Working-Class Mothers and Infant Mortality in England, 1895-1914.” *Journal of Social History* 12, no. 2 (Winter 1978): 255. 27

of the home other than to “gain a necessary livelihood” rather than for “pin-money.”⁴⁰ This sentiment necessarily helped to take blame off of mothers as it became clear that they were working for the betterment of their families, not for their own selfish use. Additional factors in this argument were discussed in Marks’ *Metropolitan Maternity*. She noted the trade-offs between less breast feeding by working mothers paired with more food and other necessities since the mother was earning money by working outside the home. Additionally, she argued that the conditions which led women to work outside the home, such as lack of proper nutrition or shelter, could be a confounding factor in evaluating infant mortality rates in children of working women.⁴¹

After the necessity of women’s work outside the home was established, attention turned to finding ways to minimize the adverse effects on the children and families of women. This was especially the case with restrictions in factory work, though other occupations were also discussed. In most cases, these limits on mothers’ work focused on the time periods immediately before and after giving birth. From the earliest infant mortality conference in 1906, calls to limit women’s work were common in schemes designed to improve infant survival.⁴² The call for reduced work for expectant and new mothers became more possible following the establishment of maternity benefits in conjunction with the National Insurance Act of 1911, though it still proved difficult for mothers to be away from their necessary work outside of the home.⁴³

⁴⁰ Newman, 111.

⁴¹ Marks, Lara V. *Metropolitan Maternity: Maternal and Infant Welfare Services in Early Twentieth Century London*. The Wellcome Institute Series in the History of Medicine. Atlanta, GA: Rodopi, 1996, 106-110.

⁴² *Report on the Proceedings of the National Conference on Infantile Mortality, 1906*, 13.

⁴³ McCleary 137.

Women's work outside the home was not strongly advocated for as it ultimately took women away from their children. However, when the idea of finding ways to improve the lot of working women came to be, this opened the door to further uses for maternal education. By educating women in ways to minimize the adverse effects of factory and other possibly injurious work, infant health could be promoted. Thus, infant welfare educational efforts were once again proving to be in touch with the needs of their clients. While infant welfare would have been optimized if expectant and new mothers were able to fully take time away from work and attend to their health and the well-being of their infants, infant welfare workers realized this was not a practical possibility. As a result, educational programs were developed to teach ways in which infant health could be enhanced while working.

These lessons, like those encouraging mothers to get proper nutrition, revolved around empowering women to realize the importance of their health and well-being as expectant mothers in order to provide for their developing infants. Women were encouraged to "rest when able" but aspects of "proper work" were also discussed.⁴⁴ Mothers were encouraged to work as they felt able to, but to remember that "spare moments, too precious now to waste, should be spent in lying down."⁴⁵ These recommendations show an understanding of the situation these mothers are in, and also shows the mothers that they are able to provide for their infants without causing too much disruption to the rest of their family.

⁴⁴ Bunting, 65.

⁴⁵ Ibid.

Writings regarding the infant welfare movement often describe the experiences of infant welfare work as class-dependent.⁴⁶ With an understanding of the implications of women's work on infant welfare, the reasons for this difference become clearer. Notably, though the voluntary workers were often of a higher social class than the women they served, these workers created educational programs which reflected a desire to understand their clients and work to make the least disruptive progress possible.

Women's Work as Infant Health Educators

While there was a more extensive history of women as health visitors and visiting nurses, the place of women as educators in schools for mothers was a new type of authoritative position. The inclusion, and even recommendation, of women as infant hygiene instructors represents another aspect of how education as part of the schools for mothers proved to be a uniquely collaborative and inclusive part of the infant welfare movement.

Mrs. Kitson Clark was the President of the Leeds Babies' Welcomes Association, one of the foremost groups of its kind in England at this time. Her institution was very well-respected among those working for infant welfare. She acknowledged the difference between her provincial work and the work being done in London, but asserted her belief that the argument regarding the importance of women held true across the kingdom.⁴⁷ She delivered an address entitled "The Work of Voluntary Health

⁴⁶ See Lara Marks' *Metropolitan Maternity* for a detailed break-down of infant mortality rates in socio-economically diverse regions of London.

⁴⁷ *Report on the Proceedings of the English-Speaking Conference on Infant Mortality, 1913*. London: National Association for the Prevention of Infant Mortality and for the Welfare of Infancy, 1913, 107.

Societies in Great Britain” at the 1913 English-Speaking Conference on Infant Mortality in which she explained her views on the unique role of the woman volunteer in infant welfare work.⁴⁸

In this portion of the conference, speeches were being given regarding the relative benefits of government and voluntary work in the case of schools for mothers. She asserted her belief that women would not be any less effective as parts of a government scheme, but strongly argued for the importance of women working in these schools.⁴⁹

Health societies devoted to the care of the mother and infant are those in which the work of the amateur woman is most important. The source of all disease is now traced to the dangers of infancy, ante-natal conditions, and parental irresponsibility. The instinctive love of all women for infants, the sympathy one mother feels for another, make women, amateur and expert, the proper ministers of women and children.⁵⁰

In this speech, the unique role women were able to play in the movement emerged. In keeping with trends in medically-related social work, women were regarded as uniquely able to educate one another due to their common womanly, caring qualities.⁵¹ Women working to educate other women represented an equalizing force that encouraged collaboration in the infant welfare movement.⁵² Mrs. Kitson Clark, as an experienced infant welfare worker, spoke to the successes of this model. This encouragement of women’s work affirmed the grassroots work of voluntary efforts thus far in the movement. The government’s interest in becoming involved with this work,

⁴⁸ Ibid.,103.

⁴⁹ Ibid., 105.

⁵⁰ Ibid., 106.

⁵¹ Walton, Ronald G. *Women in Social Work*. London: Routledge, 1975, 46.

⁵² This collaborative atmosphere was further advocated for in the debate over whether to include infant medical consultations with the schools for mothers that will be further discussed in Chapter 2.

as evidenced by this section of the conference, also served as confirmation of the efficacy of infant welfare education thus far.

Interactions with the Eugenics Movement

Eugenics advocates were not uncommon in early twentieth century British intellectual circles. Calls for improvement of the race had accelerated following the industrialization of Britain and subsequently the crisis of the inadequate physical fitness of Boer War recruits.⁵³ As the infant welfare movement worked to educate expectant mothers in hopes of improving the survival of their offspring, eugenics advocates unsurprisingly expressed their opinions regarding the “laws of nature” governing differential survival of infants. These discussions focused heavily on national benefit and the improvement of the British race for the empire.

Francis Galton is considered to be the founder of British eugenics. Largely inspired by the work of Charles Darwin, Galton theorized heavily regarding the use of eugenics to improve the British race.⁵⁴ Galton, a descendant of an impressive pedigree, was a member of the intellectual aristocracy of nineteenth century England. His elite upbringing, along with Darwin’s theories, led him to advocate for selective reproduction amongst the “fitter” classes. Galton’s form of eugenics was focused on class, rather than race, which distinguished it from other contemporaneous eugenics movements.⁵⁵

⁵³Davin, 14.

⁵⁴MacKenzie, Donald. “Eugenics in Britain.” *Social Studies of Science* 6, no. 3 (September 1976): 505.

⁵⁵ *Ibid.*, 503.

Under Galton's model of eugenics, the Eugenics Education Society was founded in 1907.⁵⁶ This society represented the growing association of the eugenics movement with academia. By 1914, the society had garnered over 1,000 members. This is illustrative of the popularity and relevance of the British eugenics movement in the early twentieth century.⁵⁷

In order to carry out their plan to improve the race, eugenics advocates argued that certain groups of the population should not be allowed to reproduce. While these advocates realized the need for a working-class for the success of industrial Britain, they believed that this group could be improved by eliminating the lowest elements of the working-class, the so-called "residuum."⁵⁸ By removing the "residuum," the Eugenics Education Society and other like-minded individuals argued that the general fitness of the British race would increase. This fitness, in turn, would allow Britain to continue in its place of international power.⁵⁹

Advocates for infant health among the poor, however, had strong arguments to counter these eugenics-driven sentiments. While their opposition argued that they were improving the British race, the infant welfare proponents had worked to promote their own work as a more comprehensive version of the same goal.

At the base of the pro-infant welfare movement was the realization that the birth rate was falling. These rates were illustrated in Newman's *Infant Mortality; A Social Problem*, in the graph included below. The birth rates for England and Wales, as well as

⁵⁶"Eugenics Education Society: Its Origin and Work." *The Eugenics Review* 1, no. 1 (April 1909): 51.

⁵⁷ MacKenzie, 503.

⁵⁸ *Ibid.*, 517.

⁵⁹ *Ibid.*, 518.

London, steadily decreased over the years documented. General death rates also decreased, but infant mortality rates did not decrease by nearly as much as the general death rate.

	ENGLAND AND WALES.			LONDON.		
	Birth Rate per 1,000 of Population.	Death Rate per 1,000 of Population.	Infant Mortality Rate per 1,000 of Population.	Birth Rate per 1,000 of Population.	Death Rate per 1,000 of Population.	Infant Mortality Rate per 1,000 of Population.
1851-60...	34.1	22.2	154 ¹	33.6	23.7 ²	155
1861-70...	35.2	22.5	154	35.4	24.4	162
1871-80...	35.4	21.4	149	35.4	22.5	158
1881-90...	32.5	19.1	142	33.2	20.5	152
1891-1900	29.9	18.2	154	30.2	19.6	160
1901-1905	28.4	16.0	138	28.4	16.5	141

Figure 3: Records of the infant mortality rates for England, Wales, and London from 1851-1905.⁶⁰

Dr. John Ballantyne, was a prominent pediatrician in favor of education, especially for school-age girls, in infant welfare. In his article “Discussion on the Social Aspects of the Falling Birth Rate”, Ballantyne remarked that eugenics could have been accepted “when the births were going up by leaps and bounds...but (is not) justified in attempting to improve the seed when he has to do with a rapidly decreasing herd.”⁶¹ In other words, could they afford to be picky about who reproduced when there were fewer babies being born overall? Rather, Ballantyne urged his readers to, “remember the 358,000 infants of whom the nation is every year being deprived, and let an ever-

⁶⁰ Newman, 3.

⁶¹ Ballantyne, 449.

increasing effort be made to stir up public opinion to the national degeneration now in progress.”⁶²

The National League for Physical Education and Improvement planned a meeting in 1911 that they called the Conference on Health-Promoting Institutions. Discussions of the establishment and running of Schools for Mothers dominated much of the dialogue, and, in the opening address, the Lord Mayor Sir Thomas Crosby discussed the “terrible law of natural selection.”⁶³ He acknowledged that it was, in fact, the less physically fit who were dying. This did not, however, represent an entirely natural phenomenon in his opinion. Rather, he argued that in this “new phase of humanity” there were new challenges and vices opposing an infant’s ability to thrive.⁶⁴ In doing so, he effectively countered the argument that the loss of infant life was somehow what nature intended. Rather, this position allowed for the intervention of the infant welfare movement. In order to save the babies being lost to these new vices, something had to be done about the vices. This was a niche where the infant welfare movement’s educative efforts could fit.

In both Ballantyne’s article and the Lord Mayor’s address, evidence of the conservative nature of infant welfare work emerged. Ballantyne lamented the ways in which the “marriage tie is being attacked” and the “disappearance of the family as the binding force holding society together.”⁶⁵ He pointed to both of these as reasons for the falling birth rate. By connecting divergence from tradition to the falling birth rate,

⁶² *Ibid.*, 452.

⁶³ *Report of the Proceedings of the Fifth Annual General Meeting of the League and of Its First Conference of Health-Promoting Institutions*. London: P.S. King & Son, Orchard House, 1911, 7.

⁶⁴ *Ibid.*, 8.

⁶⁵ Ballantyne, 449.

Ballantyne further accentuated the unnatural nature of the state of the British race. Similarly, the Lord Mayor referred to his belief that natural selection was, in fact, unnatural due to the new hindrances in urban, modern life.⁶⁶

While many prominent eugenic advocates did not approve of the ways that the infant welfare movement advocated for procreation among the “unfit”, Dr. C. W. Saleeby defended a unique position. Dr. Saleeby was a prominent figure in the infant welfare movement, delivering addresses at both the 1908 and 1914 National Conferences on Infant Mortality.

Dr. Saleeby’s keynote address at the 1908 Conference was entitled “The Human Mother.” In this speech, he argued the incredible importance of educating the mother in order to better the life of the infant. He urged his audience that:

We must remember the cardinal peculiarity of human motherhood, its dependence...upon education of the human mother...since she relies upon intelligence alone, which is only a potentiality and a possibility until it be educated.⁶⁷

He goes on to urge his audience of infant welfare advocates to consider the supreme importance of schools for mothers over the infant milk depots and other aspects of infant welfare work.⁶⁸ This strong endorsement of the importance of education in the infant welfare movement underscores his belief, even as a eugenics advocate, in the promise of each and every child through the potential of each and every mother. He argued that all mothers need instruction, and, in this way, all mothers can be helped. This was not an elitist rhetoric, but rather it was an equalizing rhetoric.

⁶⁶ The National League for Physical Education and Improvement, *Conference of Health-Promoting Institutions*, 8.

⁶⁷ *Report on the Proceedings of the National Conference on Infantile Mortality, 1908*. Westminster: P.S. King & Son, Orchard House, 1908, 32.

⁶⁸ *Ibid.*

At the 1914 National Conference on Infant Mortality, a special section was devoted to a discussion of eugenics, indicating the continued dialogue between the two movements. Dr. Saleeby delivered an address entitled “The Nurture of the Race.” He stated his purpose as “to define the biological principles of the care of the motherhood and infancy, and their relation to the problems of eugenics and the future of the race.”⁶⁹ Inherently in this statement, Saleeby, a representative of the eugenics movement, acknowledged the positive connection that could exist between the ideals of the two groups.

Saleeby goes on to describe the theorists who asserted their beliefs that the infants who perished represented a cross-section of babies who should not have lived, or were “better off dead.”⁷⁰ This portion of the eugenics movement argued that the infant death rate should then be falling, since the least fit were not surviving to the next generation. Saleeby goes on to show that that has not been the case, citing a study from 1912 that showed that infant mortality had been rising steadily in England and Wales.⁷¹ To further counter the “better off dead” faction, Saleeby noted that natural selection “*slays or spares*” while the phenomena involved in the high rates of infant mortality “*slay and spoil*.”⁷² Saleeby explained that the conditions leading to infant death, no matter how natural or unnatural, were not just “slaying” or “sparing.” Rather, those infants who did survive were also adversely impacted. This distinction again allowed a niche for education. The circumstances that led to infant death were also leading to a

⁶⁹ *Report on the Proceedings of a National Conference on Infant Mortality, 1914*. London: National Association for the Prevention of Infant Mortality and for the Welfare of Infancy, 1914, 140.

⁷⁰ *Ibid.*

⁷¹ *Ibid.*

⁷² *Ibid.*,142.

decrease in the health of the infants who did survive. If these circumstances could be ameliorated, there could be a decrease in infant death and a concurrent increase in infant health. This sort of work fit with Saleeby's conclusion that "the nurture of infancy is also the nurture of the race."⁷³ While Saleeby was involved in the eugenics movement, he believed that "true eugenics...lays the foundation of many generations", rather than opposing "all measures of social reform" which might lead to improved survival of children of the poorer classes.⁷⁴

In these ways, the collaborative, comprehensive nature of the educative efforts in the infant welfare movement is underscored. Their work focused on educating and empowering the lowest classes of the British poor, those who would have been considered part of the "residuum." In their efforts, however, they recognized and worked with the reality that the "residuum" needed to be empowered with knowledge for the betterment of their offspring and the future of the British race. The President of the 1913 Conference on Infantile Mortality, John Burns, used a similar argument when he discussed the successes of infant welfare work up to that time. He remarked that he was "solidly convinced that the lives saved by the lower death-rates means a lower damage rate...and stronger and longer lives for all."⁷⁵

As a part of advocating for the importance of prenatal education for mothers, the importance of each and every baby's life needed to be established. Through interactions with the eugenics movement, the ways in which infant health advocates argued for the importance of each baby can be elucidated.

⁷³ Ibid., 146.

⁷⁴ Ibid.

⁷⁵ *Report on the Proceedings of the English-Speaking Conference on Infant Mortality, 1913*, 37.

Conclusions

As biological and social studies had come to show, the prevention of infant mortality needed to begin with proper care of expectant mothers, and women in general. One of the first tasks of the infant welfare movement, then, was accessing expectant mothers. Next, these mothers needed to be convinced of the importance of their own health. Education in the infant welfare movement, then, took on an empowering role as voluntary workers and medical professionals alike worked to convince women to take care of themselves, as a part of their desire to care for their families. The unique atmosphere of the schools for mothers allowed for an increased level of understanding and trust between the voluntary workers and their clients, thus increasing the responsiveness of infant welfare education and allowing a greater opportunity for progress in infant welfare.



Figure 4: The entrance to the St. Pancras School for Mothers in 1906 (above). The same address photographed in August 2013 (below).¹



¹ Bunting, 30.
Author's own.

CHAPTER TWO: Education in Infant Care

While medical professionals and charity workers optimally wanted to reach mothers before they gave birth, this was often not an easy task. After the birth of a child, however, education in proper infant hygiene was crucial for the baby's survival. The postpartum period, then, was a vital time to reach mothers.

The push for infant welfare was not a homogenous movement and neither were the efforts to educate mothers about proper care for their newborns. Both charitable organizations and medical professionals, though, could agree upon the utility of education in reaching the end goal of improved infant health and survival. The educative efforts directed at women came in many forms, but, in large part, they worked to empower mothers. Educating these new mothers in infant hygiene required a partnership between the workers of the movement and the women they served. The workers needed a willingness to understand and work from the conditions these mothers were experiencing.

Recognizing the Need

The grisly fact of infants dying before their time is an appeal to action that no one can resist, but the condition of their dying evokes more pity and sympathy than the death itself.¹

As Rt. Hon. John Burns opened the 1906 Conference on Infantile Mortality, he explained the sentiments behind the founding of this conference: a genuine desire to

¹ *Report on the Proceedings of the National Conference on Infantile Mortality, 1906*, 11.

ameliorate infant suffering and illness. Prior to this conference, the infant welfare movement was a largely piecemeal effort lacking any considerable cooperation between groups and efforts.² The 1906 Conference, modeled on a similar conference held in 1905 in Paris, aimed to create the same “vigour” with which the French were confronting the problem of infant mortality.³ In order to create a cohesive movement, conference organizers recognized that the public needed to be made aware of the problem of excessive infant mortality.⁴ After bringing greater public awareness to the issue, they believed that the more “obvious” causes could be ameliorated.⁵ Additionally, Burns encourages his audience to consider how material progress reflects national progress if it is at the expense of the nation’s children.⁶ In this way, he reminds his audience that while Britain may have been financially progressing and prospering, there were other measures of national prosperity that needed to be considered. Echoing Newman’s sentiments in Infant Mortality: A Social Problem, Burns called for his audience to realize the measures that could be taken to improve the lot of Britain’s youngest children.

Chapter One established the importance of the physical health of the expectant mother, but the results of several studies showed that there were differences in antenatal survival among infants of differing familial situations. Illegitimate children were noted as having markedly lower levels of infant survival, both in London and in rural

² McCleary, vii.

³ *Report on the Proceedings of the National Conference on Infantile Mortality, 1906*, iii.

⁴ All 3,000 copies of the first edition of the printed conference proceedings sold out, necessitating the printing of this second edition. In other words, the conference was effective in making the public aware of the problem.

⁵ *Report on the Proceedings of the National Conference on Infantile Mortality, 1906*, iii.

⁶ *Ibid.*, 13.

areas, according to Newman's studies.⁷ Newman concluded that "there is here something in operation outside the laws of nature."⁸ Inherently, this fact illustrated that there was something beyond the health of the expectant mother affecting differential survival rates. Rather, there were differences in the care that illegitimate infants received.

Similarly, the Inter-Departmental Committee on Physical Deterioration recognized in their 1905 report that "the mortality among illegitimate children is enormously greater than among children born in wedlock."⁹ This discussion flowed into a recognition that infant "mismanagement" was not a problem reserved to the lower classes or illegitimate children. The report acknowledged accounts of wealthy mothers exposing "imperfectly-clad children" as an example of the ease with which infant mismanagement can occur.¹⁰ In this way, the blame does not rest just with the lower classes, but rather with mothers who have not been fully educated in the proper care of infants. The report goes on to discuss that the "real remedy is to be sought in that social education" regarding proper infant care.¹¹ This education could be for all mothers and help to avoid both small and grave cases of infant mismanagement.

While these reports established the need for intervention in the realm of proper infant care, further doubts remained to be dispelled in convincing public health and medical professionals of the possibilities education presented. Notably, the

⁷ Newman, 16-17.

⁸ *Ibid.*, 18.

⁹ *Report of the Inter-Departmental Committee on Physical Deterioration*, 44.

¹⁰ *Ibid.*, 45.

¹¹ *Ibid.*, 53.

discrimination against poor women and the residual question of their true feelings towards their children needed to be addressed.

Mistrust among the classes in Britain has a long history in Britain. In the case of infant welfare, this mistrust manifested in the upper classes being especially concerned with the possibility of poorer families purposefully not taking care of their infants in order to collect life insurance payments.¹² Authors of poverty surveys had a similar goal to those promoting infant welfare work: exposing the lives of the poor in order to bring awareness and, hopefully, change. These views were evident in the discussion of meals for nursing mothers, as discussed in Chapter One, and were also found in discussions of children's funerals. *Round About a Pound a Week* included a particularly heart-wrenching account of the circumstances surrounding the death of children. Specifically, Pember Reeves told of the ways that communities came together to support the family of the deceased. Even the most desperately poor families wanted to be able to provide a proper burial to honor their loved ones. As a result, families went to great lengths to pay for these funerals:

Funerals are not run on credit; but the neighbors, who may be absolute strangers, will contribute rather than suffer the degradation to pauperism of one of themselves. For months afterwards the mother and remaining children will eat less in order to pay back the money borrowed. The father of the family cannot eat less. He is already eating as little as will enable him to earn the family wage.¹³

Through this account and others like it, the stories of the poor purposefully mistreating their infants in order to reap the insurance benefits became less credible.

¹² For more on the history of this concern, see *Writing British Infanticide: Child-Murder, Gender, and Print, 1722-1859*, edited by: Jennifer Thorn.

¹³Pember Reeves, Maud. *Round About a Pound a Week*. Second Edition. London: G. Bell and Sons, LTD., 1914, 68.

By fostering a kinder view of the poor, efforts to support these individuals had greater potential. Education could dispel ignorance in infant health matters, especially after malicious intent had been discounted.

This concern, along with others, added an additional step to garnering support for infant welfare work. Infant welfare advocates needed to convince their sponsors that parents *wanted* to work for the health of their child before education could be considered worthwhile.

Further, medical professionals strove to convince their colleagues that poor women could, in fact, be successfully educated to care for their infants properly. In *Children in Health and Disease*, Dr. David Forsyth asserted his belief that suitable, hygienic care of infants was not beyond almost any woman:

One of the most mournful reflections on these lamentable conditions is that they could be improved and their results prevented by methods which are of the simplest nature. The requirements of an infant are so primitive, that, were they fully appreciated, almost every mother, no matter how poor, might have at her disposal the means of satisfying them, and no matter how unintelligent, might know how to meet them.¹⁴

While this passage was decidedly degrading to some women, it did underscore his strong opinion on the utility of educating women in infant hygiene practices. His bold statements certainly favored the establishment of education for new mothers.

As the work of the infant welfare movement progressed, medical professionals lauded the benefits of education regarding infant management and continued to call for support for these efforts. In the *British Medical Journal*, Dr. Harold Kerr, a long-time public health advocate and then-Medical Officer of Health for Newcastle-on-Tyne, wrote

¹⁴ Forsyth, 249.

regarding the successes and outlooks for education in the realm of infant welfare.^{15,16} To begin, he strongly asserted his belief that health education was:

...in no other section of our work more necessary than in that which relates to the preservation of infant life, and in none other is time and trouble, spent in the education of others, more productive of good results.¹⁷

As a Medical Officer of Health, Kerr was responsible for public health efforts in his district. This unwavering endorsement of education in preserving infant health shows a significant appreciation for the work of the infant welfare movement. Notably, when this article was published in 1910, Kerr felt confident to report on the efficacy and worthwhile nature of education in infant health matters. This confirmation of the infant welfare movement's educative work showed the successes thus far and the continued dedication of prominent members of the public health community to promoting education on these topics.

Topics and Methods of Instruction

At the 1906 National Conference on Infantile Mortality, several speeches were devoted to discussing which topics of infant care should be taught and emphasized in the efforts of the infant welfare movement. Additionally, the method of information delivery differed between speeches.

The connection between the health of the mother and her infant was emphasized by both the medical and charitable workers, in somewhat differing manners. The dependence of infant health, even postpartum, on the mother was

¹⁵“Obituary: Harold Kerr, O.B.E., M.D.Ed., D.P.H. Camb.” *The British Medical Journal* 2, no. 3753 (December 10, 1932): 1082–83.

¹⁶ Kerr, M.D., Harold. “Modern Educative Methods for the Prevention of Infantile Mortality.” *Public Health* 23 (January 1910):134.

¹⁷ *Ibid.*, 129.

strongly promoted. In turn, topics of education were not only about infant hygiene, but also maternal hygiene. This notion furthered the impact that infant welfare work had on women, in addition to their children. As the founders of the St. Pancras School for Mothers explained, “agencies revolve for the protection and preservation of the health of both mother and child, for these two are one flesh more truly even than husband and wife.”¹⁸ Mothers needed to be cared for in order for them to properly care for their infants. Thus, the mother’s well-being was inextricable from the ultimate goal of infant health.

One of the most tangible connections between mothers’ and infants’ health was through breast-feeding. Both medical professionals and the charitable workers of the infant welfare movement emphasized the importance of proper techniques and duration. Special emphasis was also placed on the dangers associated with artificial feeding.¹⁹

Dr. John F. J. Sykes, the medical officer of health associated with the St. Pancras School for Mothers, addressed the 1906 conference regarding “The Teaching of the Hygiene of the Expectant and Suckling Mother.” In this speech, he explained the importance of not hand-feeding sucklings and gave four main causes which resulted in premature weaning. The four reasons he outlined were:

- (1) Purposeful weaning to avoid the irksomeness of suckling, this is mainly confined to the leisured class;
- (2) incidental weaning through insufficient knowledge, this is common amongst the working classes as are the following;
- (3) lowered health or vigour of the mother and incomplete hygiene, including improper and sufficient food; and
- (4) more

¹⁸ Bunting, 9.

¹⁹ For background on breast-feeding and the debates surrounding it, see: *Breasts, Bottles and Babies* by: Valerie Fildes.

serious ill-health due to various causes some of which are also preventable.²⁰

Reason (2) was a recognized as a target for postpartum education. This lack of knowledge could be remedied.

In order to combat this problem of a void of information, the medical community centered efforts on creating informational literature that could be distributed to women through local public health councils. A card was created by the St. Pancras Borough Council which provided information regarding proper breast-feeding techniques. These recommendations were technical in nature and concluded with “when in doubt as to her health or habits a mother should not hesitate to seek medical advice at once.”²¹

The advice card also discussed the proper timing of breast-feeding and weaning. With strong language emphasizing the dangers to the baby of early weaning, this pamphlet was unequivocal in its recommendation for breast-feeding. Additionally, government-issued pamphlets strongly warned against hand-feeding in place of breast-feeding. This was seen as another consequence of early weaning due to lack of legitimate hygienic information. In this case, though, their efforts focused on disproving information regarding patent foods, or specially manufactured infant food.²²

Sykes’ given reasons (1) and (2) emphasized an understanding among infant health workers of the impact that lifestyle had on a woman’s ability to care for her infant and, specifically, her breast-feeding habits. In this case, criticism was placed on the “leisured class” for simply not *wanting* to continue breast-feeding, rather than not

²⁰ *Report on the Proceedings of the National Conference on Infantile Mortality, 1906*, 165.

²¹ *Ibid.*, 171.

²² The National League for Physical Education and Improvement, *Conference of Health-Promoting Institutions*, 17.

knowing the importance of the practice as Sykes stated regarding the poorer classes. When Sykes expressed this difference, the value of education was further confirmed. He showed the poor's lack of knowledge as a problem with a logical solution, rather than the abstract matter of changing the attitudes of the rich who already knew of the importance of breast-feeding.

In sum, breast-feeding advice from the medical community took on a strong and occasionally almost harsh tone as it instructed women on the necessity of breast-feeding. However, the language of these calls for education indicated their determination to educate mothers about ways they could help their infants, which marked another instance of empowerment through education. This emphasis was confirmed in advice given by charitable workers, though the exact tactics differed.

In the 1906 book *A School for Mothers*, the language regarding breast-feeding was more focused on ways to make the process easier for the mother. Though they sacrificed no clarity in their emphasis on breast-feeding, the authors showed their understanding of the difficulties surrounding breast-feeding, above just a lack of knowledge. This was especially evident as the topic of nutritious meals for mothers was discussed. The authors, who worked in the School, noted that the women "seem to be increasingly losing the power of nursing their children."²³

The loss of ability to nurse had known causes, one of which was maternal malnutrition. While this could have been phrased as a fault of the mother, the discussion of this problem took on a decidedly compassionate tone towards the malnourished mothers. In the text, the workers from the school described instances of

²³Bunting, 33.

“persuading the most deserving mothers” to come to eat at one of the dinners put on by the school.²⁴ Some mothers were reluctant, though. They said it did not feel right to eat a full meal while their other family members could be going hungry at home. In order to combat this problem, the workers of the School recognized the need to get to know their clients in order to properly educate them about a matter that took on such a personal nature.

Upon gaining this trust and convincing women to attend these nutritious dinners, workers found that these dinners could be a very effective time for “unobtrusive teaching” where women “may unknowingly breathe in more than they consciously learn.”²⁵ In this way, the School for Mothers emphasized collaborative efforts. Rather than talking down to the mothers, *A School for Mothers* suggests that the workers at the School were trained to ingratiate themselves with the clients and become partners in their learning and health. The meals at the school were considered useful in making a prenatal connection, as explained in Chapter one, and they were also helpful in allowing for healthy breast-feeding.

Medical professionals, such as Dr. Sykes, emphasized the importance of women being informed regarding proper breast-feeding techniques, as did the charitable workers involved with the St. Pancras School for Mothers. The women who wrote *A School for Mothers*, though, wrote about education in a more understanding, connected manner. Further, they emphasized suckling and meals for mothers as an opportunity to connect directly with clients while educating them. Both approaches showed the importance and possibilities of education in the realm of breast-feeding, but their

²⁴ Ibid., 36.

²⁵ Ibid., 39.

relationships with the individual mothers differed at this stage in the infant welfare movement. The connection forged in the School for Mothers proved significant, and later efforts would show their appreciation for this relationship.

The unique connection created in the St. Pancras School for Mothers was emphasized in later works, especially in the 1911 Conference of Health-Promoting Institutions. This conference was held with the support of the National League for Physical Education and Improvement. Many of the institutions with representatives in attendance worked in the realm of infant health, and several were other schools for mothers.²⁶

Lady Meyer, then Vice-President of the St. Pancras School for Mothers, described their philosophy of "encouraging" proper infant care, especially natural feeding. Further, she explained the "combination of municipal and philanthropic work" that they supported in order to best serve the mothers of their district.²⁷ Meyer chose to emphasize the "encouragement" that they provided, which further underscored the importance of personal relationships and positive partnerships that this and many other schools for mothers wanted to foster. Dr. Sykes also spoke at this conference and lauded the work of the women in the St. Pancras School for Mothers. He spoke of the successes of the education of mothers thus far and explained his desire for this education to continue as children grew older. He wanted these efforts to "never lose grasp of the principle that the mother must not be left out of the co-operation."²⁸

Through this statement, he directly confirmed his appreciation of the dynamic that the

²⁶ The National League for Physical Education and Improvement, *Conference of Health-Promoting Institutions*, 4.

²⁷ *Ibid.*, 17-18.

²⁸ *Ibid.*, 27.

women of the St. Pancras School for Mothers had created. While the goal of their work was ultimately infant protection, the focus on the mother was recognized as integral to the end goal. This required a partnership with mothers like the ones fostered at schools for mothers.

In the established infant welfare efforts of 1906, there were apparent differences in philosophies of education between the government institutions and charitable efforts. The 1914 Conference on Infantile Mortality shows a lessening of differences and further confirmation of the work of schools for mothers.

Explicitly, medical and governmental officials praised the educational work of the schools for mothers and infant consultation centers. While the end goal of both government and charitable infant welfare work was the same - decreasing infant mortality rates- there was a significant difference in methods of education earlier in the infant welfare movement. Specifically, the actual contact with mothers differed. Following years of observation, an appreciation for the charitable organizations' methods of infant welfare work emerged.

The strong endorsement was evident in Rt. Hon. J. Herbert Lewis' Presidential Address to the 1914 conference. He begins by stating that "The conference appeared to be of one mind with respect to the educational value of infant consultations and schools for mothers"²⁹. With a diverse group of attendees from across Britain, it was certainly notable to have the conference be in such agreement.

Specifically, Lewis discussed how "Often it is found good that the public health officials should themselves take an active part in the work of voluntary societies, and

²⁹*Report on the Proceedings of a National Conference on Infant Mortality, 1914, 6.*

thus get into close touch from the inside.”³⁰ This contrasts starkly with the previously detached methods of informational pamphlets. Further, as Lewis concluded his address, he spoke about looking towards the future. He asserted that the best method of improving infant welfare work would be by “coming into more intimate contact with the domestic life of the people.”³¹

These two quotes showed the appreciation for the work of the voluntary societies in the infant welfare movement. Specifically, it endorsed the work of women as contributors to the health of other women and children. While the informational content was certainly important, these endorsements showed that the method of delivery of content also held significance. This confirmation of the methodology of the schools for mothers also manifested itself in municipal support for these schools which will be discussed later in this work.

Other topics of instruction included: cooking nutritious meals, proper bottle feeding techniques, and the proper dressing and cleansing of infants. These topics did not hold the same gravity with respect to infant mortality as breast-feeding did, however, and thus were referred to less frequently in discussions of infant welfare. The discussion of breast-feeding was particularly important to this study as it was so intimately related to the health of both the mother and the infant, thus emphasizing the benefits of infant welfare education for women.

Location of Instruction

Outside of the hospital or doctor’s office setting, instruction in postpartum infant care took place through two main avenues. Health visitors going from home to home

³⁰ Ibid., 22.

³¹ Ibid.

was one method. The second avenue was through local schools for mothers and infant consultation centers, which have been the focus of this discussion.

Health visitors had a more extended history in Britain than the schools for mothers did. Like schools for mothers, health visiting grew out of charitable efforts, and thus experienced some of the same complications of combining voluntary work with municipal action.

The Manchester and Salford Sanitary Ladies Sanitary Reform Association was established in 1862 as a public health society affiliated with the Manchester and Salford Sanitary Association which had been established in 1852.³² Their stated purpose, which echoed that of many health societies established in 19th Century Britain, was to improve the lot of the poor, both in sanitation and in morals.³³

In pursuit of their sanitary goals, the Association began distributing pamphlets which were intended to educate the poor in manners of health and hygiene. These efforts expanded to the hiring of women as health visitors who went into the homes of the poor to teach about matters of health and cleanliness.³⁴ These ideas and methods were taken up by similar health societies across Britain.³⁵ The work of improving health and hygiene of individuals was mostly left to the voluntary sector, while the British government made some large-scale policy efforts in public health matters.³⁶

³² Dwork, 125.

³³ Alison E. While. "The Early History of Health Visiting: A Review of the Role of Central Government (1830-1914)." *Child: Care, Health, and Development* 13 (1987): 128.

³⁴ Dwork, 125.

³⁵ Davies, Celia. "The Health Visitor as Mother's Friend: A Woman's Place in Public Health, 1900-14." *Social History of Medicine* 1, no. 1 (1988): 44.

³⁶ While, 128.

Within these health visiting schemes, mothers and infants soon became a priority in conjunction with the growing concerns about the well-being of Britain's young.³⁷

Women were often at the helm of these voluntary societies, and as a result, women often carried out the voluntary work of health visiting. As this work became more standardized and regulated, questions about women's specific roles emerged. Women were valued as health visitors for their ability to connect with their clients, but this was also a source of criticism. For example, health visitors were often assigned to homes which were of a class similar to their own, if possible, in order to have them relate more to their clients and more quickly gain their trust.³⁸ However, this added effort put forth to connect with their clients was not always valued. Rather, some male health visitors criticized their female counterparts for exerting too much effort to become friends with the women she was visiting.³⁹ This matter came into further question as the professional status of health visiting was debated, especially in relation to nursing and midwifery which had both recently undergone professionalization and legislation.⁴⁰

Taken together, these debates within health visiting revealed a necessity which was lacking in the teaching of health and sanitary practice, especially with regards to women and their infants. The voluntary workers of the St. Pancras School for Mothers reflected on their role in relation to health visiting and medical treatment in *A School for*

³⁷ Peckover, Sue. "From 'Public Health' to 'Safeguarding Children': British Health Visiting in Policy, Practice and Research." *Children & Society* 27 (2013): 117.

³⁸ Davies, 44.

³⁹ *Ibid.*, 55.

⁴⁰ Peckover, 118.

For more on the effects of professionalization within the infant welfare movement, see: Kerl, "Profession, Gender, and Class in Britain's Infant Welfare Movement, 1890-1935."

Mothers. Within this reflection, unique aspects of education through schools for mothers emerged:

Previous to the opening of the “School for Mothers” the health visitors were constantly confronted with a difficulty which greatly impeded their efforts, viz., they referred the mother to the doctor, but the doctor referred her back again, saying that she had been advised medically, but that it was not medicine, so much as nourishing food that she was needing to enable her to continue naturally-feeding her baby. And it is in these cases where food as a “medical” necessity has been prescribed for the nursing or expectant mother ... that the cheap dinners of nutritious food procurable at “the school” have become such a boon.⁴¹

In this passage, the workers of the St. Pancras School for Mothers explained their understanding of their niche in infant welfare work. While the health visitors and doctors each had a role, there was still something they could not provide. The availability of food for mothers at a location outside the home allowed for an additional element of surveillance and assistance for women and their children. By pairing the provision of critical nourishing food with the availability of education, the incentive to attend the schools for mothers were increased and the possible impact of these centers was also increased.

Additionally, the authors of *A School for Mothers* discussed their work as a continuation of the work of health visiting which was limited by municipal logistics:

For example, in the course of their visits in the homes, when a mother has said that she “does not think her milk is satisfying her baby,” the visitors often used to feel the need, before the weighing the consultation afternoons were established at the “School,” of a place where the little one might be undressed and weighed regularly once a week or once a fortnight, and its gain or loss of weight determined.⁴²

⁴¹ Bunting, 73.

⁴² *Ibid.*, 74.

This passage demonstrated the need for the capital resources of the school, in addition to the human resources. The work of the school for mothers was to be a direct extension of the work performed by municipal health visitors. This collaboration between the voluntary efforts at schools for mothers and the municipal health visitors of the St. Pancras region echoed the collaborative nature of the schools for mothers themselves.

This collaborative nature, which was not present in house-to-house visiting, was further underscored in another anecdote from *A School for Mothers*. In this case, the authors recounted an occasion where a woman approached them about wanting to offer a baby clothes making class at the school. They explained that she came into the weighings and gathered interested mothers for her class. In the class, she taught them to knit and the authors went on to describe the class where “some ladies come to sing or recite while the knitting goes on. It is the most sociable afternoon of the week. There was no prettier sight to be seen than the mothers grouped round in a circle.”⁴³ This story illustrated another unique aspect of the schools for mothers. To begin, they drew on the expertise of women as teachers for other women. While this pairing existed in health visiting, the effect was magnified in the schools for mothers as more than one mother could be taught at a time. In addition, the school provided an opportunity for the mothers themselves to learn from one another. This contact among the mothers themselves further increased the possibilities

⁴³ Ibid., 58.

for learning and collaboration. Rather than having instruction in insolated homes, the mothers could learn both from their teachers and from each other.

Additionally, the schools for mothers provided a location where resources for infant welfare could be utilized by multiple mothers at once. The availability of health visitors to go to each mother individually with adequate frequency was not sufficient.⁴⁴ The school for mothers, though, provided a unique blend of resources with greater accessibility and capacity.

At the 1911 Conference of Health-Promoting Institutions, confirmation of collaboration was shown from the side of the mothers being served. Mrs. Hope Gordon served as headmistress of a school for mothers in Glasgow and was attending the conference on behalf of this institution. In response to a lecture discussing course offerings at schools for mothers, she noted an additional positive of the school for mothers. She discussed her desire to actively promote a community among the mothers and expressed her excitement in seeing the mothers work together for each other's benefit. Specifically, she discussed how when it was noticed that "one mother could not pay" for a meal at the school "another would slip a penny in her hand, expecting the same good turn would be done to herself on a future occasion."⁴⁵ To Mrs. Hope Gordon, this showed the success of the community she wanted to foster. Motherhood had come out of isolation and, consequently, a network of mothers had been formed.

⁴⁴ Ibid, 79.

⁴⁵ The National League for Physical Education and Improvement, *Conference of Health-Promoting Institutions*, 34.

One further connection between health visiting and schools for mothers came in determining the topics of instruction at the schools. At the St. Pancras School for Mothers, and at other schools, lady healthy visitors often were involved in the work of the local school. These women were well-aware of the conditions in the local homes, and, in this way, they were the most qualified to write the syllabi for the school's lessons. For example, one health visitor wrote the syllabus for a sewing class "from her experience of what is most needed" which she determined from visiting homes in the district.⁴⁶ This ability to control the subjects taught in the school for mothers represented another facet of the collaborative and responsive nature of education within the schools for mothers. The curriculum represented a direct reflection of the needs seen in homes, and this was education was distributed to mothers on a larger scale than health visiting could have accomplished. The workers of the St. Pancras School for Mothers strove to tailor their school to the needs of the mothers in their district.

Limits of Instruction

While schools for mothers were ultimately centers focused on promoting health among mothers and their infants, a large debate existed over whether medical treatment should be provided in the schools themselves. While some infant examinations took place and weighing stations were common, the actual provision of medical treatment was not considered proper in the schools for mothers. This was a

⁴⁶ Ibid., 60.

conclusion reached through much debate, but it ultimately reinforced the purposes of education in the infant welfare movement.

The relationship between schools for mothers and medical treatment was especially discussed at conferences of the National League for Physical Education and Improvement. At the 1912 conference, the positive aspects of collaboration and complementation were discussed. Specifically, the advice publications distributed by schools for mothers and other associations in the NLPEI had been recently revised by a panel of medical professionals in order to reflect the most recent developments in manners like infant feeding and proper nourishment for expectant mothers.⁴⁷ In this case, the works of the two parties was complementary. The medical knowledge enhanced services that the schools for mothers could provide, while still allowing the schools to retain the unique communal atmosphere they fostered, rather than entering the differing power-dynamic of a doctor's office or hospital.

In the final recommendations of the 1914 Conference of the NLPEI, the explicit separation of medical treatment from schools for mothers was recommended as the work of the schools was "mainly educative and preventive." This recommendation further touted the atmosphere created at these schools and considered keeping the realms separate beneficial.⁴⁸ This explicit instance of commendation of schools for mothers by a conglomerate body of institutions working for infant welfare further underscored the unique atmosphere that schools for mothers could foster. Rather than

⁴⁷*Seventh Annual Report, 1912*. London: The National League for Physical Education and Improvement, 1912, 21.

⁴⁸*Ninth Annual Report, 1914*. London: The National League for Physical Education and Improvement, 1914, 16.

needing to bring in the realm of medical treatment, the “educative and preventive” work of the schools for mothers was considered valuable enough on its own.

National Cohesion and Government Involvement

By the 1914 National Conference on Infantile Mortality, many of the institutions and efforts of the infant welfare movement had been established for several years. In the opening address of the conference, the Right Honorable J. Herbert Lewis lauds the successes of infant welfare work thus far reminding the attendees of the “significant (number) of human lives saved...or better health secured for the future.”⁴⁹ He further explained that “The Conference appeared to be of one mind with respect to the educational value of infant consultations and schools for mothers, so that is all the more to be regretted that these useful institutions at present only supervise the health of a small portion of the nation’s infants.”⁵⁰ Here, Lewis endorsed the educational role of charitable efforts but also recognized their shortcomings. As voluntary undertakings, there could not be the same degree of comprehensiveness that a government program would have.

Similarly, the conclusions of the conference made strong recommendations on the importance of bringing this work into the government’s realm. It was stated that “All motherhood must be regarded as a first charge on the resources of the nation”, further, they continued to put the spending in perspective by saying a year’s worth of education amounted to “less than half the cost of a Dreadnought”, further noting that education would foster mothers “from which spring the workers to build and the sailors

⁴⁹ *Report on the Proceedings of a National Conference on Infant Mortality, 1914*, 7.

⁵⁰ *Ibid.*, 6.

to man our dreadnought.”⁵¹ Further, the recommendations stated the need for “a single Government authority to look after maternity, and this must be the public health department.”⁵²

Taken together, these statements showed the effectiveness of the infant welfare work so far. They also emphasized, though, the need for a cohesive, government-run system of maternal education. While this spoke well of the charitable efforts, it also showed that the problem of infant mortality was still present and worthy of national attention.

Conclusions

Over the course of the first four Conferences on Infantile Mortality, the interactions of government, medical, and charitable infant welfare work show a series of conflicts within the greater movement to curb infant mortality in Britain. The medical community grew to appreciate charitable efforts and the personal connections they created, but they also realized that more standardized, widespread initiatives were what would truly bring about meaningful change in infant mortality rates. With more cohesion of ideals of education in combating infant mortality, future efforts could be more targeted and elicit greater success.

⁵¹ Ibid., 146.

⁵² Ibid.

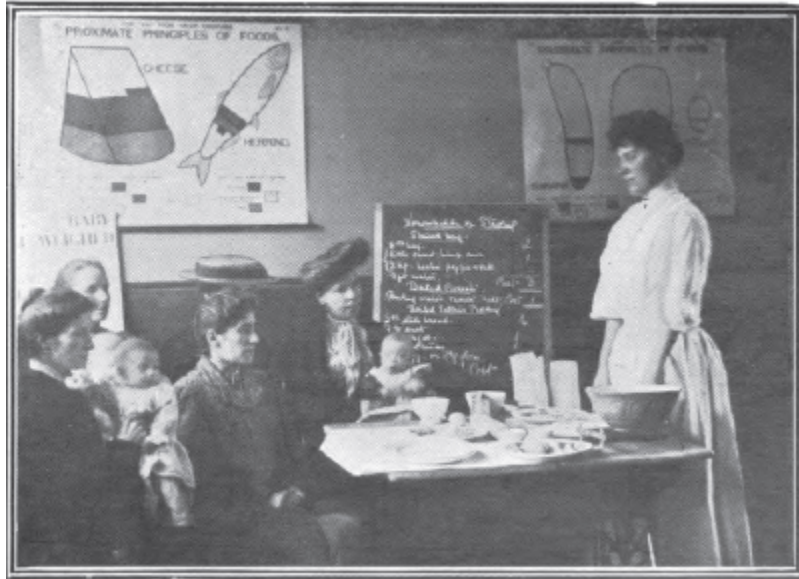


Figure 5: A lesson in nutrition at the St. Pancras School for Mothers.¹

¹ Bunting, 90.

CHAPTER THREE: Further Educational Outreach

In the quest to combat infant mortality, the various facets of the infant welfare movement came to realize that the scope of education needed to reach farther than solely pregnant or recently postpartum women. These outreach efforts were directed at multiple parties. The most significant of these efforts focused on educating three specific groups: fathers, school-age girls, and the greater British public.

These efforts are in keeping with the view of infant mortality as a social problem, propagated by Sir George Newman in his influential 1906 book. As the work of the IWM progressed, the expanding outreach efforts represented a confirmation of the success of the movement's work so far, and an understanding of the importance, but not exclusivity, of women's roles as mothers and, thus, caretakers for the nation's infants. This sentiment, in turn, allowed for a more cooperative attitude towards the mothers of the targeted babies, and language of greater collaboration towards a shared goal. The problem of infant mortality had expanded from the fault of careless mothers to a multi-level problem that could be targeted through direct education and other avenues designed to bring awareness to issues involved with infant welfare.

In establishing the importance of family influence on infant welfare, books like *Roundabout a Pound a Week* were able to offer an insight into the everyday lives of impoverished Londoners. Passages such as this reflect the child's absolute dependence and inextricable ties to the social and economic status of their families:

The children of the street are equally different from one another both in character and appearance, and are often startlingly good-looking. They

have shrill voices, clumsy clothes, the look of being small for their age, and they are liable to be comfortably dirty, but there the characteristics they have in common cease. They may be wonderfully fair, with delicate skins and pale hair; they may have red hair, with snub-nosed, freckled faces; or they may be dark and intense, with long, thick eyelashes and slender, lithe bodies. Some are apathetic, some are restless. They are often intelligent; but while some are able to bring their intelligence to bear on their daily life, others seem quite unable to do so. They are abnormally noisy. Had they been well housed, well fed, well clothed, and well-tended, from birth, what kind of raw material would they have shown themselves to be?¹

Though this passage was at times elitist, it illustrated the sentiments behind the understanding that to help the infants, one needed to help their families. Each infant was “raw material” which could be shaped into an adult who could be an important part of the future of Britain, but they first needed to be given the opportunity to reach their full potential. These children born into poverty were going to be raised by their families. The educative efforts of the infant welfare movement would be able to influence this upbringing, and, in this way, give greater potential to the “raw material” of each British infant.

This understanding of the family’s influence marked an acknowledgment of the agency and influence of impoverished families. These families held the influence over an important national British goal, and, consequently, measures needed to be taken to access this unit of British society. Educatory programs were developed to interface with other members of the British family in order to maximize the number of family members who could positively influence the infant’s well-being.

¹ Pember Reeves, 7

Note: Though this poverty study was written in 1914, it expresses similar sentiments to many accounts of the poor from earlier on.

Fathers

While the writings of the infant welfare movement remained largely focused on women's roles as primary caregivers for infants and children, the efforts of the movement did not neglect the roles that fathers could play. Rather, specific efforts were devised which were directed at cultivating the father's role in promoting infant welfare as a part of the family that raises the infant together. This marks a significant recognition of taking full responsibility off of the individual women.

At the opening of the twentieth century, fathers held a traditional place in British families. Despite the increasing employment of women outside the home, men were viewed as the providers and retained the role of head of the household, something Ross describes as the "breadwinner effect", regardless of the actual ratio of work and monetary contributions to the family.² The infant welfare movement was logically directed in large part at women as they retained the role of primary caretakers, as well as the bearers, of children. However, as work was directed towards women and teaching them aspects of family management and care, the feeling of disruption of the family dynamic needed to be avoided.

The avoidance of disrupting the family dynamic showed a level of understanding that was greater than other welfare efforts at this time. Other welfare schemes contemporary with schools for mothers were often criticized for being out of touch with their clients' needs and circumstances.³ This marked further evidence of the unique nature of schools for mothers.

² Ross, 33.

³ In *Women and Social Work*, Ronald Walton argued that welfare efforts in this era often failed to cause productive change because the welfare distributors did not grasp the root causes of

Considerations

In order to avoid excessive family dynamic disruption, two courses of action were followed. First, the efforts to educate women were careful to impart the continued importance of the father's role, regardless of the extra family management advice being provided by the efforts of the movement. Second, targeted educational schemes were devised for fathers to aid in the movement's progress. This recognition of family dynamics marks an important instance of sensitivity in the educational work of the infant welfare movement.

Infant welfare workers were cognizant of the possible economic implications of their work. The British Poor Law was undergoing a period of important changes, especially with respect to the relationship between voluntary and statutory assistance, during the early twentieth century.⁴ Certain forms of charitable assistance could cause someone to be classified as a pauper. This, along with the power dynamic often involved in the charitable work, meant that special considerations needed to be made.^{5,6} Infant welfare workers and medical professionals both noted these concerns.

The symptoms of this concern over pauperism emerged most directly with regards to the provision of meals at the School for Mothers. A discussion of the

their client's situations. He also argued that the lack of connection among voluntary efforts proved problematic for many welfare schemes. A different level of understanding, and a desire to understand further, was shown in the realm of education as it pertained to infant welfare. Further, the voluntary work became more cohesive as the infant welfare movement progressed.

⁴ Pamela Dale and Catherine Mills, "Revealing and Concealing Personal and Social Problems: Family Coping Strategies and a New Engagement With Officials and Welfare Agencies, C. 1900-1912," *Family & Community History* 10, no. 2 (November 2007): 111.

⁵ *Ibid.*, 112.

⁶ For a larger discussion of the issue of non-disclosure in welfare, see "Revealing and Concealing Personal and Social Problems: Family Coping Strategies and a New Engagement with Officials and Welfare Agencies C. 1900-1912" by: Pamela Dale and Catherine Mills.

provision of nourishing food for expectant and nursing mothers was emphasized at the school (see discussions in Chapters One and Two), but the costs of these meals became a concern. In order to aid the greatest number of mothers, the cost of the meals needed to be accessible to these women. However, with discounted or free food being offered, the mothers became worried about the poor law's implications when they partook in the meals. "They will starve before they turn to the poor law," noted one woman in *A School for Mothers*, speaking of the mothers served by this institution.

In recognition of this concern, the St. Pancras School for Mothers took a series of steps. To begin, father's evening conferences at the School were focused on the "duties of the father to the mother, the babe, the children, and the home."⁷ In this way, the School emphasized, from its first contact with the fathers, that they do not intend to take away any of the father's autonomy or responsibility to his family. With this base laid, the workers of the school established their respect for their students, rather than solely establishing their own authority.

In further respect for the established family dynamics of the families they served, careful attention was paid to each individual family's fiscal circumstances. Rather than grouping all "poor" families, the workers of the St. Pancras School for Mothers recognized that each family had a unique situation.

The Society being anxious to preserve and raise to the utmost the self-dependence of the people and in no way lessen the responsibilities of the father towards his family, any remission or partial remission of the cost of the dinners for a mother will only be made after careful investigation.⁸

⁷ McCleary, 130.

⁸ Ibid., 128

This commitment to understanding each family's situation is indicative of the depth of understanding the School wanted to have with the families it served.

As a result, at the St. Pancras School for Mothers dinners for expectant and nursing mothers were offered at accessible prices. Free meals were offered only after careful investigation and understanding of the family's situation. Familial responsibility was emphasized and retained while still helping with an important need.

In a further effort to be understanding of economic situations while still encouraging parents to provide as best they can for their infants, a "provident club for parents" was developed. Parents were encouraged to "put by small sums for extra help while the mother is lying in and after."⁹ This program signals further understanding of the fiscal circumstances of these families and concrete efforts to help them. Rather than giving infant care advice from a distance, the St. Pancras School for Mothers worked to understand the ways in which they could be most helpful to their clients.

Especially in the case of fathers' involvement, sources were careful to note the independence and responsibility that the families needed to retain even when receiving assistance from a program designed to promote infant welfare. These views reflect the respect that infant welfare workers and medical professionals held for the families they worked to help.

Establishing the Need

The need for fathers' involvement was rendered apparent in several ways. The understanding came from events within and outside of the schools for mothers. Both

⁹ Ibid., 128.

cases, however, led to an increased support for offerings for fathers within these institutions.

Health visitors deployed in the early stages of the infant welfare movement helped to establish the importance of father's roles. This early contact with families in their homes allowed these health visitors to influence the offerings of institutions like the school for mothers. These front-line health care ambassadors came to "welcome the school for *Mothers* as a place to which they can also refer *Fathers* (that hitherto much neglected factor in the infant mortality problem)."¹⁰ In this way, early infant welfare work aided the development of additional avenues of education.

Further understanding of the sentiments behind involving fathers can be garnered from discussions held at the 1911 Conference of Health-Promoting Institutions. This conference brought together health and welfare workers from across Britain. As they discussed the utility of education in their work, they turned to the topics of educating children in schools. One infant welfare worker noted the improvements in education for children and mothers in health but lamented the lack of education for fathers. She proposed that schools be developed for fathers to instruct them in ways to assist with child welfare efforts in the home.¹¹ She contested that, from her experience, the importance of the father in dictating the family dynamic could not be ignored. As a result, in order for the family to benefit most fully from any education the mother or children were receiving in infant care, the father needed to be convinced of the importance of their work. By educating fathers, the infant welfare

¹⁰ Bunting, 76.

¹¹ The National League for Physical Education and Improvement, *Conference of Health-Promoting Institutions*, 23-24.

movement was creating partners for mothers. Rather than leaving collaboration at the schools for mothers, collaboration for infant health was being brought into the homes of Britain's poor.

Topics of Instruction

Relatively little was written about the topics of conversation at the Father's Clubs. However, the way that the efforts were written about is revealing of the intended impact of these efforts.

An article in the *British Medical Journal* in 1909 discussed the activity of schools for mothers. In addition to cataloging the lessons that were provided for mothers, the article noted efforts that were directed at fathers. The interactions with fathers at home was discussed, and the meetings for fathers at the schools were described as "for the purpose of stimulating fathers to think out the best mode of securing the health and welfare of their wives and babes."¹² While this description showed education, it also showed respect and empowerment. These lessons sought not to take responsibility away from the fathers, but, rather, to encourage the fathers to take this new information into consideration as they made decisions regarding their families.

This sentiment was also found in G. F. McCleary's *The Early History of the Infant Welfare Movement*. McCleary noted that "Father's evening conferences" were held to discuss "the duties of the father to the mother, the babe, the children, and the home."¹³ Additionally, the Bureau for Fathers was described as an office which was to be used for "investigation, advice, and recommendations."¹⁴ Additional confirmation of the

¹² *Public Health and Poor Law Medical Services*, 1462.

¹³ McCleary, 130.

¹⁴ *Ibid.*, 128.

advisory nature of interactions with fathers came in a 1908 article in *The Lancet* which lauded the work associated with schools for mothers for the ways that it could “teach parents how to do their duty...without loss of independence.”¹⁵

Through these accounts of the schools for mothers’ interactions with fathers, the goals of respecting families while still instilling responsibility in the parents become clear. This echoed the desire to empower mothers through prenatal and antenatal education.

As with the education of mothers, the education of fathers was only the provision of information. Education enabled fathers to make decisions in favor of the health of their families, but it still gave them the choice. The lack of coercion in this educational system distinguishes infant welfare education from other welfare work of this period.

School-age Children

While prenatal and postpartum infant hygiene education was certainly showing promising results, medical practitioners and charitable workers alike recognized that other demographic groups could be targeted to enhance the scope and success of infant welfare work. Fathers were one such group, and school-age children, especially girls, marked another group that education in infant hygiene was directed towards. As the likely parents of Britain’s future generation, this demographic represented a worthy group to work to educate in the eyes of infant welfare advocates.

The education of school-age girls in infant hygiene was proposed through several different modes. Each of these modes had specific proponents and emphasized a

¹⁵“Infant Mortality and Schools for Mothers.” *The Lancet* 171 (1908): 115

unique benefit. Arguments showed that there were immediate and future goals for educating these children. They would be able to bring proper infant hygiene knowledge home to their parents and younger siblings, and these educated children would grow up to be informed parents of the next generation. As was found in discussion of families and fatherly involvement, conservative conceptions of gender roles had a strong presence in this discussion. These conceptions dictated the focus on educating school-age girls, but the notions of creating partners in infant well-being remained.

The inclusion of school-age girls in the grander infant welfare scheme was found in Dr. Miele's model school in Ghent. Dr. Miele's model calls for "Courses of training in infant nurture for girls between fourteen and eighteen years" in creating a proper infant welfare center.¹⁶ This model of education incorporated within a larger school for mothers was taken up directly in some English infant welfare schemes, while others amended the format. The basic idea of educating young girls well before the advent of motherhood, though, carried through from the Ghent model.

The benefits of education of school-age children were widely touted at the 1906 National Conference. Educating children in methods of infant hygiene was seen as an "exceedingly powerful weapon", and physicians expressed their belief that the educational system had "taught a great many departments of knowledge, but hitherto there had been neglect altogether in teaching them how to live."¹⁷ The emphasis on education of school-age children continued in the 1908 National Conference. Rhetoric surrounding this education was increasingly gendered with references to natural

¹⁶ McCleary, 122.

¹⁷ *Report on the Proceedings of the National Conference on Infantile Mortality, 1906*, 62.

purposes and “woman’s great and incomparable gift of motherhood.”¹⁸ This discussion extended to the statement that educating children in infant hygiene meant a fulfillment of “the true intention of education, namely the better adjustment of making to his environment and the acquirement of power to exercise control over condition.”¹⁹ Further, a former mayor of Huddersfield expressed his belief that the government had “left these mothers ignorant when we might have easily taught them, and... there is an enormous deficit to make-up.”²⁰ Through these statements, the urgency behind the calls for educating school-age children become clear. The empowerment emphasized in Chapters One and Two was also present in the desire to educate children regarding infant health. Moreover, educating children in infant health practices was seen as a logical solution. It was not presented as any sort of outrageous idea, but rather as a practical, attainable goal which could contribute to solving an issue of national concern.

Education for school-age children remained a topic of great discussion in the National Conferences of 1913 and 1914, though the emphasis shifted to evaluating existing educational models, rather than discussions of beginning anew in 1906 and 1908. The continued discussion of these topics re-emphasizes the importance that education held in the infant welfare movement, and it also signals the appreciation for the promising work done in the years leading up to these conferences.

While most medical professionals and charitable infant welfare workers agreed that this type of education was useful, there was still debate over several elements of

¹⁸ *Report on the Proceedings of the National Conference on Infantile Mortality, 1908*, 44.

¹⁹ *Ibid.*

²⁰ *Report on the Proceedings of the National Conference on Infantile Mortality, 1908*, 55.

the educational scheme. Within these debates, deeper implications of infant welfare work emerged.

Location of Education

In Dr. Miele's Ghent School for Mothers, as documented by Mrs. Bertrand Russell, education of school-age girls took place in the same building as the instruction of the mothers. This model had advantages and disadvantages that were discussed in the National Conferences on Infantile Mortality, as well as other voluntary and medical literature at the time.

Most infant welfare workers, medically and voluntarily affiliated alike, agreed that education of school-age children should be done, at least in some manner, in conjunction with the schools for mothers. This desire for association held significance as it showed an appreciation for the successes of schools for mothers thus far, and it also indicated that there was something uniquely effective about the model of the schools for mothers.

In 1910, Dr. Harold Kerr discussed his views on the pairing between schools for mothers and local primary schools. To begin, he noted that oftentimes, in the past, girls got their most useful preparation for having their own children when they are employed as nursemaids. This afforded them the opportunity to work with the actual infants, rather than just learning about it in a classroom or from other less hands-on methods. This type of opportunity though, as Kerr lamented, was not standardized, nor was it provided to each girl.²¹

²¹ Kerr, 130

The pairing of schools for mothers with local elementary schools, though, could provide practical experience with infants for all young girls in school. As primary education was becoming more accessible and attendance was made compulsory following the Education Acts of 1870 and 1902, the potential of pairing infant welfare education with primary education was recognized.²² This combination marked a unique opportunity to ensure widespread dispersal of infant care information, rather than relying on individual mothers to seek out the schools.

Kerr further explained his appreciation for the unique services the school could provide as he discussed the specific sets of skills that the staff of the schools for mothers have. While some argued that a primary school teacher could convey infant care information just as effectively, Kerr noted that the staff of the schools for mothers were “accustomed to simple teaching” and “fully acquainted with the conditions pertaining to the homes from which the children come.”^{23,24} Further, he noted that since “the confidence of the mothers attending the School has already been gained...it should be easy to secure a sufficient number of babies for demonstration.”²⁵ Each of these commendations of the school for mothers stemmed from the community atmosphere that had been fostered by the voluntary workers of the school. The teachers were noted

²² Ross, 149

²³ Kerr, 146.

²⁴ On pages 182-184 in Dr. David Forsyth's *Children in Health and Disease*, we find an extended discussion regarding the moral implications of who was chosen to be the instructor for school-age children in infant health practices. He emphasized the importance of the “personal influence” of the teacher. In an appeal to fathers, he asked them to consider who they would want as their sons’ instructors at university and concluded that they would, logically, want the best and brightest to teach their sons. He argued that this should be the same for girls in being educated in mothercraft. These arguments were some of the strongest in favor of very separate education for boys and girls, while most took on a more moderate tone with respect to instructing boys in at least some aspects of infant welfare.

²⁵ *Ibid.*, 147.

for being understanding of their students' needs and abilities, and they were also lauded for gaining the trust of their students. These qualities could transfer well to educating school-age children, and thus the work of the schools for mothers was extended due to their unique qualities.

When these children were educated in modes of infant care, they could return home as "sanitary missionaries in the house."²⁶ This further endorsement of the benefits of education in infant health emphasized the collaborative nature of the schools for mothers by encouraging collaboration within the family for the well-being of their youngest members.

Topics of Instruction

With the inclusion of education regarding domestic matters, debate turned to the value of education for girls in topics outside of the domestic realm. In the 1906 conference, medical personnel stated their desire for thorough investigation into the proper topics to teach at certain stages in primary schools. They acknowledged the complexities of the topics to be taught and deferred to the voluntary workers for advice on when to teach which infant care practices, marking further endorsement of the unique set of skills these workers had gained in their time in the schools for mothers.

A syllabus from the Manchester school for mothers' primary school program was also presented at the 1906 conference. The voluntary worker making the presentation stated that the syllabus was "designed so that the schoolgirl may see things with her own eyes and do things with her own hands" and stated that this was a

²⁶*Report on the Proceedings of the English-Speaking Conference on Infant Mortality, 1913, 65.*

unique theory of education, as compared with other programs in primary schools.²⁷ These sentiments were echoed in the summary of recommendations following the 1907 meeting of the National League for Physical Education and Improvement which stated that this sort of education could “tend towards the development of a sanitary conscience among the pupils...and hygienic ideals.”²⁸ Through these discussions, the view of infant care education as more than just the provision of knowledge emerged. They were working to create a “sanitary conscience” among Britain’s youth in order to provide both for the infants in their families and their own children in the future.

While some infant welfare advocates expressed their recommendation for educating school age girls and boys, oftentimes the discussions focused on educating girls for what was considered the natural purpose of the “feminine mind.”²⁹ The differences in approaches for educating boys and girls was emphasized upon the onset of adolescence. Medical publications, such as *Children in Health and Disease*, did acknowledge the importance of a basic education for girls and boys. However, upon the completion of this aspect of school training, arguments shifted to saying that girls should be educated for “their own responsibilities and their own duties” as caretakers of a household.³⁰ Though this certainly limited girls in many ways, it did mark a concern for helping future mothers. Education of girls in schools about these sorts of home matters brought motherhood out of private homes and served to foster a community of motherhood, like was found in the schools for mothers.

²⁷ *Report on the Proceedings of the National Conference on Infantile Mortality, 1906*, 57.

²⁸ *Second Annual Report, 1907*. London: The National League for Physical Education and Improvement, 1907, 30.

²⁹ Forsyth, 179.

³⁰ *Ibid.*, 178.

Though the focus was not on educating school-age boys about infant care matters, there was discussion of ways to foster good fathers at this early stage in life. At the 1913 National Conference on Infant Mortality, Dr. Caton, a public health official from Liverpool, discussed the importance of municipally funded education in infant health for young boys and girls. Girls were to be instructed in ways to become proper, sanitarily-conscious wives and mothers. Boys, in his opinion, needed to be instructed in ways to properly support their wives, such as encouraging temperance. He expressed his hope that “this valuable instruction will show important effects.”³¹ Though Caton noted that the results of this education would not be visible for many years, the emphasis on educating boys as proper, helpful fathers showed further work towards creating a community of infant caregivers, rather than isolating the mothers in this role.

In sum, educating school-age children in infant care added to the community of infant care givers that was developed through education in the infant welfare movement.

Implications for Family Dynamics

Unsurprisingly, concerns were voiced over the expectation that children were to dictate the work of their parents as “sanitary missionaries”. These concerns were discussed, and the notion of the infant as part of the family unit prevailed as justification for the expectation that children brought home knowledge for the family.

In *A School for Mothers*, the workers discussed the possible “conflicting authority of parent and teacher” in regards to what children learned at school as

³¹ *Report on the Proceedings of the English-Speaking Conference on Infant Mortality, 1913*, 69.

compared to how they saw their parents caring for their siblings at home.³² Other accounts from voluntary workers of schools for mothers dispelled this fear as they noted that “cases are not infrequently met with where the daughter has been able to give practical help to her mother in matters of feeding and clothing the baby.”³³

Children working for their families, both formally and informally, was commonplace in working-class families. As Ellen Ross explained in *Love and Toil*, schoolchildren often took up paid work outside the home, with jobs like delivering milk or assisting in shops, in order to help support the family. In a more informal sense of work, staying home to help care for younger siblings was not an uncommon excuse for missing school in this time period.³⁴ Mothers tended to expect more of out of girls with respect to helping out with the children, but both boys and girls were expected to contribute significantly to the running of the household when their age allowed.³⁵

When we understand the established practice of children helping out around the house, it becomes even more logical that school children were educated in practices of infant care. A 1908 article in *The Lancet* expressed the concern that “the majority of these girls have but little notion how to manage the home,” even though they were relied upon to help out with their siblings.³⁶ This disconnect could be remedied with education on infant care practices in schools. As “sanitary missionaries”, children’s help could be even more valuable to advancing the cause of infant welfare.

Greater British Public

³² Bunting, 12

³³ *Report on the Proceedings of a National Conference on Infant Mortality, 1914*, 43.

³⁴ Ross, 149.

³⁵ *Ibid.*, 154.

³⁶ “A School of Housewifery.” *The Lancet* 172, no. 4429 (1908): 171.

The efforts in infant welfare education previously discussed have focused largely on transmission of information to specific individuals. Additional efforts were developed that were designed to contact larger groups and raise greater awareness of infant welfare issues throughout the population, not just within the realm of parents and children as presumed future parents. Further outreach efforts underscored the collaborative, empowering nature of infant welfare work.

Large-scale mothercraft competitions developed after the Association of Infant Consultations and Schools for Mothers was established. A well-documented mothercraft competition was held in London in 1913 and featured entrants from several London-area health societies and schools for mothers.³⁷ This competition, sometimes referred to as a “baby show”, had several components which contributed to its educational nature. Entrants were selected through competitions at the eighteen competing organizations. The winners at each individual organization’s competition were sent to this larger competition which was intended to “create a healthy competition among the various societies.”³⁸ The bringing together of so many institutions, in and of itself, contributed to the collaborative character of education in the movement. While these baby shows were designed to foster competition, they also, inevitably, led to the sharing of ideas and pooling of expertise.

At the competition, each mother was judged on several categories including: physical condition of their baby, preparation of a food dish, proper washing of a baby’s

³⁷*Eighth Annual Report, 1913*. London: The National League for Physical Education and Improvement, 1913, 18.

³⁸ *Ibid.*

bottle, and their responses to factual questions regarding mothercraft.³⁹ For the individual mothers, this represented an opportunity to praise their hard work and dedication to their children. This recognition of their normally private efforts came in the public sphere. Further, prizes were awarded to the winning mothers at this competition. These prizes were in the form of savings bonds intended for the child's benefit in the future.⁴⁰ This represented further empowerment for these mothers. The recurring theme of enabling mothers to provide for their children in health morphed into the mothers' ability to provide for their children monetarily, as well. Both of these aspects of empowerment were tied to education in health and wellness.

The success of this competition, and others like it, was reported widely. The 1913 conference of the National League for Physical Education and Improvement (NLPEI) noted the "great success of the mothercraft competition" and expressed their intent to aid the spread of these competitions across the United Kingdom in the coming year.⁴¹ By the 1914 conference of the NLPEI, the competitions were being noted especially for their effect of "arousing public interest" in the matters of mothercraft, in addition to helping raise the standards of work at the various centers and creating a healthy spirit of emulation among the societies."⁴² The importance of public awareness was confirmed at the National Conference on Infant Mortality in 1914. In the opening address, it was noted that the delegates showed "great interest... in the

³⁹ Ibid.

⁴⁰ Ibid.

⁴¹ Ibid., 19.

⁴² *Ninth Annual Report, 1914*. London: The National League for Physical Education and Improvement, 1914, 15.

results of the mothercraft competitions and...appreciation of this factor in the propaganda work” of the Association of Infant Consultations and Schools for Mothers.⁴³

The infant welfare movement was fueled, in large part, by the concerns of the British public. It follows that many Britons were interested in participating in the infant welfare movement.

Conclusion

The successes of greater outreach goals are harder to determine, as the contact with a specific infant life is less tangible. However, longer-term data sets suggest that progress continued.⁴⁴ This could in part be tied to greater awareness and the next generation being a better-trained crop of parents.

As the infant welfare movement progressed, there was increased contact between the poor women being served and the medical and charitable practitioners working for these women and their families. With this contact came greater understanding of the mothers’ plight. With this understanding came recognition of the importance of expanding the reaches of infant welfare efforts. As the efforts had expanded their reach from solely postpartum advice to prenatal as well, so too did educational efforts expand to reach fathers, school-age children, and the greater British public. While accusatory language towards mothers did not disappear from the rhetoric regarding educational efforts, these other outreach efforts constitute an acknowledgment of the multitude of factors at play in infant welfare. Through a departure from blaming mothers and acknowledging a shared responsibility, infant welfare could be better opened up to large-scale assistance. Increased government

⁴³ *Report on the Proceedings of a National Conference on Infant Mortality, 1914*, 6.

⁴⁴ Lewis, Jane. *The Politics of Motherhood*. London: Croom Helm, 1980, 18.

efforts following this period emerged from the increased collaboration fostered by these educational schemes. Infant welfare was no longer viewed as a struggle on an individual level. Rather, the necessity of collaboration was acknowledged and services continued to develop.

CONCLUSION

Statistical sources agree that, on the whole, infant mortality rates decreased over our period of study and continued to decrease as the century progressed. While studies have been performed from a variety of viewpoints, no one has determined the one factor that was most effective in decreasing infant mortality rates during the infant welfare movement.¹ In this thesis, I have argued that the efforts to educate women and Britons in general in ways to promote infant welfare held their own significance. These educative measures, especially in relation to the institutions known as schools for mothers, had a unique nature as compared to the greater infant welfare movement and other British welfare efforts of the time. Notably, the education cultivated in the schools for mothers was responsive to the needs of its clients and worked to empower them with knowledge and the confidence to work toward the shared national goal of decreasing infant mortality rates. This marked a unique opportunity for the impoverished clients, especially women, of these schools for mothers. They were encouraged to understand their unique ability to provide for their children, even more than monetarily, as the primary influence on their infants' health.

Further, the special combination of individuals at the schools for mothers fostered collaboration in several ways. First, the combination of current medical knowledge with voluntary, individual attention melded two often disparate realms into a uniquely effective institution. This collaboration between two domains combined important information with personal delivery. Further collaboration was seen as the

¹ Lewis, 21.

workers of the schools for mothers showed their desire to understand their clients in order to provide appropriate lessons and services. This desire to understand their clients goes counter to the criticisms of many contemporary welfare schemes, especially those associated with the very unpopular Poor Law. The connections made between the women working in the schools and the women served by the schools marked cross-class understanding and an alliance for improving infant welfare.

Moreover, collaboration was seen within these schools for mothers as the women served by the school came in contact with one another. While motherhood had the possibility of being an isolating experience, the schools for mothers and education in mothercraft took motherhood out of the home and made a community of those invested in the issue. The community created here allowed for dialogue and greater attention for issues affecting women as mothers.

Additionally, the medical community spoke very highly of the voluntary work of education in infant welfare which was mostly carried out by women. This marked an appreciation of women's work in the health field, as well as an endorsement of education in preventive care and wellness. These early successes could pave the way for further women's involvement, as well as expansion of health education.

Earlier poverty chronicles such as the Booth and Rowntree studies had focused on the general experiences of poverty, but as the period of my study progressed, significant feminist-based studies were conducted. One such study was *Maternity: Letters from Working Women*. Published in 1915 by the Women's Co-Operative Guild, this study was intended to expose the conditions of working women for the

improvement of their situation.² Letter upon letter catalogued the extreme struggles of impoverished motherhood and the mothers' desire to help their children. At the end of this compilation, the Women's Co-Operative Guild gave their recommendations for ameliorating the lives of poor mothers. One of these was a strong endorsement of the work of the schools for mothers and a demand that the work of these centers be expanded to reach more women.³

Additional feminist confirmation of the work of the schools for mothers was seen in Anna Martin's *The Mother and Social Reform* (1913). Martin, a well-known feminist activist and suffragist, asserted her views of what the state owed to mothers:

But every mother in the country has a right to demand that she shall not be compelled to undergo the trials of maternity, that the fruit of her body shall not perish from want and deprivation, and that her own indispensable services as homemaker, and therefore empire-builder, shall no longer go unrecognised and unrequited.⁴

She also discussed her approval of the work of the schools when she noted that they have brought a "much needed element of sympathy, friendship, and co-operation into the lives of many poverty-stricken and isolated women."⁵

Through these two accounts, the impact on mothers can be seen. Feminist groups had aligned themselves with the work of the school for mothers and endorsed them as institutions which serve the women, in addition to their children. In this way, the positive impact of education for women in the schools for mothers comes through. By providing knowledge to women, these mothers were empowered to care for

² The Women's Co-Operative Guild. *Maternity Letters from Working Women*. London: G. Bell and Sons, LTD., 1916, vi.

³ *Ibid.*, 210.

⁴ Martin, Anna. *The Mother and Social Reform*. Westminster: National Union of Women's Suffrage Societies, 1913, 61.

⁵ *Ibid.*, 36.

themselves and their families. Motherhood was transformed into a collaborative effort that benefitted infants as well as their mothers.

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Note: The title quotation comes from Forsyth’s *Children in Health and Disease* page 259.