Women's Studies International Forum 60 (2017) 111–119

Contents lists available at ScienceDirect

Women's Studies International Forum

journal homepage: www.elsevier.com/locate/wsif

Infant feeding and child health and survival in Derbyshire in the early twentieth century☆

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ARTICLE INFO

Article history:
Received 20 November 2015
Received in revised form 16 June 2016
Accepted 27 October 2016
Available online 15 November 2016

ABSTRACT

This paper uses detailed records relating to feeding and health for a large sample of infants born in Derbyshire in the early twentieth century to provide a more detailed and nuanced picture than has previously been possible of the extent and duration of breast-feeding, reasons for ceasing to feed and the dangers of feeding in the early twentieth century. Results indicate that breast-feeding was the norm among working class British women in the early twentieth century, but the social gradient was the inverse to that found in Britain today. However this disguises much individual variation and early weaning was more common among twins, illegitimate infants, first births, and women in poor health, which placed infants at greater risk of death from many causes of death, but particularly gastro-intestinal infections. There is evidence that health visitors were successful both in promoting breast-feeding and in supporting safe hand-feeding.

Introduction

Recent feminist discourses and discussions of biopower portray pro-breast-feeding policies as instruments of gendered social control, embodying deep-seated assumptions about femininity and masculinity (Wolf, 2011; Blum, 1999; Carter, 1995; Wall, 2001). These policies are seen as instruments which enable institutions to police the bodies and behaviour of women, particularly those whose mothering practices may be different to those of the white, middle-class hegemonic group. The language used by these scholars carries the suggestion that such policies are inherently sinister and aimed at surveillance and normalisation, and some authors claim that they can be actively detrimental. For example Millard argues that the detailed advice on how to carry out breast-feeding actually tends to undermine the practice, although she still sees it as beneficial (Millard, 1990). Wolf goes so far as to challenge the orthodoxy that breast-feeding is better for women and children than bottle-feeding, asserting that a neo-liberal culture of risk and personal responsibility forces a mother's own needs to be trumped by what might produce a better (but unproven) outcome for her child (Wolf, 2011). Wall argues that the way that breast-feeding is socially framed suggests that it is possible for all women to do it successfully, engendering intolerance and a lack of support for those for whom it is not possible or who choose not to (Wall, 2001).

Most of these arguments are made in the context of the late twentieth and early twenty-first centuries: in particular, Wolf's claims about the scientifically unproven nature of the superiority of breast-milk is restricted to circumstances where nutritionally appropriate formula milk is available, clean water and high standards of sanitation are provided, and the disease environment is benign. Nevertheless, similar arguments have been made about the infant and child welfare movement in the UK which gathered force in the early twentieth century and included the promotion of breast-feeding and the simultaneous instruction of new mothers in infant care and hygiene as part of the strategy to reduce infant mortality rates. This maternal education or 'mothercraft' strategy, fuelled by post-Boer War concerns about 'national efficiency', has been condemned by historians as a means of social control, tainted by nineteenth century doctrines which regarded the home as the proper place for women (Lewis, 1980; Dyhouse, 1978; Apple, 1987, 1995; Davin, 1978). Davin asserts that women were morally blackmailed to conform to expectations: 'failure to breastfeed… [was a sign] of maternal irresponsibility, and infant sickness and death could always be explained in such terms' (Davin, 1978, 13–14). Moore takes a Foucauldian perspective in which the infant welfare movement is viewed as a biopolitical tool of government, a view which chimes with Davin's feminist viewpoint, and which depicts women as singled out as a 'threat to the population' and subject to corrective inspection in order to train them to 'adhere to a pre-existing norm' which was exemplified by middle-class behaviour (Moore, 2013, 56, 64). However, in a detailed study of child welfare in three different areas, Sian Pooley has found the thrust of ideology and the resulting tenor of the services to have differed between different places (Pooley, 2010). Bromley, in Greater London, conformed to the models

☆ The data entry and early work leading to this paper were funded by a Wellcome Trust PhD studentship (grant number 044948/Z/95/Z), a British Academy Small Grant (SG: 31626) and small grants from the Population Investigation Committee and the Simon Population Trust.

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http://dx.doi.org/10.1016/j.wsif.2016.10.011

depicted by Davin and Moore: middle-class philanthropists striving for national improvement of the working classes. In contrast welfare provision in the Lancashire textile town of Burnley was backed by a rhetoric of civil pride rather than the imperialist agenda, and individual measures were practical and pragmatic, facilitating safe bottle-feeding and the possibility of women returning to work after childbirth.

This paper aims to dig below the rhetoric of social control and blame, to investigate how mothers negotiated the advice from and monitoring by health visitors in the early twentieth century, whether this was benign or sinister. It is focussed on infant feeding, which was one of the main planks of the infant welfare movement. It uses detailed records relating to feeding and health for a large sample of infants born in Derbyshire in the early twentieth century to provide a more detailed and nuanced picture than has previously been possible of the extent and duration of breast-feeding, reasons for ceasing to feed and the dangers of supplementation and artificial-feeding in the early twentieth century. In the analysis in this paper breast-feeding refers to exclusive breast-feeding, artificial- or hand-feeding to a complete absence of breast-milk, and mixed-feeding to both breast-milk and other nutrition. The paper also examines the work of health visitors in relation to infant feeding, concentrating more on whether they had any effects on feeding methods and survival than on their motives.

Infant feeding in the past and the establishment of health visiting services

For the period leading up to the mid-nineteenth century, estimates of the prevalence of breast and artificial-feeding have been based on sketches in works of fiction and on information in medical journals (Phillips, 1978). Fildes (1986, 352–65) compared recommendations on the length of time to breast-feed with the actual experience of a small sample of real infants based on letters, diaries and case histories, finding the median length of breast-feeding to be around 16 months, around the same or slightly less than that recommended by physicians. However it is difficult to know how representative was this tiny sample which comprised 42 children over 300 years, mainly drawn from the upper classes and including a good proportion of royal infants. Significantly more is known about the early twentieth century, when routine data started to be collected by women sanitary inspectors, health visitors, and infant welfare clinics, initiatives which developed under the Infant Welfare movement (Dwork, 1987; Marks, 1996).

One of the earliest examples of such data was a study read before the Derby Medical Society in April 1905 and subsequently published in the Lancet (Howarth, 1905). William Howarth, the Medical Officer of Health (MOH) for Derby, reported on a local scheme which had started in 1900, whereby registered births were passed to the MOH on a weekly basis. Women inspectors visited infants to provide advice and also collected data on feeding, and the MOH traced deaths in the first year of life. Howarth used data for infants born between November 1900 and November 1903 for the analysis shown in his paper. He found that 63% of infants were breast-fed, 20% hand-fed, and 17% fed by both methods (either sequentially or simultaneously) 'from a very early stage of their existence' (Howarth, 1905, 211). He also showed that, at 198 deaths per 1000 infants, mortality was considerably higher among hand-fed infants than among breast- and mixed-fed infants, among whom mortality was 70 and 99 per 1000 respectively. A number of roughly contemporaneous studies in the UK and in North America used similar methods to follow the survival of children fed by different methods, and showed conclusively that artificially-fed children were at significantly greater risk of death than breast-fed (Armstrong, 1904; Davis, 1913; Woodbury, 1922).

Howarth's women inspectors investigated the food given to hand-fed infants, and he concluded that sweetened condensed milk was perhaps the worst food for infants, followed by bread, rusks and other bread-based concoctions. Howarth also noted that patented infant foods varied considerably in quality and their nutritional suitability for infants. He considered contamination of milk to be an important factor, suspecting that proximity to privy middens (toilet systems consisting of a seat above a pit) might be to blame, along with maternal ignorance about matters regarding hygiene. He argued that his system of informing the MOH about new births, which were then visited by women inspectors, was key to the improvement of infant care:

"Although the education of girls at school in the subjects of domestic economy and home nursing would be of the greatest value, a very great deal more can be done by instructing the young mother at home as soon as possible after the baby has made its appearance. To do this would necessitate the notification of every birth to the sanitary authority and visitation by a properly qualified person. Such information is received in this town and visits are made with, I believe, the greatest advantage to both mother and child." Howarth (1905, 213)

Only two years after the publication of Howarth's paper, the Notification of Births Act of 1907 enabled local authorities to establish the sort of system he was advocating (Dwork, 1987, 139; Marland, 1993). It had already been compulsory, since 1837, for parents to register the birth of each child to the local registrar, but they were given a leisurely six weeks to do so. Howarth, and others concerned about the need for supervision and instruction of new mothers, were aware that the first few weeks of an infant's life were by far the most dangerous, and that it might be too late for many mothers and children if they only received help and instruction after the birth was registered. The Notification of Births Act was therefore designed to allow for the visiting of infants in the first few weeks of life. Those local authorities which adopted it required all births to be notified by the attending midwife, doctor, or other attendant, to the local Medical Officer of Health within 36 hours of the birth. The 1907 Act was permissive, meaning that it was up to each local authority to adopt it or not as they chose, but it was held to be a success and was followed eleven years later by the Notification of Births Act 1918 which made the procedures compulsory (Dwork, 1987, 139). The notification of births was generally accompanied by the establishment of a fleet of health visitors (whom Howarth might have called 'properly qualified persons') whose job it was to follow up the notified births with visits.

The merits of early visiting by a woman inspector or health visitor are still debated (see Reid, 2001a, 119–20 for an overview), but the notification of births and the health visiting system also allowed monitoring of the sort that enabled Howarth to perform his analysis, and many Medical Officers of Health began to publish feeding statistics in their annual reports. The analyses of such reports form the bulk of what is known about infant feeding in the late nineteenth and early twentieth centuries: Valerie Fildes collected statistics for 22 Local Authorities and 23 London Boroughs for the period 1900–1919, and Peter Atkins' data set includes information from 95 Local Authorities and 28 London Boroughs between 1902 and 1938 (Fildes, 1990, 1992, 1998; Atkins, 2003). These studies confirm that the majority of infants were breast-fed during their first two months and that hand-feeding was associated with a lethal penalty of high infant mortality (see also Buchanan, 1985, 156; Dyhouse, 1978, 255; Lewis, 1980, 71; Marks, 1996, 107–10).

Although of immense importance in establishing geographic and temporal similarities and differences in feeding patterns and penalties, such studies are not without their limitations. To some extent this is due to the lack of any standard data collection or methodology on the part of those who collected this data in the late nineteenth and early twentieth centuries. There was great variety in the age at which information was collected for the infants, so the ages for which feeding was recorded differed from place to place, hampering comparability. Sometimes the authors of the original reports were unclear about the ages to which their data referred; for example Howarth states that his feeding data refer to 'a very early stage of infants' existence' but does not say what that age was (Howarth, 1905, 211). Often the information collected was different and in particular different studies used different definitions of breast- and hand-feeding. Population coverage was different too: some Medical Officers of Health collected information from all