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The health of working-class women

Margery Spring Rice, *Working-Class Wives. Their Health and Conditions* (London, Virago, 1981, first edn, 1939), pp. 39–43.

In 1933, the Women's Health Enquiry Committee, formed of representatives from voluntary associations, launched an investigation into the health of married women, believing that illness was more widespread than was generally believed. Their concern reflected a general concern with the health of mothers and children, who were seen as crucial to the 'national health'. The 1,250 responses to the Committee's questionnaire confirmed their suspicions – few working-class women enjoyed good health. Most were worn down by large families, bad housing and poor diet. The Committee recommended the extension of maternity and child health services and of National Health Insurance cover to families, more government support for housing, and the provision of family allowances.

[W]omen show a general disinclination to fuss about themselves, which is the result partly of their exhausting work, partly of their preoccupation with the welfare of their families and partly of ignorance, or a curious failure to apply to themselves what they do know about health in general. Advice therefore is not sought as often as it should be, or if sought is not taken. . . .

The most important controlling factor in this is poverty, especially in those illnesses which the woman thinks she can fairly safely overlook, such as headaches, constipation, anæmia and bad teeth. Here is a typical example of this attitude, governed by lack of funds. . . . Mrs. F. of Sheffield. She is 47 and has had seven children, of whom two have died. Her husband is a railway drayman. She gets £2 17s. 0d. housekeeping . . . She has rheumatism, (since she had an operation for gall-stones two years ago,) toothache, headache and back-ache. For none of these does she consult anyone. She owes her private doctor for the last five years' attendance, including the last confinement, £14, which she pays off in 1/- weekly instalments . . .

Rheumatism, gynaecological troubles and bad legs being much more crippling to work, show a larger percentage of advice sought and treatment taken. Gynaecological trouble has other features in respect of treatment. The woman probably does not recognise the symptoms

herself. ('Backache since birth of baby'. 'Internal trouble through confinements', are frequent complaints for which no advice and treatment have been sought,) and in the absence of a thorough post-natal examination, the trouble is not discovered till the birth of the next child, often not then if she has not been attended by a doctor. When it *is* discovered, much greater pressure is brought to bear on her by the doctor or nurse to have the matter attended to. An example of this is given by a Manchester woman of 35 who has three children. She has had very bad backache since her first confinement, and at her second confinement the doctor diagnosed a prolapse¹³ and advised an operation. She could not face this then, but the condition has got worse since the birth of the third child, and she is now 'waiting for the bed in the hospital'. . . .

The comparative percentages for professional treatment in the seven specially analysed ailments are:—

Headaches	30%	are	professionally	treated.
Constipation	36%	"	"	"
Anæmia	38%	"	"	"
Bad teeth	43%	"	"	"
Rheumatism	56%	"	"	"
Gynæcological trouble	59%	"	"	"
Bad Legs	60%	"	"	"

The best of these figures shows a deplorably low percentage of treatment and it is not entirely explained by poverty, or a courageous neglect. There is also a good deal of prejudice and/or fear due to ignorance. This is apparent particularly in cases where hospital treatment, an operation or otherwise, is needed . . .

Another country woman aged 41, very poor, with four children, and a very bad house, has a 'torn lower bowel and dropped womb' and she says of both 'These could be righted in hospital, but don't like the idea.' The bowel trouble dates from her first confinement, the prolapse from her second.[. . .]

An even sadder story of the efforts to cure ill-health is given by the records of the inefficacy of treatment. Over and over again the woman is unable to continue a treatment begun, either because it involves too much expense, or a weekly visit to a hospital and hours of waiting for which she cannot spare the time. Almoners and Health Visitors who

¹³ *prolapse*: a slipping downward of an organ (in this case, the uterus) from its normal position.

have added notes show disappointment in the woman's improvement after treatment, but the one method of treatment which seems to have a magical effect is three or four weeks convalescence at the sea.

The professional advice that the women receive appears to vary greatly in value. It is noticeable that many who have consulted their own doctor for such an ailment as bad backache or anæmia have been told to change their diet, to eat more nourishing food, to rest more, to sleep more and to get more fresh air. The changes are rung on these remedies over and over again.

A woman in Leeds who has had nine children of whom the seventh and eighth have died, has 44/- a week house-keeping money, and a poor house; she suffers from anæmia, neurasthenia and loss of appetite. She has a private doctor who 'advises rest, nourishment and not to worry'. . . . Another in London with six children says 'My Doctor before each child advised always rest and usually bed which is practically impossible.'