

**“A Potential Citizen, A Fighting Man or a Mother of Fighting Men”: Public Health,
Mothercraft, and Biopower in Nineteenth and Early Twentieth Century England**

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Abstract

From the late nineteenth century to the end of the Great War, Britain underwent a profound transition in the way the State conceptualized and approached the related issues of infant mortality, maternal welfare, and public health. For much of the nineteenth century, the State's liberal, laissez-faire tradition dictated an anti-interventionist approach to public health which emphasized the notion of personal responsibility and respected individual liberties. Complementing this, the fragmented, localized and disciplinary governance methods this engendered were reflective of the Foucauldian power technology of anatomo-power. However, armed with knowledge of the conditions of the slums and the military consequences such conditions reaped shortly after the turn of the century, Britain's legislative and governance approach to infant and maternal welfare, and public health more generally, evolved as the State began to take greater control over these issues in a manner reflective of a turn towards the welfare state and biopolitics. However, it was only upon the declaration of War in 1914, and in response to the cataclysmic threats this conflict presented, that the conditions occurred which allowed the State to exert an unprecedented authority over the population. This implicitly challenged the traditions of laissez faire-liberalism and anatomo-power, and reflected a pivotal turn towards the welfare state and the implementation of biopolitical governance techniques. Using Foucault's theory of biopolitics, this thesis assesses this transition with a view to emphasizing the experiences of working-class women, their children, and how their health and welfare improved as a result of these complementary and parallel transitions.

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INTRODUCTION

From January to March of 1976, renowned historian and social theorist, Michel Foucault, delivered a series of lectures at the Collège de France entitled “Society Must be Defended.” His earlier work, *Discipline and Punish* (1975), and his study that followed, *The History of Sexuality* (1976), informed the lecture series, which problematized the structures, motivations, and evolution of the “technologies of power” that Western capitalist states introduced beginning in the seventeenth and eighteenth centuries. In the final lecture of the series on March 17, 1976, Foucault introduced what has since become one of his most well-known and influential theories: the theory of biopolitics.

Foucault explained that before the seventeenth century, sovereign powers exercised their authority primarily as a punishing force which gave them the right to either take the lives of their subjects or conversely, *allow* them to live—or, as Foucault puts it, the ability to “take life or let live.”¹ However, from the seventeenth century onward, Foucault observed that this right evolved amid the many demographic, industrial, economic, and political changes that Western societies encountered along with industrialization. With these changes, sovereign powers faced a new problem: existing “technologies of power”—the term Foucault used to refer to the organizational and material means of exercising power—did not provide them with adequate tools to address the complex range of new issues they began to face.² In consequence, without eradicating their right to “take life or let live,” sovereigns adjusted their techniques of exercising power with new tools and mechanisms designed to increase national political and economic efficiency and

¹ Michel Foucault, “Lecture 11 – March 17, 1976” in *“Society Must Be Defended” Lectures at the College de France, 1975-1976* ed. Mauro Bertani and Alessandro Fontana (New York: Picador, 1997), 241.

² *Ibid*, 249.

strength through the promotion of biological regulation and improved national health. These new tools of power were guided by a new principle to “‘make’ live or ‘let’ die” and facilitated control at two levels: at the level of the individual and at the “mass level” (i.e., the level of the population). Sovereigns adopted the view that by stabilizing population-wide biological phenomena, trends, and processes, the wealth of factors that are influenced by biological outcomes—including economic, political, and military outcomes—would also be stabilized.³ Foucault’s theory of biopolitics investigated these new tools of power that sovereigns used to channel national regulation, and he further considered how these new techniques operated and their impact on the relationship between sovereign powers and their subjects. He assessed these questions through an examination of the “mechanisms, techniques, and technologies of power”⁴ that sovereigns used.

Foucault’s theory of biopolitics encourages an evaluation of the mechanisms and intent of the tools and practices of power found within the political, economic, and social structures of seventeenth-, eighteenth- and nineteenth-century Western societies. However, his layered, complex, and relatively brief explanation of the transformation of the tools of power, which he supports with limited empirical evidence and few historical examples, leaves many questions unanswered. For instance, one may ask whether the theory is practically applicable, whether its periodization stands (or whether the periodization proves to be different in different places), whether its description of the mechanisms of power suffice, and what social and political factors he fails to consider. Such questions are precisely what this thesis seeks to address.

This thesis will use Foucault’s theory of biopolitics as a lens to trace the evolution of England’s implementation of biopolitical tools and mechanisms in that country’s effort to

³ Ibid, 241-2.

⁴ Ibid, 241.

improve public health and reduce infant mortality rates from the early nineteenth century through to the end of the Great War. As this thesis will detail, throughout the nineteenth and early twentieth centuries, the dramatic social, economic, and demographic shifts precipitated by England's Industrial Revolution confronted that nation with an exponentially growing urban working-class populace whose chronic poor health—as evidenced by a persistently high infant mortality rate—threatened the continued economic, political, and geographical development of the British Empire. However, addressing this problem was complicated. England's liberal laissez-faire political and economic tradition limited the State's ability to take concerted actions to resolve these issues for much of the nineteenth century, since interfering in the personal affairs of citizens represented an affront to the core economic and political principles of the nation. Ultimately, as this thesis will show, it was not until the Great War spurred a redefinition of the society and its values that the State could finally disrupt the laissez-faire political tradition by using biopolitical techniques at the national level to intervene and assert greater control over the lives and health of the population. Moreover, this thesis will also illustrate how this shift toward biopolitics coincided with the formation of England's welfare state and of the State taking responsibility for the health and welfare of the population, specifically vulnerable populations including infants, children, and working-class mothers.

To illustrate this transition, this thesis will challenge four aspects of Foucault's theory. First, it will challenge Foucault's periodization of the emergence of the two new "technologies of power": anatomo-power and biopower. As will be discussed in greater depth below, Foucault argues that biopower's predecessor, anatomo-power, emerged during the seventeenth century, while what he refers to as the "massifying" technology of biopower—in the sense that it was expanded upon the whole population, not just individuals—emerged beginning in the middle of

the eighteenth century. He does acknowledge that the two technologies overlapped, interacted, and influenced each other, yet, for Britain, where this overlap took place at a much later date, his periodization does not hold. This thesis will demonstrate how, for much of the nineteenth century, Britain's laissez-faire tradition, in combination with the lack of urgency among the elite and ruling classes to address poor health stemming from socioeconomic inequality, limited both the State's motivation and the sovereign's ability to mandate and deploy biopolitical tools at the national level. It was only upon the empirical affirmation of poor health during the Boer War, and later with the unprecedented and cataclysmic upheaval of the Great War, that the urgency to address endemic health issues posed a threat serious enough to motivate the State to institute more interventionist modes of governance at the national level. These modes of governance were directed toward regulating the population as a mass—its vital statistics and its health and well-being—and for coercing social, intellectual, and business elites to accept this transformation.

The second issue relates to the fact that Foucault failed to address a crucial mechanism for deploying this new system of biopolitics and its associated power tools: legislation. Foucault proposes a series of rather broad and generalized interventions that he suggests states used when deploying biopower, such as improving medical knowledge or organizing urban environments. However, he does not support these claims with an adequate explanation of how the techniques of biopolitics evolved, nor how states managed to implement them in practice. In recognition of this gap, many scholars have endeavoured to build upon Foucault's work to illustrate how these techniques and displays of biopower operate in society at a practical level. This study will add to this historiography by illustrating how national legislation supported the acquisition of biological control by mandating and facilitating the collection of new information, the creation of norms, boundaries, and regulations, and the implementation of new mechanisms designed to regulate

and manipulate population-level trends and biological processes. These techniques allowed the State to discipline or normalize specific behaviours across the population, to catalyze specific health, economic, and social outcomes, and to acquire greater biological and biosociological control over the population as a whole.

Third, Foucault does not adequately explain how the transition from anatomo-power to biopower occurred, when it did, and why. His analysis implies that the transition occurred as part of a “natural” or inevitable shift that was characteristic of Western states and sovereign powers. In doing so, Foucault casts the sovereign and its influence as a single and absolute centre of authority whose exertion of power is distinct from the influence of other political, economic, demographic, and social factors and actors. However, as this thesis will show, in practice these factors substantially shape how and to what extent power is exercised upon and among a population by negotiating, debating, or resisting the absolute authority of the sovereign. This effectively prevents it from introducing technologies of power without restraint. Moreover, Foucault’s tendency to obscure the complexity of industrializing societies precludes a historically and empirically grounded analysis of the political, social, and economic evolution of Western capitalist societies, like Britain. In recognition of these lapses, this thesis will focus on the events and actors that motivated a shift to biopolitical governance and the exertion of biopower, as well as the factors which limited the subject population’s resistance to the intrusion of these new methods and tools of exercising authority.

Lastly, Foucault does not address how other political, social, and economic systems and structures that exist within states support, challenge, and interact with the techniques of anatomo-power and biopower. While Foucault discussed the concept of liberalism, and even British liberalism, in his January 17, 1979 lecture featured in *The Birth of Biopolitics*, his consideration

of this political philosophy and system fails to explore the contradictions inherent in a political system which seeks to promote individualism and freedom of the individual within a biopolitical state which aims to create uniformity, regulation, and control across the population.⁵ This consideration is especially significant when analyzing Britain as a case study since Britain's liberal, laissez-faire ideology informed much of that state's political, economic, and social legislation, whereas, in contrast, in a state like nineteenth-century France, which was much more centralized, an assessment of how the state deployed its authority and to what ends it authorized control would look much different. Because of such state-specific discrepancies, studies using the theories of anatomo- and biopolitics necessarily need to be situated and contextualized within the governance systems and populations upon which such governing and power techniques are being deployed to enable an understanding of how these variables shape (and are shaped by) these techniques of power.

1. Anatomo-Power & Biopower

A necessary preface to this study is a more detailed account of Foucault's theory of biopolitics. Foucault's analyses of the techniques of power and governmentality of Western societies, including biopower, have garnered plenty of scholarly attention across a broad spectrum of disciplines. For example, Paul Rabinow's edited volume, *The Foucault Reader* teases apart some of the nuances to Foucault's interpretation of the power and sociological structures in Western society, and differentiates Foucault's theorizations from other modern contemporary social theorists, notably Noam Chomsky. Rabinow explains that Foucault's

⁵ Michel Foucault, "17 January 1979," in *"The Birth of Biopolitics" Lectures at the College de France, 1978-79* ed. Michel Senellart, François Ewald and Alessandro Fontana, trans. Graham Burchell (New York: Palgrave Macmillan, 2008), 27-50.

interest centred on the “how” of Western society’s techniques of power, as opposed to Chomsky who focuses on the question of “why.”⁶ Similarly, Lawrence D. Kritzman’s edited collection of Foucault’s interviews entitled *Politics, Philosophy, Culture: Interviews and Other Writings, 1977-1984* presents an array of Foucault’s theorizations and assessments of modern society, power, and sexuality that enable readers to better understand biopolitics and biopower and to situate them within some of Foucault’s other works and theories.⁷ In addition, many others have undertaken more focused assessments of Foucault’s theories dealing more specifically with topics including health, governmentality, and power.⁸ In recognition of the complexity of Foucault’s theory, its nuanced and diverse impacts, and its scholarly breadth, the following will only detail a brief overview of the theory of biopolitics.

During the 1976 lecture at which Foucault presented the theory of biopolitics, he began with a brief consideration of biopower’s predecessor, anatomo-power, which he classifies as the “anatomo-politics of the human body,” and which he also refers to as a disciplinary power. He explained that sovereign authorities began to use anatomo-power during the seventeenth century, exercised at the level of individual bodies. As a governing system, anatomo-politics consisted of a set of disciplinary mechanisms that “center[d] on the body, produce[d] individualizing effects, and manipulate[d] the body as a source of forces that have to be rendered both useful and

⁶ Paul Rabinow, ed., *The Foucault Reader* (New York: Pantheon Books, 1984), 3-30.

⁷ Lawrence D. Kritzman, ed., *Politics, Philosophy, Culture: Interviews and Other Writings, 1977-1984* (New York: Routledge, 1988).

⁸ Notable titles related to Foucault’s theories and health include: Alan R. Petersen and Robin Bunton, *Foucault, Health and Medicine* (London: Routledge, 1997); Thomas Lemke, *Foucault, Governmentality, and Critique* (Paradigm Publishers, 2011); Graham Burchell, Colin Gordon and Peter Miller, ed., *The Foucault Effect: Studies in Governmentality* (University of Chicago Press, 1991); Stuart Hall “Foucault: Power, Knowledge and Discourse,” in *Discourse Theory and Practice: A Reader*, ed. Margaret Wetherell, Stephanie Taylor, and Simeon J. Yates (Sage, 2001), 72-81; and Mark Bevir, “Foucault, Power, and Institutions,” *Political Studies* 47, no. 2 (June 1999): 345-359.

docile.”⁹ It used disciplinary and individualized interventions of anatomo-power to rationalize and economize individual bodies to operate in a manner that benefitted the State most productively. In practice, Foucault explains, states deployed the mechanisms of anatomo-power “at a local level, in intuitive, empirical, and fragmented forms, and in the restricted framework of institutions such as schools, hospitals, barracks, workshops and so on.”¹⁰ Anatomo-politics included technologies and methods that controlled spatial organization or increased productivity using the “disciplinary technology of labor [sic]”¹¹ such as hierarchical social organizations, surveillance mechanisms, training and drilling methods, and reporting and assessment systems.

Nearing the end of the eighteenth century, the beginning of the Industrial Revolution triggered a period of unprecedented urbanization and population growth in emerging capitalist societies, like England. Industrialization generated a wealth of social, political, and demographic changes and challenges that the strictly disciplinary and individualized mechanisms of anatomo-power could not adequately address. To overcome these challenges, sovereigns extended their focus beyond the level of individual bodies to encompass the “mass level,” focusing on the population as their new subject through the introduction of biopolitical governance and the use of the new tools of biopower. Sovereigns sought to replace or supplement the variable and sporadic mechanisms of anatomo-power with new mechanisms that charted, standardized, and controlled biological processes at the mass level, hence Foucault’s reference to biopolitics as a governing system of “the human race,” as opposed to individual bodies, like anatomo-power.¹² However, while anatomo-power and biopower emerged at different times and served different functions, Foucault maintains that the two systems were capable of interacting, being embedded within, and

⁹ Foucault, “Lecture 11,” 249.

¹⁰ Ibid, 250.

¹¹ Ibid, 242.

¹² Ibid, 243.

overlapping each other.¹³

Foucault defined the new subject of the population as a “multiple body” in recognition of the many nuances that made asserting control over it a more challenging and demanding task than acquiring control over individuals. He defined this complex subject as “a political problem, as a problem that is at once scientific and political, as a biological problem and as power’s problem.”¹⁴ Foucault elaborated on the nuances of this subject and how the techniques of biopower interact with it:

The new technology that is being established is addressed to a multiplicity of men, not to the extent that they are nothing more than their individual bodies, but to the extent that they form, on the contrary, a global mass that is affected by overall processes characteristic of birth, death, production, illness, and so on. So [...] we have a second seizure of power that is not individualizing but, if you like, massifying, that is directed not at man-as-body but at man-as-species. [...] we have, at the end of [the eighteenth] century, the emergence of something that is no longer an anatomo-politics of the human body, but what I would call a “biopolitics” of the human race.¹⁵

The complexity of this subject called on sovereign powers to create a new system of governance and technologies of power commensurate with the scope and complexity of this new subject.

The objective of biopolitics as a governing system was to survey, control, regulate, and standardize biological processes and phenomena across the population to ensure that the phenomena affected by biological (in)consistency—including economic, demographic, social, and political outcomes—could be made predictable, and, if needed, manipulated. Biopolitical

¹³ Foucault illustrates the co-existence and negotiation of the two technologies by drawing the example of nineteenth century working-class housing estates which balanced anatomo-politics disciplinary function, while simultaneously introducing regulatory mechanisms on the population. The layout of the working-class urban community organized and disciplined the individuals by enabling continuous surveillance which forced the regulation of behaviours. At the same time, regulatory mechanisms allowed for state control or intervention over population-level phenomena, such as pensions and health insurance provisions that brought security to the health of the population. These established standards for familial economic and housing practices and expectations, hygiene, parenting, education, among a wealth of other realms where regulation could take place.

¹⁴ Foucault, “Lecture 11,” 245.

¹⁵ *Ibid*, 242-3.

states sought to attain this objective by using the technology of biopower, which

[uses] overall mechanisms and [acts] in such a way as to achieve overall states of equilibration or regularity; it is, in a word, a matter of taking control of life and the biological processes of man-as-species and of ensuring that they are not disciplined, but regularized.¹⁶

Sovereigns desired regulation of all biological processes, including birth rates and longevity. However, “the problem of morbidity” was the most significant. High rates of mortality represented a lack of control over the health of the population, and by extension, over the many variables that affect it, such as socioeconomic stability, sanitation infrastructure, and access to adequate housing and nutrition. Moreover, Foucault explains that fatalities due to natural causes (i.e., not inflicted at the will of the sovereign) represent “the moment when the individual escapes all power, falls back on himself and retreats, so to speak, into his own privacy.” Ultimately, then, premature death reveals the limitations of the State’s power over life.

Before the Industrial Revolution, epidemic disease outbreaks, like the bubonic plague, captured the sovereign’s ultimate loss of power and control over health. Such outbreaks decimated populations, caused panic, and abruptly stunted economic and political growth. However, by the nineteenth century, epidemic outbreaks had become less frequent, and Western nations turned their focus towards to the subtler, more persistent threat of endemic diseases. These diseases did not sporadically “[swoop] down on life” as epidemic diseases did, but were distinguished by their enduring and debilitating impact on the population and society:

Death was now something permanent, something that slips into life, perpetually gnaws at it, diminishes it and weakens it [...] [Endemic illnesses] sapped the population’s strength, shortened the working week, wasted energy, and cost money, both because they led to a fall in production and because treating them was expensive.¹⁷

Endemic poor health reduced economic, demographic, and political prosperity and highlighted

¹⁶ Ibid, 246-7.

¹⁷ Ibid, 243-4.

the sovereign's inability to control the "accidents, the random element[s], and deficiencies" that result in inefficiency, and eventually, mortality. Such lapses were especially significant as Western states progressively entered the capitalist marketplace in which continued economic growth and prosperity were crucial signifiers of a state's international status and legitimacy.¹⁸

Yet, controlling biological outcomes—inclusive of the birth rate, mortality, and health—on a national scale represented an infinitely more complicated task than that faced by its individualized predecessor, anatomo-power. Biopolitical states had to adjust their methods to enable the centralized coordination and widespread compliance needed to give effect to new standards and procedures. Foucault explained that doing so involved changes to the way states conceptualized and measured their subjects:

The phenomena of biopower are collective phenomena which have their economic and political effects [...] [which] become pertinent only at the mass level. They are phenomena that are aleatory and unpredictable when taken in themselves or individually, but which, at the collective level, display constants that are easy, or at least possible, to establish. And they are, finally, phenomena that occur over a period of time, which have to be studied over a certain period of time; they are serial phenomena.¹⁹

Accordingly, biopolitical states introduced mechanisms to measure these phenomena, as witnessed by the professionalization and proliferation of demographers and statisticians, as well as the first attempts at collecting census data in the early nineteenth century.²⁰ The measurement of population-level trends and processes established knowledge about the population, which created the opportunity to implement technologies to manipulate population-level trends and phenomena. Foucault does not specify the precise forms of these interventions, nor does he explain how they were established, but he does explain that biopolitical techniques and

¹⁸ Wendy Brown, *Edgework: Critical Essays on Knowledge and Politics* (Princeton: Princeton University Press, 2005), 40.

¹⁹ Foucault, "Lecture 11," 245-6.

²⁰ *Ibid*, 243.

mechanisms must

intervene at the level at which these general phenomena are determined, to intervene at their level of generality. [...] [In addition, they also take the form of regulatory mechanisms which] establish an equilibrium, maintain an average, establish a sort of homeostasis, and compensate for variations within this general population and its aleatory field. In a word, security mechanisms have to be installed around the random element inherent in a population of living beings so as to optimize a state of life.²¹

Foucault explains that the primary factor that allows the two forms of power to work together is “the norm.” The norm refers to generally unquestioned and socially accepted practices, views, or actions present in a society that sovereigns establish by disciplining—which creates social and behavioural norms—while the evaluation and study of population-level phenomena aids in establishing norms related to biological processes. Foucault elaborates:

the norm is something that can be applied to both a body one wishes to discipline and a population one wishes to regularize [...] the normalizing society is a society in which the norm of discipline and the norm of regulation intersect along an orthogonal articulation. [...] We are, then, in a power that has taken control of both the body, and life or that has, if you like, taken control of life in general – with the body as one pole and the population as the other.²²

Aside from introducing norms in the condition or behaviours of a populace, the outcome of this regulation is that regulating society becomes a norm in and of itself. The normalization of a state’s regulating power thereby enables the state to continue monitoring, disciplining, and regulating bodies to support the state’s broader objective of continued and stable growth.²³ For Britain, as this thesis will show, it took time to progressively normalize interventionist policies

²¹ Ibid, 246.

²² Ibid, 253.

²³ There are a multitude of ways that predictability and regulation may be fostered. One method through which this can be achieved is the medicalization of the population. Foucault explains that medicalization refers to activities that enable the coordination, centralization, and standardization of medical care and knowledge, as well as practices and behaviours that influence a population’s health and well-being. This initially began with ad hoc interventions and charitable institutions, which were later professionalized in more structured and coordinated forms, such as insurance programs, financial assistance, and standardization in safety standards. Other possible methods include standardizing gender norms and relationships, or regulating spatial organization.

and exertions of power in the traditionally anti-interventionist, laissez-faire, liberal state.

2. *British Political Philosophy & Biopower*

Britain's liberal tradition arguably began with the formation of the state's constitutional monarchy following the Glorious Revolution (1688-1689) and was invigorated by the Enlightenment's promotion of liberty, reason, and intellectual freedom during the eighteenth century. It was also influenced by the American (1775-1783) and French (1789-1799) Revolutions which resulted in the decree of those nations' respective fundamental constitutional rights of "life, liberty, and the pursuit of happiness," and "liberty, property, security and resistance to oppression."²⁴ While Britain's frustrations did not culminate in an uprising, nor in a prescription of guaranteed rights, their late-eighteenth- to twentieth-century political evolution was informed and guided by many of the same principles. Students of Britain's liberal history have hailed Adam Smith's *An Inquiry into the Nature and Causes of the Wealth of Nations* and John Stuart Mill's *On Liberty* as two influential texts that guided Britain's political and economic organization and which therefore appropriately capture the State's philosophical foundations of the liberal tradition and laissez-faire economic philosophy.

Scottish economist and philosopher, Adam Smith, published *Wealth of Nations* in 1776. Smith's work testified to the growing popularity of liberalism as evidenced by his advocacy for Britain to adopt the laissez-faire economic philosophy. Laissez faire—"let do"—refers to a system that prescribes that economies, and all that affects them—including demographic, political, or social variables—are strongest and most efficient when states affirm individual liberty by permitting individuals to interact with as little regulation and intervention as possible.

²⁴ Alan Sykes, *The Rise and Fall of British Liberalism, 1776-1988* (London: Routledge, 1997), 2.

Using the analogy of an “invisible hand,” Smith asserts that individuals are guided “to promote an end which was no part of his intention. [...] [but,] by pursuing his own interest he frequently promotes that of the society more effectually than when he really intends to promote it.”²⁵

However, toward the end of the century, Britain’s 1793 declaration of war on France temporarily halted the State’s liberal progression. Upon the conclusion of the Napoleonic Wars in 1815, political reform activities recommenced and in the years that followed, the movement gained traction, as evidenced by the 1832 Reform Act. This Act democratized Britain’s Parliament, by redistributing seats in the House of Commons to reflect the nation’s demographic distribution more accurately, and it increased the number of electors by over 60% from 400,000 to over 650,000 when the State extended the franchise to more of the property-owning adult male population.²⁶ However, the non-property-owning classes, who accounted for most of the population, fell outside of this classification. This exclusion revealed one of the contradictions of nineteenth-century British liberalism: the guarantees of representation, property, and liberty were only accorded to the supposedly morally superior property-owning classes, while the working classes—commonly deemed to be morally inferior—did not have the same rights in practice.²⁷

Britain’s liberal tradition peaked during the latter part of the nineteenth century, principally after 1859 when the Whigs and other parties sympathetic towards liberal values and the laissez-faire philosophy merged into the Liberal Party.²⁸ It was also in the same year that John

²⁵ Adam Smith, *An Inquiry into the Nature and Causes of the Wealth of Nations*, ed. Roy Hucheson Campbell and Andrew S. Skinner (1976; repr., Indianapolis: Liberty Classics, 1981), 456. Citations refer to Liberty Classics edition.

²⁶ John A. Phillips and Charles Wetherell, “The Great Reform Act of 1832 and the Political Modernization of England,” *The American Historical Review* v. 100 no. 2 (1995): 413-4.

²⁷ Alan Sykes notes that this contradiction is perhaps best evidenced by the 1832 Anatomy Act which made the bodies of former workhouse residents available for medical study and dissection upon their death, without their outright permission.

²⁸ These liberal ideals seemed to crystalize under the leadership of William Ewart Gladstone who championed these policies during four terms as Prime Minister between 1868 to 1894. Classic liberalism was emblematic

Stuart Mill published *On Liberty* which affirmed and further entrenched Britain's liberal economic and political values. Mill argued that a conflict existed between the two poles of Liberty (the people) and Authority (the State). Authority figures tyrannized their subjects by maintaining a "necessarily antagonistic position to the people whom they ruled" which teetered on oppression in the absence of power checks and balances established by the people, which could take two forms.²⁹ In one case, populations could protect their liberty through the decree of political rights which, if challenged, would result in popular resistance or rebellion, as seen in the American and French Revolutions. The second method saw populations install formal mechanisms, like a constitutional body, which represented the people and prevented excessive and unconstitutional displays of government power.³⁰ Mill argued that, with these security mechanisms, governments would be compelled to "[identify] with the people." He further explained that the government's

interest and will should be the interest and will of the nation. The nation did not need to be protected against its own will. There was no fear of its tyrannizing over itself. Let the rulers be effectually responsible to it, promptly removable by it, and it could afford to trust them with power of which it could itself dictate the use to be made. Their power was but the nation's own power, concentrated, and in a form convenient for exercise.³¹

However, even with these checks in place, the structures of the liberal state were still at risk of being abused when the government was not representative of the people. As Mill explained,

The 'people' who exercise the power are not always the same people with those over whom it is exercised; and the 'self-government' spoken of is not the government of each by himself, but of each by all the rest. The will of the people, moreover, practically means the will of the most numerous or the most active *part* of the people; the majority, or those

of the laissez-faire spirit that Smith and Mill had presented. It was premised on limited government intervention in the economic and private affairs of individuals resulting in low taxation, principled resistance towards military conscription, and emphasized the importance of individualism and self-help, over government social assistance.

²⁹ John Stuart Mill, *On Liberty* (1859; repr., Kitchener: Batoche Books Limited, 2001), 7-9. Citations refer to the Batoche edition.

³⁰ *Ibid*, 9.

³¹ *Ibid*, 10-11.

who succeed in making themselves accepted as the majority; the people, consequently, *may* desire to oppress a part of their number; and precautions are as much needed against this as against any other abuse of power.³²

Smith's theory of the invisible hand and Mill's promotion and advancement of the liberal imperatives of individualism and liberty created a political climate and liberal tradition in Britain that was premised upon an adamant and often non-negotiable rejection of government intervention in the affairs of private citizens or other independent authorities, including private businesses or state intervention in local government affairs. This political and social climate is necessarily incongruent with Foucault's theory of biopolitics and the employment of biopower which sees states acquire control over the implicitly private biological phenomena of the population. Therefore, to introduce measures that corresponded with the techniques and objectives of biopower and which allowed the State to have greater control of the population through state intervention and responsibility, the State needed to redefine its role and challenge the liberal, laissez-faire traditions and ideology.

3. Approach

This study will focus on England's experiences primarily between the years from 1870 to 1918 as that state transitioned from anatomo-power to biopower, evolved in its concept and application of liberalism, and responded to the threat of reduced national health. This study will begin at the turn of the nineteenth century to signal foundational aspects of the urban working-class population's emergence along with industrialization and urbanization—including the rapid growth of urban Victorian slums and the health conditions and consequences that grew out of this—to inform the discussions related to the State's approach by the latter part of the nineteenth

³² *Ibid*, 12.

century. The study will then extend to the end of the First World War to illustrate how the pressures of that conflict allowed the British State to adjust its power mechanisms and redefine its authoritative position and methodologies of power and control. My study will not focus on any specific village, town, city, or great city. Rather, it is structured around a range of primary sources from the period which, while sometimes vague in their geographic delineations, focus on urban working-class centres which were typically involved in industrial production, unregulated in their construction, overcrowded, and lacking adequate sanitation resources. This study also relies on a rich catalogue of historical research on nineteenth- and twentieth-century urban development, public health, gender, contemporary political and economic philosophy, and poverty that makes possible an evaluation of the severity of working-class poverty, how it fostered poor health, and what interventions the State introduced to remediate endemic health issues. This study also depends on primary sources such as social studies, medical literature, legislation, and periodicals to build an understanding of the typical living conditions, health, and contemporary conceptions of the working-class population.

I use a broad definition to distinguish the working-class people on whom this study focuses which is derived from the primary source literature on the working class and is therefore sensitive to how contemporary commentators defined this population.³³ With little exception, my primary source bibliography consists of documents authored by members of the middle and upper classes which fall into two camps: those who adopted a more conservative and critical standpoint and those who discussed the working-class population in sympathetic terms (often social reformers or “progressives”). The former (conservatives) are characterized by their

³³ For a more elaborate discussion on the dynamics of British class stratifications during the nineteenth and into the twentieth century, refer to David Cannadine, *The Decline and Fall of the British Aristocracy* (New Haven: Yale University Press, 1990) and Gareth Stedman Jones, *Languages of Class: Studies in English Working Class History, 1832-1982* (Cambridge: Cambridge University Press, 1983).

adherence to the laissez-faire principles in debating the working class and the associated problem of infant mortality. This population tended to define the working class mainly in relation to where they lived—i.e., those who lived in urban working-class slums—and often demonstrated a reluctance to abandon the laissez-faire system or to support the costly policies of the emerging welfare state. This study will use the terms middle- and upper-class commentators and elite population interchangeably to refer to segments of the middle- and upper-class population.

The second category refers to progressives and social reformers who similarly considered residential geography, but who distinguished themselves from other groups of the elite by acknowledging socioeconomic determinants (i.e., wages, employment security, and rent costs) as shaping forces in the experiences and welfare of the working-class population. This group recognized that the typical working-class family wage of approximately one pound per week by the eve of the First World War was not enough for families to sustain themselves, and also recognized the impact that poverty had on national health and infant mortality. Many of these individuals acknowledged the negative effects of economic disparity and supported the introduction of measures characteristic of the welfare state. By drawing on publications from both camps, this study will demonstrate how a consideration of the two perspectives illustrates the simultaneous presence of data and information on working-class poverty, along with the persistence of publications that downplayed the significance of these issues and instead relied on the supposed moral causes of infant mortality.

The working-class population on whom this study focuses are necessarily an elusive and challenging population to define, as are all social groups. However, in his classic study, *The Making of the Working Class*, E.P. Thompson sought to define the British working-class population that emerged during the late eighteenth century at the beginning of the Industrial

Revolution, by the 1830s. He explained that, in one sense, the working class could be defined “against other men whose interests are different from (and usually opposed to) theirs.”³⁴ In

another sense, they could be defined by their relationship and commonality as a group.

Thompson explains that the working class formed a sense of “class-consciousness” through a set of shared experiences, relationships, and values that united them as a common people and differentiated them from other groups, and which was expressed in “cultural terms: embodied in traditions, value-systems, ideas, and institutional forms.”³⁵ These experiences contributed to a common logic and worldview around which this social group united.

Thompson explains that class distinctions are more perceptible when considered over time in descriptive categories, whereas calculating and defining the working-class population at any given time is challenging since, “like any other relationship, it is a fluency which evades analysis if we attempt to stop it dead at any given moment and anatomise its structure.”³⁶

Nevertheless, inspired by Thompson’s class-informed analysis, many scholars have endeavoured to quantify the nineteenth century British working-class population. Notable among such studies is Richard Lawton’s edited *The Census and Social Structure: An Interpretive Guide to Nineteenth Century Censuses for England and Wales*.³⁷ Lawton endeavoured to distinguish Britain’s adult male population over the age of 15 from 1881 to 1911 into five separate social categories where Class I represented the elite, and Class V represented the impoverished. From

³⁴ Edward Palmer Thompson, *The Making of the English Working Class* (New York: Pantheon Books, 1963), 9.

³⁵ *Ibid*, 10.

³⁶ *Ibid*, 9.

³⁷ Richard Lawton, ed., *The Census and Social Structure: An Interpretive Guide to Nineteenth Century Censuses for England and Wales* (London: Frank Cass and Company Limited, 1978).

1881 to 1911, Class I³⁸ grew from 2.1% to 2.7%; Class II³⁹ grew from 14.6% to 15.3%; Class III⁴⁰ grew from 39.8% to 43.1%; Class IV⁴¹ declined slightly from 30.5% to 29.2%; and Class V⁴² declined from 13.1% to 9.7%.⁴³ This study centres on exploring the experiences of some of Class IV and those in Class V and their families which includes individuals employed (or seeking employment) as unskilled or semi-skilled labourers.⁴⁴

To evaluate the experiences of this population, the present study situates itself as a medical, social, economic, and gender history, and as a study of the rise of biopolitics in Britain. As a medical history, this study asks: what was the significance of infant mortality in relation to broader concerns about public health, what caused the high instance of infant death, what treatments were available or suggested to assist mothers, and how did medical professionals perceive this issue? The medical perspective enhances one's understanding of the problem of infant mortality by investigating its documented causes and therefore whether the various solutions proposed by middle- and upper-class analysts were viable and realistic solutions to resolve or mitigate the underlying problems. As a social history, this study considers how one's

³⁸ Class I was composed of military, scientific, business, and political elite, such as Army Officers, medical professionals, engineers, civil services officers, newspaper publishers, and coal or metal mine owners.

³⁹ Class II included middle- and upper-class educated and skilled individuals, like brokers, auctioneers, builders, railway officials, and road contractors.

⁴⁰ Class III included middle-class educated individuals in skilled occupations, like chemists, insurance agents, law clerks, engineers' and surveyors' assistants, food manufacturers, and undertakers.

⁴¹ Class IV included semi-skilled labourers, such as barmen, various manufacturers, lodgekeepers, machinists, and domestic service or personal support workers.

⁴² Class V included petty tradesmen and semi-skilled or unskilled labourers, such as manual workers.

⁴³ Lawton, 197-223.

⁴⁴ In addition to producing these estimates, Lawton also draws on other flawed statistical population profiles to highlight the challenges of drawing on nineteenth century demographic data to inform current historical profiles. One example that he details saw demographers in 1851 develop a classification system that distinguished classes based on highly subjective and classist personality and intelligence assumptions, the tools the individuals used in their occupations, and the products which they produced. The use of such variables may inform some of the experiences of the individuals studied, but it fails to illustrate the social hierarchies or account for how individuals who practiced the same trade in different regions could have different life experiences and socioeconomic security. Such flawed contemporary classification systems are the crux of what makes distinguishing the classes in the present day challenging.

working-class social standing shaped experiences, especially for children and mothers. This perspective illuminates the working-class community and home, the resources to which this population had access (including medical care, food products, employment, etc.), and how one's identity as a working-class member of society coloured how other members of the population and the State perceived them. As an economic history, this study is attentive to the socioeconomic determinants of health that shaped the experiences and perspectives of both the working class and the elite. Furthermore, it demonstrates how the conservative elite's adherence to the laissez-faire economic philosophy underwrote their resistance to invest in welfare supports and their preference for a system of enforced moral discipline to financially secure the working class. As a gender history, this thesis explores how the gendered ideals of late-nineteenth- and early-twentieth-century femininity informed the expectations and criticisms directed at working-class mothers, and furthermore, how the State commanded control over the "craft" of motherhood to effect their demographic, political, and social objectives. Lastly, Foucault's theory of biopower assists in uncovering the State's motivations underlying its use of biopolitical techniques to illustrate how these tools and mechanisms, and the philosophies underpinning them, guided Britain's public health legislation during this period and beyond.

The significance of this study is two-fold: first, it adds to the existing scholarship on public health, economic disparity, industrialization, political reform, gender, and biopolitics. The mutual relationships between England's infant mortality rate, health, industrialization, empire, and economic inequality have been studied by scholars such as Deborah Dwork and Anna Davin. Peter W.G. Wright has also broached the relationship of infant mortality and biopolitics within the national efficiency movement of the early twentieth century, and his work is useful to this

thesis.⁴⁵ In addition, and serving as a core point of departure for this thesis is Francesca Moore's recent article "Governmentality and the maternal body: infant mortality in early twentieth-century Lancashire."⁴⁶ In recognition of Foucault's failure to meaningfully include gender in the theory of biopolitics, Moore mobilizes gender within the theory to consider how the State "governmentalized" the notion of the "bad mother" (a uniquely working-class phenomenon) to channel improvements in national health and decrease the infant mortality rate. However, while inspiring, Moore's study could go further into exploring how the political and military contexts of the early twentieth century, as well as industrialization and urbanization, influenced the State's attitudes towards women, women's experiences, and the evolution of public health and infant welfare in Britain during this period. Thus, there has yet to be a comprehensive study that uses Foucault's theory to frame a discussion on public health, poverty, and infant mortality in the years leading up to and during the First World War to consider how this changed the State's approach to infant and child welfare, and marked the beginning of Britain's welfare state. Nor does the existing historiography explore how the State focused on working-class mothers rather than challenging the social, political, and economic structures that enabled economic inequalities, and their impacts on health and well-being, to persist and thrive. In contrast, these inquiries are central to the present study, which seeks to demonstrate how the British state conceptualized the working-class population and their responsibility towards this population.

Second, this study illuminates how the British state and much of the British population viewed, or at least advanced the argument that poverty and its many collateral impacts were a

⁴⁵ Wright, "Babyhood: The Social Construction of Infant Care as a Medical Problem in England in the Years Around 1900," in *Biomedicine Examined*, ed. Margaret Lock and Deborah Gordon (Dordrecht: Kluwer Academic Publishers, 1988), 299-329.

⁴⁶ Francesca Moore, "Governmentality and the maternal body: infant mortality in early twentieth-century Lancashire," *Journal of Historical Geography* 39 (2013): 54-68.

consequence of moral issues, rather than acknowledging that they are foundationally economic. Those living in or near poverty—specifically vulnerable groups, like women and children—have been blamed for occurrences that are primarily the result of social, political, or economic structures which shape their socioeconomic status, while the circumstances and environment of low-income and low-opportunity communities have been, and often continue to be, ignored or disregarded by individuals who insist that a lack of personal and financial discipline is the crux of the problem. As a consequence, solutions often illustrate a tendency to address the issue by re-educating the individual (which is a form of discipline in the tradition of anatomo-politics), rather than assisting the individual by building greater economic equality into the social system.

The following chapters will detail the evolution of the working-class environment and economic position in England's urban towns and cities and trace the events that led to the adoption of biopolitical methods that marked the beginning of the British welfare state. Chapter One focuses on the urban slums that emerged with the Industrial Revolution and which caused poor public health and the high infant mortality rate that later garnered the attention of the middle and upper classes. In doing so I survey the working-class slum of the nineteenth century, its living conditions, the employment and financial limitations of its occupants, and the insufficient sanitary resources—all of which contributed to poor health and facilitated the spread of disease. Here I draw upon the work of John Burnett, John Tarn, and Harold James (H.J.) Dyos. These scholars have authored essential studies on slum living conditions and the health-limiting characteristics of nineteenth-century British towns and cities.⁴⁷

Chapter One also deals with the housing movement that emerged during the late

⁴⁷ John Burnett, *A Social History of Housing 1815-1970* (Devon: David & Charles, 1978).
J.N. Tarn, *Working-Class Housing in 19th-century Britain* (London: Lund Humphries Publishers Limited, 1971).
H.J. Dyos, "The Slums of Victorian London," *Victorian Studies* 11, no. 1 (September 1967): 5-40.

nineteenth century, which attempted to improve slum housing conditions and national welfare by channelling a disciplinary and individualizing cultural shift among landlords and builders through philanthropic and legal initiatives to create housing that was more conducive to health. This movement, along with the introduction of the 1870 Education Act, is indicative of the State's early attempts to create regularity in the slums and among the working-class population through educational and disciplinary interventions, without explicitly interfering in economic activities and breaking the *laissez-faire* tradition.

Chapter Two focuses on the expansion of knowledge about the severity of poor public health, initially identified through anecdotal accounts of sensational journalists, and later empirically affirmed by the revelation of the Boer War's high rejection rates of working-class recruits due to physical deficiencies. The first half of this chapter draws upon Edward Higgs's pivotal study, *The Information State in England: The Central Collection of Information on Citizens, 1500-2000*, which traces the evolution and implications in the way the State acquired and used knowledge acquired through various forms of statistical surveillance of the national population.⁴⁸ My thesis examines this collection of knowledge specifically with an eye to understanding its implications and uses for the expansion of biopower, an issue that Higgs does not explicitly discuss. In line with Foucault, I thus focus on analyzing the State's development of knowledge about the working classes and their living conditions as the first step towards greater and more encompassing biopolitical control of the population.

This chapter will illustrate how information sparked fears that a substantial portion of England's population was morally and physically unfit. The imperative to increase the health and efficiency of the population as a means to secure Britain's military and imperial pre-eminence

⁴⁸ Edward Higgs, *The Information State in England: The Central Collection of Information on Citizens since 1500* (Basingstoke: Palgrave Macmillan, 2004).

empowered the State to take more direct action to improve the health and welfare of the working-class population. Nevertheless, these attempts were limited by the anti-interventionist political tradition. This chapter also charts the growth of the Labour Party and their influence on the Liberal Party's 1906-11 welfare reforms through the secret Liberal-Labour Pact agreed upon in 1903. Lastly, this chapter also considers how an international drive towards efficiency and maternal and infant welfare supported the Liberal Government's efforts to improve the health and condition of the working classes, and prompted a reconceptualization of motherhood in the laissez-faire society. This new definition medicalized motherhood and emphasized a woman's responsibility to defend her child(ren) against elements that negatively affected their health and well-being. In doing so, it allowed the State to install disciplinary tools and interventions around the practice of mainly working-class motherhood as part of a larger effort to standardize infant and childcare practices to cultivate a healthier population.

Chapter Three centres on the First World War and illustrates how the unprecedented, demanding, and threatening nature of the War redefined British society and compelled the State to intervene in the welfare of the population more actively by introducing some of the first welfare state policies and implementing biopolitical strategies to meet the State's wartime needs. As this chapter will show, the declaration of war in August 1914 threatened the core values and security of British society, heightened the importance of England's public health, and highlighted the health-related vulnerabilities which had persisted since the Boer War. The State recognized that measures taken since the Boer War did not solve the issues associated with poor health, as numerous working-class recruits were, again, rejected from service during the First World War as they had been during the Boer War years earlier. However, in a drastic shift from the pre-war period, the unprecedented and cataclysmic nature of the Great War was so threatening that it

allowed the State to challenge the liberal political structures and values that formerly limited its authority, allowing the State to then intervene more freely in the lives of its citizens to secure the nation's health and future. Since mothers were responsible for the welfare of the nation's children and future soldiers, controlling their actions and subsidizing their welfare became a national priority. However, in supporting maternal and infant welfare, the State also used such supports as opportunities to regulate the behaviours and health of the population, evidencing a distinctly biopolitical turn in the State's governing practices.

These chapters will be informed by secondary research on topics related to late-nineteenth and early-twentieth century social exploration and analysis, turn of the century medical literature, Britain's political transition, and the Great War and its effect on the health of the population and the State's approach towards maternal and infant welfare during the years preceding and during the Great War. These topics are discussed with the aim of providing the historical background and context needed to understand how the Boer War's empirical affirmation of pre-existing fears about the health and welfare of the population, especially the working class, fuelled a movement toward democratization of the State, and evolution in the techniques of power applied by the State. Moreover, Chapter Three illustrates how the unprecedented threats issued by the Great War effectively redefined the society, the State's governing authority, and thereby, its ability to interfere in the lives of its population. The topics of health, national reckoning, political change, and governance coalesce under the theory of biopolitics and make visible the factors that propelled change in the State's application and deployment of biopolitical power techniques and mechanisms. Furthermore, it also enables a consideration of how the population and other actors similarly evolved with the presence of new information and threats and eventually conceded to allow such power techniques to be exerted

upon them.

CHAPTER ONE

England's Industrial Transformation & the Rise of Urban Slums

Over the course of a century, from the mid-1750s to the mid-1850s, England underwent a transition from being a largely rural to a predominantly urban society. The changes were sparked by the Industrial Revolution—characterized by urbanization and rapid technological innovation—which set in motion a series of economic and social changes that led to England becoming one of the most economically prosperous nations of the nineteenth century. As this transition occurred, one of the most notable changes was the dramatic migration of landless rural labourers and international immigrants to England's growing urban centres. The towns erected over the course of the following century promised opportunity to impoverished rural families who formerly relied on agricultural labour, cottage industry, and subsistence farming. Nevertheless, time revealed that the towns would fail to live up to expectations and many residents fell into destitution and experienced poverty within the expanding slums that accompanied urban growth.

With the expansion of urban factories, slums, and industrial wage labour, a new kind of space and people emerged. To help understand this transition and its consequences, this chapter will detail the proletariat's transition from being a rural and agriculturally-based people to a landless working class living increasingly in urban slums. It will also examine how inhabitants experienced these new urban slum spaces by focusing on their housing and living conditions and further considering how these environments, in turn, fostered conditions that adversely affected public health and inspired a sense of fear among the ruling elite.

The emergence of the industrialized town and its inhabitants is central to the history of England's empire, the health of the population, and the experiences, perceptions, and

expectations of working-class women during the long nineteenth century and into the Great War. The town shared a reciprocal relationship with the working-class population: it both defined and was defined by the people inhabiting it. The nineteenth-century urban labouring proletariat was a complex group of people who became a pointed focus of interest for the middle- and upper-classes by the latter part of the nineteenth century. Their interest grew out of concern over how this population—believed to be unhealthy and of lower moral character—limited the economic, political, imperial, and demographic efficiency and strength of the nation. However, the elite largely neglected to account for the working classes' history, socioeconomic status, environment, and experiences engendered by living and working in England's growing slums and factories. These dimensions of the working class help to understand their experience and to situate the legislation and norms that the State later introduced to assert control over them.

*1. England in Transition—From Rural Proto-Industrialization to Urban Proletarianization*⁴⁹

⁴⁹ The historiography on Britain's industrialization and urbanization and its impacts on technology, the economy, the political climate, and the people is wide-ranging and complex, but here we need only signal some of the major shifts in approach and perspective that support the research orientation of this thesis. From the 1930's to the 1960's, historians of Britain's industrialization primarily adopted an economic-technocratic approach to Britain's industrialization and urbanization. Studies in this tradition include David Landes' classic, *The Unbound Prometheus: Technological Change and Industrial Development in Western Europe from 1750 to the Present* (Cambridge: Cambridge University Press, 1969); J.H. Clapham, *An Economic History of Modern Britain: The Early Railway Age, 1820-1850* (Cambridge: Cambridge University Press, 1926), T.S. Ashton, *An Economic History of England: The Eighteenth Century* (Methuen, 1955), and Phyllis Deane, *The First Industrial Revolution* (Cambridge: Cambridge University Press, 1965). By the middle of the century, most notably following the work of Eric Hobsbawm and E.P. Thompson's publication of the classic *The Making of the English Working Class* in 1963, the historiography turned to consider the impacts on the people. This historiographic turn was initiated in 1917 when J.L. (John Lawrence) and Barbara Hammond published *The Town Labourer, 1760-1832; The New Civilisation* (London: Longmans, Green, and Co., 1917); *The Skilled Labourer, 1760-1832* (London: Longmans, Green, and Co., 1919); and *The Village Labourer, 1760-1832; A Study in the Government of England before the Reform Bill* (London: Longmans, Green, and Co., 1920). Paul Mantoux's 1961 study *The Industrial Revolution in the Eighteenth Century: An outline of the beginnings of the modern factory system in England* (J. Cape, 1961) added to this research in its attention to the impacts of industry on people, while concentrating on the technological, industrial, and economic impacts of industrialization. More recently Eric Hopkins's *Industrialisation and Society: A Social History, 1830-1951* (London: Routledge, 2000) also added to this historiography. Finally, in the 1970's historians broadened

England's industrialization began in the middle of the eighteenth century, with a population that was still widely dependent on agricultural pursuits, but by the late nineteenth century, England had become predominantly urban. Historian David Levine contends that this periodization—spanning from the mid-eighteenth to the late-nineteenth century—supports a conceptualization of England's industrialization that sees it not as an event, but as a process of gradual social, economic, and technological change.⁵⁰ The simultaneous growth of urban industry and the transformation of the rural agricultural economy resulting from improved technology and the concentration of land ownership fuelled this process. Together, these complementary forces propelled the rural peasantry from a dependence on subsistence farming and rural labour, to the wage economy of urban, industrial, capitalist society. This began with the mid-eighteenth century turn to proto-industrialization—characterized by the putting-out system of family-based production—which served as the foundation to the economic and demographic shifts that pushed the working classes to urban centres in the following decades.

Beginning as early as the sixteenth and seventeenth centuries, conventional land use and ownership changed in response to the unsustainability of the partible inheritance system and a period of land enclosures that extended to the middle of the nineteenth century. Together, these changes restricted the rural peasantry's access to affordable and arable land, eventually propelling them to find sources to supplement their declining resources, particularly during the

their studies to consider questions pertaining to gender and women's experiences amid the rise of second wave feminism and influenced by the works of Simone de Beauvoir, *The Second Sex*, trans. Constance Borde and Sheila Malovany-Chevallier (New York: Vintage Books, 2011) and Betty Friedan, *The Feminine Mystique* (1963; repr., New York: W.W. Norton & Company, 2013). By the 1990's, historians began to merge these historiographic lenses together along with more abstract theoretical approaches that over-laid the political, technological, economic, cultural, and gendered lenses allowing more dynamic analyses.

⁵⁰ David Levine, "Industrialization and the Proletarian Family in England," *Past and Present* 107 (May 1985): 171.

agricultural off-season when resources and labour opportunities were limited.⁵¹ Urban entrepreneurs and merchants became aware of the surplus of low-wage rural labourers and tapped into this workforce to fuel their varied business ventures.⁵² In time, new machinery also facilitated greater production capacity during both the on and off-seasons,⁵³ while improved transportation fuelled the momentum of the urban market even further by allowing quicker and less costly distribution of goods, such as textiles or ceramics. These changes increased the capital of urban entrepreneurs, strengthened urban markets, and spurred more urban development. In response to growing urban markets for agricultural produce, wealthy landowners or businessmen purchased land that was formerly underutilized or unprofitable and enclosed it for use, compelling even more of the rural proletariat to look to putting-out wage labour opportunities (cottage industry) and eventually to move to urban centres where entrepreneurs began investing capital into centralized workshops, mills, and factories.⁵⁴

Over the latter part of the eighteenth century, proto-industrialization led to significant changes in England's demographics as well. Earlier marriages and the potential profit of large employed families contributed to larger family sizes, and with it, population growth.⁵⁵ Many from this generation eventually migrated to urban areas in search of gainful employment in the growing number of centralized facilities which also appealed to business owners who enjoyed the greater control, oversight, and standardization of production that central workshops and factories allowed. By the early nineteenth century, these economic and demographic transitions

⁵¹ Landes, *The Unbound Prometheus*, 44.

⁵² *Ibid*, 44.

⁵³ Franklin F. Mendels, "Proto-Industrialization: The First Phase of the Industrialization Process," *The Journal of Economic History* 32, no. 1 (March 1972): 242-3.

⁵⁴ For more on the pre-industrial period refer to Peter Kriedte, Hans Medick, and Jürgen Schlumbohm, *Industrialization before Industrialization: Rural Industry in the Genesis of Capitalism*, trans. Beate Schempp (Cambridge: Cambridge University Press, 1981).

⁵⁵ Mendels, "Proto-Industrialization," 251-3.

brought rapid growth to urban working-class communities.

The late eighteenth century was characterized by the concentration of land in fewer hands, the mechanization and commodification of proletariat labour, and the proliferation of technologies that propelled industrial production capacity. In his 1844 classic, *The Condition of the Working Class in England*, Friedrich Engels reflected on the beginnings of England's transition to an urban nation and remarked that during this period the proletariat were "called into existence by the introduction of machinery."⁵⁶ As industrialization progressed, England's urban towns and economy progressively grew, and with it, so too did the urban working-class population who required housing that was both affordable and close to employment opportunities. Commonly, these accommodations were found in working-class slums.

2. *The Development of Slums, 1800-1851*

Initially, migration out of rural areas flowed to the already-established commercial centres of England, such as London and the growing cotton-mill towns of Lancashire and Manchester. However, as industrial capitalism spread, metalworking towns of the north and the midlands became more densely populated with incoming industrial establishments and migrants.⁵⁷ By 1801, census data indicated that 20% of England's population was urban, with some of the larger towns, like Manchester and Liverpool, boasting populations between 50,000 and 100,000.⁵⁸ The continued growth of England's export markets and the construction of factories fueled the proletariat's migration to towns and allowed population growth to continue

⁵⁶ Friedrich Engels, *The Condition of the Working-Class in England in 1844* (London: George Allen and Unwin Ltd., 1892), 15.

⁵⁷ Burnett, 56-7.

⁵⁸ *Ibid*, 9-10.

throughout the century.⁵⁹

Centralized production and manufacturing gave entrepreneurs better oversight of their products, reduced shipping and transportation costs, and justified investments in technologies that increased production capacity.⁶⁰ Importantly, the continued success of these business ventures was dependent on working-class labourers, yet the factory system did not generate the same benefits for the working classes that it did for their employers. Characteristically factories and workshops provided labourers with little or no job security and low wages that only began to increase significantly around the middle of the century.⁶¹ Several historians have taken up the question of assessing the evolution of working-class wages during this period, and in doing so have advised caution on the validity of wage statistics due to the lack of adequate documentary sources on the subject, the regional and occupational variability of wages, and inconsistent data collection. Nevertheless, M.W. Flinn has ventured to distill extant data by studying the evolution of wages in the census from three periods: 1788/92-1810/14, 1810/14-1820/24, and 1820/24-1846/50. Flinn's findings suggest that the proletariat's wages rose during the first period, in response to the boom generated by the Napoleonic Wars, but remained relatively unchanged in the succeeding decades. For example, wages for "town workers" increased by a dramatic 69.4% during the first period, by 9.4% during the second, and decreased by 9% during the third and final period. Similarly, "labourers" also saw a dramatic wage increase of 68.4% during the first period, which went unchanged during the second, and only increased by 3.1% during the third.⁶²

⁵⁹ J.N. Tarn, *Working-Class Housing in 19th-century Britain* (London: Lund Humphries Publishers Limited, 1971), 4.

⁶⁰ Eric J. Evans, *The Shaping of Modern Britain: Identity, Industry and Empire, 1780-1914* (New York: Routledge, 2013), 54.

⁶¹ Charles H. Feinstein, "Pessimism Perpetuated: Real Wages and the Standard of Living in Britain during and after the Industrial Revolution," *The Journal of Economic History* 58, no. 3 (September 1998): 649.

⁶² M.W. Flinn, "Trends in Real Wages, 1750-1850," *The Economic History Review* 27, no. 3 (1974): 405.

While considering these wages it is also important to acknowledge that, from the 1770's to the 1860's, England's fertility rate and family sizes increased, meaning that each wage was likely supporting more dependents than it initially had at the beginning of the period.⁶³

The urban industrial slum emerged haphazardly as an answer to the working-class housing question that balanced the needs of affordability and centrality. As the industrial working-class population grew, the slums developed in a pattern that was characteristically unorganized and unplanned. The dwellings often began as the vacated residences of the middle classes who opted for more comfortable living conditions in growing suburbs and upscale residential neighborhoods. Speculative builders, responding to demands for cheap housing, quickly adapted these. Typically, builders divided the former middle-class residences among families with little planning, while new accommodations—often referred to as “jerry-buildings”—were built with limited regulation and architectural oversight by unspecialized or general labourers, with poor quality or unsuitable materials, and typically did not correspond to contemporary building recommendations or sanitation standards.⁶⁴ The “jerry-building” practices made buildings susceptible to collapse and led to poor living conditions caused by limited access to fresh air, overcrowding, and poor sanitation.⁶⁵ While England's slums succeeded in their baseline objective—the provision of shelter—they failed in the dimensions of structural soundness, comfort, and sanitation, resulting in negative effects on the health and well-being of residents.

The foundation for the ad hoc and unorganized construction of working-class housing grew from speculative builders' attempts to respond to and profit from the dramatic population

⁶³ Feinstein, “Pessimism Perpetuated,” 649-50.

⁶⁴ Burnett, 20-1, 25.

⁶⁵ Tarn, *Working-Class Housing in 19th-century Britain*, 4-5.

growth in urban areas, which increased upwards of 25% over each decade from 1811 to 1851.⁶⁶ H.J. Dyos, an authority on the topic of Victorian slums in the nineteenth century, has observed that those who lived in the slums “seldom created such slums as often as they confirmed the builders’ and others’ mistakes”⁶⁷ of building poorly constructed and insanitary accommodations with little regard for the impacts on the welfare of slum residents. Slums were enticing and profitable to wealthy developers and speculative builders who capitalized on the housing demand.⁶⁸ However, their methods demonstrated disregard for the structural reliability of the accommodations and the welfare of their inhabitants. Efforts to mitigate these housing practices were troubled by the unprecedented complexity of spatially organizing a town and meeting the needs of thousands of industrial workers and their families, and the reluctance to introduce building standards or codes, which many believed to be a “curtailment of personal liberty” upon businessmen and builders alike, and which therefore, went against the State’s laissez-faire economic tradition and liberal philosophy.⁶⁹ Consequently, these conditions persisted throughout much of the century and only began to change with the beginning of the housing movement during the latter half of the century, as will be discussed in more depth below.

Working-class residents typically resided in one of four types of housing: cellar dwellings, lodging houses, tenement houses, or back-to-backs. John Burnett has studied working-class Victorian housing at length and explains that the dwellings lacked consistency from region-to-region, and even house-to-house, in quality, condition, and style.⁷⁰ While the cellar dwellings, lodging houses, and tenement houses were reserved for the most desperate of

⁶⁶ Burnett, 56-7.

⁶⁷ H.J. Dyos, “The Slums of Victorian London,” *Victorian Studies* 11, no. 1 (September 1967): 26.

⁶⁸ Dyos, “The Slums of Victorian London,” 27.

⁶⁹ Tarn, *Working-Class Housing in 19th-century Britain*, 2.

⁷⁰ Burnett, 54-5.

the working classes and were characteristically “residual, left over and adapted from their original use as family dwellings for the better-off classes,” back-to-backs, in contrast, offered more space but were still an accommodation reserved strictly for the working class.⁷¹

Cellar dwellings were considered the most offensive of the working-class residences due to their condition and the residents that they typically housed. Normally located below tenements or lodging houses, cellar dwellings were dark, cramped, and lacked fresh air. Contemporary reports also indicate that cellar dwellings did not have drainage mechanisms and therefore were often damp, serving as a breeding ground for disease and attracting unwanted pests.⁷² The dwellings were typically reserved for the most desperate of the working classes, such as Irish immigrants, and were widely regarded as spaces which were unclean and housing an unclean and morally corrupt population. Residents of cellar dwellings relied on the use of bed pans and cesspools, which inhibited cleanliness and sanitation, and posed a great risk to health.

The second class of housing included lodging and tenement houses. Lodging houses were intended to be temporary accommodations for individuals and families who were considered “near-destitute” and needed provisional and affordable shelter. However, they became permanent for those who could not afford other accommodations. With the transitory nature of lodging house residents, these dwellings became known for their unkempt and dirty environment, and acquired unfavorable moral linkages associated with pauperism, promiscuity, and brothels. Like cellar dwellings, lodging houses enabled disease to flourish due to their uncleanliness, the continued rotation of residents, and the lack of sanitary resources. In contrast, tenement houses were intended to be a more permanent solution. Tenement houses were the outcome of subdividing the vacated former homes of the middle-classes to fragmented, often single-room,

⁷¹ Ibid, 70.

⁷² Ibid, 58.

accommodations. The hallmark distinction of these homes was their “informal and unrecorded” fragmentation, designed with little planning other than to fit the immediate needs and low budgets of the growing working-class populace.⁷³

The last of the working-class accommodations, typically reserved for those who had relatively secure employment, were back-to-backs. Back-to-backs were multi-level dwellings that speculative builders quickly and haphazardly constructed to accommodate multiple tenants. The dwellings typically consisted of a cellar, a main floor room, and two upper rooms that could be accessed by a staircase. As their moniker suggests, the houses would be built back-to-back, so as not to allow doorways or windows at the rear or sides of the home. Whether rented out to additional tenants, or occupied by a single family, the additional rooms in back-to-backs offered residents with an added level of comfort, privacy, and potential income from renting that was not available in tenement and lodging houses. Though, like the other working-class housing available, the back-to-backs also had limitations, notably, the use of a court system in which sanitation resources were centrally located and shared among neighbours. Like other types of slum housing, back-to-backs were also frequently overcrowded, and lacked sufficient ventilation and sanitary resources.⁷⁴ Because of this, some towns, such as Birmingham—which had upwards of 40,000 back-to-backs housing one-third of the population at its height—ultimately banned the construction of these dwellings by the 1870’s.⁷⁵ Despite regional variations, what remained consistent among all forms of housing was the excessive overcrowding, poor construction, and the insufficient number of sanitary resources. These conditions infringed on the comfort and health of the working-class populace, although, due to their economic station, there were few if

⁷³ Ibid, 62-5

⁷⁴ Ibid, 70-5.

⁷⁵ Alan Mayne, *The Imagined Slum: Newspaper Representation in Three Cities, 1870-1914* (London: Leicester University Press, 1993), 60.

any alternatives to which they had access.

By the midpoint of the century, over 54% of England's population was urban, and town populations had experienced unprecedented growth. For instance, Manchester and Liverpool grew from their 1801 populations of 75,000 and 82,000 to 303,000 and 376,000 respectively by 1851.⁷⁶ And, despite regional variations in patterns of slum development, these new spaces shared important characteristics—notably much higher densities of impoverished populations concentrated within spreading urban spaces. And these growing slums posed new health, nutrition, and disease risks that threatened not just their inhabitants, but increasingly the wider society as well.

By the 1840s, recognition of the health impacts associated with the living conditions of the working-class population intensified, as evidenced by the aforementioned publication of Friedrich Engels' classic study *The Condition of the Working Class in England* in 1844. The publication broke ground as an avant-garde study which offered a glimpse into the experiences of the working-class population who participated in industrial production. Today, Engels' work is still celebrated for his nuanced assessment of the working class and for isolating the societal mechanisms that shaped their experiences. Engels' account highlighted the poor housing that inhibited good health, working conditions that mechanized and dehumanized the individual, and varied examples that pointed to a potential moral crisis among the Manchester labouring population, such as prostitution. This publication, and others like it, alerted England's elite to the issues that the working classes experienced in the first half of the century and inspired more dedicated efforts to address them.

⁷⁶ Burnett, 7,10.

3. *The Housing Movement, 1851-1900*

The housing movement was the product of increasing concern and knowledge in public health and medicine. By the middle of the century, the middle and upper classes had become more keenly aware of the health consequences stemming from the rapidity of urban growth. Unplanned and unregulated housing construction had put unprecedented demands on sewage and water supply systems, while poor housing conditions and overcrowding facilitated the spread of infectious diseases.⁷⁷

Epidemic diseases had declined during the eighteenth century; however, with the conditions of the newly forming urban environment, cholera—a disease originating in Asia—became a new concern following its first outbreak in England in 1831, brought in by sailors.⁷⁸ The disease spread through water sources contaminated with the bacterium cholera vibrio, which typically occurred when the waste of an infected individual mixed with the water supply. England's rudimentary sanitation infrastructure and overcrowding made it easy for the disease to spread and contaminate communal water supply stations. Estimates suggest that the disease killed a total of approximately 128,000 people in a series of outbreaks from 1831 to 1867; 32,000 in 1831-2; 62,000 in 1848-9; 20,000 in 1853-4; and 14,000 in 1866-7. It is estimated that 40-60% of those who showed symptoms died, and victims are reported to have succumbed to the disease

⁷⁷ Anthony S. Wohl, *Endangered Lives: Public Health in Victorian Britain* (London: J.M. Dent & Sons Ltd., 1983), 87. Through much of the nineteenth century, the medical community and the population writ large relied on the pythogenic (miasma) and the contagionist theories of disease to inform the causation and solutions to illnesses like cholera. While both theories were incorrect, to an extent, the preventative steps these theories informed, such as disposing of or removing items with noxious smells, did partially alleviate the transmission of infectious diseases that were transmitted by ill-smelling items. However, many disease and illnesses had less perceptible origins and required better sanitary infrastructure, food acquisition and storage practices, and living and work conditions to sustainably remedy.

⁷⁸ For more on cholera and its impact on nineteenth century British society, refer to Amanda J. Thomas *Cholera: The Victorian Plague* (Barnsley: Pen and Sword, 2015).

within hours of showing the first symptom.⁷⁹

However, cholera was far from being the most fatal affliction that Victorian England faced. To a much greater degree, the population was more at risk from endemic poor health, illnesses, fevers, and ailments which progressively eroded the population's vitality and efficiency. Yet these afflictions rarely caused the sensation and panic that epidemic outbreaks did. It was in this sense that cholera was significant to the nation's public health transition because it sparked panic that moved some members of the State and the population to take the need for corrective action more seriously.⁸⁰

One such individual was Edwin Chadwick. In 1843 Chadwick published his *Report on the Sanitary Condition of the Labouring Population in Great Britain*⁸¹ as a House of Lords paper in which he insisted upon the benefit that improved sanitation and water supplies would have on national health. Chadwick was an adamant supporter of the miasma theory and his recommendations centred around improving sanitation, water supplies, and cleanliness.⁸² The panic associated with cholera outbreaks also prompted the central government to mandate local governments to establish local boards of health, who could then introduce local policies that improved public health and the condition of slums over the latter half of the century. However, as Anthony Wohl explains, the nature of the strain between local authorities' desire for "low

⁷⁹ Wohl, *Endangered Lives*, 118. In 1849, John Snow, a relatively unknown epidemiologist, published *On the Mode of Communication of Cholera* in which he presented his theory on the spread of the disease, suggesting that it originated in contaminated water sources. The initial publication was met with little acclaim, however, in 1855, Snow published a second edition of the text in which he substantiated his theory with evidence from the 1854 Broad Street outbreak which claimed 616 lives within the Soho district. Snow's water-borne theory was not widely accepted when published, but, in time, the foresight and significance of his research came to be widely respected and acknowledged by the medical community.

⁸⁰ *Ibid*, 120-5.

⁸¹ Edwin Chadwick, *Report on the Sanitary Condition of the Labouring Population of Great Britain* (London: W. Clowes and Sons, 1843).

⁸² Peter Mandler, "Chadwick, Sir Edwin (1800-1890), social reformer and civil servant," *Oxford Dictionary of National Biography*.

rates, local option, independence, and freedom” versus the State’s larger national health objectives for “strength, efficiency and progress” impeded much of this legislation from bringing about the changes necessary to improve health dramatically.⁸³

With reports and publications like those authored by Chadwick and by Engels, and with expanding, disorderly slums becoming a more well-known problem, contemporaries began to see their economic and social impact as a problem that threatened national objectives. The second half of the century accordingly witnessed new actions to gain control over these spaces and the people who occupied them. This shift began with more widespread awareness of town conditions in the 1840’s, which led to the term “slum” progressively entering the English vernacular to refer to these new spaces that were deemed to be morally degenerate and “unfit for human habitation.”⁸⁴ In turn, over the second half of the century, the burgeoning housing movement prompted initiatives and legislation intended to improve working-class housing, albeit without directly interfering with slum builders and landlords. Doing so would have contradicted the nation’s non-interventionist, laissez-faire philosophy which, after the 1859 establishment of the Liberal Party, was reaching its height in popularity.

One of the first developments of the housing movement was Anthony Ashley Cooper, 7th Earl of Shaftesbury’s (styled as Lord Ashley until 1851) 1844 Society for the Improvement of the Conditions of the Labouring Classes. Ashley was a respected Parliamentarian whose legacy includes evangelical projects tied to causes that include supporting women and children and improving work conditions in mines and factories. In much the same vein, Ashley’s Society ventured to improve the working-classes’ housing, and was guided by the three idealistic

⁸³ Wohl, *Endangered Lives*, 140-1.

⁸⁴ H.J. Dyos, “The Slums of Victorian London,” in *Exploring the Urban Past: Essays in Urban History* by H.J. Dyos ed. David Cannadine and David Reeder (Cambridge: Cambridge University Press, 1982), 131.

objectives: 1) build affordable and comfortable working-class housing near London; 2) create spaces to allow “working men” to grow their own food; and 3) make loans accessible.⁸⁵ While the latter two objectives failed to materialize, Ashley’s Society did build multiple housing projects for defined groups in the following decade, including widows, boys and men, and families. However, in each instance the projects lacked clear direction on how to assist the target population, or how to make the ventures economically appealing and realistic for both tenants and investors. For example, though the housing built for families was positively received, the accommodations were too expensive for the poor and too costly to attract investors.⁸⁶ Because of these outstanding issues, by the early 1850’s, the Society’s activities had essentially ceased. However, John Tarn insists that Ashley’s contribution to the movement lay in the precedent he set and the ideals he put forth to curtail the ills of the slums by creating better living conditions.

Over the succeeding decades, the force of the housing movement fluctuated. Since the movement was spurred by concerns over specific fears associated with disease outbreaks and their impact on national priorities, the immediate absence of these threats weakened the strength and support of the movement and investors’ willingness to invest in innovative housing initiatives.⁸⁷ In addition, during the latter half of the nineteenth century, particularly during William Ewart Gladstone’s four separate terms as Prime Minister—spanning from 1868 to 1894—the liberal values of personal responsibility, low taxation, and limited government were at their apex. Nevertheless, action persisted, predominantly through other philanthropic initiatives influenced by Ashley’s Society which formed in the succeeding decades; these included the Improved Industrial Dwellings’ Company, the Metropolitan Association for Improving the

⁸⁵ Tarn, *Working-class Housing in 19th-century Britain*, 5.

⁸⁶ *Ibid*, 6-7.

⁸⁷ John Nelson Tarn, “The Peabody Donation Fund: The Role of a Housing Society in the Nineteenth Century,” *Victorian Studies* 10, no. 1 (September 1966): 8-9.

Dwellings of the Industrious Classes, and the Peabody Donation Fund. Like Ashley's Society, the philanthropic projects provided housing that served as a model, encouraging future builders and investors to be cognizant of health issues rather than just immediate profit. Prized among these was the Peabody Trust.

Founded in 1862 by George Peabody, the Peabody Trust's primary objective was to respond to the dire housing conditions of London's poor.⁸⁸ The first of the Peabody Trust Buildings opened in 1864 and offered several accommodations of one, two, or three rooms which rented from 2s 6d to 5s 0d. The accommodations were intentionally sparse to deter vermin, and sanitary facilities were centrally located to allow oversight and ensure that they remained in good condition to limit potential disease outbreaks.⁸⁹ The intentionality and planning of the Peabody Trust buildings continued with other projects that progressives similarly celebrated for their thoughtful construction practices which improved the well-being of tenants. For example, in 1891 while reporting on the Peabody Building's lower frequency of disease, public health leader, Arthur Newsholme, attested that instances of disease, such as enteric fever and diarrhoea, were considerably lower in the Peabody Buildings, owing in part to the better sanitation facilities.⁹⁰ This was despite the Peabody Buildings' high population density which, in contrast to London's average of 58 persons per acre, averaged 751 persons per acre in their multi-storey accommodations.⁹¹

The health-conscious planning of the Peabody Trust buildings differentiated them, and others like them, from other privately constructed working-class housing projects built by

⁸⁸ Ibid, 10.

⁸⁹ Ibid, 11-2.

⁹⁰ Arthur Newsholme, "Vital Statistics of Peabody Buildings and other Artisans' and Labourers' Block Dwellings," *Journal of the Royal Statistical Society* 54, no. 1 (March 1891): 80

⁹¹ Ibid, 86.

speculative builders for profit. As Newsholme explained, speculative builders designed and constructed buildings “with an almost complete disregard of the laws of health.” In contrast, Newsholme observed that the Peabody Trust designed and constructed accommodations in acknowledgement of the fact that,

The provision of a large amount of window space and of free ventilation of both staircases and rooms, and the prevention of overshadowing from neighbouring blocks, are essential to the wellbeing of the tenants; and unfortunately this has been grievously neglected in some of the private block dwellings to which I have alluded.⁹²

Privately owned working-class accommodations were unregulated by the central government, and only slightly regulated by local government bodies, and economically-driven builders did little to support the development of healthier living conditions. Thus, despite broader recognition of the impacts that occasioned progressive improvements to sanitation technology beginning in the middle of the century, and especially from the 1870’s forward, significant problems remained. In particular, landlords and builders were often reluctant to invest in costly plumbing,⁹³ and cesspools and middens, both of which often leaked into nearby drinking water sources, continued to be the common sanitary infrastructure used in slums. Holding over a week’s work of refuse, they had to be manually cleaned, and they persisted in some areas up until the turn of the century.

Showcasing some of these sanitary blunders is the nineteenth century slum of Hungate, York. The Hungate slum was the product of early nineteenth century speculative construction, using vacated middle-class accommodations or cheap housing jerry-built upon open plots. During the nineteenth century, Hungate’s population grew in response to the employment

⁹² Ibid, 91.

⁹³ M.J. Daunton, *House and Home in the Victorian City: Working-Class Housing 1850-1914* (London: Edward Arnold Publishers Ltd., 1983), 248; P. Bingham, N.Q. Verlander, and M.J. Cheal, “John Snow, William Farr and the 1849 outbreak of cholera that affected London: A Reworking of the Data Highlights the Importance of the Water Supply,” *Public Health* 118, no. 6 (2004): 387-8.

opportunities in factories lining the town's riverbank, and with it, so too did the demand for affordable housing.⁹⁴ A 2007 archaeological excavation of Hungate's housing revealed that, from 1850 on, the local government and landlords made few investments to improve sanitation infrastructure in the community, despite the availability of more health-conscious products. Instead, communal cesspits continued to be the norm despite their known health implications. It was not until the turn of the twentieth century that new technology was eventually put in place, although, even by the time it was installed, the infrastructure selected by landlords was on the verge of being outdated and inefficient. Additionally, inadequate capacity further reinforced these poor conditions, as in some cases up to eleven households shared a mere five water closets.⁹⁵

Despite the existence of improved technology, the lack of political mechanisms to apply pressure on private landlords to adapt, combined with landlords' reluctance to invest in new infrastructure, meant that many slums continued to house outdated, overused, and unsanitary infrastructure. In consideration of these problems, the Conservative government introduced the Sanitary Act in 1866, marking the beginning of a period of more concerted efforts to respond to the slum housing conditions.

The Sanitary Act mandated local governments and authorities to oversee and respond to urban "nuisances," including sanitation issues. Furthering this, numerous Public Health Acts were introduced, including those introduced in 1872 and 1875 which called for health officials to be appointed and gave local governments enhanced authority to curb poor sanitation by

⁹⁴ Jayne Rimmer, "People and Their Buildings in the Working-Class Neighborhood of Hungate, York," *International Journal of Historical Archaeology* 15, no. 4 (December 2011):620-1.

⁹⁵ Peter A. Connelly, "Flush with the Past – An Insight into Late Nineteenth-Century Hungate and its Role in Providing a Better Understanding of Urban Development," *International Journal of Historical Archaeology* 15, no. 4 (December 2011): 611.

prescribing building codes and creating mechanisms to ensure that builders and landlords complied with them.⁹⁶ The Artisans' and Labourers' Dwellings Act of 1875 also built upon these initiatives and similarly gave greater authority to local governments to respond to poor housing by encouraging slum clearing, so long as new housing was constructed in its place. Frequently, slum clearing initiatives saw municipalities partner with philanthropic organizations, like the Peabody Trust, to erect housing that was conducive to good sanitation and health.⁹⁷ However, with each of these pieces of legislation, authority resided primarily with the local government which resulted in a lack of consistency in the application of the legislation and the degree to which the local governments addressed the issue. In short, the degree of effectiveness of the legislation was determined by the initiative of the local government, which could be affected by patterns of political influence, vested interests, or economic conditions.

Furthermore, when legislation was introduced, there was often a lack of motivation to clear slums, due to the loss of profits that landlords faced and the immense cost associated with constructing acceptable housing. Consequently, the slum clearance projects of the late nineteenth century were largely relegated to large towns, such as Birmingham, London, and Liverpool, in which there was more political attention, financial capital, and charitable support to propel action.⁹⁸ Yet, the forced displacement of slum residents during the reconstruction process caused alarm to progressives, since this process often forced the working classes into temporary conditions that were more deplorable than the slums they were vacating. As one publication

⁹⁶ Catherine Bowler and Peter Brimblecombe, "Control of Air Pollution in Manchester Prior to the Public Health Act, 1875," *Environment and History* 6, no. 1 (February 2000): 91-3; Daunton, *House and Home in the Victorian City*, 7.

⁹⁷ Daunton, *House and Home in the Victorian City*, 193-4.

⁹⁸ Andrew August, *The British Working Class, 1832-1940* (Harlow: Pearson Education Limited, 2007), 97-8; Colin G. Pooley, "Housing for the Poorest Poor: Slum-clearance and rehousing in Liverpool, 1890-1918," *Journal of Historical Geography* 11, no. 1 (1985): 72.

attested, slum clearances meant that residents were

driven to crowd more closely together in the few stifling places still left to them; and so Dives makes a richer harvest out of their misery, buying up property condemned as unfit for habitation, and turning it into a gold-mine because the poor must have shelter somewhere, even though it be the shelter of a living tomb.⁹⁹

Even though the State introduced the legislation with the intent to improve working-class housing, the enormity of the slum housing problem, the varied stakeholders involved in the problem, and the philosophy of non-intervention and laissez-faire economics made changing and enforcing legislation and building codes challenging. Because of these issues, most slums endured little change from when the legislation was first introduced in the mid-1860s up to the mid-1880s, when Gladstone's Liberal government finally called for a Royal Commission to investigate the scope and severity of the issue.¹⁰⁰

The Royal Commission was appointed in 1884 to investigate the condition of working-class living accommodations. The Report's introduction noted that improvements had been made to working-class housing since the 1850's, but observed that many communities still experienced excessive overcrowding and poor sanitary conditions, and further, that many local government boards had taken no initiative to improve working-class housing conditions despite the introduction of legislation.¹⁰¹ Summarizing the report, the Council of the London Municipal Reform League lamented that "[...]the poor are suffering great misery in their homes, much of which could be prevented by an effective administration, such as a great city like this

⁹⁹ *The Bitter Cry of Outcast London, An inquiry into the Condition of the Abject Poor* (London: James Clarke & Co., 1883), 24.

¹⁰⁰ August, 97-8.

¹⁰¹ First Report of Her Majesty's Commissioners for Inquiring into the Housing of the Working Classes, 1885, C. 4402.

imperatively requires.”¹⁰² The Report covered several matters concerning slum housing including overcrowding, structural and design issues, poor sanitation, and the collective influence these forces had on the health of the population. The Report presented an alarming picture of working-class housing and contended that the accommodations ultimately prohibited good sanitation and health. They evidenced this by noting the jarring mortality rates of communities like St. Pancras, whose mortality rate in 1882 reached 70.1 deaths per thousand in selected areas, while in comparison the national rate was just over 20 per thousand.¹⁰³ In response, the Report conveyed its concern over such devastating statistics by insisting that

The general deterioration in health is a worse feature of overcrowding than the encouragement of infectious disease. It reduces the stamina, producing consumption and disease arising from general debility, whereby life is shortened. Nothing stronger could be said of overcrowding than that it is more destructive to general health than conducive to the spread of contagious disease. Unquestionably a large amount of infection which ravages great cities is due to the close packing of the population. Typhus is particularly a disease associated with overcrowding, and when once an epidemic has broken out its spread in overcrowded districts is inevitable.¹⁰⁴

The Report’s unfettered condemnation of the slums illustrated the growing awareness of the influence that poor living conditions had on the health of the working classes. This excerpt encapsulates the shift in society’s concept of health and, more specifically, of endemic health issues that Foucault addressed. The threat transitioned from being centred on epidemic diseases, to conditions which presented a chronic deterioration of the health, well-being, and efficiency of the population and which, the Report argues, were products of the living conditions in the newly-formed industrial towns. With Acts like those mentioned above, the significance of working-

¹⁰² Joseph Firth Bottomley Firth, *The Royal Commission on the Housing of the Working Classes: Summary of the First Report*, Municipal Reform Pamphlet no. 17 (London: The London Municipal Reform League, 1885), preface.

¹⁰³ Jörg Vögele, *Urban Mortality Change in England and Germany, 1870-1913* (Liverpool: Liverpool University Press, 1998), 36.

¹⁰⁴ Firth, *Royal Commission on the Housing of the Working Classes: Summary of the First Report*, 13-4.

class housing was coming into the purview of the elite and they began to gradually introduce schemes and legislation that would better support the development of better living conditions.

Nearing the end of the nineteenth century, following the Report's condemnation of urban living conditions and as the germ theory gained popularity, the State initiated more concrete actions to respond to disease outbreaks originating in working-class slums. This included the introduction of the Infectious Disease (Notification) Act of 1889. As early as the 1860's, Sir John Simon, the first medical officer for the City of London and the President of the General Board of Health (1854-1858), insisted that England's public health problems resulted from insanitary waste removal practices and a lack of control over the spread of infectious diseases. Simon insisted upon the crucial nature of implementing a system of notification and isolating infected persons to limit the spread of disease. After years of pushing for this legislation, the Government passed the Infectious Disease (Notification) Act in 1889, which required doctors to notify their local authority of infectious disease outbreaks. However, in accordance with the State's reluctance to intervene in the affairs of local governments, the legislation was only mandatory in London and optional for the rest of the country. Despite being optional, many local governments did adopt the legislation and by 1893 approximately 25,000,000 people were covered under the Act. Wohl explains that this legislation was significant because it demonstrates the entrenchment of the germ theory nearing the turn of the century.¹⁰⁵

Continuing this trend, and perhaps of the greatest influence, Gladstone's Liberal government introduced the Housing of the Working Classes Act in 1890. The Act was envisioned to ameliorate the problematic housing accommodations which remained despite the many remediation attempts of prior decades. The Act sought to respond to elements of working-

¹⁰⁵ Wohl, *Endangered Lives*, 136-7.

class housing that contributed to the characterization of slums as being spaces that were “unfit for human habitation,” specifically by attacking the

narrowness, closeness, and bad arrangement, or the bad condition of the streets and houses or groups of houses within such area, or the want of light, air, ventilation, or proper conveniences, or any other sanitary defects, or one or more of such cause, are dangerous or injurious to the health of the inhabitants either of the buildings in the said area or of the neighbouring buildings.¹⁰⁶

However, like its predecessors, the 1890 Act failed to elicit the change desired to reduce overcrowding and its associated impacts by continuing to resist in intervening too dramatically in the affairs of individuals or local governments. Consequently, by the turn of the century, many of these issues remained present.

In response, in 1899, George Haw, an active middle-class proponent of better working-class housing, claimed that the working classes were still “living in houses in direct contravention of the Public Health Act of 1891 (*sic*).”¹⁰⁷ Haw argued that the overcrowding of working-class accommodations, which sometimes saw upwards of ten people living in a single room, was the foundation of the problems associated with contemporary slums.¹⁰⁸ More than simple discomfort, Haw emphasized that extensive overcrowding allowed infectious diseases—including typhus, whooping cough, and diarrhoea—to spread rapidly among family members and neighbours. To provide his audience with an impression of these conditions, Haw referenced an article featured in *The Daily News*, which detailed a London home in which one member of the family was ill with typhoid:

One of the rooms occupied by the family was in a wretched and miserable condition; the bed, accommodating four children, was situated at one corner. The table on which the victuals were kept and eaten adjoined same, and other domestic utensils occupied most of the remaining space. No division appears to have been made between the victualling of

¹⁰⁶ The Housing of the Working Classes Act, 1890, 53 & 54 Vict., c. 70.

¹⁰⁷ George Haw, “No Room to Live” The Plaint of Overcrowded London” in *The Urban Working Class in Britain, 1830-1914* ed. Andrew August (London: Pickering & Chatto, 2013), 299.

¹⁰⁸ *Ibid*, 301.

the family and the necessary isolation of the patient. Under the bed a collection of soiled linen was kept, and also a vessel containing faecal matter... As the mother of the family is pregnant, she will probably be confined in the same room shortly.”¹⁰⁹

However, what the housing movement’s legislation and Haw failed to acknowledge and respond to beyond the existing conditions of the working class, was the centrality of the working classes’ economic fragility and unstable employment and how this perpetuated their poor health and confined them to the slums. Without an adequate solution to economic disparity and widespread poverty, the State was hard-pressed to find an adequate and sustainable solution to the problems growing out of the slums.

4. Poverty, the Poor Law, & Women’s Health

The desperation that a persistently inefficient and unpredictable income engendered occasionally pushed slum residents to look to state relief for assistance which was granted through the Poor Law. The Poor Law legislation that carried through the second half of the century was the product of an 1832 Royal Commission that the central government ordered in response to mounting fears over suspected moral corruption and growing dependence on what conservative, elite contemporaries believed to be excessively sympathetic state relief.¹¹⁰ These beliefs and the principle of personal responsibility guided Poor Law legislation from the 1830’s forward as amendments sought to deter workhouse relief and to restrict outdoor relief in hopes that individuals would practice personal responsibility. To do this, legislators designed workhouses to “rob inmates of their individuality and independence” by enforcing compliance with codes of conduct that infringed upon recipients’ freedoms in a manner more indicative of

¹⁰⁹ Ibid, 311-2.

¹¹⁰ Robert Humphreys, *Sin, Organized Charity and the Poor Law in Victorian England* (New York: St. Martin’s Press, Inc., 1995), 14.

criminalization than state assistance. For instance, in workhouses relief recipients were not allowed to swear and had standardized haircuts and uniforms.¹¹¹ In a similar vein, eligibility for outdoor relief was progressively restricted with stricter assessment standards out of concern that relief would “weaken morals and nurture inherent sin.”¹¹²

In part, the State’s presumption that “able-bodied” males who sought to avoid a respectable day’s work abused Poor Law relief drove legislators in restricting support. This assumption is indicative of the larger society-wide problem in which unsubstantiated negative assumptions of working-class moral inferiority guided policy development. The result was an assistance system that presumed ill-will, poor character, and immorality on behalf of relief recipients, put forward by legislators who were motivated to limit support funding and to enforce individual responsibility. However, this conception was not premised on a measured assessment of Poor Law relief recipients’ social, economic, and physical condition. For example, in 1872, of the 824,600 outdoor paupers receiving relief, those registered as “able-bodied men,” a categorization which included those who were temporarily out of work due to illness, accounted for a mere 3.6% of relief recipients. Those defined as “deserving groups,” which included the disabled, children, mothers with dependents, single women, and other vulnerable populations, composed the remaining 96.4%.¹¹³ Like other initiatives, Poor Law Relief relied on a policy of non-intervention, and, in doing so, failed to consider some of the critical components of the working-class experience that relegated members of this class to continued poverty. The basis of this misunderstanding, and the problems that the working class experienced, were their economic station and the persistent irregularity of wages. Without attacking the issues that formed the basis

¹¹¹ Lynn Hollen Lees, *The Solidarities of Strangers: The English Poor Laws and the People, 1700-1948* (Cambridge: Cambridge University Press, 1988), 147-9.

¹¹² Humphreys, *Sin, Organized Charity and the Poor Law in Victorian England*, 4, 25.

¹¹³ *Ibid*, 22.

of working-class deprivation, housing legislation served only as a temporary measure to support fragments of the working class, without offering a meaningful, long-term solution to the problem. Ultimately, the working-class population required better wages and income security to create predictability in their socioeconomic well-being, that could provide a foundation to improve their health.

Towns grew around specific industries which in turn shaped the economic strength, security, and regularity of employment of the town's residents, and it was the latter of the three that most accurately predicted the severity of poverty, and therefore, the well-being of the population. Regular employment and income facilitated financial security and permitted families to have continued access to critical resources, including food and shelter, whereas periodic unemployment tangibly impacted working-class families by making it difficult to afford immediate necessities or to amass savings. For many unskilled labourers, employment opportunities were inconsistent and unexpected employment interruptions forced families to make financial sacrifices which could significantly affect their health. For instance, Ellen Ross details the experience of a South London family: when the father became ill leading to his hospitalization in the 1890's, the family was not able to heat their one-room residence, leading their youngest child to contract lung disease due to the cold, damp air and to perish soon after.¹¹⁴

Elizabeth Roberts has studied the influence of income continuity on women's health during the late nineteenth century through a comparison of three working-class towns: Barrow-in-Furness, Lancaster, and Preston. Each of the towns' average wages were below the contemporary poverty line which was approximately 21s 8d depending on the number of dependents the wage was supporting and in what district. The stability of employment

¹¹⁴ Ellen Ross, *Love and Toil: Motherhood in Outcast London, 1870-1918* (New York: Oxford University Press, 1993), 41-2.

distinguished these towns from one another. As Roberts explains, where workers in Barrow-in-Furness and Lancaster had regular wages, which averaged between 18s to £1 3d a week, Preston's wages were irregular, and as such, prohibited families from establishing a sustainable and regular financial routine and budget.¹¹⁵ As was true for the South London family, Preston's variable wages also correlated with markedly higher infant mortality rates. Between the years of 1891 and 1900, Preston's average infant mortality rate of 23.5% was well above both the national average of 15.4% and the rates of Barrow-in-Furness and Lancaster at 15.4% and 16% respectively.¹¹⁶ Financial discontinuity combined with low wages and high living costs made it near impossible for working-class families to retain savings, making them vulnerable to extended periods of economic deprivation. In contrast, in working-class communities that experienced fewer wage interruptions, like Barrow-in-Furness and Lancaster, families could amass small savings to cope with unanticipated urgencies and were also able to more easily tend to their day-to-day needs.

The combination of chronic poverty and economic fluctuations impacted all family members. However, the research of Horrell, Meredith, and Oxley demonstrates that working-class mothers were more adversely affected in comparison to the rest of their families due to their lower "bargaining position" in the division of resources among the family. Contemporary gendered family dynamics prescribed that men were the main income earners, which earned them a higher hierarchical status within the family and entitled them to receive more food to secure their physical strength and health which was needed to continue to financially provide for the family. Conversely, this meant that the other family members had to divide the remaining

¹¹⁵ Elizabeth Roberts, "Working-Class Standards of Living in Three Lancashire Towns, 1890-1914," *International Review of Social History* 27, no. 1 (1982): 45-7.

¹¹⁶ *Ibid*, 61.

resources through a “risk minimization strategy” in which the family divided food by perceived need. During this process, mothers often received the fewest resources because they gave the remaining food to their children, a tendency that is confirmed in several contemporary accounts.¹¹⁷ The persistent nutritional sacrifices of working-class women led to malnutrition and robbed women of nutrients essential to maintain good health, especially when combined with their labour-intensive domestic responsibilities.¹¹⁸ To illustrate this phenomenon, Horrell et al. considered the weight of working-class female prison inmates who were incarcerated for non-violent although disruptive crimes that can likely be tied to their socioeconomic deprivation.¹¹⁹ While incarcerated, Horrell et al. found that women gained weight, indicating an improvement in their net nutritional status and overall health, despite their intensive labour while incarcerated.¹²⁰ Horrell et al. attributed this improvement to the absence of the breadwinner effect and argued that it points to women’s greater vulnerability as compared to other members of their families while impoverished.

The persistence of these difficult economic conditions shaped the living conditions of slum residents and gave slums a reputation as unlivable spaces during the second half of the nineteenth century. Contemporary commentators, lawmakers, and social theorists offered this characterization primarily due to the poor sanitation and overcrowding that dominated slums and slum housing. England’s late nineteenth century lawmakers failed to enact policies and legislation that sufficiently improved public health largely because of the laissez-faire economic and political tradition that preferred a disciplinary system of non-intervention. This approach

¹¹⁷ Sara Horrell, David Meredith, and Deborah Oxley, “Measuring Misery: Body Mass, Ageing and Gender Inequality in Victorian London,” *Explorations in Economic History* 46, no. 1 (2009): 95, 105.

¹¹⁸ Refer to Ellen Ross, *Love and Toil: Motherhood in Outcast London, 1870-1918* (New York: Oxford University Press, 1993).

¹¹⁹ Horrell et al., “Measuring Misery,” 104.

¹²⁰ *Ibid*, 108.

towards remediating public health aligns with Foucault's conception of anatomo-power, whereby states sought to achieve desired ends through instilling or encouraging individual behavioral shifts rather than by altering the social, political, and economic structures that affected public health on a population-level scale. In this case, the individuals in question were not only members of the working class, as will be discussed in later chapters, but also local authorities, who were encouraged to adopt practices that facilitated national regulation in the absence of centralized government coercion mandating that they do so. The overhaul of working-class slums and the introduction of a livable wage and secure employment were changes that would take decades and significant investments from both public and private investors to solidify. By the close of the nineteenth century, these investments were not yet made, and the significance of the slums, and the health of the peoples who resided within them, had yet to command the sense of urgency to draw the attention of the elite who had the power and capital to improve conditions.

CHAPTER TWO

The Exposé of the Slum, Labour, & Early Attempts at Reform

For the first half of the nineteenth century, the working-class urban slum was cloaked in an air of mystery; hidden back alleys, dimly lit streets, and underground cellars dissuaded much of the middle and upper class from crossing into working-class territory. However, as the last chapter and this chapter illustrate, in the late nineteenth century, the slum became more visible to public health professionals, some legislators, and affluent social explorers—“slummers,” to borrow Seth Koven’s term—who ventured into these urban spaces to take stock of the living conditions, the people, and the issues they presented. The elite’s curiosity to see how slum-dwellers lived and their desire to affirm their own social standing by venturing down the social scale motivated much of this exploration. The publications that these travels produced emphasized the especially grotesque and alarming elements of the slum and its inhabitants, and pointed to the elite’s growing effort to understand and gain control over these areas. Yet, without the presence of an immediate crisis, the problems presented little more than fodder for discussion and did not prompt a radical and nationwide change in the environment of the working classes or in their socioeconomic conditions by the end of the century.

However, at the turn of the century, the issues raised during the housing movement and by slummers were confirmed by investigative social studies and, perhaps even more importantly, by the Boer War medical enlistment exam, which revealed that medical officers deemed a substantial portion of the population to be “unfit” to defend the nation during the conflict. These affirmations heightened concerns about the physical state and future of the populace, principally the working class, as England grappled with other issues related to the health and strength of the nation, including a declining birth rate, a high and increasing infant mortality rate, threats to the

gendered organization of society, and a declining economic and industrial position on the world stage. Amid these concerns, the rising influence of the Labour Party put pressure on the political system, and the Liberal Party especially, to concede to their class-based demands in order to avoid an all-out class war. Collectively, these issues threatened England's international superiority, continued growth, and internal stability, effectively forcing the elite to reconceptualise the working class. Workers and their families could no longer be dismissed as objects of grotesque curiosity; their welfare was now a serious problem that had to be addressed in more encompassing ways.

This realization, and legislative changes that occurred as a result of it, reveal a fundamental shift in the way the State approached welfare and the working class, and the power techniques it employed to bring about change. Nineteenth-century liberal states, like England, worried about the adequacy of their control over their populations, particularly regarding problems that infringed on a state's sustained growth, such as birth and mortality rates and public health. However, to uphold the State's liberal values, Britain had traditionally resisted intervention and shied away from interfering in the private activities of individuals and local governments. Yet, the presence of these new threats, and the imperative respond to them meaningfully, meant that the State had to adjust its techniques of power to enable the rationalization and control of the population, without directly challenging economic or social structures that were already in place. As this chapter will show, this period marked a transition in the State's use of its authority and deployment of power as it began a transition from anatomical power towards techniques that were more encompassing and, therein, reflective of biopower.

1. Increased Visibility & Early Interventions

Middle- and upper-class interactions with the working-class urban slum evolved as journalists, philanthropists, and curious observers and social scientists began to observe and explore these spaces. In the middle of the nineteenth century, especially from the 1870's onward, with the advent of 'New Journalism,' these explorations broadened awareness of the slums and their inhabitants. By the 1870's, improvements in print technology fostered a proliferation of cheaper periodicals that were accessible to larger and more socially diverse audiences. By 1900, over 170 daily periodicals were in circulation in England alone.¹²¹ William Thomas (W.T.) Stead, Editor of the *Northern Echo* from 1871 to the early 1880's and then of the *Pall Mall Gazette* beginning in 1883, is widely credited as the harbinger of this era of journalism.¹²²

Under Stead's direction, journalists reconfigured 'New Journalism' as a political tool to rouse public opinion and awaken the interest and excitement of the masses for political, social, and cultural change. In an 1886 essay entitled "Government by Journalism" published in the *Contemporary Review*, Stead highlighted the potential of journalism as a democratic tool:

The Press is at once the eye and the ear and the tongue of the people. It is the visible speech if not the voice of the democracy. It is the phonograph of the world. On its columns are printed the spoken words of yesterday, and it is constantly becoming more and more obvious that the importance of a spoken word depends chiefly upon the certainty of its getting printed.¹²³

He later continued to detail an editor's potential influence in fostering change, stating that,

the editorial pen is a sceptre of power, compared with which the sceptre of many a monarch is but a gilded lath. In a democratic age, in the midst of a population which is able to read, no position is comparable for permanent influence and far-reaching power to

¹²¹ Ann Ardis and Patrick Collier, "Introduction," in *Transatlantic Print Culture, 1880-1940*, ed. Ann Ardis and Patrick Collier (Hampshire: Palgrave Macmillan, 2008), 1.

¹²² Stead is widely credited with redefining journalism in the late nineteenth century as an editor and through his own investigative journalism and publications, including the now infamous "Maiden Tribute of Modern Babylon." This publication and its broader impact on journalism and contemporary legislation has been discussed by several others. For a fuller discussion on this, refer to Deborah Gorham, "The "Maiden Tribute of Modern Babylon" Re-Examined: Child Prostitution and the Idea of Childhood in Late-Victorian England," *Victorian Studies* 21, no. 3 (Spring 1978): 353-379.

¹²³ W.T. Stead, "Government by Journalism," *The Contemporary Review* 49 (May 1886): 656.

that of an editor who understands his vocation. In him are vested almost all the attributes of real sovereignty.¹²⁴

Yet, for journalism to reach its potential, editors had to maintain their audiences' interest. Often, this involved speaking to issues that garnered the attention of audiences by inciting fear, concern, and outrage. As Stead explained,

The editor must keep touch with his readers. He must interest, or he ceases to be read. He must therefore, often sorely against his will, write on topics about which he cares nothing, because if he does not, the public will desert him for his rival across the street.¹²⁵

To maintain interest and readership, Stead used sensational and large, attention-grabbing headlines and images to harness the attention of his audience.¹²⁶ Following Stead's direction, journalists sought to appeal to their audiences by creating excitement and outrage that was sure to sell papers and spur discussion.¹²⁷

As Stead was changing the conventions of journalism, there was simultaneously a growing interest and concern over England's urban slums and the individuals who inhabited them. The moral geography associated with the urban slum painted it as a place of corruption, criminality, and moral decay. The mystery that clouded urban slums and their lack of visibility deterred the middle and upper classes from entering these spaces, and therefore, from being able to understand and control them.¹²⁸ Yet, in the late nineteenth century, along with the housing movement's emphasis on fostering an improved environment, this mystery dissolved as efforts were made to uncover the urban slums, to police the moral corruption that existed within them,

¹²⁴ Ibid, 661.

¹²⁵ Ibid, 655.

¹²⁶ J.O. Baylen, "The 'New Journalism' in Late Victorian Britain," *The Australian Journal of Politics and History* 18, no. 3 (1972): 375.

¹²⁷ Kate Campbell, "W.E. Gladstone, W.T. Stead, Matthew Arnold and a New Journalism: Cultural Politics in the 1880s," *Victorian Periodicals Review* 36, no. 1 (Spring 2003): 27.

¹²⁸ Felix Driver, "Moral Geographies: Social Sciences and the Urban Environment in Mid-Nineteenth Century England," *Transactions of the Institute of British Geographers* 13, no. 3 (1988): 281.

and to create mechanisms to allow the State to increase its access and control over slum residents.

One method to increase access and control over slum residents consisted of the introduction of legislation that gave the State, or at least local governments, improved access to educate or train the population. One such mechanism was the Education Act of 1870. Liberal MP William Forster drove the implementation of this legislation, which provided elementary education to children in all districts of the nation, particularly in working-class communities where either no schools existed, or where students received “an education not worth having.” Forster’s concern over the working classes’ substandard education, and his desire to preserve and enhance “national power,” motivated him to support the new legislation. He explained:

We must not delay. Upon the speedy provision of elementary education depends our industrial prosperity. It is of no use trying to give technical teaching to our artizans without elementary education; uneducated labourers—and many of our labourers are utterly uneducated—are, for the most part, unskilled labourers, and if we leave our work-folk any longer unskilled, notwithstanding their strong sinews and determined energy, they will become overmatched in the competition of the world. [...] Upon this speedy provision of education depends also our national power. Civilized communities throughout the world are massing themselves together, each mass being measured by its force; and if we are to hold our position among men of our own race or among the nations of the world we must make up the smallness of our numbers by increasing the intellectual force of the individual.¹²⁹

Forsters’ call to build up the intellectual capacity of the nation was well-received by the House, and the Act was implemented in February of 1870. It allowed for the creation of school boards across the country to ensure that all children had access to elementary education. A decade later, the Act was further extended to require the attendance of children between the ages of five and ten, following the 1876 Royal Commission on the Factory Acts, which highlighted the prevalence of child labour and the persistence of an uneducated working class.

¹²⁹ William Forster, Speech to the House of Commons, 17 February 1870. *House of Commons Hansard Session Papers*, 3rd ser., vol. 199, cols. 438-98.

Majia Holmer Nadesan argues that a State's progressive control over the raising of children—as witnessed by the introduction of the Education Act—is indicative of the view that children were a national “risk” whose behaviour and health needed to be governed, or at the very least, influenced by the State. Mandatory education represented one of the State's first forays into what was formerly the private sphere, so that, in principle, the State, through local governments, became a participant in the task of raising the nation's children. This shift gave the State the potential to cultivate desirable qualities among children, to measure their progress towards an ideal, and to counteract undesirable behaviours or health conditions through individualized interventions.¹³⁰ However, this program took longer to implement than hoped. Upon its introduction, approximately 26% of children attended school, and by the turn of the century, estimates suggest that approximately 60% were attending.¹³¹ Without consistent and widespread attendance, it was challenging for the State's objectives to be realized.

Journalism was a second mechanism that British society employed as part of the project to understand, control, and open the slums to the wider audience of the elite and upper middle classes. Slum exposés drew upon the power associated with the Foucauldian notion of the gaze. Whether through the activities of police officers, investigative journalists, or individual citizens, the residents of slums became subjects of the “gaze of civilization,” which reported on and suppressed “uncivilized” behaviours or actions, and reprimanded those who practiced these behaviours. The application of the gaze compelled subjects (slum residents) to internalize desirable behaviours, effectively creating uniform, self-regulating citizens. Such disciplinary mechanisms represent the power mechanisms of anatomo-power in that they were

¹³⁰ Majia Holmer Nadesan, *Governing Childhood into the 21st Century: Biopolitical Technologies of Childhood Management and Education* (New York: Palgrave Macmillan, 2010), 4.

¹³¹ Barry H. Bergen, “Only a Schoolmaster: Gender, Class, and the Effort to Professionalize Elementary Teaching in England, 1870-1910,” *History of Education Quarterly* 22, no. 1 (Spring 1982): 2-3.

individualized, sporadic, and inconsistent disciplinary interventions which, while effective, did not create the widespread regulation necessary to achieve national “efficiency” at the scale desired. The proliferation of print news diffused this new agenda to working- and middle-class communities alike, allowing citizens to surveil and report others’ behaviour, for example through anonymous letters to the editor.¹³² The moral geography of the urban slum made it an especially desirable space for varied observers to visit and take advantage of the interest in the slum, and to interact within the larger context of social exploration and sensational journalism.

This practice of venturing to the slums has been extensively explored by Seth Koven who explains that the practice in and of itself denoted an important social innovation that effectively opened the urban slum to the purview of the affluent during the late nineteenth century.

Specifically, Koven defined slumming as:

activities undertaken by people of wealth, social standing, or education in urban spaces inhabited by the poor. Because the desire to go slumming was bound up in the need to disavow it, ... [it] includes the activities of men and women who used any word except slumming—charity, sociological research, Christian rescue, social work, investigative journalism—to explain why *they* had entered the slums. [...] slumming depends upon a movement, figured as some sort of “descent,” across urban spatial and class, gender and sexual boundaries.¹³³

Entering the slum involved a dimension of power that allowed the wealthy to transgress the spacial, gendered, and social boundaries of their geographic and social communities, to enter a space in which they could exercise a new authority and circumvent the social and gendered expectations that governed their lives in their own communities. In doing so, they could surveil the slum space and people and affirm their social superiority by distinguishing themselves from the peoples they studied. Venturing to the slums provided slummers an opportunity for notoriety

¹³² Andy Croll, “Street Disorder, Surveillance and Shame: Regulating Behaviour in the Public Spaces of the Late Victorian British Town,” *Social History* 24, no. 3 (October 1999): 262-3.

¹³³ Seth Koven, *Slumming: Sexual and Social Politics in Victorian London* (Princeton: Princeton University Press, 2004), 9.

by publishing exposés on the poor, and enabled individuals to temporarily escape from the existing respectable, gendered norms pertaining to class and sexuality that governed their lives.¹³⁴

Many of the women and men who ventured to the slums as journalists or through evangelical and social organizations were committed to the causes with which they aligned themselves.¹³⁵ Yet, it is still important to recognize that many of these individuals were also attracted to these vocations for the excitement and opportunity they offered to be involved in public life in a capacity that did not formerly exist. For affluent women especially, whose lives were politically, intellectually, and socially restrained, slumming presented an escape from the confines of traditional gender norms, while still conforming to contemporary ideals of female benevolence and charity. “New Women’s” frustration with their restrictions in the late nineteenth century led them to direct their domestic skills towards pursuits including philanthropy and journalism that allowed them to transgress class boundaries without losing their social status.¹³⁶ Women’s entrance into public society can be seen with the emergence of the Salvation Army in 1865, which depended on a large female membership to visit poorer districts to support the

¹³⁴ Ibid, 4-5.

¹³⁵ Religion and charity played a large role in motivating members of the middle and upper classes to venture to the working-class slums. While this thesis does not attempt to cover the religious dimensions and motivations for welfare support, social assistance, and slum exploration, many other scholars do. Notable studies include, E.T. Ashton and A.F. Young, *British Social Work in the Nineteenth Century* (N.p.: Routledge, 1956; Oxon: Routledge, 2007) and F.K. Prochaska, *Women and Philanthropy in Nineteenth-Century England* (New York: Oxford University Press, 1980; Oxford: Oxford University Press, 2003).

¹³⁶ F.K. Prochaska, “Female Philanthropy and Domestic Service in Victorian England,” *Historical Research* 54, no. 129 (1981): 79; Kathleen E. McCrone, “Feminism and Philanthropy in Victorian England: The Case of Louisa Twining,” *Historical Papers* 11, no. 1 (1976): 123. In her article “Gender, the Family and Women’s Agency in the Building of States’: The British Case,” *Social History* 19, no. 1 (January 1994): 37-55, Jane Lewis notes that during the latter part of the nineteenth century, local governments, authorities, and charitable organizations were acceptable pursuits for women because they were conceptualized as an extension of the domestic sphere that women occupied. Furthermore, she explains that women’s supposed aptitude in social work and personal care made them especially suited for community-based charity and volunteer work.

disenfranchised.¹³⁷ Journalism also presented an opportunity to transgress these boundaries and Emily Crawford was among the women who found appeal in this occupation. Crawford testified to the sense of vitality granted through a career in journalism as well as women's suitability for the position. As she explained,

The great school for the journalist, man or woman, is life [...] The woman journalist should not seek, any more than the man, to be on the crests of high waves, but to be ready for them, and, when caught up on them, to trust to their landing her on high ground. Our sex is just as well adapted for these high crests as the other. Every virtue that becomes a man becomes a woman yet more. Presence of mind and courage may be needful qualities in the ups and downs of a press career.¹³⁸

Near the end of the century, in 1891, journalism's appeal resulted in 661 women identifying themselves as journalists in the English census, a 44-fold increase compared to 1841 when only 15 women identified as such.¹³⁹

The methods that slummers employed to understand the working classes varied: some, such as James Greenwood and Elizabeth Banks, went under disguise; some ventured in for the artistic or creative appeal of the slums; while others claimed to be motivated by intentions of good-will or philanthropy. Regardless of their stated motivations, the publications that resulted from these ventures often dramatized the slums and centred their focus on issues that emphasized moral, physical, and social problems including poor sanitation, drunkenness, criminality, and illness. Slummers rarely qualified these observations by discussing economic deprivation or poverty, and instead focused on the outcome of these factors without considering the contexts that led to their creation. Collectively, the publications suggest that slummers were motivated

¹³⁷ For an extensive history on the Salvation Army, its membership, objectives, and activities, refer to Pamela J. Walker's study *Pulling the Devil's Kingdom Down: The Salvation Army in Victorian Britain* (Berkeley: University of California Press, 2001).

¹³⁸ Emily Crawford, "Journalism as a Profession for Women," *The Contemporary Review* 64 (September 1893): 369.

¹³⁹ F. Elizabeth Gray, "Introduction," in *Women in Journalism at the Fin de Siècle: 'Making a Name for Herself,'* ed. F. Elizabeth Gray (London: Palgrave Macmillan, 2012), 4.

more by curiosity and notoriety than a commitment to understand the working-class experience.

One of the first publications to employ these tropes was James Greenwood's 1866 feature in the *Pall Mall Gazette* entitled "A Night in the Workhouse." Greenwood travelled in disguise to a Lambeth workhouse to fit in amongst the "casual paupers" with whom he worked.¹⁴⁰

Disguise was thought to elevate the authenticity of his account by allowing him to understand the "actual experience [of] how casual paupers are lodged and fed, and what the "casual" is like."¹⁴¹

Greenwood emphasized his outrage and distinguished himself from the people he was studying throughout his account; for instance, in one case he stated that "no language with which I am acquainted is capable of [c]onveying an adequate conception of the spectacle."¹⁴² The general inexplicability of the space was intensified by his accusation of moral corruption,

From the moral point of view, however, the wakeful ones were more dreadful still. Towzled, dirty, villainous, they squatted up in their beds, and smoked foul [*sic*] pipes, and sang snatches of horrible songs, and bandied jokes so obscene as to be absolutely appalling.¹⁴³

Koven argues that Greenwood's foray into sensationalism initiated the turn to sensational journalism that was then taken over by Stead.¹⁴⁴

Years later, in 1894, in her publication *Campaigns of Curiosity: Journalistic Adventures of an American Girl in London*, Elizabeth Banks similarly used the tactic of disguise to gain an "authentic" impression of the working-class population. Like Greenwood, Banks' account focused on her impressions of the women she met and the condition of the town they lived in, rather than the issues that underwrote their experiences. As her title suggests, Banks's objective

¹⁴⁰ James Greenwood, *A Night in a Workhouse. From the Pall Mall Gazette* (London: Mansell & Son, 1866), 2.

¹⁴¹ *Ibid*, 2.

¹⁴² *Ibid*, 5.

¹⁴³ *Ibid*, 6.

¹⁴⁴ Koven, *Slumming*, 51.

was mainly to satiate her own curiosity, and she accordingly focused more on the sensational and particularly outrageous aspects of her experience rather than on the underlying social and economic issues that shaped the experiences of the women she encountered.

In contrast to Greenwood and Banks' use of disguise, others ventured to the slum with the objective to remain outside observers. Gustave Doré and Blanchard Jerrold's 1872 publication, *London: A Pilgrimage*, brought together Doré's haunting images of London's slums and Jerrold's written explanations. To Doré and Jerrold, the slum was a space of artistic inspiration: "At every turn there is a sketch. Every twisting or backing of a cart, every shifting of the busy group suggests a happy combination of lines and light and shade."¹⁴⁵ Doré and Jerrold maintained that their role was as observers rather than historians, and therefore, they intentionally detailed only what they saw, without contextualizing the slum experience.

Others took the opportunity of 'New Journalism' to be more direct with their critique of the working classes. In her 1896 study, *Rich and Poor*, Helen Bosanquet fixated on the moral corruption of the working-class population, and explicitly avoided discussions pertaining to economics because, as she argued, poverty was the result of moral failings:

It is the conviction that character is amongst other economic causes, and as such cannot fail to have an economic effect. In other words, I maintain that if you can make man or woman more honest, sober and efficient than before, he will not only be more likely to find an opportunity of rendering services to the community (*i.e.*, to find work), but will also by his higher range of wants increase the opportunities of other people (*i.e.*, increase the amount of remunerative employment).¹⁴⁶

Bosanquet's rejection of the economic foundations of slum life contributed to the already popular perception that immorality and limited economic and personal discipline resulted in the working classes' poor living conditions. This perspective contributed to an ahistorical view that

¹⁴⁵ Gustave Doré and Blanchard Jerrold, *London: A Pilgrimage* (London: Grant & Co., 1872), 25.

¹⁴⁶ Helen Bosanquet, *Rich and Poor* (London: Macmillan and Co., Ltd., 1896), v-vi.

rationalized efforts to morally “educate” the working class in the following years.

In contrast, a collection of journalists who aligned themselves with the disenfranchised working classes and who spoke to some of the deeper social and economic issues they endured also went into the slums and published articles on the socioeconomically driven issues that the working-class population faced. One such author was Beatrice Potter who, in 1887, wrote a feature in *The Nineteenth Century* which decried the condition of the London working class and emphasized that their conditions would have consequences for the rest of the nation. She asked,

I venture to think that the existence, and I fear the growth, of this leisure class in our great cities, notably in London, is the gravest problem of the future... If this is the to-day, what will be the to-morrow?¹⁴⁷

Christian socialist James Adderley adopted a similar opinion when he recounted a conversation in which he was asked why the conditions of the working class should be a concern to the elite. In response, he explained that “It has everything to do with you. You are an Englishman. Well, then, everything that in any way sullies the fair name of England among the nations of the earth calls for the active interference of all patriots.”¹⁴⁸ To Potter and Adderley, ‘New Journalism’ presented an opportunity to rouse public opinion and motivate change by advancing cautionary warnings about the future. However, many did not share their view and continued to rely on the adage of personal responsibility when discussing the topic. For much of the affluent population, it was not until England’s army was called upon in 1899 that the gravity of the problem—the slum, its inhabitants, and the varied health, social, and economic issues that accompanied slum life—was exposed in a way that demanded a more formidable and organized national response.

¹⁴⁷ Beatrice Potter, “The Dock Life of East London,” *The Nineteenth Century: A Monthly Review*, Mar. 1877-Dec. 1900 128 (October 1887): 496.

¹⁴⁸ James Adderley, *The New Floreat: A Letter to an Eton Boy on the Social Question* (London: Wells, Gardner, Darton & Co., 1894), 13.

2. *A Nation in Crisis?*

The British army was founded on the principles of strength, honour, and efficiency, and there was widespread awareness that a failure to meet these ideals could threaten the legitimacy of the institution, and by extension, the security of the nation and the Empire. By the latter part of the nineteenth century, contemporaries recognized the importance of having an army composed of the ‘right’ kind of men—both physically and morally. Pathologist Sir William Aitken warned in 1887 of the dire consequences of not meeting these ideals when he quoted his peer in insisting that “‘Nothing is so expensive as an unhealthy military force.’”¹⁴⁹ Foreshadowing the shockingly poor results from the Boer War’s medical enlistment exam in 1899, Aitken also acknowledged that poverty could have a negative impact on the condition of military recruits:

When trade and commerce are in a state of depression, the means of subsistence to many are limited and even precarious, so that many lads and young men seek to enter the army in such times. Then it is that, with increased numbers seeking military life, we are apt to get inferior quality as to the physique of the recruit, especially under the influence of scarcity of food, which again influences the predisposition to disease.¹⁵⁰

True to Aitken’s statement, as working-class men arrived at enlistment offices in response to the Boer War, their poor physical condition disqualified many from volunteering their services. By the conclusion of the War, contemporary estimates indicated that medical officers rejected as many as three out of every five recruits. Such high rejection rates led many to question what was to come of a nation that was unable to assemble an army.

When the Boer War began in October 1899 many initially anticipated that it would be a quick victory for England, sure to conclude before the end of the year. However, it unfolded

¹⁴⁹ Sir William Aitken, *On the Growth of the Recruit and Young Soldier with a View to a Judicious Selection of ‘Growing Lads’ for the Army, and a Regulated System of Training for Recruits* 2nd ed. (London: Macmillan and Co., 1887), vi.

¹⁵⁰ *Ibid*, viii.

quite differently. Upon its conclusion in May 1902, England claimed victory, but only with the loss of approximately 22,000 soldiers, 13,000 of whom died from disease. With their readership at an all-time high, newspapers sent correspondents to the front lines to report on the conflict, which enabled the English public to be acutely aware of the events taking place on the front. Readers were shocked to find out that England was struggling, and even experiencing defeat against the South African Republic and the Orange Free State armies. The first shock occurred two months into the War, in December 1899. In what came to be known as “Black Week,” the British Army suffered three successive defeats at the battles of Magersfontein, Stormberg, and Tugela between December 9 and 15.¹⁵¹ Numerous reports detailing the Army’s susceptibility to disease complemented the notice of military defeats and pointed to the Army’s physical frailty. For example, in early January of 1900, a *British Medical Journal* correspondent reported that 16 fatalities occurred due to dysentery and typhoid on January 8 and 9, while in another instance approximately 90 men in a battalion of 550 reportedly had typhoid fever.¹⁵²

However, even more concerning was the substantial number of individuals who were medically rejected from service. The Inspector-General of Recruiting noted that medical officers rejected over 30% of those who sought to enlist in 1900 because of their poor physical condition,¹⁵³ suggesting that those on the front lines were the healthiest among volunteers. Troops’ susceptibility to disease, in combination with high rejection rates, incited fear over the dwindling physical strength of the Army, and the nation more broadly. Moreover, as Richard Price observed, England’s losses against a supposedly “inferior” army challenged “the

¹⁵¹ Richard Price, *An Imperial War and the British Working Class: Working-Class Attitudes and Reactions to the Boer War 1899-1902* (London: Routledge and Kegan Paul, 1972), 225.

¹⁵² “The War in South Africa,” *British Medical Journal* 2038 (January 1900): 161.

¹⁵³ Price, *An Imperial War and the British Working Class*, 196.

complacent pride of the idle class as to the strength and security of the Empire.”¹⁵⁴ Driven by a fear over imperial decline, the State embarked on a campaign to gain control over the physical condition of the populace and to reinvigorate the British Army—and society more generally—to its former glory.

Part of the process of reinvigorating British society included increasing the size of the population. Britain’s pro-natalist stance was first ignited before the War in response to the dwindling birth-rate. Jay M. Winter and Michael S. Teitelbaum argue that a decline in the size of a country’s population—whether due to decreases in immigration and the birth rate, or increases in emigration and the death rate—has historically been interpreted as a signal of declining influence and power.¹⁵⁵ It followed that states could be more productive, efficient, and, importantly, more quickly mobilized for defence purposes, if they possessed a large and healthy population. Thus, poor health, infant mortality, or a decrease in the birth rate were believed to reduce national strength and martial capabilities, since these variables limited the size and strength of the army.

The responses to the nation’s poor health, as revealed through the Boer War enlistment exam, were divided among those who were attuned to the economic underpinnings of poor health, versus those who saw economic deprivation and poor health as consequences of poor character. Progressives held that England’s high rejection rate was rooted in the economic deprivation of the working classes, a view that Seebohm Rowntree emphasized in his 1901 study *Poverty: A Study of Town Life*. In autumn 1899, Rowntree conducted a study in the town of York which took stock of the living conditions in the slum. Rowntree and his associates interviewed

¹⁵⁴ Ibid, 226.

¹⁵⁵ Michael S. Teitelbaum and Jay M. Winter, *The Fear of Population Decline* (Orlando: Academic Press, Inc., 1985), 3. However, the increasing technologization of warfare, particularly since WWII has eclipsed the view that the size of a country’s population is a crucial factor in its military strength.

11,560 families¹⁵⁶ in what has been described as a “pioneering” social project that gave audiences an accurate impression of turn of the century working-class poverty.¹⁵⁷ In findings that echoed the earlier perspective of Sir William Aitken, Rowntree documented a relationship between the poverty experienced by the York population, their poor health, and the influence these factors had on the population’s military fitness for the Boer War. As Rowntree explained,

it is found that of 3600 recruits no less than 1710, or 47 ½ per cent, must be so classed [as unfit to serve]. When it is borne in mind that, in order to obtain the required number of men, the army standards of health and physical development have been repeatedly lowered, and are now by no means high, the low standard of health amongst the working classes which the above figures indicate becomes increasingly apparent.¹⁵⁸

Rowntree believed that the living conditions in the urban slum had far-reaching consequences that could shape England’s defence capabilities, economy, and the Empire’s future to a degree that could “hardly be overstated.”¹⁵⁹ Rowntree insisted that the basis of this issue was the socioeconomic deprivation that was instrumental in forming the slums and maintaining the conditions that still existed. In contrast, others were less convinced of the importance of socioeconomic conditions, and framed the problem as the outcome of class character and moral corruption, effectively minimizing considerations of the socioeconomic contexts.

One such individual was Sir John Frederick Maurice. In 1902, under the pseudonym Miles,¹⁶⁰ Maurice authored a response to the medical exam rejection rates and poor health of the working class in an article featured in the *Contemporary Review* entitled “Where to get Men.” Although others had written about the War and the health of the population, notably in the slum,

¹⁵⁶ B. Seebohm Rowntree, *Poverty: A Study of Town Life* 2nd ed. (London: Macmillan and Co., Limited, 1908), ix.

¹⁵⁷ Cheryl Buckley, “From York to New Earswick: Reforming Working-Class Homes, 1899-1914,” *Studies in the Decorative Arts* 16, no. 1 (2008): 92.

¹⁵⁸ Rowntree, *Poverty*, 217.

¹⁵⁹ *Ibid*, 221.

¹⁶⁰ Deborah Dwork, *War is Good for Babies and Other Young Children: A History of the Infant and Child Welfare Movement in England, 1898-1918* (London: Tavistock Publications, 1987), 15.

Maurice's article was among the first to stimulate extensive discussion and to garner broad attention from the public, the military, and government officials due to its brief and digestible nature, the affordability and accessibility of the periodical, and because of Maurice's authority as a respected military official and veteran of the Boer War.¹⁶¹ Maurice also used the tools of sensational journalists and slummers before him to appeal to the emotions of his audience and incite fears over the future of the nation.

Maurice calculated that, in contrast to earlier and more forgiving estimates, the medical rejection rate during the Boer War was approximately 60%, or three of every five enlistees.¹⁶² This startling figure accounted for "those whom the officers do not think it worthwhile to bring before the doctors, those whom the doctors reject and those who are rejected after trial in the Army."¹⁶³ Maurice suggested that urban residents were the source of the high rejection rate and the overall poor health of the nation, and to highlight the significance of this problem, he noted that France and Germany were much healthier according to their exam results.¹⁶⁴ Maurice argued that poor health arose during childhood primarily because of the "hopeless ignorance" of mothers, a characterization that he reserved mainly for working-class women.¹⁶⁵ In taking aim at working-class mothers, Maurice insisted that

the almost appalling and inconceivable mistakes that they make in the food of their children would make a humorous subject for much writing, if it were not so pathetic and so fatal. Surely ignorance is the thing that education is intended to cure.¹⁶⁶

Maurice framed his solution to poor public health around the educational dimension of the problem and argued that, more than any other factor, it was "the ignorance of the mothers that

¹⁶¹ Ibid, 15-17.

¹⁶² Miles, "Where to Get Men," *The Contemporary Review* 81 (1902): 79.

¹⁶³ Ibid, 79.

¹⁶⁴ Dwork, *War is Good for Babies and Other Young Children*, 17-8

¹⁶⁵ Miles, "Where to Get Men," 80-1.

¹⁶⁶ Ibid, 85.

has largely been at fault.” However, as Julie-Marie Strange observes, this attitude towards working-class mothers was also deeply connected to the pejorative assumption that working-class mothers’ inherent immorality and selfishness made them apathetic towards the welfare of their children. This gave rise to the belief that working-class mothers willingly neglected their children, or even committed infanticide for economic windfall from insurance benefits.¹⁶⁷

Maurice observed that the impact of this presumed apathy and ignorance was significant from a national and imperial perspective and accordingly challenged his readers to consider

Of what use it is to us from the mere “armed nation” standpoint, of what good is it to us from any health or wealth of nations standpoint to add to our census numbers a population of stunted unhealthy beings, that must in their turn with the developed peculiarities of their parentage produce by their premature marriages, their ignorance of all the duties of fatherhood and maternity, and their unwholesome surroundings a yet more degenerate race?¹⁶⁸

Evoking fear of a proliferation of degeneracy imperiling Britain’s future, Maurice concluded that it was “not the War Office but the nation that must take the question up.”¹⁶⁹

Several changes on the home front further amplified concerns about England’s future. By the turn of the century, England’s birth rate had declined from 35.5 per thousand in 1874, to 30.5 per thousand in 1899, a decrease of approximately 14%.¹⁷⁰ The decline was most dramatic among the middle and upper classes who had more access to birth control by the latter part of the century.¹⁷¹ During the same period the infant mortality rate increased 6.8%, from 146 to 156 per thousand live births. This increase was especially worrying, as contemporaries believed that the infant mortality rate was representative of the overall state of national public health, since infant

¹⁶⁷ Julie-Marie Strange, “Grieving for dead children,” chap. 8 in *Death, Grief and Poverty in Britain, 1870-1914* (Cambridge: Cambridge University Press, 2005).

¹⁶⁸ *Ibid*, 83.

¹⁶⁹ *Ibid*, 84.

¹⁷⁰ Deborah Dwork, “The Milk Option: An Aspect of the History of the Infant Welfare Movement in England 1898-1908,” *Medical History* 31, no. 1 (January 1987): 51.

¹⁷¹ Wohl, *Endangered Lives*, 38-9.

health was often determined by environmental conditions—including air quality, care, feeding, proximity to injurious disease—and, as Maurice had noted, the health and abilities of one’s parents. Notably, some of these factors assuredly affected populations beyond the slums too.

When combined, Maurice’s statements about the Empire’s possibly bleak future, the wealth of young, healthy men being sent to war, and the troubling vital statistics reports drew concern in the context of the rise of social Darwinism and Eugenics. Following Francis Galton’s publication of *Inheritance of Human Faculties* in 1883, the theory—which suggested that moral and physical degeneracy passed from generation to generation, resulting in a gradual deterioration of the “quality” of the British race—gained popularity among the English elite. As Gareth Stedman Jones explains in his classic study, *Outcast London: A Study in the Relationship between Classes in Victorian Society*, by the 1880s, fears associated with the growth of the immoral and “degenerate [labourer]” and the anticipated threat of this formidable and growing group upon all British society became more pronounced as the problems including poverty, poor housing, and poor sanitation continued to pose a sustained threat, despite what many considered to be respectable efforts through the Poor Law to increase personal responsibility, temperance, economic prudence, and restraint among the urban working poor.¹⁷² Consequently, this led many contemporaries to conclude that the problems suffered by the working classes must be biological, rather than social or economic, in origin. G.R. Searle explains that eugenicists believed that “progress could only be achieved through racial progress; the level of intelligence, health, energy or beauty could only be raised by breeding from the best stocks and controlling the fertility of the

¹⁷² Gareth Stedman Jones, *Outcast London: A Study in the Relationship Between Classes in Victorian Society* (London: Verso, 2013, London: Verso, 1971), 281-314. Citations refer to Verso, 2013 edition. Gareth Stedman Jones’ study offers an intriguing account of London’s working classes and the evolving attitudes and approaches towards them on behalf of the middle and upper classes. His study is essential for students of Britain’s social history in the late Victorian era who seek to understand the social, political, economic, and imperial dimensions of the urban working-class slum and its inhabitants.

worst.”¹⁷³ Yet, this was not happening in Britain where birth rates were markedly higher among the working class. For instance, poorer districts like Benthall Green and Stepney had birthrates of 283 and 295 per thousand, while wealthier districts like Hampstead had a birthrate of only 183 per thousand. This fed into fears among eugenicists that both the quantity and quality of the race was faltering.¹⁷⁴

Furthermore, women’s growing political activity through the Suffragette Movement and the growing number of “New Women” signalled that England was in a period of transition with an uncertain outcome. While these movements were predominantly middle-class pursuits, they threatened England’s traditional gender divide and incited concern among traditionalists of the potentially negative social consequences as women distanced themselves from their traditional roles of maintaining the private sphere, raising children, and tending to domestic responsibilities. Alongside the declining birth rate and high infant mortality rate, the rise of feminist pursuits supported the burgeoning belief that women were neglecting their national vocation as mothers.

Internationally several factors also pointed towards Britain’s decline. England’s drop in the birth rate exceeded that of France and Germany, suggesting that other nations were healthier and expanding more rapidly.¹⁷⁵ From a defence perspective, birth rate statistics suggested that other nations were more capable of assembling larger military forces if the need arose in the future. In addition, the labour productivity levels of Germany and the United States began to exceed Britain’s in various sectors, such as agriculture, manufacturing, construction, and

¹⁷³ G.R. Searle, *Eugenics and Politics in Britain 1900-1914* (Leyden: Noordhoff International Publishing, 1976), 1-7.

¹⁷⁴ Ross, *Love and Toil: Motherhood in Outcast London*, 92-3.

¹⁷⁵ Dwork, “The Milk Option,” 51-2.

transportation.¹⁷⁶ The expanding industrial capacity of these states also resulted in increased British imports from these countries. For example, the level of imports reached as much as 80% for advanced products such as synthetic dyes, chemical and optical glass, and electric goods.¹⁷⁷

In response to the many fears concerning the decline of Britain and its population, a movement directed towards bolstering national efficiency formed to chart a path of renewal, which drew upon a wider international trend that sought to rationalize the organization of society. The national efficiency movement served as an umbrella solution to the diverse set of problems affecting English industry, public health, and the economy. It was driven by an effort to reduce needless waste and inefficiencies that limited national productivity. At its core, the efficiency movement incorporated the conviction that “[a] disciplined population could overcome any kind of material handicap.”¹⁷⁸ Accordingly, supporters of the movement viewed education as a crucial tool to instill beneficial discipline in the lower classes. As Frank Turner explains, the movement encompassed a belief that scientific training could foster a more rational and therefore more efficient and productive population:

training in science would foster the habits of respectable self-restraint among those citizens, largely from the lower classes, assumed to lack those qualities. [...] The scientific writers were promising that training in even elementary science, by increasing the sense of discipline among the lower social orders, would contribute to the social control of them that the late Victorian and Edwardian middle classes thought necessary.¹⁷⁹

The movement explored mechanisms to discipline and train individual citizens to be more routinized, educated, and committed to their respective roles in society, and to internalize the

¹⁷⁶ Stephen N. Broadberry, “How Did the United States and Germany Overtake Britain? A Sectoral Analysis of Comparative Productivity Levels, 1870-1990,” *The Journal of Economic History* 58, no. 3 (1998): 378, 382.

¹⁷⁷ G.R. Searle, *The Quest for National Efficiency: A Study in British Politics and Political Thought, 1899-1914* (Berkeley: University of California Press, 1971), 13.

¹⁷⁸ *Ibid*, 65-6.

¹⁷⁹ Frank M. Turner, “Public Science in Britain, 1880-1919,” *Isis* 71, no. 4 (1980): 596-7.

national importance of their roles. Conservative members of the middle and upper classes led the movement and believed that the forces that challenged an individual (such as poverty, poor housing, or unstable employment) could be surmounted so long as individuals applied themselves to the problem correctly. Cultivating uniformity was also central to this vision. The State needed to form a population that could compete with the rising powers of the world, and to achieve this, every group in society had to be educated in its national responsibility and the individuals in these groups had to enact their assigned roles effectively.¹⁸⁰

However, thwarting the movement's desire to channel national unity and regulation through personal responsibility and rationalization was the rising influence of the working class through the newly formed Labour Representation Committee (LRC).¹⁸¹ Along with the 1884 Representation of the People Act, which marked a significant step towards Britain's democratization, civil unrest stemming from socioeconomic inequality demanded the State's attention. Beginning in the 1880's, the working classes became more organized through trade unions and the creation of the LRC (then called the Independent Labour Party) in 1893. While interests varied among unions, they agreed upon the need to dismantle the oppressive structures that resulted in extensive socioeconomic inequality and poverty. Conservative and Liberal

¹⁸⁰ Searle, *The Quest for National Efficiency*, 65.

¹⁸¹ The Party was initially called the Independent Labour Party in 1893, then the Labour Representation Committee (LRC) in 1900, and, finally, simply the Labour Party in 1906 following the election in that year. By no means can the rise of the Labour Party be exhaustively detailed in this thesis; however, numerous scholars have traced the Party's ascendance in a compelling fashion. Notable studies include Duncan Tanner's *Political Change and the Labour Party, 1900-1918* (Cambridge: Cambridge University Press, 1990) and Martin Pugh's *The Making of Modern British Politics, 1867-1939* (New York: St. Martin's Press, 1982). David Brooks' *The Age of Upheaval: Edwardian Politics, 1899-1914* (Manchester: Manchester University Press, 1995) also provides a concise and structured account of Britain's political transition that begins with the Boer War and follows through the Unionist tensions from 1902-1905, the new Liberal government, and the changes in Britain's governance before the start of the Great War. In addition, Stephen Yeo's "A New Life: The Religion of Socialism in Britain, 1883-1896," *History Workshop Journal* 4, no. 1, (1977): 5-56, contributes to understanding the rise of the working classes' voice through the growing popularity of socialism in Britain.

supporters often dismissed the party as a group of “radicals” or “socialists” but by the 1890’s they could not ignore their claims: estimates suggest that there were over 30 million working days lost in 1893, 10.3 million in 1897, and 15.2 million in 1898 due to strikes and the resistance of the working classes.¹⁸² Therefore, by the 1890’s, the working classes’ discontent evidently threatened the efficiency, stability, and progress of the State.

Working-class resistance also revealed a fissure in the State’s governance structure. The strength of local governments and the relative weakness of the central government regarding social issues had been strategically designed to ensure that the central state could efficiently respond to national concerns—namely military, political, and imperial issues—while leaving local governments to deal with issues that were seemingly less pressing and localized (i.e., housing, education, and other issues viewed as social in origin).¹⁸³ Yet, by the close of the century, it was apparent that social issues stemming from industrialization and urbanization were too complex for local authorities to handle independently. Largely this was due to the taxation limitations of local authorities. Investments to remedy social problems were costly and often funded jointly with charitable organizations, or through increases in taxation. However, local authorities were limited in the extent to which they could rely on tax increases to fund new social investments. First, tax increases could be met with resistance by the electorate since populations often viewed them as affronts upon liberal values and individual liberty. Second, tax increases

¹⁸² David Powell, “New Liberalism and the Rise of Labour, 1886-1906,” *The Historical Journal* 29, no. 2 (June 1986): 376.

¹⁸³ M.J. Daunton, “Payment and Participation: Welfare and State-Formation in Britain 1900-1951,” *Past & Present* 150 (1996): 171. In his article “The Centrality of Locality: The Local State, Local Democracy, and Local Consciousness in Late-Victorian and Edwardian Britain,” *Journal of Victorian Culture* 9, no. 2 (2004): 216-34, Philip Harling explains that this structure influenced the lack of awareness for much of the nineteenth century of the working classes’ deprivation, since issues were dealt with on a local basis, and not communicated effectively across the population. Furthermore, this system lent itself to securing the liberal values of the State by lessening the possibility that “Old Corruption,” characteristic of powerful autocratic authorities, could exert oppressive influence over the population.

often trickled down to the impoverished populations who required help (i.e., through rent increases), often worsening and further marginalizing their already poor economic situations.¹⁸⁴ Nevertheless, by the turn of the century it was clear to contemporaries that work stoppages, strikes, and the looming threat of a class war—reminiscent of those seen in France and the United States—would stunt the progress, efficiency, and stability of the State.

By the turn of the century the LRC, Liberal, and Conservative parties recognized that, with their growing discontent, the grievances of the working classes had to be reconciled, yet they disagreed on the methods to achieve this. The class-conscious LRC spoke on behalf of the interests of the working class and insisted upon the need for social and political reform to bring about greater equality and to limit the burdens of the working class. On the opposite pole, Conservatives advocated for moral reform of the working class through disciplinary interventions. In contrast, Liberals occupied a centrist position and viewed themselves as “referees” who sought to bridge the differences between the two poles.¹⁸⁵

The LRC’s 1900 emergence is significant for two reasons. For one, it marked the first time that the working classes were meaningfully represented by a party who understood their grievances and demands. This was despite the fact that by 1900 the LRC did not have significant influence in the House, and only two Labour MPs, Keir Hardie and Richard Bell, were elected in the 1900 election. Nevertheless, James Vernon explains that the LRC politicized issues specific to the working class, like hunger—which had historically been dismissed as consequence of moral failing—and insisted that such experiences were indicative of a broader failure of the liberal society that could no longer be dismissed in isolation, but which needed to be viewed in

¹⁸⁴ Jan Palmowski, “Liberalism and Local Government in Late Nineteenth-Century Germany and England,” *The Historical Journal* 45, no. 2 (June 2002): 397.

¹⁸⁵ Powell, “New Liberalism and the Rise of Labour,” 384.

the context of the existing social, economic, and political structures. Second, the Party also put pressure on the Liberal Party, which was vying to push out the Conservative Party, to acknowledged working-class perspectives and issues, and to work towards supporting improvements in their welfare. For example, Powell explains that the Liberal Party demonstrated their support by supporting trade unions, especially when they were disputing with Conservative business owners or MPs, although they were less vocal in their support when trades unions were disputing with Liberal MPs or interests.¹⁸⁶ Thus, the LRC's strength came in its ability to rupture the elite's complacency about society's systems and structures and the broader impact these issues had on the welfare of the working class, and on the efficiency, productivity, and stability of the State more broadly.¹⁸⁷

By 1903 these issues motivated the State to recognize that they could no longer dismiss the many problems originating from working-class deprivation, especially those concerning health and well-being, and the Conservative government formed the Inter-Departmental Committee on Physical Deterioration. Almeric W. FitzRoy served as Clerk and directed the Committee's investigation into poor public health to advise government officials on practical solutions that would accord with the Government's existing approach to political and social issues. The Committee was primarily composed of professionals from the field of education and included only one medical professional, Dr. J.F.W. Tatham.¹⁸⁸ In 1904, the Committee published

¹⁸⁶ *Ibid*, 377-8.

¹⁸⁷ James Vernon, "The Ethics of Hunger and the Assembly of Society: The Techno-Politics of the School Meal in Modern Britain," *The American Historical Review* 110, no. 3 (2005): 695, 699.

¹⁸⁸ Dwork, *War is Good for Babies and Other Young Children*, 18. The other members of the Committee included: Mr. Almeric W. Fitzroy, Clerk of the Council and Chairman of the Committee; Colonel G.M. Fox, Inspector of Physical Training under the Board of Education; Mr. J.G. Legge, Inspector of Reformatory and Industrial Schools; Mr. H.M. Lindsell, Principal Assistant Secretary to the Board of Education; Colonel G.T. Onslow, Inspector of Marine Recruiting; Mr. John Struthers, Assistant Secretary to the Scotch Education Department; and Mr. Ernest H. Pooley, Barrister-at-law who served as the secretary of the Committee.

their expansive *Report of the Inter-Departmental Committee on Physical Deterioration* (the Report) which made many recommendations that reflected the class, political, and professional perspectives of the Committee, which affirmed many of the tenets of the liberal, laissez-faire ideology, and which supported the Conservative Party's capitalist interests.

The Report acknowledged some of the challenges that the working-class population faced—such as overcrowding, pollution, employment-related fatigue, and unsterilized milk¹⁸⁹—but did not provide any clear direction for resolving these issues or the health-related problems that stemmed from them. The minimal attention given to these issues suggests that the Committee either did not see them as the principal causes of England's poor health or, as Dwork suggests, proposed solutions that were easier “than to address radically the causes which made all of this necessary: to improve wages, housing, and the terms of employment.”¹⁹⁰ Meaningful intervention in these areas would have required the State to interfere in the economic activities of individuals and the population, and to invest substantially in welfare initiatives, and both contradicted laissez-faire political philosophy. Therefore, the solutions that the Committee offered maintained distance from economic interference, while acknowledging that many of the issues that resulted in poor health were the result of economic factors. Effectively, the Committee continued the pattern established by earlier supporters of disciplinary methods, such as sensational journalists and Maurice, by advocating for more discipline and supervision of mothers, illustrating the persistence of the belief that disciplinary measures were the most viable way to create stability and overcome physical degeneration.

To achieve this stability, the Report recommended food preparation and infant care

¹⁸⁹ Report of the Inter-Departmental Committee on Physical Deterioration Vol. I. – Report and Appendix, 1904 Cd. 2175, 84-92.

¹⁹⁰ Dwork, *War is Good for Babies and Other Young Children*, 19.

courses for future mothers, and also promoted educational programs and resources for mothers, including lectures, pamphlets, and instructional interventions by midwives and other medical professionals that would increase the scope for surveillance and control over mothers.¹⁹¹ The Committee's emphasis on educational interventions points to their preference for individualized, educational, and disciplinary methods that would allow for greater control, while not simultaneously posing a radical change to the existing governance structure or techniques of power. In advancing these recommendations, the authors of the Report failed to account for the limited spare time that working-class mothers had, as well as the fact that many were illiterate or had limited literacy capabilities despite improvements in education since the 1870's.

The Report also promoted, although it did not mandate, the involvement of state bodies and representatives, such as schools, town councils, and medical professionals, as well as local governments and charitable bodies to act on its recommendations, since, at the time of the Report's publication, the State did not have the regulatory capabilities or organization necessary to exercise supervision and control over the working class on a large scale. Nevertheless, the Committee's advocacy to introduce greater state control when dealing with the most destitute of the working-class population is clear, as evidenced in the Committee's recommendation for "Labour Colonies and Public Nurseries":

It may be necessary, in order to complete the work of clearing overcrowded slums, for the State, acting in conjunction with the Local Authority, to take charge of the lives of those who, from whatever cause, are incapable of independent existence up to the standard of decency which it imposes. In the last resort, this might take the form of labour colonies on the lines of the Salvation Army Colony at Hadleigh, with powers, however, of compulsory detention. The children of persons so treated might be lodged temporarily in public nurseries or boarded out. With a view to the enforcement of parental responsibility, the object would be to make the parent a debtor to society on account of the child, with the liability, in default of his providing the cost of a suitable maintenance, of being placed in a labour establishment under State supervision until the debt is worked

¹⁹¹ Report of the Inter-Departmental Committee on Physical Deterioration, 6, 89.

off.¹⁹²

For the Committee, improving the health of the English population ran parallel with disciplinary interventions, like increasing education and supervision. The conflicting approaches to preserving the liberty of the elite, versus challenging that of the working class, illustrates the State's classist view that, while the personal affairs, economic activities, and actions of the middle and upper classes remained largely off-limits from government intervention, the presumed inferiority and destitution of the working-class population disqualified them from their right to liberty and individualism. This meant that the State could introduce disciplinary and individualized mechanisms, like that mentioned above, which placed the onus for economic security on the individual, rather than on the social structures in which individuals lived and worked. Yet, without changing these structures, it was unlikely that the patterns and conditions would change.

3. The Rise of the Liberal-Labour Government, National Efficiency & Infant and Child Welfare

Despite the Conservative Government and the Committee's refusal to address issues driving the working classes' poor health, the authority of the working-class perspective, through the LRC, had become much stronger by the time the Report was released. The LRC had become an official party in 1900, albeit faring poorly during the 1900 election, with only two MPs successfully elected, Keir Hardie and Richard Bell. Yet, by 1903, following the publication of the Boer War's results and with the Inter-Departmental Committee's formation, their political presence had become much stronger among the working class, unions, and progressives who identified with the LRC's class-based political positioning. Consequently, the Liberal Party,

¹⁹² Ibid, 85.

looking to carve out an edge against the Conservative leadership, could no longer dismiss the Party or their demands and instead sought to partner with the LRC.

The Liberal Party had poor results in the 1895 and 1900 elections and suspected that their support would further decline with LRC's expected 30 to 40 candidates in the next election. In recognition of this, Liberal chief whip, Herbert Gladstone, and the Secretary of the LRC, Ramsay MacDonald, secretly agreed to form a pact—often referred to as the Lib-Lab pact—to not contest each other in certain ridings, therefore limiting instances where votes against the Conservatives would be split between the two parties. Even though the LRC was unlikely to win, the agreement was beneficial for their interests since the Party was primarily financed by trade unions who were reluctant to finance campaigns that were unlikely to win.¹⁹³ The pact also increased the likelihood of LRC candidates being elected, and secured Liberal support in LRC interests, even though doing so put the Liberals in a precarious position.

Implicit in the pact was the promise that the Liberals would bend to some of the LRC's demands, namely those relating to social reform and support for the working poor. However, they had to make these advances cautiously to ensure they did not alienate their long-standing voting-base and drive them towards Conservative interests in the process. As Jose Harris has explained, New Liberalism,¹⁹⁴ as it came to be termed during this era, premised itself on an idealistic belief that they could balance the competing interests of the LRC and the capitalist

¹⁹³ Michael Hart, "Electoral Pacts," *Contemporary British History* 3, no. 3 (1990): 34.

¹⁹⁴ For a more thorough discussion on 'New Liberalism' refer to Andrew Vincent's "The New Liberalism in Britain 1880-1914," *Australian Journal of Politics & History* 36, no. 3 (1990): 388-405, which provides an overview of some of the dominant perspectives in the historiography on the rise of 'New Liberalism'. In addition, Peter Weiler's *The New Liberalism: Liberal Social Theory in Great Britain, 1889-1914* (1982; repr. Oxon: Routledge, 2017) similarly traces the evolution of 'New Liberalism' and the impact the new and more progressive views of the Party had on British society.

Conservative Party.¹⁹⁵ As the Party saw it, managing these two factions and avoiding a class war was crucial to the nation's interests in maintaining efficiency and stability.¹⁹⁶ Peter Baldwin's study *The Politics of Social Solidarity: Class Bases of the European Welfare State, 1875-1975* attests to the significance of this point. As he explains, the point at which the interests of the working classes (i.e., those represented by the LRC) prove to be in the best interests of the whole, the population and the political elite's resistance towards greater state control diminishes, creating a political climate that is accepting of the introduction of welfare policies.¹⁹⁷ Accordingly, the Party promised a calculated, limited, and cautious approach to reform that, while responding to the LRC's concerns, was not so radical as to drive away centrist party supporters.

With their landslide victory in 1906, and again in 1908, the Liberal Party, under the leadership of Prime Ministers Henry Campbell-Bannerman (1905-1908) and H.H. Asquith (1908-1916), introduced a series of legislative reforms that addressed key problems identified by the Inter-Departmental Committee and the LRC, the latter of whom changed their name to simply the Labour Party after the election.¹⁹⁸ This included legislation directed towards abetting concerns over social security, employment, and health security. However, as will be shown, the

¹⁹⁵ Jose Harris, "Political Thought and the Welfare State 1870-1940: An Intellectual Framework for British Social Policy," *Past & Present* 135 (May 1992): 116-141.

¹⁹⁶ Powell, "New Liberalism and the Rise of Labour," 375.

¹⁹⁷ Peter Baldwin, *The Politics of Social Solidarity: Class Bases of the European Welfare State, 1875-1975* (Cambridge: Cambridge University Press, 1990).

¹⁹⁸ The subject of the Liberal Government's welfare reforms, particularly those introduced under Asquith beginning in 1908, have garnered plenty of scholarly attention for their significance in laying the foundation for the British welfare state that would form during and in the years following the Great War. For more on these reforms, refer to Roy J. Hay's *The Origins of the Liberal Welfare Reforms 1906-1914* (London: Macmillan International Higher Education, 1975); Hay's "Employers and Social Policy in Britain: The Evolution of Welfare Legislation, 1905-1914," *Social History* 2, no. 4 (1977): 435-55; Joseph Melling's "Welfare Capitalism and the Origins of Welfare States: British Industry, Workplace Welfare and Social Reform, c. 1870-1914," *Social History* 17, no. 3 (October 1992): 453-478; and Henry Pelling's "The Working Class and the Origins of the Welfare State," in *Popular Politics and Society in Late Victorian Britain*, 2nd ed. (London: Macmillan Press Limited, 1979).

legislation proved to be too cautionary to effect the changes that the Labour Party had called for. For instance, the Old Age Pensions Act (1908) guaranteed individuals over the age of 70 a state-subsidized allowance of 5s per week. Yet, at the beginning of the twentieth century, few individuals, especially from the working class, reached and surpassed the age of 70. Furthermore, even for those who did, the allowance of 5s was not enough to live on, and recipients thus needed a supplementary income from another source to be able to survive.¹⁹⁹ Furthermore, the National Insurance Act (1911) provided financial and medical assistance to employed individuals who suffered illness or injury. The Act prescribed weekly contributions of 4d from employees, 3d from employers, and 2d from the State. Male employees facing illness or injury were eligible to receive 10s per week, while women could receive up to 7s 6d for up to 26 weeks and they could also access medical support. Individuals then joined “approved societies” who were responsible for administering and disbursing the funds. Since the State was not in charge of the administration of the insurance allowances, support was regionally inconsistent.

The National Insurance Act has been described as one of the earliest examples of British welfare-state legislation. Yet it lacked universality. Derek Fraser explains that the medical care benefit was only available to employed individuals, typically the male breadwinner, but not to their families. The State rationalized this distinction by maintaining that the husband, or breadwinner, had to be healthy since they were responsible for providing for their spouse and other dependents, effectively affirming the philosophy underpinning the earlier Poor Law legislation and the State’s liberal values which prescribed individual or paternal responsibility for individual or family welfare. Ultimately, this illustrated the State’s reluctance to take responsibility for the welfare of the population, leaving unemployed family members and those

¹⁹⁹ Derek Fraser, *The Evolution of the British Welfare State: A History of Social Policy Since the Industrial Revolution* (Basingstoke: Palgrave Macmillan, 2009), 182-3.

with unstable employment with few options for assistance.²⁰⁰ Nevertheless, even though these policies did not go far enough to bring the degree of improvement in national health and welfare that the Labour Party called for, Alexander M. Hicks insists that these policies resulting from the Lib-Lab agreement marked a turn towards policies which acknowledged working-class grievances and responded to demands of social reformers in an unprecedented manner.²⁰¹

In addition to policies working towards greater social security, as part of the drive towards reinvigorating and strengthening the nation, the State also demonstrated efforts to improve infant and maternal health specifically. As members of the medical community, Maurice, and other members of the elite had shown, by the turn of the century, popular theories for the high rate of infant mortality centred on working-class mothers. Contemporaries theorized that mothers neglected their infants when they went to work, while others argued that maternal ignorance—which was assumed to be more prevalent among the working classes—played an important role in infant mortality. Sir George Newman was a notable proponent of the ignorance theory, and in 1907 he became the first Chief Medical Officer of the Board of Education. By the time of his appointment, Newman was already widely regarded as an expert on the topic of urban infant mortality, after spending time working in urban slums as a medical student while attending Edinburgh University, and later after the publication of his 1906 study, *Infant Mortality: A Social Problem*.²⁰² Newman appears to have had a conflicted view of the cause of infant mortality: on the one hand, he acknowledged that poverty could influence health outcomes, but on the other, he did not believe that this alone was the problem:

Poverty is not alone responsible, for in many poor communities the infant mortality is

²⁰⁰ Ibid, 196-9.

²⁰¹ Alexander M. Hicks, *Social Democracy & Welfare Capitalism: A Century of Income Security Politics* (New York: Cornell University Press, 1999), 44.

²⁰² P.M. Dunn, "Sir George Newman, MD (1870-1948) and the Prevention of Perinatal Disease," *Archives of Disease in Childhood – Fetal and Neonatal Edition* 90, no. 3 (2005): F278.

low. Housing and external environment alone do not cause it, for under some of the worst conditions in the world the evil is absent. It is difficult to escape the conclusion that this loss of infant life is in some way intimately related to the social life of the people.²⁰³

In his view, while socioeconomic barriers contributed to poor health, such issues were surmountable if individuals had the right character and were disciplined. Maternal apathy and ignorance, he insisted, drove the nation's high rates of infant mortality.²⁰⁴ In making this assertion, Newman positioned the blame, and his audience's focus, away from the institutions and structures of the State and squarely on the working-class mother. To Newman, and those who shared his view, infant mortality—much like poor health more generally—was a preventable, geographic, and class-specific problem.

In 1910, Newman released his first report as the Chief Medical Officer of the Board of education for the year of 1908. Like his earlier independent study, Newman reiterated that social character was central to poor health. Again, however, he also admitted that socioeconomic barriers could impact health, specifically the working classes' access to medical care:

Even when there is available hospital accommodation, the difficulties do not wholly disappear. The long wait in the out-patient department, the numerous visits which may be necessary, all occupy time, which the average working mother can ill afford. On the whole the reports which have been sent to the Board indicate that a considerable and substantial effort has been made by many of the parents of children found to be defective to secure appropriate treatment.²⁰⁵

Nevertheless, Newman failed to explore this premise further. Instead, he focused on the promise of school instruction as a means to improve children's health:

nor can the further fact be ignored that the increased attention devoted to school hygiene, including the whole health conditions and physical training of the child, is already beginning to bear fruit in a better conception of the true ends of a State system of

²⁰³ George Newman, *Infant Mortality: A Social Problem* (New York: E.P. Dutton and Company, 1907), vi.

²⁰⁴ Carol Dyhouse, "Working-Class mothers and Infant Mortality in England, 1895-1914," *Journal of Social History* 12, no. 2 (Winter 1978): 251, 257-8.

²⁰⁵ Board of Education. Annual report for 1908 of the Chief Medical Officer of the Board of Education, 1910, Cd. 4986, 33-4.

education²⁰⁶.

David Cannadine insists that the purpose of England's eighteenth century education system "was more to teach people their place than to give them opportunities to advance,"²⁰⁷ and over a century later it still held the same purpose: to train people how to interact in society based on their class, not to broaden their opportunity to escape poverty. Newman's writings, and other policies introduced by the Liberal government, attest to this.

Yet, despite Newman's adamant rejection of the social origins of poor infant welfare, evidence proved that viral or bacterial infections caused by poor sanitation or contaminated milk sources—among a wealth of other causes rooted in sanitation or nutritional issues—were the main cause of infant mortality. Thus, infant mortality was often clustered in working-class slums where these issues were more prevalent. For example, by 1906 the working-class town of Lancashire had an infant mortality rate of 157 per thousand live births, while Oxford, a more affluent district, had an infant mortality rate of only 87 per thousand live births.²⁰⁸

In spite of Newman's claims, there was still wide recognition, even in the medical community, that poor nutrition or feeding practices led to infant illness or mortality. Specifically, poor-quality or adulterated milk was recognized as a primary cause of high rates of infant mortality for two reasons.²⁰⁹ First, mothers were not breastfeeding and thereby giving their children the most nutritious and pure food source. Second, the milk that replaced breast milk was often bacteria-laden, as consequence of the production process, or was adulterated with

²⁰⁶ Ibid, 130.

²⁰⁷ David Cannadine, *Class in Britain* (London: Penguin Books, 2000), 48.

²⁰⁸ Thirty-ninth annual report of Local Government Board, 1909-10. Supplement to the report of the board's medical officer containing a report by the medical officer on infant and child mortality, 1910, Cd. 5263, 8-9.

²⁰⁹ Dwork, "The Milk Option," 57.

chemicals to reduce costs.²¹⁰ To avoid these issues, milk depots were introduced around this time. They required mothers to bring their children daily to be inspected by a medical professional, return used bottles, and collect new milk at a cost of approximately 2s per week.²¹¹ However, the system was unsuccessful for two reasons. First, the cost of 2s per week was too expensive; working-class women often resorted to bottle feeding because they were not able to lactate due to malnutrition that resulted from chronic poverty. Therefore, they also could not consistently devote 2s for milk, particularly during periods of unemployment. Second, along with women's other responsibilities—such as working, cooking, cleaning, or doing laundry—many could not afford the time to bring their child to a milk depot daily. Because of these issues, milk depots did not respond to the needs of the population, and their presence declined in 1908.²¹²

The policies introduced during this period were informed by these conceptions of infant mortality and catalyzed by a nationwide infant welfare movement that grew out of and borrowed the objectives of the larger national efficiency movement by advocating for the rationalization and regulation of motherhood and infant welfare. The movement was manifest in charitable activities and official policy and it sought to reduce infant mortality and poor national health by redefining motherhood and educating (read, disciplining) mothers by providing them with greater scientific instruction and more supervision. Educated professionals, including affluent

²¹⁰ Ibid, 57-8. Illustrating the concern over this is a seven-part series beginning in March 1903 in the *British Medical Journal* entitled "A Report on the Milk Supply of Large Towns" which assessed the problem of unclean milk through the lens of infant mortality and argued that the issues stemmed from manufacturing and distribution problems. The series advocated for milk depots, like that found in St. Helen's, where producers sterilized and packed milk in cleaned bottles which they then sealed to prevent the growth of bacteria. After St. Helen's, milk depots gained popularity and spread across England's urban towns including Ashton-under-Lyne, Liverpool, and Battersea.

²¹¹ Ibid, 63-6.

²¹² Ibid, 66-8.

women, led the movement and primarily targeted working-class women who they believed to be more susceptible to ignorance. As Anna Davin explains, the focus on women was driven by the sense that if women knew what they should be doing to raise healthy children, they would surely do it; therefore, not raising healthy children suggested a prevalence of fecklessness and ignorance.²¹³

Along with greater attention on the issue of infant mortality, the definition and assumptions attached to motherhood also shifted with the movement. As Davin explains,

[motherhood] was to be given a new dignity: it was the duty and destiny of women to be the ‘mothers of the race’, but also their great reward. But just as it was the individual mother’s duty and reward to rear healthy members of an imperial race, so it was her individual ignorance and neglect which must account for infant deaths or sick children. Thus moral blackmail, exploiting the real difficulties and insecurities of many mothers, underpinned their new lofty status. Nor did their elevation mean an end to subordination. To be good mothers they now needed instruction, organized through the various agencies of voluntary societies and local government, in the skills of what came to be known as mothercraft, as they were being defined by the medical profession.²¹⁴

Per this view, uninformed mothercraft and a reliance on superstition and instinct, as opposed to what Jane Lewis has referred to as “scientific methods of child care,”²¹⁵ caused infant mortality. Accordingly, the proponents of the movement expected women to seek out scientific knowledge and to follow the direction of experts in their day-to-day practices where they were solely responsible for the condition of their children and families. Under these assumptions, women were both rewarded in their contributions to the nation for raising healthy children, and ridiculed, not unlike political traitors, when they could not overcome poor health.

It was under the umbrella of the infant welfare movement, and informed by the contemporary conceptions of the problem of infant mortality and its association with the

²¹³ Anna Davin, “Imperialism and Motherhood,” *History Workshop* no. 5 (Spring 1978): 14.

²¹⁴ *Ibid*, 13.

²¹⁵ Jane Lewis, *The Politics of Motherhood: Child and Maternal Welfare in England, 1900-1939* (Montreal: McGill-Queen’s University Press, 2000), 89.

undisciplined and uneducated working-class mother, that the Liberal government introduced policies targeted at reducing infant mortality and promoting child health. Among these reforms were the “Children’s Charter,” the voluntary school meals provisions, and the Notification of Births Act (1908). The “Children’s Charter” contained a set of disciplinary pieces of legislation that placed restrictions and guidelines on the treatment of children, such as criminalizing child neglect, restricting children from purchasing alcohol and tobacco, and prohibiting children from begging. The legislation signalled the State’s early attempts to regulate childcare through disciplinary measures; however, it also revealed the State’s simultaneous reluctance to take full responsibility for their welfare.²¹⁶

In contrast, the school meals program—which allowed Local Education Authorities to provide free meals to children in need, and at-cost meals for other children²¹⁷—and the Notification of Births Act (1908)—which allowed local governments to monitor post-natal maternal and infant health more closely by having visiting nurses promptly visit the newborn infants and their mothers²¹⁸—hinted at the State’s turn towards taking responsibility and control over child health. The school meals program was especially contentious for this reason as orthodox liberals and conservatives saw it as undermining the State’s liberal value of personal responsibility. Moreover, others argued that it condoned both men’s abandonment of their

²¹⁶ For a more thorough discussion on European states’ relationship with parents, refer to Hester Barron and Claudia Siebrecht’s edited *Parenting and the State in Britain and Europe, c. 1870-1950: Raising the Nation* (n.p.: Springer International Publishing, 2017) which includes case studies from Britain and the rest of Europe which explore states’ relationship with parents and parenthood. Barron and Siebrecht introduce these studies by explaining that these relationships have always been contentious due to parents’ frustration with states’ intrusion into private affairs, while states have maintained an unwavering and vested interest in how the nation’s future is being cultivated. Their text illuminates how this relationship differed in some respects, yet remained consistent in others across Europe.

²¹⁷ S. Passmore and G. Harris, “Education, Health and School Meals: A Review of Policy Changes in England and Wales over the Last Century,” *British Nutrition Foundation* 29, no. 3 (2004): 221-227.

²¹⁸ Keith Laybourne, *The Evolution of British Social Policy and the Welfare State, c. 1800-1993* (Staffordshire: Keele University Press, 1995), 169.

responsibility to provide for, and women's responsibility to prepare food for, their families.²¹⁹

However, while criticized by conservative sects, progressives and Labour supporters did not see these policies as going far enough as their voluntary nature weakened these pieces of legislation. The State left the decisions to local governments or authorities whether to implement and enforce the legislation, thereby leaving implementation inconsistent and unable to bring about the nation-wide uniformity necessary to improve national public health and welfare. Furthermore, despite the environmental and socioeconomic causes of infant mortality, the legislation acted in accordance with the views put forward by Maurice and Newman by attempting to regulate maternal behaviour, rather than by improving the conditions of working-class women. From the biopolitical perspective, these pieces of legislation situate the British state on the edge between the two techniques of anatomo-power and biopower. In one sense, they reveal the State's reluctance to take outright control over local authorities and institutions, yet, they also show the State's subtle steps towards introducing policies that were more encompassing and which took responsibility or control over the population's welfare.

In the context of the infant welfare movement, and aside from steps taken by the central government, local government boards and charitable organizations also took strides towards remedying the issue, many of which similarly adopted disciplinary methods to reduce poor infant health. For instance, local governments reformed curricula for young girls while charitable organizations introduced infant centres, milk depots, schools for mothers, and visiting systems to provide instruction and oversight to working-class women. Lewis explains that programs initiated under the umbrella of infant welfare were based on two central premises: the needs for

²¹⁹ Jane Lewis, "Gender, the Family and Women's Agency in the Building of States': The British Case," *Social History* 19, no. 1 (January 1994): 48.

scientific instruction and greater maternal responsibility.²²⁰ Training would provide women with the resources to be better mothers and raise healthier children, but would not do the work of mothering for them, as this was an individual's responsibility. However, while not directly taking responsibility away from mothers, the State had to raise mothers to be responsible for the health of their children and to defend their children from threatening environmental factors to health.²²¹

Education for women and girls in "domestic science" included subjects such as "personal hygiene, temperance, home nursing, housekeeping and infant care."²²² The State's purpose in educating women in these subjects was to counter women's desire to practice activities and intellectual pursuits that were outside the boundaries of "womanly" activities and which were believed to threaten a woman's ability to be a mother, and therefore continue the race. As one contemporary explained in a 1906 feature in *The Observer*,

It is a known fact that women who devote themselves to professional acrobatics, and also women who devote themselves without intermission to intellectual labour, lose the capacity to perform the functions characteristic of motherhood. It seems reasonable to suppose that if women in modern society undergo a modification which makes them incapable of performing the functions of maternity, the resources of science will be found unavailing for the not undesirable purpose of the continuance of the race.²²³

This sentiment was affirmed by Mary A. Davies in 1905 when, in a feature entitled "The Feeding of School Children and Cookery Classes," she quoted a popular writer in expressing that

no nation can improve except through the improvement of the nation's homes; and these can only be improved through the instrumentality of women. They must know how to make homes comfortable, and before they can know they must have been taught.²²⁴

²²⁰ Lewis, *The Politics of Motherhood*, 108-9.

²²¹ The movement corresponded to all classes: middle- and upper-class women needed to be deterred from other pursuits, such as higher education, and return to their "duty" to the Empire by raising healthy children and productive English citizens. While working-class women needed to be taught to perform their duty properly and work within the confines of their economic and social circumstances.

²²² Lewis, *The Politics of Motherhood*, 91.

²²³ "The Ideal Woman. Should Athleticism be Discouraged? Dr. Saleeby's Views." *The Observer*, 11 November 1906, page 5.

²²⁴ Mary A. Davies, "The Feeding of School Children and the Cookery Classes," *The Contemporary Review* 87 (Jan. 1, 1905), 569.

However, progressive groups like the Fabian Society²²⁵ recognized that surveillance was not an effective solution to issues grounded in socioeconomic inequality. Pursuant to this, progressives like Sidney Webb conducted research with the aim of dispelling the unfounded beliefs that shaped popular opinion on the capabilities of working-class mothers, the reasons behind the ailing health of the nation's urban population, and the declining birth rate. Webb argued that mounting poverty was a deciding factor in the nation's birth rate, which had declined over 50% since the late 1870's.²²⁶ Contradicting received wisdom, Webb posited that lower birth rates were occurring by choice, as families sought to avoid financially overburdening themselves.²²⁷ Webb argued that it made social and economic sense for poorer families to take such measures:

If, as we have for generations been taught by the economists, it is one of the primary obligations of the individual to maintain himself and his family in accordance with his social position and, if possible, to improve that position, the deliberate restriction of his responsibilities within the means which he has of fulfilling them can hardly be counted otherwise than as for righteousness.²²⁸

Webb's argument challenged contemporary theories that ignorant mothers caused the declining birth rate. Instead, he celebrated the English population for recognizing their financial limits and

²²⁵ The Fabian Society formed in 1884 and was a progressive socialist group that acknowledged and was attentive to the socioeconomic issues and class inequality that grew out of the Industrial Revolution. The group's objective was to promote gradual social revolution to bridge the inequality by fighting for rent control, minimum wages, and female enfranchisement through the Fabian Women's Society. While the Society did not catalyze any drastic changes, it succeeded in starting discussions around Poor Law support and was influential in the formation of the English Labour Party in 1900. Unlike their conservative peers, the Fabian Society rejected the laissez-faire economic philosophy that had governed the English political economy throughout England's industrialization. Fabians, in contrast, advocated for more government intervention to create greater equality in society, and more specifically, to raise the standing of those who experienced chronic poverty.

²²⁶ Sidney Webb, "The Decline of the Birth Rate" in *The Urban Working Class in Britain, 1830-1914* ed. Andrew August (London: Pickering & Chatto Limited, 2013), 464-5.

²²⁷ *Ibid*, 468.

²²⁸ *Ibid*, 470.

making the decision to not overburden themselves with additional dependents they could not adequately support.²²⁹ He also argued that deliberate causes of birth rate declines could be more easily reversed than causes presumed to be rooted in “physical degeneracy”:

the cause is one that we can counteract. If the decline in the birth-rate had been due to physical degeneracy, whether brought about by “urbanization” or otherwise, we should not have known how to cope with it. But a deliberately volitional interference, due chiefly to economic motives, can at any moment be influenced, and its adverse selection stopped, partly by a mere alteration of the economic conditions, partly by the opportunity for the play of the other motives which will be thereby afforded.²³⁰

While his suggestion to introduce a “mere alteration of the economic conditions” oversimplified the solution to working-class poverty, he recognized that the links between economic conditions and social behaviors were important. Webb observed that, regardless of how much education an individual received, without the capacity to purchase nourishing food or to guarantee a clean and sanitary environment, it was not reasonable to assume that a working-class mother—often desperately unhealthy and malnourished herself—could raise healthy children.

Webb’s arguments illustrate the polarity of thought that existed with respect to England’s birth rate, the public health crisis, and how contemporaries believed these problems should be approached. Unlike his contemporaries, Webb acknowledged that economic disparity was at the core of the issue. In contrast, conservative social theorists, politicians, and many public health professionals downplayed the significance of poverty and sought to improve the situation by compelling individuals to regulate their behaviour and discipline themselves so that they could work within the confines of the inequitable economic structures.

²²⁹ Having smaller families involved the practice of using birth control which became more accessible, particularly for affluent women, during the latter part of the nineteenth century. However, for working-class women too, there were many strategies and resources that women sought out to avoid pregnancy, or to terminate unwanted pregnancies. For more on this, refer to Soloway, R.A., *Birth Control and the Population Question in England, 1877-1930* (Chapel Hill: University of North Carolina Press, 1982).

²³⁰ Webb, “The Decline of the Birth Rate,” 471.

Despite Webb's perspective, accusations of ignorance and apathy persisted in discussions of working-class public health. Throughout the early twentieth century, many towed the lines first established by sensational journalists, slummers, Maurice, the Inter-Departmental Committee, and Newman. Emphasis continued to focus on the moral and educational foundations needed to create a healthy populace, particularly stressing the importance of disciplinary interventions. Contemporaries advanced the notion that the school—a localized mechanism to regulate, discipline, and surveil the well-being of the nation's children—was the most logical and effective tool to foster a healthy and efficient populace. Sir Lauder Brunton, a physician and pharmacologist, attested to this belief in his introduction to a study entitled *Medical Examination of Schools and Scholars*, as he theorized “[t]he medical examination of school children is but the means to an end – the development of perfect citizens.”²³¹

Despite the prevalence of such attitudes, progressives persisted in defining the issue of infant mortality as a consequence of poverty. One such individual who adopted this perspective was Maud Pember Reeves. Reeves was a member of the Women's Liberal Association, part of the executive of the National Union of Women's Suffrage Societies, and a founding member of the Fabian Women's Group. In 1913, she led the Lambeth Mothers' Project which investigated the high rate of infant mortality in the London Borough of Lambeth, located a short distance from the English Parliament. Reeves and her colleagues chose 42 families from the district who they selected after the women attended a lying-in hospital in the area. Reeves and her colleagues wanted to evaluate the impact that greater financial flexibility had on the health of newborn children. Reeves and her colleagues were concerned that in families without a steady income, mothers would be tempted to share the monies from the study intended to support newborn

²³¹ Sir Lauder Brunton, “Introduction” in *Medical Examination of Schools and Scholars* ed. by Theophilus Nicholas Kelynack (London: P.S. King and Son, 1910), XVI.

health with the rest of the family; to avoid this, Reeves selected families with a low but stable income ranging from 18s to 26s per week to ensure that the funds from the study went directly to the welfare of the newborn.²³² Therefore, these women were not among the poorest in their communities, but were still classified as living in poverty as Lambeth was one of the poorer boroughs of London.

Doctors visited each woman every two weeks, and the women received an additional 5s three months before the birth of the child, and for one year afterwards. The funds were provided by private donors and supporters of the Fabian's Women's Society. The women were asked to document their spending habits and their child's health, among other aspects of their life that the additional funds impacted. Reeves and her associates' objective was to assess "the effect on mother and child of sufficient nourishment before and after birth."²³³ Reeves and her colleagues published their findings in the 1913 publication, *Round About a Pound a Week*.

Contrary to other contemporary reports, Reeves' study focused on the experiences and pressures of the working-class mother and her family and argued that poverty most critically impacted poor health, rather than mothers' lack of education or ignorance.²³⁴ Reeves' study demonstrated that working-class women's efforts and ingenuity to provide for their families were remarkable and, contrary to popular belief, that the working-class family did not suffer from the want of education or poor character that contemporary commentators often ascribed to them. Instead, the culprits of poor health were largely poor wages and high rent payments.

Reeves noted that illness, particularly pulmonary and respiratory diseases, were common among her Lambeth sample population and the causes of these health problems were more

²³² Maud Pember Reeves, *Round About a Pound a Week* 2nd ed. (London: G. Bell and Sons, Ltd., 1914), 8-9.

²³³ *Ibid*, 9.

²³⁴ *Ibid*, 24.

complex and economically based. The working-class income was strictly divided between essential expenses including food, shelter, heating, sanitary essentials and burial insurance and, in contrast to contemporary stereotypes, at least among Reeves' sample population, families rarely spent portions of their income on alcohol or cigarettes.²³⁵ The most significant expense was rent which was often so high that mothers and children substantially reduced their nutritional intake (sometimes to nothing) to ensure that their rent payments could be met.²³⁶ Reeves explained that while it was common for landlords to be sympathetic to tenants who had fallen on hard times, the threat of eviction and pauperism loomed for many who continued to fear the threat of unemployment.²³⁷ Reeves' work also demonstrated that rent costs were the most accurate predictor of fatalities among her sample population, more than the number of children and the average household allowance. In a pattern typical of the early twentieth century town, most families that Reeves included in her sample had lost at least one child.²³⁸ Reeves concluded that this was due to high rent costs that forced families into poor housing where diseases spread easily. The damp, cold, and overcrowded conditions created an ideal climate for disease to spread.²³⁹ As rent costs decreased (because renters were sharing accommodations or living in substandard housing), death rates increased, illustrating that among homes that were more crowded or of a less favourable condition, illness was more common.²⁴⁰

Reeves impressed upon her readers that these factors, as opposed to education, caused poor health. Reeves demonstrated this while discussing the air quality in some of the homes she visited. Smoke from stoves demanded that windows be opened to allow smoke to escape, but

²³⁵ *Ibid*, 9-11.

²³⁶ *Ibid*, 24.

²³⁷ *Ibid*, 33-4.

²³⁸ *Ibid*, 42-3.

²³⁹ *Ibid*, 29, 46.

²⁴⁰ *Ibid*, 25-7

without proper window coverings, bedding, or clothing, this was not possible:

The rooms are small, and herein lies the open window difficulty far more than in the ignorance of women.[...] The only arrangement actually possible is a tiny room, one bed for four people, one blanket or two very thin ones, with the bed close under the window. In wet or very cold weather the four people in the bed sleep with the window shut. What else can they do?²⁴¹

Furthermore, Reeves challenged contemporary characterizations of working-class mothers as ignorant, apathetic, or careless, and instead applauded them:

It must be remembered again that these people are respectable, hard-working, sober, and serious. They keep their jobs, and they stay on in the same rooms. They are not slum people. They pay their rent with wonderful regularity, and are trusted by the landlord when for any reason they are obliged to hold it back. But, all the same, they have to sleep four in a bed, and suffer the consequences.²⁴²

Reeves' insistence that the women she encountered were not "slum people" challenged the stereotypes associated with the working-class population that cast them as financially irresponsible, apathetic, and unmotivated. Instead, Reeves' experiences with the working-class population affirmed her and other progressives' belief that the causes of working-class depravity and poor health were far more complex than that assumed by theories focused on poor education and moral inferiority. In contrast, the working-class mothers she encountered were honest and undeserving of the conditions they found themselves living in.

In her seminal study, *Private Lives, Public Spirit: Britain 1870-1914*, Jose Harris compellingly argues that an evolution in Britain's approach to social issues began in the latter part of the nineteenth century and the transition towards a more socially conscious state was well underway by the outbreak of war in August 1914.²⁴³ In line with Harris' argument, Eddie Higgs has observed a complementary development during this period which grew out of the State's

²⁴¹ Ibid, 47.

²⁴² Ibid, 46.

²⁴³ Jose Harris, *Private Lives, Public Spirit: Britain, 1870-1914* (London: Oxford University Press, 1993, London: Penguin Books, 1994), 251-256. Citations refer to the Penguin edition.

enhanced knowledge of the working classes, the slums and the nation's apparent public health deficiencies.²⁴⁴ Indeed, as this chapter has presented, as the State and the elite began to gather more knowledge about the slums, the working classes, and the nation's apparent public health deficiencies, a perceptible shift in the State's approach to these issues manifested beginning in the latter half of the nineteenth century, and particularly following the revelation of poor health revealed by the Boer War. However, despite many progressives recognizing the issue of poor health within the slums, broader knowledge, and many legislative interventions which pointed to a shifting concept among the elite regarding the working classes and poverty, many of the policies were dependent upon and reinforced Victorian values.²⁴⁵ Consequently, the political system, which was still restricted by the tenants of the traditional liberal, laissez-faire ideology, did not respond in ways that produced effective results before the declaration of war in 1914. Later, those who survived the slums could reflect on their experiences and concluded that it was a failure of the democratic process and the contemporary government, not the individuals, that was the root of the problem. As Walter Southgate recalled years later,

The utter indifference and callousness of Parliament to tackle seriously a social canker because the victims were largely an inarticulate and unorganized mass [...] This was building up to a crescendo when the 1914 war came along and the idle workless found themselves either laying down their lives as soldiers fighting for King and Country or busy at work on the war effort.²⁴⁶

With the start of the First World War, the health of the working class, especially infants and children—the future—took on a new significance. However, as the next chapter will show, in a distinct turn from the pre-war era, the unparalleled threat of the Great War sparked an urgency to

²⁴⁴ Higgs, *The Information State in England*.

²⁴⁵ Jose Harris, "Victorian Values and the Founders of the Welfare State," *Proceedings of the British Academy* 78 (1992): 165-182.

²⁴⁶ Walter Southgate, *That's the Way It Was: A Working Class Autobiography 1890-1950* (Surrey: New Clarion Press, 1982), 109.

support maternal and infant welfare amid the destruction and death taking place across Europe, resulting in a swift transformation in the State's approach to maternal and child welfare.

CHAPTER THREE

The Great War & Biopower

Britain's 1914 declaration of war on Germany accelerated the socio-political transition that was well underway by that time. The War posed a threat to the core liberal values and existence of the State, was unprecedented in its scope and nature, and was also more materially, economically, and demographically demanding than any conflict before it. These threats challenged the fabric of the British State while the immediacy and unprecedented nature of the conflict left Britain scrambling to organize resources and coordinate a formidable response that would not simultaneously occasion a breakdown of the society, economy, and government. The War also awakened Britain to the fact that attempts to improve health that were guided by traditional methods failed to produce the desired results. The nation was still struggling with public health challenges, and with the threat posed by war against Germany and its allies, the importance of securing control over the welfare of the nation and building greater efficiency and standardization became even more important. Far from being the brief conflict that much of the British elite and administration had anticipated, the Great War's threat to Britain's institutions and their sense of national and imperial security, and the vulnerability that it highlighted with respect to the condition of the population, reoriented the State's governance methods and their approach to welfare.

As this chapter will illustrate, the cataclysmic and unprecedented impacts of the War shattered the norms and expectations surrounding the State's authority and the methods through which power could be exerted upon the population. The ideological, social, and political barriers that had prevented the State from introducing interventionist and controlling mechanisms dissolved amid the existential and physical threat that the conflict presented. Under these

circumstances, the institutions of the State and the populace more willingly accepted the introduction of interventionist legislation which previously would have been resisted by advocates of the liberal laissez-faire state. The actions that unfolded were indicative of the dissolution of laissez-faire principles in exchange for the introduction of techniques of biopower that provided the more extensive control necessary to bring about a German defeat and secure Britain's triumph and future.

1. The Great War²⁴⁷

Before 1914, Britain was involved in conflicts that were deadly, long, and economically demanding; but, none had presented the terror and demanded the totality of society's involvement like the Great War had. It was the first large-scale, mechanized conflict that made the qualities of bravery, strength, and endurance inconsequential against modern weapons that caused unprecedented destruction and death. The Great War challenged and reoriented traditional understandings of what warfare involved with respect to weaponry, loss, stakes, and material and economic demands. Roger Chickering has reflected on the unmatched character and chaos of the War and remarked on the great shock it presented:

the outbreak of this great conflict represented a wrenching discontinuity in the history of modern warfare. Far from bringing the culmination of earlier developments, the early phases of the war were marked by disruption, surprise, and the play of contingency. The basic institutions of industrial mobilization, which have been conventionally labeled the principal hallmarks of total war, emerged suddenly, by improvisation, and without a

²⁴⁷ Like the historiography on the industrial revolution, the historiography on the Great War has followed a similar trajectory in that it initially covered political, economic, and martial issues up to the 1960's, after which point it diversified to cover the event through the lenses of class, gender, sexuality, and more recently following the centennial of the conflict, studies which focus on questions concerning memory and commemoration. Among the notable scholars who have explored the War and its implications are Arthur Marwick, Paul Fussell, J.M. Winter, Adrian Gregory, Trevor Wilson, and Modris Eksteins.

shred of foresight.²⁴⁸

When Britain declared war, the complex web of alliances across Europe expanded a conflict originating between two smaller states—Austria and Serbia—to a pan-European affair between technologically and economically prosperous adversaries. Unlike colonial wars where European nations typically had better technology and more financial capital to support expansive campaigns, the Great War positioned the technologically advanced and economically thriving nations against each other. In practice, this meant that Britain and their allies were contending with forces that matched their own military, economic, and demographic abilities to wage large-scale warfare.

By 1914, adversaries had ample access to new sophisticated weapons, including artillery, smokeless powder, advanced rifles, and machine guns. The technologies quickly demonstrated their superiority over methods of hand-to-hand combat and the cavalry due to the range and speed at which they could inflict damage, making them much more effective and destructive than the technologies that the Empire formerly relied upon.²⁴⁹ The sheer quantity of technology used by the British Expeditionary Force (BEF) and other forces also set the War apart from conflicts before it. For example, during the March 1915 Battle of Neuve Chapelle, the BEF fired nearly as many shells in a three-day period as they did for the entirety of the Boer War.²⁵⁰ In total, Britain produced 217,041,200 shells. The number of howitzers and machine guns produced per annum

²⁴⁸ Roger Chickering, "World War I and the Theory of Total War: Reflections on the British and German Cases, 1914-1915," in *Great War, Total War: Combat and Mobilization on the Western Front, 1914-1918* ed. Roger Chickering and Stig Förster, 37.

²⁴⁹ Adam Hochschild, *To End All Wars: A Story of Loyalty and Rebellion, 1914-1918* (New York: Houghton Mifflin Harcourt Publishing Company, 2011), 40-2; Gary Sheffield, *Command and Morale: The British Army on the Western Front, 1914-1918* (South Yorkshire: Pen & Sword Books Ltd., 2014), 13-4, 45-6. The BEF was most reliant on artillery, which is estimated to have accounted for approximately 60% of the Great War casualties. Machine guns were not as numerous as artillery guns but were remarkable for their lethality which was estimated to have the power of a combined 30 riflemen.

²⁵⁰ Hochschild, *To End All Wars*, 143.

increased from 300 and 91 in 1914, to 120,900 and 8,039 respectively in 1918.²⁵¹ To sustain the war effort, British defence spending from 1913 to 1918 increased from £91 million to £1.956 billion and accounted for 80% of the State's total expenditure and 52% of the GNP.²⁵² Britain's financial contribution during the Great War is estimated to be approximately 14 times greater than their contributions during the French Revolutionary and Napoleonic Wars.²⁵³ Britain began the War with the intent to maintain 'business as usual,' but, as these figures indicate, the economic and material demands necessitated that nearly all of British society be mobilized for the war effort, bringing about the phenomenon of 'total war,' resulting in a merging of the civilian and the military worlds.²⁵⁴

Beyond the economic and material demands of the War, one of the most extraordinary demands was demographic. In August 1914, few foresaw that the conflict would be as militarily demanding and long as it came to be, including Asquith. An exception to this was the Secretary of State for War, Horatio Herbert Kitchener. He believed that the War would last up to three years and would demand a formidable financial and military commitment. Accordingly, soon

²⁵¹ Paul Kennedy, *The Rise and Fall of the Great Powers: Economic Change and Military Conflict from 1500 to 2000* (London: Unwin Hyman, 1988), 267.

²⁵² *Ibid*, 267.

²⁵³ Martin Horn, "The Concept of Total War: National Effort and Taxation in Britain and France During the First World War," *War and Society* 18, no. 1 (2000): 4.

²⁵⁴ *Ibid*, 2-3. A notable outcome of total war in Britain was women's wartime employment. Women were reluctantly accepted into traditionally male-gendered occupations to supplement the demand for labourers created by mass enlistment. However, despite women working before the outbreak of war, their increased employment was not met without resistance. Male labourers and their unions feared that women's lower wages would permanently edge men out of the factories, even after the War's eventual end. Nevertheless, many women took up war work despite these attitudes; from 1914 to 1918 approximately 1.3 million women began working full-time, an increase of 22%. The number of women working in transport grew from 18,000 to over 117,000, from 1,500 to over 37,700 in banking industries, and by 1918 munitions factories, which had no women employees before the War, boasted over 53,000 female employees. Susan Pyecroft, "British Women and the First World War," *Historian* 56, vol. 4 (June 1994): 700-4. For more on the experiences and conditions of female workers during the War, consider Gail Braybon's *Women Workers in the First World War* (London: Routledge, 2013) and Gail Braybon and Penny Summerfield's *Out of the Cage: Women's Experiences in Two World Wars* (London: Routledge, 2013).

after the declaration of war, he increased the territorial force by 500,000 and launched a call to arms requesting men aged 19 to 30 to enlist voluntarily. Within the first month of the War, approximately 174,900 men enlisted, a significant increase from the approximately 50,000 who enlisted annually during the pre-war period.²⁵⁵

In a pattern similar to that seen in the Boer War's recruitment activities, prospective recruits underwent medical assessments to measure their "fitness for Army life" which allowed for certain concessions so long as the individual looked fit to carry arms.²⁵⁶ Despite the flexibility in approving recruits, medical officers still declined many. By 1916, the War Office estimated that approximately 22-30% of recruits were rejected on medical grounds. In contrast, Germany and France's rejection rates during the same period were estimated at 8% and 13% respectively.²⁵⁷ After the implementation of conscription in 1916 through the Military Service Act, which will be detailed in more depth later, newly elected Prime Minister David Lloyd George sought to bolster the ranks and reduce Britain's rejection rates by relaxing the enlistment standards, while Sir Alfred Keogh, the director-general of Army Medical Services, and the Surgeons-General of the Home Commands desired to decrease the number of enlistees they rejected. However, even with the new standards of assessing recruits, the number of rejected

²⁵⁵ Michael Robinson, "Broken Soldiers: The Chaos of Enlistment in the British Army in the Early Months of the Great War," *History Ireland* 24, no. 2 (March/April 2016): 30.

²⁵⁶ Prospective recruits were assessed against a minimum chest size, height, and number of teeth; however, medical officers often inspected up to 200 recruits per day, making thorough assessments and consistency challenging to maintain. Anecdotal accounts and reports detailing the condition of recruits suggest that medical officers approved recruits despite apparent ailments that should have precluded them from serving. Silbey explains that this was due to the sheer volume of recruits, sympathetic medical officers who were moved to approve even those who did not meet standards, and a flawed recruiting system that initially compensated medical officers only for the recruits they approved for service. For more on recruiting outcomes and practices refer to Michael Robinson, "Broken Soldiers: The Chaos of Enlistment in the British Army in the Early Months of the Great War," *History Ireland* 24, no. 2 (March/April 2016): 30-2; and David Silbey, "Bodies and Cultures Collide: Enlistment, the Medical Exam, and the British Working Class, 1914-1916," *Social History of Medicine* 17, no. 1 (2004): 61-76.

²⁵⁷ Robinson, "Broken Soldiers," 63.

enlistees remained high; during the last year of the War, medical officers rejected over one million men, making clear that the nation still did not have command over the health of their population.²⁵⁸

Among those who did pass the medical examination, the skilled, young, middle- and upper-class were well represented and gave rise to concerns that the nation's most prized individuals were in harm's way. As the *British Medical Journal* remarked in February 1915,

The finest men were often set to the most difficult tasks where the mortality was high, and the conspicuously brave were particularly apt to be killed off. With a voluntary system of military service, the call of their country attracted the more chivalrous, the more virile, the more courageous, the more patriotic, and the disproportionately high death-rate among combatants as compared with non-combatants meant, in some measure at least, an impoverishment of the race—a reversed selection of the stock of possible parents.²⁵⁹

The extensive loss led to the notion of a 'lost generation' to be popularized in the years following the Great War to capture the magnitude of loss and lasting impact that the War left on the nation. Among Britain's many campaigns, the 1915 Gallipoli campaign and the 1916 Battle of the Somme exemplify the magnitude of loss. During the Gallipoli campaign, allied forces suffered 250,000 casualties, 46,000 of whom were killed, and, on the first day of the Battle of the Somme

²⁵⁸ Winter, *The Great War and the British People*, 55-9. Most of those who successfully enlisted were middle- and upper-class young men who were securely employed, while manual labourers with unstable employment and those who worked in "older" occupations were less represented in the forces. Enlistment rates were exceptionally low in working-class districts like the East Midlands where, from 1914 to 1915, a mere 7.7% of the total male workforce enlisted, with the highest proportion coming from skilled trades of leather and canvas work, glass and china production, and metal works. However, some secure manual occupations were well-represented in the forces. For instance, in 1914, 15%, or 115,000 members, of the Miners Federation enlisted, and by mid-1915 this increased to approximately 25% or 230,000 members. It is reasonable to assume that disproportionate enlistment between occupations is consequence of the fact that those in poorly enumerated and insecure occupations represented much of the 22-30% of prospective enlistees whom medical officers rejected since it is likely that the low and irregular wages characteristic of these industries resulted in poor health outcomes. For more on this refer to State of employment. Report of the Board of Trade on the state of employment in the United Kingdom in October, 1914, 1914-16, Cd. 7703, 28-39.

²⁵⁹ "Eugenics and War," *The British Medical Journal* 1, no. 2825 (20 Feb. 1915): 345.

alone, July 1, 1916, Britain sustained approximately 56,240 casualties, of which 19,240 were killed—nearly the total for the Boer War dead²⁶⁰—and by November, Britain’s casualties exceeded to 420,000.²⁶¹ In total, 6,146,574 men across the UK served in the conflict, of whom 5,215,162 were members of the Regular Army or the Territorial Forces. Approximately 722,785, or 11.76%, were killed; 1,676,037, or 27.27%, were wounded; and 163,242, or 2.66%, were taken prisoner. In all, 2,562,064 men, or 41.68% of those who enlisted, were casualties. Of the Regular Army and Territorial Forces alone, 47.38%, nearly one in every two soldiers, was a casualty.²⁶²

Beyond the novel demands of the Great War that set it apart from any prior conflicts, perhaps the most threatening aspect of the War was that which it put on the institutions and fabric of British society. Britain declared war in response to Germany’s invasion of Belgium which violated that nation’s right to neutrality which the Great Powers—Austria, Belgium, Britain, France, Germany, the Netherlands, and Russia—had agreed to recognize and protect in the 1839 Treaty of London. Germany’s invasion of that nation violated the Treaty and represented an affront to the international liberal order that Britain sought to maintain among Western nations. Yet, while Britain publicly maintained that this violation drove their declaration, other factors also contributed. By 1914 Germany represented a formidable economic, imperial, technological, and industrial threat to Britain. Therefore, if the nation were to take over Belgium, and possibly France, Britain recognized that they would be confronted with a continental superpower with a force beyond that which Britain could resist. Unlike economic and imperially motivated colonial conflicts, Britain declared war in defence of their

²⁶⁰ David Reynolds, “Long Shadows of Old Wars,” *New Statesman* 12, no. 18 (2016): 23.

²⁶¹ *Ibid*, 25.

²⁶² Winter, *The Great War and the British People*, 72-3.

future and of a set of values that underwrote and governed the society. Asquith's statement to the House of Commons soon after the declaration of war reflected this sentiment; as he explained, Britain was fighting "not for aggression or the advancement of its own interests, but for principles whose maintenance is vital to the civilised world."²⁶³ The unique nature and demands of the War begs the question of how Britain—a state who had remained committed to the liberal principle of *laissez faire*—could acquire the force and organization to resist the German threat.

2. *The Emergence of Biopower & the Welfare State*²⁶⁴

Foucault argues that when states face a political and biological threat as daunting as that which confronted Britain, they are challenged by an ultimatum where "in order to live, you must destroy your enemies."²⁶⁵ Furthermore, the elimination of the threat constitutes, not only a defeat of the harmful ideology, political motivation, or physical threat, but an opportunity for the

²⁶³ Herbert Henry Asquith quoted in Hochschild, *To End All Wars*, 94.

²⁶⁴ This chapter does not attempt to cover the entirety of the historiography on the emergence of the welfare state, however, there are numerous studies which have informed this thesis and which support a fuller understanding of the welfare state, its emergence, and its implications for Britain. Notably, Richard M. Titmuss' *Essays on the Welfare State* (New Haven: Yale University Press, 1959) is considered a classic and arguably laid the foundation for more studies focusing on the significance of the British welfare state to unfold in the decades following the Great War. Bernard Harris' *The Origins of the British Welfare State: Social Welfare in England and Wales, 1800-1945* (New York: Palgrave Macmillan, 2004) provides a dynamic overview of the evolution of the British welfare state and the broad historiography that exists on the topic. In addition, Susan Pedersen's influential *Family, Dependence, and the Origins of the Welfare State: Britain and France, 1914-1945* (Cambridge: Cambridge University Press, 1993) applies the lenses of gender and family history to trace the welfare state's impact and development during the two World Wars, while Pat Thane's *The Foundations of the Welfare State* (New York: Addison-Wesley Longman, 1996) focuses primarily on the years from 1870 through to 1918. More recently, David Edgerton's chapter entitled "War and the Development of the British Welfare State" featured in *Warfare and Welfare: Military Conflict and Welfare State Development in Western Countries* ed. Herbert Obinger, Klaus Petersen, and Peter Stark (Oxford: Oxford University Press, 2018) offers an expansive overview of the emergence and evolution of Britain's welfare tradition beginning at the turn of the century and following through to the end of the Second World War. Lastly, Gøsta Esping-Andersen's seminal study *The Three Worlds of Welfare Capitalism* (Cambridge: Polity Press, 1990) is useful in situating the British welfare state within modern Western society.

²⁶⁵ Foucault, "Lecture 11," 255.

victorious State and its values to continue to proliferate and grow.²⁶⁶ This threat inspires two complementary reactions; on the one hand, it requires sacrifices and the mobilization of resources to confront the enemy, while at the same time, it prompts a need for the State to preserve, manage, protect, and foster the population for whom the sacrifices are being made. Both processes require the cooperation and compliance of the populace, which is facilitated by the formation of a collective state consciousness and the centralization of authority; implicitly, this challenges the core liberal principles of individualism and self-determination. Jean Bethke Elshtain draws on Foucault's theory to argue that this ultimately amounts to the sacrifice of the individual for the State,

It is in war that the strength of the state is tested, and only through that test can it be shown whether individuals can overcome selfishness and are prepared to work for the whole and to sacrifice in service to the more inclusive good. The man becomes what he in some sense is meant to be by being absorbed in the larger stream of life: war and the state. To preserve the larger civic body, which must be 'as one', particular bodies must be sacrificed.²⁶⁷

The concept of sacrificing individual rights or individuals for war is difficult to reconcile with Foucault's theory of biopolitics which insists upon acquiring control over populations to *promote* life.²⁶⁸ Foucault acknowledges this contradiction and explores it by asking,

How [...] is it possible for a political power to kill, to call for deaths, to demand deaths, to give the order to kill, and to expose not only its enemies but its own citizens to the risk of death? Given that this power's objective is essentially to make live, how can it let die? How can the power of death, the function of death, be exercised in a political system centred upon biopower?²⁶⁹

Foucault argues that by resisting an enemy and eliminating a threat—even when this involves

²⁶⁶ Ibid, 255-6.

²⁶⁷ Jean Bethke Elshtain, "Sovereignty, Identity, Sacrifice," *European Journal of Political Research* 19-20, no. 8 (1991): 397.

²⁶⁸ For a fuller discussion on the apparent contradiction between liberalism, biopolitical governance, and the objectives of liberty and life, refer to Michael Dillon and Julian Reid's *The Liberal Way of War: Killing to Make Life Live* (New York: Routledge, 2009).

²⁶⁹ Foucault, "Lecture 11," 254.

“the risk that it might kill those whose lives it had, by definition, to protect, manage, and multiply”²⁷⁰—the state can become a healthier, more prosperous, and improved manifestation of itself. The promise of a pure and reinvigorated race authorizes the state to engage in conflict and to compel the sacrifice of members of the population,

killing or the imperative to kill is acceptable only if it results not in a victory over political adversaries, but in the elimination of the biological threat to and the improvement of the species or race. [...] war will be seen not only as a way of improving one’s own race by eliminating the enemy race [...] but also as a way of regenerating one’s own race. As more and more of our number die, the race to which we belong will become all the purer.²⁷¹

What is missing from Foucault’s theory is an explanation of what methods are employed to compel this sacrifice. This gap is significant when considering a state like Britain who, by 1914, had demonstrated a reluctance to break from the traditional liberal and laissez-faire political traditions which adamantly defended civil liberties, resisted state intervention in the personal and private affairs of its citizens, and limited state influence in local government matters.

Britain’s imperative to resist German militarism necessitated that the State take more decisive actions to mount its resistance and to secure the welfare of the population. In a sharp turn from the State’s anti-interventionist tradition, Britain used coercive and restrictive legislation as a mechanism to both make the sacrifices to defend itself and to channel the improvements in health that would allow it to meet its biopolitical obligation to establish a purer and healthier population. The wartime legislation employed the regulatory and disciplinary techniques of both anatomo-power and biopower to assert control, and used the rhetoric of national defence as a justification to encroach on civil liberties and overcome the variability and uncertainty characteristic of the laissez-faire system. In the end, the breakdown of the laissez-

²⁷⁰ Ibid, 258.

²⁷¹ Ibid, 256-7.

faire system enabled an unprecedented degree of economic, social, and biological influence, revealing an interventionist turn in British policy characteristic of the welfare state.

Asquith introduced the Defence of the Realm Act (DORA) on August 8, 1914. The Act proclaimed that

His Majesty in Council has power during the continuance of the present war to issue regulations [...] for securing the public safety and the defence of the realm; and may by such regulations authorize the trial by courts martial and punishment of persons contravening any of the provisions of such regulations [...].²⁷²

The Act's lack of specificity granted the State the flexibility to introduce a wide range of regulations for which clear limitations were not initially delineated. In total, the Act was amended six times and, in time, it came to include, among its many provisions, restrictions on communications,²⁷³ restrictions on the purchase and sale of alcohol,²⁷⁴ and authority for the State to commandeer workshops, factories, plants, and vacant accommodations for labourers.²⁷⁵ To ensure compliance, DORA had disciplinary mechanisms built into the legislation which criminalized and allowed for the prosecution of individuals who did not comply. Initially, offenders were charged under martial law, which received little contestation amid the excitement stemming from the August 1914 declaration of war. Individuals charged in military courts were subject to heavy penalties, even the death penalty in instances when the State could prove that an individual assisted German efforts or colluded with enemy forces. Within the first months of the War, up to early January 1915, 30 people were tried for offences under DORA, 23 of whom were

²⁷² Defence of the Realm Act, 1914, 4&5 Geo. 5, c. 29.

²⁷³ Ibid.

²⁷⁴ Defence of the Realm (Liquor Control) Regulations, 1915. First report of the Central Control Board (liquor traffic) appointed under the Defence of the Realm (Amendment) (No. 3) Act, 1915, 1915, Cd. 8117.

²⁷⁵ Defence of the realm (amendment), no. 2. A bill to amend the Defence of the Realm Consolidation Act 1914, 1915, 4&5 Geo. 5.

convicted.²⁷⁶

However, by November, as Britain began to settle into the War, critics challenged the prospect of military trials and called for civil trials for DORA offenders. Andrew G. Bone explains that the Act was criticized for the potential damage to the liberal order that would arise from insufficient regulation of executive power. The persistence of libertarian critics forced the State to amend the Act in March 1915 to allow for civil trials. Restrictions included limits upon the State's ability to take possession of land and to restrict the movement of the population, among several other measures to protect the civil liberties. However, Bone cautions readers not to interpret restrictions to the Act as a victory over Britain's wartime conglomeration of executive power; as he explains, on the same day that the government introduced this amendment, it also introduced the Defence of the Realm (Amendment No. 2) Act in response to the Spring 1915 shell crisis. This Amendment authorized the State to take possession of factories and their labourers for the War. Furthermore, even with the modified regulations, the legislation maintained unprecedented authority to encroach on civil liberties.²⁷⁷ As one of the first pieces of wartime legislation, DORA set a precedent indicating that the imperatives of national defence outweighed the civil liberties that the liberal, laissez-faire society formerly protected.

In an even more dramatic affront to the society's liberal tradition, the Military Service Act was introduced in January 1916, authorizing the State to conscript men aged 19 to 41. Party lines largely divided opinions over conscription. Conservatives, like Andrew Bonar Law, had pushed Asquith to introduce the Act beginning in early 1915, whereas Liberals, like Reginald McKenna, maintained that forgoing the volunteer system represented an abandonment of the

²⁷⁶ Andrew G. Bone, "Beyond the Rule of Law: Aspects of the Defence of the Realm Acts and Regulations, 1914-1918" (PhD diss., McMaster University, 1994), 61-2.

²⁷⁷ Sir Charles Archer Cook, *Defence of the Realm Manual* 7th ed. (London: H.M. Stationary Office, 1919).

liberal principles of individualism and personal liberty that had prompted Britain's declaration of war in the first place.²⁷⁸ In contrast, others, including Lloyd George and Winston Churchill, crossed party lines and backed the legislation despite their Liberal political allegiance.

Pressure began to mount to introduce conscription beginning in the spring of 1915 when volunteer recruitment began to decline. By the fall of 1915, it was sufficiently clear to Asquith and his coalition cabinet that the volunteer system was approaching its limits, leading him to establish the War Policy Committee in August 1915. Asquith tasked the Committee with assessing the issue and considering the potential implications of introducing conscription. In September 1915, the Committee proposed three options: not to implement, to implement when the situation was more dire, or to implement immediately. The latter option was selected, and on January 27, 1916 the Act was officially implemented.²⁷⁹

As was true for DORA, the State embedded disciplinary mechanisms within the Military Service Act that coerced compliance by punishing those who elected not to comply. Conscientious objectors were subject to harsh penalties, including compulsory work, jail time, and even the death penalty if they tried to evade their trial. Also, the propaganda relating to recruitment and enlistment characterized even medically exempted individuals, as well as those who objected, as disloyal, effeminate, and unpatriotic.²⁸⁰ These characterizations sanctioned and promoted public ridicule of these men, as witnessed through movements like the white feather

²⁷⁸ R.J.Q. Adams, "Asquith's Choice: The May Coalition and the Coming of Conscription, 1915-1916," *Journal of British Studies* 25, no. 3 (July 1986): 243-263.

²⁷⁹ *Ibid.*, 243-263.

²⁸⁰ For more on conscientious objectors and the gendered ridicule they encountered, refer to Lee Jones "The Others': Gender and Conscientious Objection in the First World War," *Nordic Association for Research on Men and Masculinities* 3, no. 2 (2008): 99-113; Thomas C. Kennedy's "Public Opinion and the Conscientious Objector, 1915-1919," *Journal of British Studies* 12, no. 2 (May 1973): 105-119; and Lois Bibbings' "Images of Manliness: The Portrayal of Soldiers and Conscientious Objectors in the Great War," *Social & Legal Studies* 12, no. 3 (2003): 335-358.

campaign,²⁸¹ and in doing so, normalized the public's expectation that military participation and sacrifice were socially expected of the adult male population.

John Gray explains that during the late Victorian era, and perhaps into the early Edwardian period, liberalism was still in a state of idealism that, as this project has shown, rarely saw it stray from its principles of self-determination and individualism, especially regarding military service. No precedent existed that equated citizenship with wartime sacrifices or military service.²⁸² However, both DORA and the Military Service Act introduced this norm by forcibly suppressing civil liberties, leveraging the resources of independent persons, and, most dramatically, by compelling military service. Both pieces of legislation used disciplinary mechanisms as a check to ensure that the populace was controlled and obliging to the State's wartime needs. These mechanisms allowed the State to control for potential resistance and ensure that these pieces of legislation would result in predictable outcomes.

Both policies used new power and political technologies that situated the importance of national objectives above the civil liberties and the liberal values that historically governed the society. Pursuant to this, Bone has remarked on the philosophical implications of DORA upon Britain's political tradition and noted that it has perplexingly been glossed over in the Great War historiography despite its significance as a transformative piece of legislation.²⁸³ This could also

²⁸¹ White feather campaigns were led by women who supported the war effort and sought to shame, those who they believed to be, able-bodied men who were shirking their responsibilities to the nation and displaying cowardice by giving the men a symbolic white feather. Often, these women did not account for the fact that some individuals were medically rejected, whereas others were in protected industries that were also critical to the war effort. For more on the white feather campaigns and their implications refer to Peter J. Hart's "The White Feather Campaign: A Struggle with Masculinity During World War I," *Inquiries Journal* 2, no. 2 (2010): 1; or, Nicoletta F. Gullace's "White Feathers and Wounded Men: Female Patriotism and the Memory of the Great War," *Journal of British Studies* 36, no. 2 (April 1997): 178-208.

²⁸² John Gray, *Liberalism* 2nd ed. (Minneapolis: University of Minnesota Press, 2003), 26.

April Carter, "Liberalism and the Obligation to Military Service," *Political Studies* 46, no. 1 (1998): 78.

²⁸³ Bone, "Beyond the Rule of Law," iii-iv.

be said for the Military Service Act. Both pieces of legislation demonstrate how the imperatives of total war to amass resources, demand sacrifices, and defeat the enemy were pitted against the liberal tradition, resulting in, not only demographic sacrifices, but substantial sacrifices to the civil liberties and liberal values that were core to Britain's political identity and which the laissez-faire liberal principles of the State formerly protected.

The second function of the wartime legislation was to meet the obligation to foster a healthier population in the wake of the sacrifices that the State demanded. Vital statistics at the outbreak of the War indicated that Britain did not have beneficial control over the health of the population, especially the infant mortality rate, which stood at approximately 11%.²⁸⁴ Annually, this amounted to approximately 100,000 fatalities, and politicians and the media alike saw this statistic as a gross waste of potential. The lethality of the War made this figure even more reprehensible; as one journalist explained,

We have lost 75,000 men killed, 25,000 missing, 250,000 wounded in eleven months of war. We are losing this year from 100,000 to 150,000 babies out of an annual gift of 800,000. Shall we not save the nation at home whilst our youth is shedding its life to save the nations abroad?²⁸⁵

For the biopolitical state, a high infant mortality rate is especially contentious. It represents the limit of the State's power over life, particularly when infant deaths are due to preventable ailments, like inadequate medical care, poor sanitation, or malnutrition—all of which were well-documented afflictions of Britain's working classes.²⁸⁶ Conversely, effective control over this variable implied command over biological phenomena and the social, economic, and political factors that affected those phenomena. As the following will show, through the introduction of

²⁸⁴ Deborah Dwork, *War is Good for Babies and Other Young Children*, 7.

²⁸⁵ "Infant Mortality," *Votes for Women* 9, no. 398 (22 October 1915): 31.

²⁸⁶ Foucault, "Lecture 11," 253-6.

separation allowances, the extension of the Notification of Births Act, and the Maternity and Child Welfare Act, Britain applied biopolitical mechanisms to take control over infant mortality.²⁸⁷ These policies exercised control through two complementary processes. First, separation allowances and the Notification of Births Act fostered regulation through disciplinary interventions and surveillance. Second, the Maternity and Child Welfare Act sought to improve health and create uniformity through the implementation of welfare supports that challenged the State's insistence upon personal responsibility and anti-interventionist principles, by assisting mothers and taking greater responsibility for (read, control over) maternal and infant health.

In less than a week after Britain's declaration of war, Asquith extended separation allowances and pensions to all wives and widows of men in the forces.²⁸⁸ Kitchener's August 1914 call to arms increased the size of the forces and, therefore, the number of women eligible for allowances, by approximately 500,000. Initially, the State did not have a mechanism in place to disburse funds and turned to the Solders' and Sailors' Families Association (SSFA) for this task, which was an entity of the charitable body the Royal Patriotic Fund. Under the SSFA, volunteers visited eligible women and made assessments as to their eligibility and deservingness of allowances based on subjective evaluations of need and prospective recipients' ability to demonstrate appropriate and respectable behaviour. The volunteers were typically middle-class women who viewed their role as encompassing disciplinary, maternal, and moral functions; they saw one of their most important responsibilities as evaluating women's deservingness based on

²⁸⁷ *Ibid*, 261.

²⁸⁸ Before 1914, a much more limited version of the policy existed that distinguished between 'on' and 'off the strength' wives. 'On the strength' wives were the spouses of men who were given permission to marry, a mere 4% or 1,100 women. These men were paid wages that were intended to support a family. The remaining 96% of soldiers, who were not officially authorized to marry, were paid a wage that was meant only to support the individual soldier. This distinction was grounded in the belief that unmarried men were more efficient and dedicated. It is also likely that economic factors influenced this decision.

women's maternal capabilities and aptitude. SSFA volunteers incentivized women's behaviours through disciplinary measures such as withholding allowances or providing funds to eligible women through an administration in trust until the woman proved that she used the funds responsibly.²⁸⁹

The media and many Labour and Liberal politicians criticised the use of the SSFA as a funding mechanism because of its lack of regulation, the variability and subjectivity of its volunteer workforce, and the reliance on the charitable organization to administer funds that were part of a service member's pay, and therefore a state responsibility. In response, the government formed the Statutory Committee of the Royal Patriotic Fund in the Spring of 1915 to establish guidelines and a sliding allowance scale based on the service member's rank and the number of dependents. However, criticism persisted since the SSFA still disbursed the funds and eventually, in December 1916, Asquith formalized the disbursement of allowances through the establishment of the Ministry of Pensions.²⁹⁰ Even after Asquith transferred the responsibility to disburse allowances and pensions to the Ministry of Pensions, this body still maintained paternalistic tendencies and continued to assess women's deservingness based on gendered and classist behavioural expectations. From October 1916 to March 1920, approximately 40,000 women had their cases investigated and from March 1918 to March 1919, the benefits of over 6,000 women, most of whom were working class, were deemed ineligible.²⁹¹

Nevertheless, the allowances brought consistency to the socioeconomic standing of spouses and widows of service members. Allowances ranged from 7s to 9s per week and were

²⁸⁹ Janis Lomas, "Delicate Duties': Issues of Class and Respectability in Government Policy Towards the Wives and Widows of British Soldiers in the Era of the Great War," *Women's History Review* 9, no. 1 (2000): 129.

²⁹⁰ *Ibid*, 128-30.

²⁹¹ *Ibid*, 131, 138.

dependent on the age, circumstances, and the number of dependents for whom a woman was responsible.²⁹² The allowances represented the first time that many women had access to funds not overseen and disbursed by their husbands. However, since most soldiers were from well-remunerated and secure occupations, the most desperate of the female working-class population, namely those who fell below the poverty line, were less likely to receive these funds, since their spouses were less represented in the forces. Despite this, recipients of the funds had consistently greater financial control of their weekly budget and the funds enabled more widespread economic security that promoted better health outcomes.

The second measure to promote infant health came in 1915 when Asquith amended the Notification of Births Act (1908) making it mandatory for *all* Local Government Boards to require notification of births. The Notification of Births Act worked in tandem with disciplinary and surveillance mechanisms of separation allowances by installing mechanisms to surveil, discipline and provide corrective instruction to all new mothers, not only allowance recipients. The Act upheld the expectations from the previous legislation that a visiting nurse would promptly visit the mother and newborn child upon notification of birth to assess living conditions and give new mothers instructions on how to care for their newborns. Visiting nurses also encouraged women to attend schools for mothers and promoted ongoing medical consultation through maternity and child welfare centres.

Visiting nurses were affiliates of the State and were often affluent women who received rudimentary medical training and who carried classist assumptions regarding appropriate childcare practices. These women held a distinct power over the mothers they visited, assessed,

²⁹² Lomas explains that allowances were often higher than pensions for deceased soldiers' wives. The discrepancy was rationalized through the logic that widowed women did not have to "maintain" the home for their husbands, and therefore could move to a less expensive accommodation or find other ways to reduce costs.

and provided instruction to.²⁹³ The State branded health visitors as a “mother’s friend”²⁹⁴ and used this characterization to disarm subjects from resisting the State’s intervention into the formerly private space of the home and activity of motherhood. With this legislation in place, the number of health visitors increased from 600 to 2,577 from 1914 to 1918, and the number of maternity and child welfare centres grew from 650 to 1,278, a remarkable increase considering the simultaneous pressures and demands of the War.²⁹⁵ The extension of the Act reduced regional variability and showcased the State’s efforts to ensure consistency in the care and condition of the nation’s children. Furthermore, as will be discussed in more depth below, the interventions and instruction of visiting nurses aided in efforts to professionalize and bring structure to the practice of ‘mothercraft.’

Lastly, in August 1918 the Maternity and Child Welfare Act expanded the range and availability of supports for expectant and nursing mothers and their children up to the age of five. Margaret Llewellyn Davies, the secretary of the Women’s Co-operative Guild from 1899 to 1921, was an adamant and outspoken advocate for expanding supports for working-class women and is widely credited as being the catalyst of this legislation. In 1915 Davies and the Women’s Co-operative Guild published *Maternity: Letters from Working Women* which lamented the conditions and experiences of working-class mothers. The text illuminated the harsh conditions that working women encountered and underscored how poverty shaped the lives and health of the women and, consequently, that of their children too. Liberal MP Herbert Samuel, who

²⁹³ Sue Peckover, “Supporting and Policing Mothers: An Analysis of the Disciplinary Practices of Health Visiting,” *Journal of Advanced Nursing* 38, no. 4 (2002): 370.

²⁹⁴ Celia Davis, “The Health Visitor as Mother’s Friend: A Woman’s Place in Public Health,” *Social History of Medicine* 1, no. 1 (1988): 39-59.

²⁹⁵ Alice Reid, “Health Visitors and Child Health: Did Health Visitors Have an Impact?,” *Annales de démographie historique*, 101 (2001): 118. Maternity and child welfare centres were mainly concentrated in large, densely populated, urban cities like London or Manchester.

authored the preface of the text, emphasized the urgency of addressing infant and maternal welfare in the context of Britain's ongoing war effort:

Action [to combat infant mortality] is necessary also because, for the lack of it, the nation is weakened. Numbers are of importance. In the competition and conflict of civilisations it is the mass of the nations that tells. Again and again in history a lofty and brilliant civilisation embodied in a small State has been borne under by the weight of a larger State of a lower type. The ideas for which Britain stands can only prevail so long as they are backed by a sufficient mass of numbers. It is not enough to make our civilisation good. It must also be made strong; and for strength, numbers are not indeed enough without other elements, but they are none the less essential.²⁹⁶

Pressure from Davies and her allies propelled the government to introduce the Maternity and Child Welfare Act shortly before the end of the War in August 1918. The Act mandated local authorities to establish maternity and child welfare committees composed of council members, maternal and infant welfare professionals, and a minimum of two women. There were no prescriptive expectations as to what supports committees would implement, but some notable provisions that could be introduced included: medical assistance for children under five years of age, medical assistance for pre- and post-natal mothers, child care services (i.e. nurseries and crèches), housing for orphaned or deserted children, visiting nurses, and milk and food supplements for women and children in need.²⁹⁷ The Act also provided local councils with grants to assist in funding these programs and activities.

Despite the breadth of services, critics opposed the legislation for its non-prescriptive nature and made appeals during the tabling of the legislation, insisting on the need for state-wide, mandatory policies to ensure that all children and mothers had access to critical supports, and not

²⁹⁶ Herbert Samuel, "Preface," in *Maternity: Letters from Working Women* collected by The Women's Co-operative Guild (London: G. Bell and Sons Ltd., 1915), vi.

²⁹⁷ Harry Hendrick, *Child Welfare: Historical Dimensions, Contemporary Debate* (Bristol: Policy Press, 2003), 64-6; Dwork, *War is Good for Babies and Other Young Children*, 214; Pat Thane, "Visions of Gender in the Making of the British Welfare State: The Case of Women in the British Labour Party and Social Policy, 1906-1945," in *Maternity and Gender Policies: Women and the Rise of the European Welfare States, 1880s-1950s* ed. Gisela Bock and Pat Thane (London: Routledge, 1991), 105-7.

to allow the introduction of such supports to be dependent on the discretion of local committees.

As William Anderson argued during a June 1918 House of Commons debate on the issue,

In my view this measure is too voluntary. It is too optional. It does not compel the local authorities to do anything. It does not set up any standard for the various municipalities. It leaves the matter optional. Therefore, I think there is a great deal in the argument that the best municipalities will do it, and that the less active and more reactionary municipalities will do little or nothing at all. Yet over and over again it will be in the areas of those less progressive municipalities that there will be the greatest need for the work. It will be in those very municipalities that are less active and progressive that there will be the largest wastage of child life and the largest amount of hardship inflicted upon the mothers.²⁹⁸

Since the legislation was only introduced in 1918, it did not have a substantial impact on maternal or child health during the War. However, its introduction was symbolically significant.

It marked a turning point from Britain's political tradition that had historically insisted that family welfare is the responsibility of the male breadwinner, not the State. This principle was tied to fears stemming from the Poor Law legislation that welfare support would create dependence and result in a helpless, opportunistic, and immoral populace. Therefore, even though it was not nationally consistent, the implementation of the Maternity and Child Welfare Act demonstrates a significant shift in the State's attitude and approach to welfare support. As Dwork describes, rather than operating on a policy of non-intervention that blamed individuals, this legislation "signified the explicit recognition of the responsibility of the State to protect the health of its citizens regardless of socio-economic status, albeit for one age group only."²⁹⁹

Unlike separation allowances and the Notification of Births Act, which were both disciplinary measures, the Maternity and Child Welfare Act's purpose centred on promoting better health outcomes by broadening the availability of supports, and standardizing health and living conditions. Naturally, the imposition of such supports broke from the anti-interventionist

²⁹⁸ 107 Parl. Deb. H.C. (5th ser.) (1918) col. 839.

²⁹⁹ Dwork, *War is Good for Babies and Other Young Children*, 214.

laissez-faire tradition of highly restrictive pre-war policies, such as the aforementioned 1911 National Health Insurance Act which limited support to only the employed, whereas the unemployed—and therefore more vulnerable—were still left with few supports. In contrast, the 1918 Act was available to all women and intentionally supported women in the most desperate circumstances. The Act also marked the emergence of a socialist and welfare tradition in British policy that, as Foucault explained, aligned with the objectives of biopolitics:

Socialism has made no critique of the theme of biopower [...] it has in fact taken it up, developed, reimplanted, and modified it in certain respects, but it has certainly not re-examined its basis or its modes of working. [...] to take control of life, to manage it, to compensate for its aleatory nature, to explore and reduce biological accidents and possibilities ... it seems to me that socialism takes this over wholesale.³⁰⁰

As one of the first policies to be recognized as a modern welfare policy, the Act accorded with biopolitics' objective to improve national efficiency and health by exercising greater control over accidents or aleatory circumstances that result in inadequate health outcomes.

Collectively, these policies reflected the State's acknowledgement of the significance of maternal welfare to infant welfare. Jane Lewis explains that the government's interest in the welfare and the actions of mothers grew during the Great War, and many members of the public, progressive politicians, and the medical community recognized that a mother's health was indicative of the health of her child at birth, and thereafter of the mother's ability to nurture and raise the child to be healthy as it grew.³⁰¹ In his 1915 report, Arthur Newsholme, the medical officer of the Local Government Board, drew the connection between the welfare of mothers and their children, and emphasized that improving maternal health was "as much in the interest of the

³⁰⁰ Foucault, "Lecture 11," 261.

³⁰¹ Lewis, *The Politics of Motherhood*, 34-6.

child as the mother.”³⁰² However, the acknowledged importance of women’s conduct and their well-being led to increased public and government scrutiny upon the practice of ‘mothercraft,’ which became professionalized and regulated under the leadership of the State during the War.

The professionalization of motherhood corresponds to Foucault’s theory by illuminating how, as an emerging biopolitical state, Britain used legislation directed toward mothers to influence the private affairs of individuals through regulatory mechanisms, in an effort to “achieve overall states of equilibration or regularity”³⁰³ in the condition of the population. To effect this objective, the State took more control over population-wide processes and phenomena and introduced disciplinary and corrective measures to create predictability in the behaviour of individual actors. Through this process, the practice of mothercraft became subject to new, more intimate, interventionist, and invasive methods of state interference. Motherhood became a domain that the State increasingly professionalized, regulated, and medicalized.³⁰⁴

For the State to regulate motherhood, it had to infiltrate the private space of the home, which ultimately resulted in a breakdown of the anti-interventionist principles that guided

³⁰² Ibid, 35. Forty-fourth annual report of the Local Government Board, 1914-15. Supplement in continuation of the report of the medical officer of the board for 1914-15 containing a report on maternal mortality in connection with childbearing and its relation to infant mortality, 1914-16, Cd. 8085, 3.

³⁰³ Foucault, “Lecture 11,” 246

³⁰⁴ Davin, “Imperialism and Motherhood,” 13-4. Mabel Craven Buer, *Health, Wealth and Population in the Early Days of the Industrial Revolution* (London: Routledge, 2013, University of Michigan, 1926), 16-9. Citations refer to Routledge edition. Lisa Forman Cody, “The State Takes Charge: Conceived, Consummated, Counted,” in *Birthing the Nation: Sex, Science, and the Conception of Eighteenth-Century Britons* (Oxford: Oxford University Press, 2005), 269, 276. This is not to say that motherhood was free from interference and oppression—by political, gendered, or religious institutions—prior to this date; however, this legislation represented decidedly more invasive and official involvement in the conduct and welfare of mothers and their children. This is particularly true in Britain where the nature of the political and welfare system often made gathering accurate information challenging in the laissez faire state. For example, parish and local government reporting practices (both of which suffered from inconsistency or dissent) made the accuracy of gathering information on national vital statistics highly variable from region to region, among rural and urban districts, and over time. However, as Lisa Forman Cody explains, beginning around the turn of the nineteenth century, the British State’s relationship with mothers and the welfare of their children progressively became more interventionist. The legislation introduced during the War reflects a new height of intervention.

legislation in the past. However, gaining this control did not wholly disrupt the division between private and public. Berry Mayall explains that the “caring work” of mothers occupied an area of regulation and state influence that sits at the juncture between the public and private domains. It is not part of the public domain in which men primarily participate, and which can be measured economically and objectively; nor is it situated in an entirely private domain to which the State concedes authority to individuals to regulate and control. Instead, it is situated in an “intermediate domain” which is privately located, but which can still be subject to the regulation and surveillance of public domains.³⁰⁵

Creating predictability began by gaining control over the practices and welfare of mothers. Each of the policies discussed identified mothers as their subject and the path through which to improve health. Other contemporary reports from the period complemented these policies by squarely associating childcare and wellness with mothers, as George Newman, the Chief Medical Officer for the Board of Education, did in his 1914 report:

[t]he environment of the infant is its mother. Its health and physical fitness are dependent primarily upon her health, her capacity in domesticity, and her knowledge of infant care and management. Thus the fundamental requirement in regard to this particular problem [of infant mortality] is healthy motherhood and the art and practice of mothercraft.³⁰⁶

Newman’s comments demonstrate how motherhood became conceptualized as a practice that is not intuitive, but which demands a set of skills and capabilities that are acquired through medical, domestic, and ethical training. Samita Sen contrasts the practices of “motherhood” and “mothercraft” in colonial Bengal where the British colonial leadership, who took direction from

³⁰⁵ Berry Mayall, “The Division of Labour in Early Child Care – Mothers and Others,” *Journal of Social Policy* 19, no. 3 (1990): 299-301.

Berry Mayall, “Keeping Children Healthy – The Intermediate Domain,” *Social Science & Medicine* 36, no. 1 (January 1993): 77-83.

³⁰⁶ Board of Education. Annual report for 1914 of the chief medical officer of the Board of Education, 1914-16, Cd. 8055, 25.

British policies and concepts of maternal care during the early twentieth century, informed many of the practices relating to the regulation of mothers. Sen explains that motherhood referred to the objective reality of a woman bearing children, whereas mothercraft referred to the principled and medicalized practices of raising children which were the outcome of training, regulation, and oversight from medical and education professionals (including doctors, teachers, or visiting nurses) in subjects such as child care, food preparation, and hygiene.³⁰⁷ This “craft” is defined in part by its gendered nature as a female profession, although it is almost entirely prescribed, taught, regulated, and policed through paternalistic mechanisms, institutions, and figures.

Mothercraft’s position in the “intermediate domain” allowed the State to regulate the activity and impose disciplinary mechanisms upon women, which established consistency around the ‘craft’. To channel these outcomes of predictability and standardization, Britain introduced mechanisms that were intertwined with disciplinary technologies to account for “anomalous factors” that impeded predictability and the State’s command over population-level phenomena. For instance, the surveillance, disciplinary, and educational functions of allowance and pension officials, and visiting nurses, allowed the State to introduce behavioural norms into the “intermediate domain” which the State strengthened and reinforced through disciplinary consequences. In contrast, the Maternity and Child Welfare Act marked the first time the State meaningfully took responsibility for and control over infant welfare by establishing security around factors which they knew to result in poor health outcomes, such as lack of access to clean milk and food. The professionalization and medicalization of motherhood fulfilled biopolitics’ need to normalize knowledge and behaviours associated with child care to create consistency in biological phenomena. Normalization enabled the State to build security and predictability

³⁰⁷ Samita Sen, “Motherhood and Mothercraft: Gender and Nationalism in Bengal,” *Gender & History* 5, no. 2 (Summer 1993): 237-8.

around child welfare and, in such, to reduce the prevalence of poor child health.

It is notable that these pieces of legislation emerged just at the same time when, with the end of the War, keeping women in the home and maintaining traditional gender roles was deemed to be necessary, especially with the rise of the New Woman and the Suffragette movement which threatened the attempts at maintaining ‘business as usual’ during the War. Jane Jenson argues that, while these policies helped women, they also had an oppressive function by imposing standards, expectations, and regulations upon women that State entities officially enforced, and which public and social norms maintained.³⁰⁸ Indeed, as Seth Koven and Sonya Michel explain, one of the primary objectives of such policies was to affirm a middle- and upper-class-defined family structure in which, more than any other responsibility, women’s main role—to their family, community, and nation—was to be a mother. However, as Koven, Michel and many other feminist scholars have emphasized, women’s agency should not be obscured from this. Women used their maternalism and the importance of motherhood to carve out a political and social identity from which they could make demands on the political system for greater support and attention.³⁰⁹ This is seen, for instance, with vanguard women like Margaret Llewellyn Davies who mobilized the nationalized rhetoric of motherhood, maternity, and infant welfare to rationalize and substantiate demands for enhanced support, catalyzing the introduction of the Maternity and Child Welfare Act. Nevertheless, these policies also reinforced gendered expectations of women by disqualifying fathers from such scrutiny and regulation, and their child care responsibilities remained in the unregulated and ill-defined “private domain” of the

³⁰⁸ Jane Jenson, “Gender and Reproduction: Or, Babies and the State,” *Studies in Political Economy* 20, no. 1 (1986): 9-46.

³⁰⁹ Seth Koven and Sonya Michel, “Womanly Duties: Maternalist Politics and the Origins of the Welfare States in France, Germany, Great Britain, and the United States, 1880-1920,” *The American Historical Review* 95, no. 4 (1990): 1083-5.

home.³¹⁰ In forging a fixed, enforced, and predictable family dynamic and expectation of mothercraft, women's homes, bodies, and behaviours became sites of power that could be controlled, monitored, and brought to a State-defined level of adequate health and functionality.³¹¹

3. Biopolitics & Liberalism's Crisis

Anna Davin has contemplated the transition in Britain's attitudes towards mothers and motherhood and proposed that, amidst fears of racial suicide and a sense of responsibility to soldiers, the War motivated the State to gain command of infant welfare.³¹² Reinforcing Davin's view, one contemporary journalist explained,

What people will not learn in the quiet, they have to learn in the storm. When there was no war, no pouring out of millions of pounds daily, no fear of an imminent shortage of human life in England, politicians had not time to deal with the wastage of child life; now, almost amid the very noise of the engines of destruction, they have found the time.³¹³

However, it was not necessarily a lack of time or desire to prevent infant mortality during the pre-war period, but the absence of the sense of immediate urgency and of a threat substantial enough to have allowed the State to redefine its relationship with the populace by way of introducing mechanisms to intervene in the private affairs of individuals and asserting control

³¹⁰ Mayall, "The Division of Labour in Early Child Care – Mothers and Others," 301.

³¹¹ Lorna Weir, *Pregnancy, Risk and Biopolitics: On the Threshold of the Living Subject* (New York: Routledge, 2006), 28-9. In her article "Governmentality and the Maternal Body: Infant Mortality in Early Twentieth-Century Lancashire," (*Journal of Historical Geography*, 2013): 54-68, Francesca Moore explores, through a feminist lens, how working-class women were targeted beginning in the late nineteenth century as individuals responsible, and at fault for, the current condition and future of the British population. She attests that her approach disrupts Foucault's theory of biopolitics, which does little to consider gender or sexuality. Also, through the application of a geographic lens, Moore argues that the State "governmentalized" "bad mother[s]" to channel the control necessary to improve the condition of the British "race."

³¹² Davin, "Imperialism and Motherhood," 44-5.

³¹³ "The Casualties at Home," *Votes for Women*, 8, no. 380 (18 June 1915), 308.

over the problem nationally.

Over the course of the Great War, the infant mortality rate dropped from pre-war levels of approximately 107 per thousand from 1910-13 to post-war levels of approximately 95 per thousand in 1918. And between the years 1919 and 1923, that figure declined even further to 73 per thousand.³¹⁴ The provision of more resources and womens' improved financial flexibility—from both higher employment rates and more financial and material supports—are some of the chief causes of the decline in the infant mortality rate. However, the change is also the result of the more abstract evolution in the State's power dynamics and technologies and the effect that this transition had on the welfare of the population, and women specifically. The societal transition that unfolded illustrates Britain's willingness to expand supports to secure infant health at the expense of their traditional political values.

The policies discussed in this chapter were part of a larger response to address endemic inefficiency and degradation that began with the expansion of knowledge concerning working class health deficiencies over fifteen years earlier with the Boer War. Elizabeth Wilson explains that the State's intense focus on mothers to respond to these issues is hardly surprising: the conditions in early childhood set the tone for children's well-being in the future and mothers were socially defined, and politically recognized, as the individuals responsible for this stage of life.³¹⁵

The Great War's impact on Britain's liberal tradition and worldview has been called into question by many scholars who have considered how the principled and idealistically-minded State transformed its traditional principles and governance structure under the chaos of the War.

³¹⁴ Jay Winter, Jon Lawrence, Jackie Ariouat, "The Impact of the Great War on Infant Mortality in London," *Annales de Démographie Historique* (1993): 333; Lewis, *The Politics of Motherhood*, 32.

³¹⁵ Elizabeth Wilson, *Women and the Welfare State* (London: Routledge, 1977), 109-11.

Michael Freeden is one of these scholars and he has remarked on how Britain's confidence in its ongoing economic, technological, imperial, and demographic ascent was abruptly halted when the devastation and brutality of the War uncovered fissures in the State's belief in the good of human nature and the superiority of the British Empire over other Western nations, like Germany. He argues that this realization led the State to abandon the liberal values that had been protected for the past century by Britons' belief in their sense of moral and racial superiority.³¹⁶ Amid the breakdown of the liberal society, the State also broke with its traditional use of the tools of power, and the extent of its reach into the private activities and affairs of the populace grew. Exerting this power was part of the important task of building a healthy populace since, as one journalist described, "every baby was a potential citizen, a fighting man or a mother of fighting men."³¹⁷ This sentiment was emblematic of many of Britain's wartime actions which, perhaps out of necessity, abstracted individuals into their resource potential as members of a collective who could be mobilized for political, economic, or, as this project has shown, military purposes.

³¹⁶ Michael Freeden, *Liberalism Divided: A Study in British Political Thought, 1914-1939* (Oxford: Oxford University Press, 1986), 9-10.

³¹⁷ "The Loss of Young Life. Defects in the Training of Girls," *The Times*, 25 Jun. 1915, 4.

CONCLUSION

The Normalization of Biopower & Welfare in Post-War Britain

Deborah Dwork's *War is Good for Babies and Other Young Children* has been a foundational piece of scholarship that has inspired and informed this thesis. However, as other scholars have also identified, while her study presents an interesting and compelling narrative of how the welfare of children improved over the course of the early twentieth century, the text does not adequately examine how or why these improvements occurred in practice. More precisely, and as this thesis has endeavoured to show, Dwork does not examine how the British State's approach to infant and maternal welfare was part of a larger evolution in the State's governance and technologies of power, which saw it turn away from anatomo-power and strictly laissez-faire liberalism, towards the conglomeration of greater centralized power and the deployment of biopower. The added theoretical lens of Foucault's theory of biopolitics allows this historical narrative to be examined at another level and makes clear that improvements to infant and maternal welfare depended on the revolution of other state structures, assumptions, and traditions. While they are less perceptible, such changes are the catalysts which also enabled the State to amass the control and influence characteristic of the welfare state.

The advent of the welfare state in Britain reflects the priorities and methodologies of biopolitics in the sense that it permitted state intervention or control to improve a population's well-being and to strengthen the society to make it more economically productive. Like biopolitics, the welfare state also represents a coordinated response to population-wide social, biological, or political problems that cannot be appropriately addressed through fragmented and localized interventions characteristic of laissez-faire political and economic philosophy.

Derek Fraser explains that, under the capitalist model, "welfare measures are seen as

serving the economic interests of a modernising society by bearing the social costs of industrialisation and by promoting a social organization geared to the needs of business.”³¹⁸ He also notes that almost all industrialized states have welfare philosophies and systems, pointing to the fact that investments in improving the welfare of the population make “sound economic sense.” As he explains,

increased educational provision could provide a more highly trained workforce, just as measures to promote medical care could produce a healthier, hence more productive, workforce. Such awareness, which perceived welfare as conducive to ‘national efficiency,’ was likely to be enhanced in times of war. A nation in competition for survival needed all the military advantages which welfare could offer, or, rather, needed welfare to remedy the deficiencies which military weakness had revealed.³¹⁹

Fraser’s last point is especially significant in the context of this thesis: the Great War and, to a lesser degree, the Boer War revealed fissures in Britain’s economic and social structures that challenged Britain’s ingrained sense of superiority and confidence in their traditional approaches to national welfare and health. The threat to England’s formerly unchallenged international economic, demographic, and industrial primacy gave way to a sense of fear which motivated greater attempts at control—through both disciplinary and regulatory mechanisms—to maintain supremacy.

However, beyond the methods of anatomo-power and biopower, there exists a third factor that this thesis has alluded to and that Foucault emphasizes is a critical component to how the two technologies of power evolve, are exercised, and how the subject (individual or population) reacts to them: the norm. The norm is defined as that which the subject population considers socially, economically, and demographically normal and which they accept without resistance. For a state, the norm is defined as that which is a normal exertion of its power and the political,

³¹⁸ Fraser, *The Evolution of the British Welfare State*, 9.

³¹⁹ *Ibid*, 9-10.

economic, and social structures that the population participates within and interacts with.

In nineteenth-century Britain, both the State and the population primarily defined the norm alongside the liberal, laissez-faire political, economic, and social principles established at the start of the Industrial Revolution. As this thesis has shown, the assumptions, rules, and structures derived from these principles guided Britain in creating and maintaining a governance system premised on limited state intervention, the protection of personal liberty, and a continued and unrelenting emphasis on the personal responsibility of individuals (or, in many cases, the male breadwinner) for one's personal welfare. However, by the turn of the century, these assumptions were shattered when the Boer War made the State acutely aware that their beliefs concerning how modern industrial society functions and should be governed were not accurate, and did not result in the healthy and efficient population that the State desired.

This event and realization informed a new truth: the economic and social structures of nineteenth-century British society had produced a socially divided and physically unhealthy population. However, while alarming, the Boer War was geographically distant and did not present an existential threat to Britain's core being and values, so to occasion a complete reorientation and redefinition of the society, or of the State's tools and methods for exercising power. Consequently, while the State introduced new legislation to improve the health and welfare of the population, it did so within the confines of the laissez-faire structures it inherited from the nineteenth century, which emphasized the preservation of local control in many socio-political domains and which resisted overbearing state intervention in the affairs of individuals or state assistance in matters of personal welfare.

The Great War, in contrast, had a much more remarkable impact. As many scholars have argued, the Great War redefined warfare and shook the foundations not just of British society,

but of Western society more broadly.³²⁰ The cataclysmic and unprecedented nature of the War challenged and destroyed previous conceptions that the British State and the population believed to be true—about warfare, humanity, and the security and strength of their future. Even though many contemporaries believed that the War would conclude by the end of 1914, the State's actions from the outset of the event, and even more as the War progressed, illustrate that the threat it presented effectively changed the conscience not only of the State, but also of the populace, the majority of whom appeared to accept the growth of the State's authority over their once fiercely protected liberty. The British State's transition toward the tools of biopower occurred concomitantly with a transition in the social and political norms that governed British society, especially with respect to public health and even more specifically, to maternal and infant welfare. What began as an individual's responsibility (or, more accurately, the male breadwinner's responsibility), evolved into an acceptance that the State too had a responsibility to protect and secure the health, welfare, prosperity, and future of the nation.

The use of Foucault's theory of biopolitics has considerably lent itself to reaching these conclusions. The theory of biopolitics has presented questions that required numerous historical lenses to be pulled together—political, cultural, gender, economic, technological, among others—in order to make a measured assessment of how British society operated and exercised power throughout the different stages of its urbanization and industrialization, and how this changed with the Great War. In addition, this analysis has enabled a consideration of Foucault's theory of biopolitics in the British context, which in turn exposed gaps related to his periodization, his identification of mechanisms of change, his concept of the sovereign, and his

³²⁰ Notable among these is Modris Eksteins whose classic study *Rites of Spring: The Great War and the Birth of the Modern Age* (Toronto: Key Porter Books Limited, 1989) argues that the War created such unprecedented destruction that it forced Western society into the Modern Age.

consideration of other social, political, and economic structures and their influence in Western societies.

To begin with Foucault's periodization, this thesis has demonstrated that the technology of biopower emerged in Britain more than a century later than Foucault's model proposed. However, this is not to say that the British state did not make attempts or put mechanisms in place to better enable such control to be implemented. The State made progressive attempts to establish authority over the biologically-grounded issues and processes that biopolitics seeks to regulate. Yet, the nature of the liberal laissez-faire tradition inhibited the State's efforts to centralize, standardize, and regulate these processes to the extent that Foucault's model implies. For instance, if one considers the housing movement and the Liberal government's welfare reforms of the early twentieth century, it is clear that these movements were the product of greater knowledge and a desire to attend to issues of inefficiency in the population, as Foucault's theory posits. However, both movements in Britain fall short of being examples of biopolitical governance because they continued to rely upon the technologies of anatomo-power which, consistent with the liberal laissez-faire tradition of the State, shied away from centralized, homogenous regulation and standardization, and instead opted towards disciplinary interventions that were localized and respectful of individual liberties. The Great War, in contrast, in challenging the norms of the society and the dictates that had guided political, social, and economic governance in the years before, enabled the State to reorient its relationship with the population in a fundamental way. The Great War galvanized the introduction of a style of governance consistent with biopolitics, one that encompassed holistic and standardized interventions, at the national level, that enabled the State to control, regulate, and account for aleatory variables hindering national economic performance.

One of the crucial reasons why Foucault's theory fails to accommodate Britain's divergent biopolitical periodization is due to its failure to emphasize the crucial role of legislation that established and enforced homogenous, nationwide rules, standards, and practices to measure and achieve biopolitical goals. This thesis has made clear that, in Britain, legislation was a primary mechanism for acquiring the requisite control to create the uniformity and standardization which Foucault suggests exists in biopolitical states. Tracking legislation historically as a measure of the shift to biopower thus helps to show how the central State's approach to issues of public health had to overcome a powerful combination of laissez-faire ideology and determined, well-organized political opposition. The latter resisted both the diminution of local authority and the shift toward a homogenized, national welfare state and system of biopower. In short, applying and testing Foucault's theory in the context of British history required a consideration of the evolution of legislation because it was so often the vehicle through which disciplinary methods characteristic of anatomo-power gave way to national biopolitical governance and a growing system of biopower.

This thesis also endeavoured to demonstrate that the evolution and exertion of power within Western capitalist societies is more complex and involves more resistance than Foucault's discussion of biopolitics conveys. In contrast to the inevitability of the evolution from anatomo-power to biopower that Foucault implies, the transition from one style of governance and exertion of power is dependent upon the acceptance of the subject population and the nature of the other forces in the society—whether they be political, economic, social, etc.—and how they accept or reject new tools of state power. This is perhaps a more optimistic conclusion than that drawn by Foucault, whose theory is built upon the nihilist (albeit unstated) assumption that individuals and indeed populations remain powerless against and unknowledgeable by the will of

the sovereign. Foucault's theory—if only because of its brevity and broad-brush approach—offers a rather simplistic and one-dimensional concept of the sovereign: his model of power and, more specifically, of how the sovereign exercises power, implies that the sovereign's authority is little affected by other actors, mechanisms, or structures within the society. In response to this, other scholars have contested this premise of a unilateral exertion of power, as this study does. For instance, Anthony Giddens's *The Nation-State and Violence* draws upon Foucault's theories concerning state power and surveillance, but insists that modern Western nation-states have been shaped by a wealth of forces that are more diverse and complex than simply the sovereign's will; these include capitalism and industrialism, information and surveillance, and military power.³²¹ In line with this view, this thesis has similarly sought to illustrate how other forces in society—inclusive of the different classes, political upheavals, economic, cultural, and technological changes—all work against the sovereign's absolute authority and, in fact, mold the framework within which the State can exert its authority and influence over individuals and the population. This thesis has demonstrated that the influence of other factors in society forced the State to temper its conglomeration and centralization of control over the biological and to be cautious in its transition from anatomo-power to biopower. The State's progressive legislative reform over the period and the continuing power of local systems of authority and governance reflected this more halting, contested transition of the State from anatomo-power to biopower and demonstrates the inadequacy of the impression that Foucault gives of the State being always able to maintain significant and largely unshared control of this process.

Finally, together with the work of many other scholars, this thesis has illustrated how the power of the State is not distinct from the influence and resistance of other political, social, and

³²¹ Anthony Giddens, *The Nation-State and Violence* (Berkeley: University of California Press, 1985).

economic institutions, systems, and structures as it exerts power. The existence of extenuating political, social and economic structures and norms pertaining to the State's relationship with the population and their responsibility towards the health and welfare of the population complicated Britain's efforts to exert national control over public health issues, including maternal and infant welfare. Rather than freely implementing techniques, mechanisms, and tools to effect greater control over these issues and to alter its relationship with the populace, the State was compelled to proceed cautiously throughout the period to avoid resistance which could threaten the security and progress of the State from within. Britain's tradition of laissez-faire liberalism posed obvious challenges to Foucault's theory of biopolitics and the technologies and mechanisms associated with biopower. This observation underscores the necessity of situating and contextualizing theories like Foucault's within a more careful empirical study of the historical transformations states encounter. Nevertheless, the usefulness of Foucault's theory is also proven in the preceding observations, since it was through the process of trying to apply the theory of biopolitics to this history that the interplay of these actors and forces became clear. Although Foucault insists upon the unique position of the sovereign, and defines it as distinct from other entities in society, this thesis has illustrated that many forces and actors crucially structure and resist the will of the sovereign.

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