

DELIVERING MATERNITY CARE: MIDWIVES AND MIDWIFERY IN BIRMINGHAM
AND ITS ENVIRONS, 1794-1881

By

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ABSTRACT

This thesis examines the working milieu of midwives in the urban west midlands, primarily in Birmingham and Coventry, between 1794 and 1881. Adopting a microhistorical approach, and by integrating sources including a midwife's register, lying-in charity and poor law records, the thesis argues that developments in midwifery provision over the period mainly arose from local factors and circumstances, however some metropolitan influences can also be discerned. Reasons for the relatively late introduction of midwifery training in the locality, and the minimal interest by local midwives are considered, alongside evidence of midwives' awareness of the varying reputation of their occupation. This research indicates that midwives worked for a range of clients including charities, the poor law and private clients, and midwifery could be combined with other strands of caring work, or even work unrelated to caring. The analysis illustrates the existence of full-time, sustained midwifery careers and of midwives who achieved a middle-class lifestyle, and a degree of status within their localities. Combined with the evidence of entrepreneurial approaches to midwifery, the thesis argues that these provincial midwives should be integrated into the historiography of businesswomen.

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CONTENTS
CHAPTERS

1. Introduction: Historiography, Sources And Methods	1
Birmingham and its Environs in the late Eighteenth and Nineteenth Centuries	3
Coventry: regional centre and silk ribbon weaving capital	10
Women's work in the eighteenth and nineteenth century	13
Businesswomen and the business of caring	19
Justification for the study	29
The Historiography of Midwifery	31
Changing practitioners, changing places	40
Whiggish histories	43
Conflict writing	47
The dominance of capitals and their lying-in hospitals	49
Considering provincial midwifery through microhistory	55
Locating maternity care: Study location and chronology	57
Records and methods	60
Content of the thesis	65
2. Midwifery at the General Dispensary, Birmingham, 1794-1845	70
Anne York and her daughters	79
Appointing a midwife from London- Elizabeth Maurice	86
Mrs Thomas, 1835–1838: a brief encounter with the dispensary	101
Elizabeth Hallett - the last chief midwife	103
Reviewing the midwifery department	106
Conclusions	109
3. Smaller lying-in charities in Birmingham and its environs	113
Scope of the lying-in charities	116
Meeting the criteria for relief	126
Coventry's lying-in charities	135
Lying-in charity subscribers	140
The Union Lying-in Charity	149
Conclusions	156
4. Birmingham Lying-in Charity, 1868-1881: the first trained midwives in the midlands	158
The charity's early years	159
Closing the hospital	162
Appointing trained midwives	168

Midwives' practice, management and remuneration	172
Metropolitan influences and connections	182
Competing aims: containing costs, extending charity	187
The status of the charity's midwives	188
Training midwives	191
Conclusion	197
5. Midwifery and the poor law: childbirth, unmarried and destitute women, 1834-1881	199
Midwifery in midlands poor law unions	207
Midwifery in Aston Union, 1836-1881	214
Births in Aston workhouse, 1868-1881	225
Giving birth in Wolverhampton workhouse, 1842-1845	233
Midwifery in Birmingham workhouse, 1815-1880	236
Midwifery in Coventry union, 1859-1881	238
Conclusion	240
6. A Coventry midwife's practice, 1847-1875	243
A sworn midwife	246
The provenance of the register	247
A developing midwifery practice	249
Mary Eaves's caseload	259
Mary Eaves's clients	269
Working for lying-in charities and the poor law	277
Deliveries over a midwifery career	280
Conclusion	281
7 Conclusion	284

FIGURES

Chapter 2

Figure 2.1: Annual Midwifery Cases, Birmingham General Dispensary, 1794-1868	83
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Chapter 3

Figure 3.1: Lying-in charities in Birmingham and environs	120
---	-----

Chapter 5

Figure 5.1: Births in Aston Workhouse, 1868-1881	226
--	-----

Chapter 6

Figure 6.1: Mary Eaves Annual Caseload, 1847-75	261
Figure 6.2: Streets where Mary Eaves conducted 1% or more visits 1847-75	267

TABLES

Chapter 1

Table 1.1: Estimates of the average annual institutional deliveries in 1880s	42
Table 1.2: Proportions of deliveries attended by 'medical men and by women': Midlands and London, 1869	54

Chapter 2

Table 2.1: Westminster Lying-in Hospital Annual Cases, 1811-1818	89
--	----

Chapter 3

Table 3.1: Lying-in charities in Birmingham and environs: Founding and duration of activity, 1788 - 1900.	119
Table 3.2: Lying-in charities in Birmingham and environs: Summary of provision, 1825-1860	133
Table 3.3: Types of tickets in Mary Eaves's register, 1850-1867	139
Table 3.4: Ten most frequent lying-in charity subscribers in Mary Eaves's register, 1853-1867	143
Table 3.5: Register entries - Devonport, 1852-1864	145
Table 3.6: Register entries - Charlotte Shufflebottom, 1854 - 1861	145

Chapter 4

Table 4.1: Births in Birmingham: Lying-in Charity 1869-1881	175
Table 4.2: Midwives of Birmingham Lying-in Charity, 1868-1881	180

Chapter 5

Table 5.1: Midwifery Provision in Eight Midlands Workhouses, 1868	208
Table 5.2: Statistics of Childbirth in Union Workhouses, 1871 to 1880	213
Table 5.3: Aston union- Births in the workhouse as a percentage of all births in Aston District, 1873-1879	227
Table 5.4: Coventry - admissions due to pregnancy, and outdoor deliveries by a midwife, 1859-1881	240

Chapter 6

Table 6.1: Mrs Cole, 1851-54	255
Table 6.2: Mrs Rainbow, 1851-68	271
Table 6.3: Mrs Puddynert, 1859-69	271
Table 6.4: Mrs Dowling, 1854-67	272
Table 6.5: Mrs Lucas, 1853-68	272
Table 6.6: Mrs Stirling, 1861-71	274
Table 6.7: Mrs Mander, 1863-75	276

APPENDICES

1. Population of Birmingham, 1801-1841	297
2. Population of Birmingham and towns in adjacent counties, 1841-1881	298
3. Principal Occupations in Birmingham in 1851	300
4. Coventry Lying-in Charities - Women and Subscribers	301
5. Locations where Mary Eaves made 1% or more visits	302
6. Midwife Rebecca Tongue	303

LIST OF REFERENCES

1. Primary sources: archive material	304
2. Official government publications	306
3. Newspapers, journals and periodicals	307
4. Trade directories	308
5. Theses	309
6. Published books and journals up to 1900	310
7. Published books and journals after 1900	312

CHAPTER 1. INTRODUCTION: HISTORIOGRAPHY, SOURCES AND METHODS

On 21 June 1819, an announcement concerning Birmingham General Dispensary appeared in the local paper, *Aris's Gazette*.

At a special general meeting of the Governors of the Dispensary held this day, the Rev. Edward Burn in the chair, it was resolved. That the governors are much gratified by the report of their committee concerning the appointment of Mrs Elizabeth Maurice to the situation of midwife in the dispensary; it being their opinion that the credit, and usefulness of the Institution are eminently consulted by this measure and they hereby confirm the appointment so made. J M Baynham, Secretary.¹

From its opening in 1794, Birmingham's dispensary had a midwifery department. Elizabeth Maurice's appointment, however, marked a new approach for the charity. In contrast to previous midwives, Maurice was not a local, and the committee had enlisted the help of London medical-men to identify a suitable candidate. The announcement indicates the governors' expectations that the dispensary's standing would be enhanced by this appointment. Birmingham General Dispensary is the earliest setting of midwifery practice considered in this thesis, and forms the starting point of an analysis which considers five separate, though overlapping, contexts of midwifery provision in Birmingham and its environs.² Commencing at the end of the eighteenth century, and ending in 1881, in addition to midwifery at the general dispensary, this analysis considers midwifery care provided by three other types of institution: smaller lying-in charities in Birmingham's satellite towns; Birmingham's lying-in hospital and charity, and Aston poor law union. The bias towards

¹ *Aris's Gazette*, 21 June 1819, p.3, J. B. Baynham was one of the surgeons to the dispensary.

² 'General' in the name of a medical charity indicated that admission was by subscriber ticket, and not restricted to those who lived in the home parish, R. Porter, 'The gift relation: philanthropy and provincial hospitals in eighteenth-century England', in L. Granshaw and R. Porter (eds), *The Hospital in History* (London, 1989), pp. 160-61. The rule applied to dispensary out-patients, but home patients, including midwifery, had to live within the specified boundaries.

institutional midwifery is an inevitable consequence of the better survival of primary sources from organisations, however, the majority of nineteenth-century women engaged birth attendants privately. As an important counter-balance, reflecting the work of an urban midwife, the register of a Coventry midwife who practised from 1847 to 1875, is analysed. This rare document, analysis of which has not been previously published, provides rich and new insights into the practice of a full-time, working-class urban midwife.³

The aim of this study is to add significantly to an improved understanding of the history of provincial urban midwifery, from the late eighteenth to the late nineteenth century. The geographical focus is on the midlands manufacturing town of Birmingham, and surrounding urban centres. Arising from this analysis, it can be discerned that Birmingham and its environs experienced their own unique patchwork of private, charitable and poor law midwifery. These were distinct from both London, as well as from other provincial centres. Compared to some provincial towns, Birmingham appears late in establishing a lying-in charity, and in implementing a course of lectures for midwives. The impact on Birmingham of debates about the competence, and future of female midwifery appear to be variable, although one small group of midwives considered themselves elite, and middle-class status was achievable. Entrepreneurial midwives are identified, and all needed to adopt business-like approaches in order to earn a living. Evidence from Coventry of a mid-nineteenth-century apprenticeship training, and an informal midwives guild, suggests that these structures endured far longer, in the midlands at least, than previous work has indicated.⁴ This study

³ A paper based on this analysis is scheduled for publication: F. Badger, 'Illuminating nineteenth-century English urban midwifery. The register of a Coventry midwife', *Women's History Review*, 24, 4 (2014), in press.

⁴ J. Donnison, *Midwives and Medical Men*, 2nd ed. (London, 1988), p. 213, Donnison suggests that the last midwife's licence was granted in 1818, in the Diocese of Peterborough.

confirms that place is a major factor when considering the history of eighteenth- and nineteenth-century midwifery, and broad brush approaches are unable to reveal the unique characteristics of female midwifery in provincial localities.

The following sections provide further background to this analysis by considering the setting, Birmingham and its environs, including Coventry; women's work, and the historiography of midwifery. Following a discussion of sources and methods, a final section outlines the content of the chapters comprising this thesis.

Birmingham and its Environs in the late Eighteenth and Nineteenth Centuries

All historical periods are characterised by change, and the nineteenth century in England was characterised by rapid urban and industrial development. In 1700, towns of more than 10,000 were home to just 13.4% of the population, and even by 1830, the majority of the population lived in rural areas.⁵ Such was the rate of change that within four decades, only 15% of the working population were still employed in agriculture.⁶

The urban centres featuring in this study were not the largest towns of the late eighteenth and nineteenth centuries, but they were some of the most densely populated and rapidly growing. By 1750, Birmingham, along with Liverpool and Manchester, had a population of around 20,000 and these three ranked among the six largest English provincial

⁵ J. Black and D. M. MacRaild, *Nineteenth-century Britain* (Basingstoke, 2003), pp. 100-1; J. Rule, 'Manufacturing and commerce', in H. T. Dickinson (ed.), *A Companion to Eighteenth-century Britain* (Oxford, 2006), pp. 127-140. (p. 128).

⁶ A. Kidd, *State, Society and the Poor in Nineteenth-century England* (London, 1999), p. 9.

towns.⁷ By 1850, Birmingham had a population of more than 230,000.⁸ In 1861, the decennial population growth in the registration district of Birmingham was 22.2%, but in the adjacent districts of Aston, to the north east, and King's Norton, to the south west, the rates were 50.4% and 53.4% respectively, as Birmingham was becoming increasingly densely populated (Appendices 1, 2).

Birmingham was not a country town, and developed at the intersection of Staffordshire, Warwickshire and Worcestershire. It was not only a densely populated, manufacturing centre, but the hub of the west midlands and a major regional centre. From 1780 to 1830, Wolverhampton, also an industrial centre, 14 miles north-west of Birmingham, experienced a five-fold increase in population. By 1851, it had a population of 104,158, and 145,470 by 1881.⁹ Between 1801 and 1881, percentage population growth in the Black Country, bounded by Birmingham to the east, and Wolverhampton to the west, far outstripped the average in England and Wales.¹⁰ Coventry, to the south-west of Birmingham, whose economy was largely based on silk weaving and watch manufacturing, had a slower rate of

⁷ P. Borsay, 'Urban life and culture', in H. T. Dickinson (ed.), *A Companion to Eighteenth-century Britain* (Oxford, 2006), p. 197.

⁸ Black and MacRaid, *Nineteenth-century Britain*, pp. 82-84, this figure appears to be for Birmingham and neighbouring Aston, Appendix 1.1.

⁹ Census, 1861. Preliminary Report. England and Wales, 1861. Table VI. Houses and population in superintendent registrars' districts on March 31st, 1851, and on April 8th, 1861, pp. 15-16; Census, 1881 *Population, England and Wales, Vol. II, Registration Counties, 1881*, Division vi. Table 10. Aggregate number of marriages, births, and deaths registered in each of the registration districts during the ten years 1871-80; the excess of registered births over deaths; and the increase or decreases of population between the censuses of 1871 and 1881, pp. 372-74, Tables accessed at Online Historical Population Reports (histpop), <http://www.histpop.org/ohpr/servlet/Show?page=Home> Accessed 4 Feb. 2013.

¹⁰ R. Trainor, *Black Country Elites* (Oxford, 1993), pp. 30-31, between 1801 and 1881 the population of the Black Country increased from 10,000 to 54,000; for England and Wales, the increase was from just under 10 million to 25 million.

growth; from an estimated population of 22,000 in 1797, it increased to 36,812 by 1851 and 45,116 by 1881.¹¹

Eighteenth-century Birmingham's openness to new ventures and business and consequent rapid growth has been well documented, and has been attributed in part to the lack of a town charter, consequently guilds and other monopoly institutions were absent.¹² Eric Hopkins believes the town's industrial expansion was multi-factorial, arising not only from the local availability of raw materials for metal manufacturing, but including improvements in transport, developments in banking, population growth and its proximity to the Black Country coal fields and iron industry.¹³ In neighbouring towns, Wolverhampton and Willenhall were centres of lock making, while in the Black Country, women, as well as men made chains and nails. Coventry's silk ribbons could command higher-prices than those made in surrounding rural areas, and the city and its environs dominated ribbon manufacture.¹⁴ Carpet manufacturing was concentrated in Kidderminster, and by the close of the eighteenth century, there were over 1,000 carpet looms in the town, an indication of the country's growing economy, and the demand for luxury items.¹⁵

By the mid-nineteenth century, many types of metal working were the major source of employment in Birmingham, particularly smaller items which could easily be transported by

¹¹ The figure of 22,000 is given by F. M. Eden, *The State of the Poor, Vol. 3* (London, 1797), p. 743, another source claims Coventry's population in 1801 was 16,034, F. Smith, *Coventry: Six Hundred years of Municipal Life* (Coventry, 1945), p. 115. These disparate figures indicate the difficulties in establishing accurate population data, especially prior to the 1841 census.

¹² E. Hopkins, *Birmingham: The First Manufacturing Town in the World 1760-1840* (London, 1989), pp. 4-6.

¹³ *Ibid.*, pp. 31-39; Birmingham's growth flourished particularly between 1750-93, but in line with periods of national depression, this was punctuated by leaner years until 1850, when the town experienced sustained prosperity once more, p. 80.

¹⁴ Rule, 'Manufacturing and commerce', p. 128.

¹⁵ M. Berg, *Luxury and Pleasure in Eighteenth-century Britain* (Oxford, 2005), p. 115; Kidderminster is in Worcestershire.

canal (Appendix 3).¹⁶ Major occupations included bellows makers, candle stick makers, iron founders, gun makers and jewellery manufacturers. As will be discussed, women's work was poorly recorded in the census, and although domestic servants form the largest single occupational group in 1851, the returns indicate that nurses, together with cooks and housemaids, constitute under two percent of the town's working population.

In 1830, the town was described unapologetically in Pigot's *Commercial Directory*:

Birmingham is not attractive for ruins or grand cathedrals but the traveller who delights in seeing the human race profitably employed will disregard the smoke which envelopes the town and discern through the veil, the bright gleams of industry, enlightening vast piles of riches.¹⁷

Pigot described the 'noxious effluvia' of the metal trades, but, nonetheless, claimed that Birmingham was one of the healthiest towns in England. In this, the directory was reflecting the views of local surgeon Thomas Tomlinson, who in 1769, claimed that epidemics in the town were rare, and declining.¹⁸ In his evidence to the *Select Committee on the Health of Towns* in 1840, Joseph Hodgson, another Birmingham practitioner, declared the town healthy compared to Liverpool and Manchester, claiming that fever was rare, and the poor better off.¹⁹ Such fever cases as were reported generally occurred in the densely populated areas, and were attributed to the open sewers and poor drainage. In the same decade, only 20% of Birmingham houses had a piped water supply, and even by 1871 there were still 20,000

¹⁶ With economic growth, there was little movement to larger factory units, instead, the number of workshops increased, A. Briggs, *Victorian Cities* (London, 1968), p. 186.

¹⁷ J. Pigot, *Commercial Directories of Birmingham, Worcestershire and their environs* (London, 1830), p. 766.

¹⁸ J. Reinartz, 'Putting medicine in its place: The importance of historical geography to the history of health care', in E. Dyck and C. Fletcher (eds), *Locating Health* (London, 2011), pp. 29-43, 33.

¹⁹ HCPP, 'Select Committee on Health of Towns. Report, Minutes of Evidence, Appendix, Index', (1840), http://gateway.proquest.com/openurl?url_ver=Z39.88-2004&res_dat=xri:hcpp&rft_dat=xri:hcpp:rec:1840-018932 Accessed 5 Nov. 2013, pp. 178-81, despite his evidence, Hodgson agreed a board of health would be beneficial.

middens, which were likened to open cesspools.²⁰ In 1842, Chadwick's report on the living conditions of the working population of Great Britain highlighted the variations in life expectancy in different parts of the country, linking these to insanitary living conditions, which resulted in disease.²¹ In their evidence, Birmingham doctors estimated that 49,000 of the population were living in 'courts', the oldest of which were narrow, filthy and badly drained, and called for the enforcement of proper drainage of new buildings.²² Wolverhampton's doctors identified similar conditions, with one citing 'want of proper food' as the major factor in ill health and fever.²³

An inspection of Birmingham in 1849, under the Public Health Act, reported on that proportion of the population that lived in insanitary conditions, mainly dwellings tightly packed in courtyards. Robert Rawlinson, chief engineering inspector to the Local Government Board, described the courts:

....many are closed in on all sides, and entered from the street by a covered passage. The privies and cesspools are crowded against the houses and there is a deficiency of light and ventilation, there are about 336 butchers in the town, most of whom have private slaughter houses, crowded in amongst the cottages and there are many things calculated to create such offensive nuisances as are described above.²⁴

²⁰ A. S. Wohl, *Endangered Lives* (London, 1983), pp. 62, 98, Wohl notes that there were no by-laws to govern the construction or location of middens.

²¹ HCPP, Commission on Sanitary Condition of Labouring Population of Great Britain Report, Appendices (Chadwick report, 1842), paper no. 006, http://gateway.proquest.com/openurl?url_ver=Z39.88-2004&res_dat=xri:hcpp&rft_dat=xri:hcpp:rec:1842-020691 accessed 5 Nov. 2013.

²² HCPP, Commission on Sanitary Condition of Labouring Population of Great Britain: Local Reports on England (1842), paper no. 007, pp. 191-92, http://gateway.proquest.com/openurl?url_ver=Z39.88-2004&res_dat=xri:hcpp&rft_dat=xri:hcpp:rec:1842-020692 accessed 5 Nov. 2013.

²³ *Ibid.*, pp. 222, 218-24.

²⁴ R. Rawlinson, *Report to the General Board of Health on the Borough of Birmingham* (London, 1849), p.23; Robert Rawlinson was a civil engineer and from 1848-88 chief engineering inspector to the Local Government Board; T. H. Beare, rev. Ralph Harrington 'Rawlinson, Sir Robert (1810-1898)' (Oxford, 2004) <http://www.oxforddnb.com/view/article/23193> Accessed 13 Oct. 2013.

Open ditches, containing piles of night soil, were a common sight, and the Hagley Road, one of the main thoroughfares on the west side of the town, was described as similarly insalubrious:

There are no drains, but open ditches on each side of the road, full of green and fetid matter. Water closets are discharged into these surface ditches. There are cesspools on many of the premises, the overflow from which finds its way into the local wells.²⁵

At the time, Birmingham was governed by eight different bodies.²⁶ Rawlinson noted that Birmingham historian William Hutton observed in the late eighteenth century that towns with multiple governing bodies were likely to be poorly governed. Illustrating how this situation made an impact on the town's sanitation, Rawlinson described how Birmingham's commissioners had invested 'large sums of money' to keep sewage out of the River Rea, while in neighbouring Edgbaston, a sewer was constructed to divert refuse into the same river.²⁷ Rawlinson emphasised the impact of Birmingham's poor sanitation on the health of the population by comparing mortality figures with those of Meriden, a rural location, some 15 miles to the south west. In 1849, life expectancy in Birmingham was 24 years compared with 37 years in Meriden, while the percentage of deaths under one year of age was 24.8%, and 19% respectively.²⁸ Between 1831 and 1844, Birmingham's mortality rate had almost doubled from 14.6 to 27.2 per 1,000 of population.²⁹

²⁵ Rawlinson, *Report to the General Board*, p. 26.

²⁶ The eight governing bodies were three sets of Commissioners for Birmingham; Deritend and Bordesley, and Duddeston with Nechells; the Guardians of the Poor; the Municipal Corporation; and three Surveyors of Highways of Deritend, Bordesley and Edgbaston, Rawlinson, *Report to the General Board*, p. 13.

²⁷ *Ibid.*, p. 14.

²⁸ *Ibid.*, p. 20.

²⁹ G. Rosen, 'Economic and social policy in the development of public health: An essay in interpretation', *Journal of the History of Medicine and Allied Sciences*, VIII (1953), pp. 406-30.

Clearly, the claims regarding the population's robust health found in directories which presented the face of the town to the world, do not bear scrutiny.³⁰ Rawlinson's recommendations included installing sewerage and drainage systems, ensuring a pure pressurised water supply to every house and yard, and improved street cleaning. He recommended that the Public Health Act (1848) be adopted, and the separate local powers relating to public health consolidated.³¹ This was achieved in 1851 through an improvement act which incorporated the powers of the former local bodies in the town council, giving it complete control over sewers, lighting and sanitary arrangements, roads, public buildings, markets and baths.³²

Claims by Tomlinson that Birmingham was a healthy town were later countered by local physician, John Darwall (1796-1833), one of the first doctors to emphasise the links between manufacturing processes and disease.³³ Long working hours, combined with an absence of any extraction equipment for metal and stone dust produced during grinding processes in metal-working industries resulted in workers being exposed to detrimental conditions for the majority of their waking hours.³⁴ Darwall also identified health risks caused by the sedentary nature of work, excessive light and noise, variations in temperature and

³⁰ Hilary Marland made similar observations with respect to Doncaster in 1848, H. Marland, *Doncaster Dispensary 1792-1867: Sickness, charity and society* (Doncaster, 1989), p. 11.

³¹ Rawlinson, *Report to the General Board*, pp. 80-81.

³² Timeline of Victorian Birmingham, <http://www.birmingham.gov.uk/cs/Satellite?c=Page&childpagename=Lib-Central-Archives-and-Heritage%2FPageLayout&cid=1223092751738&pagename=BCC%2FCommon%2FWrapper%2FWrapper> Accessed 6 Nov. 2013.

³³ A. Meiklejohn, 'John Darwall M.D. (1796-1833) and "Diseases of artisans"', *British Journal of Industrial Medicine*, 13, 2 (1956), pp. 142-51. Darwall held posts at the main medical institutions in Birmingham. Two other doctors who investigated occupational diseases were Charles Thackrah (1795-1833), a Leeds surgeon and apothecary, and G. Calvert Holland (1801-1865), a Sheffield physician, C. T. Thackrah, *The effects of arts, trades, and professions and of civic states and habits of living on health and longevity* (2nd edn, London, 1832); G. C. Holland, *The Vital Statistics of Sheffield* (Sheffield, 1843).

³⁴ Holland, *Vital Statistics*, pp. 195-99.

chemical irritation.³⁵ The health of Birmingham's growing population in the eighteenth and nineteenth centuries was consequently suffering as the result of two important factors: the growing population was placing an increasing burden on an infrastructure which had not kept pace, and originally accommodated a tenth of the population, and the manufacturing processes in which many of the population were employed were injurious to health. These then were the conditions in which the majority of Birmingham's population lived, and in which the town's midwives worked.

Nineteenth-century maternity provision included the three poor law unions of Aston, Birmingham and King's Norton, each of which had a workhouse. The General Dispensary, which admitted patients from 1794, employed midwives, and a charity founded in 1813 provided nurses for nine days after delivery. At Birmingham Lying-In Hospital and Charity, opened in 1842, midwives were only employed from 1868, and the limited midwifery service at the Queen's Hospital (opened 1841), was established to contribute to medical education.³⁶

Coventry: regional centre and silk ribbon weaving capital

From the middle ages, Coventry was a centre of major importance, it was an ancient cathedral See, and had a thriving cloth industry.³⁷ From the fifteenth century, a number of Coventry's crafts were controlled by guilds. Women were admitted to crafts and guilds, they could take apprentices, as well as be apprenticed.³⁸ Rosemary Sweet describes how, by the end of the

³⁵ Meiklejohn, 'John Darwall', pp. 142-51.

³⁶ J. Reinartz, *Health Care in Birmingham* (Woodbridge, 2009), pp. 28, 56; WCAR, Society for the administration of relief to poor lying-in women, MS 954; WCAR, Birmingham Lying-in Hospital and Charity, HC/MH.

³⁷ R. Sweet, *The Writing of Urban Histories in Eighteenth-Century England* (Oxford, 1997), p. 215.

³⁸ L. Fox, 'The Coventry Guilds and Trading Companies with Special Reference to the Position of Women' in (no ed.), *Essays in Honour of Philip B Chatwin*, (Oxford, 1962), pp. 13-26.

eighteenth century, urban histories depicted Coventry as a centre of entertainment and consumption for the vicinity. Among the attractions were race meetings, balls, assemblies and a literary society.³⁹ As was the case in Birmingham, however, histories presented just one perspective of the town.

Silk weaving was a mainstay of Coventry's economy from the early seventeenth century, and silk ribbon weaving became important from the late eighteenth century. Fluctuations in ribbon manufacturing were a recognised feature by 1797, when Eden surveyed the state of the poor:

Both the manufacture and the Poor Rates in this city are very fluctuating. The markets are often overstocked with ribbon, the staple manufacture of this city: and the manufacturers, in consequence of the stagnation of trade, are often thrown on the parish for support: sometimes there is great demand for this article, at which time the parochial burthens are considerably lessened. This is the case at present.⁴⁰

Continuing depressions in the ribbon trade precipitated a Royal Commission into the state of hand-loom weaving in 1840.⁴¹ Even by the mid-nineteenth century, silk manufacturing remained largely home based, and housing in the Spon district was typically three storey, with second floors provided specifically to accommodate hand looms. Dwellings were arranged in crowded courts, and in 1797, the town's buildings were described as 'old fashioned, with projecting fronts, the streets are narrow, dirty, and have an offensive smell'.⁴² By the mid-

³⁹ Sweet, *Urban Histories*, pp. 215-16.

⁴⁰ Eden, *State of the Poor*, p. 742.

⁴¹ HCPP, Royal Commission on Hand-Loom Weavers Assistant Commissioners' Reports (Midland District) http://gateway.proquest.com/openurl?url_ver=Z39.88-2004&res_dat=xri:hcpp&rft_dat=xri:hcpp:rec:1840-018979 accessed 3 Jan. 2013.

⁴² Eden, *State of the Poor*, p. 743.

nineteenth century, the courts in Spon were described as slums.⁴³ Ribbon weaving was a family activity and weavers, usually men, were highly dependent upon unpaid family labour to keep looms filled with silk, maximising output, and hence wages.⁴⁴ Levi Fox estimated that women and children formed 40% of the ribbon weaving workforce in the early nineteenth century.⁴⁵

By the early nineteenth century, Coventry was a major centre of watch manufacture. This provided a skilled occupation with higher earnings and steadier employment than the ribbon trade could offer, but the economy remained highly dependent upon silk manufacturing.⁴⁶ In the 1851 census, six of the seven Coventry midwives who lived with others, had at least one family member involved in silk weaving. By 1860, although a quarter of the population were employed in ribbon manufacturing, changes in fashion, the seasonal nature of demand, and foreign competition, had resulted in a number of depressions.⁴⁷ Between 1869 and 1873, however, the demand for Coventry ribbons improved almost to the levels of earlier years.⁴⁸

Coventry already had a general dispensary by 1793, and increasing demand resulted in the establishment of a voluntary hospital in 1838, with which it merged.⁴⁹ A provident

⁴³ N. W. Alcock, 'Housing the Urban Poor in 1800: Courts in Atherstone and Coventry, Warwickshire', *Vernacular Architecture*, 36 (2005), pp. 49-60; W. B. Stephens (ed.), 'The City of Coventry: Social history from 1700', *A History of the County of Warwick: Volume 8: The City of Coventry and Borough of Warwick*, British History Online, <http://www.british-history.ac.uk/report.aspx?compid=16030&strquery=> accessed 31 Oct. 2013.

⁴⁴ J. Dodge, *Silken Weave: A History of Ribbon Weaving in Coventry from 1700 to 1860* (Coventry, 2007), p. 9.

⁴⁵ L. Fox, *Coventry's Heritage: An Introduction to the History of the City* (Coventry, 1947), p. 69.

⁴⁶ Stephens, 'City of Coventry'; F. White, *History, Gazetteer and Directory of Warwickshire* (Sheffield, 1850), pp. 482-83.

⁴⁷ P. Searby, 'The Relief of the Poor in Coventry, 1830-1863', *Historical Journal*, 20 (1977), 345-61.

⁴⁸ J. R. Bailey, 'The struggle for survival in the Coventry ribbon and watch trades, 1864-1914', *Midland History*, 7 (1982), pp. 132-52; L. Fox, *Coventry's Heritage*, p. 70.

⁴⁹ Stephens, 'City of Coventry'; One source suggests that Coventry General Dispensary was established in 1789; CHC, Hospitals and Medical 1789-1994, PA1691/2/5/5, p. 1.

dispensary was founded in 1831; the basic subscription for entitlement to free care was 1*d.* weekly, with extra payment required for childbirth attendance. In the 25 years from 1832, annual deliveries ranged from 79 in 1842, to 25 in 1856.⁵⁰ From 1859 to 1881, there were, on average, only 12 births a year in the workhouse.⁵¹ Two lying-in charities were founded in 1801 and 1810 respectively; these loaned linen for confinements, provided food, and gave money to pay for midwives.⁵² In 1869, a survey revealed that over 90% of Coventry deliveries were attended by midwives, indicating their secure place as birth attendants for the majority of the population.⁵³

Women's work in the eighteenth and nineteenth century

Historians acknowledge that capturing women's unpaid or paid work is problematic, but there is little doubt that throughout history women have always worked.⁵⁴ In the period before the 1841 census, few of the English middle or working classes left much trace of their labour in historical records. Women's work in particular was often unpaid, multi-stranded, and undocumented if it contributed to the family economy.⁵⁵ Similarly, part-time or seasonal work may not have been recorded. Caring work, nearly always carried out by women, was not

⁵⁰ C. H. Bracebridge, 'Notes on Self-Supporting Dispensaries, with Some Statistics of the Coventry Provident Dispensary', *Journal of the Statistical Society of London*, 21, 4 (1858), pp. 460-63; women were attended by the medical officers.

⁵¹ R. Hall, 'Distressed weavers, deserted wives and fever cases: an analysis of admissions to Coventry workhouse, 1859-81', *Warwickshire History*, 13 (2007), pp. 226-239.

⁵² Lascelles and Company, *Directory and Gazetteer of the City of Coventry* (Coventry, 1850), p. 25.

⁵³ Report of the committee of the council of the Obstetric Society to investigate the causes of infant mortality. Part 1 *Transactions of the Obstetrical Society of London*, XI (1870, for the year 1869), pp. 132-49.

⁵⁴ E. Roberts, *Women's Work 1840-1940* (Cambridge, 1988), pp. 11-12. Roberts states that using industrialisation as a reference point for discussing women's work is a 'distortion of history', p. 12; O. Hufton, *The Prospect before Her: A History of Women in Western Europe*. Vol. 1: 1500-1800 (New York, 1996), pp. 90-95.

⁵⁵ B. Hill, *Women, Work and Sexual Politics in Eighteenth-century England* (Oxford, 1989), p. 266.

necessarily considered an occupation, but part of women's normal sphere of domestic activity, even where it extended beyond the family.⁵⁶

The large body of scholarship devoted to women's roles in manufacturing in the period of increasing industrialisation can create an impression of major forces re-shaping women's work in the eighteenth and nineteenth century.⁵⁷ Jane Rendall suggests that although the image of the factory girl dominated debates regarding the appropriateness of women working outside the home, by the 1840s, only a small minority of women were working in factories. Instead, Rendall argues that the debate was driven by the concerns of middle-class women regarding their perceptions of risk to working-class women's morals, and the neglect of families if they were engaged in work outside the home.⁵⁸ Similar attitudes were displayed by Birmingham doctors in 1842, who regarded local mothers, employed in workshops, as having some responsibility for the high infant mortality rate:

The want of sufficient and frequent food and proper care, caused by mothers at work in workshops may be one factor in the high infant mortality rate.⁵⁹

Simultaneously, they considered women's 'depraved domestic habits' as a cause of disease, claiming that an absence of domestic skills, which should make 'a husband's home comfortable and happy', drove men towards the ale-house and intemperance.⁶⁰ In 1869,

⁵⁶ B. Mortimer, 'History of nursing: past, present and future', in B. Mortimer and S. McGann (eds), *New Directions in the History of Nursing* (London, 2005), pp. 1-21.

⁵⁷ M. Berg, *The Age of Manufacturers, 1700 – 1820* (London, 1994); D. Valenze, *The First Industrial Woman* (Oxford, 1995); K. Honeyman, *Women, gender and industrialization in England, 1700-1870* (Basingstoke, 2000).

⁵⁸ J. Rendall, *Women in an industrialised society: England 1750-1880* (Oxford, 1990), pp. 1-6.

⁵⁹ HCPP, Commission on Sanitary Condition of Labouring Population of Great Britain: Local Reports on England (1842) pp. 191, 207, http://gateway.proquest.com/openurl?url_ver=Z39.88-2004&res_dat=xri:hcpp&rft_dat=xri:hcpp:rec:1842-020692 Accessed 6 Nov. 2013.

⁶⁰ HCPP, Commission. on Sanitary Condition of Labouring Population of Great Britain Report, Appendices (1842) p. 138. http://gateway.proquest.com/openurl?url_ver=Z39.88-2004&res_dat=xri:hcpp&rft_dat=xri:hcpp:rec:1842-020691 Accessed 6 Nov. 2013.

Frances Power Cobbe (1822-1904), writer and social reformer, noted that contemporary debates about women's proper sphere in life were not matched by corresponding analysis of men's roles. Various contemporary descriptors of women's place, identified by Cobbe, included a domestic, social or political creature, a goddess, an 'Angel in the House' or a drudge.⁶¹ Middle-class women's identification with the domestic sphere has been attributed to middle-class men's expectations of 'appropriate feminine behaviour', which gained currency in the Victorian era.⁶² Mary Poovey and Denise Riley caution that categorising women, including the term 'woman', is not helpful, owing to changing meanings over time, and differing historical and cultural contexts.⁶³ Katherine Gleadle identifies that women's history, previously riven by debates of 'continuity versus change', has refocused on female agency, and wider narratives of historical explanation. These trends are evident in analyses of businesswomen, discussed later.⁶⁴

Census data might appear to be of value when exploring women's work. However, nineteenth-century censuses failed to record women's work accurately, especially where women were not the heads of households, or where their work was deemed to be domestic in nature.⁶⁵ Davidoff and Hall contend that, when women were not heads of households, the recording of their occupation in the census is 'so unreliable as to be almost useless'.⁶⁶ Linkage

⁶¹ F. C. Cobbe, 'The final cause of women', in J. Butler (ed.), *Women's Work and Women's Culture* (London, 1869), pp. 1-26.

⁶² L. Davidoff and C. Hall, *Family Fortunes: Men and Women of the English Middle-class 1780-1850* (London, 2002), pp. 274-75.

⁶³ K. Gleadle, *British Women in the Nineteenth Century* (Basingstoke, 2001), pp. 2-3.

⁶⁴ *Ibid.*, p. 3-4.

⁶⁵ Roberts, *Women's Work*, pp. 7-10. Domestic work might have been unpaid, regarded as contributing to the family income, and not tied to any one individual.

⁶⁶ Davidoff and Hall, *Family Fortunes*, p. 273. Schwarz notes that the census imposed the identification of a single source of income, when the reality was very different for many of the population and multiple occupations were not unusual, especially for those working at an unskilled level, L. Schwarz, *London in the Age of Industrialisation* (Cambridge, 1992), pp. 47-49.

studies, using sources including wage books and census returns, to examine the same populations, indicate that up to half of nineteenth-century women employed outside the home did not have their occupations recorded in the census.⁶⁷ Particularly in rural areas, women were typically employed in part-time, casual or seasonal work, which went un-recorded unless they were employed at the time of the census.⁶⁸ More part-time jobs may have been enumerated if householders had been asked about ‘work’, rather than occupation.⁶⁹ Women’s work also tended to go unrecorded if they worked in family businesses and did not receive a separate wage. This is a particular limitation for a period when many women contributed to family trades or businesses, for example, in silk-ribbon weaving in Coventry.⁷⁰ In addition, the census failed to reflect the multiple occupations of those involved in an economy of makeshifts, who earned a living from different types of activities.⁷¹ Consequently, the census is a poor record of the occupations of self-employed women working from home, such as midwives, nurses, or bleeders with leeches, who may have engaged in multiple strands of work. The 1841 census records just 676 women midwives, a figure already recognised by Pinchbeck as ‘an understatement’, while Loudon described the large increase in the number of midwives found in the 1851 census (2,204) as ‘spurious’.⁷² Despite the limitations of nineteenth-century censuses as a source of quantitative data on women’s work, it is reasonable to assume that midwives who ensured that their occupations were recorded in the

⁶⁷ N. Verdon, *Rural Women Workers in 19th century England* (Woodbridge, 2002), pp. 117-19.

⁶⁸ Gleadle, *British Women*, pp. 20-21.

⁶⁹ Verdon, *Rural Women*, pp. 31-32; Roberts, *Women’s Work*, p. 9.

⁷⁰ Dodge, *Silken Weave*, p. 9.

⁷¹ M. Hanly, ‘The economy of makeshifts and the role of the poor law: a game of chance?’ in S. King and A. Tomkins, *The Poor in England 1700-1850*, (Manchester, 2003), pp. 76-99.

⁷² I. Pinchbeck, *Women Workers and the Industrial Revolution 1750-1850* (London, 1977), p. 319; I. Loudon, *Death in Childbirth* (Oxford, 1992), pp. 174-75; Working-class midwives may have practised on the basis of reciprocity and community respect, rather than a cash sum. This may have affected the numbers recorded in censuses, C. Chinn, *They Worked all their Lives*, 2nd edn (Lancaster, 2006), p. 34.

census had a sustained level of practice, and midwifery-related income. Furthermore, ensuring that their occupation was entered in official records indicates a degree of pride in their occupation.⁷³

Contrary to assertions that industrialisation precipitated huge changes in women's work, Leonard Schwarz observed the narrow and unchanging nature of women's occupations between the eighteenth and mid-nineteenth centuries. Typically, women were in service, needlework and retailing, while Judith Bennett suggests that, if women's work in the nineteenth century was 'low skilled, low status and low paying', this did not represent any change and basic continuities in women's work existed for many centuries.⁷⁴ Although Davidoff and Hall's thesis of 'separate spheres' for middle-class women and men in the period 1780-1850 has been revised, Gleadle attributes it with having had a major influence on British gender history.⁷⁵ Davidoff and Hall identified women's contribution to family business, providing insights into the milieu of upper middle-class ladies who founded and ran smaller lying-in charities, or the ladies associations of larger charities.⁷⁶

⁷³ T. McIntosh, 'Profession, skill or domestic duty? Midwifery in Sheffield, 1881-1936', *Social History of Medicine*, 11 (1998), pp. 403-20; Higgs believes that, in spite of the acknowledged limitations, the census remains the best source of data on Victorian women's economic activity, E. Higgs, *Making Sense of the Census Revisited* (London, 2005), pp. 101-3.

⁷⁴ Schwarz, *London in the Age of Industrialisation*, pp. 20-22; 47-49; Schwarz notes that women were typically in service, needlework and retailing. J. Bennett, 'Women's History: a Study in Continuity and Change', in P. Sharpe (ed.), *Women's Work: The English Experience 1650-1914* (London, 1998), pp. 58-68.

⁷⁵ K. Gleadle, 'Revisiting Family Fortunes: reflections on the twentieth anniversary of the publication of L. Davidoff & C. Hall (1987) *Family Fortunes: men and women of the English middle class, 1780-1850*', *Women's History Review*, 16 (2007), pp. 773-82; examples of revisionary work include A. Popp, *Entrepreneurial Families: Business, Marriage and Life in the Early Nineteenth Century* (London, 2012); and H. Barker, *The Business of Women* (Oxford, 2006).

⁷⁶ Davidoff and Hall, *Family Fortunes*, 274-75.

Histories of Birmingham have largely focused on its manufacturing or political legacies, resulting in a bias towards men's roles in its development.⁷⁷ Where women appear, there is a tendency towards members of the elite, or rising middle-class, with a proclivity for the hagiographic.⁷⁸ Working-class women remain relatively hidden, and where their work has been examined, it is their employment in the 'toy' trades which has been explored.⁷⁹ Hall reported reading Birmingham's weekly paper, *Aris's Gazette*, for the years 1780 to 1840, during which she became 'increasingly desperate about the virtual absence of women from any page' over these six decades. Hall attributes the absence of women to the fact that the *Gazette* was contributing to the 'construction of a new middle-class male sphere' by selecting the items it chose to report.⁸⁰

In 1797, most of the small proportion of business women listed in a Birmingham directory worked in typical female roles, including retail and confectionery. However, women brass founders, druggists, and hinge makers were also listed.⁸¹ In 1825, Mary Summer was a brazier and tin-plate worker, Ann Partridge was a fender maker and Mary Dowler and son were 'Fire iron makers'. Women file makers and glass cutters are listed, as are two women gun makers, and two women opticians.⁸² Maxine Berg suggests such women were widows,

⁷⁷ Hopkins, *Birmingham*; Briggs, *Victorian Cities*, pp. 184-240.

⁷⁸ Davidoff and Hall, *Family Fortunes*; H. V. Smith, 'Elizabeth Taylor Cadbury (1858-1951): religion, maternalism and social reform in Birmingham, 1888-1914' (Unpublished Ph.D. thesis University of Birmingham, 2012); S. L. Roberts, 'Place, life histories and the politics of relief: episodes in the life of Francesca Wilson, humanitarian, educator, activist' (Unpublished Ph.D. thesis University of Birmingham, 2010).

⁷⁹ F. Terry-Chandler, 'Women, Work and Family in Birmingham 1800-1870' (Unpublished Ph.D. thesis University of Birmingham, 1995); M. Berg, 'What difference did women's work make to the Industrial Revolution?' *History Workshop Journal* 35 (Spring 1993), pp. 22-40.

⁸⁰ C. Hall, *White, Male and Middle-class* (Cambridge, 1992), p. 17. The lengthy obituary of a Birmingham midwife, Elizabeth Maurice, appeared in the *Gazette* during this period, see Chapter 2. Women's absence from the town's history was evident as recently as 1980. The Anglican diocese celebrated its 75th anniversary, and the accompanying exhibition of prominent citizens in the period up to 1905 featured only men.

⁸¹ *Birmingham Directory* (no place, 1797), Sarah Davis, hinge maker, p. 21, Betty Jones, druggist, p. 41, Mary Thornton, hinge maker, p. 71.

⁸² Wrightson, *Triennial Directory of Birmingham* (Birmingham, 1825), pp. 175, 180-82, 188.

continuing businesses established by their husbands, but acknowledges that they must have combined skills and business acumen in order to continue these ventures.⁸³

It appears that the only generalisation which can be safely made about women's work in the nineteenth century is that it is difficult to make generalisations. Generalisations hide significant, and substantial, regional variations and they also mask differing occupational modes attributable to class.⁸⁴ While women's experience of work varied hugely, certain continuities can be discerned, first, that women have always worked, but their working lives have inevitably been interrupted by childbirth and family commitments, including caring roles. Second, paid work was invariably defined as unskilled and, therefore, low waged.

Businesswomen and the business of caring

More recent historiography on women's work has diversified to include business women, and caring work, two areas which share a degree of common ground. Through the use of town directories, Hannah Barker's analysis focuses on lower middle-class women who were involved in small scale manufacturing, artisans, traders and service providers in three northern towns, from 1760 to 1830.⁸⁵ Barker concludes that this group of women displayed features of independence, entrepreneurship and a strong sense of female identity. As such, Barker suggests that there was continuity in lower middle-class women's commercial activity over the period, in contrast to Bridget Hill and Deborah Valenze depictions of working-class women, whose labour was side-lined by industrialisation in the same period.⁸⁶

⁸³ Berg, 'What difference', pp. 22-40.

⁸⁴ Gleadle, *British Women*, p. 5; A. Lawrence, Review of 'Women, Work and Wages in England, 1600-1850' by P. Lane, N. Raven and K. D. M. Snell, *Economic History Review*, 58, 3 (2005), pp. 598-600.

⁸⁵ Barker, *Business of Women*, pp. 177-87.

⁸⁶ *Ibid.*

In another recent study, Nicola Phillips identified London midwives in the period 1700-1850 as businesswomen. Through their newspaper advertisements, midwives demonstrated their 'professional' credentials and knowledge, while simultaneously conveying an aura of 'honesty, gentility and politeness.'⁸⁷ Midwives' business activities encompassed not only childbirth, but advertising their homes as lying-in accommodation, sometimes with the offer of arranging for the infant to be 'cared for', while mothers recuperated after childbirth.⁸⁸ Phillips claims that the politeness of the language in such adverts, and the references to ladies, demonstrates that London midwives were aiming at a specific group of women. Overall, Phillips believes the central contention of her analysis is that the metaphor of separate spheres as a descriptor for women in business is not supported by her analysis, which demonstrates female entrepreneurship, roles, networks and influences. Alison Kay also examined London businesswomen from 1800 to 1870, but her sources, fire insurance company registers, fail to capture home-based occupations, including caring work. Although midwives do not emerge from Kay's analysis, her findings with regard to roles and operating modes of businesswomen emphasise continuities with Barker's and Phillips's work.⁸⁹

Reflecting the growing historiography on women's roles in provincial urban life, Christine Wiskin documented women's activities in eight midlands towns.⁹⁰ Using trade directories, Wiskin identified that businesswomen made up a mean of 6% of all those listed in

⁸⁷ N. Phillips, *Women in Business 1700-1850* (Woodbridge, 2006), pp. 222-24. Phillips notes that, until the late eighteenth century, the term 'profession' referred to an individual's main occupation, and not necessarily a learned vocation, pp. 223-24.

⁸⁸ *Ibid.*, p. 224; this wording was usually a codified reference to infanticide.

⁸⁹ A. Kay, *The Foundations of Female Entrepreneurship. Enterprise, Home and Household in London, c.1800-1870* (London, 2009), pp.139-42.

⁹⁰ C. Wiskin, 'Industry, investment and consumption: urban women in the Midlands' in J. Stobart and N. Raven (eds), *Towns, Regions and Industries. Urban and Industrial Change in the Midlands, c. 1700-1840* (Manchester, 2005), pp. 62-79, Wiskin's towns included Coventry, Wolverhampton and Worcester, but not Birmingham, p. 65.

the late 1790s, growing to 9% in 1842. In addition, women advertising in 1842 represented a wider range of occupational categories than they did in the 1790s. For both periods, however, just two out of nine categories - 'Food and drink' and 'Clothing and textile manufacturing' - constituted over half the advertisers, and caring work cannot be identified. Jennifer Aston examined the occupations of Birmingham businesswomen in the second half of the nineteenth century, like Wiskin, using trade directories.⁹¹ Confirming Wiskin's findings, Aston found that over 50% of business women operated in the two areas of food and drink, and textiles, though the proportions in these two areas fell from 61% in 1849, to 53% in 1900. Aston included midwives in a 'miscellaneous' category, which over the half-century appeared to shrink from 14% to 7%. Owing to the diversity of this category, the significance of this apparent decrease is uncertain.⁹² Birmingham midwives first appear under a trade listing in a directory in 1839, although the earliest reference to midwives is in 1821 in the 'prominent citizens' section of a directory.⁹³ Even by 1875, there was no list of midwives in Coventry directories. Unlike women in retail or manufacturing, who sought custom from all areas of a town, midwives typically worked within a limited radius of their homes, and local networks may have been regarded as effective a means of gaining custom, as an entry in a directory.

⁹¹ J. Aston, 'Female Business Ownership in Birmingham 1849-1901', *Midland History*, 37, 2 (2012), pp. 187-206, Aston identified five categories of occupations, in contrast to Wiskin's nine.

⁹² *Ibid.*, in addition to midwives, Aston's miscellaneous category included builders, photographers, doctors and fire iron manufacturers.

⁹³ W. Robson, *Birmingham & Sheffield Directory* (London, 1839), p. 454, the midwives were J. Edge of Lichfield Street, and Ann Tennant of Brewery Street; Wrightson *Triennial Directory of Birmingham* (Birmingham, 1821), Esther Davies, p. 36; Mary York, p. 151, both lived in Cherry Street. By 1877, 17 midwives were listed; Hulley's *Directory of Birmingham 1876-1877* (Birmingham, 1877), p. 752.

Phillips's identification of midwives as businesswomen resonates with Ann Summers's and Barbara Mortimer's work.⁹⁴ Although Summers and Mortimer considered nineteenth-century midwives who operated in different social arenas; Summers analysed the fictitious Sarah Gamp and Betsy Prig in London, while Mortimer focused on women who operated as nurses and midwives for middle-class clients in Edinburgh; both types demonstrated an awareness of the need to establish networks, and promote their services, to ensure a supply of work, and income. Barbara Mortimer claims that, in the historiography of women's labour, one of the most neglected areas is that of caring work.⁹⁵ Not only has it been neglected by historians, but the work of midwives and nurses remained below the radar of contemporary commentators, who focused on women in manufacturing and mining.⁹⁶ Despite caring work having similarities with manufacturing in terms of the hours worked, and wage levels, it was regarded as domestic, appropriate for women, and something in which they had always been involved. Consequently, it was almost invisible. Anne Summers has called for the absence of caring work from the historiography to be rectified:

...the thousands of women whose honest livelihood consisted in caring, kindly and decently, for their fellow creatures, deserve more respectful attention from historians of medicine and of women's work than they have hitherto received.⁹⁷

⁹⁴ A. Summers, 'The Mysterious Demise of Sarah Gamp: The Domiciliary Nurse and her Detractors, C. 1830-1860', *Victorian Studies*, 32, 3 (1989), pp. 365-86; B. Mortimer, 'Independent women: Domiciliary nurses in mid-nineteenth-century Edinburgh', in A. M. Rafferty, J. Robinson and R. Eklan (eds), *Nursing History and the Politics of Welfare* (London, 1997), pp. 133-49; Dickens portrayed Gamp as a midwife, layer-out and sick nurse; some of Mortimer's sample were described as 'lady's nurse' who became resident just before a birth, and stayed for the following month.

⁹⁵ Mortimer, 'History of nursing', pp. 1-21.

⁹⁶ F. Terry-Chandler, 'Gender and 'The Condition of England' Debate in the Birmingham Writings of Charlotte Tonna and Harriet Martineau', *Midland History*, 30 (2005), pp. 53-66; C. Malone, *Women's Bodies and Dangerous Trades in England 1880-1914* (Woodbridge, 2003), pp. 1, 7; Possibly manufacturing and mining were regarded as masculine and dangerous spaces, and this held a fascination for both contemporary observers and historians.

⁹⁷ Summers, 'Sarah Gamp', pp. 365-86.

A second limitation when examining caring work is that few primary sources exist, outside of larger medical institutions. Archivists Janet Foster and Julia Sheppard have pointed to the difficulty when researching the eighteenth century, especially in identifying the roles of nurses, who did not work in hospitals.⁹⁸ Considering midwives as businesswomen may be equally challenging, for Phillips identifies:

...the complexity of reconstructing women's experiences of being in business when so few traces of their voices remain.⁹⁹

Midwifery and nursing have been neglected by historians of women's work, possibly because caring work has always been regarded as part of the domestic sphere, and industrialisation left such occupations untouched.¹⁰⁰ Nursing was not regarded as a suitable occupation for middle-class women of the earlier nineteenth century, when nurses were regarded as a category of domestic servant, though middle-class women might undertake unpaid nursing as an element of charitable work.¹⁰¹ In the same period, claims have been made for a general decline in the status of midwives, compared to a century earlier, though local variations are evident in this narrative.¹⁰² Caring work by its nature therefore escaped attention by contemporary observers because it fitted with societal notions of what was appropriate work for women; it was nurturing and healing. Furthermore, caring work was almost exclusively conducted in domestic spaces, hidden from view. Finally, unlike some areas of women's activity, caring

⁹⁸ J. Foster and J. Sheppard, 'Archives and the history of nursing' in C. Davies (ed.), *Rewriting Nursing History* (London, 1980), pp. 200-14.

⁹⁹ Phillips, *Women in Business*, pp. 16-17.

¹⁰⁰ M. Versluysen, 'Old Wives' Tales? Women Healers in English History' in C. Davies (ed.), *Rewriting Nursing History* (London, 1980), pp. 175-99.

¹⁰¹ M. Bostridge, *Florence Nightingale* (London, 2009), pp. 155-59; S. Hawkins, *Nursing and Women's labour in the Nineteenth-Century* (Abingdon, 2010), pp. 75-76; J. Manton, *Sister Dora* (London, 1971).

¹⁰² Donnison, *Midwives*, p. 34-37, 51.

work had not changed as a result of industrialisation, another reason why it was not subject to scrutiny by contemporary observers, nor by historians of women's work.

Class permeated many aspects of maternity care; dispensaries and lying-in charities were urban, middle-class enterprises, and their establishment stemmed from often complex motivations on the part of founders and supporters. Alongside activity in clubs, societies, church or chapel, involvement in medical charities helped cement the presence of the middle classes in urban spaces. Adopting Georgian provincial infirmaries as illustrative, Roy Porter argues that philanthropy was in fashion, and 'threw a cloak of charity over the bones of poverty and naked repression.'¹⁰³ Fearing class antagonism, the wealthy engaged in rituals of paternalistic care, while the root causes of ill health - poverty, malnutrition and disease - went unaddressed.¹⁰⁴ Support for medical charities was an attractive means of fulfilling one's duty to God, one's social obligations, and of ensuring that the sick poor could return to their labour, without resorting to parish support. The gift of hospital treatment, was according to Porter, 'traditional paternalism institutionalised', and one which had to be restricted to the deserving, and appreciative poor.¹⁰⁵ Concerns about the perceived dangers of indiscriminate access to outpatient care, the risk of encouraging indolence, and identification of deserving cases, continued to pre-occupy the management of medical charities until the twentieth-century.¹⁰⁶ Poor women's success in applying to a lying-in charity entailed conforming to middle-class ideas of respectability and class, for charities specified the characteristics they

¹⁰³ Porter, 'Gift relation', pp.149-178, 152.

¹⁰⁴ *Ibid.*, p. 152.

¹⁰⁵ *Ibid.*, p. 172.

¹⁰⁶ K. Waddington, 'Unsuitable cases: the debate over outpatient admissions, the medical profession and late-Victorian London Hospitals' *Medical History*, 42 (1998), pp. 26-46.

expected in applicants.¹⁰⁷ Paupers and unmarried women were destined to apply to the poor law and for the latter, to submit to the workhouse. Declining use of midwives in favour of doctors by wealthier clients in the nineteenth century has also been attributed to class.¹⁰⁸ Although class is a difficult concept to define, it needs consideration in order to contextualise urban midwives, the women they delivered, and the institutions which engaged them.¹⁰⁹ R. J. Morris claims British towns and cities were:

substantially the creation of their middle class, and in turn provided the theatre within which that middle class sought, extended, expressed and defenced its power.¹¹⁰

Simon Gunn has considered the changing meanings and articulations of urban places and the middle classes over time, and argues that the middle class should be understood as a 'mobile construct' and not a fixed category.¹¹¹ Rather than class reflecting a certain occupational type or spending power, Gunn suggests that from the 1790s and the 1840s, the identity of the middle class was defined in political or moral terms.¹¹² They represented:

The backbone of the nation against revolutionary and radical excesses of all kinds as well as the antidote to a corrupt and parasitic aristocracy.¹¹³

Gunn regards the middle classes and towns as welded to each other through two characteristics. First, the urban middle classes were the products of trade and manufacturing, and regarded as key to the economic growth and political influence of the country. Second, the urban was perceived as representing 'civility' through its variety of institutions and

¹⁰⁷ Chapter 3.

¹⁰⁸ Summers, 'Sarah Gamp', pp. 365-86.

¹⁰⁹ Phillips, *Women in Business*, p. 14; Black and MacRaild, *Nineteenth-century Britain*, pp. 104-5.

¹¹⁰ R. J. Morris, 'The middle class and British towns and cities of the industrial revolution, 1780-1870' in D. Fraser and A. Sutcliffe (eds), *The Pursuit of Urban History* (London, 1983), p. 287.

¹¹¹ S. Gunn, 'Class, identity and the urban: the middle class in England, c. 1790-1950', *Urban History*, 31, 1 (2004), pp. 29-47.

¹¹² *Ibid.*, p. 34.

¹¹³ *Ibid.*, p. 34.

associations, including natural history, scientific and literary societies, and mechanics institutes. These features distinguished the urban place and its middle classes from surrounding rural areas.¹¹⁴

One estimate of the population of England and Wales in 1803 indicates that the majority - two million families - were working class, 630,000 families might be considered middle-class.¹¹⁵ The term 'middle-class' might convey a sense of a stable social group, but the differences between the upper and lower middle classes were considerable. Furthermore, the reliance on trade meant that the financial situations of the middle class could be precarious.¹¹⁶ Similarly, Hewitt identifies diversity among the working class: a broad category of individuals who experienced relatively stable employment, a minority who could command premium wages, and a 'shifting mass' relying on casual labour, charity and the poor law.¹¹⁷ Women in particular have been identified as adept at piecing together a livelihood from various sources, and from 1700 to the mid-nineteenth century, those who spent their entire lives dependent upon charity, or poor relief were a small minority.¹¹⁸ When considering childbirth, concepts of class interact with those of poverty and respectability, for one qualifying criteria for women applying for charity was that they had to be poor. However, some paid work had to be undertaken by the family to demonstrate their efforts to avoid dependency. Hence, recipients were the working poor, rather than paupers. In order to qualify

¹¹⁴ *Ibid.*, p. 34.

¹¹⁵ Black and MacRaild, *Nineteenth-century Britain*, p. 108; the working class formed 75% of the population, the middle class 24%.

¹¹⁶ Phillips, *Women in Business*, p. 15; M. Hewitt, 'Class and the classes', in C. Williams (ed.), *A Companion to Nineteenth-Century Britain* (Oxford, 2004), pp. 305-20.

¹¹⁷ Hewitt, 'Class and the classes', pp. 305-20, 308.

¹¹⁸ S. King, 'Meer pennies for my baskitt will be enough' Women, work and welfare, 1770-1830', in P. Lane, N. Raven, and K. D. M. Snell, *Women, Work and Wages in England, 1600-1850* (Woodbridge, 2004), pp. 119-40; S. King and A. Tomkins, 'Conclusion,' in S. King and A. Tomkins (eds), *The Poor in England 1700-1850* (Manchester, 2003), pp. 258-79.

for relief, women also had to be ‘respectable’, that is married. Poor law relief was intended for the destitute, and the most despised members of this group, unmarried mothers, were generally refused outdoor relief and had little choice but to enter the workhouse.¹¹⁹

Beverley Skeggs regards respectability as the main mechanism through which the concept of class emerges. Respectability signifies belonging, being worthy, and individuality; furthermore, ‘respectability embodied moral authority’. Skeggs suggests that, in the nineteenth century, some groups regarded themselves as having the capacity to be moral, while others were in need of moral control.¹²⁰ Multiple motivations have been identified for middle-class women’s involvement in philanthropy. Among these was the mission to imbue the working class with respectable, middle-class values and improve what were perceived as poor moral and domestic standards.¹²¹ Middle-class ladies, whether running businesses or enterprises in their own right, or coming from families who considered themselves middle class, were the initiators, committee members, fund-raisers and subscribers of most of the smaller lying-in charities identified in Birmingham and its environs.¹²² In most centres, there was little, or no, male involvement in these charities and some were indeed called *ladies’ charities*.¹²³ At Birmingham’s Lying-in Hospital, the committees were all male, but the Ladies Association played a major role in running the charity and fund raising.¹²⁴ The town and its neighbouring urban centres had few aristocratic families, and there was heavy reliance on the middle classes to support charities through their subscriptions, donations, and

¹¹⁹ *Ibid.*, pp. 38-39.

¹²⁰ B. Skeggs, *Formations of Class and Gender* (London, 1997), pp. 2-6.

¹²¹ Kidd, *State, Society*, pp. 68-70.

¹²² S. Pinches, ‘Women as objects and agents of charity in Eighteenth-Century Birmingham’, in R. Sweet and P. Lane (eds), *Women and Urban Life in Eighteenth-Century England: ‘On the town’* (Aldershot, 2003), pp. 65-85.

¹²³ Chapter 3.

¹²⁴ Chapter 4.

committee membership, and by utilising family, social and business networks, to raise charities' profiles.¹²⁵

In the main, eighteenth- and nineteenth-century midwives and the women they delivered were working class.¹²⁶ As determined by the census categories, however, the social class of midwives was generally higher than that of nurses. Mortimer found that, from 1841 to 1881, with the sole exception of the year 1851, midwives were classified as professionals. In the years 1841, 1861 and 1871, they were at least two classes above nurses, who, in 1841, were allocated to the labouring class.¹²⁷ In a period when there were few training courses outside London and Edinburgh, and no statutory regulation, midwives' reputations were built upon practice. Midwives' occupational category in the census was not necessarily related to their place in society; individual midwives might be highly regarded in their communities, but as an occupational group might be considered unskilled and lacking status by other practitioners.¹²⁸

One of the major themes of the nineteenth century was that of reform. Anthony Wohl compared Victorians' enthusiasm for public health reform, as well as reform in other areas, including voting rights, education and workhouses, to a moral crusade, which responded to God's injunction to care for the sick and weak:

Sanitary reform, health care, visiting the poor, slum clearance, education of the poor in matters of health and hygiene, were all vital causes for a people inspired by both the

¹²⁵ Trainor, *Elites*, pp. 317.

¹²⁶ H. Marland, 'Women, health and medicine', in M. Jackson (ed.), *The Oxford Handbook of the History of Medicine* (Oxford, 2011), pp. 484-502.

¹²⁷ B. Mortimer, 'Counting nurses: nursing in the 19th century census,' *Nurse Researcher*, 5, 2 (1997), pp. 31-43.

¹²⁸ Donnison, *Midwives*, p. 105.

evangelical concept of duty and, increasingly, a new secular concern for the well-ordered society.¹²⁹

Inevitably, midwifery and nursing were affected by this movement. Brooke Heagerty suggests that for certain midwives, midwifery reform was inseparable from the broader movement for social reform.¹³⁰ Gradually, midwifery and nursing were accepted as occupations for middle-class women, as well as routes to social advancement by working-class women.¹³¹ Changes in the status of midwifery are evident in Birmingham, for by the late 1870s, the lying-in charity was attracting as midwifery pupils, women who would consider themselves respectable middle class.¹³² Arlene Young and Sue Hawkins are among those who identify class conflict as an element in disputes between various factions in nineteenth-century medical charities, including midwives, nurses, medical men and committees.¹³³ Similarly, Heagerty detected elements of class conflict in the movement for midwives' registration. Heagerty identified the Midwives' Institute, founded in 1881, as composed of a group of upper- and middle-class women, who regarded reform as creating a new, docile midwife who would defer to her 'superiors', which included their leadership.¹³⁴

Justification for the study

There has been minimal study of women's caring work in the English midlands. One exception is Stuart Wildman's work on the development of nursing, and nurse training, at

¹²⁹ Wohl, *Endangered Lives*, pp. 6-7.

¹³⁰ B. V. Heagerty, 'Willing handmaidens of science? The struggle of the new midwife in early twentieth-century England', in M. J. Kirkham and E. R. Perkins (eds), *Reflections on Midwifery* (London, 1997), p. 72.

¹³¹ Hawkins, *Nursing and Women's Labour*, pp. 34, 103-4; Mortimer, 'Independent women', pp. 133-49.

¹³² Chapter 4.

¹³³ A. Young, "'Entirely a woman's question"? Class, Gender, and the Victorian Nurse', *Journal of Victorian Culture*, 13 (2008), pp. 18-41; Hawkins, *Nursing and Women's Labour*, pp. 65-69.

¹³⁴ Heagerty, 'Willing handmaidens', pp. 70-95.

Birmingham's hospitals, and his recent doctoral study of local nursing associations, including the association in Birmingham.¹³⁵ Some historians have considered midwifery, within broader studies, including Judith Lockhart who has examined the work of Birmingham Women's Hospital.¹³⁶ Angela Negrine's study of Leicester Poor Law Union (1867-1914), and Alistair Ritch's examination of Birmingham workhouse (1852-1912), include aspects of midwifery and nursing, identifying the typical reliance on untrained pauper nurses, and evidence of low nurse/patient ratios.¹³⁷ In common with other workhouses, but contrary to the poor law board guidance, Leicester only summoned the medical officer for difficult childbirth cases, a practice which went undetected for many years.¹³⁸ Midwifery in Birmingham and its environs has been particularly neglected by historians. Birmingham lying-in charity featured among the charities and workhouses examined by Craig Stephenson in his analysis of maternity hospitals.¹³⁹ More recently, Elizabeth Harvey included the charity in her examination of philanthropy in Birmingham, and Sydney, Australia.¹⁴⁰ The lying-in charity's first midwives were all trained in London, however, Harvey describes them as untrained and lacking status,

¹³⁵ S. Wildman 'The development of nursing at the general hospital, Birmingham, 1779-1919', *International History of Nursing Journal*, 4, 3 (1999), pp. 20-28; S. Wildman 'The development of nurse training in the Birmingham teaching hospitals, 1869-1957', *International History of Nursing Journal*, 7, 3 (2003), pp. 56-65. ; S. Wildman, 'Local nursing associations in an age of nursing reform, 1860-1900' (Unpublished Ph.D. thesis, University of Birmingham, 2012); Jonathan Reinartz includes several aspects of nursing in: J. Reinartz, *Health Care in Birmingham* (Woodbridge, 2009).

¹³⁶ J. Lockhart, 'Women, Health and Hospitals in Birmingham: The Birmingham and Midland Hospital for women, 1871-1948' (Unpublished PhD thesis, University of Warwick, 2002); Ruth Watts has raised the profiles of Birmingham women in education and medicine in the first half of the twentieth century, R. Watts, *Women in Science* (London, 2007), pp.167-92.

¹³⁷ A. Negrine, 'Medicine and Poverty: A study of the Poor Law Medical Services of the Leicester Union, 1867-1914', (Unpublished PhD thesis, University of Leicester, 2008); A. E. S. Ritch, 'Sick, aged and infirm' Adults in the new Birmingham workhouse 1852-1912', (Unpublished MPhil thesis, University of Birmingham, 2010).

¹³⁸ A. Negrine, 'Practitioners and paupers: Medicine at the Leicester Union Workhouse, 1867-1905', in J. Reinartz and L Schwarz. (eds), *Medicine and the Workhouse* (Woodbridge, 2013), pp. 203-4, the practice was not commented on until 1872, when the poor law board was replaced by the local government board.

¹³⁹ C. Stephenson, 'The voluntary maternity hospital: a social history of provincial institutions, with special reference to maternal mortality, 1860-1930' (Unpublished PhD thesis, University of Warwick, 1993).

¹⁴⁰ E. A. Harvey, 'Philanthropy in Birmingham and Sydney, 1860-1914; Class, Gender and Race' (Unpublished PhD thesis, University College London, 2010).

thus skewing her interpretation.¹⁴¹ Harvey's and Stephenson's analyses both commence in 1860, and there remains a need to examine midlands midwifery in earlier periods.¹⁴²

The Historiography of Midwifery

Eighteenth- and nineteenth-century midwifery was influenced by many factors, including developments in scientific knowledge, medical men's perceptions of midwifery as a desirable and remunerative area of practise, and the regulation of practitioners. In this thesis, a midwife is defined as a woman whose living is derived partly or wholly from the care of parturient women, or who carries out such duties as a neighbourly act, regardless of formal or informal training.¹⁴³ Small numbers of midwives adopted the title 'accoucheuse', to indicate that they were respectable, better skilled than other midwives, and had possibly undertaken formal training.¹⁴⁴ In this respect, there are parallels with man-midwives who called themselves accoucheurs.¹⁴⁵

As a foundation for this analysis, four main strands in the historiography of midwifery will be considered. The first, comprises Whiggish histories, in which the story of midwifery is portrayed as an uncomplicated progression, in which maternal care has been wrested from uninformed, ignorant and dangerous women, and into the hands of educated and respectable

¹⁴¹ E. A. Harvey, "'Liminal Figures': The role of female employees within charities in Birmingham and Sydney, 1860-1914', *Midland History*, 37 (2012), pp. 45-62; Chapter 4.

¹⁴² The starting dates of Harvey's, McIntosh's, Negrine's, and Stephenson's studies, in the second half of the nineteenth-century, reflect the attraction of historical study in a period when a wider range of records was maintained, and there is better survival of primary sources.

¹⁴³ An inclusive definition has been chosen for the sake of clarity.

¹⁴⁴ Midwives who trained with the Female Medical Society (1864-1872) were encouraged to call themselves accoucheuse, see Chapter 4.

¹⁴⁵ C. Hallett, 'Puerperal fever as a source of conflict between midwives and medical men in eighteenth- and early nineteenth-century Britain', in B. Mortimer and S. McGann (eds), *New Directions in the History of Nursing: International Perspectives* (London, 2005), pp. 55-67, 56.

male practitioners. A related, and persistent genre is that of conflict writing, characterised by Jean Donnison's *Midwives and Medical Men* (1977), in which inter-occupational, intra-occupational, geographical and gender-based conflicts have all been identified.¹⁴⁶ A third strand is the dominance of the metropolis, in which London, and to some extent Edinburgh, and their lying-in charities, feature in the historiography.¹⁴⁷ Finally, a more recent development has been the emergence of provincial or micro-histories, which offer a healthy counter balance to studies based on capital cities and claiming some sort of national representativeness.¹⁴⁸ This study aims to contribute to this fourth strand of historiography. To set the scene, an overview of childbirth attendance and place of birth is first presented.

One of the major determining factors in historical study is the availability of sources.

As Sonya Rose observes, those involved in historical study:

...have a difficult time discovering what people have taken for granted, or have considered to be common sense. They would only remark on such matters when shared understandings were being transformed and could no longer be taken for granted.¹⁴⁹

¹⁴⁶ Marland, 'Women, health', pp. 484-502; T. McIntosh, *A Social History of Maternity and Childbirth* (London, 2012), pp. 9-10.

¹⁴⁷ L. F. Cody, 'Living and dying in Georgian London's lying-in hospitals', *Bull. Hist. Med.*, 78 (2004), pp. 309-48; M. C. Versluysen, 'Midwives, medical men and 'poor women labouring of child': lying-in hospitals in eighteenth-century London', in H. Roberts, (ed.), *Women, health and reproduction* (London, 1981), pp. 18-49; P. Rhodes, *Doctor John Leake's Hospital. A history of the General Lying-in Hospital York Road, Lambeth, 1765-1971* (London, 1977); A. Nuttall, 'Preliminary survey of midwifery training in Edinburgh, 1844 to 1870', *International History of Nursing Journal*, 4, 2, (1998), pp. 4-14.

¹⁴⁸ B. Reay, *Microhistories. Demography, society and culture in rural England, 1800-1930* (Cambridge, 2002), 260-61; P. Dale and H. Fisher, 'Implementing the 1902 Midwives Act: assessing problems, developing services and creating a new role for a variety of female practitioners', *Women's History Review*, 18 (2009), pp. 427-52; T. McIntosh, 'A price must be paid for motherhood: the experience of maternity in Sheffield, 1879-1939', (Unpublished Ph.D. thesis, University of Sheffield, 1997); M. Rhodes, 'Municipal maternity services: Policy and provision 1900-1939 with particular reference to Kingston upon Hull and its municipal maternity home', (Unpublished Ph.D. thesis, University of Hull, 1996); A. Reid, 'Birth Attendants and Midwifery Practice in Early Twentieth-century Derbyshire', *Social History of Medicine*, 25, (2012), pp. 320-99.

¹⁴⁹ S. Rose, *Limited Livelihoods*, (Berkeley, 1992), pp. 7-8.

Such considerations are particularly pertinent to women's caring work.¹⁵⁰ In 1994, David Harley observed that just three midwives' diaries relating to the early modern period had been discovered, from midwives in London, Kendal and Whitby, though none were as detailed as the registers of Dutch midwife Catharina Schrader who practised from 1693 to 1740.¹⁵¹ As the history of midwifery is studied in greater detail, in more locations, it is likely that more primary sources will be identified. This will start to balance the absence of midwives in modern provincial histories, for Harley claims they were 'at least as important as churchwardens or constables.'¹⁵² Early modern women had a responsibility for caring for sick family and neighbours. In particular, childbirth was regarded as a female preserve, and midwives undertook nearly all normal deliveries and many abnormal ones.¹⁵³ Childbirth was an all-female affair, a woman's friends supported her during labour and birth, and men were largely excluded on the grounds of tradition, modesty and morality.¹⁵⁴ Unmarried women might be less well supported, with midwives seeking the name of the putative father while they were in labour.¹⁵⁵ Formal recognition of midwives' skills was limited. Until the early nineteenth century, a small proportion of midwives applied for bishops' licences, which were

¹⁵⁰ *Ibid.*, p 9.

¹⁵¹ D. Harley, 'English Archives, Local History, and the Study of Early Modern Midwifery', *Archives*, 21 (1994), pp. 145-54.

¹⁵² *Ibid.*, Harley predicted that more midwives' diaries or registers would be discovered, this has proved to be the case. See Chapter 6; Registers of two midwives in Whitby have been analysed: A. Tomkins 'Demography and the midwives: deliveries and their denouements in north Shropshire, 1781-1803', *Continuity & Change*, 25 (2010), pp. 199-232; J. Donnison, 'Sworn midwife: Mistress Katharine Manley of Whitby, her work and world', *midris Midwifery Digest*, 3 (2007), pp. 25-34.

¹⁵³ Versluysen, 'Old Wives' Tales?' pp. 184-86; Monica Green, however, challenges accounts of women's dominance in these areas, M. H. Green, 'Gendering the History of Women's Healthcare' *Gender & History*, 20 (2008), p. 491-92; I. Loudon, *Medical Care and the General Practitioner 1750-1850* (Oxford, 1986), pp. 86-87.

¹⁵⁴ Donnison, *Midwives*, p. 36; O. Moscucci, *The Science of Woman* (Cambridge, 1990), p. 43.

¹⁵⁵ S. Williams, 'The experience of pregnancy and childbirth for unmarried mothers in London, 1760-1866', *Women's History Review*, 20 (2011), 67-86; This was to enable parishes to pursue the father for support.

awarded on the basis of testimony from mothers that midwives were competent and of good character.¹⁵⁶

Before approximately 1740, medical men rarely attended births, except in an emergency, when for example craniotomy might be performed, causing the death of the child, if it was not already dead, in attempts to save the mother's life.¹⁵⁷ Doctors were consequently associated with poor outcomes for infants, and sometimes mothers as well. By the mid-eighteenth century, medical men were attending normal births from the outset, and it is generally accepted that, by the end of the century, men had taken over many births in wealthy families, particularly in the capital.¹⁵⁸ Midwives' work in the late eighteenth and nineteenth century should be considered in the context of the mixed economy of health care.¹⁵⁹ Roy Porter has likened the practice of eighteenth-century medicine to a trade rather than a profession, with the sick demonstrating catholic approaches to cure, making use of 'quack, family and unorthodox remedies...adopting a try-anything mentality.'¹⁶⁰ This diversity of choice continued into the nineteenth century, and included: 'Wise women, herbalists, good Samaritans, midwives, itinerant drug pedlars, ladies of the manor, mountebanks and quacks', who gave advice, and recommended medicines.¹⁶¹ Medical men's growing involvement in

¹⁵⁶ T. R. Forbes, 'The regulation of English midwives in the eighteenth and nineteenth centuries', *Medical History*, 15 (1971), pp. 235-36.

¹⁵⁷ Loudon, *Death*, p. 33-34.

¹⁵⁸ A. Wilson, *The Making of Man-Midwifery* (London, 1995), p. 200; H. King, 'Midwifery, 1700-1800: The Man-Midwife as Competitor', in A. Borsay and B. Hunter, (eds), *Nursing & Midwifery in Britain since 1700* (Basingstoke, 2012), pp. 105-27.

¹⁵⁹ R. Dingwall, A. M. Rafferty and C. Webster, *An Introduction to the Social History of Nursing* (London, 1988), pp. 145-72.

¹⁶⁰ R. Porter, *The Greatest Benefit to Mankind*, (London, 1999), p. 186; In the eighteenth century, in the absence of regulation, there were no clear divisions between medical practitioners and other occupations, P. Corfield, *Power and the Professions in Britain, 1700-1850* (London, 1995), pp. 19-20; Versluysen attributes the expansion in medical services in the eighteenth century to the emergence of a growing middle class, Versluysen, 'Midwives, medical men', p. 26.

¹⁶¹ W. F. Bynum, *Science and the Practice of Medicine in the Nineteenth Century* (Cambridge, 1994), p. 2.

childbirth should be considered not only as a gendered issue, but as part of an attempt to marginalise all those regarded as business competitors, and who offered lower fees. Medical men were carving out an identity, and Loudon suggests that nineteenth-century regulation of practitioners was not solely an attempt to raise standards of practice, but was a means by which doctors established clear distinctions between themselves and ‘irregulars’, including midwives.¹⁶² Competition also existed between medical men; there was marked overlap between the practice of surgeons, apothecaries and physicians, and limited consensus on the desirability of practising midwifery.¹⁶³ Medical men who considered themselves destined to be leading surgeons rejected midwifery, because of its association with manual work, and low status surgeon-apothecaries.¹⁶⁴ Neither did the Royal College of Physicians accept as fellows those who practised midwifery.¹⁶⁵ This acceptance, or rejection, of aspects of medical practice was not limited to midwifery, but symptomatic of wider tensions between different specialties.¹⁶⁶

Men’s adoption of midwifery was facilitated by a range of factors.¹⁶⁷ Their access to teaching, in the form of anatomy schools and texts, for example, William Hunter’s, *The Anatomy of the Human Gravid Uterus* (1774), was instrumental in identifying midwifery as a branch of formal science, which, in the eighteenth, and for much of the nineteenth century,

¹⁶² I. Loudon, “The vile race of quacks with which this country is infested”, in W. F. Bynum and R. Porter (eds), *Medical Fringe and Medical Orthodoxy 1750-1850* (London, 1987), pp. 117-18, 122.

¹⁶³ I. Waddington, *The Medical Profession in the Industrial Revolution* (London, 1984), pp. 40-43; King, *Midwifery*, p. 116.

¹⁶⁴ I. Loudon, ‘Review Essay: The making of man-midwifery’, *Bulletin of the History of Medicine*, 70 (1996), pp. 507-15.

¹⁶⁵ Waddington, *Medical Profession*, p. 39.

¹⁶⁶ Waddington identifies conflicts arising from causes, including a wish to gain, or maintain, status, and to reduce competition, Waddington, *Medical Profession*, pp. 39-42, 138.

¹⁶⁷ Donnison, *Midwives*, pp. 34-37, A. Wear, *Medicine in Society: Historical Essays* (London, 1992), pp. 122-23, Wear depicts the change as transferring childbirth from a female social ceremony, to a male technical operation.

was perceived as a male preserve.¹⁶⁸ Medical men contrasted their academic learning with midwives' apprenticeship training, implying that it was based on unscientific lay and traditional knowledge.¹⁶⁹ In addition, identifying midwifery as scientific, by implication, depicted it as subject which was beyond women's intellectual reach, and in violation of her 'true' place in the domestic sphere.¹⁷⁰ Additionally, the genteel backgrounds of physicians and surgeons made them distinct from lower status midwives.¹⁷¹ In addition to their lower class, Hilary Marland identifies midwives as tainted, through the act of birth, which was regarded as chaotic and disordered.¹⁷² Consequently, by the mid-nineteenth century, Donnison claims respectable and educated women were rarely attracted to midwifery, and the 'fashionable society midwives', patronised by wealthy families in the capital, had disappeared.¹⁷³

Glimpses of the reactions of seventeenth- and eighteenth-century midwives to the medicalisation of childbirth can be gained, with the caveat that contemporary midwife-authors were probably atypical of their group.¹⁷⁴ Janette Allotey analysed the writings of midwives Jane Sharp (*fl.* 1641-1671), Sarah Stone (*fl.* 1701-1737), Elizabeth Nihell (1723-after 1772), and Margaret Stephen (*fl.* 1765-1795), and identified their concerns that men's knowledge of childbirth lacked vital elements of 'embodied knowledge' and intuitive ways of knowing,

¹⁶⁸ B. J. Ford, 'Scientific Illustration in the Eighteenth Century' in R. Porter (ed.), *Cambridge History of Science Vol. 4 Eighteenth-Century Science* (Cambridge, 2003), p. 578.

¹⁶⁹ King, 'Midwifery', pp. 112-14.

¹⁷⁰ L. Schiebinger, 'The Philosopher's Beard: Women and Gender in Science', in R. Porter (ed.), *Cambridge History of Science Vol. 4 Eighteenth-Century Science* (Cambridge, 2003), pp. 192-93, 200.

¹⁷¹ Hallett, 'Puerperal fever', p. 55.

¹⁷² Marland, 'Women, health', pp. 484-502, 487. On the association between nursing and midwifery reform, and sanitary and moral reform, see A. Bashford, *Purity and Pollution* (Basingstoke, 1998), pp. 22-26, 104-5.

¹⁷³ Donnison, *Midwives*, p. 70-71, Loudon, *Medical Care*, p. 92.

¹⁷⁴ J. Allotey, 'English midwives' responses to the medicalisation of childbirth (1671-1795)' *Midwifery*, 27 (2011), pp. 532-38; for instance, two of the midwives, Sarah Stone, and Elizabeth Nihell, were married to medical men, pp. 532-33.

which midwives derived from their personal and extensive practical experience.¹⁷⁵ In order to compete with men, these midwife-authors advocated that midwives should improve their knowledge of anatomy, and Stone believed that midwives should be able to deal with minor complications, believing some midwives called medical men too readily.¹⁷⁶

Doreen Evenden's analysis of seventeenth-century London midwives demonstrated their lengthy apprenticeships, continued custom from the same women, and their testimonies in support of midwives' applications for a licence, indicating that midwives had the confidence of their clients.¹⁷⁷ The memoirs of Catharina Schrader (1656-1746), a Dutch midwife who practised for 47 years, mainly in Dokkum, in the north of the country, offer a detailed example of eighteenth-century European midwifery. Schrader was possibly atypical, for she was the wife of a surgeon and may have had access to medical texts. Her memoirs provide considerable detail of 122 of her 3,060 deliveries, demonstrating a high level of skill and knowledge.¹⁷⁸ Although Schrader did not use instruments unless the child had died, she employed techniques to hasten delivery and relieve suffering and Marland suggests that Schrader was possibly practising at the same, or a higher level, than local medical men.¹⁷⁹ Although these midwives practised just before the start date of this analysis, and one is from Holland, they are rich sources within a very barren area, and merit consideration because they throw light on respected midwives who were practising with a great degree of skill and competence. However, while the supposed take-over of a female skill and craft by male

¹⁷⁵ Allotey, 'English midwives'; I. Grundy, 'Stone , Sarah (fl. 1701-1737)', *Oxford Dictionary of National Biography*, (Oxford, 2004), <http://www.oxforddnb.com/view/article/45828> accessed 5 March 2013.

¹⁷⁶ Allotey, 'English midwives', pp. 532-33.

¹⁷⁷ D. Evenden, *The Midwives of Seventeenth-Century London* (New York, 2000), pp. 57-61.

¹⁷⁸ H. Marland (ed.), *'Mother and child were saved' The memoirs (1693-1740) of the Frisian midwife Catharine Schrader* (Amsterdam, 1987).

¹⁷⁹ *Ibid.*, see cases 20, 420, 521, 1831, 1943.

practitioners has attracted much analysis, this was largely among wealthier women, for Dingwall et al. state that, throughout the nineteenth century:

Whether on grounds of price, skills, availability or custom, traditional midwives were the chosen practitioners for the majority of births.¹⁸⁰

Christine Hallett claims that the majority of women who called themselves midwives in the eighteenth and early nineteenth century had trained through apprenticeship and practised only midwifery, but that there was also a larger group of nurses who practised in a range of settings, including midwifery, though there was some overlap between the two groups.¹⁸¹ Tania McIntosh identified three groups of midwives in Sheffield in the second half of the nineteenth century: trained midwives working under the auspices of the women's hospital; independent practitioners and, finally, casually employed handy women.¹⁸² McIntosh's handy women bear similarities with the unofficial midwives identified in Birmingham, who worked for the respect of their communities, rather than financial gain.¹⁸³ Monthly nurses were another type of practitioner. Their role was to watch women during labour and care for mothers and infants in the month following. They were not supposed to manage deliveries, but to summon pre-arranged medical help. Donnison suggests that monthly nursing was less arduous, yet more lucrative than midwifery, which carried sole responsibility for two lives.¹⁸⁴ While some monthly nurses doubtless acted as midwives, like

¹⁸⁰ Dingwall et al., *Social History of Nursing*, p. 156.

¹⁸¹ Hallett, 'Puerperal fever', pp. 55-67.

¹⁸² McIntosh, 'Profession, skill', pp. 404-05.

¹⁸³ Chinn, *They Worked all their Lives*, p. 34.

¹⁸⁴ Donnison, *Midwives*, p. 62. In 1826, the British lying-in hospital established a course for monthly nurses and, by the 1840s and 50s, was training three times as many monthly nurses as midwives. In the 1851 census in Birmingham, there were 25 midwives and 38 monthly nurses, but, by 1881, the figures were 29 and 69

handy women and unofficial midwives, they left few traces of their working lives. Janette Allotey has identified this diverse context, which, in the eighteenth-century, included 'trend-setting London midwives', as responsible for the range of accounts of English midwifery practice.¹⁸⁵ Allotey's observations largely hold true for the nineteenth century, and emphasise the importance of local context and microhistorical approaches in this area.¹⁸⁶

Another group of birth attendant that has received little attention from historians merits inclusion here.¹⁸⁷ These were the pauper and paid nurses, who attended women in workhouse lying-in wards. Prior to the 1834 Poor Law Amendment Act, childbirth was mainly outdoor, with midwives attending at least half of pauper confinements.¹⁸⁸ As a result of the 1834 Act, destitute unmarried women were generally refused outdoor relief and expected to enter the house for confinement. Simultaneously, new poor law medical contracts resulted in doctors having responsibility for workhouse deliveries, but their attendance was not guaranteed. With no training, and little recognition, other than an enhanced 'sick' diet, pauper nurses attended other paupers. In the second half of the nineteenth century, some unions engaged midwives to attend indoor births, but this was far from a universal

respectively (data analysis using CD ROM 1881 British Census and National Index, The Church of Jesus Christ Latter Day Saints). Even allowing for the known under-reporting of women's work in the census, by 1881, monthly nurses were far more numerous. Francesca Moore has constructed the midwifery and healing work of community 'wisewoman' Nell Racker, who worked in Rochdale, Lancashire from the 1860s until 1933, F. Moore, 'Go and see Nell; She'll put you right: The Wisewoman and Working-Class Health Care in Early Twentieth-century Lancashire', *Social History of Medicine*, 26 (2013), pp. 695-714.

¹⁸⁵ J. Allotey, 'English midwives' responses to the medicalisation of childbirth (1671-1795)' *Midwifery*, 27 (2011), pp. 532-38.

¹⁸⁶ O. Hufton, *The Prospect Before Her* (New York, 1996), p. 183.

¹⁸⁷ Poor law midwifery features in a number of theses, however, these focus on midwives, rather than paid or pauper nurses involved in midwifery: J. Bedford, 'Who Should Deliver Babies? Models of Nature and the Midwifery Debate in England, c.1800- c.1886' (Unpublished PhD thesis, University of London, 1996), pp. 301-58; Negrine, 'Medicine and Poverty', pp. 85-90; Stephenson, 'The voluntary maternity hospital', pp. 90-101. Rosemary White's history of poor law nursing does not mention midwifery, R. White, *Social Change and the Development of the Nursing Profession* (London, 1978).

¹⁸⁸ Marland, *Medicine and Society*, pp. 59-61.

arrangement, and there was a high turnover of paid nurses.¹⁸⁹ While acknowledging that unions' arrangements for midwifery varied, Ruth Hodgkinson, in her analysis of poor law medical services, 1834 to 1871, claims that 'incompetent midwives' were employed, sometimes resulting in women suffering lifelong health problems following childbirth. Midwives were criticised for delay in calling for medical assistance, but equally, guardians had a responsibility, and were known for their parsimony in their willingness to pay for emergency medical childbirth attendance.¹⁹⁰ Joanna Bedford similarly concentrates on attendance by midwives or medical officers, noting the contradictory guidance issued by the central board regarding the legitimacy of medical officers' subcontracting cases to midwives.¹⁹¹ Workhouse medicine is currently attracting renewed scholarship, but childbirth under the poor law, and in particular the perspectives of labouring women and their pauper attendants, remains under-researched.¹⁹²

Changing practitioners, changing places

Commencing in London, by 1771, the trend for medical men to practise midwifery had spread to the midlands.¹⁹³ In small towns and rural areas, clients included the wives of

¹⁸⁹ L. Marks, *Model Mothers: Jewish Mothers and Maternity Provision in East London, 1870-1939* (Oxford, 1994), pp. 201-2.

¹⁹⁰ R. G. Hodgkinson, *The Origins of the National Health Service* (London, 1967), pp. 31-33. Smith also paints a bleak picture of poor law midwifery, particularly midwives, but his sources are heavily biased, F. B. Smith, *The People's Health 1830-1910* (London, 1979), pp. 47-55.

¹⁹¹ Bedford, 'Who Should Deliver', pp. 324-28.

¹⁹² S. Williams, 'Unmarried mothers and the new poor law in Hertfordshire', *Local Population Studies*, 91 (2013), pp. 27-43, 29; Midwifery receives little attention in Reinartz and Schwarz's recent edited volume, J. Reinartz and L. Schwarz (eds), *Medicine and the Workhouse* (Woodbridge, 2013).

¹⁹³ J. Lane, 'Eighteenth-Century Medical Practice: A Case Study of Bradford Wilmer, Surgeon of Coventry, 1737-1813', *Social History of Medicine*, 3 (1990), 369-86.

local farmers, craftsmen and the clergy, and fees might be tailored to families' social status.¹⁹⁴ Midwifery became part of general practice, and practitioners also attended parish midwifery cases.¹⁹⁵ A further factor which has been identified as facilitated the growth of man-midwifery was the establishment of lying-in hospitals. Versluysen argues these institutions offered advantages for aspiring practitioners; they provided access to teaching material and were a means of indicating that childbirth was a medical concern.¹⁹⁶ Although women may have been lying-in charity patients, they may not have been in-patients. At Birmingham Lying-in Hospital, opened in 1842, there were no midwives, and women were attended by doctors or their pupils. From at least 1847 until 1868, over 90% of annual births were domiciliary, and in 1859, the charity claimed to have delivered one-seventh of births in the borough.¹⁹⁷ The British Lying-in Hospital, founded in 1749, and the Westminster (founded 1765), both had domiciliary services. Until 1792, the Westminster had just four beds; combined with the rule that women should stay for two weeks after delivery, this indicates that in-patients were limited to approximately 100 annually.¹⁹⁸ Certainly between 1813 and 1818, domiciliary cases were in the majority, forming 75% of cases in 1818.¹⁹⁹ From its inception in 1747, until acquiring new premises in 1757, the Middlesex Hospital's lying-in service comprised just five beds.²⁰⁰ Newcastle-upon-Tyne Lying-in Hospital, founded in

¹⁹⁴ A. Tomkins, (ed.), 'The registers of a provincial man-midwife, Thomas Higgins of Wem, 1781-1803', *Shropshire Record Series*, 4 (2000), pp. 65-148; J. Lane, 'A provincial surgeon and his obstetric practice: Thomas W. Jones of Henley in Arden, 1764-1846', *Medical History*, 3, 1 (1987), pp. 333-48;

¹⁹⁵ Lane, 'Bradford Wilmer', pp. 369-86.

¹⁹⁶ Versluysen, 'Midwives, medical men', pp. 18-49.

¹⁹⁷ WCAR, Governors' Minute Book of the Birmingham Lying-In Hospital, MH 1/1/1, 16 Dec. 1859.

¹⁹⁸ LMA, Westminster New Lying-in Hospital Fair Minute Book, HO1/GLI/A2/1, 9 Oct. 1792, on this date the matron was 'ordered' to arrange for a further six beds to be fitted; In the two years from April 1767, 215 women were delivered, Rhodes, *John Leake's Hospital*, p. 38.

¹⁹⁹ LMA, Westminster Lying-in Hospital cash book, HO1/GLI/D/02/002, analysis of annual cases. See Chapter 2.

²⁰⁰ A. Gunn, 'Maternity Hospitals,' in F. N. L. Poynter (ed.), *The Evolution of Hospitals in Britain* (London, 1964), pp. 77-101; The Middlesex provided a domiciliary service from 1764, and in 1784, inpatient services

1760, moved to purpose-built premises in 1826. Although the hospital had 12 beds, in its first few months of operation, only a maximum of seven were occupied. Such limited use of what had been depicted as a necessary service suggests that poor women were not inclined to give birth in hospital.²⁰¹

Turning to the nineteenth century, while birth was becoming medicalised, it was certainly not hospitalised. Irvine Loudon estimated that by the 1880s, deliveries undertaken by out-patient charities exceeded those undertaken by the hospitals. Furthermore, over ten times as many women were delivered in workhouses as in voluntary hospitals (Table 1.1). Consequently, 92% of women were attended at home under a private arrangement.

Table 1.1 Estimates of the average annual institutional deliveries in 1880s

Type of institution:	N= (% of annual births)
In-patient:	
Voluntary hospitals	2,700 (0.3)
Workhouse infirmaries	29,000 (3.2)
Sub total	31,700 (3.5)
Out-patient: poor law and lying-in charity	36,000 (4.0)
Total institutional care	67,700 (7.5)

Source: I. Loudon, *Death in Childbirth* (Oxford, 1992), p. 195.

From 1846, in addition to the lying-in hospital, ‘poor married women’ in Birmingham could be attended at home by the maternity charity attached to the Queen’s Hospital, and their care

were closed, B. Croxson, ‘The foundation and evolution of the Middlesex hospital's lying-in service, 1745-86’, *Social History of Medicine*, 14 (2001), pp. 27-57.

²⁰¹ E. Mackenzie, ‘Medical Establishments: The Lying-in Hospital and Charities’ In: *Historical Account of Newcastle-upon-Tyne: Including the Borough of Gateshead* (1827), pp. 517-22, www.british-history.ac.uk/report.aspx?compid=43380, accessed 1 March 2008.

was under the direction of the professors of midwifery at Queen's College.²⁰² It is not clear though whether women were attended by midwives, doctors, or medical students, for the Queen's was Birmingham's first teaching hospital.²⁰³

Whiggish histories

Jacalyn Duffin and Tania McIntosh both identify the prevalence of Whiggish histories of midwifery. This approach to historical enquiry presents a positive view of change, often constructed around key players, which in eighteenth- and nineteenth-century England, meant 'great men'.²⁰⁴ The general mode of these accounts depicts midwifery gradually emerging from an ignorant and dangerous past into a safer and evidence-based present, which marked an improvement in women's care.²⁰⁵ Referring to the history of nursing, Celia Davies identifies this mode of analysis as 'largely congratulatory', depicting progress from the dark ages to current enlightened times.²⁰⁶ Whiggish accounts, which largely justify the present, were evident in many fields of historiography, and reflected contemporary modes of analysis and historical writing.²⁰⁷ More recently, history has moved away from 'grand narratives and large teleological theories', which Richard Evans views as having 'assisted the reinstatement

²⁰² F. White, *Directory and Gazetteer of Birmingham* (Birmingham, 1849) p. 24.

²⁰³ J. Reinartz, *Health Care in Birmingham*, pp. 56-57; WCAR Queen's Hospital, HC/QU MS1942 Annual Reports, From 1853-1867, Queen's Hospital averaged 70 midwifery cases a year (no data for 1859-63). The department closed in 1867, but re-opened in 1871 to provide medical student teaching. From 1871-1881, an average of 281 women a year were delivered at home. Around 1880, the Queen's engaged local midwives for a fee of 1s. 6d. per case, Marion Roberts, personal communication.

²⁰⁴ J. Duffin, *History of Medicine* (Basingstoke, 2000), pp. 241-44; McIntosh, *Social History*, p. 7.

²⁰⁵ King, 'Midwifery, 1700-1800', pp. 107-27, 118.

²⁰⁶ C. Davies, 'Introduction: The contemporary challenge in nursing history', in C. Davies (ed.), *Rewriting Nursing History* (London, 1980), p. 11.

²⁰⁷ *Ibid.*, p. 12.

of individual beings in the human record.’²⁰⁸ Susan Reverby and David Rosner have discussed these developments on the social history of medicine, prompting debates about which disciplines should conduct medical history, and what are legitimate areas of study?²⁰⁹ Master narratives have been replaced with issues including gender, class, institutional, demographic and cultural history, and instead of the focus on physicians, Reverby and Rosner identify concerns with women’s agency as ‘consumers, workers and practitioners’.²¹⁰ However, Martin Dinges cautions that privileging patients’ voices is problematic, when the sources were largely maintained for administrative purposes.²¹¹

Earlier histories of midwifery were firmly focused on practitioners. One of the first, James Aveling’s *English Midwives* (1872), acknowledged skilled midwives of earlier centuries, but criticised contemporary practitioners. Aveling proposed midwives should be instructed, licenced and registered, but restricted to normal deliveries, leaving scope for men-midwives to develop their practice.²¹² Sarah Tooley, in her *History of Nursing in the British Empire* (1906) devoted a chapter to midwifery. According to Tooley, nineteenth-century midwifery was in need of rescue, it was:

...a profession which had sunk out of recognition, and chiefly fallen into the hands of a particularly ignorant and untrained class of women.²¹³

²⁰⁸ R. Evans, ‘Prologue: What is history? - Now’ in D. Cannadine (ed.), *What is History Now?* (Basingstoke, 2002), pp. 8-9.

²⁰⁹ S. Reverby and D Rosner, ‘"Beyond the great doctors" revisited: A generation of the "new" social history of medicine’, in J. H. Warner and F. Huisman (eds), *Locating Medical Histories: The Stories and Their Meanings* (Baltimore, 2006), pp. 174-75.

²¹⁰ *Ibid.*, pp. 178-79

²¹¹ M. Dinges, ‘Social history of medicine in Germany and France in the late twentieth century’, in J. H. Warner and F. Huisman (eds), *Locating Medical Histories: The Stories and Their Meanings* (Baltimore, 2006), pp. 209-10.

²¹² J. H. Aveling, *English Midwives their History and Prospects*, reprint of the 1872 edition (London, 1967), pp.168-75.

²¹³ S. A. Tooley, *The History of Nursing in the British Empire* (London, 1906), p. 326.

Tooley drew much of her material from Aveling's text, and presents a London-centric account, noting the impact of educated middle-class women in the campaign for registration.²¹⁴ It was not until 1977 that Jean Donnison's comprehensive and detailed account of the journey to registration was published.²¹⁵ Donnison's text has limitations, and in presenting the history as a battle between occupational groups, the perspectives of women in childbirth have been neglected.²¹⁶ In 1927, obstetrician Herbert Spencer claimed that the previous 150 years had witnessed great advances in 'the science and art of midwifery'.²¹⁷ Spencer identified the introduction of male practitioners as the main factor in this progress, however, some of the practices to which the medical profession laid claim, including the importance of gentleness and patience, and being guided by nature, were exactly those advocated by earlier midwife-authors.²¹⁸ Accounts of the 'advance' of midwifery have been countered by others, claiming motivations other than concerns for women's well-being, and which have dehumanised childbirth.²¹⁹ Turning to recent accounts, McIntosh has criticised histories which fail to place women's experiences at centre stage, and her history of maternity and childbirth aims to return mothers 'back into the central drama of their own lives: pregnancy and birth.'²²⁰ In contrast, Borsay and Hunter's edited volume, including three chapters which discuss the development of midwifery, focuses on 'the specific concerns of midwives', including scope of practice, and relationships between female and male midwives. Helen King's chapter, charting the advance of men-midwives, 1700-1800, reflects the conflict

²¹⁴ *Ibid.*, p. 323.

²¹⁵ Donnison, *Midwives*.

²¹⁶ McIntosh, *Social History*, pp. 9-10.

²¹⁷ H. R. Spencer, 'The history of British midwifery (1650 to 1800)', *BMJ*, 2, 3488 (1927), pp. 853-56.

²¹⁸ *Ibid.*, Allotey, 'English midwives' pp. 532-37.

²¹⁹ M. Stacey, 'Review: A. Oakley, *The Captured Womb: A history of the Medical Care of Pregnant Women*', *Soc. Sci. Med.*, 21 (1985), pp. 829-31, Stacey criticises Oakley's approach as reflecting history 'from above', and failing to incorporate women's perspectives.

²²⁰ McIntosh, *Social History*, p. 9.

genre, and Alison Nuttall describes midwives' roles in the nineteenth century, and the drawn-out path to registration.²²¹

Conflict Writing

Monica Green and Tania McIntosh are among those identifying conflict writing as a powerful strand in the historiography of midwifery, in which those who wished to take control of practice maligned others' involvement.²²² Referring to the historiography of lying-in hospitals, Jurgen Schlumbohm identified an initial hagiographic genre, which was replaced in the 1970s and 1980s by the conflict genre, in which man-midwives were only interested in mothers as teaching material, and midwives were marginalised.²²³ Competing gendered and occupational interests were evident at the inauguration of Birmingham Lying-in Hospital in June 1842, when it was claimed that local midwives were less competent than in other areas, due to the lack of a teaching institution. Consequently, one of the charity's aims was to train female and male students.²²⁴ In 1845, J. M. Waddy, senior surgeon to Birmingham Lying-in Hospital, repeated these sentiments:

That midwives' midwifery is bad, daily proofs are constantly occurring to convince us of; but I believe much of the midwifery of the educated medical man has been bad also, from the gross neglect of our presiding medical institutions, and from the

²²¹ King, 'Midwifery', pp. 107-27; A. Nuttall, 'Midwifery 1800-1902: The Journey to Registration', in A. Borsay and B. Hunter (eds), *Nursing & Midwifery in Britain since 1700* (Basingstoke, 2012), pp. 128-50.

²²² Green, 'Gendering the History', p. 492; McIntosh, *Social History*, pp. 9-10, McIntosh observes that the story of maternity is sometimes conveyed in military terms, which seems inappropriate given the context, p. 5. The subtitle of Donnison's text is 'the struggle for the control of childbirth'.

²²³ J. Schlumbohm, 'The pregnant women are here for the sake of the teaching institution': The lying-in hospital of Göttingen, 1751 to c. 1830.' *Soc. Hist. Med.*, 14 (2001), pp. 59-78; see also Versluisen, 'Midwives, medical men', pp. 18-49.

²²⁴ WCAR, Birmingham Lying-In Hospital, Governors' Minute Book, MH 1/1/1, 7 June 1842.

unwarrantable degradation to which an obstetrician is exposed by the laws of the College of Surgeons.²²⁵

In this instance, Waddy was using the annual report to advertise the training offered to medical pupils, hence the need to portray current practitioners as deficient, and in need of education.²²⁶ Although Aveling supported midwifery training, he only wanted to attract working-class women, fearing that middle-class trained midwives would compete with general practitioners for confinements.²²⁷ In this, midwives had an advantage, for their fees were far lower.²²⁸ Provision of training to ensure a supply of competent, qualified midwives was opposed by many medical men on a number of grounds.

Medical men voiced concerns about the risks to the health of labouring women and their children when in the care of midwives, but other motivations for their opposition have been suggested. Attendance upon women during childbirth was regarded as a means of gaining custom for a family's care, across the spectrum of health needs. Indeed it was 'essential for building a practice'.²²⁹ Conflict between doctors and midwives was common across all western countries, and although frequently presented as a conflict of professionalism, Vincent De Brouwere, like Porter, argues it was, like the conflicts between

²²⁵ J. M. Waddy, 'Report of the Birmingham Lying-in Hospital, and Dispensary for the diseases of women and children', *Prov. Med. Surg. J.*, 9, 3 (15 Jan. 1845), pp. 39-41, Waddy also took the opportunity to criticise the College of Surgeons for refusing to recognise midwifery as an acceptable branch of medicine. Waddy, and surgeon Francis Elkington, were the first medical officers of the hospital, WCAR, Birmingham Lying-In Hospital, Governors' Minute Book, MH 1/1/1, 7 June 1842.

²²⁶ The charity anticipated offering midwife training, but it did not commence until 1872, Chapter 4.

²²⁷ O. Moscucci, 'Aveling, James Hobson (1828-1892)', *Oxford Dictionary of National Biography*, 2004 <http://www.oxforddnb.com/view/article/58523>, accessed 9 June 2009.

²²⁸ Midwives typically charged 2s. 6d. to 5s., while doctors' fees started at 10s. 6d, J. Lane, *A Social History of Medicine* (London, 2001), pp. 124; J. V. Pickstone, *Medicine and Industrial Society* (Manchester, 1985), p. 33.

²²⁹ I. Loudon, 'From general practice to primary care 1770-1980,' in R. Jones, N. Britten, L. Culpepper et al. (eds), *Oxford Textbook of Primary Care*, Vol. 1 (Oxford, 2003), pp. 10-13.

various medical specialties, straightforward business competition between self-employed practitioners.²³⁰ When in 1834, Mr Boulton, a Sheffield surgeon, opined that the employment of midwives by the town's public dispensary was 'highly injurious', it might indicate he had mothers' interests at heart, but as the founder of a self-supporting dispensary, which offered childbirth attendance by medical men, or possibly their pupils, his views were not impartial.²³¹

Lisa Cody's analysis of the British Lying-in Hospital in the second half of the eighteenth century, challenges the conflict genre. The hospital-trained midwives, who attended the majority of female patients, made decisions about when to summon medical men, and ran the hospital-based midwifery service. Combined with the prohibition of men from the wards until 1830, Cody concludes that the hospital was a protected female space.²³² Of the married female pupils who trained from 1752 to 1820, over a third of husbands were professionals or skilled artisans. While the majority of pupils were Londoners, nine came from the midlands.²³³ Considering the sum of £35 for their training, alongside pupils' backgrounds, and the distances they moved to train in London, Cody suggests midwifery was a reputable and lucrative occupation for women from 1750.²³⁴ In Edinburgh, in the second

²³⁰ Donnison makes a case for professional conflict, as does Wilson; De Brouwere, however, interprets the scenario as business competition, L. De Brouwere 'The Comparative Study of Maternal Mortality over Time: The Role of the Professionalisation of Childbirth', *Social History of Medicine*, 20 (2007), pp. 541; Porter describes nineteenth-century doctors as 'self-employed petty capitalists', and while the market could be lucrative, it was highly competitive, Porter, *Greatest Benefit*, p. 362.

²³¹ M. P. Johnson, 'Medical Care in a Provincial Town: The Hospitals and Dispensaries of Sheffield c.1790-c.1890' (Unpublished MA Dissertation, University of Sheffield, 1977), p. 146.

²³² Cody, 'Living and dying', pp. 309-48.

²³³ I am grateful to Lisa Cody for access to her database of pupil midwives' records. The nine midland midwives came from Warwickshire, Worcester, Shropshire and Staffordshire. A widow from Whitby, north Yorkshire, appears to have travelled the furthest to take up her training.

²³⁴ Cody, 'Living and dying', pp. 309-48.

half of the eighteenth century, female and male pupils attended the same midwifery training scheme, indicating cooperative relationships.²³⁵

Evidence of some support by the medical profession of midwife training, and women's medical education can be detected in the formation of the Female Medical Society, in 1862, and its associated college, the Ladies Medical College, in 1864.²³⁶ The driving force behind the society and college was Dr James Edmunds, honorary surgeon to the Royal Maternity Charity, London. Edmunds anticipated that the college would attract women who were not currently drawn to midwifery because of its poor reputation, and the word *Ladies*, in the college's name was intended to convey the respectability of midwifery.²³⁷

The dominance of capitals and their lying-in hospitals

A third strand in the historiography of eighteenth- and nineteenth-century midwifery is the dominance of metropolitan-based accounts, in particular those featuring London's eighteenth-century lying-in hospitals. Not only have many of these charities' records survived, but their accoucheurs wrote clinical texts and Whiggish accounts of their benefits to poor women and medical science.²³⁸ In turn, historians have naturally been attracted to these sources; Sarah Tooley's midwifery chapter only refers to training at the Rotunda in Dublin and London lying-in hospitals.²³⁹ Alannah Tomkins suggests that biases in understanding midwifery practice in this period may have arisen because of the better survival of sources from high-

²³⁵ Mortimer, *The Nurse in Edinburgh*, pp. 182-86.

²³⁶ Donnison, *Midwives*, p. 81.

²³⁷ *Ibid.*, pp. 82-83.

²³⁸ LMA, Hospital Records, Information Leaflet No. 34 (London, 2010); R. Gooch, *An Account of Some of the Most Important Diseases Peculiar to Women* (London, 1829); A. B. Granville, *A Report of the Practice of Midwifery at the Westminster General Dispensary during 1818* (London, 1819); Rhodes, *John Leake's Hospital*.

²³⁹ Tooley, *History of Nursing*, pp. 324-30.

profile London accoucheurs.²⁴⁰ Similarly, Joan Lane cautions, the midwifery picture in London was ‘completely different’ from that in the provinces.²⁴¹

In 1819, Augustus Granville extolled the midwifery service of the Westminster General Dispensary, to which he was physician accoucheur. Eager to illustrate the economic advantages of dispensary midwifery, Granville claimed that for the cost of one in-patient delivery, 16 women could be relieved by the dispensary. Of 640 women delivered the previous year, 619 required ‘no professional assistance beyond that which is natural to afford on such occasions’.²⁴² Granville also believed that:

...there exists, particularly in the lower classes a decided aversion amongst lying-in women, against the interference of the accoucheur and the use of harmless instruments, which induces the midwife to trust too much to time and nature and to rely on them until nature becomes exhausted and all sort of assistance is rendered ineffective.²⁴³

Granville endeavoured to reform these views, and devised 18 rules for midwives, including the instruction that midwives should never interfere in any but ‘perfectly natural presentations’. Defining ‘natural’ in this context is problematic, but midwifery texts from the late eighteenth and nineteenth century suggest that midwives delivered twins and breech presentations.²⁴⁴ Bronwyn Croxson identifies the rhetoric adopted by charities to support their particular type of provision. The Middlesex, which offered in-patient lying-in facilities from

²⁴⁰ Tomkins, ‘Thomas Higgins’, pp. 65-148, 67.

²⁴¹ J. Lane, *A Social History of Medicine* (London, 2001), p. 124, Lane contrasts the high profiles, and substantial fees, of London-based accoucheurs with the practices of provincial surgeon-apothecaries who included midwifery in their general practice.

²⁴² Granville, *Westminster General Dispensary*, p. 87.

²⁴³ *Ibid.*, p. 23.

²⁴⁴ *Ibid.*, pp. 205-8, F. Churchill, *Manual for Midwives and Monthly Nurses* (Dublin, 1866), pp. 126-27.

1747 to 1786, claimed that hospitals facilitated economies of scale, and meant the poor could access better care and accommodation than in their homes. In contrast, lying-in charities argued that domiciliary provision was less disruptive to families, and more cost effective. Croxson identifies a place for both types of provision: hospitals, with their higher subscriptions, were patronised by the gentry and aristocracy, while the lower subscriptions of the charities attracted traders and merchants.²⁴⁵

London and Edinburgh were centres for the early establishment of lying-in charities, and the development of medical teaching. Nevertheless, the majority of the population lived in the provinces and experienced different types of care.²⁴⁶ With the capital's lying-in hospitals accounting for 5% of births in the metropolis, London-based accounts have limitations in reaching a broader understanding of maternal care for the majority.²⁴⁷ Versluysen portrayed London's eighteenth-century lying-in hospitals as places of male control over female patients and midwives, citing them as examples of 'entrepreneurial medical professionalism', yet, from 1758, the Middlesex Hospital trained midwives, while male pupils were barred from births, and Cody argues that in the years 1752 to 1820, the British Lying-in Hospital was primarily a female space.²⁴⁸

²⁴⁵ B. Croxson, 'The foundation and evolution of the Middlesex hospital's lying-in service, 1745-86', *Soc. Hist. Med.*, 14 (2001), pp. 27-57.

²⁴⁶ King justifies the London focus of her recent chapter on the proportion of the population, one in seven, who lived in the capital, however, 86% of the population lived in the provinces; King, 'Midwifery', p.108.

²⁴⁷ T. Evans, *'Unfortunate Objects' Lone Mothers in Eighteenth Century London* (Basingstoke, 2005), p. 146. Similarly, in relation to care in the workhouse, Reinartz and Schwarz express caution in drawing conclusions about provincial workhouses from London-based studies, J. Reinartz and L. Schwarz, 'Introduction', in J. Reinartz and L. Schwarz (eds), *Medicine and the Workhouse* (Rochester, NY, 2013), pp. 1-16, 5.

²⁴⁸ Versluysen, 'Midwives, medical men', pp. 19-49; Croxson, 'Foundation and Evolution', pp. 27-57; L. F. Cody, 'Living and dying in Georgian London's lying-in hospitals', *Bull. Hist. Med.*, 78 (2004), pp. 309-48.

Compared to the national picture, metropolitan-based accounts appear to overestimate the speed and extent of the advance of man-midwives, as well as the rate of transfer of births from home to hospital.²⁴⁹ Even by 1880, only an estimated 3.5% of births in England and Wales occurred outside the home.²⁵⁰ Recent histories have been more circumspect about the pace of change, but a further twist is evident, in that some historians, like the potential subscribers to Manchester's lying-in hospital, fail to acknowledge that the vast majority of lying-in hospital births were actually domiciliary.²⁵¹ Helen King claims that, after the opening of London's first lying-in hospital in 1749, such institutions 'soon spread to the provinces' and 'moved birth outside the home', but, even by the end of the following century, the number of provincial women affected by these changes was very small.²⁵² In the whole of the English midlands, the first lying-in hospital, in Birmingham, was not established until 1842, almost a century after the first hospital had been founded in London.²⁵³ Furthermore, the majority of charities only accepted women who met the admission criteria of being poor, married and judged 'respectable' by subscribers.²⁵⁴ Edinburgh's nineteenth-century midwives and maternity services have been closely studied by Barbara Mortimer and Alison Nuttall. Mortimer's work has contributed to an appreciation of the training, and business-like mind set of midwives who trained at Edinburgh's Royal Maternity Hospital, and her evidence of

²⁴⁹ Wilson, *Man-midwifery*.

²⁵⁰ Loudon, *Death*, p. 195.

²⁵¹ Pickstone, *Medicine and Industrial Society*, pp. 114-15; King, 'Midwifery', p.119. In the second half of the nineteenth century, two-thirds of deliveries under the Edinburgh Royal Maternity Hospital were home births, A. Nuttall, 'Because of Poverty brought into Hospital': A Casenote-Based Analysis of the Changing Role of the Edinburgh Royal Maternity Hospital, 1850-1912', *Social History of Medicine*, 20 (2007), pp. 263-80.

²⁵² King, 'Midwifery', p. 119; Versluysen identifies six provincial lying-in hospitals by 1800, however, only two, Manchester and Newcastle-upon Tyne, were in the English provinces, three were in Ireland (Belfast, Cork and Dublin) and the sixth was Edinburgh Lying-in Hospital, Versluysen, 'Midwives, medical men', pp. 19, 44, fn 2.

²⁵³ Chapter 4; the first three London lying-in hospitals were the British Lying-in Hospital (1749), City of London Lying-in Hospital (1750), and the General Lying-in Hospital (1752), Wilson, *Man-midwifery* pp. 145-46.

²⁵⁴ The General Lying-in Hospital (later Westminster), London, accepted single women for their first confinement only, Rhodes, *John Leake's Hospital*, pp. 31, 34.

relationships between midwives and doctors marks a contrast to the conflict genre.²⁵⁵ Nuttall found that midwifery training at the same charity, from 1844 to 1870, was tailored to individual midwives, and practical experience was taken into account.²⁵⁶ This dominance of metropolitan accounts is not restricted to midwifery, for histories of nursing reform in the nineteenth century typically emphasise events at London hospitals.²⁵⁷

Further indications of differences between the midlands and London are illustrated in a survey conducted in 1869. The Obstetrical Society asked its members to report on the proportion of deliveries in their localities that were attended by midwives.²⁵⁸ The exact mode of data collection is not described, so some of the variation may be attributed to different data-collection methods, including estimations.²⁵⁹ Even allowing for this factor, there are marked differences between the rates for the three midlands areas which were surveyed and London (Table 1.2). A majority of midwife deliveries were also reported from the northern towns of Bury, Leeds, and Sheffield. These regional differences form a compelling reason for examining the relatively neglected position and work of midwives in the English midlands.

²⁵⁵ Mortimer, 'Independent women', pp. 133-49.

²⁵⁶ Nuttall, 'Preliminary survey'.

²⁵⁷ S. Wildman, 'Local nursing associations in an age of nursing reform, 1860-1900' (Unpublished Ph.D. thesis, University of Birmingham, 2012), pp. 10-11.

²⁵⁸ Loudon, *Death*, p. 176.

²⁵⁹ Nuttall states that the survey erroneously believed that deliveries in Edinburgh were carried out by doctors, with monthly nurses as their assistants, Nuttall, 'Preliminary survey', *fn.* 37.

**Table 1.2 Proportions of deliveries attended by ‘medical men and by women’:
Midlands and London, 1869**

Location	Percentage of deliveries attended by midwives.
Birmingham, Warwickshire	‘midwives deliver more than the “qualified practitioners”’
Bromyard, Herefordshire	90%
Coventry, Warwickshire	90%
London:	
East end	Midwives attend 30-50% of the poor
West end	2% or less
North District	30%
Wimbledon	5%

Sources: Report of the committee of the council of the Obstetric Society to investigate the causes of infant mortality Part 1. *Transactions of the Obstetrical Society of London* 1870; XI for the year 1869: pp. 132-49; Report of the committee of the council of the Obstetric Society to investigate the causes of infant mortality Part 2. *Transactions of the Obstetrical Society of London* 1871; XII for 1870: pp. 388-403.

A further factor differentiating London from the provinces is the association between the capital and the campaign for midwife training and registration. Both Dingwall et al. and Donnison identify the movement as largely reflecting metropolitan concerns, based to some extent on the perceptions of London doctors that midwife attendance was ‘the exception rather than the rule’.²⁶⁰ Dingwall et al. conclude:

These debates may have aroused great passions among a literate elite, which wished to impose its own view of progress. They were, however, almost wholly irrelevant to most women.²⁶¹

Nevertheless, capital cities have always exerted influence far beyond their immediate boundaries, and contact between Birmingham’s lying-in charities and similar charities in London is evident from 1819 until the 1870s, as will be discussed in chapters 2 and 4.²⁶²

²⁶⁰ Donnison, *Midwives*, p. 69, as Table 1.2 illustrates, the perceptions of London doctors on the proportion of midwife deliveries may reflect the situation in the capital, but not the provinces.

²⁶¹ Dingwall et al., *Social History of Nursing*, p. 156.

Considering provincial midwifery through microhistory

This study utilises microhistorical approaches, which, combined with a related consideration of place, is appropriate for this study of midwifery in a defined provincial urban area. Barry Reay believes that microhistory can provide localised insights into much wider issues.²⁶³ Reay considers the guiding principles of microhistory to be ‘historical research on a reduced scale,’ with the belief that:

detailed observation and analysis will not only uncover unknown complexities and reveal ‘new meanings’ in structures, processes and belief systems and human interactions, but sometimes even... render macrohistorical analyses irrelevant.²⁶⁴

Reay believes ‘it is impossible to understand society and culture without examining local contexts’.²⁶⁵ All historical approaches have their supporters and detractors, and Mark Phillips identifies microhistories as having a tendency towards the ‘sentimental’, suggesting that grand narratives are returning.²⁶⁶ Schlumbohm, among others, disagrees, advocating microhistorical approaches for examining European lying-in facilities, because they enable the heterogeneity of these institutions to be considered. Schlumbohm suggests lying-in facilities are examined individually ‘in their social, cultural and institutional contexts’, though through a comparative

²⁶² Chapter 2, Chapter 4. Porter observes that eighteenth-century provincial towns were very aware of being overshadowed by London, and they aimed to assimilate metropolitan culture and values, R. Porter, ‘Science, provincial culture and public opinion in Enlightenment England’ in P. Borsay (ed.), *The Eighteenth Century Town: A reader in English Urban History 1668-1820* (London, 1990), pp. 243-67.

²⁶³ Reay, *Microhistories*, p. xxii.

²⁶⁴ *Ibid.*, pp. 260-61.

²⁶⁵ *Ibid.*, p. 260.

²⁶⁶ M. S. Phillips, ‘On the advantage and disadvantage of sentimental history for life’, *History Workshop Journal*, 65 (2008), pp. 49-64.

lens.²⁶⁷ Wildman's recent study of local nursing associations, 1860-1900, demonstrated effective use of microhistory to examine the operation of these provincial associations.²⁶⁸

Using microhistory to examine aspects of midwifery in a defined locality can contribute to a more nuanced account of the ways in which provincial midwives experienced and perceived their occupation, chiming with Reay's call for local contexts to be examined. Maxine Rhodes justified her study of municipal maternity services in Hull, arguing that the town was 'neither a pioneer in the scheme of things nor a reluctant participant.'²⁶⁹ While acknowledging the importance of studying areas at the forefront of developments of social policy, Rhodes believes it is also vital 'to examine those that are not particularly unusual'.²⁷⁰ Rhodes's observation is pertinent here, for given the metropolitan focus of much of the history of midwifery, it is important to improve our understanding of midwives and maternity in the provinces. Indeed, it could be argued that, in relation to the history of midwifery, it is London which is atypical. Although with the passage of time, events in the capital had implications for the provinces, they often took many years to have an impact. Conversely, analysis of midwifery in Birmingham and its environs potentially carries relevance for the situations in other provincial manufacturing and commercial centres. Nineteenth-century midwives and the women they cared for rarely left much trace of their lives, and Irvine Loudon has identified questions that might be asked of the 'generality' of midwives. These include questions regarding midwives' background, their status, their mode of instruction,

²⁶⁷ Schlumbohm, "'The pregnant women are here for the sake of the teaching institution": The lying-in hospital of Göttingen, 1751 to c.1830.' *Soc. Hist. Med.*, 14 (2001), pp. 59-78.

²⁶⁸ S. Wildman 'Local nursing associations in an age of nursing reform, 1860-1900' (Unpublished Ph.D. thesis, University of Birmingham, 2012), pp. 25-26.

²⁶⁹ M. Rhodes, 'Municipal maternity services: Policy and provision 1900-1939 with particular reference to Kingston upon Hull and its municipal maternity home' (Unpublished Ph.D. thesis, University of Hull, 1996), p. 2.

²⁷⁰ *Ibid.*

their earnings, and their motivations for taking up midwifery.²⁷¹ This study aims to answer these questions in respect of the midwives of Birmingham and its environs.

Locating maternity care: Identifying the study location and chronology

Initially, Birmingham was the geographical focus of this study. Although not a county town, nor a city, by the turn of the nineteenth century it was the largest centre of population in Warwickshire, and indeed the whole of the west midlands. As a growing centre of manufacturing and commerce, it had potential to offer a nucleus of primary sources from the late eighteenth and nineteenth century.²⁷² This proved to be the case and a proportion of the records of a dispensary which provided midwifery, a lying-in hospital (later charity), and a workhouse were located. The records of two workhouses bordering Birmingham were also identified.²⁷³ It was anticipated that these sources would provide insights into institutional midwifery.

In the period studied, most births occurred at home. To gain a better understanding of midwifery as experienced by the majority, namely working-class women, an account by, or ideally the register of, a non-elite urban midwife was needed. Using *Access to Archives*, one such register was located in Coventry archives.²⁷⁴ Coventry is situated 19 miles south west of Birmingham, and the desire to include this very rare source necessitated an adjustment to the

²⁷¹ Loudon, *Medical Care*, p. 99.

²⁷² Hopkins, *Birmingham*, pp. 118-19.

²⁷³ These institutions are Birmingham's general dispensary, the lying-in charity and the workhouse. See Chapters 2 and 4. The two workhouses on Birmingham's border are King's Norton, and Aston Workhouses. All records are held at the Wolfson Centre for Archival Research (WCAR), Library of Birmingham.

²⁷⁴ CHC, *The Midwives (sic) Register*, PA63/1-3.

geographical focus. Hence the area was extended to the wider west midlands with Birmingham as the hub. This wider geographical scope has enhanced the value of the study, for just as histories of health care in London are not representative of the provinces, neither is the development of midwifery in Birmingham representative of the wider urban west midlands.²⁷⁵

The minutes of one of Coventry's two lying-in charities were located in the same archive as the midwife's register.²⁷⁶ Combining these sources offered opportunities for complementary analyses which assisted in illuminating midwifery as experienced by working-class women and their midwives in one of the midlands growing, but less populous, centres. Searching town directories for evidence of medical charities, alongside the literature, it was apparent that the only source of support for poor lying-in women in many smaller midland towns, apart from the poor law, were lying-in charities. As with dispensaries, these charities have been largely neglected within histories of medical charity.

The geographical foci of this study are the urban areas which form Birmingham's hinterland, including Coventry, Walsall, and Wolverhampton. Where appropriate, the net is cast slightly further afield, if there is relevant scholarship, or features pertinent to midwifery in Birmingham. By adopting this approach, the analysis identifies something of the range of midwifery in Birmingham and its environs, identifying distinctive features, or commonalities with other areas. Importantly, a focus on place can facilitate identification of the

²⁷⁵ J. Reinartz and L. Schwarz, 'Introduction' in J. Reinartz and L. Schwarz (eds), *Medicine and the Workhouse* (Woodbridge, 2013), p. 5.

²⁷⁶ CHC, Coventry Lying-in Charity Minute Books: 1826-1852, PA 2398/6/3/2/1; and 1853-1890; PA 2398/6/3/2/2. These are the records of the Union lying-in charity, the only surviving records of the Ladies lying-in charity are four letters, Chapter 3.

interdependency, or rivalries between, medical charities and an appreciation of variations from the national picture.²⁷⁷

Identifying starting and closing dates for historical research can be a somewhat arbitrary process, for as Ann Summers states, there are ‘no strict beginnings or endings in history’.²⁷⁸ The selection of dates to bind this study was initially somewhat subjective. Many histories of women and work have commenced at the turn of a century or decade, and a start date of 1800 was initially envisaged.²⁷⁹ However, the identification of the minutes of Birmingham’s general dispensary, which admitted its first patients in 1794, and offered midwifery services from the outset, dictated that this local microstudy should commence in this year.²⁸⁰ Many lying-in charities in Birmingham and its environs were founded in the late eighteenth- and early nineteenth- centuries and their chronology indicated that the end date would be at least the mid-nineteenth century. While earlier dates were considered, for pragmatic reasons, an end date of 1881 was decided. This facilitated the inclusion of census data, where appropriate. In terms of the development of midwifery in England and Wales, 1881 was the year in which the forerunner of the Midwives’ Institute was founded. Initially named the Matron’s Aid Society, or the Trained Midwives Registration Society, it sought to attract educated women to midwifery and help improve the reputation of midwifery.²⁸¹ The year 1881 cannot be claimed as a major juncture in the history of midwifery, but it was a

²⁷⁷ Reinarz, ‘Putting medicine in its place’, pp. 29-43, 40.

²⁷⁸ A. Summers, *Female lives, moral states* (Newbury, 2000), p. 7; Chris Williams observes that texts discussing the nineteenth century have used a variety of start dates, ranging from 1782 to 1815, end dates are also diverse, C. Williams, ‘Introduction’, in C. Williams (ed.), *A Companion to Nineteenth-Century Britain* (Oxford, 2007), pp. 1-13, 5.

²⁷⁹ P. Lane, N. Raven and K. D. M. Snell (eds), *Women, Work and Wages in England, 1600-1850* (Woodbridge, 2004); Phillips, *Women in Business*; Barker, *Business of Women*.

²⁸⁰ The annual meetings minute book records the first meeting on 27 Dec. 1793, but no patients were reported until the second meeting on 7 Nov. 1794; the charity had seen 247 sick cases, 48 midwifery and 31 patients had been inoculated, WCAR, BGD, Annual meetings 1794-1840, MS1759 /1/1/1, 27 Dec. 1793, 7 Nov. 1794.

²⁸¹ Nuttall, ‘Midwifery 1800-1902’, pp. 128-50, Donnison, *Midwives*, pp. 111-14.

marker on the road towards registration.²⁸² A chosen time scale comprising nearly 90 years is lengthy, nonetheless, some historians of midwifery have adopted similar time scales for their analysis, an approach which facilitates an appreciation of change over time, and makes best use of scarce primary sources. Anne Cameron, Alison Nuttall, Tania McIntosh and Craig Stephenson all therefore selected generous time scales for their research.²⁸³

Records and methods

Nineteenth-century medical charities and poor law unions produced a wealth of documentation, but survival of records is variable. Larger charities generated general and medical committee minutes, annual reports and accounts, and practitioners were expected to maintain case books. Smaller lying-in charities were generally run from members' homes, or small offices, and survival of their records appears to be even more limited.²⁸⁴ Poor law records are voluminous, and comprise both locally generated union records, and reports of the responsible government department: the poor law commissioners (1835-1849); the poor law board (1850-1871); and subsequently the local government board (1871-1919).²⁸⁵

The first exercise was to establish whether any relevant records were extant. Catalogues in the Wolfson Centre for Archival Research (WCAR), the repository for

²⁸² Some accounts of midwifery registration have been sceptical of both the motives of female activists, and the benefits; Nuttall, 'Midwifery 1800-1902', p. 129-131.

²⁸³ A. Cameron, 'From ritual to regulation? The development of midwifery in Glasgow and the West of Scotland, c.1740-1840' (Unpublished PhD thesis, University of Glasgow, 2003); A. Nuttall, 'The Edinburgh Royal Maternity Hospital and the medicalisation of childbirth in Edinburgh, 1844-1914: a casebook-centred perspective' (Unpublished PhD thesis, Edinburgh University, 2003); T. McIntosh, 'A price must be paid for motherhood: the experience of maternity in Sheffield, 1879-1939' (Unpublished PhD thesis, University of Sheffield, 1997); Stephenson, 'The voluntary maternity hospital'.

²⁸⁴ S. Baston, 'Out-patient maternity relief in late Georgian Buckinghamshire and Hertfordshire', *Local Population Studies*, 77 (2006), pp. 58-65, 59; Chapter 3.

²⁸⁵ These reports are collected as *House of Commons Parliamentary Papers* and are available at: <http://parlipapers.chadwyck.co.uk.ezprox.yd.bham.ac.uk/home.do>.

Birmingham city archives, revealed a proportion of the records of Birmingham's general dispensary, the town's lying-in hospital and charity, and Aston poor law union, which was selected as the case study of poor law midwifery.²⁸⁶ Extant records for the charities featuring in this analysis include general and medical committee minute books, and printed annual reports, although not all of these have survived as complete series.²⁸⁷ Charities' printed annual reports have been described as 'perhaps the most optimistic of records'.²⁸⁸ Indeed, at both the dispensary and lying-in charity, problems recorded in the minutes, for example patient complaints, or suspected malpractice, were never revealed in the annual reports. Printed reports accurately reported patient numbers, as well as subscribers, donors and the charity's annual balance sheet. No midwifery case books survive from either the dispensary or the lying-in charity, although in 1819 the dispensary midwife was instructed to keep an accurate record, and it is certain that casebooks were maintained by the lying-in charity midwives from their appointment in 1868.²⁸⁹ A printed index of local wills, held in WCAR, was consulted, as was a separate index of obituaries which appeared in Birmingham's *Aris's Gazette*. These identified an obituary of a dispensary midwife, and the will of a lying-in charity midwife, which were both consulted.²⁹⁰

Two west midlands newspapers, the *Birmingham Daily Post* and *Berrow's Worcester Journal*, are available online via *19th Century British Newspapers*. These were searched using

²⁸⁶ The Birmingham Lying-In Hospital and Charity was one institution. In 1868, the hospital closed and it became a lying-in charity.

²⁸⁷ Since the start of this research, the earliest dispensary minute book has been declared unfit and is no longer available; WCAR, General Dispensary, General Committee Minutes, MS1759/1/2/1.

²⁸⁸ J. Reinartz, *The Birth of a Provincial Hospital: The Early Years of the General Hospital, Birmingham, 1765-1790* (Stratford upon Avon, 2003), p. 2.

²⁸⁹ WCAR, Birmingham General Dispensary, MS1759/1/2/1, 3 Nov. 1819; Chapter 4.

²⁹⁰ WCAR, Register of Wills January-June 1900, Will of Ursula Phillips, probate granted 30 April 1900, p. 537; Obituary of Elizabeth Maurice, *Aris's Gazette*, 27 April 1835.

the terms midwi*, accoucheuse, and lying-in charit*.²⁹¹ The database *19th Century UK Periodicals British Newspapers* identified articles in *The Englishwoman's Review*, which reported on the activities of the Female Medical Society in London.²⁹² Finally, the *Coventry Herald* was read on microfilm for key events in 1875-76. Town directories have been identified as a potentially valuable source for studying women's work, and they are increasingly being used by historians to gain insights into the careers of businesswomen.²⁹³ Simultaneously, they offer a contemporary perspective on an urban centre, claiming to offer visitors an introduction to a town's attractions and emphasising the growth of commerce and philanthropic activity.²⁹⁴ Like all sources, information in directories must be handled with care, for they aimed to give an overview and did not claim complete accuracy.²⁹⁵ Directories of Birmingham and surrounding towns were consulted to identify lying-in charities, midwives, and indicate when midwives first appeared as a trade listing.²⁹⁶

The existence of, and records from, smaller lying-in charities were identified via local directories and A2A (Access to Archives).²⁹⁷ Records from lying-in charities in Bewdley and Wribbenhall, Coventry, and Walsall, were located in this way. Coventry's and Walsall's

²⁹¹ 19th Century British Newspapers site is:

http://find.galegroup.com.ezproxye.bham.ac.uk/bncn/start.do?prodId=BNCN&userGroupName=bham_uk
Berrow's Worcester Journal, published weekly, is available online from 1822; and *Birmingham Daily Post* is available from 1852.

²⁹² 19th Century UK Periodicals site is:

http://find.galegroup.com.ezproxyd.bham.ac.uk/ukpc/dispBasicSearch.do?prodId=NCUK&userGroupName=bham_uk

²⁹³ P. J. Corfield and S. Kelly, 'Giving directions to the town: the early town directories', *Urban History*, 11 (1984), pp. 22-35; Barker, *Business of Women*, pp. 47-52, for areas outside London, Barker believes directories are a more representative source than fire office insurance policies; J. Aston, 'Female business owners in England, 1849-1901' (Unpublished PhD thesis, University of Birmingham, 2012), pp. 13-15.

²⁹⁴ Corfield and Kelly 'Giving directions', pp. 22-35.

²⁹⁵ *Ibid.*

²⁹⁶ Local directories were searched by hand, and at the Historical Directories web site: <http://www2.le.ac.uk/library/find/rarebooksandarchives/specialcollections/historical-directories>

²⁹⁷ The A2A web page is: <http://www.nationalarchives.gov.uk/a2a/>

lying-in charities were the only two with extant minute books, although these become less detailed with the passage of time. Surviving records for the Walsall charity include the first minute book dated 1814, rules and regulations dated 1825, and a register of subscribers in 1870. For some charities, including Kidderminster's lying-in charity, no records were located online. Because the submission of records to A2A is an on-going process, local archives were contacted, and they confirmed they did not hold any records. The 1840 Royal Commission on Hand-Loom Weavers was identified via the database *19th Century House of Commons Parliamentary Papers*.²⁹⁸ The midland counties report focussed on Coventry and included evidence from the two lying-in charities, in addition to relevant local information.²⁹⁹ Located on the same database are the Registrar General's annual reports, including the thirty-ninth report, in which the midwives at Birmingham's lying-in charity gave evidence on the management of maternal complications.³⁰⁰

For Aston poor law union, WCAR hold a complete series of minute books from 1834, and one statistical statement for the years 1868-1881. The statement includes numbers of workhouse births, outdoor and indoor medical cases, but apart from these 13 years, there are no data on the number of indoor or outdoor births in the union. From 1868, the minutes record the names of pregnant women admitted without an order. Annual reports of the poor law board, and the subsequent national administrative bodies, were searched, as were occasional reports of the national board, for example Dr Edward Smith's report on *Care and Treatment of Sick Poor in Forty-eight Provincial Workhouses in England* (1868), which included eight

²⁹⁸ The House of Commons Parliamentary Papers (HCPP) site is:
<http://parlipapers.chadwyck.co.uk.ezproxye.bham.ac.uk/home.do>

²⁹⁹ HCPP, 'Hand-Loom Weavers'.

³⁰⁰ HCPP, Thirty-ninth Annual Report of the Registrar-General of Births, Deaths and Marriages in England, (Abstracts of 1876), http://gateway.proquest.com/openurl?url_ver=Z39.88-2004&res_dat=xri:hcpp&rft_dat=xri:hcpp:rec:1878-054122 accessed 4 June 2010.

midlands workhouses.³⁰¹ Smith's report, and a *Lancet* review of the same year, were among the first to provide detailed insights into workhouse maternity care.³⁰²

The registers of Mary Eaves, a Coventry midwife, were located through A2A and a brief biography was also identified.³⁰³ The register is a rich and rare primary source and, although it is possibly not unique, its survival appears to be.³⁰⁴ The three volumes of Mary Eaves's register contain 5,029 entries, and cover a 28-year period, 1847-1875. Selective use has been made of census returns and birth and death registrations. Local archivists were consulted to identify additional relevant sources and helpfully suggested further material.

In London, the Wellcome Trust History of Medicine Library's extensive collection of histories and annual reports of dispensaries, hospitals and lying-in charities were consulted. London Metropolitan Archives hold the records of Westminster Lying-in Hospital, which were relevant to Chapter 2. Holdings of the Royal College of Midwives are held jointly with the Royal College of Obstetricians and Gynaecologists in London. Altogether, material from eight archives in the west midlands, and three in London, were consulted. All catalogued items were located, with the exception of one record at Coventry History Centre, which had been missing within the archives for a number of years. The missing record is catalogued with

³⁰¹ HCPP, Report of Doctor E. Smith, Medical Officer to Poor Law Board, on Sufficiency of Arrangements for Care and Treatment of Sick Poor in Forty-eight Provincial Workhouses in England and Wales; Session 1867-68. LX.325 http://gateway.proquest.com/openurl?url_ver=Z39.88-2004&res_dat=xri:hcpp&rft_dat=xri:hcpp:rec:1867-044705

³⁰² See for example: 'The Lancet Sanitary Commission for investigating the state of the infirmaries or workhouses, County Workhouse infirmaries, No. V, Walsall Workhouse, Staffordshire,' *Lancet*, 90 (9 Nov. 1867), pp. 585-86.

³⁰³ CHC, The Midwives (sic) Register, PA63/1-3; B. Wishart, *The Midwife's Register. Mary Eaves, Midwife of Spon End, Coventry 1847-1875* (Coventry, 2000).

³⁰⁴ Loudon has speculated that similar valuable sources lie in archives, I. Loudon, 'Review Essay. The Making of Man-midwifery: Childbirth in England, 1660-1770', *Bulletin of the History of Medicine* 70 (1996), pp. 507-15.

the Coventry midwife's register, and possibly provides further details of deliveries in her register.³⁰⁵

The better survival of records of larger institutions, in contrast to private records, is a theme which runs through the history of caring. In addition, those carrying out direct care, and closest to the recipient, were often the least likely to record their work.³⁰⁶ Consequently, details of the practice of eighteenth- and nineteenth-century midwives who were not attached to maternity charities, or the poor law, are elusive.³⁰⁷ Where feasible, brief biographies of midwives attached to the featured institutions, though not necessarily in full-time employment with them, have been integrated into the narrative, in order more fully to reflect the reality of midwives' working lives. Like all nineteenth-century, self-employed business women, midwives needed to sell their services to as diverse a range of customers as possible in order to earn a living.

Content of the thesis

Reflecting the dates when institutions were founded, midwives were employed, and/or records are extant, each chapter covers a different period, though there is a degree of overlap. Chapters 2 to 4 are arranged chronologically, Chapter 5 considers Aston Poor Law Union (established 1834), and Chapter 6, the midwife's register, spans the years 1847 to 1875. The midwives of Birmingham's general dispensary are the focus of Chapter 2. Following an

³⁰⁵ The missing item is CHC, PA63/4, described as 'Names and addresses of five deliveries and note of total of 206 deliveries attended by Mrs Eaves in a year'.

³⁰⁶ B. Mortimer, 'The history of nursing: yesterday, today and tomorrow' in B. Mortimer and S. McGann (eds), *New Directions in the History of Nursing* (London, 2005), pp. 1-21.

³⁰⁷ I. Loudon, 'Midwives and the quality of maternal care' in H. Marland and A. Rafferty (eds), *Midwives, Society and Childbirth* (London, 1997), pp. 181.

introduction to dispensaries, this chapter considers the period from the admission of the first patients in 1794, through to the replacement of the chief midwife by a surgeon accoucheur in 1845. Chapter 2 considers the reasons why the dispensary had a midwifery service, the apparent independence of the midwives, who rarely feature in the minutes, unless problems surfaced, and the underlying reasons for the decision to change the service in 1845. The appointment of a London midwife in 1819, and the evidence that, unknown to the committees, she engaged in entrepreneurial activity, is considered in the light of Birmingham's continued growth, and the wish of all-male committees to maintain the respectable profile of the charity.

Chapter 3 considers the much neglected smaller lying-in charities, usually run by ladies. Many towns of any size had at least one of these charities by 1820.³⁰⁸ Although direct engagement of midwives appears rare in the period considered here, these charities made a contribution to maternity provision for poor, usually married, women, yet their place in the historiography has been largely ignored, possibly due to limited survival of sources.³⁰⁹ Following a discussion of these charities' roles, including their place in care, social control, and providing purposeful, Christian activity for middle-class ladies, there is an overview of local charities. The second part of chapter 3 is devoted to Coventry's lying-in charities and integrates records from two separate sources, the minutes of the Union lying-in charity and the Coventry midwife's register in which she recorded recipients of tickets over a seventeen-

³⁰⁸ S. Basten, 'Provincial Lying-in at Home Charities and the Politics of Giving in Eighteenth-Century England', Paper presented at the Economic History Society Graduate Training Conference, University of Manchester, 1-4 June 2006.

³⁰⁹ *Ibid.*

year period.³¹⁰ By the second half of the nineteenth century, there are indications that in larger towns, subscribers and recipients of medical charities were unknown to each other.³¹¹ This analysis reveals the existence of relationships between recipients and subscribers, with some women being supported by a charity, occasionally the same subscriber, for most of their confinements.

The largest lying-in charity in the west midlands, Birmingham Lying-in Hospital (founded in 1842), is analysed in Chapter 4. Several features set it apart from the smaller charities discussed in Chapter 3. It was the only lying-in charity which had in-patient facilities, although the majority of deliveries were domiciliary, and for the first twenty-six years of its operation, it did not employ midwives. The reasons for the change to a midwife-led domiciliary charity in 1868 are discussed, as is the reliance on a London charity as a source of trained midwives and advice. Ever aware of its public profile, the hospital in annual reports presented the changes of 1868 as driven by concerns about maternal mortality, but the finances and a damaging internal dispute are shown to be the main causes. Efforts to establish midwifery training in 1872 met with only limited success and were abandoned. The midwives' awareness of the variable reputation of their occupation is discussed, as is evidence that employment at the charity was compatible with a middle-class lifestyle.

Midwifery provision for poor, usually unmarried, women at Aston union workhouse is detailed in Chapter 5. This chapter augments the limited historiography of poor law midwifery in the English midlands, contributing to an enhanced understanding of the contribution of poor law midwifery in the lives of pauper women, and of the women who

³¹⁰ From 1850 to 1867, Chapter 3.

³¹¹ M. E. Fissell, *Patients, Power and the Poor in Eighteenth-Century Bristol* (Cambridge, 1991), pp. 117-25.

delivered them. Availability of records aside, the smaller institution in Aston was selected as a case study in preference to the larger Birmingham workhouse because it is more typical of workhouses in the area.³¹² Women confined in the workhouse from 1836 to 1881 were attended by diverse practitioners, usually pauper nurses, but a professor of midwifery was called to attend one woman.³¹³ Outdoor cases were attended by women who were recognised midwives. Midwifery care and childbirth are rarely mentioned, other than in unusual circumstances, and women's care can only be inferred tentatively from references to the quality of care and the characteristics of women who were appointed to nursing posts. Until 1881, there was barely one birth a week in the workhouse, although far more were likely to have been outdoor cases. As time progressed, the guardians developed a concern with standards of care, but harsh attitudes remained. Nonetheless, for single, or deserted women, or those with violent husbands, there were sometimes few other options for support during birth.

The final data chapter, 6, is devoted to an analysis of a nineteenth-century Coventry midwife's register. The findings offer a qualitative and quantitative analysis of Mary Eaves's work, including her caseload, fluctuations in workload, evidence of repeat custom by local women, and her work for lying-in charities and the poor law. Eaves's practice is considered in the context of the variable performance of Coventry's ribbon and silk manufacturing trade, concluding that her practice was affected by fluctuations in trade. This detailed analysis confirms that, in the mid-nineteenth century, working-class midwives could build large practices and were valued by their communities. In line with the historiography on recording

³¹² When the new Birmingham workhouse was opened in 1852, it was the second largest in the provinces, after Liverpool. A. Ritch, 'English Poor Law Institutional Care for Older People: Identifying the Aged and Infirm and the Sick in Birmingham Workhouse, 1852-1912', *Social History of Medicine*, 27 (2014), pp. 64-85.

³¹³ Chapter 5.

women's paid work, the official record of Eaves's practice is meagre.³¹⁴ Despite regularly attending over two-hundred births a year, Eaves is not recorded as a midwife in two of the three censuses conducted when she was practising, nor on her death certificate. When considered alongside existing registers emanating from major centres, with their different patterns of provision, this analysis casts new light on understandings of female midwifery in the provinces and the wider context of urban women's work in the nineteenth century. Assumptions about the extent to which Mary Eaves's practice is typical of working-class midwifery in Birmingham and its environs, or indeed the wider provinces, remain speculative. Nevertheless, this analysis provides a significant and valuable bench-mark against which nineteenth-century midwifery registers can be compared in future.³¹⁵

³¹⁴ Gleadle, *British Women*, p. 57.

³¹⁵ F. J. Badger, 'Illuminating Nineteenth-century English Urban Midwifery. The Register of a Coventry midwife', *Women's History Review*, 24, 4 (2014). In press.

CHAPTER 2:

MIDWIFERY AT THE GENERAL DISPENSARY, BIRMINGHAM, 1794-1845

In March 1835, a significant obituary appeared in Birmingham's weekly newspaper, *Aris's Gazette*. The obituary was remarkable in several respects. First, it was the obituary of a woman, at a time when the vast majority of lengthier obituaries featured men. Second, the woman was not from Birmingham, or even the midlands, but had come to the town from London 16 years earlier. Finally, she was neither a member of the aristocracy, nor of Birmingham's coterie of manufacturers or entrepreneurs, but was chief midwife to the town's General Dispensary. The obituary read:

On the 21st inst, aged 59, at the dispensary, in this town, Elizabeth Maurice, Midwife to that Institution. Mrs Maurice was appointed Midwife to the dispensary in June 1819, previous to which time she occupied a similar situation in the Westminster Lying-In Hospital, where she practised under the able supervision of her relation the matron, Mrs Wright, after being instructed in the art of midwifery by attendance upon the lectures of Dr Thynne, the physician to that establishment. From the period of her being appointed Midwife to the dispensary to the time of her death, Mrs Maurice discharged the important duties of her office in a manner so exemplary as to gain for her the confidence of the Medical Gentlemen attached to the Institution, and the entire satisfaction of the Committee and Governors. The good qualities of her mind and heart were not confined merely to the faithful discharge of her professional duties but extended to constant acts of kindness to her poor patients, to whom she was in the habit of supplying food and comforts from her home in cases of poverty and distress.¹

The motivations behind the publication of such a glowing and detailed obituary are not known. It may have been inserted by Maurice's family and friends, although the tone, detail and length indicate that it was composed and inserted by the dispensary's general committee.

Maurice was the second chief midwife to the Birmingham General Dispensary and this

¹Obituaries, *Aris's Gazette*, 27 April 1835. While there is evidence that Maurice was at the Westminster from at least 1807, the claim that she attended Dr Thynne's lectures cannot be substantiated. The hospital mainly took male pupils; in 1800, Dr Thynne was reprimanded for giving a midwifery certificate to a woman stating that she had attended the hospital for six months, when in fact she had not, LMA, Westminster New Lying-in Hospital (WLIH), Minute book, HO1/GLI/A2/1, 17 June 1800; 29 Sept. 1807.

chapter charts the period 1794-1846, when the charity's midwifery service was in the hands of midwives. Taking a broadly chronological approach, the roles and context of the midwives' work, and their relationships with the general and medical committees will be analysed.

Although their histories are not well documented, during the late eighteenth and early nineteenth centuries, dispensaries were the sole means of medical relief for the majority of the population in England.² In the same period, charitable provision of maternity care included lying-in charities and hospitals, and the poor law, yet within the history of health care, the dispensaries are probably the most neglected.³ Notable exceptions are an early chapter by Cope, work by Loudon, and substantive analyses by Hilary Marland of dispensaries in Yorkshire.⁴ In 1967, Cope observed:

In the history of the medical services in Britain there is no part of which has been so neglected as that part played by the dispensaries. Yet for more than a hundred years they filled a gap which neither the hospitals nor the poor law service could fill...⁵

The neglect of dispensaries within wider institutional histories may be attributed to their lack of substantial premises, in addition, many developed in-patient facilities, and became hospitals. When compared to hospital provision, one of the advantages for dispensaries and lying-in charities was that in-patient facilities were not required. Consequently, their operating costs were typically lower than those of hospitals, and the pressure to raise funds through subscriptions, donations and bequests, possibly not so intense.⁶ Indeed, this aspect of cost effectiveness, when compared to hospitals, was used by dispensaries and lying-in charities in

² H. Marland, *Medicine and Society in Wakefield and Huddersfield 1780-1870* (Cambridge, 1987), p. 21.

³ Eighteenth and earlier nineteenth-century general hospitals excluded maternity cases. J. Woodward, *To do the sick no harm* (London, 1974), pp. 45-46.

⁴ I. Loudon, 'The origins and growth of the dispensary movement in England', *Bull. Hist. Med.*, 55 (1981), pp. 322-42; Z. Cope, 'The history of the dispensary movement,' in F.N.L.Poynter (ed.), *The Evolution of Hospitals in Britain* (London, 1964), pp. 73-76. Cope claims that, by 1830, there were 35 dispensaries in London. H. Marland, *Doncaster Dispensary 1792-1867* (Doncaster, 1989); Marland, *Medicine and Society*.

⁵ Cope, 'Dispensary Movement', p. 73.

⁶ In some cases, the establishment of a dispensary was a preliminary step towards becoming a hospital. General hospitals in the midlands which started as dispensaries include Tamworth and Burton-on-Trent, both in Staffordshire; C. Goodliffe, *A History of Tamworth Hospital 1880-1948* (Tamworth, 1980); Burton-on-Trent Hospital Management Committee, *Burton-on-Trent Hospital* (Burton-on-Trent, 1965).

their fundraising activities, and supporters were assured that their subscriptions were almost wholly dedicated to providing the service, rather than maintaining costly in-patient facilities.⁷ ‘General’ in the title of medical charities indicated that care was available to those who did not have settlement in the parish.⁸ In larger midlands towns, which experienced more population growth due to migration, than by natural increase, this was an important consideration.⁹

From one perspective, dispensaries and lying-in charities were offering similar services, namely a birth attendant, usually a midwife, to attend home confinements, and some level of care after delivery, and/or help with domestic tasks for up to ten days following delivery.¹⁰ Both types of charity relied upon subscriptions and bequests to finance provision. Larger charities depended upon the input of local gentry, businessmen, entrepreneurs, medical men and clergy to manage the charity, via boards, general and medical committees. In the period considered here, dispensary committee members were men, though ladies’ committees were sometimes formed to help with fundraising, and visit those who applied for support, to ensure that charities were indeed supporting ‘suitable objects’. Those who were in employment and could afford to pay fees, or were not considered to be of the right moral standing were excluded. Many lying-in charities specified in their titles that they were restricted to ‘poor married women’, for to be seen encouraging licentiousness would have

⁷ J. Pickstone, *Medicine and Industrial Society* (Manchester, 1985), p. 16; In respect of midwifery, in 1819 Granville claimed that dispensary care was more economical than lying-in hospitals, and preferred by women who wished to remain at home, and not become conspicuous objects of public charity by entering a hospital, see A. B. Granville, *A Report of the Practice of Midwifery at the Westminster General Dispensary during 1818* (London, 1819), p. 18.

⁸ R. Porter, ‘The gift relation: philanthropy and provincial hospitals in eighteenth-century England’, in L. Granshaw and R. Porter (eds), *The Hospital in History* (London, 1989), pp. 160-61, admission was by a subscriber’s letter.

⁹ I. Whyte, ‘Migration and settlement’, in C. Williams (ed.), *A Companion to Nineteenth-Century Britain* (Oxford, 2004), pp. 273-86, 274; J. Reinartz and L. Schwarz, ‘Introduction’ in J. Reinartz and L. Schwarz (eds), *Medicine and the Workhouse* (Woodbridge, 2013), pp. 1-16, 5.

¹⁰ Pickstone, *Medicine and Society*, pp. 31-34; 51-54.

been detrimental to the charity's image, and flow of subscribers.¹¹ Some charities distributed relief funds, to provide for the basic needs of destitute mothers and their families, and these were often run by 'ladies', as were the smaller lying-in charities, which provided comforts, and perhaps a sum of money for the midwife's fee.¹²

The main distinction between dispensaries and lying-in charities was that dispensaries provided relief for the sick poor on an outpatient basis, and where midwifery services were provided, these were typically not a major component of the charity's work. Lying-in charities' sole remit was to provide elements of care during childbirth. While the larger charities focussed on providing a practitioner to assist with childbirth, smaller charities loaned items to provide comfort or relief during the lying-in period, and provided a ticket to cover a midwife's fee.¹³ In common with other charitable forms of health care and relief, dispensaries were intended by their founders to support the deserving poor, in essence, the working poor who could not afford to pay for health care, but who were not paupers, and therefore ineligible for relief under the poor law. Typically, dispensaries were founded by prominent local citizens and started in rented rooms, moving to larger, possibly purpose-built premises as demand increased, and funds permitted.¹⁴ A London physician, John Lettsom (1744-1815), is generally acknowledged to have founded the dispensary movement. By 1800, there were 16 dispensaries in the capital, with 22 in the provinces, including Birmingham, founded in 1794.¹⁵ Loudon identifies a north-south divide in distribution; north of a line from the Wirral to the Wash, dispensaries outnumbered hospitals; south of this divide there were more

¹¹ D. Andrew, 'Two medical charities in eighteenth-century London. The lock hospital and the lying-in charity for married women,' in J. Barry and C. Jones (eds), *Medicine and Charity before the Welfare State* (London, 1991), pp. 82-97.

¹² F. Prochaska, *Women and philanthropy in 19th century England* (Oxford, 1980), see Chapter 3.

¹³ Even in the hospitals, the vast majority of patients were treated as outpatients, for example, the ratio of in- to out-patients was 1:16 at Huddersfield Infirmary in 1860-61, while in Wakefield Infirmary in 1870-71, the ratio was 1:33, Marland, *Medicine and Society*, p. 101.

¹⁴ Loudon, 'Origins and growth', p. 326.

¹⁵ *Ibid.*, pp. 322-42; Cope, 'Dispensary movement,' pp. 73-76.

hospitals.¹⁶ Coventry General Dispensary appears to be the first charitable dispensary established in the midlands, and Birmingham's was the second.¹⁷ More midlands' towns acquired dispensaries in the first two decades of the nineteenth century. Among these were Stoke-on-Trent Dispensary in 1802; a self-supporting dispensary was founded in Burton-on-Trent in 1803; Loughborough Dispensary was founded in 1819, and Wolverhampton Dispensary in 1821.¹⁸ Only a minority of dispensaries provided midwifery, and Birmingham dispensary was unusual in offering such services from the outset.¹⁹ There is little evidence of other midlands' dispensaries providing midwifery, although in 1795, midwifery formed a quarter of Bristol Dispensary's total of 811 cases.²⁰

At a minimum, dispensary premises included a waiting area, consulting rooms, and storage for medicines and dispensing. In the charitable dispensaries, medical men saw out-patients for a few hours a week. Much of the care was provided by an apothecary, who was usually full time, resident, and the only paid employee.²¹ Physicians and surgeons provided their services free of charge, relying on private practice for their income.²² Although medical men considered dispensary appointments less prestigious than those in hospitals, dispensary service was considered a first step to gaining a high profile hospital appointment. Surgeon John Archer adopted this route, when in 1842, he was the only practitioner attached to

¹⁶ Loudon, 'Origins and growth', p. 326. op cit.

¹⁷ W.B. Stephens (ed.), 'The City of Coventry: Local government and public services: Public services,' A History of the County of Warwick: Volume 8: The City of Coventry and Borough of Warwick, British History Online, <http://www.british-history.ac.uk/report.aspx?compid=16035&strquery=dispensary>, accessed 17 Oct. 2011. Loudon does not identify Coventry Dispensary in 'Origins and growth'.

¹⁸ A. Davies, *The North Staffordshire Royal Infirmary 1802-1948* (Leek, 2006); Burton on Trent Hospital Management Committee, *Burton on Trent General Hospital* (Darley, 1965); I. Keil and D. Wix, *The Story of Loughborough Dispensary and Hospital, 1819-2003* (Loughborough, 2006); B. Parker, *Wolverhampton Dispensary*, <http://www.historywebsite.co.uk/articles/health/Dispensary.htm>, accessed 14 Dec. 2006.

¹⁹ Bristol Dispensary, founded in 1775, extended its provision to include pregnant women, J. Lane, *A Social History of Medicine* (London, 2001), p. 91.

²⁰ M. Gorsky, *Patterns of Philanthropy* (Woodbridge, 1999), p. 151.

²¹ Loudon, 'Origins and growth', pp. 322-42, management was in the hands of a secretary and a treasurer, and an employed collector to gather subscriptions,

²² Physicians and surgeons occasionally received honoraria, *Ibid.*

Yardley Self-Supporting Dispensary, some five miles from Birmingham. Archer may have had a hand in founding the dispensary, for he attended all the sick and midwifery cases, and was appointed to the lying-in hospital five years later, a post he held until at least 1863.²³

While motivations attached to personal advancement were no doubt present when medical men took honorary dispensary appointments, Marland believes that genuine concern about medical care for the sick poor also featured.²⁴ In Birmingham, there appeared to be no shortage of those willing to fill the honorary posts, and special committee meetings were held to consider each offer.²⁵ Liverpool Dispensary, founded in 1778, secured the services of three surgeons and three physicians gratis, and also had a resident apothecary.²⁶ Borsay argues that, in charitable institutions, the apothecary, as a paid employee, whose responsibilities included a range of housekeeping, as well as dispensing roles, was at the bottom of the medical hierarchy, compared to the surgeons and physicians.²⁷ The position of the apothecary in relation to the medical men indicates that as an employee, the chief midwife's position was similar to that of the apothecary, if not even more lowly.

As a major source of the charity's income, subscribers were acknowledged in annual reports. In the report for the year ending September 1830, a dozen pages detail the work of the dispensary, but more than 18 pages are devoted to listing subscribers, including George and Thomas Attwood of New Street, Matthew Boulton and Miss Boulton, and Richard and John

²³ WCAR, Birmingham Institutions C/25 369668 Yardley Self-Supporting Dispensary, Rules and 4th Annual Report, 1842; WCAR, GMB, BLH, MH1/1/1, 30. Nov. 1847; WCAR, Aston Union Minute Book, GP/AS/2/1/9, 6 Sept. 1863; The Yardley Dispensary appears to have been short lived.

²⁴ Marland, *Doncaster Dispensary*, pp. 32-33.

²⁵ WCAR, BGD, Annual meetings 1794-1840, MS1759, 1/1/1, special meeting 20 Nov. 1800.

²⁶ Lane, *Social History*, pp. 89-92.

²⁷ A. Borsay, *Medicine and Charity in Georgian Bath. A Social History of the General Infirmary, c. 1739-1830* (Aldershot, 1999), p. 121.

Cadbury.²⁸ The presence of such prominent Birmingham citizens confirmed their own standing and, additionally, was likely to attract other subscribers.²⁹ Motivations of subscribers to medical charities included having a part in the administration, for those who gave larger sums; and being able to recommend patients, and gaining and maintaining status.³⁰ Raising sufficient funds to continue the charity's work was an ever present concern, and as early as May 1801, when still operating from a rented house, a special finance meeting was held to consider the situation.³¹ When the need for a dispensary in Birmingham was proposed in 1792, there was little health care available to the town's growing population. An infirmary had been added to the town's parish workhouse in 1766, and a voluntary hospital opened in 1779 with 40 beds.³² The proposal to found a general dispensary was raised by a group of prominent manufacturers and entrepreneurs who were involved in a number of the town's civic and philanthropic projects of this period, including Matthew Boulton, Samuel Galton and John Kendrick.³³ The underlying reasons why the committee decided to provide midwifery are not clear from the records, certainly it was unusual for a dispensary to provide midwifery care.³⁴ With a concentration of manufacturers, including Boulton, Watt and Galton among the founders and committee, it is understandable that provision for the sick working poor in the town was a concern, for rapid access to treatment for their workforce. The founders may have had a particular concern for women's health, and may have been driven by the surgeons' wishes to gain further experience in midwifery, and an awareness that the General Hospital excluded women 'great with child'.³⁵ Birmingham had no lying-in charity or

²⁸ UBCRL, Annual Report of the State of the Birmingham Dispensary, 1829 – 1830.

²⁹ K. Waddington, *Charity and the London Hospitals 1850-1898* (Woodbridge, 2000), pp. 33-36.

³⁰ *Ibid.*

³¹ WCAR, BGD, Annual meetings, MS1759, 1/1/1, 12 May 1801.

³² W. Hutton, *A history of Birmingham* (Birmingham, 1783).

³³ WCAR, BGD, Annual Meetings, MS1759/1/1/1, 27 Dec 1793; no patients were reported until the next annual meeting, MS1759/1/1/1, 7 Nov. 1794.

³⁴ Loudon, 'Origins and growth', pp. 322-42.

³⁵ J. Reinartz, *Health Care in Birmingham* (Woodbridge, 2009), p. 17.

hospital in 1792, neither was there any initiative to provide one, although several had been established in London, and also in other provincial towns including Manchester (established 1790) and Newcastle-upon-Tyne (established 1760). Concerns for women's health aside, there may have been an element of civic pride, with the founders wishing to provide facilities to match those of comparable towns.³⁶

Dispensaries saw patients which voluntary hospitals tended to exclude, including chronic illness, non-infectious acute complaints, and treated people during epidemics.³⁷ Numbers of patients, nearly all seen on the premises, were considerable: in 1796, Liverpool Dispensary reported 13,010 patients; in 1805, Bristol Dispensary treated approximately 1,000 cases, while Newcastle-upon-Tyne Dispensary saw 1,964 in 1790.³⁸ Birmingham's figures were comparable with these two latter dispensaries; in 1801, it saw 1,077 sick patients, delivered 173 women and vaccinated 329. A decade later, Birmingham's patients had doubled, with figures totalling 2,099; 329 and 856 respectively.³⁹ Although such numbers appear low when compared to the population, the dispensary provided free medical care to large numbers who previously had been unable to access any type of health care.

This chapter considers dispensary midwifery in the years from 1794 until 1845, when the last chief midwife was dismissed. During this period, there were seven chief midwives and seven assistant midwives. The primary sources are the minutes of the general committee, the medical committee meetings, and annual reports. None of the midwifery records have

³⁶ Civic pride was a common factor in the establishment of medical charities, Pickstone, *Medicine and Industrial Society*, pp. 98-137; E. Mackenzie, 'Medical Establishments: The lying-in hospital and charities,' Historical Account of Newcastle-upon-Tyne: Including the Borough of Gateshead, British History Online, <http://www.british-history.ac.uk/report.aspx?compid=43380>, accessed 13 Oct. 2012; Reinartz notes that Birmingham was also slow in establishing its first voluntary hospital, Reinartz, *Health Care*, p.11; Birmingham's lying-in hospital opened its doors in 1842, see Chapter 4.

³⁷ J. Woodward, *To do the sick no harm* (London, 1974), p.145.

³⁸ Loudon, 'Origins and growth', pp. 322-43.

³⁹ WCAR, BGD, Annual meetings 1794-1840, MS1759/1/1/1, 1801, 1811.

survived, placing limitations on the analysis. The dispensary initially operated from a rented house in Temple Row, Birmingham's Harley Street, for which the committee paid an annual rent of £35.⁴⁰ The surgeons and physicians provided their services free of charge, and for their one-guinea fee, subscribers could recommend four sick patients and one midwifery patient annually. Most sick patients were seen as out-patients at the dispensary, although some home visits were made, and all births occurred at home.

Patients had to live within defined boundaries; this was partly a means of rationing, and was necessary because limits had to be placed on the distances which the midwives and apothecary travelled to patients' homes. In addition to appointing midwives, the apothecary, physicians and surgeons, the over-riding concern of the general committee was to ensure the high standing of the charity in the eyes of the town's citizens, so that they would continue to support it through their subscriptions. To achieve this aim, the committees raised funds, scrutinised the finances, aimed to secure value for money, and generally ensured the dispensary was well managed. The minutes record the minutiae of the day-to-day administration of the charity, including appeals to local clergy to preach sermons encouraging financial support; inviting tenders from suppliers - including leech bleeders, printers, and druggists - appointing and monitoring the performance of the employed and honorary staff and arranging meetings.

⁴⁰ The location was chosen because many medical men lived in the vicinity. The medical men were providing their services gratis, so proximity to the localities where they lived was an important consideration. In 1824, there were 648 subscribers, of which 95% were individuals, figures for 1835 were 624 subscribers (94% individual) and, in 1846, 544 subscribers (94% individuals), E. L. Caldicott, 'A Study of the Birmingham General Dispensary' (Unpublished BA (Hons.) dissertation, University of Birmingham, 2007), p. 64.

Mrs Anne York and her daughters

The midwives were a distinct group, for until 1813, when the apothecary's daughter is mentioned, they are the only women who appear in the minutes. The committee, the physicians, the surgeons and the apothecary were all male. From the minutes, the midwifery department appears to have been relatively hidden from view; only featuring when midwives left or were appointed, or malpractice suspected. However, the extant records provide insights into the management of the midwifery department and the relationships between midwives, medical men and committee members. In 1794, the dispensary surgeons attended 40 midwifery cases, and 108 the following year.⁴¹ In light of this rapid increase in cases, by September 1795, the surgeons were finding that the length of time required by midwifery cases was incompatible with their private practice, and the general committee advertised in the local paper for an 'apprentice for the apothecary'. In turn, this would enable the apothecary to attend midwifery cases, relieving the surgeons.⁴² No appointment was made, however, and two months later the surgeons suggested that the committee 'should procure a woman qualified for the business, in each of the districts' and that she be paid a fee of 2s. 6d. per case.⁴³ The committee expressed the wish that, in cases of difficulty, the surgeons would continue to offer their 'important and valuable services' to the dispensary, indicating that the midwives would attend all deliveries, and the surgeons should be called if complications arose. Four months after the initial request, the surgeon wrote again, expressing the surgeons' views that it was 'highly improper' for the apothecary to attend midwifery cases, and emphasised the increase in cases. The surgeons reiterated that they could no longer

⁴¹ This evidence of the surgeons conducting all midwifery cases confirms the involvement of medical men in the midlands in normal midwifery, I. Loudon, *Medical Care and the General Practitioner 1750-1850* (Oxford, 1986), p. 19.

⁴² WCAR, BGD, General Committee Minutes, MS1759/1/2/1, 7 Sept. 1795. In the eighteenth century, apprentices were increasingly used by apothecaries to run their shops, dispense medicines and take messages, while they were visiting patients, Loudon, *Medical Care*, p. 39.

⁴³ WCAR, BGD, General Committee Minutes, MS1759/1/2/1, 11 Nov. 1795.

attend without neglecting their private practices. As they were providing their services gratis, this was a major consideration for both parties, and one which required resolution.⁴⁴ In now advocating for the appointment of a midwife, rather than an assistant for the apothecary, it is possible that the surgeons felt they would have a degree of control over a midwife, whereas the apothecary, though a dispensary employee, was nonetheless regarded as a competitor in the medical field, and a threat to the surgeons' professional standing.⁴⁵

A midwife was already assisting in the department and the general committee 'ordered that she be employed' and more midwives engaged if needed.⁴⁶ In June 1796, there is the first reference to a named midwife, when the treasurer paid Mrs Anne York's bill of £1 15s.⁴⁷ From this date until midsummer 1797, York's monthly fees are detailed in the minutes; these indicate that she was attending between four and 23 women a month, with an average of 14.⁴⁸ Apart from details of York's payments, there are few references to the midwifery department, other than the number of cases, though there are indications of the operation of the charity. In September 1796, the minutes record the hope that 'patients will carefully avoid giving any unnecessary trouble to the medical committee who are so generous as to give their time and attendance gratis', a statement which was subsequently printed on the tickets.⁴⁹ Letters of recommendation were revised at the same time; subscribers had to agree that they believed patients were indeed 'a real object of charity', and those who received assistance were reminded that they should thank not only those who recommended them, but, in addition, the

⁴⁴ WCAR, BGD, General Committee Minutes, MS1759/1/2/1, 4 Jan. 1796.

⁴⁵ Borsay, *Medicine and Charity*, pp. 106-8; when, in 1834, Sheffield Public Dispensary proposed employing midwives, rather than surgeon accoucheurs, the medical men objected on the grounds that midwives were not safe practitioners, M. P. Johnson, *Medical Care in a Provincial Town.-The Hospitals and Dispensaries of Sheffield c.1790-c.1860* (Unpublished M.A. thesis, University of Sheffield, 1977), pp. 121-23.

⁴⁶ WCAR, BGD, General Committee Minutes, MS1759/1/2/1, 1 Feb. 1796.

⁴⁷ WCAR, BGD, General Committee Minutes, MS1759/1/2/1, 6 June 1796. Taking the figure of 2/6 per case (see above), York was paid for 14 deliveries in June. In some minutes, York's name is spelt Yorke; for consistency, 'York' will be used.

⁴⁸ WCAR, BGD, General Committee Minutes, MS1759/1/2/1, 6 June 1796 -21 June 1797. Subsequently, the bills were not specified, the minutes merely note that the treasurer was ordered to pay them.

⁴⁹ WCAR, BGD, General Committee Minutes, MS1759/1/2/1, 22 Sept. 1796.

attending physician or surgeon. Clearly, the revised recommendations were reinforcing the notion that not only were patients to be ‘proper objects’, but that they had to meet certain obligations with respect to accepting charity.⁵⁰

Tensions between various practitioners involved in midwifery may have been present in these early years, for, in October 1796, the medical men wrote to the committee with proposals for changes in the service, though the minutes do not record the details and the matter was not subsequently reported.⁵¹ In 1807, the Secretary was instructed to seek the medical officers’ views on the state of the midwifery department and to present these at the annual meeting, though this did not happen. In June the following year, the medical committee was again asked to report on the department, though, as previously, the minutes contain no further reference to the matter.⁵² Simultaneously, there are indications that the committee was not fully aware of the day-to-day events: the apothecary was found to have his son assisting him in his department without the knowledge of the committee. On discovering this, the general committee demanded that this assistance should cease.⁵³

In 1808, in a decision typical of dispensaries, the charity moved to larger, purpose-built premises in Union Street, costing £980.⁵⁴ In 1830, West described the premises:

The first attractive building in Union St is the Dispensary, supported by voluntary contributions. The style of the building is neat, the decorations have nothing peculiar to recommend them but the object of relieving suffering humanity, in granting medical aid gratuitously to the sick poor both at the dispensary and at their own dwellings, more than compensates for any want of taste in the exercise of the chissel (*sic*).⁵⁵

⁵⁰ A. Borsay and P. Shapely, ‘Introduction’ in A. Borsay and P. Shapely (eds), *Medicine, Charity and Mutual Aid* (Aldershot, 2007), pp. 1-10.

⁵¹ WCAR, BGD, General Committee Minutes, MS1759/1/2/1, 28 Oct. 1796.

⁵² *Ibid.*, 3 Nov. 1807, 23 June 1808.

⁵³ *Ibid.*, 3 Nov. 1807. Less than 12 months later, the apothecary was presented with an inscribed cup when he left his post, 6 July 1808. In 1812, the apothecary, Mr Thompson, was allowed to use his daughter for tasks, including wrapping up powders, making pills, cleaning mortars and bottles, and making fires, MS1759, 4 Feb. 1812. Thompson was allowed 5 guineas for his daughter’s assistance, MS1759, 1 Dec. 1813.

⁵⁴ Loudon, ‘Origins and growth’, p. 326.

⁵⁵ W. M. West, *History, Topography & Directory of Warwickshire. Part One* (Birmingham, 1830), p. 185, in 1824 the Dispensary’s income of £840 was just £10 more than the expenditure.

Shortly after opening, the general committee were asked to permit Mrs York and her family to live in one of the wings of the building. The committee felt that Mrs York and her daughter were 'perfectly qualified for the discharge of the midwifery practice of this institution' and it was recommended they should live at the dispensary.⁵⁶ From this date, until the last chief midwife was dismissed in 1845, the chief midwife was resident. By April 1808, Mrs York's daughter was also practising midwifery.⁵⁷ Similar examples of matrilineal links, and informal, or formal, midwifery apprenticeships have been observed among seventeenth-century London midwives; and Sarah Stone, a Somerset midwife, active from 1701 to 1737, was both the daughter of a midwife and instructed her own daughter.⁵⁸ At the turn of the nineteenth century, the British Lying-in Hospital in London, no longer required midwives to be either married or mothers, and its staff accepted single women as pupils, however, pupils were usually the daughters of midwives.⁵⁹

During the early years of the nineteenth century, there was a gradual increase in the number of midwifery cases and, by 1806, there were, on average, four per week (Figure 2.1).

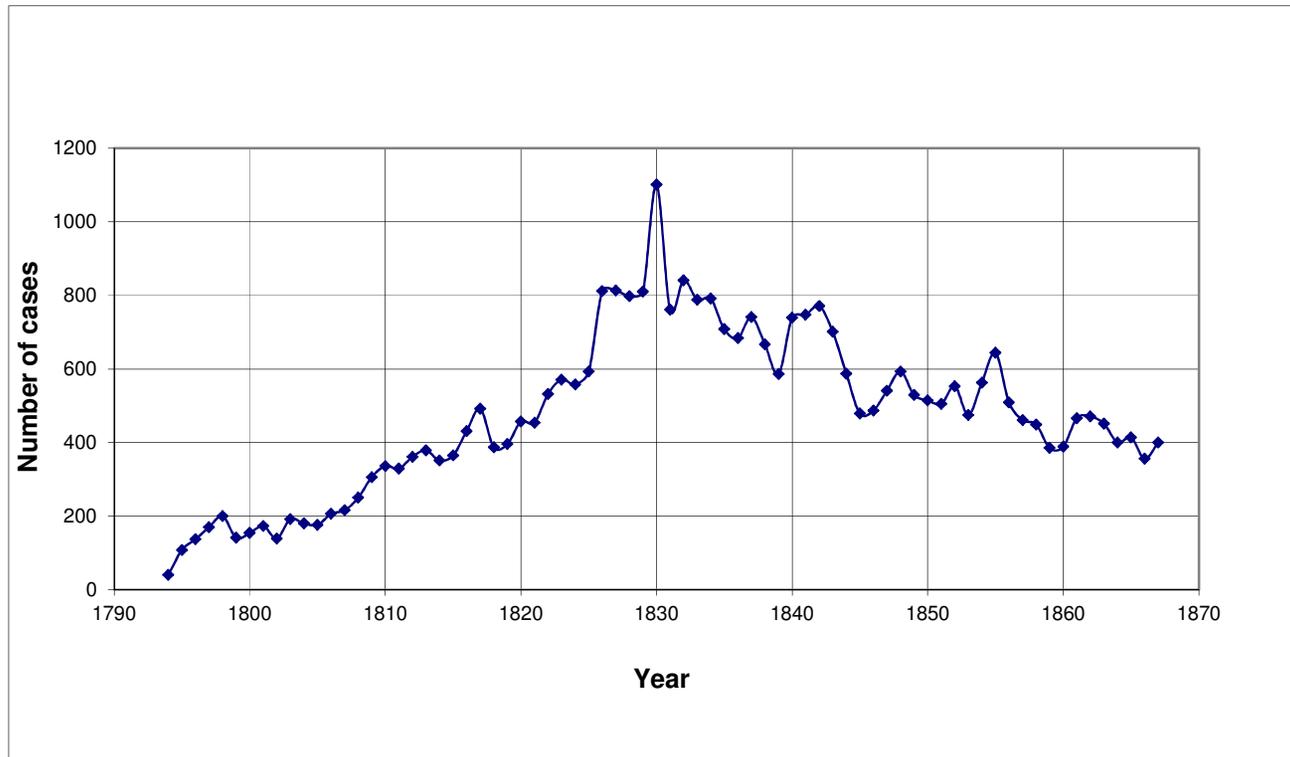
⁵⁶ WCAR, BGD, General Committee Minutes, MS1759/1/2/1, 5 April, 26 April 1808.

⁵⁷ WCAR, BGD, General Committee Minutes, MS1759/1/2/1, 26 April 1808.

⁵⁸ D. Evenden, *The Midwives of Seventeenth-century London* (Cambridge, 2000), pp. 59-61; I. Grundy, 'Sarah Stone: Enlightenment midwife', in R. Porter (ed.), *Medicine and the Enlightenment* (Amsterdam, 1994), pp. 128-44.

⁵⁹ J. Donnison, *Midwives and Medical Men* (London, 1988), p. 61.

Figure 2.1: Annual Midwifery Cases, Birmingham General Dispensary, 1794-1868*



Source: UBCRL, Annual Reports of the Birmingham General Dispensary. The chief midwife was dismissed in 1845.

* Until 1829, Annual Reports ran from 1 Oct. to 30 Sept. In 1830, the report covered fifteen months, 1 Oct. 1829 to 31 Dec. 1830. Subsequent reports were for a calendar year. The spike in cases in 1830 is an artefact; the 1,101 cases in 15 months are equivalent to 881 cases in 12 months.

Smith notes that neither the lying-in hospitals, nor the dispensaries, published their mortality rates, however, he suggests that women would have stopped using charities had they been associated with high mortality rates.⁶⁰ The increasing numbers of women attended by the midwives indicates that local women had few concerns about the midwives' skills. There is no evidence of maternal care, other than at the time of delivery, though there was an elementary booking system; rule 32 required midwifery patients to deliver their letters of recommendation a fortnight prior to their expected date of delivery.⁶¹ In May 1812, several subscribers requested that the dispensary's boundaries should be extended, but this was opposed by the medical committee, on the grounds that the apothecary was already visiting up to 79 patients daily, and extending the district was not feasible.⁶² The potential impact on the midwifery service was not alluded to, but the midwives may also have experienced difficulties if the boundaries were extended. In November 1813, it was recommended that Mrs York should receive 3s. per case, an increase of 6d., from Christmas. This was the first increase in York's fee since her appointment 17 years earlier, but the reasons for the increase were not stated.⁶³

The relative absence of the midwives from the minutes in the early years of the century may indicate that the department was being well run, or at least the committees were unaware of any problems. In 1816, a pair of Clarke's midwifery forceps was purchased,

⁶⁰ F. B. Smith, *The People's Health 1930-1910* (London, 1979), pp. 33-34.

⁶¹ WCAR, Annual report of the state of the Birmingham General Dispensary 1824-25, Rule 32 (check if this rule is in earlier reports). In the report, subscribers are reminded to examine 'with minuteness' into patients' circumstances', in order to confirm that they are real objects of charity.

⁶² WCAR, BGD, General Committee Minutes, MS1759/1/1/1, 5 May 1812, 20 Nov. 1812, 1 Sept. 1813. There was stabling at the dispensary, and the apothecary may have travelled by horse; nonetheless, 79 visits seems an exceptionally high number,

⁶³ *Ibid.*, 3 Nov. 1813.

presumably for the surgeons' use.⁶⁴ At the same meeting, the apothecary was instructed to keep a register of patients' diseases, possibly indicating that neither were detailed midwifery registers maintained, and only numbers of cases recorded.⁶⁵ In May 1817, there was a complaint of neglect by Mrs York, when Walter Perry claimed that his wife had been left in 'improper hands'. Following investigation by the medical committee, York was informed that no midwifery assistants were permitted other than 'her own daughters', (underlining in original) indicating that York was engaging midwives, of whom the committee were unaware.⁶⁶ Furthermore, this minute suggests that York's daughters were employed, though there is no record of any formal appointment. Walter Perry's complaint is one of only two which were made by individuals, other than medical men. It offers a counter to suggestions that only 'social non-entities' used lying-in hospitals, and that charities' patients lacked agency, but is confirmed by accounts of lying-in hospital nurses being dismissed on the strength of patients' evidence.⁶⁷

By August 1818, Mrs York's health was failing and she was 'totally unable' to work: the medical committee decided that her two daughters had demonstrated their midwifery skills, and could succeed their mother, 'So long as their conduct shall meet with the approbation of the committee'.⁶⁸ On the same date, a special meeting was called to consider which employees should be resident, and arrangements for York, once she left the dispensary's employ. The committee re-stated that only those actually engaged in midwifery

⁶⁴ WCAR, BGD, General Committee Minutes, MS1759/1/2/1, 13 Nov. 1816; in 1822, a pair of Denman's midwifery forceps were purchased, medical committee minutes, MS1759/1/4/1, 10 July 1822, Clark's midwifery forceps were short and curved, and typical of early nineteenth-century British forceps, B. M. Hibbard, *The Obstetrician's Armamentarium. Historical Obstetric Instruments and their Inventors* (San Francisco, 2000), pp. 86-87, 276.

⁶⁵ WCAR, BGD, General Committee Minutes, MS1759/1/2/1, 13 Nov. 1816

⁶⁶ *Ibid.*, There are no details of the additional, un-approved midwives.

⁶⁷ R. Richardson, *Death, Dissection and the Destitute* (London, 1987), p. 254, L. Cody, 'Living and dying in Georgian London's lying-in hospitals', *Bull. Hist. Med.*, 2 (2004), pp. 309-48, p. 326.

⁶⁸ WCAR, BGD, General Committee Minutes, MS1759/1/2/1, 11 Aug. 1818.

should be living in the lower wing of the building, a further indication that the committee were distanced from daily activities at the dispensary.⁶⁹ York had served the dispensary for 22 years, and, in view of her long service, the committee gave her an allowance and secured her a place in a local almshouse; the secretary arranged for York's transfer and was charged with continuing 'his attention to her comforts'.⁷⁰

Eight months later, a complaint was received about one of York's daughters who had 'incurred the disapprobation' of the committee, and a special meeting was called. The appointment of a new midwife was recommended, and the medical committee were asked to find one.⁷¹ This decision marked the end of a 23-year period during which the dispensary's midwifery services were provided by York and her daughters. That Mrs York's daughters followed in her stead as dispensary midwives is in keeping with evidence of matrilineal links between midwives.⁷² However, the length and quality of apprenticeships was not formalised and the scope of the instruction received by Mrs York's daughters is uncertain.

Appointing a midwife from London- Mrs Elizabeth Maurice

In the appointment of York's successor, the medical committee demonstrated a significantly different approach. Possibly due to existing contacts, the Westminster Lying-in Hospital, London, was approached for assistance in identifying a 'fit and respectable person' to appoint as midwife. The reasons for adopting this method, and not advertising the post locally were

⁶⁹ WCAR, BGD, General Committee Minutes, MS1759/1/2/1, 11 Aug. 1818. The committee appeared to be aware that appointing the chief midwife's daughters to the post, without advertisement, was not be the correct procedure, but they approved the appointment of York's daughters, as long as it did not affect the respectability of the institution.

⁷⁰ *Ibid.*, 7 April 1819.

⁷¹ *Ibid.*, 20 April 1819, 5 May 1819.

⁷² I. Grundy, 'Sarah Stone: Enlightenment midwife' in R. Porter (ed.), *Medicine in the Enlightenment* (Amsterdam, 1995), pp. 128-44; Evenden, *Midwives of Seventeenth-century London*, pp. 77-78.

not recorded.⁷³ Possibly none of the local midwives were considered suitable, or, alternatively, it was decided to have a clean break, and seek a midwife recommended by, and possibly trained at, a London lying-in charity. The mid-eighteenth century had seen a burgeoning of lying-in hospitals in London, some of which trained midwives, and possibly the committees felt that a London midwife would be more highly qualified and provide a better service, than a local appointment.⁷⁴ On 19 May 1819, the medical committee considered the response from Dr Gooch, physician to the City of London and Westminster Lying-in Hospitals, who wrote:

a skilful & respectable women between 40 & 45 years of age, and who held the situation of head nurse in the Westminster Lying-in Hospital during 12 or 15 years would accept the office of midwife to this charity if it be offered to her.⁷⁵

Gooch served the Westminster from 1812-1823; he was a noted obstetrician, and possibly known to the dispensary's medical men.⁷⁶ Insights into the reasoning for seeking a London midwife were revealed when Maurice's appointment was confirmed, which stated: 'It being their opinion that the credit and usefulness of the Institution are eminently consulted by this measure'. The medical committee were thanked for 'their exertions in obtaining a well-qualified midwife for the service of the Institution.'⁷⁷ So the rationale for looking to the metropolis appears to have been a wish to appoint a trained midwife, who could improve the service to the patients, possibly by introducing improved and safer midwifery practice, but the

⁷³ WCAR, BGD, General Committee Minutes, MS1759/1/2/1, 8 May 1819.

⁷⁴ Cody, 'Living and dying', pp. 309-48; The Westminster does not appear to have had a sustained programme of training midwives, LMA, WLIH Minute book, HO1/GLI/A2/1, 17 June 1800; 29 Sept. 1807.

⁷⁵ WCAR, BGD, General Committee Minutes, MS1759/1/2/1, 19 May 1819. Maurice appears in the records of the Westminster from 1807 until her resignation in 1819, she is never referred to as a midwife, but as a nurse and servant. In the wages list, she always appears first, indicating that among the small number of staff, she was the most senior after the matron, LMA, WLIH, HO1/GLI/D12/1, Mrs Wright's House accounts 1812-1815, p. 20. From 1807 to 1809, Morris was awarded a 'bounty' of 3 guineas for good conduct, a sum almost equivalent to her quarterly salary, LMA, WLIH, HO1/GLI/A2/1, 14 July 1807, 4 Oct. 1808, 10 Oct. 1809.

⁷⁶ I. Loudon, *The Tragedy of Childbed Fever* (Oxford, 2000), p. 48.

⁷⁷ WCAR, BGD, Annual Meetings, MS1759, 1/1/1, 16 June 1819.

wording additionally hints at a wish to improve the status of the charity in the eyes of the town's population, in particular, potential subscribers. In subsequent years, Jane Wright, matron to the Westminster Lying-in Hospital, was acknowledged by leading doctors to be an accomplished midwife.⁷⁸ Possibly Wright's reputation was already known in 1819, a fact which may have drawn the dispensary to approach the Westminster when appointing a new chief midwife.

Mrs Elizabeth Maurice was the new chief midwife and her role as head nurse at the Westminster Lying-in Hospital can be examined further through the minute books. On 21 June 1819, Betty Morris, described as 'one of the nurses', applied to the Westminster board to accept the situation of midwife to the Birmingham Dispensary. Her request was granted, and, in view of her 'long and faithful service', the board paid for her journey to Birmingham.⁷⁹ Although Maurice was described as the 'head nurse' at the Westminster, in 1815, the non-medical establishment of the hospital comprised just the matron, Jane Wright; Nurse Betty; Mary, whose role was not specified; a housemaid and a cook.⁸⁰ Jane Wright had trained as a midwife at the British Lying-in Hospital, London in 1797.⁸¹ In 1798, she published a pamphlet of advice for expectant women, and, in 1805, was elected to the post of matron at

⁷⁸ C. E. Hallett, 'Puerperal fever as a source of conflict between midwives and medical men in eighteenth- and early nineteenth-century Britain', in B. Mortimer and S. McGann, (eds), *New Directions in the History of Nursing: International Perspectives* (London, 2005), pp. 55-67.

⁷⁹ LMA, WLIH, minute book, HO1/GLI/A2/2, 21 June 1819. The cost of Maurice's journey to Birmingham was £1 12s, LMA, WLIH, Mrs Wright's House Account, HO1/GLI/D12/1, 20 May 1819. The reason for the apparent name change from Betty Morris to Elizabeth Maurice is not known, though it is definitely the same person. With regard to the surname, spelling was variable, and in relation to her first name, Maurice may have felt that Elizabeth was a more appropriate name for a chief midwife and preferable to the diminutive, Betty.

⁸⁰ P. Rhodes, *Dr John Leake's hospital. A history of the General lying-in hospital, York Road, Lambeth, 1765-1971* (London, 1977), p. 85. The Westminster opened in 1767, and, in 1818, changed its name to the General Lying-in Hospital. In April 1815, Nurse Betty's salary was 16 guineas per annum, Mary received 14 guineas, and the cook and housekeeper 12 guineas each. In 1818, the matron, Jane Wright, was paid 15 guineas a quarter, a level of remuneration which indicates the value placed on the role, and explains the competition for such posts.

⁸¹ Cody, 'Living and dying', pp. 309-48. Wright was 32 when she started her training, and was matron at the Westminster until approximately 1830.

the Westminster.⁸² Although the roles of hospital matrons in this period consisted largely of housekeeping duties, the evidence that Wright was an accomplished midwife indicates that she was in a position to be fully involved in women's care and able to instruct Maurice.⁸³ Maurice had been at the Westminster for at least 12 years, initially as a night nurse. Indications of her midwifery experience can be gained from the numbers of in-patients during her last eight years the Westminster (Table 2.1).⁸⁴

Table 2.1: Westminster Lying-in Hospital Annual Cases, 1811-1818

Year	In-patients		Out patients	All patients	Out patients as % of total
	Annual total	Weekly Average	Annual total	Annual total	
1811	361	7	317	678	47
1812	378	7.2	328	706	47
1813	279	5.3	322	601	53
1814	283	5.4	371	654	57
1815	271	5.2	511	782	65
1816	286	5.5	615	901	68
1817	286	5.5	703	989	71
1818*	138	5.3	375	503	75

Source: LMA, Westminster Lying-in Hospital cash book, HO1/GLI/D/02/002.

* Totals for half year. After June 1818 figures were not recorded.

From 1811 to 1818, on average, seven to five women a week were in-patients. During this period, the domiciliary service continued to expand, while the percentage of in-patients fell by 28%, being limited by the number of beds.⁸⁵ Although numbers of births in the hospital were

⁸² J. Wright, *An essay to instruct women how to protect themselves in a state of pregnancy, from the disorders incident to that period, or how to cure them* (London, 1798); Rhodes, *Leake's hospital*, pp. 83-84.

⁸³ For discussion of the role of hospital matrons, see J. Lane, *Worcester Infirmary in the Eighteenth Century* (Worcester, 1992), pp. 37-38.

⁸⁴ LMA, WLIH, Minute book, HO1/GLI/A2/1, 29 Sept. 1807.

⁸⁵ In October 1792, the number of beds at the Westminster was increased from four to ten, LMA, WLIH, Minute Book, HO1/GLI/A/2/1, 9 Oct. 1792. Women were expected to remain in the hospital for 2 weeks after delivery, unless the matron or physicians felt they could be safely discharged, indicating that for a 10-bedded ward, the

low, staffing levels were commensurate, indicating that, during Maurice's time at the Westminster, she would have been in a position to gain considerable midwifery experience. The minute books of the Westminster illustrate that the committee took steps to ensure that the midwives had appropriate experience and acted in a professional manner, and complaints were investigated. In March 1817, two separate patient complaints about domiciliary midwives were upheld, and they were struck off the charity's approved list. On another occasion, a Mrs Rowley was recommended by Dr Ley as 'a woman of sufficient experience to be admitted a midwife of the institution.'⁸⁶ In early 1818, two further midwives were struck off, again following patient complaints, and these dismissals prompted the committee to remind the midwives of their duties. Printed copies of the rules were produced, and the midwives summoned to a meeting at which the matron explained and reinforced these.⁸⁷ The actions taken by the charity show that the committee was responsive to patients' complaints, and took action to ensure that the midwives upheld the charity's reputation, for it was important that the good name of the charity was maintained, and that subscriptions would continue to flow.

Of equal significance are the insights which such complaints reveal about the position of women who used the charity; far from being subservient recipients of aid, the fact that at least a few women, or their families, felt they could complain, and that these complaints were investigated, suggests that they were not without agency.⁸⁸ Pickstone asserts that patients

maximum number of deliveries per year was in the order of 260, LMA, WLIH Minute Book, HO1/GLI/A2/1, 13 June 1809.

⁸⁶ LMA, WLIH Weekly Minute Book, HO1/GLI/A2/2, 10 March 1817, 17 March 1817, two midwives were dismissed, and two more appointed a week later, 24 March 1817, Mrs Rowley's recommendation, 28 April 1817. Complaints were sometimes made against the doctors, though the committee seemed more likely to find in their favour, LMA, WLIH, Minute Book HO1/GLI/A2/2, 24 March 1817. Maurice does not appear to have had any complaints made against her.

⁸⁷ LMA, WLIH, Minute Book HO1/GLI/A2/2, 26 Jan. 1818, 23 Feb. 1818, 27 Feb. 1818; The midwives who attended the meeting are not recorded, though a space remains for names to be inserted. This may indicate that the meeting did not take place, or that Wright did not insert their names.

⁸⁸ S. Seligman, 'The Royal Maternity Charity; The first hundred years', *Medical History*, 24 (1980), p. 406.

were aware of the fierce competition between medical men for posts with medical charities, hence they felt an entitlement to treatment, for in presenting their illnesses, they were contributing to physicians' experience.⁸⁹ Alannah Tomkins and Steven King also acknowledge the skills and agency of the poor in negotiating access to a range of resources, including charity, to piece together an economy of makeshift. While King suggests that women possibly had greater skills than men in such situations, Tomkins cautions that the lack of female voices in the accounts forms an important limitation in interpretation.⁹⁰ Such considerations are evident in the dispensary records, where the only women's voices heard are those of the midwives, and the two complaints about care which originated from poor women were made on their behalf, one by a husband, and the other by a ladies' charity.⁹¹

Maurice's understanding of her role at Birmingham dispensary was presumably influenced by her observation of Wright's duties at the Westminster. Wright was responsible for the day-to-day management of the hospital, including the general state of repair, and bringing any deficiencies to the committee's notice. As the most senior member of staff on the premises, Wright also had overall clinical responsibility, she judged when to call for medical assistance and trained the nurses. Wright kept detailed daily records of all the household accounts which she settled, she paid the hospital staff, and the domiciliary midwives, according to the number of tickets which they submitted.⁹² In essence, in addition

⁸⁹ Pickstone, *Medicine and Industrial Society*, p. 83.

⁹⁰ S. King, 'Meer pennies for my baskitt will be enough' Women, work and welfare, 1770-1830', in P. Lane, N. Raven and K. Snell (eds), *Women, Work and Wages in England, 1600-1850* (Woodbridge, 2004), p. 139; A. Tomkins, 'I mak Bould to Wrigt' 1: First-Person Narratives in the History of Poverty in England, c. 1750-1900', *History Compass*, 9 (2011), pp. 265-73.

⁹¹ WCAR, BGD, General Committee Minutes, MS1759/1/2/1, 7 May 1817, MS1759/1/2/2, 1 Sept. 1841.

⁹² LMA, WLIH, HO1/GLI/D12/1, 2, are Mrs Wright's House Account Books, Obituaries, *Aris's Gazette*, 27 April 1835. There is no evidence that Wright engaged in private work while she was matron at the Westminster, although her predecessor did. Mrs Blenkinsop, matron from 1792 to 1805, attended Mary Wollstonecraft at her home, when she was confined in August 1797, and conducted a number of antenatal visits. Wollstonecraft died 11 days later of puerperal fever; a consequence of a retained placenta, which had to be extracted manually, resulting in haemorrhage and infection, B. Taylor, Wollstonecraft, Mary (1759-1797), *Oxford Dictionary of National Biography*, Oxford University Press, 2004; <http://www.oxforddnb.com/view/article/10893>, accessed 7

to being the most experienced clinician employed by the charity, Wright also fulfilled the roles of administrator, book-keeper and was the public face of the charity.

Once Maurice accepted the post, York's daughters were dismissed by letter which ordered their 'immediate removal from the building and the service of the institution'.⁹³ The committee's reaction appears harsh, but other medical charities not only dismissed midwives, but fined them at the same time.⁹⁴ Although it appears that the midwife's post was not advertised, Mrs Rooker, midwife at Birmingham Workhouse Infirmary had also applied, but the committee considered that her 'advanced age' -she was 58 years of age - was an objection to her being appointed.⁹⁵ Following York's retirement, and the difficulties encountered with her daughters, the committee members were possibly relieved that they now had a mature, trained and highly recommended midwife from London, and perhaps anticipated that the midwifery department was in safe hands, and would be well managed. However, just four months after her appointment, Maurice requested an increase in her allowance, from 3s. to 4s.per delivery, and this sizeable increase was granted without discussion. Maurice would have been aware that the domiciliary midwives at the Westminster were paid 5s.per delivery, and may have used this as supporting evidence. Possibly she was capitalising on the circumstances of her appointment, she had been head-hunted, and may have perceived herself to be in a powerful position, in relation to the committees. Not only was her request granted, the general committee were permitted to grant her further remuneration, making it

May 2012. Rhodes, in his history of the Westminster Lying-in Hospital, does not refer to either Blenkinsop's, or Dr Poignand's involvement in Wollstonecraft's care, although he does refer to the latter's treatise '*Vindication of the Rights of Women*', published in 1792, Rhodes, *Leake's Hospital*, p. 68.

⁹³ WCAR, BGD, General Committee Minutes, MS1759/1/2/1, 4 June 1819.

⁹⁴ Seligman, 'Royal Maternity', p. 407.

⁹⁵ WCAR, BGD, General Committee Minutes, MS1759/1/2/1, 19 May 1819.

retrospective if necessary.⁹⁶ It is possible that the committee members were in awe of Maurice, or at least did not wish to take action that might potentially upset her. At the same time, it was pointed out that the weekly statement in the *Gazette* of the number of midwifery patients was inaccurate. Future records should be accurate, give the sex of the babies delivered and be submitted weekly to the *Gazette*.⁹⁷

In February 1820, eight months after her dismissal, Esther Davis, one of York's daughters and former dispensary midwife, wrote to the committee thanking them for their kindness to her mother. Davis's motivations can only be surmised, her letter may have been precipitated by her mother's recent death, but a desire for further employment at the dispensary may have been a factor, resulting in Davis attempting to heal the rift which had led to her and her relative's dismissal the previous year. Davis lived in Cherry Street, very close to the dispensary, and the charity potentially represented a major source of income for her.⁹⁸ Furthermore, work for the dispensary may have been vital to Davis's reputation as a midwife and she may have needed to re-build, or maintain, her relationship with the charity. The surgeons and the apothecary lived nearby, and were potential contacts for private work, in a similar manner to that described by Mortimer in her study of the working networks cultivated by nineteenth-century Edinburgh nurses and midwives.⁹⁹ In the subsequent two years, neither the midwives, nor the service is mentioned in the minutes.

⁹⁶ WCAR, BGD, Annual Meetings, MS1759/1/1/1, 5 Nov. 1819; General committee meetings, MS1759/1/2/1, 3 Nov. 1819.

⁹⁷ LMA, WLIH, minute book, HO1/GLI/A2/2, 27 Feb. 1818; WCAR, BGD, General Committee Minutes, MS1759/1/2/1, 3 Nov. 1819. At the same meeting, the committee ordered that Maurice receive £5 to defray the expenses of her journey from London. It is not known whether Maurice sought this payment, or if it was awarded without making enquiries, but the cost of this journey was £1 12s, and had been paid by the Westminster, see *fn.* 79. Maurice wrote to the dispensary committee thanking them for the payment.

⁹⁸ WCAR, BGD, General Committee Minutes, MS1759/1/1/1, 2 Feb. 1820; *Wrightson's Triennial Directory of Birmingham* (Birmingham, 1821), p. 36.

⁹⁹ B. Mortimer, 'Independent Women: Domiciliary Nurses in mid-Nineteenth-Century Edinburgh', in A. Rafferty, J. Robinson and R. Elkan (eds), *Nursing History and the Politics of Welfare* (London, 1977), pp. 133-49.

In June 1822, the medical committee investigated 'irregularities' in the midwifery department. As a result of their findings, Maurice was informed that she was not to attend any private patients; nor to go beyond the boundaries of the dispensary. She was reminded that the only approved substitute midwives were Mrs Esther Davis, Mrs York, Mrs Lane and Mrs Rooker, and that, when they attended women on her behalf, she should pay them the whole fee.¹⁰⁰ These instructions indicate that Maurice was taking private patients; she was attending women who lived beyond the boundaries; she was subcontracting cases to midwives who had not been approved by the committee; and she was keeping a percentage of the fee. Possibly sensing the entrepreneurial spirit of Birmingham, and of the manufacturers on the committee, it appears that Maurice was engaging in similar business activities, and was running a midwifery agency. Her position at the dispensary gave her necessary prestige, location and contacts to operate in this way.¹⁰¹ Maurice's behaviour in taking private patients was in line with the practice of midwives attached to other charities, for whom it was a means of supplementing their income, but this was not permitted in Birmingham.¹⁰² A further factor which allowed Maurice to operate as she did was opportunity. There appeared to be only occasional scrutiny of the running of the dispensary, and interestingly, this seems to come at a time when official visitors were only rarely visiting at other medical charities, and just before women were brought in to ensure things were running smoothly and to report on domestic arrangements.¹⁰³ Taking a charitable stance, Maurice's actions could be interpreted as driven by a humanitarian wish to extend midwifery services to women who lived outside the boundaries of the dispensary. Birmingham's population had grown rapidly since the

¹⁰⁰ WCAR, BGD, General Committee Minutes, MS1759/1/2/1, 13 June 1822 (medical committee meeting).

¹⁰¹ C. Wiskin 'Urban businesswomen in Eighteenth-Century England,' in R. Sweet and P. Lane (eds), *Women and urban life in Eighteenth-Century England: 'On the town'* (Aldershot, 2003), pp. 87-109.

¹⁰² Charity midwives were sometimes encouraged to engage in private practice, partly to compensate for the relatively low levels of remuneration, Donnison, *Midwives*, p. 69.

¹⁰³ Prochaska, *Women and philanthropy*, pp. 141-43.

dispensary was established, from 52,250 in 1785, to 73,670 in 1801 and 106,722 in 1821, but the charity's boundaries for home visits were unchanged, and an increasing proportion of the population were excluded from the midwifery service.¹⁰⁴

At least two of the substitute midwives, Davis and York, had previously worked for the dispensary. Mrs Rooker was another established midwife, indicating that the dispensary aimed to engage recognised midwives, who were likely to be skilled and trusted by women. Esther Davis's appointment shows that she was re-employed by the dispensary, and in a town directory her entry reads: 'Davis Esther, midwife from the dispensary, Cherry St'.¹⁰⁵ Unlike the chief midwife, the substitute midwives were not resident, so it was important that they lived nearby. Cherry Street was the continuation of Union Street, where the dispensary was located. Mrs York is possibly another member of Anne York's family, and she also lived in Cherry Street. Mary York, of Cherry Street, first appears as a midwife in a directory in 1821, but unlike Davis, there is no reference to the dispensary.¹⁰⁶ In 1835, Elizabeth Lane lived in Rea Street, close to the dispensary; Lane also appears as a midwife in a directory in 1847, and in the 1851 census, her occupation is that of midwife.¹⁰⁷ Although Mrs Rooker's 'advanced age' was a 'barrier' to her appointment as chief midwife in 1819, three years later, her age was not a consideration in her appointment as a substitute midwife.¹⁰⁸

¹⁰⁴ E. Hopkins, *Birmingham: The First Manufacturing Town in the World 1760-1840* (London, 1989), pp. 118-19.

¹⁰⁵ *Wrightson's Triennial Directory of Birmingham* (Birmingham, 1821), p. 36; *Wrightson's Triennial Directory of Birmingham* (Birmingham, 1823), p. 29; *Wrightson's Triennial Directory of Birmingham* (Birmingham, 1825), p. 41.

¹⁰⁶ *Wrightson's Triennial Directory of Birmingham* (Birmingham, 1821), p. 151; *Wrightson's Triennial Directory of Birmingham* (Birmingham, 1825), p. 172.

¹⁰⁷ *Wrightson & Webb, Directory of Birmingham* (Birmingham, 1835), p. not numbered; *Wrightson & Webb, Birmingham Directory* (Birmingham, 1847), p. 161; Elizabeth Lane, 1851 Census, HO107, Piece 2053, Folio 289, p. 4.

¹⁰⁸ Rooker's address is unknown, but, in 1815, a Thomas Rooker was living in Cherry Street, *Wrightson's New Triennial Directory of Birmingham* (Birmingham, 1815), p. 107.

Clearly, for these midwives, living close to the charity was as important a factor as skill and reputation in securing dispensary employment. As Davis's directory entries indicate, dispensary employment was regarded as prestigious, and worthy of mention. Living close to the dispensary was also of relevance to midwives in building support networks and a pool of patients. In addition to the chief midwife, the concentration of at least four midwives, and possibly more, in and around Union Street and Cherry Street, meant that midwives could readily refer cases to each other and seek assistance or advice as necessary. For local women, awareness of the concentration of midwives in the proximity of the dispensary meant that midwives could be readily engaged, even though women might not themselves be entitled to support from the charity. Geographical concentrations of midwives, resulting from similar considerations, have also been identified in mid-nineteenth-century Edinburgh, and Wiskin identifies location as a prime consideration for nineteenth-century Birmingham businesswomen.¹⁰⁹

Two months after her reprimand, Maurice was ordered by the committee to remove her 'sign' and substitute one which read 'Maurice, Midwife.' The content of the offending sign was not recorded: it is possible that Maurice had persisted in advertising her services as a private midwife, or possibly a monthly nurse. Maurice was not the only dispensary employee who incurred the disapproval of the committee; at the same time, the apothecary was ordered to 'remove all the cards' from his window.¹¹⁰ Advertisements were associated with quackery,

¹⁰⁹ Mortimer, 'Independent Women', pp. 133-49; Wiskin, 'Urban Businesswomen', pp. 92-93.

¹¹⁰ WCAR, BGD, General Committee Minutes, MS1759/1/2/1, 17 Aug. 1822; In 1881, midwife Ann Brown of Sheffield was instructed by the women's hospital to remove a card advertising her services from her window, indicating that this continued to be a means of practitioners advertising their services. Brown's card stated she was employed by the hospital, but this was not the case, H. Mathers and T. McIntosh, *Born in Sheffield* (Barnsley, 2000), p. 30.

and would have potentially tarnished the dispensary's profile.¹¹¹ Such events indicate that, although the committee members aimed to manage the midwives, and the apothecary, they were not fully cognisant with the day-to-day running of the charity, and events were taking place of which they had little knowledge, and consequently no control. Maurice and the apothecary were resident, whereas many committee members were occasional visitors and unaware of everyday events. Maurice, however, was not unique among midwives of the eighteenth and nineteenth centuries in sometimes ignoring charities' rules, or failing to uphold their reputations. In 1809, Mrs Wilson, domiciliary midwife at the Westminster lying-in hospital was struck off for receiving money from a patient. The following year, Mrs Hughes was found to be 'frequently intoxicated' and unable to care properly for patients and was struck off.¹¹² In 1817, three further midwives from the Westminster were reprimanded for improper conduct and neglecting patients. Both the Royal Maternity Charity, London in the period 1761-1861, and the Jessop Hospital, Sheffield in the second half of the nineteenth century, had midwives who submitted claims for non-existent deliveries, while others were dismissed for being under the influence of alcohol or other stimulants.¹¹³ Although consumption of alcohol was common in all groups in society, by the mid-nineteenth century it had become the target of many reforming groups, including the temperance movement and nursing.¹¹⁴ In particular, intoxication in nurses and midwives was incompatible with the

¹¹¹ L. Granshaw, "'Fame and fortune by means of bricks and mortar": the medical profession and specialist hospitals in Britain, 1800-1948', in L. Granshaw and R. Porter (eds), *The Hospital in History* (London, 1989), p. 202.

¹¹² LMA, WLIH, Minute Book, HO1/GLI/A2/1, 30 May 1809, 2 Jan. 1810.

¹¹³ LMA, WLIH, Minute Book, HO1/GLI/A2/2 Minutes of 10 March, 17 March and 27 October 1817, Mrs Burns and Mrs Dobson were struck off the list of midwives; Mrs Murphy asked the board to pardon her and, in view of her previous good service, she was not struck off; Seligman, 'Royal Maternity', pp. 403-18; the midwives were not the only employees to cause trouble, two of the charity's collectors were dismissed for fraud and embezzlement; C. Stephenson, 'The Voluntary Maternity Hospital: A Social History of Provincial Institutions, with Special Reference to Maternal Mortality, 1860-1930' (Unpublished PhD Thesis, University of Warwick, 1993), pp. 339-40.

¹¹⁴ A. Rafferty, *The Politics of Nursing Knowledge* (London, 1996), pp. 15-17.

revised image of the docile, obedient female carer, and damaging to the reputations of their employing charities, and transgressors were dismissed.¹¹⁵

From 1823 to 1831, the midwifery department was not mentioned in the minutes. This may indicate that all was running smoothly, or alternatively, that barring gross misconduct, the committees decided that it was prudent to let Maurice operate independently without interference.¹¹⁶ In June 1832, Maurice attempted to dismiss midwife Esther Davis on the grounds of ‘general dissatisfaction of the patients and the unnecessary trouble caused by Esther Davis to the surgeons’. Furthermore, Maurice dismissed Davis without any reference to the committees.¹¹⁷ Davis had been appointed ten years previously and, as the daughter of the first midwife, she had a long association with the dispensary. Davis complained about her dismissal, precipitating an investigation by the medical committee. The investigation was not restricted to the circumstances of Davis’s dismissal and it was noted that, from 1821 to 1832, annual deliveries had increased markedly.¹¹⁸ Furthermore, since 1826, annual cases were double the levels in the earlier years of Maurice’s appointment, although no additional midwives were appointed (Figure 2.1). It was thought impossible for such a large increase in the number of deliveries to be managed by the existing complement of midwives. Tellingly, this investigation, with perusal of the number of deliveries, was apparently prompted by Davis’s complaint, indicating that, while annual cases were recorded, the figures were rarely closely scrutinised, other than to ensure rising numbers, which indicated charities’ utility.¹¹⁹

¹¹⁵ S. Hawkins, *Nursing and Women’s Labour* (Abingdon, 2010), p. 150.

¹¹⁶ The committees were constantly concerned about the state of the finances and examining means of reducing costs. For example, in March 1838, the patients’ wine allowance was discontinued and, in the following month, the medical committee recorded the need to observe the ‘strictest economy’, consistent with their patients’ health, in the prescribing of leeches, and the more expensive remedies, WCAR, BGD, General Committee Minutes, MS1759/1/2/2, 7 March 1838, Medical Committee Minutes, MS1759/1/4/1, 28 April 1828.

¹¹⁷ WCAR, BGD, Medical Committee Minutes, MS1759/1/4/1, 16 June 1832.

¹¹⁸ *Ibid.*

¹¹⁹ K. Waddington, ‘Unsuitable cases: the debate over outpatient admissions, the medical profession and late-Victorian London Hospitals’, *Medical History*, 42 (1998), p. 30.

Based on these figures, it was calculated that Maurice's income in the past 15 months had been almost £200, 'exclusive of lodging costs and candles'.¹²⁰ This was equivalent to £160 per annum, and far exceeded the figure of £65 per annum, which Maurice was informed she could expect to earn, when appointed. Maurice's salary was far in excess of the norm for charity midwives; some forty years later, in 1875, the town's lying-in charity midwives were earning £80 per annum.¹²¹ The dispensary medical committee observed:

During several years past the midwife has been paid for reported attendance upon a great number of patients whom she could not visit and this even to an amount nearly double an equitable claim.¹²²

Maurice was not alone in making such claims, the committee of the Royal Maternity Charity spent a fair proportion of its time considering complaints against midwives, and midwives were dismissed for claiming for deliveries which they had not attended.¹²³ On further investigation, it was revealed that Maurice had reduced the fees due to the approved assistant midwives from 3s. to 2s. per case, and they had refused to work for the reduced fee. However, one of Maurice's nieces, and a Mrs Scriven, about whom the medical committee had no knowledge, were prepared to work for 2s., and were attending a large proportion of deliveries, without the committee's knowledge.¹²⁴ Once more, Maurice was reminded that only approved midwives should be employed, that they should be paid the full fee of 3s and, in future, they would be paid monthly by the secretary.¹²⁵ Measures were adopted to enable more accurate monitoring of the work of the midwifery department; Maurice was instructed to provide a monthly list of patients, and the attending midwives. This requirement suggests that

¹²⁰ WCAR, BGD, Medical Committee Minutes, MS1759/1/4/1, 16 June 1832.

¹²¹ Chapter 4.

¹²² WCAR, BGD, Medical Committee Minutes, MS1759/1/4/1, 16 June 1832.

¹²³ Seligman, 'Royal Maternity', p.408.

¹²⁴ WCAR, BGD, Medical Committee Minutes, MS1759/1/4/1, 16 June 1832, Mrs Maurice's niece was subsequently named as Mary Baynham, and three months after this incident, she was approved as an assistant midwife for a probationary period of three months, minute 6 Sept. 1832. One of the dispensary surgeons was a Mr Baynham, though there is no indication in the records as to whether he and Mary Baynham were related.

¹²⁵ *Ibid.* 11 Aug. 1832.

previously the assistant midwives had been paid directly by Maurice, potentially enabling her to hide the use of additional, non-approved midwives. While Maurice does not necessarily emerge in a good light from the investigation, the committees are revealed to have lacked oversight and vigilance, in their management of the midwifery department. In tandem with the problems encountered by midwives and medical men in maintaining accurate records of patients and their diseases, this is another indication of administrative problems which many nineteenth-century medical charities experienced.¹²⁶

Numbers of dispensary cases had been collated from the outset, and reported annually, yet the committees had either failed to note the ever increasing number of deliveries, or it had been noted, and its significance had not been questioned. A further explanation may be proposed: It was in charities' interests to report high demand for their services, for this justified their existence, and the time and effort which committee members and honorary practitioners devoted to their cause, and it satisfied subscribers. The rising numbers of deliveries was doubtless interpreted as compelling evidence of the great demand for the service, and this may have resulted in the committees viewing the rising numbers in a positive light and dampened any inclination to question the figures for alternative meanings.

Maurice died on 21 April 1835 while still employed by the dispensary. Maurice's obituary appeared in the *Gazette* and, although she had resisted, or even ignored the committees' on occasions, public face is all, and it would have been inappropriate to reveal any tensions between the committees and Maurice to the public, who supported the dispensary through their subscriptions, donations and bequests. Maurice's obituary was

¹²⁶ WCAR, BGD, General Committee Minutes, MS1759/1/2/2, 6 Sept. 1843, 1 May 1844; Marland, *Doncaster Dispensary*, p. 26.

detailed and spoke of her in glowing terms. Lengthy obituaries such as Maurice's rarely appeared in the *Gazette* in this period, and women's obituaries were particularly rare; at one level, therefore, Maurice's obituary may be interpreted as indicating the level of esteem in which she was held by committee members and her colleagues. However, it also presented an additional opportunity for the board to publicise the work and management of the charity in a positive light. As resident employees, the midwife and the apothecary were the public face of the charity and were presumably well known in the locality. The committee gave Maurice's executors a loan to defray her funeral costs and donated £15 for a memorial tablet 'with a suitable inscription' to be placed in her place of worship.¹²⁷ Given the expectation that the worth of both Maurice and the dispensary would be immortalised in stone, this donation may be interpreted as a further subtle means of advertising the charity. Maurice had managed the midwives for 16 years, and, in the final 10 years of the midwife-led service, there were three chief midwives.

Mrs Thomas, 1835–1838: a brief encounter with the dispensary

Following Maurice's death, there were three applicants for the chief midwife post. The testimonials of Mrs Thomas were judged satisfactory. She appeared before the medical committee, was examined on her knowledge of midwifery and recommended for appointment.¹²⁸ Compared to the two previous incumbents, Thomas's period of employment was relatively short. In April 1836, one of the governors complained about her conduct, and although Thomas denied the charges, the medical committee felt that the accusations of 'needless delay and of most unbecoming & unkind language in the case of Mallinson' were

¹²⁷ WCAR, BGD, General Committee Minutes, MS1759/1/2/2, 3 June 1835.

¹²⁸ *Ibid.*, 26 May 1835. The two other applicants were Mrs Welt and Mrs Hallett of Bath Street, Birmingham.

substantiated. Thomas was severely reprimanded, and her appointment made probationary for three months.¹²⁹

In March 1838, Thomas was reproved for the unsatisfactory state of the midwifery register and urged to keep a more accurate record, including the name of the midwife, or doctor, who attended. Simultaneously, the medical committee learned that Thomas was using ergot of rye.¹³⁰ It had been known for some time that preparations of ergot of rye, or spurred rye, were capable of producing, and strengthening, uterine contractions. It was used to accelerate labour by German midwives in the latter part of the seventeenth century, and, in 1777, midwives in Lyons, France, were administering ergot to women experiencing lingering labours.¹³¹ Medical historian Jaclyn Duffin also reports that John Stearns, an American physician, was advocating the use of ergot in 1807, and cites evidence that it was known to female birth attendants in Scotland in the early decades of the nineteenth century.¹³² Writing in 1828, ten years before Thomas was found to be using ergot, Dr Adam Neale, who qualified in Edinburgh in 1802, described the conditions under which ergot might be safely used, based on his review of 720 cases in which it had been administered. While ergot was said to aid the delivery of the infant and the placenta, Neale cautioned that it should never be used if labour was progressing normally and that it should be used with caution in primigravidae.¹³³ Furthermore, Neale acknowledged that its use was controversial. This was partly because the mode of action was unknown. Furthermore, because of the difficulty in preparing exact dosages, the results were not always predictable.¹³⁴

¹²⁹ *Ibid.*, 6 April 1836, 4 May 1836.

¹³⁰ *Ibid.*, 7 March 1838; WCAR, General Dispensary, Medical Committee Minutes, MS1759/1/4/1, 11 April 1838.

¹³¹ A. Neale, *The Spur or Ergot of Rye* (London, 1828), p. 20. Neale stated that the use of ergot had spread throughout France to London, Florence and the United States, and was used by 'enlightened men', p. 22.

¹³² J. Duffin, *History of Medicine* (Basingstoke, 2000), p. 254.

¹³³ Primigravidae refers to a women who is pregnant for the first time.

¹³⁴ Neale, *Ergot of rye*, pp. 24, 30-37, 46-56.

Once more, the medical committee appear to have been unaware of events in the midwifery department; the physicians and surgeons were of the opinion that the effects of ergot were ‘uncertain and dangerous’ and demanded that Thomas should stop using ergot immediately. As a result of Thomas’s ‘gross misconduct’, she was prohibited from attending any patients until the matter had been investigated, and her sister, Ellen Thomas, was appointed temporarily.¹³⁵ Matters were taken out of the committee’s hands when Thomas resigned shortly afterwards. A few weeks later, Thomas requested a certificate of good character: her employment record included inaccurate record keeping, alleged needless delay in attending cases and the unauthorised use of ergot; it is perhaps not surprising that the general committee felt they were unable to accede to her request.¹³⁶

Elizabeth Hallett - the last chief midwife

In May 1838, Elizabeth Hallett was appointed in Thomas’s place. She lived locally and had applied for the post three years previously.¹³⁷ Hallett was the last chief midwife to the dispensary and appears to have experienced a relatively uneventful period of employment. In 1839, there were 586 deliveries, and 739 the following year. It was noted, with some satisfaction, that almost all the midwifery tickets issued had been used, which was interpreted as an indication of how much the charity was valued by the ‘poor women of the town’.¹³⁸ In 1840, one of the surgeons accused assistant midwife Esther Jones of ‘insulting and disrespectful behaviour towards him when called to assist her in a difficult case’, as a result of

¹³⁵ WCAR, BGD, Medical Committee Minutes, MS1759/1/4/1, 16 May 1838.

¹³⁶ WCAR, BGD, General Committee Minutes, MS1759/1/2/2, 2 May 1838, 6 June 1838; the committee decided that their refusal to provide a certificate be communicated to Thomas via her sister, *Ibid.*, 6 June 1838.

¹³⁷ WCAR, BGD, General Committee Minutes, MS1759/1/2/2, 11 May 1838. Shortly afterwards, it was reported that Ellen Thomas had left town, but she was re-appointed a few months later, 4 July 1838, 7 Nov. 1838.

¹³⁸ UBCRL, Annual Report of the Birmingham General Dispensary, 1840.

which she was dismissed, pending further investigation.¹³⁹ Unable to gain sufficient information regarding the complaint against Jones, she was nevertheless dismissed. Two more assistant midwives were appointed to manage the increasing number of cases. In May 1840, Mrs Tongue was appointed as chief assistant midwife, with Mrs Ilsley as assistant midwife. On account of her 'advanced age' of 62 years, Ilsley was appointed on a trial period of three months.¹⁴⁰ In the same year, 'a very serious complaint' against the dispenser, Mr Mason was investigated. Mason was accused of 'great inaccuracy' in his records of the medicines dispensed for the previous 12 months. It was determined that Mason be strictly supervised by the medical committee for six months, when a decision would be made regarding his continued employment.¹⁴¹ This incident bears similarities with the investigations in the midwifery department in 1822 and 1832, once more illustrating the challenges in monitoring the day-to-day running of medical charities.

Although two surgeons were in residence, in 1841, Elizabeth Hallett headed the dispensary's census entry; her 18-year-old daughter, Matilda, was a dressmaker.¹⁴² Five years later, Matilda Hallett appears in trade directories as a midwife, suggesting that, by 1841 she may have been assisting her mother, and like Ann York's daughters, she possibly trained by means of an informal apprenticeship.¹⁴³ In addition to Hallett's and the dispenser's families, and the surgeons, also resident were two female servants, an adult male and another child. Elizabeth Hallett calls herself 'accoucheuse', presumably due to her awareness that 'midwife', when applied to female practitioners, was becoming discredited in some circles.¹⁴⁴ By

¹³⁹ WCAR, BGD, Medical Committee Minutes, MS1759/1/4/1, 9 May 1840.

¹⁴⁰ *Ibid.*, 16 May 1840, Tongue's midwifery experience prior to this appointment cannot be identified although she is listed as a midwife in trade directories from 1847 to 1861 and gave her occupation as midwife in the 1861 census, see Chapter 5.

¹⁴¹ *Ibid.*, 5 Dec. 1840, BGD, General Committee Minutes, MS1759/1/2/2, Dec. 1840.

¹⁴² Dispensary, Union Street, 1841 Census, HO107, Piece 1146/1, Folio 31, p. 24.

¹⁴³ *Wrightson & Webb Birmingham Directory* (Birmingham, 1847), p. 161.

¹⁴⁴ Dispensary, Union Street, 1841 Census; Donnison, *Midwives*, pp. 88-89, 113.

adopting a different title, she aimed to indicate her status and expertise and set herself apart from a group of birth attendants who were becoming much maligned. A single complaint was made against Hallett: in 1841, a ladies charity complained that she had neglected a woman named Broadbent. On investigation, the general committee found no cause for complaint and informed the charity as such.¹⁴⁵

By 1840, the population of Birmingham had more than doubled since the dispensary was founded. Midwives were increasingly experiencing competition from medical men who felt that midwifery was a respectable and desirable element of their practice.¹⁴⁶ Of particular relevance to the dispensary was the opening of Birmingham Lying-in Hospital and Charity in 1842. Located just a mile away, it too offered maternity and women's health care. Maternity care was offered mainly on a domiciliary basis, with women delivered by surgeon accoucheurs and their pupils. Sick cases were mainly seen as outpatients, though there were a small number of beds. In 1843, 243 women were delivered by the lying-in hospital; there were 436 deliveries in 1844, and 558 in 1845.¹⁴⁷ Almost simultaneously, there was a marked fall in the numbers of women attended by the dispensary; from 1842 to 1845, numbers had dropped from 771 to 479, indicating that the lying-in hospital was impacting upon the popularity of the dispensary's service, with subscribers, or with potential patients. In contrast to the dispensary, where most women were delivered by midwives, the lying-in hospital had a matron, a small number of nurses and three surgeons. In the first half of the nineteenth century, Bristol Dispensary similarly experienced a drop in midwifery cases, from 492 (17.5% of cases) in 1820, to 247 (6.4% of cases) by 1855, a decrease attributed to the growth of

¹⁴⁵ WCAR, BGD, General Committee Minutes, MS1759, 1/2/2, 1 Sept. 1841.

¹⁴⁶ Loudon, *Medical Care*, p. 95-99.

¹⁴⁷ Chapter 4.

smaller lying-in charities in the city, combined with an increasing supply of family doctors, who practised midwifery, charging competitive fees.¹⁴⁸

Reviewing the midwifery department

A decisive meeting was held in April 1845. The decrease in the number of midwifery cases was noted, and, emphasising the midwives' lack of formal training, it was suggested that a 'qualified male practitioner' be appointed to superintend the department.¹⁴⁹ The medical committee identified the benefits of their proposal: they suggested that it would raise the character of the midwifery department and the dispensary in the public estimation; enable it to provide women with more efficient and 'far more acceptable' attendance; to compete more successfully with 'other institutions where females are not employed', although the lying-in hospital was not named; and, finally, by adopting a 'well regulated registration system', to contribute to medical statistics.¹⁵⁰ The reference to statistics indicates that the committees were becoming increasingly aware of the importance of not only maintaining accurate records, but of attempting to analyse them.

The dispensary attributed the increasing popularity of the lying-in hospital to the absence of midwives, and the presence of medical men. That its popularity could be attributed to other factors, for example, that the boundaries were different to the dispensary, so the charity was attracting women who had previously been ineligible, was not considered. As a newly established charity, with impressive premises, and involved in medical training, the hospital might have seemed more attractive than the dispensary to subscribers and possibly to poor women. The dedication to women's health may have been an additional factor in its

¹⁴⁸ Gorsky, *Patterns*, p. 151.

¹⁴⁹ WCAR, BGD, Medical committee minutes, MS1759/1/4/1, 1 April 1845.

¹⁵⁰ *Ibid.*

popularity. It is unlikely that the in-patient facilities were a consideration, for there were few beds, and nearly all women were delivered at home.¹⁵¹ The proposed changes were ratified, and Hallett was given three months' notice, whereupon she asked to be allowed six months', which was granted. At the end of her contract in November 1845, Hallett was awarded £10, because her income was likely to fall once she left the dispensary.¹⁵²

The appointment of a surgeon accoucheur to lead the midwifery department was ostensibly to provide a better service to women, and to compete more effectively with the lying-in hospital. It is argued that it was also a means of dispensing with the independently minded midwives, who were regarded as untrained, and bring the department under male medical control, in line with developments in other areas. For example, the British Ladies Lying-in Institution, London, was established in 1830 and provided trained midwives for charitable and private cases. Training and supervision was provided by a consulting midwife, but, by 1858, she had been replaced by a surgeon accoucheur.¹⁵³ Concurrently, changes in the status of medicine were leading to doctors in voluntary hospitals asserting control over nursing and nurse training.¹⁵⁴

The resident surgeon accoucheur (RSA) was to adhere to certain regulations, including calling the district surgeon in all cases of difficulty, convulsions or twinning, and recording the details of each case, and the person attending.¹⁵⁵ Patients were entitled to one week's post-natal attendance and were to receive at least three visits, one of which had to be by the RSA. Two midwives were appointed in case the RSA was unavoidably absent, and the RSA was

¹⁵¹ Chapter 4.

¹⁵² WCAR, BGD, General Committee Minutes MS1759/1/2/1, 7 May 1845, 4 June 1845, 5 Nov. 1845. A subsequent request from Hallett that the payment be increased to £20 was refused, 3 Dec. 1845.

¹⁵³ Donnison, *Midwives*, p. 62.

¹⁵⁴ S. Wildman, 'The Development of Nursing at the General Hospital, Birmingham, 1779-1919', *International History of Nursing Journal*, 4, 3 (1999), pp. 20-28.

¹⁵⁵ The RSA was a resident, salaried employee of the dispensary and was not permitted to undertake private work. In contrast, the honorary surgeons were dependent upon on private work for their income.

responsible for paying their fees of 4s. per case. The RSA was also permitted to take pupils, and a proportion of deliveries, and post-natal visits may have been conducted by them.¹⁵⁶ It is interesting how an entrepreneurial ethos was now being fostered by the RSA post, when it was apparently disapproved of earlier when Maurice exploited opportunities that came her way. Possibly the RSA taking pupils was regarded as vital training for medical pupils or practitioners, while Maurice's behaviour in subcontracting midwifery cases was regarded as a business venture and in contravention of the rules.

These changes at the dispensary indicate that, from 1845, women cared for by the dispensary, or the lying-in hospital, were primarily attended by medical men or their pupils, and not by midwives. This arrangement continued for a further 23 years, until 1868, when the lying-in charity closed its hospital base, and all women were delivered at home by the charity's newly appointed midwives.¹⁵⁷ The anticipated outcomes from appointing an RSA were not wholly realised, and they appeared to be just as intent on operating independently as the midwives had been. There were instances of the RSA failing to maintain the registers, despite repeated reminders; of undertaking private practice, although this had been expressly prohibited; and of failing to summon the surgeons to complicated cases.¹⁵⁸ In addition, from 1853 onwards, the dispensary experienced increasing difficulty in attracting candidates with the desired diploma in midwifery and the number of deliveries continued the downward trend evident since the mid-1830s.¹⁵⁹ Furthermore, with their similar types of provision, the two charities were competing for subscribers. Rationalisation was eventually achieved in 1868,

¹⁵⁶ WCAR, BGD, General Committee Minutes, MS1759/1/2/2, 3 Sept. 1845, with the approval of the medical committee, the RSA was allowed to take pupils who would pay him a guinea for 3-months training. Pupils had to attend 20 deliveries in 'a satisfactory manner', and were awarded a certificate. The RSA also had to notify the medical committee of any complaints.

¹⁵⁷ Chapter 4.

¹⁵⁸ WCAR, BGD, Medical Committee Minutes MS1759/1/4/1, 28 Sept. 1850, 27 Sept. 1851, 1 Nov. 1851, 3 Jan. 1853, 2 Nov. 1866.

¹⁵⁹ *Ibid*, 13 Mar. 1861.

when, by mutual negotiation, the lying-in hospital limited itself to domiciliary midwifery only, while the dispensary focused on sick cases and vaccinations.¹⁶⁰ The stated rationale for the closure of the dispensary's midwifery department was the resignation of the senior resident surgeon and the reorganisation of the Lying-in Hospital.¹⁶¹ In fact, all the dispensary's honorary surgeons and physicians resigned, and the optimism of the dispensary board when they appointed a RSA in 1845 had not been realised.¹⁶² The dispensary may have welcomed an opportunity to attribute the reasons for closure of their midwifery service to developments at other local charities, which conveyed an image of medical charities working co-operatively for the common good of the town's working and respectable poor. It appears that one of Birmingham's increasingly prominent medical families played a role in the changes at the dispensary in 1845 and 1868. George Elkington was an honorary surgeon to the dispensary when the department was reorganised in 1845, and his brother Francis Elkington was medical officer to the lying-in hospital at the same time. George Elkington's son, also George, was one of the dispensary surgeons who resigned in 1868, an event which contributed to the closure of the midwifery department.¹⁶³

Conclusions

This account of dispensary midwifery illustrates the value of integrating multiple sources. References to the efforts of the committees to ensure that the midwifery department was running smoothly only appear in the minutes. Untoward events are never mentioned in the annual reports, which are sanitised versions for public consumption, only revealing neutral or

¹⁶⁰ WCAR, BLH, Governors' Minute Book MH 1/1/1, 3 Dec. 1868.

¹⁶¹ WCAR, BGD, Medical Committee Minutes MS1759/1/4/1, 1822-1893, 16 Jan. 1868.

¹⁶² 'The Birmingham General Dispensary', *BMJ*, 22 Feb. 1868, issue 373, p. 171.

¹⁶³ *Ibid.*, UBCRL, BGD Annual reports 1843-46; WCAR, BLH, Governors' Minute Book MH 1/1/1, 7 June 1842, 3 Dec. 1868.

favourable information, such as appointments and acknowledging subscribers. Gaining a rounded picture of the midwives and their service is problematic. The midwifery casebooks are not extant, and accurate record-keeping was not always a priority for the charity's employees. That said, it was not always possible for medical practitioners at other hospitals to keep accurate records in this period. Although the number of annual deliveries was recorded, in common with similar charities, there is no indication of the number of multiple births, the number of deliveries to which medical men were summoned, nor any statistics on infant or maternal morbidity, or mortality.¹⁶⁴ Furthermore, were it not for the few positive indications of the midwives' characters and skills, for example, Maurice's obituary, and the ex-gratia payment to Hallett when she left the charity, the tendency for the minutes to only record circumstances which required the committees' intervention could result in an overly negative interpretation of the operation of the midwifery department.

Although the committees ostensibly ran the dispensary, on occasions the midwives and the apothecary operated additional services which were unknown to the committees. Management of the midwifery service was reactive, rather than proactive, and driven by concerns of control, what was considered appropriate clinical practice by the medical officers and the need to maintain the good standing of the charity in the eyes of the local population. Maurice emerges as the most enterprising of the dispensary midwives and the one who caused most trouble to the committees, eschewing attempts at management. The roots of Maurice's independent practise may possibly be traced to her employment at the Westminster Lying-in Hospital, where she worked with the matron for over 10 years and would have been able to observe her almost single-handed running of the institution at close quarters. With the exception of Maurice, all the midwives were local women, and most were established in

¹⁶⁴ Smith, *People's Health*, p. 34, 37.

practice when appointed by the dispensary. As such, they would have networks of clients and medical men which they presumably wished to maintain. Eighteenth- and early nineteenth-century midwives were used to self-employment and when working with medical men, this was on fairly equal footing, and both types of practitioner were unaccustomed to having their practice scrutinised by others. The committees were probably content to let the midwives run the department unimpeded, as long as they were of the opinion this was accomplished with a degree of skill and competence, and the charity was not brought into disrepute. Medical men's main income was derived from their private patients. Their gratuitous clinical work for the dispensary served to enhance their reputations, it provided access to patients for teaching purposes and extended their own clinical experience. Midwifery was a minor component of the dispensary's work and an independent department left the committees free to focus on managing the dispensary's public profile and finances, aspects which were central to its continued existence. Record-keeping and interpretation of data is clearly difficult and the midwives and medical men may not have appreciated the importance of this as clearly as business people who were governing the institution. By mid-century, the declining numbers of deliveries was used to justify the appointment of an RSA and, later, to close the midwifery department completely. The voices of women whom the midwives cared for are almost entirely absent. Of the two patient complaints, one was found to be justified; other complaints were grounded in doctors' assessments of the midwives' skills. The assessment, in 1845, that women who used the midwifery service would find the attendance of a surgeon, or his pupil, far more acceptable than a midwife, offers insights into the medical officers' perceptions of the opinions of local women, as well as their views of midwives. Nevertheless, the dispensary continued to use midwives after this date, but the scale of their contribution cannot be confirmed.

Firm evidence of Maurice's training in London is lacking and caution must be exercised in interpreting the word 'training'. Certainly, Maurice worked alongside the Westminster's matron and medical men for many years and could have attended lectures alongside medical pupils. If training is interpreted as an apprenticeship, learning alongside other practitioners, she met these criteria. The dispensary midwives' training reflected modes in other occupations, in that younger family members appeared to have been formally, or informally, apprenticed to older relatives.¹⁶⁵ Assistant and newly appointed midwives were often related to current, or former, midwives. Such appointments were straightforward for the institution. Just one midwife was appointed from further afield, as a result of the committee's desire for a 'fit and respectable' midwife, and London lying-in charities were considered the most high profile source, indicating that provincial charities were not immune from the influence of the metropolis. With Elizabeth Hallett's departure in 1845, female-led midwifery at the dispensary came full circle. It started in 1795, when the surgeons did not have time, or possibly the inclination, for midwifery, and it closed fifty years later when, reflecting general trends, midwifery was becoming a desirable element of medical practice for Birmingham's medical men. Hence, this one provincial charity represents a microcosm of aspects of contemporary change in midwifery.

¹⁶⁵ J. Lane, *Apprenticeship in England, 1600-1914* (London, 1996), pp. 10, 231.

CHAPTER 3: SMALLER LYING-IN CHARITIES IN BIRMINGHAM AND ITS ENVIRONS

Smaller provincial lying-in charities have been neglected in the historiography of midwifery. Although their individual contributions were generally modest, these charities nevertheless constituted one form of support to poor and ‘deserving’ lying-in women.¹ This chapter provides an overview of these smaller, yet more numerous charities in Birmingham and its environs. Sometimes known as ladies’ charities, they had a place in enabling women’s access to basic, yet essential, needs in childbirth; baby clothes and napkins, bedding and clothes for the mother, and a sum of money to pay a midwife and purchase food. In the late eighteenth and nineteenth century, most towns in England of any size gained charities of this type.² In the nineteenth century, the Birmingham area had just one larger scale lying-in charity. This was Birmingham Lying-in Hospital (later Charity), established in 1842. It was the only such charity with any beds, and in contrast to the aims of the smaller charities, its main mission was to provide training for medical pupils. Owing to the different aims, structure and management, the charity is considered separately in Chapter 4.

Initially, this chapter provides an overview of the smaller, yet more numerous lying-in charities in the Birmingham area. Focusing on the counties of Staffordshire, Warwickshire and Worcestershire, the analysis describes the charities’ origins and their key features, it

¹ Exceptions to the small contribution of maternity charities can be identified towards the end of the nineteenth century. In Edinburgh in the early decades of the twentieth century, it was claimed that one third of the deliveries were conducted by the eight maternity charities in the city, while in nineteenth-century Liverpool it is estimated that a similar proportion were supported by the Ladies Charity, A. Nuttall ‘Maternity Charities, the Edinburgh Maternity Scheme and the Medicalisation of Childbirth, 1900-1925’, *Social History of Medicine*, 24 (2011), pp. 370-88, S. Basten, *Provincial Lying-in at Home Charities and the Politics of Giving in Eighteenth-Century England*. Paper presented at the Economic History Society Graduate Training Conference, University of Manchester, 1-4 June 2006.

² This analysis does not include lying-in charities which focused on single needs, such as providing nourishment, or Dorcas Societies, which made and loaned baby clothes, but did not include any element of provision for care during childbirth.

considers the position of the women who used the charities, the ladies who ran them, and their involvement in maternity care. Small charities were typically managed from committee members' homes and survival of records is variable. The only evidence of the West Bromwich Lying-in Charity, for example, is a short paragraph in *Aris's Gazette* in 1791.³ In the first part of this chapter, primary sources from Bewdley and Walsall lying-in charities have been used, supplemented by town guides, trade directories, and letters and articles in medical journals. Although slightly further afield, data from Cheltenham's lying-in charities has been incorporated. It appears that with the exception of Doughton's work, which included one of Cheltenham's lying-in charities, there are no published analyses of these smaller midland lying-in charities.⁴

Anne Borsay and Peter Shapely have drawn attention to the limitations inherent in constructing historical analyses, and drawing conclusions about the operation of medical charities, from charities' own reports and newspapers. Vital though such sources are, there is a danger of one-sided accounts, producing a broad 'history of kindness', with little acknowledgment of the role played by recipients in the transaction of charity.⁵ Borsay and Shapely's edited volume seeks to address these deficits by giving voice to the perceptions of the recipients of charity. Kidd has identified that charitable transactions were dependent upon not only the activities of philanthropically inclined individuals, but also upon the those who

³ *Aris's Gazette*, Report of Annual Meeting, 5 Sept. 1791. The Kidderminster lying-in charity, in Worcestershire, has come to light because one of the accoucheurs wrote to the *Lancet*, G. Custance, No title, *The Lancet* Vol. V, No. 1 (9 Oct. 1824), pp. 119-121. Two further references to the charity have been found; 'To parents and Guardians' *Berrow's Worcester Journal*, 12 Feb. 1825, Issue 6373; John Jones, 1808-1877, was also surgeon to the lying-in charity, *Plarr's Lives of the Fellows Online* <http://livesonline.rcseng.ac.uk/biogs/E002380b.htm>, Accessed 10 Jan. 2014.

⁴ D. Doughton, 'Cheltenham women and provincial medical care in the early nineteenth century', *International History of Nursing Journal*, 3, 1 (1996), pp. 43-54.

⁵ A. Borsay and P. Shapely, 'Introduction,' in A. Borsay and P. Shapely, eds, *Medicine, Charity and Mutual Aid: The consumption of Health and Welfare in Britain, c.1550-1950* (Aldershot, 2007), pp. 1-10; A. Kidd, 'Philanthropy and the "social history paradigm"', *Social History*, 21 (1996), pp. 180-92.

were prepared to accept charity and so help the charitable to achieve their aims from the transaction. On both sides, charity was a subtle, or not so subtle, cultural performance, with each party playing their part, and fulfilling the needs of the other. Reciprocity was expected by the giver in the form of gratitude and deference.⁶ These limitations with regard to interpreting poor women's experiences of lying-in charities are evident in the records. None provides more than the briefest of insights into recipients, other than a few references to widows who were provided with additional relief.⁷ Rather, poor women's willingness to use these charities has to be implied from the numbers supported, where this data exists.

Detailed analysis of two lying-in charities in Coventry, in particular the Union Lying-in Charity, founded in 1810, forms the second part of this chapter.⁸ Primary records from two separate sources - the minutes of the Union charity, and the register of a Coventry midwife - have been used to construct an account of the charity's work, poor women's use of the charities and relationships between poor women and subscribers. When considering the operation of lying-in charities, it must be borne in mind that one group of women, and possibly the most impoverished, were excluded from their support. These were single women, who in the absence of alternative help, had little option but to turn to the poor law. Their access to maternity care will be considered in Chapter 5.

⁶ Kidd, 'Philanthropy and the "social history paradigm"', *Social History*, 21 (1996), pp. 180-92.

⁷ In June 1827 and December 1828, two widows were given an additional 1/6 for the four weeks following confinement. In the latter case, Widow Foster was described as 'a widow with a large family and in great distress', WLHC, Walsall Lying-in Charity (Walsall LIC), Minute Book 1814-1969, 624/1, 7 June 1827, 6 Dec. 1828.

⁸ CHC, Coventry (Union) Lying-in Charity (CULIC) minutes, PA2398/6/3/2/2, 8 March 1858.

Scope of the lying-in charities

These charities predominated in smaller towns and were the preserve of philanthropic middle-class women. Provision by smaller lying-in charities, also known as linen charities, or *ladies charities* in nineteenth-century Birmingham and its environs, largely reflected the picture in the provinces.⁹ Committee members were usually all 'ladies' and they organised relief, or comforts, to poor, respectable women giving birth at home. Linen and clothing for the mother and infant were loaned for the period of confinement and the lying-in month following. Most charities gave a sum of money to cover the midwife's fee and rewarded the return of the linen, typically in the form of a set of baby clothes and a small cash gift.¹⁰ As the nineteenth century progressed, these charities evolved, altering their views about the need to directly engage midwives, and identification of the need to secure medical assistance in emergencies.

Charitable aims can be categorised in a number of ways, one of which is to examine their explicit and implicit aims. In recognition of the additional stresses which childbirth placed on poor families, the expressed aims of the smaller lying-in charities was the provision of what were described as 'comforts' to women in their confinements, rather than medical care. Equally prominent was the aim of promoting moral behaviour, though as the charities almost exclusively barred unmarried women, it is difficult to see how this could be achieved.¹¹ In the early decades of the nineteenth century, ensuring a safer childbirth for either mother or child does not appear as an explicit aim. Rather, in providing money for a midwife, this aim is implied.

⁹ S. Basten, 'Out-patient maternity relief in late Georgian Buckinghamshire and Hertfordshire', *Local Population Studies*, 77 (2006), pp. 58-65.

¹⁰ Loudon, *Death in Childbirth*, p. 192; Basten, 'Out-patient maternity', pp. 58-65.

¹¹ D. Andrew, 'Two medical charities in eighteenth-century London. The lock hospital and the lying-in charity for married women,' in J. Barry and C. Jones (eds), *Medicine and Charity before the Welfare State* (London, 1991), pp. 82-97.

In the first half of the nineteenth century, most towns of any reasonable size in Birmingham's hinterland had lying-in charities, including, for example, Coleshill, Coventry and Kingsbury in Warwickshire; Burton-upon-Trent, Walsall, West Bromwich and Wolverhampton in Staffordshire; and Bewdley and Wribbenhall (1 charity), Stourport and Worcester in Worcestershire.¹² Table 3.1 lists the charities, illustrating their geographical spread, founding dates and the periods when they were active. Birmingham's lying-in charity has been included for completeness. Figure 3.1 shows their locations. The early nineteenth century has been identified as the start of women's involvement in charities of this type, but two of the charities were established in the late 1780s.¹³ The majority were founded around the turn of the nineteenth century: Coventry's two charities were founded in 1801 and 1810, while Walsall's was established in 1814. The charity in Stourport was active in the early part of the nineteenth century and that in Kingsbury in the second half.¹⁴ This chronology is consistent with Amanda Vickery's observation that by 1820, most provincial towns had female run charities and societies.¹⁵ Sylvia Pinches has identified the somewhat slower development of female-run charities in Birmingham compared to other parts of the country, a claim supported by Table 3.1, with evidence that smaller centres of Coventry, Warwick, West

¹² The three counties of Staffordshire, Warwickshire and Worcestershire have been selected because Birmingham was in Warwickshire, although close to the county borders of both Staffordshire and Worcestershire.

¹³ M. Gorsky, *Patterns of Philanthropy* (Woodbridge, 1999), pp. 163-64.

¹⁴ The majority of midlands lying-in charities were small organisations and survival of primary sources is variable. For example, there are no extant records for the *Ladies' Charity* in Wolverhampton: a contemporary trade directory reports the charity's existence but provides no details of the numbers of women supported, W. White, *History, Gazetteer and Directory of Staffordshire* (Sheffield, 1834), pp. 187-88. Similarly, Stourport Lying-in charity is only mentioned in one of the Worcestershire trade directories available on the Historical Directories site: *Pigot & Co's National Commercial Directory* (London, 1835), p. 662; <http://www.historicaldirectories.org/hd/>, accessed 19 June 2010.

¹⁵ A. Vickery, *The Gentleman's Daughter* (New Haven, 1998), pp. 255-56.

Bromwich and Worcester all established lying-in charities earlier than Birmingham.¹⁶ Possibly, the presence of the midwifery service, provided by Birmingham General Dispensary from 1794, suppressed philanthropic inclinations to establish a separate lying-in charity in the town.¹⁷

¹⁶ S. Pinches, 'Women as objects and agents of charity in Eighteenth-Century Birmingham', in R. Sweet and P. Lane (eds), *Women and Urban Life in Eighteenth-Century England: 'On the town'* (Aldershot, 2003), pp. 65-85, 83.

¹⁷ Chapter 2.

Table 3.1 Lying-in charities in Birmingham and environs: Founding and duration of activity, 1788-1900

County	Location: Charity	Date founded: active
Staffordshire	Burton on Trent: Benevolent society for the relief of lying-in women ¹⁸	? : early nineteenth century
	Walsall: Lying-in charity for Poor Married Women ¹⁹	1814: active in 1900
	West Bromwich: Lying-in charity ²⁰	1788: at least 1791
	Wolverhampton: Ladies' charity ²¹	? : circa 1834
Warwickshire	Birmingham: Lying-in hospital and charity Society for the administration of relief to poor lying-in women ²²	1842: active in 1900 1813: active in 1900
	Coleshill: Lying-in charity ²³	1789: at least 1861
	Coventry: Ladies' charity Union Lying-in Charity ²⁴	1801: at least 1875 1810: to 1896
	Kingsbury: Lying-in charity ²⁵	? : active in 1900
	Warwick: Lying-in charity ²⁶	1812: active in 1900
Worcestershire	Bewdley and Wribbenhall: Lying-in charity ²⁷	1822: active in 1900
	Kidderminster Lying-in charity ²⁸	? : circa 1825
	Stourport: Lying-in charity ²⁹	? : circa 1835
	Worcester: Lying-in charity ³⁰	1806: at least 1892

¹⁸ Staffordshire and Stoke on Trent Archive Service (SSTAS) D603/X/5/30, Rules of the Benevolent Society for the Relief of Lying-in Women.

¹⁹ WLHC, Walsall LIC, minute book , 1814-1969, 624/1,

²⁰ *Aris's Gazette*, Report of Annual Meeting, 5 Sept. 1791.

²¹ W. White, *History, Gazetteer and Directory of Staffordshire* (Sheffield, 1834), pp. 187-88.

²² WCAR, MS 954, Society for the Administration of Relief to Poor Lying-in Women, Minutes 1813-1828; WCAR, L46.64, Report of the Institution for Providing Nurses for Poor Married Lying-in Women, 14 May 1921.

²³ Coleshill lying-in charity was part-benefit and part-charity, S. Pinches, 'Women as Objects and Agents of Charity in Eighteenth-Century Birmingham,' in R. Sweet and P. Lane (eds), *Women and Urban Life in Eighteenth-Century England: 'On the town'* (Aldershot, 2003), pp. 65-85.

²⁴ Lascelles and Company, *Directory and Gazetteer of the City of Coventry* (Coventry, 1850), p. 25.

²⁵ WCRO, Kingsbury Lying-in charity, (no titles) DR(B)3/174 1864-1881, DR(B)3/175 1881-1901.

²⁶ W. Field, *An Historical and Descriptive Account of the Town and Castle of Warwick and of the Neighbouring Spa of Leamington* (Warwick, 1815), pp. 92-93.

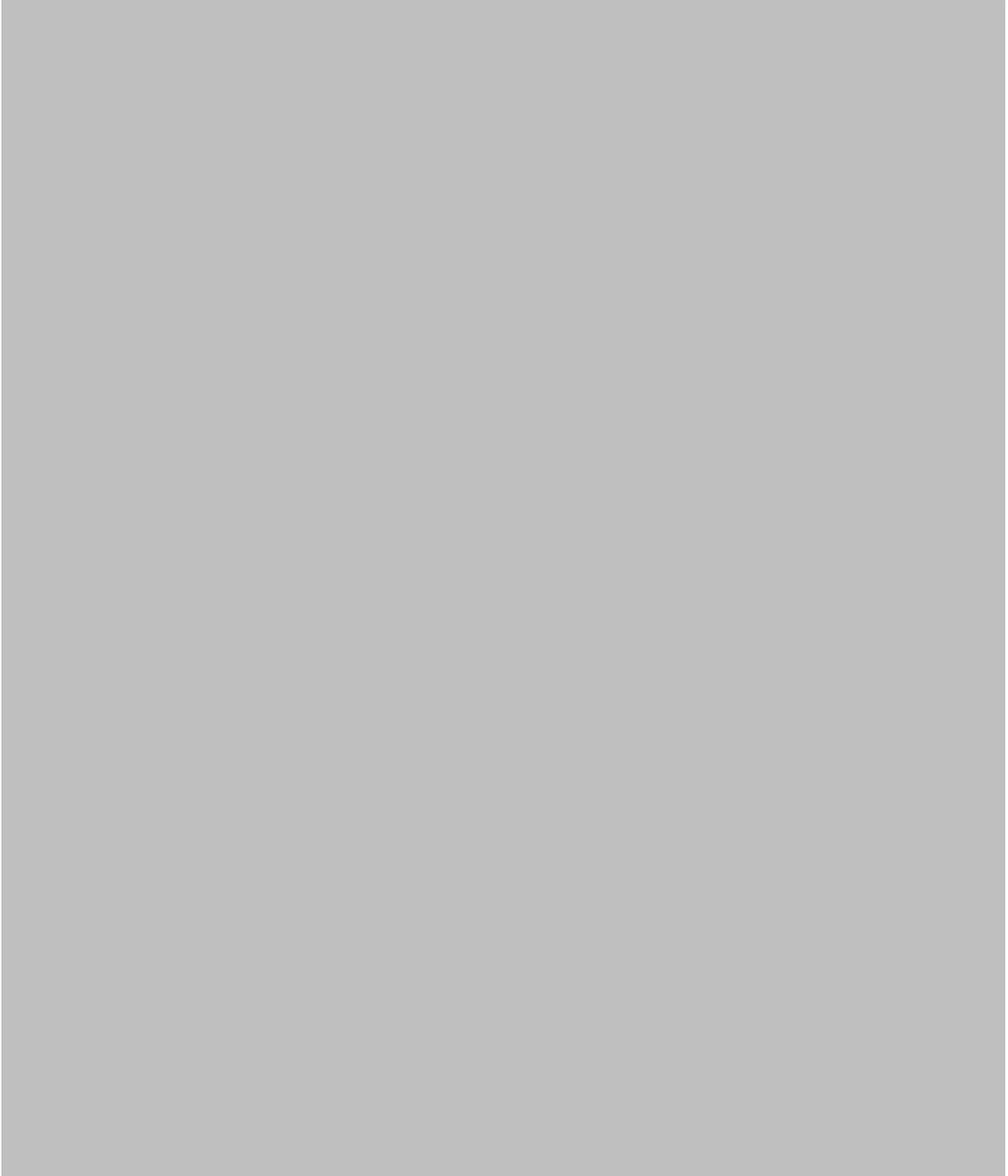
²⁷ WAAS, Bewdley and Wribbenhall Lying-in Charity (B&W LIC), *Account Book, 1822-1871, Book of Transactions and Inventory of Stock, 1891-1916*. Uncatalogued collection.

²⁸ 'To parents and Guardians', *Berrow's Worcester Journal*, 12 Feb. 1825.

²⁹ *Pigot & Co's National Commercial Directory* (London, 1835), p. 662.

³⁰ T. Eaton, *A Concise History and Description of the City and Cathedral of Worcester* (Worcester, 1829), p. 183.

Figure 3.1: Lying-in Charities in Birmingham and environs



Source: Adapted from: Registration and Census Districts 1837-1851 (Canterbury, 1987).

Coventry and Birmingham each had two lying-in charities. Coventry's charities were both founded in the first decade of the nineteenth century by different congregations, but appear to have had similar aims and modes of operation.³¹ Similarly, in 1837, the Cheltenham Midwifery Institution in Gloucestershire placed an advert in the local press to contradict a statement by the committee of the 'New Lying-in Dispensary' that the town had no charity which supported lying-in women. However, as the existing institution had supported just 36 women that year, and had a waiting list of eight, it appears that there was a role for another charity.³² Given enough ladies, subscribers and applicants for relief, there were no limits to the number of lying-in charities a town could support, and certainly between the years 1838 to 1870, and possibly longer, Cheltenham had three such charities.³³ With a population of 39,590 in 1870, Cheltenham was about the same size as Coventry.³⁴ It was a wealthy spa town, providing fertile ground for the activities of charitably inclined ladies. In contrast, the two charities in Birmingham were founded almost thirty years apart, in 1813 and 1842, and, as will be discussed, they had distinct aims. Long-term survival of the three lying-in charities in Cheltenham contrasts with the fate of the town's nursing association. It was founded in 1867, and closed in 1872, largely due to a lack of patrons, subscribers and hence funds. It appears that the association was largely supported by one parish, Christ Church, which was already

³¹ The two Coventry lying-in charities were the Anglican Ladies Lying-in Charity and the Union Lying-in Charity, established by dissenting church members, Lascelles and Company, *Directory and Gazetteer of the City of Coventry* (Coventry, 1850), p. 25.

³² WL, 'Cheltenham Midwifery Institution for Providing Medical Attendance and other assistance to poor women at their confinement, and through the lying-in month. Report for 1836'. Record No. 40862354. The charity paid 5 guineas to place the advert and it attracted donations of £12 4s. 6d.

³³ These were the Cheltenham Coburg Society, St James's Coburg Charity and Christchurch Lying-in Charity, *The Cheltenham Annuaire for 1870 with a Directory* (Cheltenham, 1870), pp. xv. It is not clear if the 'Cheltenham Midwifery Institution' is a fourth lying-in charity, or an alternative name for one of the above.

³⁴ *Ibid.*, p. vi.

operating a lying-in charity. Possibly, the additional burden of running a second charity in a related field was too great for the parish.³⁵

Potential duplication of provision was identified by Fissell in her study of health care in eighteenth- and nineteenth-century Bristol. The four active lying-in charities were the Female Misericordia, founded in 1809, the Dorcas Society, founded 1813, the Bristol Lying-in Society, and the Lying-in Society of Saints Philip and Jacob, both founded around 1820.³⁶ Fissell believes that, in practice, duplication was not an issue, as each charity focused on separate, though interrelated, areas of want and reliance upon subscriptions usually resulted in limited resources. The Misericordia provided meals for new mothers, the Dorcas Society made and maintained childbed and baby linen to loan out, while the Bristol Lying-in Society provided and trained midwives. In the climate of unregulated charitable provision in the eighteenth and early nineteenth centuries, there were no limits on the type and numbers of charities in a locality. Multiple charities of a similar nature could flourish, as long as there were sufficient supporters, subscribers and applicants. In towns with larger populations, or greater economic prosperity, this was possible.

For all charities, the major determinant of the scale of provision was the funds raised principally through subscriptions, supplemented by donations, legacies, and return on investments. Lying-in charities were also reliant upon there being sufficient numbers of ladies willing to devote their time and skills to organisation, fundraising and latterly,

³⁵ S. Wildman, 'Local nursing associations in an age of nursing reform, 1860-1900' (Unpublished PhD thesis, University of Birmingham, 2012), pp. 219-20.

³⁶ M. E. Fissell, *Patients, Power and the Poor in Eighteenth-Century Bristol* (Cambridge, 1991), pp. 117-25. Bristol also had a dispensary, founded in 1775. By the early nineteenth century, the dispensary midwives were delivering upwards of 500 women a year, p. 118.

recruiting and managing staff. Involvement included a commitment to attend regular meetings, making baby clothes; using family, social and business networks to raise subscriptions; and visiting the charity's 'objects' to ensure that they were proper objects of relief and that the loaned linen was being used appropriately.³⁷ Initially, storekeepers, also described as managers, were appointed from among the committee members. With the passage of time, paid managers or matrons were appointed, and the charities became employers. Nearly all medical charities struggled for funds, and as specialist charities, lying-in charities possibly had less ability than dispensaries, or general hospitals, to attract subscriptions from manufacturers or trades people, who might subscribe to general medical charities for the benefit of their workforce. Gorsky suggests that charities attached to particular congregations, such as in Coventry, were more secure financially because of this core support.³⁸ Charities founded in the late eighteenth or early decades of the nineteenth century may have had more success in attracting subscriptions, especially from women, because the smaller number of medical charities meant there was less competition for subscriptions than those in later decades.

In the eighteenth and nineteenth centuries, there was a belief that innate feminine qualities were naturally suited to charitable work with women, children and the sick. For upper middle-class women, work of this type was one of few occupations which was appropriate, for paid work was not considered acceptable.³⁹ In addition to charitable works fulfilling ladies' needs for purposeful occupation, it also addressed their call to be involved in practical Christianity, to live out the teachings and message of the Christian gospels, by promoting the welfare of the poor and the sick. For many ladies involved in charitable work it was considered part of their Christian duty to promote the welfare of

³⁷ Fissell, *Patients, Power*, pp. 123-24.

³⁸ Gorsky, *Patterns*, p. 209.

³⁹ K. Gleadle, *British Women in the Nineteenth Century* (Basingstoke, 2001), p. 57.

the local population, and was a genuine concern.⁴⁰ In the case of lying-in charities, Fissell suggests that middle-class committee members gained an ‘identity and purpose’ from their charitable work.⁴¹ Furthermore, Gleadle and Prochaska observe that while all Christian denominations emphasised charitable works, it was particularly evident in Unitarian and Quaker congregations, and evangelical circles, and such congregations were prominent in Birmingham itself, as well as in Coventry and Walsall.⁴²

According to Pinches, many lying-in charities were part benefit club and part charity, as in the Coleshill charity, where women who met the criteria for admission were charged an initial fee of 2s. 6d., and 6d. a month subsequently.⁴³ However, with the exception of the Coleshill charity, the lying-in charities considered here appear to be purely charitable. A sum of 10s. 6d. was the minimum charged by most nineteenth-century lying-in charities for one recommendation, including Bewdley, Walsall and Cheltenham’s Coburg Society. The Burton charity charged the smaller sum of 5s., which possibly accounted for the less generous reward of soap, rather than baby clothes, when the linen was returned.⁴⁴ Numbers of recommendations increased in line with these amounts, but as an incentive, the Walsall charity allowed subscribers of two guineas five recommendations, while half-guinea subscribers received one recommendation in their first year and two the following year.⁴⁵

⁴⁰ M. Luddy, *Women and philanthropy in nineteenth-century Ireland* (Cambridge, 1995), p. 214.

⁴¹ Fissell, *Patients, Power*, p. 125.

⁴² Gleadle, *British Women*, pp. 65-69; F. K. Prochaska, *Women and Philanthropy in 19th Century England* (Oxford, 1980), pp. 8-11; A. Briggs, *Victorian Cities* (Harmondsworth, 1968), pp. 201-4; A. F. P. Sell, ‘The Social and Literary Contributions of Three Unitarian Ministers in Nineteenth-century Walsall’, *Transactions of the Unitarian Historical Society*, 15, 3 (1973), pp. 77-97.

⁴³ S. Pinches, ‘Women as Objects and Agents of Charity in Eighteenth-Century Birmingham,’ in R. Sweet and P. Lane (eds), *Women and Urban Life in Eighteenth-Century England: 'On the town'* (Aldershot, 2003), pp. 65-85, in addition to the usual lying-in charity benefits, women in the Coleshill charity were guaranteed attendance by a surgeon, rather than a midwife for their delivery.

⁴⁴ SSTAS, Rules of the Benevolent Society for the Relief of Lying-in Women in the Parishes of Burton upon Trent and Burton Extra, D603/X/5/30.

⁴⁵ WLHC, Walsall LIC, Rules & regulations 1825, 624/11.

In their appeals for subscriptions and donations, lying-in charities drew attention to the plight of poor women in their ‘hour of need’, adopting terminology designed to appeal particularly to ladies, many of whom would have shared experience of painful, lengthy and exhausting labours, although not in the context of poverty.⁴⁶ Walsall Lying-in Charity expressed the hope that it would have a prior claim on any ladies who were inclined towards charitable work, and referred to the comforts it provided to helpless infants entering ‘the abode of poverty and misery’.⁴⁷ Cheltenham’s Coburg Society described confinement as an ‘eventful and perilous period’, when women needed assistance for themselves and their offspring.⁴⁸ Drawing attention to shared concerns, which cut across boundaries of class, religion and politics, and using sentiment as one means of raising revenue was common with medical charities, particularly those which treated sick children.⁴⁹ Lying-in charities emphasised the benefits of involvement for ladies. Supporters of Walsall Lying-in Charity were informed that they would gain personally if they donated their time and effort, and would ‘enjoy the pleasing reflection of having lessened the sum of human misery’.⁵⁰ An additional lever used to attract ladies to Walsall’s committee, as well as subscribers, was the assertion that economies of scale, achieved by affording assistance through the charity, were far more effective than charity provided on an individual basis.⁵¹ Employing the argument of effective and economic use of subscriptions was a strategy frequently adopted by medical charities, and while Walsall lying-in charity is the only one in this analysis where evidence survives to illustrate this, it

⁴⁶ Gorsky, *Patterns*, p. 166.

⁴⁷ WLHC, Walsall LIC, Second report, 1815-1816, 624/14, p.1.

⁴⁸ S. Y. Griffith, *Griffith's New Historical Description of Cheltenham and its vicinity* (London, 1826), p. 21.

⁴⁹ K. Waddington, *Charity and the London Hospitals 1850-1898* (Woodbridge, 2000), p. 28, such methods were successful, Waddington notes that in the mid-nineteenth century, London’s Hospital for Sick Children attracted increased funding at a time when other hospitals’ incomes were declining.

⁵⁰ WLHC, Walsall LIC, Minute book 1814-1969, 624/1, 20 Feb. 1815.

⁵¹ *Ibid*, 20 Feb. 1815; Kidd, ‘Philanthropy’, pp. 180-92.

is possible that the other lying-in charities adopted similar persuasion.⁵² In addition to eligibility criteria for relief, there were rules for committee members. Ladies had to explain non-attendance at meetings, and pay forfeits if the reasons were not considered acceptable. In this respect, committee members were also subject to a degree of control.⁵³

Meeting the criteria for relief

Eighteenth- and nineteenth-century charities' reliance on subscriptions and donations necessitated that they provide aid not only on the basis of poverty, but also according to moral criteria. Applicants had to be unable to pay for treatment, although they had to be in work, thus demonstrating that they were making efforts to avoid dependence on charity.⁵⁴ Expectations that the working poor should make some provision for childbirth are evident in the Coburg Society in Cheltenham, which in 1833 excluded those expecting their first child unless there was 'extreme distress.'⁵⁵ Most lying-in charities excluded unmarried women and even married women who were not thought suitable objects of relief.⁵⁶ A number of charities included the word 'married' in their official titles, and Walsall Lying-in Charity stated that it specifically benefitted 'industrious and virtuous females'. As if to reinforce the qualifying criteria, one of the Walsall charity's rules declared that those of 'sober habits and good character' had the first claim. From the tone

⁵² Waddington, *Charity and the London Hospitals*, pp. 31-32. Surviving lying-in charity rules and recommendation forms show many similarities, indicating that new charities used existing forms of words as templates. Hence the rules of many charities were almost identical.

⁵³ WLHC, Walsall LIC, Rules and Regulations 1825, 624/11; WLHC, Walsall LIC, notice of annual meeting, 1843, 624/16. Regulations also applied to the conduct of committee members, non-attendance at Walsall charity meetings in 1814 resulted in a fine of 1s., WLHC, Walsall LIC, Minute book 1814-1969, 624/1, 5 Sept. 1814.

⁵⁴ B. Croxson, 'The public and private faces of eighteenth-century London dispensary charity', *Medical History*, 41 (1997), pp. 127-49.

⁵⁵ Doughton, 'Cheltenham women', pp. 43-54; The Coburg Society was founded following the death in childbirth of Princess Charlotte of Wales and Saxe-Coburg in 1817.

⁵⁶ Exclusion of unmarried women was not universal; the Westminster lying-in hospital, London, admitted unmarried women in their first pregnancy only, P. Rhodes, *Doctor John Leake's Hospital*, (London, 1977), p. 24. Infant mortality was higher for infants of single mothers, and Smith suggests that excluding single women had an additional advantage when charities reported on their performance, F. B. Smith, *The People's Health 1830-1910*, (London, 1979), pp. 35-36.

of the rules and regulations, such characteristics were necessary in order to make any claim.⁵⁷ On occasion, when tickets had been acquired by women who were subsequently judged ineligible on moral grounds, this might be noted.⁵⁸

Medical charities always struggled for funds, and ensuring that recipients were deserving was vital to maintaining a flow of subscriptions. The Burton Lying-in Charity aimed at the general good, but granted support only to 'industrious women of good character', and applicants to Bewdley's charity had to be 'proper objects'.⁵⁹ Similarly, subscribers making recommendations to Cheltenham's Coburg Society had to enquire into women's character and circumstances, and, in 1825, the Walsall charity required subscribers to 'minutely investigate the character and worthiness of the object she relieves'.⁶⁰ Recipients were subject to on-going scrutiny. By these means, charities aimed to ensure that their resources were targeted at the deserving, 'respectable', poor.⁶¹ Subscribers in Walsall visited 'the object of her recommendation' at least once during the woman's confinement. At the initial visit, the woman was given a shilling, and subscribers were expected to check that the linen was being used according to the 'intention of the society'.⁶² In 1826, women relieved by the Coburg Society were subject to four visits during the lying-in month, a requirement which was possibly too onerous for both women and subscribers, for the number of visits was reduced to two.⁶³ Visits to mothers in their homes indicate a higher level of donor-recipient contact and scrutiny than

⁵⁷ WLHC, Walsall LIC, Rules & Regulations, 1825, 624/11, Rule 3.

⁵⁸ In 1818, Birmingham Society for the Administration of Relief to Poor Lying-in Women reported that a subscriber had been prevailed upon to give a ticket to 'a woman of very indifferent character'. WCAR, Society for the Administration of Relief to Poor Lying-in Women, MS 954, 28 Jan. 1818.

⁵⁹ SSTAS, Rules of the Benevolent Society for the Relief of Lying-in Women in the Parishes of Burton upon Trent and Burton Extra, D603/X/5/30; WAAS, B&W LIC, Recommendation form. 850BEWDLEY/8377/31/I Uncatalogued collection

⁶⁰ Griffith, *Description of Cheltenham*, p. 23; WLHC, Walsall LIC, Rules and Regulations, 624/11, 1825.

⁶¹ Indiscriminate charity was to be avoided at all costs, because it could be unproductive, and did not produce the desired response in recipients. So, as well as being in need, recipients had to be deserving, A. Kidd, 'Philanthropy and the social history paradigm', *Social History*, 21 (1996), pp. 180-192.

⁶² WLHC, Walsall LIC, [no title], 624/16, 1843.

⁶³ In addition, subscribers were allowed to nominate friends to conduct visits, Griffith, *Description of Cheltenham*, p. 22.

was the norm for most medical charities. The requirement for subscribers to visit the women they recommended might lead to the expectation that female subscribers would be in the majority, and in 1807, 91% of subscribers to a Liverpool Lying-in Charity were female.⁶⁴

Penalties were imposed for abuse of the charities' gifts; women who purloined or damaged the linen, or failed to return it promptly were excluded by the Burton charity; in Walsall, 'miscreants' were also threatened with legal action. The price paid by poor women for assistance from the charity appears harsh. The process of securing charity included references to their poverty, as well as elements of control, emphasising their dependence and reminding them of the gratitude owed to subscribers. At the outset, the tickets given to recipients of relief refers to them as 'Poor Women'.⁶⁵ Receiving charity involved women weighing up the benefits of having a midwife's fee, sufficient linen for the confinement, a new set of baby clothes, plus a shilling for themselves, against the potential humiliation of being the subject of an enquiry before a recommendation was provided. Although women's characters and circumstances were subject to close scrutiny, the numbers relieved by the charities indicate that women were prepared to tolerate these humiliations. To secure benefits, women had to obtain a recommendation, or ticket from a subscriber. Initially, subscribers were approached directly, but with the passage of time, recommendations were obtained from managers, possibly at the charity's office.⁶⁶ Fissell attributes this change in the system of acquiring a ticket to applicants no longer being known to benefactors, hence inspection visits to the homes of recipients, were a means of

⁶⁴ F. Prochaska, *Women and Philanthropy in 19th century England* (London, 1980), p. 242, the charity was the Ladies Charity, founded 1796.

⁶⁵ WLHC, Walsall LIC, Second report, 1815-1817, 624/14.

⁶⁶ Fissell, *Patients, Power*, pp. 123-25.

ensuring that only the ‘deserving’ poor were helped.⁶⁷ Four strands of relief can be identified; money to pay a midwife to attend the delivery, with emergency medical aid if necessary, a loan of linen for the confinement and the month following; food relief; and, finally, a reward when the linen was returned in good order.

Teasing out whether midwives or medical men were provided by a charity is not always evident from the sources. Members of the Coleshill charity, which was part-benefit club, were attended by a surgeon.⁶⁸ It is unclear whether, in 1815, the Warwick charity’s reference to ‘all necessary medical advice’ refers to routine, or emergency calls.⁶⁹ At Walsall Lying-in Charity, the midwife’s fee was 3s., a sum within the normal range for the early to mid-nineteenth century, but there are no indications of whether the charity influenced women’s choice of midwife, whether birth attendants were regarded as regular midwives, or women who occasionally assisted at confinements. A directory of 1813, the year prior to the charity being established, records just one midwife in the town, Mrs Chamberlain, of New Street.⁷⁰ By 1820, the Walsall charity directed subscribers to pay the midwife’s fee directly, rather than give it to the woman.⁷¹ This may indicate that, rather than engage a midwife, some women were using unpaid birth attendants, or none at all, and using the money for other pressing needs. In addition, this new arrangement resulted in direct contact between subscribers and midwives, perhaps with the aim of enabling ladies to adopt a degree of monitoring of midwives’ activities, or even characters. Tickets from Coventry Union Lying-in Charity covered a midwife’s fee, and, in 1840, women may have chosen a midwife, but by 1886, they had to use one of the

⁶⁷ *Ibid.*, p. 124.

⁶⁸ Pinches, ‘Women as objects’, p. 72.

⁶⁹ Field, *Historical and descriptive account*, pp. 92-93.

⁷⁰ T. Pearce, *The History and Directory of Walsall* (Birmingham, 1813), reprint 1989, p. 153.

⁷¹ WLHC, Walsall LIC, minute book, 624/1, 6 March 1820.

charity's four midwives, whose names were printed on the tickets.⁷² Birmingham's 'Society for the administration of relief to poor lying-in woman', founded in 1813, employed nurses to attend mothers for eight days following the birth and undertake household duties for the family. Whether the nurse was expected to assist with, or take charge of deliveries is uncertain. In 1817, the society provided nurses to 144 women, and pecuniary relief to 101.⁷³ Similarly, an account of the Worcester Lying-in Charity in 1829 refers to loaning linen, the provision of infant clothes and coals, but there is reference to neither midwives, nor to the provision of a fee.⁷⁴ Arrangements by smaller charities to ensure emergency medical assistance appear infrequently in the first half of the nineteenth century. From 1820 to 1825, Walsall Lying-in Charity paid surgeons' fees of between 5s. and 2 guineas on four occasions, suggesting that the charity regarded their assistance as a necessary and reasonable expense.⁷⁵ In 1824, George Custance identified himself as accoucheur to the Kidderminster Lying-in Charity, indicating a definite appointment.⁷⁶ In the early nineteenth century, Kidderminster was a prosperous carpet manufacturing centre, and the second largest town in Worcestershire, so it was in keeping either that the charity had the resources to appoint an accoucheur, or was able to attract an appointment to an honorary post.⁷⁷ In 1838, Cheltenham's Coburg Society had a surgeon, and, by

⁷² CHC, CULIC minutes 1826-52, PA2398/6/3/2/1, 5 Oct. 1840; CULIC minutes 1853-1890, PA2398/6/3/2/2, 8 Nov. 1886.

⁷³ WCAR, Society for the Administration of Relief to Poor Lying-in Women', Minutes 1813-1828, MS 954, Initially, the society's aims were to provide comfort to 'poor lying-in women'. By 1821, it was stated that recipients had to be 'Poor *married* lying-in women'. The nurse's attendance was later extended to nine days. Consequently, the society came to be known as 'The nine day's nurse society'.

⁷⁴ Eaton, *A Concise History*, p. 183.

⁷⁵ WLHC, Walsall LIC, register of receipts and expenditure, 624/2; in 1820 Thomas Adams received 5s., and Joseph Wollatt received a guinea in 1823. Edgar Spilsbury was paid a guinea in 1824, and two guineas in 1825, but donated both fees to the charity.

⁷⁶ G. Custance, No title, *The Lancet* Vol. V, No. 1 (9 Oct. 1824), pp. 119-21; Custance advertised for a pupil in *Berrow's Worcester Journal* the following year, while still appointed to the lying-in charity, 'To parents and Guardians' *Berrow's Worcester Journal*, 12 Feb. 1825, Issue 6373; Surgeon John Jones, 1808-1877, was attached to the same charity, as well as Kidderminster dispensary, <http://livesonline.rcseng.ac.uk/biogs/E002380b.htm>, accessed 10 Jan. 2014, none of the lying-in charity's records have survived.

⁷⁷ M. Berg, *Luxury and Pleasure in Eighteenth-century Britain* (Oxford, 2005), pp. 115, 254.

1870, in addition had two honorary posts.⁷⁸ Other than these examples, the nature of smaller charities' engagement with midwives or medical men is uncertain.

In the early decades of the nineteenth century, the Coventry Union and Walsall charities gave the woman a small sum of money, probably intended for food. Loaned linen usually included a pair of bed sheets, two chemise and one or two nightgowns for the mother. In the early part of the nineteenth century, the Bewdley and Walsall charities loaned infants two gowns, two flannel petticoats and two or three shirts.⁷⁹ Bewdley and Burton-upon-Trent charities loaned twelve napkins, but the Walsall charity provided only eight. Rewards for the return of the linen were conditional upon it being clean, 'in good order' and returned within the month. Rewards usually included a set of baby clothes, namely a cap, frock and shirt, but these were only issued if infants survived. The charities in Bewdley, Coventry (Union) and Walsall all provided baby clothes, with the Walsall charity donating a warmer set in winter. Additional rewards for the return of linen were more varied. Charities in Bewdley and Worcester, both on the river Severn, issued coal tickets. In 1828, the Worcester charity distributed two hundredweight of coal, mainly to women giving birth in the winter months.⁸⁰ Coventry Union charity gave mothers an additional shilling when the linen was returned, as did Cheltenham's Coburg Society. In the latter society, the shilling was conditional on the mother having given thanks at her usual place of worship.⁸¹ Similarly, regulation XIII of the Walsall charity stated that subscribers 'request' women to attend public worship to give thanks. The requirement for recipients to give public thanks was standard practice for medical charities in the eighteenth and early nineteenth centuries and illustrates the religious motivations

⁷⁸ H. Coles, 'Statistics of the Coburg Lying-in Society of Cheltenham', *London Medical Gazette*, New Series, 1 (1838-39), pp. 318-19; *The Cheltenham Annuaire for 1870 with a Directory* (Cheltenham, 1870), pp. xv.

⁷⁹ WAAS, B&W LIC, book of transaction and inventory of stock, 1860-1890, 850Bewdley/8377/31/i.

⁸⁰ Eaton, *A Concise History*, p. 183.

⁸¹ Griffith, *Description of Cheltenham*, p. 22.

underpinning their work.⁸² In Walsall's case, the mode of the request once more indicates personal contact between women and subscribers. The full benefits of four of the charities are summarised in Table 3.2.

⁸² WLHC, Walsall LIC, Rules & Regulations 1825, Regulation XIII, 624/11; A. Borsay, *Medicine and Charity in Georgian Bath: A Social History of the General Infirmary, c.1739-1830* (Aldershot, 1999), pp. 366-67; LMA, Westminster New Lying-in Hospital Fair minute book, HO1/GLI/A/02/001, 4 Feb. 1777.

Table 3.2 Lying-in charities in Birmingham and environs: Summary of provision, 1825-1881

Lying-in charity:	Bewdley & Wribbenhall, 1860-1881. ⁸³	Burton upon Trent and Burton Extra-Benevolent Society for the Relief of Lying-in Women ⁸⁴	Coventry Union lying-in Charity. Rules for manager 1840. ⁸⁵	Walsall Lying-in Charity 1825 ⁸⁶
Founded	1822	Early nineteenth century	1810	1814
Money given	-	-	2s. for the woman; 5s. for the midwife's fee	1s. for the woman; 3s. for the midwife's fee
Linen loaned:				
Sheets	1 pair	1 pair	Items not specified.	1 pair
Shifts	2 chemise	2		2 chemise
Bed gowns	1	2		2
Night caps	-	2		1 petticoat
Shawl	-	-		1 - from 1825
For the child;				
Bed gowns	'1 set of linen'	2		2
Flannel petticoats		2		2
Shirts		3		2
Napkins	12	12		8
Duration of loan		1 month	1 month	1 month
Condition of items on return	-	'well washed'	'clean and in proper order'	'washed and in good condition'
Reward for return of linen	Baby clothes, coal	1 pound of soap	Baby clothes, 1s.	Baby clothes, 1 item of clothing for the mother
Numbers supported	Average of 58 women/annum, range 40-75.	No data	Approximately 87 in 1866, 79 in 1873. ⁸⁷	From 1814 to 1825, an average of 107 women a year, range 59-114

⁸³ WAAS, B&W LIC, book of transaction and inventory of stock, 1860-1890, 850Bewdley/8377/31/i.

⁸⁴ SSTAS, Rules of the Benevolent Society for the Relief of Lying-in Women in the Parishes of Burton upon Trent and Burton Extra, D603/X/5/30.

⁸⁵ CHC, CULIC, minutes, 1826-52, PA2398/6/3/2/1, 5 Oct. 1840.

⁸⁶ WLHC, Walsall LIC, Rules and regulations, 1825, 624/11.

⁸⁷ CHC, CULIC, minutes, PA2398/6/3/2/2, 1853-1890, 13 Feb. 1866, 9 March 1873.

Many smaller lying-in charities relieved approximately 100 or fewer cases per annum, and throughout the nineteenth century, the numbers relieved show little variation.⁸⁸ Thirty-four women were relieved by the West Bromwich Lying-in Charity in 1791, and an average of 48 in each of the previous two years. The charity also reported that there had been no maternal deaths in the past three years.⁸⁹ The Walsall charity relieved 114 women in 1823; 121 in 1842.⁹⁰ Higher numbers were reported by the Worcester Lying-in Charity, which supported over 350 women in 1828, and had relieved 7,114 since its establishment in 1806.⁹¹ In 1838, Cheltenham's three lying-in charities supported 316 women.⁹² In the same year, Coventry's two charities relieved 300 women between them. It is likely that the Ladies Lying-in Charity, which held an annual ball to raise additional funds, not to mention its profile, supported more women than did the Union Lying-in Charity, which relied almost solely on subscriptions as a source of funding.⁹³ In 1866, the Union Lying-in Charity raised £45 17s.9d., in subscriptions, but only £41 15s. in 1873. At 10/6 per ticket, this suggests that the charity relieved approximately 87 women in 1866, and 79 in 1873.⁹⁴

As the nineteenth century progressed, numbers assisted by these charities remained below 100. From 1860 to 1881, Bewdley Lying-in Charity relieved an average of 58 women annually (range 40-75), and at any one time, a maximum of 15 women were

⁸⁸ Basten, 'Out-patient maternity relief'; WAAS, 850 BEWDLEY/8377/31/i, B&W LIC, Book of transactions and inventory of stock 1860-90.

⁸⁹ Report of the Annual Meeting of Subscribers to the Lying-in Charity, *Aris's Gazette*, 2 Sept. 1791.

⁹⁰ WLHC, Walsall LIC, Register of Receipts and Expenditure, 624/2.

⁹¹ Eaton, *A Concise History*, pp. 183-84. Averaged over the 23 years, this was 309 annually.

⁹² H. Coles, 'Statistics of the Coburg Lying-in Society of Cheltenham', *London Medical Gazette, New Series*, 1 (1838-1839), pp. 318-19; the Coburg Society relieved 216, and the other two charities approximately 100 between them.

⁹³ HCPP, *Royal Commission on Hand-Loom Weavers Assistant Commissioners' Reports (Midland District)* (J. Fletcher) 19th Century House of Commons Sessional Papers=Collection. Paper number 217, Volume XXIV.1, pp. 317. http://gateway.proquest.com/openurl?url_ver=Z39.88-2004&res_dat=xri:hcpp&rft_dat=xri:hcpp:rec:1840-018979, accessed 3 Jan. 2013. In 1840, 300 attended the Ladies' Charity annual ball, and 234 in 1850; *Coventry Herald*, 3 Jan. 1840, p. 4; *Coventry Herald*, 4 Jan. 1850, p. 3.

⁹⁴ CHC, CULIC Minutes, PA2398/6/3/2/2, 13 Feb. 1866, 11 Nov. 1867, 9 March 1873. The charity occasionally received legacies which were invested.

supported.⁹⁵ Such numbers indicate that charities' subscriptions, and the numbers relieved, had not kept pace with the growing populations of these towns. Walsall Lying-in Charity relieved 1,036 women in the decade 1850-59, and 1,202 in 1870-79, although the population of the town had increased by over 90% between 1851 and 1871.⁹⁶ Towards the end of the nineteenth century, Birmingham Lying-in Charity rationalised the static, or even falling demand, for its services. The charity believed that improvements in the socio-economic circumstances of the working population, combined with difficulties in securing charity tickets, resulted in a proportion of eligible women choosing to engage midwives directly, preferring to pay a fee, rather than turn to a charity.⁹⁷

Smaller lying-in charities in Birmingham and its environs have been shown to be very similar in their aims and their modes of operation. Despite midwifery care being an important element of provision, almost nothing is known about these women. Of the appointment of medical men, there is only firm evidence in the Coburg and Kidderminster charities. Other notable absences from the record are insights into the experiences of women who succeeded in obtaining charitable support. The second part of this chapter addresses some of these gaps in the historical record.

Coventry's lying-in charities

Nineteenth-century Coventry had two lying-in charities: the Ladies Lying-in Charity, founded in 1801 and supported by members of the Church of England, and the Union Lying-in Charity, founded in 1810 by members of the town's dissenting churches. This proliferation has been identified in many centres in the early nineteenth century and been

⁹⁵ WRO, B&W LIC, *Book of Transactions and Inventory of Stock, 1891-1916*, 850 BEWDLEY/8377/31/I, Uncatalogued collection.

⁹⁶ WLHC, Walsall LIC, *Book of receipts and expenditures, 624/2-3*, see Appendix 2 for population figures.

⁹⁷ WCAR, Birmingham Lying-in Charity, *Annual Report 1890*, L46.24.

attributed to class, local and religious allegiances.⁹⁸ In 1850, the Coventry Ladies Lying-in Charity was based in Priory Row, with Lady Craven as patron and Mrs M. Tomkins appointed matron. In the same year, the Union Lying-in Charity was based in Gas Street, with Mrs L. Dolby as its matron and Mrs Cash as Treasurer.⁹⁹ There is no evidence that either charity had any arrangements with midwives or medical officers when founded. Analysis of Coventry's lying-in charities is of particular interest because of the opportunity to draw upon two independent, but complementary, primary sources. First, the Union charity's minute books, covering the years 1826 to 1890, and, second, the register of a Coventry midwife, Mary Eaves who practised from 1847 to 1875.¹⁰⁰ In particular, evidence of relationships between subscribers and the women who successfully applied for lying-in charity tickets can be gleaned from an analysis of Eaves's cases from 1850 to 1867, the years during which she recorded the names of subscribers who provided charity tickets to those women she delivered.

The sole surviving primary sources from the Ladies Lying-in Charity are two receipts and two letters from the committee. Both letters, one dated 1833, the other 1847, were to the Masters of the Drapers' Company, requesting permission to use the guild's hall for the charity's annual ball. In both cases, the request was granted.¹⁰¹ Insights into the dissenting Union Lying-in Charity can be gained from two committee minute books,

⁹⁸ Prochaska, *Women and Philanthropy*, p. 106; Fissell, *Patients, Power*, pp. 92-93.

⁹⁹ Lascelles and Company, *Directory and Gazetteer of the City of Coventry* (Coventry, 1850), p. 25.

¹⁰⁰ CHC, CULIC, minutes for 1826-52, 1853-1890; PA2398/6/3/2/1, 2. In the CHC catalogue, the minutes, vouchers and letters are all described as 'lying-in charity records'. The vouchers and letters originate from the Ladies Lying-in Charity, and the minute books from the Union Lying-in Charity; the last meeting recorded in the second minute book (PA2398/6/3/2/2) took place on 8 Dec. 1890, although the charity continued operating after this date.

¹⁰¹ CHC, Voucher for summoner 1817, PA 468/4/3/25/18; Voucher for summoner 1818; CHC, PA 468/4/3/26/34, Letter from lying-in charity committee 1833, CHC, PA 468/5/10/1/1, Letter from lying-in charity committee 1847, CHC, PA 468/5/10/1/21. In 1840, 300 attended the ball and 234 in 1850; *Coventry Herald*, 3 Jan. 1840, p. 4; *Coventry Herald*, 4 Jan. 1850, p. 3.

for the years 1826 to 1890.¹⁰² Finally, details of both charities was obtained from committee members Mrs C. Bray and Mrs Woodcock, as part of the midland districts' report to the Royal Commission on hand-loom weavers in 1840.¹⁰³ Caroline Bray, a Quaker, was the wife of Charles Bray, ribbon manufacturer, who also gave evidence to the commission. Mrs Woodcock was active in the Ladies Lying-in Charity and the wife of Edward Woodcock, who, in 1840, was Coventry's mayor. Indeed, many of the ladies who were active in, or subscribers to, the lying-in charities, were the wives of the manufacturers who are mentioned in, or gave evidence to the commission, including Mrs Cash, Dresser, Hands, Hennell, Jenkins and Ratliff.¹⁰⁴

The 1840 Royal Commission was established following concerns about the impact of depressions in the silk ribbon trade on Coventry's economy and working population, and the commissioner for the midland district was Joseph Fletcher. Fluctuations in hand-loom weavers' wages in the first half of the nineteenth century were a consequence of numerous factors, including the abolition of duty on imported silks, the introduction of the Jacquard loom, which could weave several ribbons at once, and changes in fashion. To provide a comprehensive picture to support his analysis, Joseph Fletcher reported on charitable and other support available in Coventry.¹⁰⁵ Fletcher's report contains the only

¹⁰² CHC, CULIC, minutes for 1826-52, 1853-90, PA2398/6/3/2/1, 2.

¹⁰³ HCPP, *Royal Commission on Hand-Loom Weavers Assistant Commissioners' Reports (Midland District)* (J. Fletcher) 19th Century House of Commons Sessional Papers=Collection. Paper number 217, Volume XXIV.1, pp. 317. http://gateway.proquest.com/openurl?url_ver=Z39.88-2004&res_dat=xri:hcpp&rft_dat=xri:hcpp:rec:1840-018979, accessed 3 Jan. 2013. It was also reported that in the year from March 1837, Coventry Provident Dispensary had 31 midwifery cases, or 2% of the total cases. A fee of 10s. 6d. was due a month before confinement, and women were attended by a surgeon of their choice, pp. 315-16.

¹⁰⁴ *Ibid.* p. 221; these ladies were all committee members of the Union Lying-in Charity. Caroline Bray is not mentioned in the Union Lying-in Charity minutes, but Caroline and her husband were known for their involvement in social reform and her evidence to the commission suggests a close interest in one, or both charities, R. Ashton, 'Bray, Caroline (1814-1905)', (Oxford, 2004), <http://www.oxforddnb.com/view/article/32048> Accessed 20 Aug 2013.

¹⁰⁵ HCPP, *Royal Commission on Hand-Loom Weavers Assistant Commissioners' Reports (Midland District)* (J. Fletcher) 19th Century House of Commons Sessional Papers=Collection. Paper number 217, Volume

evidence of the numbers of women relieved by the two charities, the motivations of subscribers and some of the ladies' views on women's reliance on the charities. The two charities relieved about 300 women annually through 'the assistance of a midwife and nurse, the use of a box of linen, and provision of caudles and nourishing foods.'¹⁰⁶ Recipients had to be 'deserving', but incapable of providing for themselves. Expressing sentiments in line with the benefits of involvement discussed previously, Mrs Bray reported on subscribers' 'natural gratification' at the comfort and happiness which they had been 'the means of diffusing', when assistance had been provided. However, Mrs Woodcock believed that many poor women made no advance provision for their confinement, because they anticipated being successful in gaining a charity ticket. However, this was not guaranteed. In line with widely-held opinions about the impact of lying-in charities in particular, Fletcher noted that where charities provided gratuitously necessities that might have been provided by the poor themselves, there was an expectation that relief would be provided.¹⁰⁷ He also claimed that the extent of charitable provision was frequently over estimated by the poor, and many were disappointed when denied relief.¹⁰⁸ John Pickstone identified similar sentiments in 1830 in respect of Manchester's Lying-in Charity: Edmund Lyon, a physician, stated that lying-in charities in particular taught the working poor that they need not provide for life's natural events. Consequently, they gave little thought to 'forethought and frugality'. An additional concern was that, by supporting childbirth, lying-in charities could contribute to over-population and were, therefore, anti-social.¹⁰⁹

XXIV.1, pp. 317 http://gateway.proquest.com/openurl?url_ver=Z39.88-2004&res_dat=xri:hcpp&rft_dat=xri:hcpp:rec:1840-018979, accessed 3 Jan. 2013

¹⁰⁶ *Ibid.*, p. 317, a caudle was a warm sweet spiced drink, often made with alcohol. It was thought to have medicinal properties and was given to invalids.

¹⁰⁷ *Ibid.*

¹⁰⁸ *Ibid.*

¹⁰⁹ J. V. Pickstone, *Medicine and Industrial Society*, (Manchester, 1985), pp. 78-80; D. Andrew, *Philanthropy and Police. London Charity in the Eighteenth-century* (Princeton, 1989), pp. 106-8.

Four types of tickets can be identified in Mary Eaves's register. The 901 tickets from named subscribers are assumed to have been issued by the two lying-in charities. The 199 'Union' tickets and the 10 stating 'Parish order' were probably issued by the poor law union. In a further 27 entries, there is a space before the word 'ticket', hence the origin of these tickets is unknown (Table 3.3).

Table 3.3: Types of tickets in Mary Eaves's register, 1850-1867

Ticket issued by	Description in register	Number of tickets N =1137 (%)	First ticket date	Last ticket date
Ladies or Union lying-in charity	[Subscriber's name] ticket	901 (79)	20 May 1850	26 Oct. 1864
Poor law union	Union ticket	199 (18)	25 May 1850	2 March 1867
Poor law union	Parish order	10 (0.8)	25 Nov. 1861	21 Feb. 1863
Unknown	[space] ticket	27 (2)	1 April 1853	3 Aug. 1864

Source: Analysis of the Coventry midwife's register, 1847-75, CHC, PA63/1-3.

Eaves's register commences with a delivery on 29 July 1847. The first ticket was recorded when Eaves attended Mrs Micklewright almost three years later, on 20 May 1850. The last ticket, issued by the poor law union, was used on 2 March 1867, when Eaves delivered Mrs Thompson in Bishopgate Green. The interval of three years between Eaves commencing her register, and being paid via a ticket may indicate that charities and the poor law union aimed to engage women who had proven midwifery skills. Alternatively, Eaves may have just commenced recording her tickets at this date. Just five days after the first ticket, Eaves delivered Mrs Smith, and was paid by the poor law union. The close timing of the first use of tickets from separate organisations may indicate that the charities and the union may have operated a system of approved midwives, and that Eaves was approved by the lying-in charities and the poor law union at the same time. Alternatively, it may merely indicate when Eaves started to record tickets.

Some of the named subscribers are presumed to be supporters of the Ladies Lying-in Charity because they include ladies who were known to be supporters, or who were members of the Church of England. These include Mrs Sheepshanks and Mrs Drake, whose husbands were both priests at St John's church, Spon Street, and Countess Craven, the charity's patron.¹¹⁰ The Ladies charity held an annual ball to raise funds, but no comparable fundraising activity is reported for the Union charity. Eaves recorded her last lying-in charity ticket over two years before the last poor law ticket, and her last 20 tickets were all poor law tickets. She may have stopped recording tickets, or their absence may indicate that she no longer worked with either charity. Eaves's absence from the minutes of the Union lying-in charity does not mean that she was unknown to the committee. Indeed, as Eaves delivered women whose tickets were provided by both lying-in charities, it seems probable that she and the ladies on the committees were known to each other.¹¹¹

Lying-in charity subscribers

Altogether, ten families who subscribed to Coventry's lying-in charities contributed 32.4% of Eaves's named charity tickets and just four families (Rotherham, Sheepshanks, Dewes and Clowes) account for 19% of charity tickets (Table 3.4). Subscribers were prominent Coventry families, some of whose members served as mayors, councillors and magistrates and included silk ribbon and watch manufacturers, medical men, Anglican

¹¹⁰ Thirty-nine tickets were provided by Mrs Sheepshanks, 19 are in the name of Drake and 11 are in the name of Countess or Lady Craven. Craven's tickets were sometimes issued via another party, for example 'Mrs Woodcock for Countess Craven' for Eliza Wiles on 25 August 1860. Mrs Woodcock also issued tickets on behalf of Miss Pope, Miss Powell and Mrs Gregory. A total of 15 tickets were issued on behalf of other subscribers.

¹¹¹ For example, Eaves recorded 11 confinements in which her fee was paid by Mrs Packwood, 8 were supported by Mrs Dresser, and 8 by Mrs Browett's family, all these women were active in the Union Lying-in Charity.

clergy and solicitors. Each year, the Union Lying-in Charity invited the mayor to subscribe and it is probable that families of aldermen and councillors would follow suit.¹¹² Eaves delivered women whose tickets were provided by Mrs Sheepshanks, Mrs Cragg and Lady Craven, all connected with the Anglican Ladies Lying-in Charity. Mrs Browett, Cash, Dresser, Hands, Herbert and Woodcock, all committee members of the Union charity, also appear in her register.¹¹³ The association between different congregations and the two lying-in charities illustrates their additional functions as a means of cementing the links of fellowship for the middle-class women involved, as well as confirming their respectability and their place in the town.¹¹⁴

The levels of support from subscribers named in Eaves's register cannot be used to indicate the nature, size or scope of philanthropic inclinations of the various Coventry families. Donated tickets offer only glimpses of charitable giving in the area in which Eaves practised. St John's church, where Rev. Sheepshanks was the incumbent, was in the heart of Spon, and probably explains the large number of tickets provided by his family. The Rotherham family's watch factory was situated in Spon Street, where Eaves lived, and gained much of her custom. This family's support for lying-in charities may have stemmed from a number of motives, but ensuring access to a recognised midwife during confinement to women living in the vicinity of their works, some of whom may have been their employees, was a likely consideration. Overall, 31% of all Eaves's deliveries were at addresses in Spon (Street, End, Bridge or Causeway), but 52% of

¹¹² In 1861, the Mayor, Thomas Soden, subscribed 3G, CHC, CULIC Minutes, PA2398/6/3/2/2, 13 Jan. 1861. The mayors continued to give three guineas until 1882, when Abijah Pears gave five guineas, PA2398/6/3/2/2, 13 Nov. 1882.

¹¹³ CHC, CULIC Minutes, 1826-52, PA2398/6/3/2/1. With the exception of Mrs Hands, all these women's husbands served as mayor in the years 1845-80, *Historic Coventry List of Mayors*, <http://www.historiccoventry.co.uk/history/mayors.php>, accessed 3 Dec. 2012.

¹¹⁴ Fissell, *Patients, Power*, p. 124-25; S. Gunn, 'Class, identity and the urban: the middle class in England, c. 1790-1950', *Urban History*, 31, 1 (2004), pp. 29-47.

Rotherham tickets were used by women living at these addresses, lending some support to this theory.

Table 3.4: Ten most frequent lying-in charity subscribers in Mary Eaves's register, 1853-1867

Rank	Family name	Name variants <i>in order of number of tickets</i>	Total tickets	As a % of all named tickets n=901
1	Rotherham	Rotherham Mrs Rotherham Mrs John Rotherham Mrs R. K. Rotherham John Rotherham Mrs J. Rotherham Jnr Mrs R. K. Rotherham Jnr Mrs William Rotherham F. Rotherham Mr Richard Rotherham Mrs F. Rotherham	19 17 11 6 2 2 2 2 1 1 1	64 7%
2	Sheepshanks	Mrs Sheepshank(e)s Sheepshanks	22 17	39 4.3%
3	Dewes	Mrs Dewes Dewes Miss S. Dewes Dr Dewes Mr Dewes	15 12 3 2 1	33 3.6%
4	Clowes	Mrs Clowes Clowes	20 13	33 3.6
5	Woodcock	Woodcock Mrs Woodcock	17 12	29 3.2
6=	Bourne	Mrs Bourne Bourne	13 7	20 2.2
6=	Ratliffe	Ratliff/Ratliffe Mrs Ratliff	12 8	20 2.2
8	Drake	Drake Mrs Drake Mary Drake Mrs E. A. Drake	11 6 1 1	19 2.1
9	Powell	Powell Mrs Powell Miss Powell	9 7 2	18 1.9
10	Vale	Vale Mrs Vale	9 8	17 1.8
Total tickets provided by the 10 families			292	32.4

Source: Analysis of the Coventry midwife's register, 1847-75, CHC, PA63/1-3.

Not only were the two charities run by women, but 96% of the tickets in which subscribers' sex can be identified were donated by women, most of whom were married. Six hundred and two tickets state the subscribers title; 452 (76 %) are identified as Mrs, 122 (20%) are Miss, and just 24 (4%) are Mr or Dr. With few exceptions, the surnames of the women Eaves delivered, and subscribers', are distinct, indicating that the two groups were from different social spheres, though living in close proximity.

During the 17-year period for which tickets were recorded, some mothers were always supported by a subscriber, with some consistently supporting the same women, indicating the two groups were known to each other. This was perhaps inevitable: women, or a family member, approached subscribers personally for a ticket. Travelling on foot, women were likely to approach subscribers who lived nearby, and with whom they were acquainted. One lying-in charity described the process: 'To obtain a ticket very frequently entails many calls, requiring long and laborious walks, oftentimes ending in disappointment.'¹¹⁵ There appear to be links between the Devonport family and Mrs Herbert. Only three of the 901 named subscribers' tickets were from Mrs Herbert, and, in all three instances, she supported women named Devonport, indicating links with the family. There are only five Devonport entries in the whole of Eaves's register and all five confinements were supported by a ticket (Table 3.5).

¹¹⁵ WCAR, Birmingham Lying-in Charity, Annual Report 1890, L46.24. The charity was explaining the reduction in demand for its services and had an interest in emphasising the difficulties.

Table 3.5: Register entries - Devonport, 1852–1864*

Surname	Title	First name	Date	Address	Ticket
Devonport	Mrs		24.1.1852	Moat Street	Mrs J. B. Twist
Devonport		Sarah	11.5.1860	11 Swan Street	Mrs Herbert
Devonport		Elizabeth	14.2.1862	Foleshill	Mrs Herbert
Devonport	Mrs		11.12.1862	28 Chapel Lane, Spon Street	Union
Devonport			6.1.1864	Foleshill Road	Mrs Herbert

Source: Analysis of the Coventry midwife's register, 1847-75, CHC, PA63/1-3.

* Table fields are empty if there is no data in the register.

Similarly, Eaves attended Charlotte Shufflebottom on five occasions, and her fee was always paid by a charity (Table 3.6). Shufflebottom's five confinements illustrate another feature of some of Eaves's clientele; that for some periods, women were either breast feeding and/or pregnant, for this mother's three youngest children were born just a year apart. Images of nineteenth-century, working-class women giving birth at yearly intervals is clearly portrayed in *Life As We Have Known It*, first published in 1931. Mrs Layton, born in 1855, was the seventh of 14 children and recalls that, for most of her childhood, her mother was 'either expecting a baby to be born or had one at the breast'.¹¹⁶

Table 3.6: Register entries - Charlotte Shufflebottom, 1854 – 1861

Surname	Title	First name	Date	Address	Ticket
Shufflebottom			21.12.1854	Hertford Place	Woodcock
Shufflebottom			26.7.1857	2ct Hertford Place	Vale
Shufflebottom		Charlotte	24.10.1859	2ct Hertford Place	Mrs Bourne
Shufflebottom		Charlotte	24.10.1860	2ct Hertford Place	Mrs Bourne
Shufflebottom		Charlotte	10.10.1861	1ct Gas Street	Mrs Bourne

Source: Analysis of the Coventry midwife's register, 1847-75, CHC, PA63/1-3.

¹¹⁶ Mrs. Layton, 'Memories of seventy years,' in M. Llewelyn Davies (ed.), *Life as we have known it* (London, 1977), p. 1 (Reprint of 1931 edition).

Sarah Lovegrove was supported by members of the Hughes family in each of her five confinements (Appendix 4). In common with Shufflebottom, Lovegrove's life appears to have been dominated by pregnancy and childrearing, for she was confined at least five times in just under eight years. With just one exception, Devonport, Lovegrove and Shufflebottom were always supported by a lying-in charity, and often by the same subscriber.¹¹⁷ In all her five confinements, Charlotte Bird was supported by the Ratcliff family, constituting a quarter of the family's 20 tickets recorded in the register (Appendix 4). The tone of some lying-in charity rules appear harsh, for example in excluding women who were not married, and those regarding the returned linen; in the absence of sources which incorporate accounts of mothers' contact with the charities, it is impossible to know whether the rules were followed, or in practice, were disregarded. It appears that the Coventry charities observed the rule regarding married women. Only one of the 256 women who received tickets, and whose title is stated, was single; this is Miss Large, who received a poor law ticket. At her second confinement though, Mary Large, still presumably single, was supported by a ticket from Mrs Sheepshanks, wife of the rector of St John's church.¹¹⁸

Thirty-three tickets were from members of the Dewes family, possibly the family of Edward Dewes, a physician who lived in Hertford Street. Eaves attended women named Dix in Spon Street on five occasions and, in three of these confinements, the ticket was provided by one of the Dewes family (Appendix 4). Physician Edward Phillips supported the charities, and 14 tickets, from December 1850 to October 1863, were donated by Dr Phillips, Mr Phillips or Phillips. Phillips lived in Well Street, and four of

¹¹⁷ The exception was Mrs Devonport, who had a poor law union ticket for Eaves's attendance on 11 December 1862.

¹¹⁸ Miss Large, of 15 Sherbourne St., was delivered on 12 Aug. 1859; Mary Large of the same address delivered on 19 Jan. 1861.

the tickets were given to women living in the same street, or the adjoining Upper Well Street, indicating that the Phillips family would have been acquainted with women who applied for tickets. Other medical families who subscribed to the charities included the family of Nathaniel Troughton, a surgeon (4 tickets), and the family of Henry Powell, who was senior physician to the Coventry and Warwickshire Hospital (18 tickets from 1853 to 1861).¹¹⁹ That medical men and their families subscribed to the charities indicates that, far from being opposed to midwives, they clearly supported them. This may in part have been a strategic move, for subscribing to a charity had potential benefits for subscribers. In addition to charitable acts producing feelings of satisfaction in donors, there were benefits in terms of promoting public profiles, as well as building business and social networks. Contacts made through charitable work might result in contracts for provisions for subscribers who were in trade, and might raise the profiles of doctors with private patients.¹²⁰ Charity was important to those wishing to maintain, or confirm, their social position, and those wanting to establish a name for themselves. Porter describes charity as a means of re-enforcing ties of deference and gratitude, while Kidd claims it as ‘a morally approved vehicle for self-aggrandisement.’¹²¹ Although Hilary Marland acknowledges motives of social control, she identifies ensuring prompt health care for sick and injured working people was one of the prime motivations of subscribers to voluntary infirmaries in West Yorkshire.¹²²

Some women were supported by a variety of subscribers. Among these was Emma Townsend, whose three confinements between 1859 and 1862 were supported by

¹¹⁹ Drs Troughton, Phillips and Dewes were all attached to the Coventry and Warwickshire Hospital, founded in 1838, see F. White, *History, Gazetteer and Directory of Warwickshire* (Sheffield, 1850), p. 493.

¹²⁰ H. Marland, *Medicine and Society in Wakefield and Huddersfield 1780-1870* (Cambridge, 1987), pp. 129-60.

¹²¹ R. Porter, *The Greatest Benefit to Mankind* (London, 1999), p. 268; A. Kidd, ‘Philanthropy and the “social history paradigm”’, *Social History*, 21 (1996), pp. 180-92.

¹²² Marland, *Medicine and Society in Wakefield and Huddersfield*, pp. 129-60.

three different Ladies' charity subscribers, and Emma Cotton was supported by tickets from Mrs Soden in 1862 and Mrs Banbury in 1864.¹²³ While some women were supported solely by the charities, others, like Emma Rice, who was delivered by Eaves three times in a court in Spon End between 1859 and 1863, received two charity tickets and one from the poor law union. Coventry's lying-in charities appeared to be meeting a need for support among local women, but the scale is difficult to judge from the sources. Mary Eaves lived and worked in one of the most deprived parts of Coventry, yet 69% of the women she delivered between 1850 and 1867 were supported neither by a charity, nor through the poor law, presumably paying their own fees, or paying in kind.

Mary Fissell, argues that the relationship between lying-in charity subscribers and recipients changed substantially between the eighteenth and nineteenth century. Fissell identifies the earlier century as one in which recipients of charity were known to their benefactors, while this was no longer the case by the nineteenth century. The requirement for poor women to be visited and inspected in order to verify their moral and financial worthiness is interpreted by Fissell as an indication that the personal links between women and subscribers were in decline.¹²⁴ Similarly, Pickstone suggests that, in Manchester by the 1820s, contact between benefactors and either patients or doctors was almost non-existent, and charity recommendations were obtained from just a few outlets, operating as ticket offices.¹²⁵ In the case of the Coventry lying-in charities though, the evidence of subscribers consistently supporting the same women indicates that, in some cases, links between subscribers and recipients remained intact until well into the second half of the nineteenth century. This more sustained period of recipient-benefactor

¹²³ Emma Townsend's tickets were from Mrs Drake for Countess (sic) Craven on 2 March 1859, from Mrs Theakestone on 20 March 1861, and from Mrs Drake on 17 May 1862.

¹²⁴ Fissell, *Patients, Power*, pp. 117-25.

¹²⁵ Pickstone, *Medicine and Industrial Society*, p. 83.

contact, or at least awareness, evident in Coventry may be attributed to the city's smaller population, and the likelihood that charities were supporting fewer cases within particular neighbourhoods than charities in larger towns.

The Union Lying-in Charity¹²⁶

The charity's minute books mainly detail the numbers of ladies present at the monthly committee meetings, the reasons for any absences, and the date and place of the next meeting.¹²⁷ Apart from the names of the 25 women who were given Jubilee tickets from 1860 to 1865, there are few other details of women whom the charity supported, the manner in which the tickets were issued, or the midwives who redeemed the tickets. If members could not attend the monthly meetings without 'good reason', they paid a forfeit of a shilling. Committee members inspected the bags of linen on their return and collected subscriptions from their designated areas. On occasion, attendance at meetings was encouraged by giving those present an extra ticket. For the purposes of collecting the annual subscriptions of 10s. 6d. each, the city was divided into four districts, with two committee members responsible for each district.¹²⁸ In 1845, collections in two districts amounted to £16 12s., suggesting that the charity's annual income from subscriptions was possibly in the order of £30 to £35.¹²⁹

¹²⁶ The charity was founded in 1810; the first minute book runs from 1826 to 1852, and the second from 1853 to 1890, CHC, CULIC, minute books, 1826-52, 1853-90, PA2398/6/3/2/1, 2.

¹²⁷ CHC, CULIC, minutes, 1826-52, PA2398/6/3/2/1, 6 July 1829, minute states 'no particular business transacted'. At some meetings, members cut material to make the various items. Committee members were responsible for collecting subscriptions in their allocated areas. The state of the funds was an almost constant concern. In 1866, subscriptions totalled £45 17s. 9d., but in 1873 they were £41 15s. CHC, PA2398/6/3/2/2, 13 Feb. 1866, 11 Nov. 1867, 9 March 1873.

¹²⁸ CHC, CULIC, minutes, 1826-52, PA2398/6/3/2/1, 13 Dec. 1841.

¹²⁹ CHC, CULIC, minutes, 1826-52, PA2398/6/3/2/1, 13 Jan 1845; the charity's income was supplemented by occasional donations and return on investments, *ibid.*, 9 Feb. 1835, 7 Feb. 1841.

In 1826, Mrs Butterworth was the manager, and, when she died in 1840, it was reported that she had supported the charity for 25 years, gratis. Butterworth's replacement was expected to visit 'every object relieved by the society' and to repair the linen, for which she was paid £10 per annum.¹³⁰ Butterworth's replacement died shortly after her appointment. A Mrs Dalby was subsequently appointed, and the manager's rules of the time offer an indication of her duties:

Rules to be observed by the manager:

1. Pay £10 year start 29 Sept 1840, paid quarterly and expect her to visit 'every object...etc once or more and the following to be observed:
2. On receiving a ticket signed by a subscriber it must be numbered by the manager and entered into her book according to the order arranged.
3. When a ticket is presented for a bundle the latter should be examined by the inventory on the bag, in the presence of the person who comes for it.
4. When the manager pays her first visit she is to give the poor woman seven shillings unless she has previously paid 5/- to the midwife in that case only 2/-.
5. When the linen is returned at the end of the month it is to be particularly examined and if found clean and in proper order the manager to pay the poor woman 1/- in addition and a cap frock & shirt for the child 'if living'[underlining in the original].
6. Should the linen be kept beyond a month, the manager to see after it without delay.
7. No bundle to be given without a ticket under any pretence- the manager will be expected to do all the little repairs of the linen.
8. The Manager's Book to be sent or brought to the treasurer on the Friday before the second Monday every month being the day when the committee meet and applications for linen to be made at the same time.
9. All monies received or paid by Manager to be entered in a [word crossed out] for that purpose kept by her as well as the Treasurers a/c.¹³¹

These rules appear to have been observed: in 1857, a woman kept the linen for 10 days longer than permitted, and the matron was instructed not to leave her any baby clothes, or a shilling.¹³² When the linen was returned in good condition, this was interpreted as proof

¹³⁰ CHC, CULIC, minutes, 1826-52, PA2398/6/3/2/1, 10 Aug. 1840, 14 Sept. 1840. Following Butterworth's death, it was stated that she was one of the most active members and that in her death, the poor were deprived of a 'truly kind and benevolent friend', 10 Aug. 1840.

¹³¹ CHC, PA2398/6/3/2/1, 5 Oct. 1840.

¹³² CHC, PA2398/6/3/2/2, 9 Feb. 1857.

of how much the charity was valued.¹³³ However, the rules do not offer any insight into how women's eligibility for assistance was determined. Some lying-in charities excluded women expecting their first child, but there is no indication whether or not the Union charity observed similar restrictions.¹³⁴

In visiting mothers, the manager was performing the role that, in the Walsall Lying-in Charity, was carried out by committee members. At this date, it appears that the manager's role was an administrative one, but, on Dalby's resignation in 1851, her replacement, Hephzibah Barber, was described as the matron. According to the 1851 census, conducted a few weeks before her appointment, Barber was living in Gas Street, Coventry; she was single, 53 years of age, and a ribbon warper. Barber's profile suggests that, even though her title was matron, she might not have been conducting deliveries. Barber's salary was £8 per annum, for a maximum of 80 cases a year; if this number was exceeded, she received 2*s.* for each extra case.¹³⁵ The terminology here, referring to fees per case, which at 2*s.* was a fair fee for a midwife, might indicate that Barber was assisting at confinements, but there is no other evidence on which to base this supposition.¹³⁶ Identifying women's occupations in the eighteenth and nineteenth centuries with any degree of certainty is problematic. The censuses of the nineteenth century forced identification of one occupation, when economic necessity and seasonality may have resulted in women in particular having multiple sources of income, or even

¹³³ CHC, PA2398/6/3/2/2, 8 Sept. 1856.

¹³⁴ D. Doughton, 'Cheltenham women', pp. 43-54.

¹³⁵ CHC, PA2398/6/3/2/1, 14 July 1851. The reference to 80 cases a year suggests that this is a typical number helped by the charity.

¹³⁶ Subsequent matrons, for example Mrs Ingram, appointed in April 1875, was described as a midwife and at one stage conducted deliveries on behalf of the charity. However, there is no reference in the minutes to a change in the matron's responsibilities and the duties may have continued as previously, that is, looking after the stores, and monitoring recipients and their use of the linen, CHC, PA2398/6/3/2/2, 12 April 1875.

multiple occupations, some of which may have been unpaid.¹³⁷ Consequently, it is possible that, notwithstanding Barber's occupation in the 1851 census being given as a ribbon warper, she could have been involved in midwifery, or nursing, both before and during her appointment by the charity. Uncertainty exists as to whether subsequent matrons were practising as midwives. Sarah Brackstone was 62 years of age when appointed in 1862, and an 'annutant'. She resigned in 1869 due to declining health and was followed by Mrs Biggs, who died six years later.¹³⁸

From 1826 until 1858, there are no references to the health of mothers or infants, to any concerns about care, nor to midwives. By March 1858, there are the first indications of concerns about maternal health, when it was reported that two women, who were not named, died in childbirth. The committee thought that at least one of these mothers' lives could have been saved had prompt medical attendance been available. The charity approached two doctors, Mr Waters and Mr M'Veo, both attached to the town's provident dispensary, to provide 'prompt assistance' in extreme cases. The doctors agreed to assist, and their remuneration was fixed at one free ticket per case attended.¹³⁹ It is unclear whether or not this arrangement for medical assistance continued, for, in October 1871, the midwives were told that, if necessary, they should call for medical assistance and the doctor's fee of 10s. 6d. would be paid by the charity. The first two doctors who

¹³⁷ E. Higgs, *Making sense of the Census revisited* (London, 2005), pp. 101-3; B. Hill, *Women, Work and Sexual Politics in Eighteenth-century England* (Oxford, 1989), p. 266.

¹³⁸ CHC, PA 2398/6/3/2/2, 4 Aug. 1856, 11 Jan. 1869, 8 March 1875. Throughout this period, the matron's salary was £8 per annum. 'Annutant' is probably a mis-spelling of annuitant, i.e. someone whose income derives from the proceeds of an annuity.

¹³⁹ CHC, PA 2398/6/3/2/2, 8 March 1858.

were offered appointments as the charity's medical officers under these terms in 1871 declined, though Dr Dresser accepted.¹⁴⁰

An incident in 1875 brought Coventry's lying-in charities to the public's and government's attention and contributed to debates about training and registration of midwives. Following an outbreak of puerperal fever in the city in late 1874, a midwife, Elizabeth Ingram, was charged with the manslaughter of Katherine Johnson on the grounds that Ingram was implicated in the spread of the disease. The coroner's inquest was reported in local newspapers and the subsequent trial was reported in the local, national and medical press.¹⁴¹ Ingram had been practising as a midwife for 18 years and had worked for the Ladies Lying-in Charity for the past two years. Between November and December 1874, seven of Ingram's cases developed puerperal fever, and three died.¹⁴² Initially, the source of the outbreak was identified as a bag of linen which had been loaned to a woman whose family had scarlet fever, and she developed a mild form of puerperal fever. When the linen was let out again, Ingram attended the cases and was identified as the source of subsequent transmission. Ingram's seventh case survived the fever, but it was reported that the medical man attending transmitted the infection to his next parturient patient, who died. At this stage, Ingram was warned by the coroner not to attend any further cases, but she made arrangements with a doctor to continue, as long as she sent for medical help with deliveries, and did not perform internal examinations. In the first case where this arrangement operated, all was well, but, in the next case, Ingram

¹⁴⁰ CHC, PA2398/6/3/2/2, 9 Oct. 1871, 11 Dec. 1871. Dresser continued as 'medical man' to the charity until 1880. His replacement, Dr Wimberley, requested and was granted, a fee of a guinea. CHC, PA2398/6/3/2/2, 8 March 1880, 14 April 1880.

¹⁴¹ M. E. Fenton, 'Recent puerperal epidemic at Coventry', *BMJ*, 13 Feb. 1875, p. 208; 'Manslaughter by infection', *BMJ*, 6 March 1875, p. 313; 'Midland Circuit. Warwick Crown Court, *The Times*, 1 March 1875, p. 11. Donnison states that Ingram's case, and that of midwife Elizabeth Marsden in Salford, were instrumental in raising public awareness of the uncertainty of the cause of puerperal fever, see Donnison, *Midwives*, pp. 107-8.

¹⁴² 'Sad case of a woman in Albion Street' *Coventry Herald and Free Press*, 15 Jan. 1875, p. 3.

claimed she was let down by the medical man, and she delivered Katherine Johnson herself. Johnson developed symptoms the next day and died on 8 January 1875, whereupon Ingram was charged with manslaughter.¹⁴³ Although Ingram was the only midwife charged, in the same period, a midwife attached to the Union Lying-in Charity was connected to three cases of puerperal fever, two of which proved fatal. As in Ingram's case, the coroner prohibited the midwife from practising.¹⁴⁴

Ingram was acquitted on the grounds that her message to Dr Millerchip regarding Johnson's condition, and the fact that he did not attend, but sent a message by return, led her to assume that it was safe to continue with the delivery, because she 'believed she was acting under the direction of a medical man who was aware of the circumstances'.¹⁴⁵ The *BMJ*'s editorial gave a different interpretation, claiming that Ingram was a fair example of an English midwife, 'a useful, well-intentioned woman', but who had never heard of puerperal fever until her patients succumbed to the disease.¹⁴⁶ The trial reports in the *Birmingham Daily Post* and other papers reveal the uncertainty regarding the precise transmission of puerperal fever. Judge Maule, presiding, noted the conflicts of medical evidence, observing that, although the prosecution condemned the employment of midwives, the principal medical witness for the prosecution stated that medical men could not manage without them. Ingram was acquitted, but Judge Maule condemned the 'apparent recklessness' with which poor women were confined and expressed the hope that the case would serve as a caution to those undertaking the 'responsible duties of

¹⁴³ 'News of the day', *Birmingham Daily Post*, 2 March 1875, Issue 5190.

¹⁴⁴ M. E. Fenton, 'Recent puerperal epidemic at Coventry', *BMJ*, 13 Feb. 1875, p. 208.

¹⁴⁵ The husband of the deceased stated that Millership's reply was 'You go back and tell her (Ingram) from me she had better go on with the case', 'News of the day', *Birmingham Daily Post*, 2 March 1875, Issue 5190.

¹⁴⁶ 'Manslaughter by infection', *BMJ*, 6 March 1875, p. 313.

midwife'.¹⁴⁷ The *BMJ's* editorial concluded that midwives should be improved or abolished, and that clearly the best option was for them to be properly trained and licensed. The journal called for urgent action to be taken, so that, in the event of similar cases in the future, midwives' licenses could be suspended. However, despite questions being asked in parliament about Ingram's case, and the assurances by the president of the Local Government Board that the government was considering what action might be required to regulate midwives, it was to be another 27 years before the Midwives Act was passed.¹⁴⁸

Although not evident at the time, Ingram's case can be considered in the context of the national and international prevalence of puerperal fever in 1874-75. Indeed, Ingram's defence alluded to a number of cases which had recently been reported at an inquest in Wolverhampton, a town some 30 miles north-west of Coventry. Reviewing the international data, historian Irvine Loudon discerned that the peak in puerperal fever in 1873-75 occurred in a number of countries including Scotland, several in Europe and Massachusetts, USA. Loudon proposed that it was unlikely that such a pattern would occur internationally by coincidence, and concluded that the peak in deaths due to puerperal fever, which was followed by a sharp fall, occurred as a result of a global change in streptococcal virulence.¹⁴⁹ Six weeks after her acquittal in April 1875, Ingram was appointed matron of Coventry's other lying-in charity, the Union charity, at a salary

¹⁴⁷ 'News of the day', *Birmingham Daily Post*, 2 March 1875, Issue 5190.

¹⁴⁸ 'Manslaughter by infection', *BMJ*, 6 March 1875, p. 313. Ingram's prosecution was viewed with some alarm in medical circles for fear it could set a precedent for prosecuting doctors; some defended Ingram and claimed that medical practitioners would have continued working in the same circumstances, Donnison, *Midwives*, pp. 107-8; Hansard 1803-2005, *Public Health-Midwifery Practice- Case of Elizabeth Ingram-Question*, <http://hansard.millbanksystems.com/sittings/1875/mar/05>, accessed 5 Dec. 2011.

¹⁴⁹ I. Loudon, *Death in Childbirth*, (Oxford, 1992), pp. 73-77, figure 4.1.

of £10 per annum.¹⁵⁰ Eighteen months later, however, the committee were not satisfied with her and she was given a month's notice.¹⁵¹ There are no details surrounding the reasons for Ingram's dismissal. Possibly Ingram's reputation had been damaged by the prosecution, and the charity may have dismissed her to protect their reputation. By way of justifying the dismissal, when Ingram returned the bags of linen, it was reported that they were 'not in very good order'.¹⁵² Mrs Godfrey was subsequently appointed as manager.¹⁵³ In spite of coverage of Ingram's case local women's confidence in the abilities of the city's midwives does not appear to have been damaged.¹⁵⁴ Loudon observes that the risk of maternal death should be considered in the context of death rates from all causes. In the 1890s, for women aged 25-34, maternal deaths accounted for 12.1% of total deaths, and for every 100 women who gave birth, one death might occur.¹⁵⁵

Conclusions

The prevalence of smaller midlands lying-in charities, combined, in some cases, with their longevity and evidence of consistent demand for their services indicates that the relief provided was valued, or that poor women were prepared to endure investigations into their family's circumstances to obtain relief.¹⁵⁶ Charities provided a strand of income for local midwives and the Coventry charities' use of established midwife Mary Eaves

¹⁵⁰ Ingram's appointment by the Union Lying-in Charity indicates that she was no longer working for the Ladies Charity, and may have been dismissed by them.

¹⁵¹ CHC, Coventry (Union) Lying-in Charity, Minutes, PA2398/6/3/2/2, 12 April 1875, 11 Sept. 1876, CHC, PA2398/6/3/2/2, 19 Oct. 1876.

¹⁵² CHC, Coventry (Union) Lying-in Charity, PA2398/6/3/2/2, 14 Nov. 1876.

¹⁵³ CHC, Coventry (Union) Lying-in Charity, PA2398/6/3/2/2, 19 Oct. 1875, 8 Nov. 1886, the four midwives were recommended by Dr M. A. Fenton, Coventry's Medical Officer of Health.

¹⁵⁴ Even in 1913, with 80% of deliveries conducted by midwives, Coventry maintained its position of having one of the highest rates of midwife deliveries in the country. Only four towns, St. Helen's, Bootle, Walsall and Stoke on Trent, reported higher percentages. *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.* Cd.8085 http://gateway.proquest.com/openurl?url_ver=Z39.88-2004&res_dat=xri:hcpr&rft_dat=xri:hcpr:rec:1914-019380, accessed 18 May 2012, pp. 136-37.

¹⁵⁵ Loudon, *Death*, pp. 162-164.

¹⁵⁶ The Walsall charity closed in 1969, the Warwick charity is still active.

illustrates that some used recognised practitioners. Of the women relieved by the charities, little can be learned, but the plethora of lying-in charities in Birmingham and its environs indicate that they went some way to addressing the needs of poor women, and of philanthropic ladies for purposeful activity, fulfilling their wish for involvement in occupations which demonstrated the acting out of practical Christianity. The case study of Coventry's lying-in charities illustrates that communities of women who applied to charities, and subscribers were possibly not quite as remote from each other as has been assumed in other locales, with subscribers repeatedly supporting the same women, who were sometimes close neighbours. Chapter 4 will turn the attention to midwifery services at the largest nineteenth-century lying-in charity in the whole of the midlands, Birmingham Lying-in Charity and Hospital.

CHAPTER 4:

MIDWIFERY AT BIRMINGHAM LYING-IN CHARITY, 1868-1881: THE FIRST TRAINED MIDWIVES IN THE MIDLANDS

In 1868, Birmingham Lying-in Charity appointed four trained and experienced midwives from London to its new domiciliary midwifery service. These accoucheuses, as they described themselves, were possibly the first midwives in Birmingham and its environs to have received a formal training.¹ Although the charity had been established for 26 years, the accoucheuses were the first midwives it employed. This chapter focuses on the years 1868 to 1881, and considers the background to the midwives' appointment, their subsequent employment, and the relatively late and, in quantitative terms, unsuccessful introduction of midwifery training in Birmingham. To place the midwifery service in context, the chapter starts with an overview of the events which resulted in major changes to provision in 1868.

A number of important questions can be raised in relation to the establishment and function of Birmingham's lying-in charity, which will be considered in this chapter. First, why was Birmingham relatively late, compared to towns of a similar size and character, in founding a lying-in charity? Between 1845, when the General Dispensary abolished the post of chief midwife, and 1868, when the lying-in charity introduced its female midwifery service, Birmingham had no charity which facilitated midwife, as opposed to medical, attendance for poor lying-in women. Not only was this unusual compared to similar provincial towns, but as shown in chapter 3, numerous smaller towns in the region, including Coventry, Walsall, Warwick, and Worcester, already had lying-in charities.

¹Although the midwives called themselves accoucheuse, the charity always referred to them as midwives.

Second, why, despite grave concerns being expressed about the skills of local midwives in 1842, and again in 1845, was no action taken to introduce midwifery training in Birmingham until 1872, and no candidates until 1877? According to Fissell, the main agenda of Bristol's lying-in charity, founded in 1820, was the training of midwives.² Manchester lying-in charity had a similar aim; Towler and Bramall claim that ten midwives and six pupils completed their training by 1790.³ Evidence of nineteenth-century midwifery training, and the numbers involved, can be problematic. On his appointment to the same lying-in hospital some 30 years later, physician Thomas Radford described the midwives as 'very ignorant', lacking even basic knowledge of midwifery. He went on to establish a course of lectures, and candidates were awarded certificates of competency on successfully completing the course.⁴ Liverpool Lying-in Hospital was founded in 1841, and offered midwifery training the following year. From 1869 to 1881, pupil numbers ranged from 15 to 41, though not all were successful.⁵ Finally, why did the charity look to London when appointing trained midwives and seeking advice when lying-in charities in Bristol, Liverpool or Manchester, for example, might have been approached?

The charity's early years

Birmingham Lying-in Hospital and Charity was established in 1842 to provide maternity services to poor, married women, 'in the hour of nature's sorrow', although the ultimate aim

² M. E. Fissell, *Patients, Power and the Poor in Eighteenth-Century Bristol* (Cambridge, 1991), pp. 123-24.

³ J. Towler and J. Bramall, *Midwives in History and Society* (London, 1986), pp. 129-30.

⁴ T. Radford, 'On the Education and Examination of Midwives', *BMJ*, I (24 Feb. 1872), p. 224; for another account of midwifery training at Manchester, see: J. W. Bride, *A Short History of the St Mary's Hospitals Manchester and the Honorary Medical Staff from the Foundation in 1790 to 1922* (Manchester, 1922), pp. 15, 20.

⁵ Towler and Bramall, *Midwives in History*, p. 130; C. Stephenson, 'The voluntary maternity hospital: a social history of provincial institutions, with special reference to maternal mortality, 1860-1930' (Unpublished PhD thesis, University of Warwick, 1993), pp. 275-76; 364-65.

of the institution was to provide training for male and female students.⁶ The hospital had 12 beds, it also provided gynaecology services and catered for sick children.⁷ In terms of the scale, it dwarfed the smaller midlands lying-in charities, having more in common with those established in larger centres, including Manchester and Bristol.⁸ At the outset, guinea subscribers could recommend three midwifery cases and two sick cases; additionally, medical officers could recommend emergency cases.⁹ The matron had to be approved by the medical officers, and a Ladies Association assisted with fundraising and operated a relief fund.¹⁰ A register of wet nurses was maintained, and, in keeping with the charity's aim of operating as a training institution, Rule 20 stated that male pupils could only attend labours under the supervision of a medical officer.¹¹ In the first year of operation, 238 women were delivered, and numbers increased rapidly, reaching 955 in 1848, remaining at approximately this level until 1881. In-patient midwifery always constituted a small proportion of cases; on average, 94% of women were delivered in their homes. Midwifery instruction was limited to male pupils and, from 1842 until 1867, the only reference to women's training was when four

⁶ WCAR, Birmingham Lying-in Hospital, Minutes of the Board of Governors (BLIH, MBG), HC/MH 1/1/1, 7 June 1842. The lying-in hospital was separate from the Society for the administration of relief to poor lying-in woman (WCAR, MS 954), which was founded in 1813 and provided nursing care for nine days after confinement.

⁷ WCAR, Introduction to the catalogue, Birmingham Lying-in Charity. The hospital started at 21 Whittall St., and initially only domiciliary services were provided. It later moved to purpose-built premises in Broad St.

⁸ In 1816, Manchester Lying-in Charity delivered 1,512 women, and 2,164 in 1817, all were domiciliary cases, J. Pickstone, *Medicine and Industrial Society* (Manchester, 1985), p. 79; Fissell, *Patients, Power and the Poor*, pp. 117-25.

⁹ WCAR, BLIH, MBG, HC/MH 1/1/1, 28 Nov. 1843.

¹⁰ In 1867, Rule 35 required midwives to report cases of extreme want or distress to the Ladies Association, WCAR, Birmingham Lying-in Charity (BLIC), Annual Report 1867, L46.24.

¹¹ WCAR, BLIH, MBG, HC/MH 1/1/1, 28 Nov. 1843, the wet nurse register has not survived. Manchester Lying-in Charity also kept a register of wet nurses, Pickstone, *Medicine and Industrial Society*, p. 32. In common with usual practice, patients were expected to give thanks for their treatment at their usual place of worship, WCAR, BLIH, MBG, HC/MH 1/1/1, 9 May 1855.

women received a three-month training, though this appears to refer to training for the care of sick, rather than midwifery patients.¹²

Until 1868, all women were attended by the resident surgeons and medical officers.¹³ On the night of the 1851 census, there were eight resident staff: three surgeons; Elizabeth Jagers, the matron; and two nurses. All the nurses were widows in their 50s, and there were just two patients. By 1861, there were three surgeons, a dispenser, the matron, Ann Cope, three nurses, a cook and four patients, including a week-old infant.¹⁴ In 1864, Rule 22 stated that the resident surgeons attended the out-door midwifery patients and visited sick patients. If cases proved to be severe, or dangerous, the surgeons had to request the assistance of the honorary medical officers. Neither the medical superintendent, nor the resident surgeons, who were paid employees, were allowed to conduct private practice, neither were they permitted to supply the hospital medicines to anyone other than the charity's patients. In common with other nineteenth-century hospitals, the matron's main responsibility was the household management.¹⁵ Boundaries operated for medical visiting, but in-patients and out-patients were eligible regardless of location.¹⁶

For all medical charities, acknowledging donations and subscriptions was an important function of the annual meeting. In the year ending September 1864, donations

¹² WCAR, BLIH, MBG, HC/MH 1/1/1, 2 April 1856; 29 Nov. 1858; 3 Dec. 1860; 22 Dec. 1862. In 1858, the charity charged £2 for training; the latter two candidates paid £6.

¹³ J. Waddy, 'Report of the Birmingham Lying-In Hospital, and Dispensary for the Diseases of Women and Children' *Provincial Medical and Surgical Journal*, 9, 3 (15 Jan.1845), pp. 39-41.

¹⁴ Lying-in Hospital, Birmingham, 1851 Census, HO107, Piece 2051, Folio 91, p. 1; 1861 Census, RG 9, Piece 2129, Folio 48, p. 1.

¹⁵ WCAR, BLIH, Annual Report 1864, L46.24, Rule XXV stated that a 'competent matron' should be in charge of the domestic arrangements, see S. Wildman, 'The development of nursing at the General Hospital, Birmingham, 1779-1919', *International History of Nursing Journal*, 4, 3 (1999), pp. 20-28.

¹⁶ WCAR, BLIH, Annual Report 1864, L46.24, Rule XXVIII.

acknowledged in the report included furniture, bundles of linen, thermometers, scripture texts, a clock for the nurses' room, and linen for the wards. In addition to donations, more than half the pages of the report were devoted to listing, and thereby acknowledging, subscribers to the charity, and its associated relief fund, providing an indication of the vital importance of subscribers, and of ensuring a steady flow of money to support the charity's work.¹⁷ A year after opening, the hospital established a Ladies Association to superintend the house, the matron and the domestic arrangements. They were to meet once a month and liaise with other female benevolent charities in the district.¹⁸ Ladies Associations were important elements in running medical charities, especially those dedicated to women. They had a supervisory role, which was modelled on the mistress-servant interactions familiar to them in their own homes, and which included oversight of the moral conduct of the female staff and patients.¹⁹ Generally, members of Ladies Associations were of a higher social status than lay hospital managers, or medical men, a factor which contributed to conflicts at a number of charities.²⁰ By 1864, the Ladies Association had 35 members, and 39 by 1867. Members included Countess Dartmouth, Lady Calthorpe and ladies from elite Birmingham families, including two members of the Lloyd family, Mrs Cartland, four ladies from the Cohen family and the wives of all the charity's surgeons.²¹

Closing the hospital

In February 1867, it was proposed to close the in-patient services. The rationale presented by the board was that home deliveries were safer for women, owing to the danger of contracting

¹⁷ WCAR, BLIH, Annual Report, L46.24, 1864.

¹⁸ WCAR, BLIH, MBG, HC/MH 1/1/1, 28 Nov. 1843.

¹⁹ O. Moscucci, *The Science of Women* (Cambridge, 1990), pp. 88-90.

²⁰ *Ibid.*, A. Young, "'Entirely a woman's question'?: Class, Gender, and the Victorian Nurse", *Journal of Victorian Culture*, 13 (2008), pp. 18-41.

²¹ WCAR, BLIH, Annual Report, L46.24, 1864, 1867.

puerperal fever in hospital. As there had only been one maternal death in the four years to 1867, this was an anticipated, rather than a present danger, but it depicted poor women as the charity's primary concern.²² There was growing concern in the evidence that in-patients had higher death rates from puerperal fever than those delivered at home.²³ In 1850, James Young Simpson, Professor of Midwifery at Edinburgh, published his work on puerperal fever. Simpson argued that puerperal and surgical fever had similar origins, both were contagious and that outbreaks were more likely to occur in crowded hospitals. With the introduction of antisepsis to obstetric practice, as advocated by Joseph Lister in the late 1870s, dramatic falls in the levels of puerperal fever were achieved.²⁴ In addition, the board's decision may have been influenced by events in London. A paper published by James Edmunds in 1866 drew attention to the low maternal mortality rates achieved by the midwives of the Royal Maternity Charity (RMC) in London, to which he was consulting surgeon.²⁵ Second, a lying-in ward established in King's College Hospital, London, by Florence Nightingale in 1862, closed in 1868, with Nightingale citing the 'deplorable midwifery mortality' as the prime reason for closure.²⁶ In common with Birmingham's lying-in hospital, the closure possibly had multiple causes, including the failure of the training scheme to attract the anticipated numbers, as well as a dispute between the management of King's and the sisterhood which provided nursing staff.²⁷ The closure of Birmingham Lying-in Hospital on the same date as the lying-in ward at King's, 1 January 1868, indicates that the Birmingham charity was at least aware of events in

²² WCAR, BLIH, MBG, HC/MH 1/1/1, 25 Feb. 1867.

²³ I. Loudon, *Death in Childbirth* (Oxford, 1992), pp. 202-3.

²⁴ *Ibid.*, pp. 202-5.

²⁵ J. Edmunds, 'Mortality in Childbirth', *Transactions of National Association for the Promotion of Social Science* (1866), pp. 594-98.

²⁶ M. Bostridge, *Florence Nightingale* (London, 2009), p. 430.

²⁷ H. J. Betts, 'A Biographical Investigation of the Nightingale School for Midwives' (Unpublished Ed. D. thesis, University of Southampton, 2002), p. 76, 96. Betts suggests that the training was not popular partly because on qualifying, midwives had to agree to work for four years for the sponsoring parish.

London.²⁸ In 1871, one of Nightingale's correspondents, Dr Sutherland, observed that it was 'curious' that Birmingham's reforms dated from the discussions about the King's College ward.²⁹ The years 1868 and 1869 were a period of considerable change in midwifery, nursing and medical circles in Birmingham. In 1868, not only did the dispensary and the lying-in hospital rationalise their provision, but the two medical schools, competitors since 1851, agreed to merge.³⁰ The following year, a nurse training institution was founded to supply nurse probationers to the town's two general hospitals.³¹

Adopting a tactic typical of charities which did not have large premises, the charity suggested to subscribers and the public that, without a building and resident staff to maintain, the whole of its income would be devoted to the purpose for which it was intended.³² Lockhart, however, suggests that the decision to close the hospital may equally have been driven by financial pressures; the charity had a sizable debt, partly because the hospital was rarely fully occupied.³³ Awareness of provision in other provincial towns may have had an influence. Manchester's lying-in charity was domiciliary from 1811 to 1850, and even after 1850, admissions were negligible, and Sheffield's Hospital for Women, which opened just four years before the changes in Birmingham, had six beds for gynaecological cases only, and

²⁸ Bostridge, *Nightingale*, p. 430; WCAR, BLIH, MBG, HC/MH/ 1/1/1, 3 Dec. 1868

²⁹ L. McDonald, *The Collected Works of Florence Nightingale, Vol. 8* (Waterloo, Ont., 2005), p. 334, letter dated 16 Nov. 1871.

³⁰ J. Reinartz, *Health Care in Birmingham* (Woodbridge, 2009), pp. 61-63;

³¹ Wildman, 'Development of nurse training', pp. 56-65.

³² *Birmingham Daily Post*, 'Birmingham Lying-in Hospital', 21 Nov. 1867; B. Croxson, 'The foundation and evolution of the Middlesex hospital's lying-in service, 1745-86', *Social History of Medicine*, 14 (2001), pp. 27-57.

³³ J. Lockhart, 'Women, health and hospitals in Birmingham: The Birmingham and Midland Hospital for women, 1871-1948' (Unpublished PhD dissertation, University of Warwick, 2008), pp. 29. The charity's debts, at £1,200 in the year before hospital closure, were larger than the debt of other specialist hospitals in the town. The Middlesex Hospital, London, closed its in-patient lying-in service in 1786, which Croxson attributes to a financial crisis, B. Croxson, 'The Foundation and Evolution of the Middlesex Hospital's Lying-In Service, 1745-86', *Social History of Medicine*, 14 (2001), pp. 27-57.

a domiciliary midwifery service.³⁴ Furthermore, the RMC in London had been a domiciliary service since its founding in 1757.³⁵

While the health of mothers and financial considerations contributed to the closure, another incident played a part. In 1867, members of two opposing factions at the charity - the Ladies Association and the officers – resigned following a claim that the matron had behaved improperly to one of the ladies who was visiting the hospital. Eighteen of the ladies committee resigned, as did the matron, dispenser and the three resident surgeons. Two separate investigating committees were established, and, although the charity's annual reports are silent on these events, they were followed in the local press, and reported in the *Lancet*.³⁶ The *Lancet* identified the charity's original rules, which handed almost total control of the hospital to the Ladies Association, as the cause. It was claimed that this had resulted in a situation in which it was not clear whether the board or the ladies were governing the charity.³⁷ A similar scenario occurred in 1872 at the Hospital for the Diseases of Women, London, when medical staff and the Ladies Committee clashed over the organisation of nursing.³⁸ Articles and letters in the press stated that the Birmingham charity was being strangled by its in-door department. Other unsatisfactory practices included the board appointing as head nurse whichever candidate the ladies' committee recommended, and the matron being required to submit the housekeeping expenses book to each ladies' meeting. The

³⁴ T. McIntosh, 'Profession, Skill or Domestic Duty? Midwifery in Sheffield, 1881-1936', *Social History of Medicine*, 11 (1998), pp. 403-20; Pickstone, *Medicine and Industrial Society*, p. 34.

³⁵ S. A. Seligman, 'The Royal Maternity Charity: The first hundred years', *Medical History*, 24 (1980), pp. 403-18.

³⁶ WCAR, Birmingham Lying-in Charity, Press cuttings, HC/MH/7/1/1, is devoted to the investigation of the dispute between the Ladies Committee and the Board. The notebook holding the cuttings appears to have been used as a midwife's rough case book, although neither the owner, nor the date can be determined.

³⁷ 'Birmingham', *Lancet*, 89 (16 Feb. 1867), p. 225.

³⁸ O. Moscucci, *The Science of Women* (Cambridge, 1990), pp. 88-90.

presence of a sizeable debt should be added to this list. A subscriber summarised the situation: 'there is a declining subscription list, a diminishing public interest, a committee of enquiry.'³⁹

The initial enquiry into the state of the charity was inconclusive; the *Lancet* claimed that the investigating committee had attempted a reconciliation, and had not addressed the situation impartially, for fear of offending the Ladies Association, which represented most of the subscribers.⁴⁰ A second committee reported in June 1867; it noted that in-patients cost the charity almost fifteen times as much to treat as out-patients. It was suggested that the charity's future lay in modelling provision on the lines of the RMC in London, in which all patients were attended at home by midwives, who were trained and 'specially educated for their duties by one of the physicians'.⁴¹ In annual reports, the charity portrayed the closure of the hospital as motivated by concerns for the well-being of poor women, and its desire to employ properly trained midwives. The effective use of donations and subscriptions was portrayed as a secondary beneficial consideration. Such a construction of events provided a convenient means of covering up aspects of the closure which may have damaged the charity's reputation: namely the lack of funds, the resignation of several officers and the disagreements between the Ladies' Association and the board. Over the passage of time, the claim that Birmingham's lying-in hospital was closed primarily because of an outbreak of, or potential threat, from puerperal fever has become part of the historiography of midwifery.⁴²

³⁹ WCAR, BLIC, Press cuttings, HC/MH/7/1/1, Article in *Daily Post*, 12 Dec. 1866, Letter from 'A subscriber', 17 Dec. 1866.

⁴⁰ 'Birmingham Lying-in Charity', *Lancet*, 89 (9 March 1867), p. 311.

⁴¹ WCAR, BLIC, Press cuttings, HC/MH/7/1/1, Article in *Birmingham Daily Gazette*, 13 June 1867, in the previous 4 years, each in-patient had cost £5, while out-patients cost 6s 5d.

⁴² J. Donnison, *Midwives and Medical Men*, 2nd edn., (London, 1988), p. 106; F. B. Smith, *The People's Health 1830-1910* (London, 1979), p. 38, Smith refers to the hospital closing 'after years of endemic puerperal fever and high mortality rates', when in fact there had only been one maternal death in the four years prior to closure, WCAR, BLIH, MBG, HC/MH 1/1/1, 25 Feb. 1867.

Birmingham Lying-in Hospital was not alone in facing difficult circumstances in the mid-nineteenth century. By 1847, Manchester lying-in charity had seen subscriptions fall to less than a third of the level in the 1820s, an influential supporter died in 1847, and, in 1849, a charge of 2s. was introduced for domiciliary patients.⁴³ Further changes produced little improvement in the charity's circumstances. Pickstone identifies a number of factors influencing reluctance to subscribe to lying-in charities. Potential subscribers did not have a clear view of the value of midwifery services, and many thought the charity delivered the majority of women in hospital wards, which were 'known to encourage puerperal fever'; hence they were not popular.⁴⁴ Clearly, the Birmingham charity's situation was not unique. The charity moved to an office at 7 Newhall Street, and activities were limited to providing midwifery services in women's homes. It was proposed that the charity should appoint midwives trained under the RMC or associated schemes, and that it should train midwives, as done by the RMC.⁴⁵ Access to trained and qualified midwives was regarded as an attraction for subscribers and women alike.⁴⁶ Closing the hospital premises did not solve the financial problems, rather it seemed to precipitate a substantial fall in funds, from £660 in 1867, to £340 in 1872.⁴⁷ Stephenson suggests that a domiciliary charity, based at an 'anonymous office' did not have the same appeal as the hospital, with its visible profile.⁴⁸ There may have also been a presumption among subscribers and donors that there was not the same need for funds.

⁴³ Pickstone *Medicine and Industrial Society*, p. 114.

⁴⁴ *Ibid.*, 114-15.

⁴⁵ WCAR, BLIH, MBG, HC/MH 1/1/1, 25 Feb. 1867.

⁴⁶ *Birmingham Daily Post*, 'Birmingham Lying-in Hospital', 21 Nov. 1867, Issue 2912.

⁴⁷ Stephenson, 'Voluntary maternity hospital', pp. 359-60.

⁴⁸ *Ibid.*

Appointing trained midwives

In April 1868, the charity appointed a midwife from the RMC for a trial period. She had 20 years' experience with the London charity, and came recommended by them. The area served by the Birmingham charity was divided into four districts, with the midwife given responsibility for one of these, and resident medical officers responsible for the other three.⁴⁹ The three-month trial was declared successful, and, in July 1868, two more midwives were appointed, one who had trained with the Ladies Medical College in London, the other from the RMC. The annual report lists the midwives as Mrs Vicary, Mrs Jenkins and Mrs Phillips.⁵⁰ The decision to appoint midwives either from the RMC, or who had trained at the Female Medical Society's 'Ladies Medical College', indicates the board's awareness of the debate about the status and quality of midwives, and the moves by Florence Nightingale, James Aveling and James Edmunds to provide instruction for midwives and introduce a regulatory system. A few years later, in 1871, Florence Nightingale observed that, although in her view, the course had limitations, women trained by the Female Medical Society's college 'are the best taught accoucheurs hitherto accessible to the English public'.⁵¹

⁴⁹ WCAR, BLIC, Annual Report, 1868, L46.24.

⁵⁰ WCAR, BLIC, Annual Report, 1868, L46.24. In 1871 and 1881, Mrs Phillips was still in the charity's employment and gave her occupation in the censuses as 'Accoucheuse, Ladies Medical College (Midwife)', Ursula Phillips, 1871 Census, RG10, Piece 3093, Folio 36, p. 12; Ursula Phillips, 1881 Census, RG11, Piece 2969, Folio 71, p. 27. In giving her occupation as 'accoucheuse', Phillips was adopting the terminology used by the college, and also by the Matrons Aid Society, founded in 1881, see 'Matrons' Aid Society', *The Englishwoman's Review*, 14 May 1881, issue XCVII, p. 196. The Ladies Medical College opened in 1865, indicating that these midwives were some of their first pupils, Donnison, *Midwives*, pp. 81-84.

⁵¹ F. Nightingale, *Introductory notes on Lying-in Institutions together with a proposal for Organising an Institution for Training Midwives and Midwifery Nurses* (London, 1871), p. 109, Nightingale's main criticism of the course was that personal attendance at 25 deliveries was insufficient to provide experience of abnormal cases.

Lying-in charities in Bristol, Manchester and Liverpool had been training midwives for many years and were a potential source of midwives.⁵² In all probability though, the numbers of midwives trained by these centres was low, and just sufficient to meet their own requirements.⁵³ Possibly the main reason for the Birmingham board's approach to the London charity was the recent publication of its data on midwife deliveries and low maternity mortality rates.⁵⁴ Additionally, the board may have felt that the appointment of London-trained midwives was more prestigious and would carry greater weight with the town's population, and attract subscribers. Board members themselves were perhaps impressed with the midwives' appellation of 'accoucheuse', and were confident that they were appointing the most highly trained midwives available in the country at the time.⁵⁵

In the nineteenth century, male attendance during childbirth remained the preserve of the better off, but had spread to the provinces and was growing in popularity.⁵⁶ The lying-in charity's patients were poor women and, in the absence of charitable support, would have been delivered by another woman: a neighbour, someone acknowledged as a childbirth attendant, or a midwife. Yet, although female attendance was the norm, the charity expressed concern that mothers may not feel that the newly appointed midwives were acceptable birth attendants. It may have been significant that, between 1845 and 1868, Birmingham had no dedicated lying-in charity which used midwives. To satisfy themselves on this point, the committee determined that women's views of the changes should be sought. Accordingly,

⁵² Manchester trained midwives since 1790, Bristol since 1820 and Liverpool since 1842, Towler and Bramall, *Midwives in History*, pp. 129-30; Fissell, *Patients, Power*, pp. 123-24.

⁵³ Stephenson, 'Voluntary maternity hospital', pp. 275-76, 364-65.

⁵⁴ 'Birmingham Lying-in Charity Twenty-Seventh Annual Report' *Birmingham Daily Post*, 3694, 25 May 1870; Edmunds 'Mortality', pp. 594-98.

⁵⁵ The charity's announcements in the press referred to the fact that they were London midwives, and highly recommended, 'Birmingham Lying-in Hospital', *Birmingham Daily Post*, issue 3234, 1 Dec. 1868.

⁵⁶ A. Nuttall, 'Midwifery 1800-1902: The Journey to Registration', in A. Borsay and B. Hunter, eds, *Nursing & Midwifery in Britain since 1700* (Basingstoke, 2012), p. 130.

James C. Gell, the secretary, visited 40 women who had been attended by the midwives, in order to ascertain their opinions.⁵⁷ The board may have anticipated that patients' views, if favourable, would give reassurance to current and potential subscribers that the midwives were providing a service which was at least as safe and acceptable as that provided under the previous system. The survey's methodology had limitations: in a face-to-face encounter with the charity's secretary, poor women were unlikely to be critical of the charity which had provided them with free care and ensured a safe delivery.⁵⁸ Despite these limitations, the survey's results appeared to offer overwhelming support for the midwives. Many respondents described the midwives as kind, attentive, and commented on the frequency of their visits.⁵⁹ One mother stated that she was disappointed not to be delivered by a surgeon, but found the midwife perfectly competent, while another stated that her midwife was 'better than the surgeon'. A further respondent felt that, had it not been for the midwife, who visited for several days, she would have died. Reassured by the findings, the committee recommended that the new system should be retained, and another midwife from London was appointed to the fourth district.⁶⁰ Such an early example of a patient-satisfaction survey appears to be unprecedented in the historiography of nineteenth-century medical charities and raises interesting questions. Ruth Richardson claims that women using lying-in charities in the mid-nineteenth century were regarded as 'social non-entities', yet the charity consulted them; whose idea was this?⁶¹ Who advised on the survey methods and the sample size? Forty face-to-face visits was a substantial number, but represents less than one month of cases; did the midwives recommend only women who were likely to give a favourable report? Such points cannot be answered from the records. As nineteenth-century medical charities are subject to

⁵⁷ WCAR, BLIC, Annual Report, 1868, L46.64.

⁵⁸ Some women may have received additional support from the charity's relief fund, for destitute cases.

⁵⁹ WCAR, BLIC, Annual Report 1868, L46.24.

⁶⁰ *Ibid.*

⁶¹ R. Richardson, *Death, Dissection and the Destitute* (London, 1987), p. 254.

more exploration and analysis, it remains to be seen whether the Birmingham charity's survey will remain unique. The late eighteenth and nineteenth centuries were an era of social surveys, with for example, over 100 Royal Commissions established between 1832 and 1846, examining issues including the health of towns and the condition of women and children.⁶² Given the context, the charity's survey reflects the spirit of the age, but there is a difference. Much of the evidence in commissions represents the views of men, and members of the elite, and the charity's survey is a rare example of the opinions of working-class women on charitable provision.

In the space of a year, the charity had been transformed from one in which all deliveries were in the hands of medical officers, or their pupils, to one in which women were initially attended, and most were delivered by trained, established midwives. One group of Birmingham men, however, did not welcome these changes, as the *Lancet* reported in December 1868:

We hear that many medical men in Birmingham do not view with favour the importation of midwives, who, by their connection with the Lying-in Charity, will have the best possible recommendation for employment by the poorer classes. We hope the results will not justify the fear that too cheap midwifery will thus be perpetuated, but we certainly should have preferred to see the work of the charity done by district surgeons paid per case, and acting under the superintendence of the honorary staff.⁶³

It is not clear whether the doctors' unease about the charity's new arrangements arose primarily from their concerns about the well-being of mothers and infants, or that the charity's trained midwives presented a new and direct threat to their livelihoods.⁶⁴ Certainly, a charity appointment was recognised as giving midwives an advantage when competing for private

⁶² E. Yeo, 'Social Surveys in the Eighteenth and Nineteenth Centuries', in T. M. Porter and D. Ross (eds), *Cambridge History of Science Vol. 7 The Modern Social Sciences* (Cambridge, 2003), pp. 83-99.

⁶³ 'Birmingham Lying-in Charity', *Lancet*, 92, 2362 (5 Dec. 1868), p. 749.

⁶⁴ Loudon, *Death*, p. 178.

practice, for it was a recommendation and a mark of respectability.⁶⁵ No evidence has been found of the reactions of local midwives to the charity's appointment of London, rather than local practitioners. The rules for midwives refer to assistant midwives, allotted to each district, who were possibly local women, but they were engaged relatively infrequently.⁶⁶

Midwives' practice, management and remuneration

The midwives' practice was determined by a set of rules. In 1870, they were instructed never to proceed with a case involving certain defined difficulties, without immediately calling medical assistance.⁶⁷ 'Ordinary cases' were attended alone and they made a minimum of four further visits, two within the first 48 hours, and two more before women were discharged at 10 days.⁶⁸ A final visit was made after 30 days, enabling midwives to report on women's health and complete a return sheet.⁶⁹ McIntosh acknowledges that, depending on period and context, determining the meaning of 'ordinary' and 'normal' in relation to midwives' practice is difficult and changes over time.⁷⁰ A midwives' manual of 1866 gave instructions on delivering a breech presentation, but suggested that summoning medical assistance may increase the infant's safety.⁷¹ In the 11 years in which the reasons for the medical officers' intervention are available, there were 129 sets of twins, all delivered by the midwives. In the same period, the officers only attended one breech birth.⁷² Midwives entered each case in

⁶⁵ Donnison, *Midwives*, p. 69.

⁶⁶ WCAR, BLIC, MBM, HC/MH1/2/1, assistant midwife Taylor was paid £6 10s. over March and April 1872, Miss F. Brent received £4 in August and September 1876, 3. Aug. 1876, 7 Sept. 1876.

⁶⁷ WCAR, BLIC, Annual Report 1870, L46.24, the circumstances under which medical officers should be called were not stated in the report, nor in the rules for midwives, WCAR, Birmingham Institutions (BI), C/25, 486694, Rules and regulations to be observed by the midwives of the Birmingham lying-in charity, c. 1870, Rule III.

⁶⁸ WCAR, BI, C/25, 486694, Rules and regulations, Rule II.

⁶⁹ *Ibid.*

⁷⁰ McIntosh, 'Profession, skill' pp. 403-20, Twin deliveries and breech may have been normal practice for nineteenth-century midwives.

⁷¹ F. Churchill, *Manual for Midwives and Monthly Nurses* (Dublin, 1866), pp. 126-27.

⁷² WCAR, BLIC, Annual reports, 1870-76, 1878-81, L46.24, there was one set of triplets, which the medical officer attended.

their delivery book and certain cases in the ‘special report’ case book, although the criteria for these are not specified. Both books and the return sheets were submitted to the charity office monthly and at other times as appointed.⁷³ Numbers of deliveries were reported at the monthly board meetings.

In contrast to the dispensary, where the midwives operated independently and management was in the main reactive, there was regular oversight of the midwives’ activities at the lying-in charity. In addition to the monthly submission of their records, James Gell, the secretary, held quarterly meetings with the midwives, however, their attendance was variable.⁷⁴ In December 1871, the case books revealed that Mr Blake, one of the surgeons, was only attending one in ten of the cases to which he was called and he was reprimanded.⁷⁵ By March 1876, the midwives attended the charity’s office every Friday to be paid and report on their work.⁷⁶ Like other lying-in charities, Birmingham occasionally dismissed or reprimanded staff.⁷⁷ Notably, Mrs Vicary, one of the original midwives, was dismissed in 1872 for being intoxicated.⁷⁸ On two occasions a week apart the secretary James Gell, was called to Mrs Jenkins’s house to witness Vicary’s behaviour. On the second visit he described Vicary’s ‘violent state of excitement’ and disgusting language.⁷⁹ Vicary tendered her resignation, which the board refused. On being dismissed, Vicary was required to return all

⁷³ WCAR, BI, C/25, 486694, Rules and regulations, Rule IX.

⁷⁴ WCAR, BLIC, MBM, 1871-91, HC/MH 1/2/1, 1 Dec. 1870. The earlier minute book covering the period from the midwives’ appointment to Dec. 1870, has not survived.

⁷⁵ WCAR, BLIC, MBM, 1871-91, HC/MH 1/2/1, 5 Oct. 1871.

⁷⁶ *Ibid.*, 1 Dec. 1870; 6 April 1871; 3 March 1876.

⁷⁷ Seligman, ‘Royal Maternity Charity’, pp. 403-18.

⁷⁸ WCAR, BLIC, MBM, HC/MH/1/2/1, 11 Jan. 1872, 18 Jan 1872.

⁷⁹ *Ibid.*

her books, papers and the brass plate from her house, indicating that the midwives were issued with the usual items to advertise their presence and record cases.⁸⁰

From 1868 to 1881, there was an average of 961 deliveries annually, from 826 in 1875 to 1,067 in 1870 (Table 4.1). Based on assumptions that the workload was distributed reasonably evenly, each midwife was attending between 207 and 267 women a year, averaging 240 deliveries annually over the 13-year period. The four post-natal visits, plus the 30-day visit, would add considerably to this workload. The impact of medical officers' attendance on the number of deliveries is minimal, and, in most instances, the midwife was already present and summoned medical assistance.

⁸⁰ *Ibid.*, Vicary continued to work as a midwife in Birmingham, *Post Office Directory of Birmingham* (London, 1878), p. 516; Mary Vicary, 1881 Census, RG11, Piece 3478, Folio 73, p. 11.

Table 4.1: Births in Birmingham: Lying-in Charity 1869-1881

Year	Birmingham births n=	Birmingham Lying-in Charity			
		Births n=	% of town births	Medical attendance %	Maternal deaths n=
1869	12,779	867	6.7	1.8	0
1870	12,922	1,067	8.2	3.2	2
1871	13,443	984	7.3	2.1	4
1872	14,123	995	7	1.6	2
1873	14,497	968	6.6	1.5	1
1874	14,888	1,010	6.7	2.1	4
1875	14,862	826	5.5	1.5	4
1876	15,816	898	5.6	1.3	1
1877	16,001	891	5.5	2	2
1878	15,964	969	6	1.8	0
1879	15,846	1,028	6.4	2.1	4
1880	15,111	1,020	6.7	1.8	0
1881	14,869	973	6.5	2.1	4
Total	191,121	12,496	6.5		22

Sources: WCAR, Birmingham Lying-in Charity, Annual Reports, 1869-81, L46.24.

These high caseloads are comparable to those of Coventry midwife Mary Eaves, who, apart from the first four years of her practice, delivered at least 100 women a year, and, in the years 1851 to 1865, with the exception of one year, delivered more than 200 women annually.⁸¹ The consistently high caseloads illustrated by these midwives presents a somewhat different scale of practice to that calculated by statistician Dr William Farr, who, in 1878, suggested that midwives in towns and in ‘full practice’ might attend 100 cases a year, but that 50 a year was a ‘fair average’.⁸² From 1868 to 1881, between 5.5% and 8.2% of births in Birmingham were conducted by the lying-in charity’s midwives, an average of 6.5% over the

⁸¹ See Chapter 6.

⁸² HCPP, Thirty-ninth Annual Report of the Registrar-General of Births, Deaths, and Marriages in England, 1878 (Abstracts of 1876), paper No. [C.2075], p. 250. http://gateway.proquest.com/openurl?url_ver=Z39.88-2004&res_dat=xri:hcpp&rft_dat=xri:hcpr:rec:1878-054122, accessed 3 Jan. 2012.

period (Table 4.1). Owing to different contexts, comparisons with other towns should be viewed cautiously, but Liverpool Ladies' Lying-in Charity claimed to be responsible for up to one third of confinements annually between 1796 and 1869. In early twentieth-century Edinburgh, charities were supporting a similar proportion of births.⁸³ Clearly, the contribution of Birmingham's lying-in charity towards maternity care was much less.

Further insights into the midwives' practice can be gained from the Registrar General's Annual Report of 1878, in which the Birmingham charity was one of two case studies, the other being the RMC.⁸⁴ Farr's analysis of the causes of maternal mortality from 1872 to 1876 revealed that puerperal fever caused 56% of deaths and almost three quarters of the remaining deaths could be attributed to just three conditions: flooding, or haemorrhage (34%), *placenta praevia* (13%) and puerperal convulsions (26%). Farr expressed particular concern for deaths due to haemorrhage; of the three conditions, this was the one which was amenable to intervention, and he thought that skilful midwives should be able to detect signs of haemorrhage and take appropriate steps to control it.⁸⁵ To determine usual practice in response to these situations, questions on retained placenta and haemorrhage were addressed to the charity's midwives. In the event of a retained placenta, all four Birmingham midwives suggested they would extract the placenta manually, although the period they would wait before acting varied from 20 minutes to 2 hours. Action would be taken sooner, they claimed, if there was haemorrhage.

Second, Farr enquired about the precautions adopted to prevent haemorrhage. The midwives' actions included noting any history of haemorrhage during previous confinements,

⁸³ T. Bickerton, *A Medical History of Liverpool from the Earliest Days to the Year 1920* (London, 1936), p. 214; A. Nuttall, 'Maternity Charities, the Edinburgh Maternity Scheme and the Medicalisation of Childbirth, 1900-1925', *Social History of Medicine*, 24 (2011), pp. 370-88; two thirds of the charity confinements in Edinburgh were supported by one charity, the Royal Maternity Charity.

⁸⁴ HCPP, Thirty-ninth Annual Report, pp. 244-46.

⁸⁵ *Ibid.*, pp. 244-46.

administering ergot, observing whether the uterus was contracted or not, applying external pressure to the fundus of the uterus, and monitoring the volume and flow of blood loss. Finally, the signs which would lead them to suspect internal haemorrhage included the patient's physical signs, pulse, pallor and general appearance, a distended uterus and blood loss. On considering these responses, the medical board was satisfied with the midwives' practice with regard to retained placenta, although they felt that midwives should only attempt manual evacuation of the placenta if medical help was not readily available.⁸⁶ The variable management of retained placenta may indicate that the medical board was not fully aware of the midwives' practice in these situations. It appears that, although three of the midwives were recruited via the same source, and the fourth midwife, Agnes Whittock, was probably Mary Whittock's daughter, variations in the management of this problem existed.⁸⁷

The midwives were paid: '5s per case, with liberty to draw 30s per week and with a guarantee that the payment shall not be less than £19 10s 0d in each quarter, if the cases at the rate of 5s each do not produce this sum'.⁸⁸ Typically, they were paid £6 for two months of each quarter, and £7 10s for one month, producing the agreed quarterly salary, or £78 per annum. These amounts were fairly stable over the decade 1871-1881, and there does not appear to have been any reduction for the midwives' two-week annual holiday, indicating that they had paid leave. Extra cases were paid *prorata*. For example, in November 1878, Mary Whittock received a total of £8 17s 6d, and, in November 1879, Miss Humfrey was paid £8 15s. In 1877, all four midwives received £78 per annum, but, in 1879, while Mary Whittock

⁸⁶ *Ibid.*, pp. 246-47.

⁸⁷ In 1871, Mary Whittock aged 30, married, and Agnes Whittock who was 16 years of age and single, are servants in the same household in Brinsley, Nottinghamshire, 1871 Census, RG10, Piece 3478, Folio 73, p. 11.

⁸⁸ All five midwives appointed from 1872 to 1878 were engaged on these terms, WCAR, BLIC, MBM, HC/MH/1/2/1, 7 March 1872; 1 Oct. 1874; 1 July 1875; 1 Nov. 1877; 4 April 1878.

and Agnes Whittock each received £78, Phillips's income was £78 5s, and Humfrey's was £85.⁸⁹ Additional midwives who covered during sickness or leave received smaller sums, *pro rata*.

These levels of remuneration are in line with salaries of £80, which, in 1881, the Matrons' Aid Society suggested were achievable by trained midwives in regular work. The charity's midwives were permitted to take private cases, indicating that their annual incomes may have been somewhat higher.⁹⁰ Such an income was considerable when compared to other occupations open to women. Assistant mistresses in the new board schools were paid a similar sum, while women Post Office clerks received half this amount.⁹¹ Women employed in Birmingham's trades were always paid considerably less than men. In 1871, in the button trade, women were paid between 7s and 9s a week, less than half men's wages. In the pen trade, women's wages were amongst the highest recorded for women in the town, at 12s to 14s a week.⁹² Clearly, at the time, the charity's midwives were amongst the highest paid female employees in Birmingham; they also had a regular income from a single source, providing financial stability. In contrast, the vast majority of midwives in the town and its environs were self-employed, receiving fees from a number of sources, and their incomes would have fluctuated. Furthermore, they might have had to chase fees, or, indeed, write some off as bad debts.

⁸⁹ WCAR, BLIC, MBM, HC/MH/1/2/1, salaries calculated from payments recorded at monthly meetings.

⁹⁰ WCAR, BI C/25, 486694, Rules and regulations to be observed by the midwives of the Birmingham lying-in charity, c. 1870, Rule XX; the Royal Maternity Charity midwives were also permitted to take private patients, *39th Annual Report of the Registrar-General of births, deaths, and marriages in England*, (1878) 19th Century House of Commons Sessional Papers, p. 243.

⁹¹ Donnison, *Midwives*, p. 113. The similarity between the incomes of the lying-in charity's midwives and those suggested by the Matrons' Aid Society indicates that some of the Birmingham midwives may have been in the Society. In 1881, Mrs Whittock's salary was sufficient for her to employ a servant.

⁹² K. Jenks, 'Work and employment in Birmingham', in C. Chinn, ed., *Birmingham. Bibliography of a city* (Birmingham, 2003), pp. 200-22.

In the mid-1870s, the midwives were permitted to undertake private work, but only in their own districts.⁹³ Ursula Phillips and Mary Whittock appeared in trade directories in 1876 and 1878, and Phillips's request to attend a private patient outside her district in 1876 was granted on the grounds that it should not set a precedent.⁹⁴ Although there is no record, it is possible that the charity either paid the midwives' rent, or required them to live in accommodation owned or rented by the charity, to ensure that they lived in the districts to which they were allocated. Midwives' names and addresses appeared on the first page of the annual reports, and newly appointed midwives generally lived at the same address as the previous incumbent. When Agnes Whittock was appointed in 1878, she lived at 4 Bridge Row, Deritend, midwife Humfrey's former address, and, in 1899, Mrs Phillips's replacement appeared to move in with Phillips at 47 Monument Road.⁹⁵ In the event that the charity did not dictate where the midwives lived, such living arrangements indicate that the midwives operated a supportive working network.⁹⁶ The lying-in charity continued to employ midwives who could demonstrate safe and skilled practice, some of whom stayed with the charity for lengthy periods (Table 4.2).

⁹³ WCAR, BI, C/25 486694, Rules and regulations, Rule XX.

⁹⁴ *Post Office Directory of Birmingham* (London, 1878); WCAR, HC/MH/1/2/1, 6 April 1876; In his 1878 report, Farr states that the midwives were not allowed to take private patients, HCPP, Thirty-ninth Annual Report, p. 243.

⁹⁵ WCAR, BLIC Annual reports, 1878, 1899, L46.24. In the 1881 census, Agnes Whittock was the sole resident of 4 Bridge Row, Aston, and gave her household position as head lodger, 1881 Census, RG11, Piece 3012, Folio 130, p. 25.

⁹⁶ S. Hawkins, *Nursing and women's labour in the nineteenth century* (Abingdon, 2010), p. 176.

Table 4.2: Midwives of Birmingham Lying-in Charity, 1868-1881

Year	Mrs Mary Vicary	Mrs Eliza Jenkins	Mrs Ursula Phillips*	Miss Marian Humfrey*	Mrs Frances Vincent	Mrs Mary Whittock*	Mrs Francis*	Mrs Hoctor	Miss Agnes Whittock
1868	√	√	√						
1869	√	√	√	√					
1870	√	√	√	√					
1871	√	√	√	√					
1872		√	√	√	√				
1873		√	√	√	√				
1874		√	√	√		√			
1875			√	√		√	√		
1876			√	√		√	√		
1877			√			√	√	√	
1878			√	√		√			√
1879			√	√		√			√
1880			√	√		√			√
1881			√	√		√			√
Employed until:			1899	1894		1894			-

Source: WCAR, Birmingham Lying-in Charity, Annual Reports, 1868-81, L46.24.

*Midwives who gave evidence to the Thirty-ninth Annual Report of the Registrar-General (1878).

Ursula Phillips, one of the first midwives, had completed the Ladies Medical College's course and remained with the charity for 30 years. Marian Humfrey was employed by the charity from 1870 until 1894, with a one-year break. Significantly, the year Humfrey was absent from the charity (1877) coincides with the date she was awarded the London Obstetrical Society's diploma.⁹⁷ Mrs Hoctor was appointed during Humfrey's absence; her previous employment at the Rotunda Lying-in Hospital, Dublin, again reflects the charity's wish to employ trained, established midwives.⁹⁸ Mary Whittock, a midwife at the British Lying-in Hospital, was appointed in 1874, the same year she was awarded the Obstetrical Society's diploma.⁹⁹ The charity appeared to be successful in attracting and, for the most part, retaining well-qualified midwives. Phillips worked for the charity until 1899, when she was 72 years of age. Humfrey and Mary Whittock both resigned in 1894, at the ages of 64 and 53, respectively.¹⁰⁰ Both midwives cited increasing years and declining health as the cause of their resignations, and the duration of their service with the charity serves to indicate a degree of satisfaction with their work and employment conditions.¹⁰¹

⁹⁷ Anon., 'Matrons' Aid Society', *The Englishwoman's Review*, XCVII (1881), p. 196; the fact that one of the charity's midwives was awarded the Obstetrical Society's Diploma was mentioned in the annual report, but the midwife was not named, WCAR, BLIC, Annual Report, 1879, L46.24.

⁹⁸ WCAR, BLIC, Annual Report 1877, L46.24. Hoctor only stayed with the charity for a year. The Rotunda Hospital, Dublin was founded in 1745; it offered midwifery training from 1774 and was recognised as a centre of excellence, *The History of the Rotunda Hospital*, http://www.rotunda.ie/library/pdf/rh_hist3.pdf, accessed 17 Nov. 2012; HCPP, Select Committee on Midwives Registration. Report, Proceedings, Evidence, Appendix, Index (London, 1892), pp. 54-56, Evidence of Dr Lombe Atthill, http://gateway.proquest.com/openurl?url_ver=Z39.88-2004&res_dat=xri:hcpp&rft_dat=xri:hcpp:rec:1892-069026, accessed 10 Nov. 2012.

⁹⁹ Anon., 'Matrons' Aid Society', *The Englishwoman's Review*, XCVII (1881), p. 196, Whittock was only the twentieth midwife to be awarded the Obstetrical Society's Diploma; Humfrey was the thirty-second.

¹⁰⁰ Midwives' dates of leaving the charity's employment have been inferred from the lists of midwives in the annual reports. Despite her 31-years' service, Phillips's departure was not referred to in the minutes; she died in 1900, approximately a year after leaving the charity, Death certificate of Ursula Phillips, Birmingham, 16 April 1900.

¹⁰¹ WCAR, BLIC, Annual Report 1894, L46.24. The annual report states that Humfrey served 21 years, and Whittock 20 years. Evidence from the minute book and individual annual reports indicates that Humfrey's length of service was 26 years (1869-1894), with a gap in 1877 when she took the Obstetrical Society's diploma (Table 4.2).

Metropolitan influences and connections

In approaching London charities to recruit trained midwives, the charity was emulating the town's dispensary when, in 1819, contacts in the capital were used to identify a chief midwife. The RMC, established in 1757, would have been well known in Birmingham medical circles; medical men would also presumably have been aware of the Female Medical Society and its associated training at the Ladies Medical College. The society was established in 1862 by James Edmunds, one of the RMC's surgeons, with the aim of promoting midwifery as a suitable and respectable occupation for women.¹⁰² The Ladies Medical College's training appears to have been thorough. Ladies attended two series of lectures, gained clinical experience at a hospital, and the probationary period usually took between one and two and a half years. Lectures were delivered by three professors and covered midwifery and the diseases of women and children, hygiene and preventive medicine, and accessory branches of medicine.¹⁰³ Clinical experience was gained by personally attending 'at least' 25 deliveries in a hospital or maternity charity.¹⁰⁴

As part of its strategy to raise the status of midwifery as an occupation for respectable women, the Female Medical Society emphasised the distinction between graduates of its college and other midwives by referring to them as accoucheuses. In another reference to respectability, the society reported in 1871 that a high proportion of its students were 'the relatives, wives or widows of clergymen or medical men'. At the start of the college's

¹⁰² Donnison, *Midwives*, pp. 82-83. Two years after its establishment, the society started to offer courses of lectures to women, on successful completion of which they were awarded a certificate. Somewhat confusingly, the instruction was described as being delivered by the 'Obstetrical College of the Female Medical Society'. When the annual meetings were reported they referred to the instruction offered by the Female Medical Society, *Ibid.*, p. 83.

¹⁰³ I. Thorne, 'Female Medical Society', *The Englishwoman's Review*, Issue IV (1 July 1867), p. 253.

¹⁰⁴ P. J. Edmunds, 'The origin of the London School of Medicine for Women', *BMJ*, 1 (1911), pp. 659-60; J. Aveling, *English Midwives*, (London, 1967, reprint of 1872 edition), pp. 161.

seventh, and final, session that same year, 87 ladies had completed their training, of whom 46 were single, 23 married and 18 widowed. The college closed due to lack of funds, and because some of the ladies, including Isabel Thorne and Alice Vickery, who subsequently studied medicine in Edinburgh, wanted its scope extended to medical training, and broke away.¹⁰⁵ When the college closed, the London Obstetrical Society established a midwifery exam in 1872.¹⁰⁶

From 1868, Birmingham Lying-in Charity persistently turned to the RMC for advice, and to supply midwives. This reliance upon the RMC may indicate the board's lack of confidence in local midwives, combined with their wish to employ trained midwives, who were 'certificated'. By adopting such measures, the Birmingham board presumably hoped to maintain the standard of the charity's services and its status. In 1872, the London charity was contacted three times, first, to enquire whether their midwives were permitted to take private patients, second, to recommend a temporary midwife to cover midwives' annual leave and, finally, for a temporary replacement when midwife Humfrey was unable to work for a month due to ill health. The London charity recommended a midwife in response to the first request, but was unable to help with the second and third requests. In 1873, the RMC again recommended a midwife to the charity, to cover midwives' holidays.¹⁰⁷ While the board of

¹⁰⁵ P. J. Edmunds, 'The origin of the London School of Medicine for Women', *BMJ*, 1 (1911), pp. 659-60. At the annual meeting in May 1868, the Female Medical Society reported that it was still not self-supporting. By this date, 69 women had been trained, indicating that when she was appointed by the Birmingham Charity, Ursula Phillips was among a very small number of midwives in England who had received formal training, 'Female Medical Society', *Morning Post*, 29472 (1868), p. 3. The last report of the society was in October 1871, when the opening of the eighth annual study session was announced, 'Ladies Medical College', *Penny Illustrated Paper*, 523 (1871), p. 219.

¹⁰⁶ As with the Ladies Medical College, numbers taking the Obstetrical Society's exam were low; there were just six candidates for the first one, H. G. Arthure, 'The London Obstetrical Society', *Proceedings of the Royal Society of Medicine*, 62 (1969), pp. 15-18. In the first eight years, 47 diplomas were awarded, 'Matrons' Aid Society', *The Englishwoman's Review*, XCVII (1881), p. 196.

¹⁰⁷ WCAR, BLIC, MBM, HC/MH/1/2/11 Aug. 1872; 5 Sept. 1872; 4 Dec. 1872; 2 Jan. 1873; 5 June 1873.

the Birmingham charity presumably felt that the institution acquired credibility and status, and maintained the quality of its service by appointing women who had gained the Female Medical Society's certificate, the society reciprocated. In 1871, the society advertised that two of its successful students had held 'responsible professional positions' with the Birmingham charity for more than two years.¹⁰⁸ References to the Female Medical Society's midwives taking up posts in provincial towns were doubtless a strategy to raise its profile, in the hope that this would encourage candidates to its training course, and stave off closure. In this, it was not successful.¹⁰⁹

The RMC, the British Lying-in Hospital and the Female Medical Society were all approached by the Birmingham charity. A common thread, in the form of Dr James Edmunds (1820-1911), links these institutions; he was medical officer to the maternity charities, as well as a founder member, and honorary secretary, of the Female Medical Society. It is not known whether the Birmingham medical officers had professional links with Edmunds, or possibly the charity wished to ensure that the town could emulate the good standards of maternal care he had implemented at the RMC.¹¹⁰ At times, Edmunds's relationships with medical colleagues were difficult; his support for total abstinence, including his founding of the London Temperance Hospital, resulted in Edmunds being regarded as a crank. His championing of female midwifery training, and his evidence about the relative maternal mortality rates of doctors and trained midwives were regarded as suspect by his peers.¹¹¹ Edmunds's obituary in the *BMJ* fails to mention his support for midwifery training and

¹⁰⁸ 'Female Medical Society' *The Englishwomen's Review*, 1 Oct. 1871, Issue VIII, pp. 276-77. One of the midwives was Mrs Ursula Phillips, the other was either Mrs Vicary, or Mrs Jenkins.

¹⁰⁹ The Female Medical Society and its associated college disappeared from view in 1873, Donnison, *Midwives*, p. 90.

¹¹⁰ Edmunds, 'Mortality', pp. 594-98.

¹¹¹ 'James Edmunds Obituary', *BMJ*, 1, 2617 (1911), pp. 470-71.

registration, and, unlike others who were influential in this area, including Rosalind Paget, Zepherina Smith, Elizabeth Malleson and James Aveling, he has no entry in the *Oxford Dictionary of National Biography*.¹¹²

Gathering data on maternity cases was one of the charity's aims, and Florence Nightingale was contacted for advice on the data needed to analyse the charity's performance.¹¹³ In 1871, the board sent Nightingale its annual report, which included analysis of the caseload. Of 1,500 deliveries recorded 30 days after delivery, there had been two maternal deaths, neither of which was from puerperal fever, making for a rate of 1 death to 750 deliveries.¹¹⁴ Nightingale was also sent a copy of the 1874 report. Her reply was enthusiastic; she described the charity's figures as 'the first really reliable data'. Furthermore, she showed the Birmingham statistics to 'several London medical men' and stated, in a reference to her proposals for maternal care, published in 1871, 'nothing has yet proved the case of notes on lying-in institutions so completely'. Nightingale reported that, on her showing the Birmingham data to some London accoucheurs, they had 'amended their ways' and she anticipated improvements in maternal mortality as a result.¹¹⁵ Nightingale showed the charity's report to her friend William Farr, an action which was presumably instrumental in his selecting it as one of two case studies in the Registrar General's report of 1878.¹¹⁶ Other indications of the charity's reach include a letter from Queen's College, Dublin in 1880, although the content is not reported, and, in 1884, the Surgeon General's office in the United

¹¹² *Ibid.*

¹¹³ 'Birmingham Lying-in Charity', *Birmingham Daily Post*, issue 4167, 24 Nov. 1871.

¹¹⁴ McDonald, *Florence Nightingale*, p. 334, letters 16 Nov. 1871.

¹¹⁵ WCAR, BLIC, MBM, HC/MH/1/2/1, 2 July 1874, copy of Goodman's letter to F. Nightingale dated 28 Feb. 1874, and copy of Nightingale's reply dated 4 June 1874, Nightingale signed off: 'I can only say Go on & prosper in God's name' [underlining in original].

¹¹⁶ McDonald, *Florence Nightingale*, p. 335, letter 27 Nov. 1871; HCPP, Thirty-ninth Annual Report, p. 243.

States of America requested a copy of the annual report, suggesting its renown had only grown.¹¹⁷

The Registrar General's report of 1878 stated that the charity's midwives had delivered 8,607 women in the previous 10 years, with 20 maternal deaths, a rate of 2.32 per 1,000.¹¹⁸ The figures from the RMC were similar, and Farr concluded that, if mortality rates for the whole of England and Wales were similar to those achieved by the two charities, the deaths of 2,601 mothers could have been prevented.¹¹⁹ Farr acknowledged that the two charities' mortality rates may have been improved by two factors: their clients were all married, and fewer of them were *primigravidae*. Nonetheless, the majority of women were poor.¹²⁰ Critics included Lawson Tait, a former honorary surgeon of the Birmingham charity, who noted that the limitations which had been identified by Farr meant that the charity's figures only indicated multiparous mortality in the 'decent artisan class.'¹²¹

¹¹⁷ WCAR, BLIC, MBM, HC/MH/1/2/1, 1 April 1880; 6 March 1884.

¹¹⁸ HCPP, Thirty-ninth Annual Report, p. 243, The RMC, London was the other exemplar charity, Farr described them as 'remarkable institutions', p. 243; 'Birmingham', *Lancet*, 105, issue 2686 (1875), p. 287.

¹¹⁹ *Ibid.*, p. 244.

¹²⁰ *Ibid.*

¹²¹ L. Tait, 'The statistics of the Birmingham Lying-in Charity', *Lancet*, 31 May 1879, p. 789.

Competing aims: containing costs, extending charity

The charity struggled with the wish to extend the service to more women, while simultaneously ensuring efficient use of subscribers' money and balancing the books.¹²² Women's unequal access to the charity's midwives, despite equal need, was highlighted in 1871, when midwife Humfrey requested permission to recommend women for free tickets, on the grounds that her district of Deritend was poor, and few of the charity's subscribers lived in the area. Consequently, women experienced difficulties obtaining tickets. Humfrey's request was granted and the supply of tickets was to be monitored, but Humfrey was not to receive additional fees for attending these cases.¹²³ This monitoring of the free tickets reflects charities' concerns about the risk of what was considered abuse, whereby tickets were obtained by those who could afford to pay for treatment.¹²⁴ Efforts to pare running costs persisted; in June 1873, it was proposed that the charity's notice in the weekly paper should only state the number of patients, and not the surgeons' names. The medical committee countered that the honorary surgeons should be named, suggesting that the required economies could be made by inserting the notice fortnightly, rather than weekly.¹²⁵ By November, the notice was still appearing weekly, but giving the midwives' names, rather than those of the surgeons.¹²⁶ This change would not have resulted in any savings; but as the surgeons were only called to 1.6% of deliveries the previous year, the board may have felt that naming the midwives was a more accurate reflection of the charity's work. The following

¹²² In 1881, the charity had an overdraft of £26 18s 5d, partly due to decreasing subscriptions, reasons for discontinuing included poor trade, financial difficulties and the charity not being relevant to the workforce, WCAR, BLIC, MBM, 1871-91, HC/MH 1/2/1, 4 Aug. 1881; 1 Sept. 1881.

¹²³ WCAR, BLIC, MBM, 1871-91, HC/MH 1/2/1, 4 May 1871.

¹²⁴ K. Waddington, 'Unsuitable cases: the debate over outpatient admissions, the medical profession and late-Victorian London Hospitals', *Medical History*, 42 (1998), pp. 26-46.

¹²⁵ *Ibid.*, 5 June 1873; 7 Aug. 1873.

¹²⁶ *Birmingham Daily Post*, 'Birmingham Lying-in Charity, issue 4792, 22 Nov. 1873; issue 4798, 29 Nov. 1873.

month, the midwives were urged to be more economical when using medications.¹²⁷ Two years later, a decision was made to cease the weekly notice, as well as that giving the resolutions passed at the annual meeting.¹²⁸ A potential merger with the town's Women's Hospital (established 1871) was considered by the medical committee in 1873. For reasons which were not stated, the board considered this 'not desirable at present', although this might have been attractive in terms of containing costs.¹²⁹

The status of the charity's midwives

Elizabeth Harvey has recently integrated the charity's midwives into an analysis of liminal figures in philanthropic organisations in the latter part of the nineteenth century.¹³⁰ Harvey's case studies are based in Birmingham, UK, including the lying-in charity, and Sydney, Australia. Harvey's thesis argues that, as neither philanthropist, nor recipient, but paid employees, the Birmingham midwives were liminal figures within the charity, and constantly negotiating between philanthropists, recipients and the medical men. Harvey further attributes their liminal position to their female gender and untrained status. Despite their liminal status, the midwives emerge from Harvey's analysis as vital to the operation of the charity, as well as its reputation and status within the town.¹³¹ Harvey draws heavily on an incident in 1877 in which midwife Phillips claimed that surgeon Lawson Tait had been discourteous to her in front of strangers and a woman's family when she called him to see Caroline Smith who had

¹²⁷ WCAR, BLIC, MBM, 1871-91, HC/MH 1/2/1, 3 July 1873.

¹²⁸ *Ibid.*, 4 March 1875.

¹²⁹ *Ibid.*, 6 Feb. 1873.

¹³⁰ E. A. Harvey 'Liminal figures: the role of female employees within charities in Birmingham and Sydney, 1860-1914', *Midland History*, 37 (2012), pp. 45-62.

¹³¹ *Ibid.*

developed puerperal convulsions, and subsequently died.¹³² In response, Tait referred to Phillips's unqualified status, claiming that she did not summon him at the earliest opportunity, and he refused to apologise. Phillips demanded an apology, citing the damage to her reputation. The board supported Mrs Phillips, and Tait resigned. Harvey suggests that, when the board supported Phillips, this was because they calculated that it would be easier to find another honorary surgeon than another good midwife.¹³³

Possibly Phillips's training at the Ladies Medical College, not to mention her experience, enhanced her sense of being a respected and respectable accoucheuse. She clearly exists as an example of a self-confident midwife, who was not afraid to challenge insults from doctors regarding her professional status, including suggestions that her midwifery care for poor women was sub-standard, or that she was not 'qualified'. There can be no doubt about Tait's clinical skill, his concern for the welfare of women and children, and his sincerity in raising Phillips's conduct to the board's attention. However, his reputation for irascibility meant that he and Phillips were not destined to be reconciled over the matter.¹³⁴ Tait was correct that Phillips held no professional qualification comparable to that of doctors, but that was because none existed for midwives at the time. Citing other incidents in Tait's professional life, Lockhart observes that his characteristics, which included 'professional prejudices' and a 'quarrelsome nature', coupled with intransigence, led him to conflict frequently with his peers.¹³⁵ Possibly Tait's decision to resign was influenced by an earlier incident when he questioned the extent to which the lying-in charity was truly charitable. Tait had referred an

¹³² *Ibid.*

¹³³ *Ibid.*

¹³⁴ J. Lockhart, 'Truly, a hospital for women: The Birmingham and Midland Hospital for Women, 1871-1901', (Unpublished MA thesis, University of Warwick, 2002), p. 104.

¹³⁵ Lockhart, 'Truly, a hospital for women', p. 104, The title of Shepherd's biography of Tait also acknowledges his nature, J. A. Shepherd, *Lawson Tait: The Rebellious Surgeon (1845-1899)* (Lawrence, 1980).

unmarried girl to the charity as an emergency, but she was refused aid.¹³⁶ Tait stated that the refusal almost cost the girl her life, and she was left a permanent invalid.¹³⁷ In a strongly worded letter, he accused the charity of being devoid of all Christian principles. Tait pointed out that it was the only institution in the town where such cases would be properly cared for and demanded to know why she was refused, as the charity did not specifically declare that unmarried women were excluded, but if that was the charity's intention, it should be made clear to subscribers.¹³⁸ The matter was resolved, not by the charity deciding to accept unmarried women, but by revising the wording of the rules. In the same decade, medical officers in Liverpool successfully challenged the lying-in hospital's exclusion of single women, or those who were regarded as morally suspect.¹³⁹ Other incidents suggest that Phillips's midwifery skills were highly regarded and respected. In December 1870, Phillips claimed that the dispensary surgeon had been negligent in the case of Mary Anne Dobson, who had been transferred from the charity to the dispensary, presumably because her care extended beyond the 10 days stipulated.¹⁴⁰ Phillips submitted a written statement, and a formal complaint was made by the charity's board to the dispensary, requesting an investigation.¹⁴¹ Phillips's assessment of the surgeon's conduct was confirmed when the dispensary agreed that there had been 'some want of attention' in Dobson's case by their medical officer.¹⁴²

¹³⁶ WCAR, BLIC, HC/MH 1/2/1, 4 June 1874.

¹³⁷ *Ibid.*

¹³⁸ *Ibid.*

¹³⁹ Stephenson, 'Voluntary maternity hospital', p. 486-87.

¹⁴⁰ WCAR, BLIC, MBM, 1871-91, HC/MH 1/2/1, 1 Dec. 1870.

¹⁴¹ *Ibid.*

¹⁴² WCAR, BLIC, MBM, HC/MH/1/2/1, 5 Dec. 1870; 4 May 1871.

Training midwives

Birmingham was relatively slow among provincial towns in establishing midwifery training. Manchester Lying-in Charity was established in 1790 and the same year trained 10 midwives, and Liverpool Lying-in Hospital was training midwives from 1842.¹⁴³ In 1871, the charity received advice from the RMC regarding the provision of training, presumably in response to an enquiry.¹⁴⁴ Candidates described as 'ladies and nurses' had to be 25 years of age and able to provide testimonials of 'good moral conduct and respectability'.¹⁴⁵ Midwifery texts sometimes stressed midwives' moral characters, the need to be neat in dress and habit and to be attentive to the directions of medical men.¹⁴⁶ In common with the nineteenth-century reform of nursing, this emphasis can be seen as a manifestation of efforts to make midwifery and nursing respectable occupations for women and creating a workforce which would be useful, yet subordinate, to medicine.¹⁴⁷ The midwifery training offered by Birmingham Lying-in Charity consisted of two courses of 12 lectures, given by Thomas Savage, the honorary surgeon, and candidates gained practical instruction through attachment to one of the charity's midwives.¹⁴⁸ Those who completed the course and gave 'general satisfaction' would be examined in the theory and practice of midwifery, while successful candidates would receive certificates. Certificates of training for the successful completion of midwifery and nursing courses were increasingly important during the second half of the nineteenth century. They

¹⁴³ Towler and Bramall, *Midwives in History*, pp. 129-30.

¹⁴⁴ WCAR, BLIC, MBM, 1871-91, HC/MH 1/2/1, 2 March 1871, the advice is not specified.

¹⁴⁵ 'Birmingham Lying-in Charity. Instruction to Midwives', *Birmingham Daily Post*, Issue 4322, 23 May 1872, p. 1.

¹⁴⁶ Churchill, *Manual for Midwives*, pp. 1-4.

¹⁴⁷ E. Gamarnikow, 'Sexual division of labour: the case of nursing', in A. Kuhn and A. Wolpe (eds), *Feminism and Materialism* (London, 1978), pp. 96-123.

¹⁴⁸ 'Birmingham Lying-in Charity. Instruction to Midwives', *Birmingham Daily Post*, Issue 4322, 23 May 1872, p. 1; Although he was a consulting surgeon, and MD, FRCS, Savage was known as Dr, not Mr., 'Thomas Savage M.D., F.R.C.S.' *BMJ* 1, 293, (1907) pp. 293-94.

were vital evidence of competence and passports to independent careers.¹⁴⁹ Despite the advert being reposted several times, no candidates were forthcoming.¹⁵⁰ The course was advertised in subsequent years and still failed to attract candidates. In contrast to the lack of midwife training, in the 1850s, at least four Birmingham institutions were involved in instruction to medical pupils. The dispensary surgeon-accoucher took pupils, as did the lying-in hospital surgeons; Queen's Hospital, and its associated medical college offered obstetrics, as did the rival Sydenham College attached to the General Hospital.¹⁵¹

It was not until 1877 that the first successful candidates, Mrs Spencer and Miss Agnes Whittock, were reported.¹⁵² It was anticipated that more women would take advantage of the training scheme and that, in future, the charity would experience 'less difficulty' in appointing 'well qualified and suitable' midwives.¹⁵³ The charity made an exception to the rules in accepting Agnes Whittock for training, for she was just 18 years of age; possibly an exception was made because she was Mary Whittock's daughter, and there was a lack of candidates. Agnes Whittock was immediately appointed to the post vacated by Mrs Francis. The following year, Mrs Inge and Mrs C. Preston received their midwifery certificates, six months after they commenced training.¹⁵⁴ In 1879, three local women, Mrs Jones of Spark Hill (sic), Mrs Talbot of Lee Bank, and Mrs Whitfield of Small Heath received their midwifery certificates after a three-month period.¹⁵⁵ It appears that the course was not offered in 1880 or

¹⁴⁹ Hawkins, *Nursing and Women's Labour*, p. 107.

¹⁵⁰ In 1872, the advert appeared in the local press on four occasions; the fee for the two courses was £6 6s, with a separate fee payable to the midwife; 'Birmingham Lying-in Charity. Instruction to Midwives', *Birmingham Daily Post*, Issue 4322, 23 May 1872; Issue 4340, 13 June 1872; Issue 4346, 20 June 1872; Issue 4354, 29 June 1872.

¹⁵¹ Reinartz, *Health Care in Birmingham*, pp. 61-63.

¹⁵² WCAR, BLIC, Annual Report, 1877, L46.24, once trained, in common with her relative Mary Whittock, Agnes Whittock described her occupation as 'accoucheuse (midwife)', 1881 Census, RG11, Piece 3012, Folio 130, p. 25.

¹⁵³ WCAR, BLIC, Annual Report, 1877, L46.24.

¹⁵⁴ Inge and Preston commenced training in June 1878, and received their certificates in November, WCAR, BLIC, MBM, 1871-91, HC/MH 1/2/1, 6 June 1878; 7 Nov. 1878.

¹⁵⁵ *Ibid.*, 5 June 1879; 4 Sept. 1879.

1881, and the small numbers trained in the previous three years, just seven, indicate that the charity was only training enough midwives to meet its own requirements, rather than operating as an agent in any wider campaign to improve the skills and practice of midwives in Birmingham and its environs. By establishing a training course, however, the charity freed itself from reliance on the RMC for a supply of midwives. Additionally, the charity had a degree of insight into the character and skills of midwives whom it had trained, which informed decisions about employment.

It appears that there was little local interest in the charity's training. In addition to the loss of earnings while undertaking the course, the lecture fee of £6 6s, plus the midwife's fee, which was not specified, may have resulted in the total cost being far beyond the means of local midwives.¹⁵⁶ Pupils may have lodged with their midwife during training, which placed another obstacle in the way of those with family responsibilities. The charity's midwives earned approximately £80 per annum, and working-class midwives might earn in the order of £25-£50 per annum. As a result, the total cost of the course, including fees, loss of custom and loss of earnings, was a major deterrent for women who were already established midwives. The sting in the tail may have been the requirement for successful candidates to work for the charity for three years, if so required.¹⁵⁷ Taken as a whole, the training requirements indicate that the charity was hoping to attract a new breed of respectable middle-class women to midwifery, rather than attract practising midwives.¹⁵⁸

Similar considerations were identified in respect of the revised training at Liverpool Lying-In Hospital. In 1875, the ladies on the Liverpool committee proposed that candidates

¹⁵⁶ WCAR, BI, C/25, 486694, Rules and regulations, Rule XIII.

¹⁵⁷ *Ibid.*

¹⁵⁸ *Ibid.*

should be of ‘impeccable character’ and acceptable social status, and that a ten-guinea fee charged for a three-month residential course. Craig Stephenson suggests that, as evident in Birmingham, there was a wish to emulate the Female Medical Society and restrict midwifery to respectable women.¹⁵⁹ Liverpool’s medical board countered that the fee and residential requirement were beyond the means of working ‘common-sense’ women, and the proposed training failed to meet the needs of midwives working in Liverpool’s working-class districts. In contrast, in 1879, Sheffield Hospital for Women paid pupils up to £10 per annum in order to attract poorer women to midwifery.¹⁶⁰

Of the seven midwives who trained at Birmingham between 1877 and 1879, nothing further is known of Jones, Preston or Spencer. Agnes Whittock, one of the first trainees, was one of the charity’s midwives until at least 1894, and Inge, Talbot and Whitfield can be identified in the 1881 census. Esther Inge, aged 34 years, was married with seven children and described herself as a ‘Certificated midwife’. Similarly, Mary Whitfield was in her early 30s, married with young children and gave her occupation as ‘Accoucheuse midwife not practising’.¹⁶¹ At 50 years of age, and single, Mary Talbot represents a different demographic to Inge and Whitfield. Unlike them, Talbot did not adopt one of the more enhanced descriptors of her occupation; instead, she described herself as a ‘Practising midwife’.¹⁶² Although the numbers are small, the charity’s pupils offer insights into changes in the status of midwifery in the provinces and the relevance of gaining ‘certificated training’. Both Inge

¹⁵⁹ Stephenson, ‘Voluntary maternity hospital’, pp. 271-76.

¹⁶⁰ H. Mathers and T. McIntosh, *Born in Sheffield* (Barnsley, 2000), p. 30.

¹⁶¹ Esther Inge, 1881 Census, RG11, Piece 2967, Folio 62, p. 54; Mary Whitfield, 1881 Census RG11, Piece 3025, Folio 106, p. 5.

¹⁶² Mary Talbot, 1881 Census, RG11, Piece 3031, Folio 138, p. 54. In the same census, Emma Roe and her husband Thomas give their occupation as ‘Accoucheur’ (SMS), no connection with the lying-in charity has been established; RG11, Piece 2999, Folio 4, p. 1. Inge and Talbot subsequently had short periods of employment at the charity. Inge was paid £4 in August 1879, and Talbot earned £8 between May and August 1882, though neither were permanent charity midwives in the period from completing their training until 1891.

and Whitfield refer to their training in the census: Inge describes herself as a ‘certificated midwife’, and Whitfield calls herself ‘accoucheuse’. In some respects, Inge’s and Whitfield’s characteristics conformed to those of most nineteenth-century midwives. They were married and mothers by the time they entered their chosen occupations. However, they were both relatively young, and Mary Whitfield, as the wife of a piano dealer who employed two adults and a boy, might have classified herself as ‘respectable’ and thereby removed herself from the stereotypical images of older, apprenticeship-trained midwives. Either way, both considered it worthwhile investing in their training in anticipation of a successful midwifery career.

Perhaps in anticipation of improving their prospects further, three of the charity’s midwives gained the Obstetrical Society’s diploma: Mary Whittock succeeded in 1874, Marian Humfrey in 1878 and Mary Ann Whitfield in 1879.¹⁶³ When appointed by the Birmingham charity in 1874, Mary Whittock was already a certificated midwife, working for the British Lying-in Hospital in London. Humfrey passed the Obstetrical Society’s exam during an absence from the charity in 1877, and Whitfield succeeded shortly after completing the charity’s training course in September 1879. The Obstetrical Society’s diploma was not widely taken up and was primarily viewed as advantageous for practice in London. Even by 1891, only 20% of its 205 successful candidates came from the provinces, mainly from what were described as the ‘large schools’ in Glasgow, Liverpool and Cheltenham.¹⁶⁴ The Birmingham charity appeared to be content with training small numbers to meet its own immediate needs. Provincial midwives were a small minority of those who passed the Obstetrical Society’s exam, and the lying-in charity’s experience probably reflects the level of

¹⁶³ ‘Matron’s Aid Society’ *The Englishwoman’s Review*, 14 May 1881, Issue CVII, pp. 196. Whittock was the 20th midwife to gain the diploma, Humfrey the 32nd, and Whitfield the 47th.

¹⁶⁴ HCPP, Select Committee on Midwives Registration, pp. 3,7, no evidence has been found of a ‘large’ midwifery school in Cheltenham.

demand for training in the provinces generally. Either way, the training was costly for ordinary midwives and it was not compulsory for practice. Finally, if it was perceived as conferring few advantages in terms of increased income, there was little motivation for established midwives to train. By 1882, the Birmingham board identified the fee as the main cause of the lack of candidates for training and the system was changed.¹⁶⁵

The potential benefits of gaining certificated training can be illustrated by midwife Phillips's career. Ursula Phillips arrived in Birmingham in 1868, a mature woman of 41 years who had raised four sons and a daughter. In a move which may have been atypical of the time, arising as it did from a wife's rather than a husband's employment, the family moved from London because of Phillips's appointment to the charity. By 1871, Phillips's husband was not in work and she may have been the main, or only, wage-earner at the time of her appointment. Phillips was clearly proud of her training. In both the 1871 and 1881 censuses, she recorded her occupation as 'Accoucheuse (Ladies Medical College)', reflecting a belief that her training with a prestigious London institution was worthy of mention.¹⁶⁶ Midwifery gave Phillips a stable occupation and possibly a degree of status locally. She was never mentioned in the local press in connection with malpractice and, in 1883, she inserted an advert to clarify that she was not 'Mrs Farmer, *alias* Phillips', who had recently been charged in connection with a case.¹⁶⁷ Additionally, Phillips found midwifery remunerative, for, in her

¹⁶⁵ WCAR, BLIC, MBM, 1871-91, HC/MH 1/2/1, 4 May 1882.

¹⁶⁶ Ursula Phillips, 1871 Census, RG10, Piece 3093, Folio 36, p. 12; Ursula Phillips, 1881 Census, RG11, Piece 2969, Folio 71, p. 27.

¹⁶⁷ 'News of the Day', *Birmingham Daily Post*, 7804, 7 July 1883, the advert confirmed that she was midwife to the charity.

will, she directed the distribution of several pieces of jewellery and plate, including a pair of silver tablespoons, other silver cutlery and five gold rings.¹⁶⁸

Conclusion

Several features of Birmingham's lying-in charity made it distinctive in the local, regional and even national context. At a local and regional level, the in-patient facilities, the initial use of medical officers, the exclusion of midwives and subsequent appointment of trained midwives are all features which set it apart from the smaller lying-in charities in the area. It may have been an unstated aim of the founders to compete in terms of civic pride with the well-established London lying-in charities, or those in the growing provincial centres of Liverpool and Manchester. The early hopes of the founders were tempered in 1867 when a combination of serious debt and a 'squabble' between the board and the ladies committee led to a review and changes in provision and the hospital closed. The governors possibly felt supported in their decision by the closure of the lying-in ward at King's College Hospital on the same date.

Earlier histories of medicine have been criticised for their hagiographic approach and focus on great personalities to the exclusion of those who make a lesser contribution, or whose accounts are less well known. Similar comparisons could be made regarding the historiography of lying-in charities, with larger provincial charities and those in London most often receiving attention. With respect to the charities considered in this and the previous chapter, Birmingham Lying-in Charity commands attention because of its greater size and its appointment of trained midwives. However, in terms of lying-in charity provision in Birmingham and its environs, it is one of the contentions of this thesis that it is the smaller

¹⁶⁸ WCAR, Register of Wills, January-June 1900, Will of Ursula Phillips, probate granted 30 April 1900.

lying-in charities that are more representative of nineteenth-century charitable provision in urban areas. Similarly, the practice of midwives who worked on behalf of the smaller charities was the norm, and the midwives of Birmingham's lying-in charity were atypical. They, nevertheless, represent the first trained midwives in the locality. Expectations that there was a pool of women who would avail themselves of the charity's midwifery training were not met, possibly because, for local midwives, the fees were not offset by any economic benefits from becoming 'certificated'. Although individually they were small-scale, the proliferation of smaller lying-in charities makes them worthy of study. Indeed, taken as a whole, across Birmingham and its environs, it is possible that provision by the smaller charities reached far more women in both numerical terms, and in proportion to the number of total births, in the respective towns.

In terms of midwifery training, the lying-in charity was not a success. However, evidence of the numbers trained at other provincial lying-in charities is somewhat contradictory, and numbers of successful candidates may have been relatively low.¹⁶⁹ The Birmingham charity did have a degree of success in achieving a national profile, when, in 1878, it was one of two such institutions which featured in the Registrar General's report as examples of successful charities with low maternal mortality rates. However, the relevance of the figures were disputed because the charity excluded single women, and largely excluded first time mothers, who were the groups most at risk of complications in childbirth.

¹⁶⁹ Stephenson, 'Voluntary maternity hospital', pp. 275-76, 364-65.

CHAPTER 5

MIDWIFERY AND THE POOR LAW: CHILDBIRTH, UNMARRIED AND DESTITUTE WOMEN 1834-1881

Prior to 1834, there were few workhouses, and most relief was provided on an outdoor basis.¹ Both before and after the Poor Law Amendment Act of 1834, nursing and help during confinement was one type of outdoor relief. By working as parish nurses, paupers earned support and the sick poor received care.² Driven by concerns of the rising poor rate, the Poor Law Amendment Act of 1834 introduced changes, including the formation of a central board, with a view to impose uniform operation across the country.³ Changes were overlaid upon existing local arrangements for welfare, and historic variations between areas persisted.⁴

Women were disproportionately affected by the 1834 act, which assumed a patriarchal family structure, and failed to address the plight of abandoned or deserted women and their children.⁵ Unmarried mothers were particularly singled out by the Bastardy Clauses: guardians could no longer pursue fathers for maintenance, and women were held solely responsible for their children. They were rarely granted outdoor relief for their confinements, and once in the workhouse, were reminded of their dependency and shameful condition.⁶ In the 1830s, they were required to wear distinctive clothing to mark them out.⁷ From 1851, their lowly status was reinforced when they were required to do onerous work, such as oakum

¹ R. Dingwall, A. M. Rafferty and C. Webster, *An Introduction to the Social History of Nursing* (London, 1988), p. 3.

² I. Pinchbeck, *Women workers and the Industrial Revolution 1750-1850* (London, 1977), pp. 80-81. Pinchbeck suggests that any woman in receipt of relief was expected to carry out any nursing care required. This could include sitting through the night with the ill or dying, nursing women after childbirth, or laying out the dead; S. Williams, 'Caring for the sick poor. Poor law nurses in Bedfordshire, c. 1770-1843,' in P. Lane, N. Raven and K. D. M. Snell, (eds.), *Women, work and wages in England, 1600-1850* (Woodbridge, 2004), pp. 141-169.

³ B. Harris, *The Origins of the British Welfare State* (Basingstoke, 2004), p. 51.

⁴ *Ibid.* p.

⁵ D. Englander, *Poverty and Poor Law Reform in 19th Century Britain, 1834-1914* (London, 1998), p. 13.

⁶ P. Thane, 'Women and the Poor Law in Victorian and Edwardian England' *History Workshop Journal*, 6 (1978), pp. 29-51.

⁷ A. Digby, *Pauper Palaces* (London, 1978), p. 152.

picking, rather than domestic work usually allocated to female inmates.⁸ Workhouses were identified as the only place where paupers could gain relief, but even after 1834 most paupers continued to receive outdoor relief.⁹ Hodgkinson suggests that for many of the sick poor, the workhouse was not a deterrent to claiming relief, for it was the only place which would accept a range of infectious diseases, including venereal disease, whooping cough, or other fevers. One sixth of patients in workhouses were lying-in women, children or those with venereal or infectious disease.¹⁰

Despite the scale and scope of health care provided under the poor law in the late eighteenth and the nineteenth centuries, the historiography of pauper health care has been neglected. Apart from Hodgkinson, contributions to the historiography of pauper health care include Ann Digby's study of the workhouse system in Norfolk, Anne Crowther's study of the poor law medical service and Levene's analysis of children who fell within the remit of the poor law.¹¹ Poor law midwifery has merited even less attention than poor law nursing.¹² Angela Negrine included midwifery in her study of medical services in Leicester poor law union, revealing that the union made arrangements which suited local circumstances, with

⁸ A. Kidd, *State Society and the Poor in Nineteenth-century England* (London, 1999), pp. 38-9.

⁹ Harris, *Origins*, pp. 51-52.

¹⁰ R. Hodgkinson, *The Origins of the National Health Service*, (London, 1967), pp. 527, 536-43.

¹¹ A. Digby, *Pauper palaces* (London, 1978); M. Crowther, 'Paupers or Patients? Obstacles to Professionalization in the Poor Law Medical Service before 1914', *Journal of the History of Medicine and Allied Sciences*, 39 (1984), pp. 33-52; A. Levene 'Children, Childhood and the Workhouse: St Marylebone, 1769 to 1781', *London Journal*, 33 (2008), pp. 41-59.

¹² Studies which touch briefly on poor law nursing include B. Abel-Smith, *A history of the nursing profession* (London, 1960), p. 4, M. Dean and G. Bolton 'The administration of poverty and the development of nursing practice in nineteenth-century England' in C. Davies, ed., *Rewriting nursing history* (London, 1980); S. Kirby, 'Reciprocal rewards: British Poor Law nursing and the campaign for state registration' *International History of Nursing Journal*, 7, 1 (2002), pp. 4-13. M. A. Crowther, *The Workhouse System, 1834-1929: The History of an English Social Institution*, (London, 1981). Two workhouse histories also touch on nursing: M. Railton and M. Barr, *Battle Workhouse and Hospital 1867-2005* (Reading, 2005); G. W. Hearn, *Dudley Road Hospital 1887-1987* (Birmingham, 1987).

minimal oversight from the central authority.¹³ Through analysis of poor law correspondence, Joanna Bedford has highlighted that midwives and medical officers might have been in competition for poor law work, or alternatively, made arrangements to work together.¹⁴ Negrine and Bedford offer little in the way of insights into the context or experiences of women who gave birth in the workhouse. Steven King has recently identified the limited scope of the historiography of health care in the workhouse: first, there are few detailed studies of poor law unions; second, little is known about the sick poor in the workhouse, and finally, care in provincial workhouses is less well explored than those in London.¹⁵ Provincial studies are important because of local variations in poor law implementation, and Reinartz's and Schwarz's recent edited volume addresses a number of the gaps in this historiography, including medical care of the old, and the administration of relief.¹⁶

Poor law midwifery did not necessarily involve midwives. Until the late 1860s, care of sick inmates was largely left to other paupers. Pauper nurses were not paid, but received privileges in the form of small cash rewards or extra food or drink.¹⁷ Reliance upon pauper nurses are attributed to difficulties in appointing paid nurses, who were deterred from the work because of the low status and poor conditions, hence it attracted only those who were

¹³ A. Negrine, 'Medicine and poverty: A study of the Poor Law Medical Services of the Leicester Union, 1867-1914' (Unpublished PhD thesis, University of Leicester, 2009).

¹⁴ J. Bedford, 'Who Should Deliver Babies? Models of Nature and the Midwifery Debate in England, c.1800-c.1886' (Unpublished Ph.D. thesis, Birkbeck College, University of London, 1996), p. 307.

¹⁵ S. King, 'Poverty, Medicine and the workhouse in the eighteenth and nineteenth centuries', in: J. Reinartz and L. Schwarz, (eds), *Medicine and the Workhouse* (Woodbridge, 2013), pp. 228-51.

¹⁶ J. Reinartz and L. Schwarz, (eds), *Medicine and the Workhouse* (Woodbridge, 2013).

¹⁷ Abel-Smith, *History of nursing*, pp. 10-12, the advantages of using unpaid pauper nurses were that it was economical and involved minimal burden on the rate payers. Second, it discouraged able-bodied paupers from staying in the workhouse and did not compete with other occupations.

unable to find any other employment.¹⁸ Kidderminster workhouse in Worcestershire had two paid nurses by 1835, and Bromsgrove union in the same county appointed a nurse in 1839.¹⁹

Initially, this chapter provides an overview of poor law midwifery in the midlands, focusing on workhouses in the Birmingham area. Subsequently, a detailed account from Aston union is presented, and the analysis is complemented by data from Birmingham, Coventry and Wolverhampton unions.²⁰ By integrating accounts from a number of unions, similarities and differences in maternity provision across the area can be discerned. Such considerations are important, given that the statutes and guidance from the central poor law board were subject to local interpretation.²¹ This chapter adds an important balance to the previous ones. For all their profile, lying-in charities mainly served the respectable poor, and a minority of women. The poor law was by far the main institutional provider of maternity care in the nineteenth century. For midwives, work for the poor law could be an important source of income, and contacts for further work. Through an examination of midwifery in the workhouse, a clearer perspective can be gained of the experiences of women who gave birth in them and their female carers.

Charles Dickens and Thomas Hardy both adopted the imagery of young, unsupported women giving birth in the workhouse to depict the difficulties of their plight, the harshness of the workhouse system and the inadequate care for lying-in women.²² At the time of

¹⁸ Abel-Smith, *History of nursing*, p.14, in 1866, Louisa Twining observed that the position of 'the lowest scrubber in any hospital' was better than that of a workhouse nurse.

¹⁹ National Archives (www.nationalarchives.gov.uk) Poor Law Records, MH 12/14016/1, 27 Sept. 1835; MH 12/13904/60, 6 May 1839.

²⁰ Aston and Coventry Unions were in Warwickshire, and Wolverhampton was in Staffordshire.

²¹ F. Driver, *Power and Pauperism: The workhouse system, 1834-1884* (Cambridge, 1993), pp. 147-59.

²² C. Dickens, *Oliver Twist* (London, 1838); Dickens describes how Oliver's cries informed the inmates that 'a new burden has been imposed on the parish', and Oliver was destined to go through childhood as a 'parish child', the orphan of a workhouse. In Hardy's novel, Fanny Robin, a servant, was deserted by her lover. Fanny was admitted to Casterbridge workhouse in the morning and died later the same day in childbirth. The infant also died, T. Hardy, *Far from the Madding Crowd* (Oxford, 2008), pp. 270-73. Accounts by a workhouse medical officer, of the conditions experienced by unmarried women in Strand workhouse London, in the second half of

publication, the accounts in Dickens's *Oliver Twist* (1838) and Hardy's *Far from the Madding Crowd* (1874) would have carried strong resonances for contemporary readers. In the absence of what might be called 'patient voices', it is fair to assume that accounts from literature offer an indication of the reality of workhouse confinements.²³ Dickens describes *Oliver Twist*'s tenuous hold on life at birth:

There being nobody by, however, but a pauper old woman, who was rendered rather misty by an unwonted allowance of beer; and a parish surgeon who did such matters by contract; Oliver and Nature fought out the point between them.²⁴

In common with the majority of women confined in the workhouse, *Oliver*'s mother was unmarried. Shortly after giving birth, she died. During these events, the nurse drank her beer allowance, which along with the diet for sick paupers, was the pauper nurses' usual remuneration.²⁵ Dickens's account appeared just four years after the introduction of the New Poor Law in 1834, in which restrictions on outdoor relief for unmarried mothers was introduced. Dickens's account is supported by the experience of Joseph Rogers, who was medical officer to London's Strand union workhouse and described conditions in the lying-in wards in 1866.²⁶ In an effort to deter women from entering the workhouse for confinements, the guardians placed them on a starvation diet for nine days post-partum. Rogers discovered that, as workhouse doctor, he could specify diets, and immediately ordered improvements.²⁷ The lying-in ward was one of the most damp and miserable wards in the workhouse, and

the nineteenth century illustrate the harsh regime to which women were subjected, R. Richardson and B. Hurwitz 'Joseph Rogers and the reform of workhouse medicine', *BMJ*, 299 (1989), pp.1507-10.

²³ In relation to the lives of nineteenth-century working children, Kirby suggests that fictional accounts should be treated with caution, P. Kirby, *Child labour in Britain, 1750-1870* (Basingstoke, 2003), p.19.

²⁴ Dickens, *Oliver Twist*, pp. 9-10. *Oliver*'s mother was found exhausted in the street and brought to the workhouse by order of the overseer.

²⁵ Abel-Smith, *History of nursing*, p. 44.

²⁶ R. Richardson and B. Hurwitz, 'Joseph Rogers and the reform of workhouse medicine', *BMJ*, 299 (1989), pp. 1507-10. Rogers was appointed medical officer to the Strand workhouse in 1854. A campaign to preserve the workhouse used as one of its main supporting arguments that Dickens may have used the Strand as his model for the workhouse in *Oliver Twist*,

http://news.bbc.co.uk/today/hi/today/newsid_9401000/9401431.stm, accessed 18 March 2011

²⁷ Richardson and Hurwitz, 'Joseph Rogers', pp. 1507-10.

Rogers felt that many of the deaths of mothers and infants, which occurred while he was in post, could have been prevented had the conditions been improved.²⁸ Maternal death was not an inevitable consequence of being confined in a workhouse and, in the period before 1880, their maternal mortality rates were lower than those of lying-in hospitals. Workhouse infirmaries had rates of between 78 to 91 per 10,000 deliveries, and lying-in hospitals reported rates of between and 109 to 420 per 10,000 deliveries.²⁹

Accurate numbers of poor law confinements are elusive. Outdoor relief books appear less likely to have survived than minutes of guardians meetings, or even admission and discharge registers.³⁰ Smith claims that poor law midwives usually kept no books at all, and that poor law doctors kept theirs 'badly'.³¹ In 1862, the medical officer of Aston workhouse and Erdington district, John Elkington, was told to improve the record keeping of his attendance in the house, and not to allow others to alter his entries.³²

Prior to the 1834 act, poor law maternity care was mainly outdoor, but some women were confined in workhouses. Williams analysed 155 deliveries at St Luke's workhouse, Chelsea, between 1743 and 1799. Most mothers stayed between three to four weeks, although a third arrived on the day they delivered.³³ During the 56-year period, only average of two to three women were confined annually. Turning to midland counties, in the last decade of the eighteenth century, an average of 51 women annually were confined in Birmingham workhouse. The high number of confinements are a reflection of Birmingham being the

²⁸ M. Flinn, 'Medical services under the new poor law,' in D. Fraser, (ed.), *The new poor law in the nineteenth century* (London, 1976), pp. 41-66.

²⁹ I. Loudon, *Death in childbirth* (Oxford, 1992), p. 198.

³⁰ L. Marks, *Model Mothers* (Oxford, 1994), p. 185.

³¹ F. B. Smith, *The People's Health 1830-1910* (London, 1979), p. 47, the lack of surviving registers makes it difficult to support or refute this claim. See Chapter 6.

³² WCAR, Aston Union Minute Book (AUMB), GP/AS/2/1/9, 25 November 1862.

³³ S. Williams, personal communication.

largest workhouse in the midlands, and therefore atypical.³⁴ In the nineteenth century, Docking union in Norfolk supported 625 pauper confinements between 1861 and 1868. There were 60 workhouse confinements over the eight years, an average of only seven or eight births annually. However, there were almost nine times as many outdoor cases (n=511), illustrating that despite their high profile, workhouse confinements were a minority.³⁵ In the following decade, confinements at Leicester union infirmary in the four years from 1870 to 1873 were 41, 46, 39 and 47, respectively. As a proportion of indoor sick cases, they represented between 3.8 per cent and 5.3 per cent of cases per annum.³⁶

Unions aimed to deter non-settled women from giving birth in the house, because their infants were then entitled to support from the parish for life.³⁷ These figures indicate that pauper women were not necessarily deterred from seeking admission. Both lower and higher estimates of numbers of poor law deliveries exist, but the evidence points to their forming a small minority of all deliveries.³⁸ Workhouse births were outnumbered by outdoor confinements, usually conducted by midwives, although figures are elusive. Owing to the presence of a range of childbirth attendants in workhouses, this chapter focuses on care of parturient women provided by other women.

Poverty prevented access to practitioners who charged fees, and lying-in charities typically limited support to 'poor *married* lying-in women.'³⁹ Consequently, the poor law was one of the few means of support to pauper women whether single, deserted or widowed. Poor

³⁴ F. M. Eden, *The State of the Poor, Vol. 3* (London, 1797), p. 740.

³⁵ A. Digby, *Pauper palaces* (London, 1978), p. 154.

³⁶ Negrine, 'Medicine and poverty', p. 77, HCPP, Eleventh annual report of the Local Government Board, 1881-82, http://gateway.proquest.com/openurl?url_ver=Z39.88-2004&res_dat=xri:hcpp&rft_dat=xri:hcpp:fulltext:1882-058255:311 accessed 20 Dec. 2010.

³⁷ Consequently, guardians made considerable efforts to ensure that non-settled pregnant women were removed to their home union before they were confined, Lane, *Social History of Medicine*, p. 52.

³⁸ R. Dingwall, A. M. Rafferty and C. Webster, *An introduction to the social history of nursing* (London, 1988), p. 157, concur with Loudon that, in 1890, only 0.3% of births occurred in voluntary hospitals, but they claim workhouse deliveries accounted for 1%, in contrast to Loudon's figure of 3.2%.

³⁹ Chapter 3.

law midwifery also contributed to the incomes of midwives and doctors, who as self-employed practitioners needed multiple sources of income.⁴⁰ Quantifying the extent of midwives' poor law work and their related incomes is difficult. However, unions set fixed fees and paid regularly. In contrast, medical practitioners could expect that a proportion of their private fees would not be paid.⁴¹ Poor law fees, therefore, represented a reliable source of midwives' income. Poor law work simultaneously contributed to midwives' clinical experience and maintained their profile with potential private clients or those who might recommend their services: local women, poor law contacts and medical men.

⁴⁰ A. Digby, *Making a Medical Living* (Cambridge, 1994), pp. 155-59.

⁴¹ A. Tomkins, (ed.), 'The registers of a provincial man-midwife, Thomas Higgins of Wem, 1781-1803', *Shropshire Record Series*, 4 (2000), pp. 65-148. 19% of Higgins's midwifery fees were never paid; [no name] *Register of Obstetric Account at Tewkesbury from 26 March 1832* (University of Birmingham Special Collections, MSS 30). No name attributed, but the owner has been identified as William Moseley Richards (1808-1875); 13% of Richards's midwifery fees (and 8.5% of the money owed) was never paid. Midwifery fees were not unusual in this respect and many general practitioners experienced a degree of non-payment, see: A. Digby, *Making a medical living* (Cambridge, 1994), pp. 155-59. Midwives' fees for poor law deliveries in the nineteenth century were typically in the order of 2/6 to 5s, while doctors were paid in the range 10/6 to 20s.

Midwifery in midlands poor law unions

Sources illuminating women's encounters with the poor law are lacking, and this analysis offers insights into the care of women who entered the workhouse because of pregnancy and of those who cared for them.⁴² On a day inspection of Warwickshire workhouses in 1862, there were no pregnant single women in Aston workhouse; there were three in Coventry workhouse, five in Warwick. In Birmingham workhouse, the largest in the county, there were 20 pregnant single women, and there were 12 in the remaining nine county workhouses.⁴³ In 1868, maternity care was a particular concern of Dr Edward Smith, medical officer to the poor law board, when he reported on care in provincial workhouses.⁴⁴ Eight midlands workhouses were included in the sample, and Smith's report illustrates the variability of provision (Table 5.1).

⁴² A Tomkins, 'Workhouse medical care from working-class autobiographies, 1750-1834', in J. Reinartz and L. Schwarz (eds), *Medicine and the Workhouse* (Woodbridge, 2013), p. 87; S. King, 'Negotiating the Law of Poor Relief in England, 1800-1840', *History*, 96 (2011), pp. 410-35.

⁴³ HCPP, Reports by Poor Law Inspectors on Workhouses in their Districts, in pursuance of Instructions, October 1866, p. 210 http://gateway.proquest.com/openurl?url_ver=Z39.88-2004&res_dat=xri:hcpp&rft_dat=xri:hcpp:rec:1867-044721, accessed 9 Sept. 2010. The nine other workhouses were Alcester, Atherstone, Foleshill, Meriden, Nuneaton, Rugby, Solihull, Southam and Stratford. The report gave the numbers of women who were in the workhouse because they had 'bastard children and from immoral conduct.'

⁴⁴ HCPP, Report of Doctor E. Smith, Medical Officer to Poor Law Board, on Sufficiency of Arrangements for Care and Treatment of Sick Poor in Forty-eight Provincial Workhouses in England and Wales; 19th century House of Commons sessional papers. Session 1867-68. LX.325 http://gateway.proquest.com/openurl?url_ver=Z39.88-2004&res_dat=xri:hcpp&rft_dat=xri:hcpp:rec:1867-044705, accessed 9 Sept. 2010

Table 5.1: Midwifery Provision in Eight Midlands Workhouses, 1868

Date of inspection,	Workhouse	Adult inmates	Child inmates	No. cases total	% of cases who are sick	Lying-in beds	Ratio lying-in beds to adult inmates	Lying-in wards	Paid nurses	Pauper nurses	Midwifery provision
24.11.1866	Birmingham, Warwickshire	1,352	574	1926	30	25	1:54	5 (of 7,7,1,6 & 4 beds)	22		1 of the paid nurses works in the 5 lying-in wards
13.11.1866	Cheltenham, Gloucestershire	199	136	335	42	8	1: 25	1	1		'A good lying-in ward'. The paid female nurse attends to all female cases including lying-in. A male pauper nurse cares for the men.
16.3.1867	Dudley, Staffordshire	407	219	626	54	6 single, 1 double	1:58	2			No details
15.11.1866	Hereford, Herefordshire	85	76	161	52	5	1:17	1	1		No details of midwife. There is 1 paid nurse who was formerly a pauper.
10.11.1866	Leicester, Leicestershire	327	134	461	15	8 single, 1 double	1:36	1	2		Lying-in cases are placed in the infirmary. A midwife is paid 5s for each case. The medical officer receives 21s for each difficult case of midwifery.
23.3.1867	Loughborough, Leicestershire	109	39	148	36	5	1:22	2 (of 2 & 3 beds)	0	2	There is one pauper nurse who has been in the role for 9-10 years. 'She is an efficient nurse and an excellent midwife'. Smith recommends she is given a proper salary.
15.2.1867	Wolverhampton, Staffordshire*	508	251	739	31	10	1:50	1	2		1 female nurse who also acts as the midwife.
16.11.1866	Worcester, Worcestershire	125	83	208	34	4	1:31	1	1		A midwife who lives outside is paid 4s a case to attend. On the day of inspection there were 3 women in the lying-in ward.

Source: HCPP, Report of Doctor E. Smith, Medical Officer to Poor Law Board, on Sufficiency of Arrangements for Care and Treatment of Sick Poor in Forty-eight Provincial Workhouses in England and Wales; 19th century House of Commons sessional papers. Session 1867-68. LX.325, http://gateway.proquest.com/openurl?url_ver=Z39.88-2004&res_dat=xri:hcpp&rft_dat=xri:hcpp:rec:1867-044705, accessed 9 Sept. 2010.

* Wolverhampton and Walsall workhouses were included in the *Lancet's* Sanitary Commission on workhouse infirmaries of 1867, 'The Lancet Sanitary Commission for investigating the state of the infirmaries or workhouses. County Workhouse infirmaries, No. IV, Wolverhampton Workhouse, Staffordshire', *Lancet*, 90 (2 Nov. 1867), pp. 555-56; No. V, Walsall Workhouse, Staffordshire, *Lancet*, 90 (9 Nov. 1867), pp. 585-86.

All eight midland workhouses in Smith's review had at least one lying-in ward. Provision ranged from 25 beds in Birmingham, to four in Worcester. The proportion of lying-in beds to adult inmates varied; typically, smaller workhouses in market towns had higher proportions of lying-in beds. Hereford had a ratio of 1:17, and Cheltenham offered 1:25; Workhouses in the manufacturing towns, including Birmingham, Dudley and Wolverhampton, had ratios of 1:50 or more. The largest lying-in ward in the midlands was at Wolverhampton (10 beds) and the next largest was Cheltenham with eight beds, although the ward at Cheltenham was described as 'good'. Only Birmingham workhouse had a single-bed lying-in ward, although the workhouse had four additional lying-in wards.⁴⁵ Further afield, inadequate provision was identified at Grantham workhouse, in Lincolnshire. The two single bedded lying-in units, and one with five beds were known as 'boxes', and Smith reported 'they are wholly unfit for the purpose; they are small closets with a window'.⁴⁶ One paid nurse was in charge of between 30 to 40 patients in the four wards, as well as being responsible for attending lying-in cases. There was no paid night nurse, and Smith concluded that it was evident that the nurse could not undertake all her duties well.⁴⁷

Variability in the physical environment was mirrored in the practitioners. Orders by the poor law commission in 1842 and 1847 had aimed to introduce some uniformity into the roles and remuneration of medical officers. Among other changes, extra fees were introduced for surgery and midwifery.⁴⁸ Unions could be reluctant to pay extra fees for midwifery, and employed midwives routinely, with medical officers

⁴⁵ Another feature of the lying-in wards was the presence of double beds, one each in Dudley and Leicester workhouses. There is no indication whether these were intended for single or dual use, by two women, or a mother and infant, Table 5.1.

⁴⁶ HCPP, 'Report of Dr E. Smith', pp. 89-91.

⁴⁷ *Ibid.*, pp. 89-91, Grantham's medical officer was regarded as the accoucheur, but the nurse attended the lying-in cases.

⁴⁸ Hodgkinson, *Origins of the National Health Service*, pp. 103-4.

only attending difficult cases.⁴⁹ Continued use of midwives might be justified by guardians on the grounds that it was normal practice in the locality and represented value for money.⁵⁰ Only Leicester and Worcester workhouses employed recognised midwives, paying fees of 5*s.* and 4*s.* respectively (Table 5.1).⁵¹ Birth attendants in midlands workhouses included midwives, paid and pauper nurses. Typically, medical officers were called to difficult cases only. In Birmingham, Cheltenham and Wolverhampton, paid nurses acted as midwives, although in Wolverhampton there was only one nurse for 739 inmates. Furthermore, there was no night nurse and reliance upon ‘numerous pauper assistants’. Similar arrangements were adopted in Hereford, where the paid nurse was formerly a pauper.⁵² Finally, in Loughborough, women were cared for by a pauper nurse with 10 years’ nursing experience. Smith described her as ‘an efficient nurse and an excellent midwife’ and requested the guardians recognise this and pay her an appropriate salary. Cheltenham also received a favourable review, as it had ‘A good lying-in ward’ and a paid female nurse. None of the workhouses had a midwife among the paid officers, and claims that the pauper or paid nurses attended all lying-in cases must be considered in light of the overall numbers of sick inmates; the female nurse at Wolverhampton, for example, was responsible for 157 adult sick patients, as well as the ten-bed lying-in ward. It seems inevitable that the majority of lying-in women received very little attention, other than from other paupers.

⁴⁹ A. Negrine, "Practitioners and paupers: Medicine at the Leicester Union Workhouse, 1867-1905," in: J. Reinartz and L. Schwarz, eds, *Medicine and the Workhouse*, (Woodbridge, 2013), pp. 192-211, 203-04.

⁵⁰ Bedford, ‘Who should deliver’, p. 343.

⁵¹ At Leicester, the medical officer was paid 21*s.* for difficult cases.

⁵² Workhouse guardians would have interpreted the change in status from pauper to paid nurse as a success on the grounds that the nurse was employed in useful work, and no longer dependent upon relief.

Smith's review offers few insights into women's care. However, there is one account, from Bridge Street workhouse, Manchester, where the lying-in ward had a 'midwife and nurse'.⁵³ Following delivery, women remained in the labour room for approximately four hours, after which they were carried by two nurses to an adjoining lying-in room. The medical officer claimed that cases of puerperal fever, pyaemia, gangrene and erysipelas were rare.⁵⁴ Owing to the paucity of detail from other locations, the system at Bridge Street may or may not be typical. Smith identified the poor diet provided for lying-in women; they were generally restricted to fluids for seven days following the birth, and in places where new mothers were given additional allowances, these were not available to single mothers.⁵⁵ Rogers's concerns about the poor dietary allowance for lying-in women in the Strand workhouse were symptomatic of the national picture.⁵⁶

A poor law census in 1870, and a report on childbirth statistics in the decade 1871 to 1880, cast more light on maternity care. The census reported a total of 3,373 poor law maternity cases, and they accounted for a very small percentage of all sick cases (2.2%). Almost three quarters (73.2%) of maternity cases were outdoor. Of the 3,373 maternity cases, 81% were confinements; of these, 71% were outdoor and 29% of women had been delivered in the house.⁵⁷ Regional variation was evident; 58% of workhouses in the west midlands had maternity cases, compared with 86% in London. Data from the decade 1871 to 1880 confirm the role of workhouses as lying-in

⁵³ HCPP, 'Report of Dr E. Smith', p. 119.

⁵⁴ *Ibid.*

⁵⁵ *Ibid.* Dietary restrictions of the type implemented in the workhouse were detrimental to the health of women and their infants.

⁵⁶ Richardson and Hurwitz, 'Joseph Rogers', pp. 1507-10.

⁵⁷ HCPP, 'Return of numbers of paupers on district and workhouse medical officers' relief-books in England and Wales, 1869-1870', Session 1870, paper No. 468, p. 20,

http://gateway.proquest.com/openurl?url_ver=Z39.88-2004&res_dat=xri:hcpp&rft_dat=xri:hcpp:rec:1870-046572, accessed 27 Feb. 2012.

hospitals for single women.⁵⁸ On average 86% of the women delivered were unmarried, ranging from 81% in Warwickshire to 96% in Shropshire (Table 5.2). Workhouses in Derbyshire and Warwickshire, both of which had a number of expanding industrial towns, reported the lowest percentage of unmarried women (79% and 81% respectively). In the six west midland counties, almost 10,000 women were delivered in workhouses over the ten-year period, while in the five north midland counties, just under half that number were delivered.⁵⁹

⁵⁸ S. Williams, 'Unmarried mothers and the new poor law in Hertfordshire', *Local Population Studies*, 91 (2013), pp. 27-43.

⁵⁹ In the five north midland counties (Derbyshire, Leicestershire, Lincolnshire, Nottinghamshire and Rutland), 4,296 women were delivered, HCPP, 'Eleventh Annual Report' pp. 159-63.

Table 5.2: Statistics of Childbirth in West Midland Workhouses, 1871 to 1880

	1	2	3	4	5	6	7
	Number of deliveries	Twins or other multiple births	Total deliveries, deducting multiple births	Mothers-married	Mothers-unmarried	Mothers-status not known	% un-married
Gloucester	2,399	27	2,345	299	2,073	nd	87
Hereford	460	1	458	43	416	nd	91
Shropshire	799	2	795	31	756	10	96
Stafford	2,583	38	2,567	410	2,029	106	83
Worcester	1,102	12	1,078	125	954	11	88
Warwick	2,493	18	2,457	457	1,941	77	81
Totals	9,836	98	9,640	1,365	8,169	204	86

Source: HCPP, Eleventh Annual Report of the Local Government Board 1881-1882. Appendix B, No. 35 Statistics of childbirth in union workhouses, pp. 159-63.

http://gateway.proquest.com/openurl?url_ver=Z39.88-2004&res_dat=xri:hcpp&rft_dat=xri:hcpp:rec:1882-058255, accessed 20 Dec. 2010.

For all columns except 7, data are transcribed from the original table. Percentages in column 7 are calculated from columns 4 and 5.

Midwifery in Aston Union, 1836-1881

Aston poor law union was established on 7 November 1836 and took over the existing Erdington workhouse, established in the early eighteenth century. At the union's foundation, the workhouse had 68 inmates: 25 men, 20 women and 23 children.⁶⁰ A parliamentary report of 1777 recorded parish workhouses at Aston (for up to 90 inmates) and Sutton Coldfield (up to 45 inmates). Administratively, the union was in Warwickshire and the population at the 1831 census was 36,635, with almost 90 percent of the population in Aston parish. The union bordered Birmingham and its population grew rapidly, increasing by 39% in the decade to 1841, and by 31% in the subsequent decade.⁶¹ In the earlier years of the union, Aston workhouse had a reputation for low management costs, partly attributable to the union's greater use of pauper labour than other midlands workhouses.⁶²

The union was divided into seven districts, with medical officers attached to each one. In March 1837, it was stated that all midwifery cases, whether outdoor or in the house, should be attended by a woman, except in difficult cases, when the medical officer for that district should attend, at the midwife's request.⁶³ Medical officers could claim an additional fee of a guinea for each attendance. The exact procedure for obtaining midwifery services is not elucidated. It appears that, initially at least,

⁶⁰ WCAR, AUMB, GP/AS/2/1/1, 15 Nov. 1836. A new workhouse was constructed in 1866. A number of midlands workhouses were of a similar size at this date. Warwick's two workhouses accommodated 130, and Stratford-upon-Avon's 110. At the formation of their respective unions, Bromsgrove workhouse accommodated 100 inmates, as did Dudley. Pershore workhouse had 80 beds and Wolverhampton and Bilston had 60 beds each. Birmingham workhouse was an exception, with 600 beds in 1834. Many unions built new workhouses following the act's passage, substantially increasing their capacity, see P. Higginbotham, *Workhouses of the Midlands* (Stroud, 2007), pp. 100, 104, 110, 115-16, 119.

⁶¹ WCAR, AUMB, GP/AS/2/1/6, p. inside back cover, the population was 1831-36,636; 1841-50,928; 1851- 66,852.

⁶² M. Hinson, *Highcroft: from workhouse to modern mental health service* (Birmingham, 2001), p. 7.

⁶³ WCAR, AUMB, GP/AS/2/1/1, 28 Mar. 1837, medical officers' fees were a guinea.

women confined in the workhouse were attended by the workhouse medical officer. In May 1837, it was stated that, in the event of any assistance being required in the house, Mr Porter, the medical officer, would be allowed 10s. for his services. Later the same month, the new surgeon in the Erdington district was entitled to receive 7s. for each midwifery case, indicating that this was the normal fee for an officer's outdoor midwifery attendance.⁶⁴ Evidently, at this date, there was neither a paid nurse nor midwife in the workhouse.⁶⁵

Midwifery was a source of dispute between the adjacent unions of Aston and Birmingham about which union's medical officers should be summoned by the midwives, if needed. By 1840, Aston's medical officers were frequently called upon by midwives working on behalf of Birmingham union, who were attending those women living in Aston. If medical assistance was required, Birmingham union not only refused to issue orders for its own medical officers to attend, but they also refused to pay the officers of Aston union the usual fee for attendance.⁶⁶ References to midwives are relatively infrequent in the Aston minutes. On 23 March 1841, Mrs Foden was appointed midwife to Erdington district, including the workhouse. She was due 3s. 6d. for workhouse deliveries, and 5s. for outdoor cases.⁶⁷ Seven months later, she was awarded the leech contract for Erdington district, at 3d. each, and in February 1842, she received 4s. 9d. for supplying leeches.⁶⁸ Foden's services as indicated by the fees paid, appear to have been infrequent. In May 1842, she was paid £1 4s. 6d. for leeches and midwifery, in April 1843 she received £2 14s. 3d. for similar services,

⁶⁴ WCAR, AUMB, GP/AS/2/1/1, 9 May and 16 May 1837.

⁶⁵ In March 1841, the board advertised for an 'experienced nurse' aged between 30 and 40 years of age at a salary of £10 annum. WCAR, AUMB, GP/AS/2/1/2, 9 March 1841.

⁶⁶ WCAR, AUMB, GP/AS/2/1/2, 8 Dec. 1840.

⁶⁷ WCAR, AUMB, GP/AS/2/1/2, 23 March 1841.

⁶⁸ Eighteenth- and nineteenth-century midwives sometimes combined a number of roles, including procuring abortions or 'illegal operations', using bark and other pills, A. Stringer, 'Depth and diversity in parochial healthcare: Northamptonshire, 1750-1830', *Family & Community History*, 9, 1 (2006), pp. 43-54.

and, on 26 March 1844, £1 6s. 6d. for ‘leeches and midwifery cases in the workhouse’.⁶⁹ Following the payment in March 1844, Foden’s next payment was in February 1846, for a single delivery in the house.⁷⁰

During this period, pauper nurse Mary Terry was employed as a paid nurse and may have assisted with deliveries.⁷¹ In September 1846, and again in February 1847, Foden was paid 7s. for workhouse midwifery, indicating just two cases on each occasion, and, in December 1847, she received a further 17s. 6d. for similar duties.⁷² In total, Foden delivered seven women in the workhouse in 1847. Consequently, in terms of care during confinement, workhouse provision represented only a very small proportion of deliveries in the union. Likewise for Foden, deliveries in the house possibly represented a minor part of her practice. In January 1848, the overseers became aware of discrepancies in the fees paid to Foden and the other parish midwives.⁷³ Foden was informed that, as the other parish midwives were paid 2s. 6d. per delivery, she would not be paid more than 3s. 6d. in future, a fee which applied to indoor and outdoor cases. Ever mindful of expenditure, the guardians noted that if Mrs Foden subsequently called the medical officer, a further fee of 21s. would be incurred.⁷⁴ Foden’s fees for 1848 indicate that she attended six women that year, together with the figures for the two previous years, it appears that very few women were confined in the house. Foden was initially paid more than the other parish midwives, although it appears that their fees varied. In February 1849, Mrs Tongue applied for an increase, and her fee was increased to 3s. 6d., the usual fee in other

⁶⁹ WCAR, AUMB, GP/AS/2/1/3, 17 May 1842, 11 April 1843, 26 March 1844.

⁷⁰ *Ibid.*, 3 Feb. 1846.

⁷¹ *Ibid.*, 22 Oct. 1844.

⁷² WCAR, AUMB, GP/AS/2/1/4, 8 Sept. 1846, 16 Feb. 1847.

⁷³ WCAR, AUMB, GP/AS/2/1/4, 11 Jan. 1848.

⁷⁴ *Ibid.*

districts.⁷⁵ While payments to Foden continued at intervals until May 1851, Tongue is the only other midwife named in the minutes in the years 1841 to 1851.⁷⁶

Apart from Sarah Foden's work for Aston union, no other record of her practice has been located.⁷⁷ In the 1851 census, there are three women called Sarah Foden living in Aston who could be a midwife. A Sarah Foden was living in Marsh Lane, near the workhouse, and two other women of the same name resided in the southern part of the union, close to the Birmingham border. In the 1851 census, all three Sarah Foden's are mature, married women, and none have any recorded occupation.⁷⁸ Foden does not appear in any trade directories for the relevant period, and her residence in Aston seems to exclude employment with Birmingham's General Dispensary, because she lived too far away. In contrast to Foden, however, Rebecca Tongue also worked for the dispensary and advertised in town directories, indicating that the union employed women who were acknowledged midwives (See Appendix 6 for a brief biography). Nevertheless, from 1851, there is no evidence that women who were recognised midwives were involved in workhouse deliveries. In 1851, there were 103 inmates, the master, matron and a school mistress in the house, but no nurses or midwives.

There is intermittent, but consistent, evidence that from 1851 onwards, care of confined women in Aston workhouse was in the hands of the few paid day nurses and

⁷⁵ WCAR, AUMB, GP/AS/2/1/4, 27 Feb. 1849.

⁷⁶ WCAR, AUMB, GP/AS/2/1/5, 13 May 1851.

⁷⁷ Sarah Foden does not appear in any of the trade directories, and a search of the *Birmingham Daily News* via 19th-century British Library papers online did not reveal any references; <http://find.galegroup.com/bncn/advancedSearch.do>

⁷⁸ The minutes refer to Mrs Sarah Foden. The Sarah Foden who lived the closest to Aston workhouse was aged 46, and the wife of a farmer. The two other Sarah Fodens were aged 56 years and 64 years of age. None these women had an occupation recorded, but this does not necessarily mean that they did not have some source of paid income, E. Higgs, *Making Sense of the Census Revisited* (London, 2005), p. 101.

pauper inmates.⁷⁹ From June 1859 to January 1863, there was one paid nurse, Sarah Mercer, and she and pauper inmates were responsible for the care of confined women.⁸⁰ In December 1862, the master reported that Mary Ann Hudson had attempted to destroy her newborn infant. In an attempt to resolve the matter, the guardians heard evidence from Mercer and the other inmates ‘present at the birth’. The guardians decided that there were no grounds for charging Hudson, suggesting that the master did not have all the relevant facts.⁸¹ This incident reveals a wealth of evidence concerning workhouse births: it confirms the roles of the nurse and female inmates, rather than midwives or the medical officer, as birth attendants. It indicates that workhouse births were not private affairs; women may have been delivered in multi-bedded lying-in wards, or possibly the sick wards.⁸² Finally, while it may be correct that there was no evidence against Mary Hudson, and that the master did not have all the facts, an alternative interpretation may be that Hudson had tried to harm her infant daughter, but that the nurse and female inmates provided a version of events to protect a vulnerable mother and ensure that she would not be charged with attempted infanticide.⁸³ Furthermore, the guardians accepted the pauper inmates’ and nurse’s versions of events, rather than the master’s, illustrating that these groups,

⁷⁹ Paupers were expected to work if they were able and action was taken against those who refused. In 1869, Emma Osborne, was sent to police custody because she refused to work in the workhouse hospital, WCAR, AUMB, GP/AS/2/1/14, 9 November 1869.

⁸⁰ WCAR, AUMB, GP/AS/2/1/8, 22 June 1859. Sarah Mercer was appointed nurse to the workhouse hospital at a salary of £15 per annum, to include board, washing and lodging. During 1861, there was a period of unrest between master and matron Grice and the inmates and other staff. Inmates were rude to the matron, a servant left because she could not bear ‘the overbearing temper of the matron’, the master was so drunk on occasions that he was placed in the lock up, and, on another occasion, inmates were sent to the village inns to find him. The master was also suspected of taking the workhouse supply of brandy for his own use. GP/AS/2/1/9, 16 October-5 November 1861.

⁸¹ WCAR, AUMB, GP/AS/2/1/9, 30 December 1862.

⁸² Lack of privacy in workhouse lying-in wards continued to be a problem at least until the close of the nineteenth century, S. King, *Women, Welfare and Local Politics 1880-1920: we might be trusted* (Brighton, 2006), p. 158.

⁸³ E. Ross, *Love and Toil* (Oxford, 1993), p. 186.

often considered powerless, were not necessarily lacking agency, and examples of mutual support and care in the workhouse can be found.⁸⁴

When nurse Mercer resigned in 1863, Frances Joyce, formerly a nurse at Birmingham infirmary, was appointed at the same salary of £15.⁸⁵ Barely two weeks later, Joyce was asked to leave following reports that she failed to administer medicine as instructed, and did not care properly for the patients.⁸⁶ Mary Orgill, the workhouse cook, was appointed as the nurse, a post she held for a year.⁸⁷ There are few insights into maternity care, other than cases which were unusual. Among these was the labour of Ann Cleaver in 1863. Cleaver was being violent and needed to be restrained to prevent her from injuring herself or others. John Elkington, the medical officer, thought she should be sent to the asylum, but she was in advanced pregnancy and ‘under peculiar circumstances’. He therefore requested the opinion of Mr Archer, surgeon of the Birmingham Lying-In Hospital. However, before Archer arrived, Cleaver went into labour and was delivered safely.⁸⁸

In May 1864, Emma Macklews, aged 35, and formerly employed at Birmingham’s General Hospital and Queen’s Hospital, commenced work as a workhouse nurse, but four months later she resigned.⁸⁹ Macklews was somewhat unusual among the paid nurses because she claimed she had nursing experience at two

⁸⁴ Tomkins, ‘Workhouse medical care’, pp. 86-102.

⁸⁵ WCAR, AUMB, GP/AS/2/1/9, 7 April 1863. It is assumed that ‘Birmingham infirmary’ refers to Birmingham workhouse infirmary, rather than the General Hospital. When a new workhouse for Birmingham Union was opened at Birmingham Heath in 1851, the separate infirmary could accommodate 310 patients, Hearn, *Dudley Road*, pp. 4, 91.

⁸⁶ WCAR, AUMB, GP/AS/2/1/9, 14 April 1863.

⁸⁷ WCAR, AUMB, GP/AS/2/1/9, 5 May 1863, GP/AS/2/1/10, 15 March 1864.

⁸⁸ WCAR, AUMB, GP/AS/2/1/9, 6 Sept. 1863. There are no further references to Ann Cleaver.

⁸⁹ WCAR, AUMB, GP/AS/2/1/10, 5 April 1864, 23 August 1864. Macklews resigned without giving any reason and there was no complaint about her conduct. WCAR, AUMB, GP/AS/2/1/10, 22 Nov. 1864.

of Birmingham's voluntary hospitals.⁹⁰ Macklews's successor as paid nurse, Jane Welch, was previously a nurse at the infirmary in Stratford-upon-Avon, indicating that she possibly possessed midwifery experience, and it was a midwifery case which precipitated her resignation.⁹¹ Barely two months into Welch's appointment, the medical officer reported that she had not 'efficiently attended' the sick; she had failed to administer medicines, and the female side of the hospital was frequently in an unsatisfactory state.⁹² Welch resigned and, in her letter, she refuted the medical officer's allegations, explaining that her delayed visit, by which time the patients were asleep, was due to her assisting a women in labour, whom she 'safely delivered and put all right during the absence of the medical officer'.⁹³

An incident in 1868 which resulted in the deaths of two inmates during the period of Welch's successor, Bell Pullen, illustrates the nurses' workloads. In Pullen's absence in another part of the house, one of the pauper nurses dressed three 'itch' patients with carbolic acid, instead of the correct lotion, and a mother and her daughter died.⁹⁴ The inquest heard that Pullen was the only paid nurse for eight sick wards, with an average of 34 sick females, and had eight paupers assisting her. A verdict of accidental death was recorded, and, although the jury felt that one paid

⁹⁰ It is not known whether Macklews had any midwifery experience. Voluntary hospitals tended not to take maternity cases, but John Clay was Professor of Midwifery at Queen's College in 1869 (WCAR, AUMB, GP/AS/2/1/13, 5 Jan. 1869) and, in 1875, the hospital cared for 334 midwifery cases. J. Reinarz, *Health Care in Birmingham* (Woodbridge, 2009), p. 115.

⁹¹ Like Macklews, Welch was appointed on a salary of £15 annum, with washing, lodging and the 'usual rations'. WCAR, AUMB, GP/AS/2/1/10, 13 Sept. 1864.

⁹² The medical officer made these observations in the medical relief book, which the master brought to the weekly board meetings, WCAR, AUMB, GP/AS/2/1/10, 27 December 1864.

⁹³ WCAR, AUMB, GP/AS/2/1/10, 3 January 1865. In her defence, Welch also stated that there were only two women in the sick ward. When Welch applied for a testimonial, the guardians stated that she 'performed satisfactorily', WCAR, AUMB, GP/AS/2/1/10, 24 January 1865. Macklews's and Welch's short periods of employment at the hospital were typical of many workhouse officers. One of the paid nurses on the male wards was employed for five months, from September 1866 to January 1867. WCAR, AUMB, GP/AS/2/1/11, 14 August 1866; and 22 January 1867. In August 1867, the cook resigned after four months' service. WCAR, AUMB, GP/AS/2/1/12, 20 August 1867.

⁹⁴ WCAR, AUMB, GP/AS/2/1/12, 11 February 1868.

nurse was insufficient for so many sick inmates, Pullen and the pauper nurse were blamed while the medical officer and master were exonerated.⁹⁵ Women in labour were only one group of inmates competing for attention, further supporting assumptions that they were cared for by paid nurses who were not recognised midwives, or, more likely, by fellow paupers. Further confirmation of pauper nursing in Aston appears in 1867, when female inmates from the adult or children's sections of the workhouse were allowed tea and sugar in return for carrying out nursing or domestic duties.⁹⁶

Employment patterns illustrate another feature of workhouse staff, namely the tendency to move between various roles, so that, for example, Mary Orgill, who was appointed as cook in April 1862, was engaged as the nurse just a year later.⁹⁷ These appointments are in line with evidence that workhouse nursing, even though it might include midwifery, was regarded as a general domestic servant role, which did not require particular skills.⁹⁸ After a year's nursing service, Orgill resigned and the board expressed their gratitude for her efforts:

⁹⁵ 'The late frightful deaths at the Erdington workhouse', *Birmingham Daily News*, 22 February 1868. The pauper nurse admitted she had probably taken the wrong bottle from the shelf, and the coroner advised the jury that the two nurses should not be censured for the mistake. Three months prior to this incident being reported in the minutes, Pullen asked for a testimonial to apply for an assistant matron post at another union. The guardians stated that she carried out her duties in a 'very efficient and proper manner'. In contrast to other nurses, Pullen had a lengthy employment, having been at the workhouse for nearly three years. GP/AS/2/1/12, 19 November 1867. Pullen resigned three weeks after this incident. GP/AS/2/1/12, 17 March 1868. Pullen's successor stayed for six months. In the same year as this incident, 1867, the *Lancet* drew attention to the fact that at Walsall workhouse infirmary only verbal orders for medication were given to the nurses, see 'Lancet Sanitary Commission, Walsall Workhouse.' *Lancet*, 90 (9 Nov. 1867), pp. 585-86.

⁹⁶ WCAR, AUMB, GP/AS/2/1/12, 19 Nov. 1867.

⁹⁷ WCAR, AUMB, GP/AS/2/1/9, 29 April 1862, 21 April 1863. Orgill's salary when she was appointed cook was £12 per annum and rose to £15 when she was appointed a nurse.

⁹⁸ D. Wright, *Mental disability in Victorian England: the Earlswood Asylum, 1847-1901* (Oxford, 2001), pp. 108-10.

she has in every respect conducted herself in a remarkably consistent manner evincing an amiability of temper and kindness of disposition to the poor to which the Guardians feel a pleasure in bearing their testimony...⁹⁹

There is no reference to Orgill's nursing skills, and her main qualities, identified by the guardians, appear to be the possession of an even temper and being kind to sick inmates. In the absence of nurse training, the most that the guardians could hope for in a nurse were innate caring skills, good moral character and the ability to follow the medical officer's and matron's instructions.¹⁰⁰

By 1870, Aston workhouse was attracting as nurses, women who had some experience, although whether this included midwifery is uncertain. The four candidates who applied for two nursing posts in 1870 claimed nursing experience.¹⁰¹ Of the eight applicants for a post the following August, three claimed they were nurses, and one an asylum attendant, however, one applicant was a workhouse cook, and one a warehouse woman, illustrating continuing perceptions that workhouse nursing required few skills.¹⁰² In this case, Maria Whittall, a nurse at Birmingham workhouse for five years, was appointed.¹⁰³ Whittall's experience may have included midwifery, and she would have been familiar with workhouse culture and organisation, although Birmingham workhouse was substantially larger than Aston.

⁹⁹ WCAR, AUMB, GP/AS/2/1/9, 10 May 1864, the reason for Orgill's move, or her next employment were not stated.

¹⁰⁰ M. Lorentzon, "Lower than a scullery maid" Is this view of the British Poor Law nurse justified? Examination of probationer registers from Kensington Infirmary, 1890-1916', *International History of Nursing Journal*, 7, 3 (2003), pp. 4-15.

¹⁰¹ WCAR, AUMB, GP/AS/2/1/14, 9 November 1869, Mary Sharrott was appointed on £20 per annum, with board, washing and lodging (except beer); WCAR, AUMB, GP/AS/2/1/14, 11 January 1870. Of the four nurses, two had been at Queen's Hospital, Birmingham, one at Birmingham workhouse, and one at the borough asylum.

¹⁰² WCAR, AUMB, GP/AS/2/1/15, 14 Aug. 1870, two did not give their occupation.

¹⁰³ *Ibid.*, seven candidates were widowed and one was single. In respect of their age, sex and marital status, the profiles of these applicants are comparable with those of midwives. It is possible that, as a group, women who became workhouse nurses were no more or less experienced in midwifery than some of the women who practised as handywomen in their neighbourhoods.

Following Whittall's appointment, the master composed a list of 12 rules for the nurses. The only patient groups specifically mentioned were surgical and dying patients, and the rules demonstrate the importance attached to hospital routines and the completion of domestic duties.¹⁰⁴ Owing to Whittall's declining health, by May 1871, she was assisted by a pauper nurse,¹⁰⁵ and, when Whittall became too ill to work, 'old woman Ellis' was appointed to the post.¹⁰⁶ When Whittall resigned after 16 months of service, the poor law board were informed that she had been 'kind and attentive' to the sick poor; the main reason for her resignation was night duty, which was 'too heavy for her'.¹⁰⁷ References to nurses' kindness and attentiveness were a standard form of appreciation in communications with the poor law authorities.¹⁰⁸

Candidates' claims to have nursing experience were verified by their previous employers, via the poor law authority. In 1881, Aston union was asked to confirm Rebecca Williams's experience, following her appointment as a nurse to Birmingham workhouse. This revealed that Williams had been a cook, not a nurse, for nine months in 1877, and had resigned on the grounds of ill health.¹⁰⁹ These appointments reflect continuing reliance upon pauper and casual nurses, supporting conclusions that, from

¹⁰⁴ WCAR, AUMB, GP/AS/2/1/15, 30 August 1870.

¹⁰⁵ WCAR, AUMB, GP/AS/2/1/16, 14 May 1871.

¹⁰⁶ WCAR, AUMB, GP/AS/2/1/16, 16 May 1871, 20 June 1871 and 8 August 1871. In August, Ellis was appointed temporary nurse to the smallpox cases in the old workhouse, which was reopened for this specific purpose. Ellis was paid 1s. a day with subordinate officers' rations, a similar rate to the salaried nurses. In November 1871, another nurse was appointed because the 'old woman (Ellis) in attendance [was] unable to wash, cook and attend to fever and small pox cases', WCAR, AUMB, GP/AS/2/1/17, 7 November 1871.

¹⁰⁷ WCAR, AUMB, GP/AS/2/1/17, 21 November 1871.

¹⁰⁸ Bedford, 'Who should deliver', p. 337.

¹⁰⁹ WCAR, AUMB, GP/AS/2/1/29, 17 May 1881, Williams's performance as a cook was described as 'satisfactory', typically a euphemism for not very satisfactory. Some months later, newly appointed night nurse Mary Harris claimed she had nursed at the Borough Hospital. The superintendent confirmed that Harris was employed there about 3 years previous, for about 3 months, during which time her conduct was 'most unsatisfactory in every respect', WCAR, AUMB, GP/AS/2/1/27, 13 April 1880. Usually, the Aston board relied upon the master's and matron's opinion of the nurse's performance since their appointment, and usually retained them.

the mid-century onwards, women confined in Aston workhouse received little in the way of skilled help during childbirth, unless their cases were complicated, in which case the medical officer was summoned. It is reasonable to question how a pauper, or paid nurse, could be expected to recognise complications in labour, other than through personal experience, although birth rates in the nineteenth century may have resulted in a degree of common knowledge about what constituted normal labour.

Poor law unions rarely raised salaries, unless requested by officers. In 1878, Sarah Shaw, night nurse for the whole hospital, supported her claim for an increase by referring to the 'many cases of labour', which she attended at night. Shaw's claim was refused on the grounds that her duties had not increased since her appointment in 1875.¹¹⁰ Night time confinements cannot be identified, but the annual totals during Shaw's employment, 1875-1878, were 28, 35, 39 and 47, respectively, a noticeable increase over the period but less than one a week (Figure 5.1).¹¹¹

In addition to births, women sometimes abandoned their new-born infants at the workhouse, and, in 1879, the master requested that the four foundlings in the house be given names so that they could be baptised and entered into the relief book.¹¹²

¹¹⁰ WCAR, AUMB, GP/AS/2/1/25, 7 May 1878; 28 May 1878. Shaw and Emma Macklews, nurse to the female wards, applied for increases in salary at the same time. Their original application was made in November the previous year. Macklews's salary had been £25 since July 1875, and she was awarded an additional £2 10s. The guardians generally seemed more reluctant to award increases to the nurses than other officers. Also, in May 1878, the second assistant clerk was recommended a salary increase from £80 to £100. This was later revised to £90.

¹¹¹ Indications of the nurses' duties and the state of the workhouse emerge from 1877 and 1878. The nurse on the out-wards was reprimanded for not washing up the patients' dinner plates from the previous day and leaving waste in the kitchen, WCAR, AUMB, GP/AS/2/1/24, 27 Nov. 1877. In 1878, nurse Agnes Smith was reprimanded for not attending to her duties properly. She resigned three weeks later and signed her letter 'Agnes Louisa Smith, Trained Nurse.' Smith had only been at the infirmary 6 weeks and the workhouse was particularly overcrowded during this period. WCAR, AUMB, GP/AS/2/1/24, 12 Feb. 1878; 5 March 1878.

¹¹² WCAR, AUMB, GP/AS/2/1/26, 7 Oct. 1879.

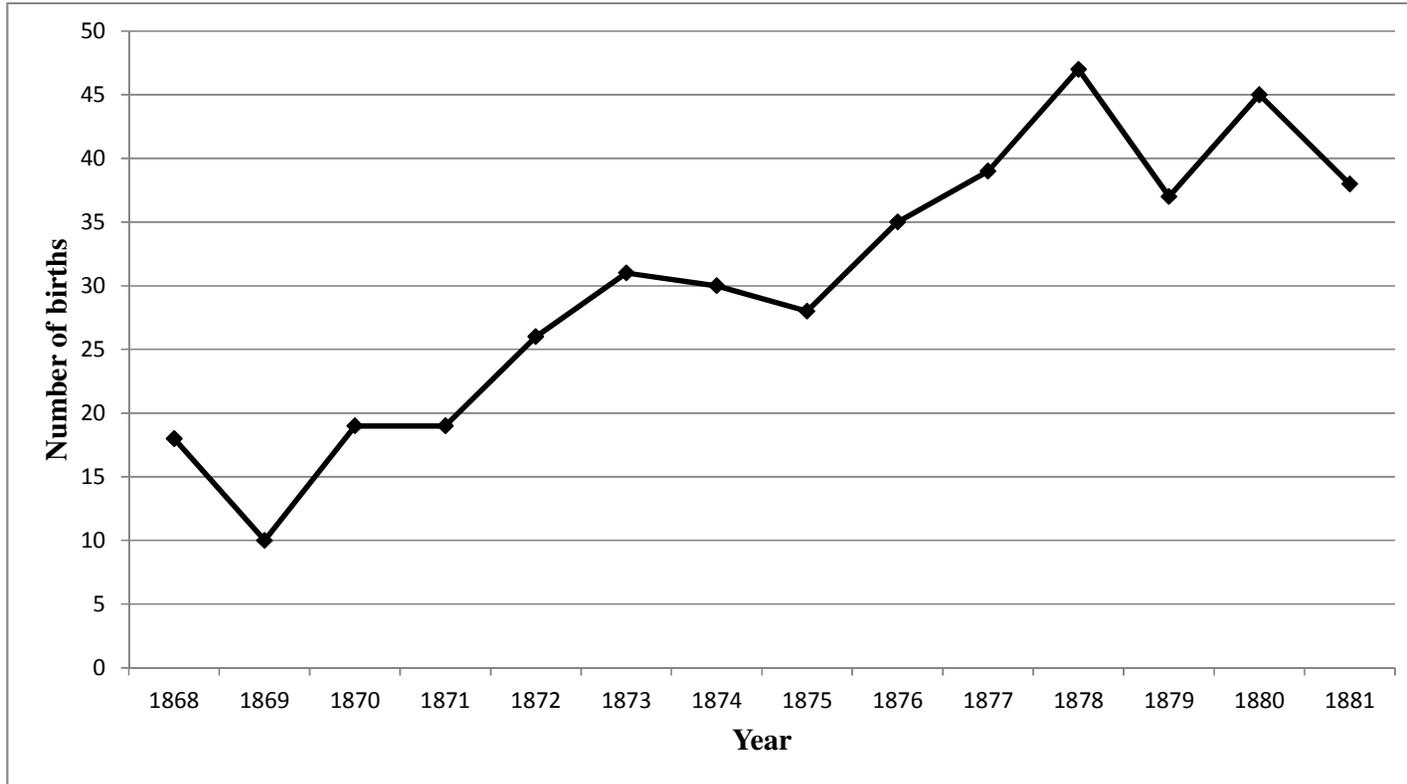
Births in Aston workhouse, 1868-1881

From 1868 to 1881, births ranged from 10 in 1869, to 47 in 1878, a figure which represents less than one a week.¹¹³ While there was a gradual increase in the number of births over the 14-year period, there was little overall change in births as a percentage of indoor medical cases. Throughout the period, medical officers' indoor cases comprised approximately one quarter (24%) of their total poor law cases, while births in the workhouse as a percentage of all indoor sick cases averaged 4.1% (Figure 5.1). Although births in the workhouse are included in the totals of the medical officers' sick cases, only a small percentage of women, whose cases were regarded as complicated, were delivered by the medical officers and most women were attended by the paid or pauper nurses.¹¹⁴

¹¹³ WCAR, AUSS, GP/AS/5/1/1.

¹¹⁴ A copy of the decennial return of workhouse births (1871-1880) to the Local Government Board is recorded in the minutes, WCAR, AUMB, GP/AS/2/1/29, 17 May 1881. These state that 369 women were delivered 1871-1880. In contrast, AUSS, GP/AS/5/1/1, records 337 births in the decade, raising doubts about the accuracy of both datasets. In either case, the figures confirm the low number of workhouse births.

Figure 5.1: Births in Aston Workhouse, 1868-1881



Source: WCAR, AUSS 1868-85, GP/AS/5/1/1. The year ran from 1 Oct. to 30 Sept.

For the years 1873 to 1879, workhouse births typically accounted for less than 0.5% of all births in Aston District (Table 5.3).

Table 5.3: Aston workhouse births as a percentage of all births in Aston District, 1873-79

Year	Total births registered	Workhouse births	Workhouse births as a % of total
1873	6482	31	0.48
1875	7332	28	0.38
1876	7989	35	0.43
1877	8430	39	0.46
1878	8502	47	0.55
1879	8363	37	0.44

Sources: WCAR, AUSS 1868-85, GP/AS/5/1/1; WCAR, AUMB, GP/AS/2/1/18-26.

Although workhouse births were few, insights can be gained into the experiences of a proportion of the women who were admitted. Prior to 1868, in the main, only a few outdoor cases were identified when medical officers claimed more than the usual fee, or attended without an order, and the circumstances had to be justified.¹¹⁵ From 1868, the master reported to the weekly board meeting details of any paupers admitted without an order. Among these were destitute women admitted with children and those who claimed to be pregnant, some of whom were in labour. In all cases, these admissions were approved; in line with the order that they could not be reasonably refused. From January 1868 to August 1881, 52 women entering the workhouse claiming they were pregnant or in labour, because they had given birth, or

¹¹⁵ Inmates' names were reported in the minutes if they were being transferred to or from the union, were apprenticed outside the workhouse, were being punished, wished to speak to the guardians, or had died and money was found on the body.

were obstetric emergencies.¹¹⁶ The majority of the women identified were admitted without an order, leading to biases in the cohort. Taken as a whole though, they offer a fair insight into maternity cases in Aston workhouse. Details of 16 other maternity cases were also recorded. These included instances in which medical officers claimed an exceptional fee, or because women were transferred to another union before they were confined.¹¹⁷ On 7 April 1868, the guardians refused to pay a district medical officer's fee of 10s. 6d., because the case was 'not destitute nor sudden or urgent', nor had he been ordered to attend by the union.¹¹⁸ The following year, however, Dr Meeke's exceptional fee of £2 for delivering Mary Ann Hawkes in Woodcock Street was paid. Meeke explained that the confinement was very difficult and dangerous, and he had had to obtain assistance from John Clay, Professor of Midwifery at Queen's College, Birmingham.¹¹⁹

Guardians tried to ensure that the union was not bearing the cost of relieving unsupported pregnant women, who were chargeable to other unions. Among these was Louisa Kirkland, described as 'single and pregnant', who was settled in Skipton Woodstock, and therefore removed to that parish in July 1869. In September 1876, Elizabeth Cooper, also single and pregnant, was transferred to Pershore union at a cost

¹¹⁶ One earlier case from February 1857 was mentioned in the minutes because the mother, Susan Ablethorpe, died from puerperal convulsions and the case was reported to the coroner, WCAR, AUMB, GP/AS/2/1/7, 11 Feb. 1857.

¹¹⁷ In two cases, medical officers claimed exceptional fees; nine pregnant women were mentioned because the union wished to transfer them to their place of settlement, and three women were accepted by Aston from Birmingham union. Caroline Caroll was mentioned in the minutes when she refused to accept a wet nurse post (WCAR, AUMB, GP/AS/2/1/16, 19 May 1871). Mary Ann Crump was confined on 5 Jan. 1881 and 13 days later her infant was adopted by Mrs Williams of Winson Green. Crump received £4 10s for her child, and the guardians deducted the cost of her maintenance from this sum, WCAR, AUMB, GP/AS/2/1/28, 18 Jan. 1881.

¹¹⁸ WCAR, AUMB, GP/AS/2/1/12, 7 April 1868. Medical officer's exceptional fees of £2 were rarely paid without investigation by the guardians or the poor law board, and there was dispute over what constituted an extraordinary labour, Bedford, 'Who Should Deliver', p. 307.

¹¹⁹ The fee was paid because of the complexity of the delivery, and because the family were destitute on account of the husband's lack of work, WCAR, AUMB, GP/AS/2/1/13, 5 Jan. 1869. Queen's Hospital was opened in 1841. It was one of the first purpose-built hospitals in the town and one of the first in the country to be established for the purpose of teaching medical students, Reinartz, *Health Care in Birmingham*, pp. 57-58.

of 12s. In February 1878, Birmingham guardians accepted Eliza Underhill, who had been admitted to Aston workhouse, but she was confined ‘of an illegitimate child’ before the order was received, but was transferred as soon as the medical officer declared her fit.¹²⁰

There is some evidence of medical officers’ concerns for the health of women who were confined. In February 1879, Dr W. W. B. Sparrow, officer to No. 5 district, complained that the relieving officer refused to provide his recommended relief of meat, milk and bread to four ill paupers. One of these was Fanny Aveland, a widow, who was suffering from ‘the effects of her confinement’. Sparrow was so incensed by the attitude of the relieving officer and guardians that he wrote a letter of complaint, entitled ‘Death accelerated by want’, to the *Birmingham Daily Post*. This incident had repercussions for both Sparrow and the guardians, and illustrates the often inadequate levels of relief given to women, as well as the severe consequences.¹²¹ Sparrow refused to withdraw his allegations and asserted that neither the officer, nor the guardians had the ability to question his recommendations for relief, which were based on his medical judgement. Sparrow was subsequently asked to resign, but, two months later, he was successfully elected a guardian.¹²²

¹²⁰ WCAR, AUMB, GP/AS/2/1/14, 6 July 1869; GP/AS/2/1/22, 19 Sept. 1876; GP/AS/2/1/24, 19 Feb. 1878, respectively. These three women were probably admitted with orders because the details of their admissions do not appear in the minutes. Mary Berridge, 21 years old and single, was removed to Stamford, Lincolnshire in September 1873 and was accompanied on the journey by the master, though the minutes do not state whether she was pregnant. In January 1875, there were 555 inmates and there was concern that the workhouse, and particularly the sick wards, was almost full, and there were insufficient numbers of nurses. One solution identified was to transfer the 126 paupers who were removable to other unions. These included 26 deserted wives and 36 children. The board did not seem to consider that there were probably inmates in other unions who were removable to Aston, WCAR, AUMB, GP/AS/2/1/20, 5 Jan. 1875.

¹²¹ Englander, *Poverty and Poor Law Reform*, p. 18; WCAR, AUMB, GP/AS/2/1/26, 11 Feb. 1879.

¹²² WCAR, AUMB, GP/AS/2/1/26, 22 April 1879; 27 May 1879.

Of the 52 women admitted for pregnancy-related reasons between 1868 and 1881, the majority (n=35; 67%) claimed to be in labour, 15 were pregnant and two were postnatal cases. Two maternal deaths were recorded. The first was that of Susan Ablethorpe, a single woman who was admitted around midnight on 3 February 1857, suffering from puerperal convulsions. The workhouse medical officer, John Elkington, delivered a live infant with forceps, but the mother died on 9 February.¹²³ The coroner's inquest revealed that the district medical officer, Samuel Winter Burbury, was called to the house of a Mrs Gee and found Ablethorpe in labour and fitting.¹²⁴ Mrs Gee had summoned two neighbours to hold the expectant mother down while she fitted. Burbury bled Ablethorpe and stayed with her for two hours before sending her to the workhouse. Elkington attributed the cause of death to puerperal convulsions, and the jury agreed.¹²⁵ Mary Moore was admitted in January 1868 with her infant after giving birth at home, the mother died four days later, and her infant after some months. Mary Jones gave birth in a cab on the way to the workhouse in October 1876.¹²⁶

Moore and Ablethorpe's deaths are indicative of some of the reasons why mothers died, and illustrate that predisposing factors related to poverty, and the state of medical knowledge at the time, were the major causes of death in these two cases, rather than the quality of care.¹²⁷ In the decade 1871-1880, 369 women were delivered in the workhouse and there were four maternal deaths, giving a rate of 108 per 10,000

¹²³ WCAR, AUMB, GP/AS/2/1/7, 11 Feb. 1857.

¹²⁴ Ablethorpe was also suffering from blindness, another symptom of puerperal convulsions, and was described as being in a dangerous state, WCAR, *Birmingham Journal*, 14 Feb. 1857, 'Inquest into Susan Ablethorpe'.

¹²⁵ Puerperal convulsions, now called toxæmia of pregnancy, is a potentially fatal condition if not diagnosed in time. The symptoms, but not the cause, were recognised in the nineteenth century and, until the middle of the century, bleeding and purging were accepted treatments. From the mid-century until 1889, sedation with morphine, chloral, or similar medication, was the accepted treatment, Loudon, *Death*, pp. 87-89.

¹²⁶ WCAR, AUMB, GP/AS/2/1/12, 7 April 1868; WCAR, AUMB, GP/AS/2/1/22, 31 Oct. 1876.

¹²⁷ Loudon, *Death*, pp. 45-48.

deliveries. This rate was not dissimilar to Liverpool workhouse, which experienced mortality of 90.6 per 10,000 deliveries from 1858 to 1870.¹²⁸

The average age of the 52 women whose ages were recorded was 25.¹²⁹ Marital status was recorded infrequently; four women were married, one deserted, another widowed and 16 were single. The remaining women are presumed to have been single, or possibly deserted, because there is no reference to their husbands appearing before the board in order to explain why they were unable to support their wives. Husbands were ordered to remove their spouses from the workhouse within the week and contribute to their keep.¹³⁰ Rosanna Wisedale arrived at the workhouse alone by cab, in labour, in January 1869. Her husband cited his earnings of 10s. a week as the reason for her admission. Wisedale's subsequent admission with her four children three years later, in 1872, invites an alternative explanation for her seeking a workhouse confinement. It appears that Wisedale had been beaten by her husband and she may have considered that, despite its limitations and meagre provision, the workhouse was a safer place to give birth than her home.¹³¹ Wisedale's case illustrates one of the conundrums for guardians and unions, who were aware that the principle of less eligibility was unworkable. The lives of many of the population were already so

¹²⁸ Loudon, *Death*, p. 198.

¹²⁹ Women's ages ranged from 17 to 40.

¹³⁰ Rosanna Wisedale's husband was earning 10s. (GP/AS/2/1/13, 15 Jan. 1869), Sarah Chipman's husband had been out of work for two months, and Louisa Woodward had been deserted in early pregnancy (GP/AS/2/1/27, 18 May 1880); Sarah Ann Reading's husband was serving 15 months in prison (GP/AS/2/1/28, 17 August 1880). Emma Dewell's husband appeared before the board and agreed to remove her (GP/AS/2/1/16, 28 Feb. 1871). When Mary Horton was delivered in March 1871, her parents agreed to pay the union 21s. (GP/AS/2/1/16, 2 March 1871).

¹³¹ WCAR, AUMB, GP/AS/2/1/17, 25 March 1872. Rosanna, accompanied by her four children, was admitted to the workhouse because her husband was in prison for beating her. Though her husband visited the workhouse on his release, he refused to take his family out and was to be prosecuted. Violence by men against wives was investigated by Frances Power Cobbe in the 1870s. She found that 2,000 cases of assault against wives were annually brought to court in England, F. P. Cobbe, 'Wife torture in England', *Contemporary Review* (1878), cited in: P. Thane, 'Women and the Poor Law in Victorian and Edwardian England', *History Workshop Journal*, 6 (1978), pp. 29-51. Admissions due to domestic violence are also reported in Coventry workhouse records, 1859-81, R. Hall, 'The vanishing unemployed, hidden disabled, and embezzling master: researching Coventry workhouse registers', *The Local Historian*, 38 (2008), pp. 111-21.

deprived that it was neither possible nor humane for conditions in the workhouse to be made even harsher in order to deter admission.¹³²

Apart from the two post-natal admissions without an order, 15 women were admitted because of pregnancy, and the majority (35) claimed they were in labour.¹³³ In 1868, eight of the 18 pregnant women admitted to Coventry workhouse were already in labour, although usually the proportion was much lower.¹³⁴ In Aston, the year with the highest number of pregnancy-related admissions without an order was 1870, with nine admissions between 8 March and 29 November. In 1869, there were five such admissions. Six of the nine women admitted in 1870 were probably confined in the workhouse. However, Mary Redding, admitted in August 1870, subsequently discharged herself, and Jane Jackson, admitted on the same day, was asked to leave for reasons which were not stated. On 29 November 1870, Elizabeth Dawn and her child were admitted on the grounds that she was in labour, although she later discharged herself, apparently un-delivered. Examples of women feigning labour to gain admission were found in workhouses in Hertfordshire in the nineteenth century.¹³⁵ The remaining six women admitted were presumably delivered in the house, but in only three cases are there any further details, possibly because there was nothing significant to report. Sarah Smith's confinement in July 1876 was noted, as was Fanny Francis's in April 1880, possibly because the infants were stillborn, and

¹³² Flinn, 'Medical services', pp. 41-66.

¹³³ S. Williams, 'Unmarried mothers and the new poor law in Hertfordshire', *Local Population Studies*, 91 (2013), pp. 27-43.

¹³⁴ R. Hall, 'Distressed weavers, deserted wives and fever cases: an analysis of admissions to Coventry workhouse, 1859-81', *Warwickshire History*, 13 (2007), pp. 226-39; R. Hall, 'The vanishing unemployed, hidden disabled, and embezzling master: researching Coventry workhouse registers', *The Local Historian*, 38 (2008), pp. 111-21.

¹³⁵ Williams, 'Unmarried mothers', pp. 27-43, there is no indication why these women left the workhouse. It is possible that they were not pregnant, or not in labour, and needed refuge, which was obtained more readily by their claiming to be pregnant.

Ann Craine, who was admitted to the vagrant ward in November 1877, was possibly mentioned because she gave birth within minutes of her admission.¹³⁶

In contrast to accounts by Negrine and Bedford, no concerns were expressed about midwifery care at Aston workhouse, although women were delivered by hard pressed paid and pauper nurses. The only disputes were over extra midwifery fees for medical officers, and the arrangements for women settled in Birmingham, but who were living in Aston. Despite the harsh conditions, women did enter the workhouse to give birth, and a few feigned labour to gain admission. It was an occasional place of refuge for women who were at risk of ill treatment at the hands of their husbands. There are glimpses of skilled childbirth attendance, and of nurses and women supporting each other.

Giving birth in Wolverhampton workhouse 1842-1845

The journal of the Master of Wolverhampton workhouse, James Willshire, from March 1842 to August 1845 offers insights into his views, and those of his matron wife, on the conditions in the workhouse and the care of women in labour.¹³⁷ In particular, Willshire expressed his disapproval of the use of pauper nurses to care for labouring women. In July 1843, Sarah Porter, aged 18, was admitted to the lying-in ward by an order from Mr Cooper, the medical officer. Four hours later, the matron was informed that the infant was stillborn, but further enquiries revealed the child was born alive, but died almost immediately. Matron Willshire reported that the medical officer had failed to inform her that Porter was in labour and she believed that Cooper

¹³⁶ WCAR, AUMB, GP/AS/2/1/22, 18 July 1876; GP/AS/2/1/27, 13 April 1880; GP/AS/2/1/23, 25 Sept. 1877.

¹³⁷ There were 203 paupers in the workhouse in May 1842. By mid-July 1843, the workhouse was becoming increasingly overcrowded and the master recorded only the total number in the workhouse, not the separate categories. He explained 'in consequence of the crowded state of the house it is impossible to observe the classifications stated above' (underlining in original). WALs, Workhouse Master's Report and Journal, Wolverhampton Union (MJWU), PU/WOL/U2, 22 July 1843.

had not visited Porter, despite giving the order for her admission, and that he left Sarah Porter's care to two pauper nurses. The master and matron recorded that they accepted no responsibility for Porter's care and protested against 'the continuance of a system which allows a Pauper Nurse to act as Midwife in this house'.¹³⁸ Following the inquest into the infant, the guardians concluded that the lying-in ward had been 'mis-conducted'.¹³⁹ The pauper nurses were accused of being 'inattentive' and removed from their duties, while paid nurse Maria Curphew was found at fault for failing to send for Mr Cooper on this and previous occasions, and the guardians recommended that she be dismissed.¹⁴⁰ The guardians determined that Cooper was blameless, but Mr Willshire disagreed and set out his reasons. The board tried to remain neutral and requested that 'more cordial relations' were needed between Willshire and Cooper.¹⁴¹

Possibly to atone for her earlier criticism of Cooper, four months later, the matron expressed appreciation of his services. Elizabeth Dovey was severely deformed and therefore experienced a difficult labour and an instrumental delivery. The matron attributed the safety of mother and child to Cooper's professional skills and to the 'great attention' he paid to Dovey.¹⁴² In July 1844, Cooper attended Hannah Green over a 24-hour period, with only short periods of absence. Green's labour was protracted and difficult, and a dead infant was delivered by instruments.¹⁴³ Cooper's attention to Hannah Green, and the master's recording of his care, indicate a continued desire to establish normal working relationships. In June 1845, Cooper

¹³⁸ WALs, MJWU, PU/WOL/U2, 7 July 1843.

¹³⁹ WALs, Wolverhampton Union Board Minutes (WUBM), PU-WOL/A/4, 14 July 1843.

¹⁴⁰ *Ibid.*

¹⁴¹ *Ibid.*

¹⁴² WALs, MJWU, PU/WOL/U1, 4 Nov. 1843, Cooper's conduct in this case may have been promoted by his desire to compensate for the lack of attention paid to Porter some months previously. It appears that both mother and child survived.

¹⁴³ WALs, MJWU, PU/WOL/U1, 13 July 1844.

attended Ann Kent ‘from 5 in the morning until noon’ during her difficult labour, which required an instrumental delivery.¹⁴⁴ Workhouse officers needed to work together, and the details of Ann Kent’s delivery again emphasise both the time Cooper devoted to her, and the master’s wish to acknowledge this. From July 1844 to June 1845, Cooper attended 36 deliveries in the house and the absence of any reference to midwives suggests that Cooper or the nurses were attending the deliveries.¹⁴⁵ Cooper received fees of £1 for just three cases and 10s. for the remainder, indicating that most of the deliveries he attended were considered straightforward.

During the 32 months covered in the journal, there are indications that the standard of care, or the behaviour of the nurses, was not acceptable. In June 1842, the medical officer asked the master to report a complaint regarding the nurse’s conduct, though no further details are entered.¹⁴⁶ In September 1843, a nurse was dismissed for beating a child.¹⁴⁷ In May 1845, the nurse was accused of behaving with gross indecency in the lying-in ward ‘on more than one occasion’; her resignation was not accepted and she was dismissed.¹⁴⁸ By 1867, the *Lancet* commission found the lying-in ward ‘a cheerful room’, with flowers in the windows.¹⁴⁹ Edward Smith’s report of 1868 states that the workhouse had a nurse who acted as the midwife, while the

¹⁴⁴ WALs, MJWU, PU/WOL/U1, 7 June 1845.

¹⁴⁵ WALs, WUBM, PU-WOL/A/4, Cooper received fees of £1 for three cases, and 10s. for the rest. April 1844-Jan. 1846.

¹⁴⁶ WALs, MJWU, PU/WOL/U1, 18 June 1842.

¹⁴⁷ *Ibid.*, 9 Sept. 1843.

¹⁴⁸ WALs, MJWU, PU/WOL/U1, 3 May 1845; WALs, WUBM, PU-WOL/A/4, 3 May 1845.

¹⁴⁹ ‘Lancet Sanitary Commission, Wolverhampton Workhouse’, *Lancet*, 90 (2 Nov. 1867), pp. 555-56. The reasonably favourable report of the lying-in ward contrasts with the commissioners’ view of the rest of the workhouse; ward 95 was described as ‘gloomy’ and not at all suited to care of the sick. The mention of a four-bed ward seems at odds with Dr E. Smith’s 1868 review which stated Wolverhampton workhouse had 10 beds in a single ward; HCPP, Report of Dr E. Smith, p. 153.

commission of the previous year stated that the medical officer's salary of £200 per annum included attendance on every case, including midwifery.¹⁵⁰

Accounts of maternity care in Wolverhampton workhouse in the 1840s reveal that deficits in women's care were recognised by the master and matron, and acknowledged by the guardians. The master's criticism of the medical officer's lack of care in one case seemed to prompt a change in his behaviour, and the master recorded the great attention paid by the medical officer in subsequent deliveries. Accounts in the journal, the minutes covering the same period and the commission in 1867 all point to an absence of midwives at Wolverhampton workhouse over the period 1843-1867.

Midwifery in Birmingham workhouse 1815 - 1880

Changing patterns in the use of recognised midwives, as well as paid and pauper nurses in lying-in wards are evident in Birmingham. These developments were not in the anticipated direction however, for, while a midwife was employed at the end of the eighteenth-century, by 1843, women were attended by a pauper nurse. Mrs Rooker was the workhouse midwife at least from 1815 to 1819.¹⁵¹ By 1843, however, there was no longer a paid midwife. None of the six paid nurses was allocated to the lying-in ward, but pauper nurse Elizabeth Higgs was paid £5 per annum to work in the ward.¹⁵² By 1850, Ann Rogers was appointed on £15 a year as a nurse for the lying-in

¹⁵⁰ In 1867, the Lancet Commission were 'dismayed' that the union continued to use pauper nurses, 'Lancet Sanitary Commission, Wolverhampton Workhouse', *Lancet*, 90 (2 Nov. 1867), pp. 555-56.

¹⁵¹ WCAR, BGD, MS1759/1/1/1, 19 May 1819, Rooker was also an assistant midwife at Birmingham dispensary.

¹⁵² HCPP, Appendices A to D to the ninth annual report for the poor law commissioners, 1843 [491]. Birmingham workhouse, pp. 139-40, Coventry workhouse, p. 154, 210. Supplementary report dated 14 Feb. Three of the paid nurses at Birmingham received £10 annum, and three, £8.

ward 'to act as a midwife'.¹⁵³ By 1866, nurse Anne La Touche had three pauper assistants to help her care for the 14 women and 10 children in the ward.¹⁵⁴ Edward Smith's review of 1868 stated the workhouse births had doubled over seven years and, consequently, there was 'great mortality' in the infants. This was attributed to the parents' poor health, though the figures were not specified.

A day census in 1870 revealed 19 women in Warwickshire workhouses because of 'confinement', 10 of whom were in Birmingham workhouse; there were also 36 outdoor maternity cases in the county.¹⁵⁵ In the 1881 Local Government Board decennial enumeration of workhouse births, returns for Warwickshire were skewed by Birmingham, which, with 602 adult beds and 310 infirmary beds, was the largest workhouse in the county.¹⁵⁶ An indication of the number of women delivered in Birmingham workhouse can be gained from a statistical statement which recorded weekly admissions and discharges from the start of 1878 to 23 October 1880.¹⁵⁷ Women were rarely confined in the workhouse, and maternity cases formed only a small proportion of indoor cases. Total births in the workhouse were 139 in 1878, and 170 in 1879. In 1880, there were 114 births from January to the end of October, indicating an annual total of approximately 174 births. On average, there were just under three (2.7) births a week in 1878 and 1880, and just over 3 a week in 1879. Total workhouse admissions for the same years were 5,165, 5,903 and 6,138 (43

¹⁵³ WCAR, BUMB, GP/B/2/1/7, 12 February 1850, 19 March 1850.

¹⁵⁴ WCAR, BUMB, GP/B/2/1/8, 23 March 1866. By this date the workhouse had moved to purpose-built premises, opened in 1852. There was accommodation for 602 adults, 602 children, 310 infirmary patients and 80 tramps, Hearn, *Dudley Road*, p. 91. Nurse La Touche was paid £20 per annum, HCPP, Report of Dr E. Smith, p. 50.

¹⁵⁵ HCPP, 'Return of numbers of paupers on district and workhouse medical officers' relief-books in England and Wales, 1869-70. Paper No. 468, pp. 207, 255; The figures for Worcestershire were 13 indoor and 90 outdoor cases of midwifery, pp. 209, 255.

¹⁵⁶ HCPP, 'Eleventh Annual Report of the Local Government Board 1881-1882', Appendix B, No. 35 Statistics of childbirth in union workhouses, pp. 159-63.

http://gateway.proquest.com/openurl?url_ver=Z39.88-2004&res_dat=xri:hcpp&rft_dat=xri:hcpp:rec:1882-058255 accessed 27 Feb. 2012.

¹⁵⁷ WCAR, Birmingham Workhouse Statistical statement (BWSS), GP/B/5/1/1.

weeks data only), respectively. Clearly, maternity care was not a major component of the union's work. During the three years from 1878 to 1880, paupers in the house formed between 19% to 36% of all recipients of relief.¹⁵⁸ If outdoor relief for confinements was given in the same proportion as all relief, the figures indicate that, for every workhouse birth, between two to four women may have received outdoor relief during their confinement.

Midwifery in Coventry union, 1859-1881

Admissions data for Coventry workhouse are available for 12 of the 22 years between 1859 and 1881.¹⁵⁹ These can be compared with the deliveries of Mary Eaves, a Coventry midwife who worked for private clients, the poor law and lying-in charities.¹⁶⁰ On average, just under 3% of workhouse admissions were due to pregnancy (149, or 2.6%, of the 5,537 admissions over the 12 years for which there is data). The highest number of admissions due to pregnancy was 18 in both 1868 and 1869 (Table 5.4), but it was an insignificant cause of admission when compared to destitution, under-employment and chronic ill health.¹⁶¹ Mary Eaves practised from 1847 to 1875, and comparison of her deliveries with those in the workhouse reveals that, for the years which can be compared, she attended over twelve times as many women as were delivered in the institution.¹⁶² Furthermore, Eaves's poor law

¹⁵⁸ WCAR, Statistical statement, Birmingham Workhouse, GP/B/5/1/1.

¹⁵⁹ Admissions data are recorded for the years 1859-62, 1866-69 and 1878-81.

¹⁶⁰ See Chapter 6.

¹⁶¹ As noted earlier, an admission for pregnancy did not necessarily mean that women were confined in the workhouse. Women sometimes left before their confinement, including a number who claimed to be in labour, possibly in order to gain admission. Consequently, the number of workhouse births may be lower than the number admitted due to pregnancy. R. Hall, 'Distressed weavers, deserted wives and fever cases: an analysis of admissions to Coventry workhouse, 1859-81', *Warwickshire History*, 13 (2007), pp. 226-39.

¹⁶² Coventry also had a dispensary supported by charitable subscriptions and a provident dispensary which provided medical assistance, covered by a subscription of 1d. a week, with childbirth attendance

deliveries alone appear to be on a par with the workhouse. In 1860, Eaves attended 21 women who were supported by 'union' tickets; in the same year, 15 women were admitted to the workhouse because of pregnancy. Similarly, in 1862, the figures were 18 and nine, respectively. From 1859 to 1862 inclusive, there were 54 admissions due to pregnancy. In the same period, Eaves delivered 56 women supported by the union and 862 women in total.¹⁶³ In terms of the number of women delivered Coventry workhouse constituted a limited proportion of the overall provision,

if additional payment was made, W. B. Stephens, *A history of the County of Warwick: Volume 8 - The city of Coventry and Borough of Warwick* [Victoria county histories], <http://www.british-history.ac.uk/source.aspx?pubid=49>, accessed 15 June 2010.

¹⁶³ As indicated by a 'union' ticket or 'parish order' recorded in the register, see Chapter 6.

Table 5.4: Coventry - workhouse admissions due to pregnancy, and outdoor deliveries by a midwife, 1859-1881

Year	Coventry Workhouse		Coventry midwife	
	A Total admissions (households) n	B Admissions due to pregnancy n (%)	C All deliveries	D Union / Parish orders n
1859	227	17 (6)	228	7
1860	515	15 (3)	235	21
1861	607	13 (2)	205	10
1862	626	9 (1)	194	18
1863			238	14
1864			210	11
1865			148	11
1866	420	15 (4)	164	7
1867	483	11 (2)	136	2 *
1868	470	18 (4)		
1869	385	18 (5)		
1870 - 1877 No surviving workhouse records				
1878	338	13 (4)		
1879	458	4 (1)		
1880	500	6 (1)		
1881	508	10 (2)		
Total	5,537	149 (3)	1,758	102

Empty cells = no data. * the last ticket was dated 2 March 1867.

Sources: Columns A & B: R. Hall, 'Distressed weavers, deserted wives and fever cases: an analysis of admissions to Coventry workhouse, 1859-81', *Warwickshire History*, 13 (2007), pp. 226-39. Columns C & D: analysis of the registers of Mary Eaves (Chapter 6).

Conclusion

The contribution of workhouses in the Birmingham area to maternity care was small scale, but they merit consideration because they provided for single and deserted women. In 1867, only two of the eight midland workhouses surveyed engaged midwives, with the remainder relying on paid or pauper nurses. Unions' decisions to use paid or pauper nurses in the house may have been influenced by revised arrangements for medical officer contracts, introduced in 1842 and in 1847. Unions may have considered that, as arrangements for midwifery were included in medical

officers' contracts, it was not necessary to engage midwives. In practice though, medical officers' attendance at normal deliveries in the house was variable. However, the medical officer at Wolverhampton workhouse attended mainly normal deliveries for the year surveyed. While this analysis has explored midwifery in the workhouse, it has been unable to say much about the roles of midwives.

Earlier studies, in other locations or using different sources, have focused on the place of midwives and medical officers, rarely touching on the contribution of paid and pauper nurses. This analysis indicates that in the Birmingham area at least, the roles of these other birth attendants merit consideration.¹⁶⁴ Possibly, in Bedford's and Negrine's studies attendance by paid and pauper nurses did not generate the same amount of poor law correspondence as did that relating to medical officers and midwives. Alternatively, the differences reflect the earlier time scale of this study.¹⁶⁵ There is little evidence of guardians identifying any specific skills for nursing or midwifery, other than the requirement to be 'kind and attentive', instead relying on women's 'innate' caring skills. The level of midwifery skills possessed by paid or pauper nurses was likely to be variable, and one workhouse master voiced his concerns about the continued use of pauper nurses in lying-in wards, although the arrangement persisted for many decades. Nurse Jane Welch in Aston felt that the care of a woman in childbirth should be prioritised over administering medications, but she was dismissed for her decision, largely at the instigation of the medical officer.

For outdoor confinements, Aston and Coventry unions engaged recognised midwives. These arrangements resulted in women having access to the same midwife whether they were poor law cases, paid the fee themselves, or sought support from a

¹⁶⁴ Bedford, 'Who should deliver'.

¹⁶⁵ Negrine, 'Medicine and Poverty' pp. 85-90.

lying-in charity. The term ‘poor law midwife’ with its somewhat negative associations merits further consideration, for midwives engaged for outdoor confinements, as well as those who delivered women in workhouses, were working for a range of clients, with poor law work as one component.¹⁶⁶

Finally, this analysis has been able to reveal something of the situations of women who gave birth in the workhouses of Birmingham and its environs. Although the sample is biased because they were women who were admitted without an order and from one location, they offer intriguing glimpses of women’s perceptions of the workhouse. Some women feigned labour to gain admission, while others saw it as a place of refuge from violent husbands. Along with evidence of pauper agency, these examples add weight to calls for further interpretations of health care in the workhouse.¹⁶⁷ Poor law midwifery, as experienced in the workhouse, did not necessarily involve women who claimed to be midwives, but was an important element of the care of parturient women, who were deemed to have low moral status and denied charitable support. To provide a more rounded picture out-door midwifery provision should be considered.¹⁶⁸ Unfortunately, surviving poor law records enable a greater depth of analysis regarding indoor midwifery provision, than outdoor, which far outweighs it in terms of scale.¹⁶⁹ Chapter 6 will consider the practice of a Coventry midwife who worked for a range of clients, including the poor law.

¹⁶⁶ Smith gives a damning account of poor law midwives, but there are inherent biases in his sources which are drawn largely from coroners’ inquests, Smith, *People’s Health*, pp. 47-55.

¹⁶⁷ King, ‘Poverty, medicine’.

¹⁶⁸ J. Reinartz and A. Ritch, ‘Exploring medical care in the nineteenth-century provincial workhouse: a view from Birmingham’, in J. Reinartz and L. Schwarz, eds., *Medicine and the Workhouse* (Woodbridge, 2013).

¹⁶⁹ Negrine, ‘Medicine and Poverty’, p. 5.

CHAPTER 6: A COVENTRY MIDWIFE'S PRACTICE 1847-1875¹

Mary Eaves practised as a midwife in Coventry, Warwickshire in the second half of the nineteenth century. Her registers contain 5,029 entries and cover a 28-year period from 29 July 1847 to 17 October 1875. When considered alongside the limited primary sources discovered to date, and which emanate from major centres, each with its very different structure of health care provision, the analysis of these registers of a provincial midwife have the potential to cast new light on our understanding of female midwifery and the wider context of working-class women's occupations in the nineteenth century. Primary sources relating to the practice of 'ordinary' female midwives in the provinces are extremely rare. Consequently, evidence of the nature and extent of female domiciliary midwifery practice in the nineteenth century is limited.² In relation to caseloads, the estimation made by the registrar general in 1878, that one case a week was 'a fair average', though urban midwives, 'in full practice', might attend 100 cases a year, can be adopted as a reference point.³ Primary sources for nineteenth-century midwifery practice are largely limited to sources from London- or Edinburgh-based midwives and lying-in charities.⁴ While these are valuable accounts,

¹ A version of this chapter is in press: F. J. Badger 'Illuminating nineteenth-century English urban midwifery: The register of a Coventry midwife', *Women's History Review*, 24, 4 (2014).

² A. Summers, 'The Mysterious Demise of Sarah Gamp: The Domiciliary Nurse and her Detractors, C. 1830-1860', *Victorian Studies*, 32 (1989), pp. 365-89.

³ I. Loudon, *Death in Childbirth* (London, 1992), p.177, fn. 17. Farr's estimates remained valid for many decades, in 1915, Dr J. Lane-Clayton, medical officer of the Local Government Board, estimated that urban midwives could undertake 150 cases a year, and for rural areas, 40 to 50 cases was typical. HCPP, '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. Cd.8085, pp. 87-89. http://gateway.proquest.com/openurl?url_ver=Z39.88-2004&res_dat=xri:hcpp&rft_dat=xri:hcpp:rec:1914-019380, accessed 18 May 2012.

⁴ S. A. Seligman, 'The Royal Maternity Charity; The first hundred years', *Medical History*, 24 (1980), pp. 403-18. A. Nuttall, 'A preliminary survey of midwifery training in Edinburgh, 1844 to 1870', *International History*

generalisations from elite centres to provincial midwifery should be treated with caution, for they attracted medical men eager to progress their careers by establishing charities and teaching facilities. As such, midwifery in these centres was somewhat atypical when compared to the rest of the country.⁵

Following a description of the registers and the process of analysis, Eaves's midwifery practise is detailed, including the development of her practice, evidence of repeat custom from local women, and consideration of the evidence of her maternal mortality rate. Variations in Eaves's annual caseload are discussed in the context of Coventry's economic circumstances, and the potential contribution of Eaves's midwifery income to the family unit are considered. In the final section, the contribution which this analysis makes to current conceptualisations of nineteenth-century urban midwifery practice in the provinces is discussed. The registers appear to cover a considerable portion, if not the whole, of Eaves's midwifery practice. Once established as a midwife, Eaves regularly delivered over 200 women a year, with a peak of 286 deliveries in 1857. Alongside census data and Eaves's death certificate, the registers confirm that, in the second half of the nineteenth century, even substantial female occupations were unrecorded in official documents.⁶ Simultaneously, the evidence of Eaves's practice challenges notions that midwives of the period were untrained, unskilled practitioners who

of Nursing Journal, 4 (1998), pp. 4-14; B. E. Mortimer, 'Bethune, Margaret (1820-1887)' *Oxford Dictionary of National Biography*, Oxford University Press, 2004, <http://www.oxforddnb.com/view/article/61632>, accessed 9 June 2009.

⁵ J. Lane, *A Social History of Medicine* (London: 2001), p. 125.

⁶ L. Davidoff and C. Hall, *Family Fortunes* (London, 2002), p. 273.

did not enjoy the confidence of local medical men.⁷ Evidence of repeat custom from local women, which, until at least 1867, was sometimes supported by a ticket from the poor law union, or one of the city's two lying-in charities, suggests that Eaves was a well-known midwife in her locality, trusted by poor labouring women, the poor law guardians, and elite subscribers alike.

When Eaves commenced practice, midwives were the mainstay of the city's maternity care. The voluntary hospital did not provide a service, and annual midwifery cases at the self-supporting dispensary ranged from just 50 in 1847, to 25 in 1856.⁸ Eaves's occupation as silk winder in 1861, and weaver in 1871, indicates her contribution to the family's silk manufacturing activity. Given the fluctuating wages from silk weaving, midwifery might be seen as an attractive occupation, for the income might be more resilient in the face of depressions in other trades. As both silk weaving and midwifery were home based, the two occupations could be combined.⁹ In 2000, photocopies of the original register were transcribed.¹⁰ The resulting database recorded entries in alphabetical order of women's surname. For this analysis, the database was manipulated, returning the entries to their original, chronological order.¹¹ This new file was checked against the originals for accuracy.¹²

⁷ J. H. Aveling, *English Midwives their History and Prospects* (London, 1967), reprint of the 1872 edition, pp. preface, 155-56.

⁸ C. H. Bracebridge, 'Notes on Self-Supporting Dispensaries, with Some Statistics of the Coventry Provident Dispensary', *Journal of the Statistical Society of London*, 21, 4 (1858), pp. 460-63, the basic subscription was 1d. a week with an extra fee for childbirth attendance by a surgeon.

⁹ In the first half of the nineteenth century, working-class women was typically home based, either in manufacturing, or domestic work, K. Gleadle, *British Women in the Nineteenth Century* (Basingstoke, 2001), p. 9.

¹⁰ B. Wishart, *The Midwife's Register. Mary Eaves, Midwife of Spon End, Coventry 1847-75* (Coventry, 2000).

¹¹ The date order resulting from this exercise did not always reflect the order of entries in the original registers. A few entries in the original register were inserted at the end of a month. It is not certain that all entries refer to a delivery. For example, if women were visited just a few days, or a few months apart. For ease of discussion though, all entries are referred to as deliveries, unless indicated otherwise. The evidence for antenatal and post natal visits is discussed later.

Only a very few additional entries were added, or dates corrected, also a small number of changes in the spelling of names.¹³ The 2000 database did not record tickets where the name of the donor was absent; 26 tickets of this type were found and added to the new database.

A sworn midwife

Preceding the first name in volume one is a note stating '1847 List of names to Mrs Eaves', indicating that cases were handed over or formally allocated to Eaves, possibly from another midwife, from one of the lying-in charities or the poor law union. Almost two years later, during which period 15 entries had been made in the register, another note between entries states 'Mary Eaves sworn midwife July 3rd 1849.' Until the eighteenth century, midwives could apply to church courts for a bishop's licence to practice. Applications could only be made by competent midwives, for they had to have written testimony from women they had delivered.¹⁴ However, the ecclesiastical system for the licensing of midwives was waning by the middle of the eighteenth century and it seems unlikely that it was still in operation in Coventry in 1849.¹⁵ Consequently, the exact nature of Eaves's swearing-in is uncertain.

¹² A few dates and names were corrected and some duplicate entries removed. Women known by two surnames were entered twice by Wishart, once under each name, but represent one entry in Eaves's register.

¹³ Wishart worked from the register photocopies. In volume PA63/2, 32 dates, adjacent to the binding were not clear. For this research, access was granted to the original registers to verify details.

¹⁴ Once approved, midwives paid a fee and swore the oath, hence the term 'sworn midwife'. T. R. Forbes 'The Regulation of English Midwives in the Eighteenth and Nineteenth Centuries', *Medical History*, 15 (1971), pp. 352-62.

¹⁵ The last midwife's licence granted in Whitby was in 1720, and the most recent licence held by Worcester County Record Office (WCRO) is dated 11 June 1749: J. Donnison, 'Sworn midwife: Mistress Katharine Manley of Whitby, her work and world', *midris Midwifery Digest*, 3 (2007), pp. 25-34.; Calendar of licences of surgeons and midwives c.1670-1706, ref. 778.7441 (WCRO). The system for licensing midwives had largely disappeared by the last quarter of the eighteenth century and the last midwife's licence appears to have been granted in Peterborough in 1818, J. Donnison, *Midwives and Medical Men* (London, 1988), p. 35. From 1836 to 1916, Coventry was in the Diocese of Worcester. Two records covering the relevant period were searched for evidence of a Bishop's licence for Eaves: The Act Book of Bishop Pepys for 1841-1878, (Worcester Record Office (WRO), 716.011/2657; Subscription Book for the Diocese of Worcester 1839-1850, WRO 716.051/2697/3; In both documents, the only licences were issued to Anglican clergy.

Possibly some vestige of the ecclesiastical licensing system remained, but it may indicate that midwives in the city were approved either by one of the charities or the poor law. Alternatively, a guild-type system may have been operated by midwives themselves and probably required formal recognition and ‘swearing in’ as a means of acknowledging their competence. Whatever swearing-in system operated, this late date indicates that some midwives in the provinces were proud of their occupation and sought formal, or informal, recognition.

The provenance of the register

In total, there are three surviving volumes covering the years 1847 to 1875.¹⁶ The first register, for the period from 29 July 1847 until 10 October 1866, appears to have been used initially for another purpose.¹⁷ The handwriting appears to be the same throughout and it is uncertain whether or not entries were written by Eaves herself, though as a ‘sworn midwife’, she may have been responsible for ensuring that they were maintained.¹⁸ The neatness of the registers, the consistency in the handwriting style and the density of the ink all indicate that they are a top copy, written up from contemporaneous notes. Donnison believes that Katharine Manley, a midwife in Whitby from 1720-1764, made up her diary every three months.¹⁹ In common with Manley’s diary, Eaves’s cases are sometimes entered in the wrong

¹⁶ Coventry History Centre (CHC), The Midwives (*sic*) Register, PA63/1-3 are the three volumes. Item PA63/4, described in the catalogue as ‘Names and addresses of five deliveries and note of total of 206 deliveries attended by Mrs Eaves in a year’ is missing. However, there are no substantive gaps in the entries in PA63/1-3 when Eaves was not practising. The missing volume may have additional details of deliveries already recorded in PA63/1-3.

¹⁷ Entries including names of sherry’s are interspersed throughout the first volume, in a different hand and there is an alphabetical list of names. The second register has names and addresses of residents of Coventry, Birmingham and London on the front and back pages, alongside a recipe for a remedy for ‘pain of bowels’.

¹⁸ Both Eaves and her husband signed their marriage certificate with a cross, Wishart, *Midwife’s Register*, p. 1.

¹⁹ Donnison, ‘Sworn midwife’, pp. 25-34.

order and there are a small number of what appear to be duplicate entries.²⁰ Over a 17-year period from 1850, Eaves recorded when her attendance was supported by a lying-in charity, or the poor law, suggesting that at one level, the registers were a means of recording and monitoring the payment of fees.

As a sworn midwife, there may have been a commitment to maintain a record of practise. Eaves may also have maintained the register for her own interest, as evidence of her practise, and to demonstrate to potential patrons and female clients that she possessed a wealth of experience and was recognised as a midwife by her neighbours and the local community. The presence of tally marks, accurate totals at intervals and annual totals in the back of the first register (PA 63/1) indicate that Eaves monitored her caseload.²¹ Midwives who trained at the Edinburgh Royal Maternity Hospital in the nineteenth century were encouraged to keep records of their practice during training, and some continued to keep casebooks of their domiciliary practise once qualified.²² Possibly, Eaves's registers are not unique, but their survival certainly is.²³ The relative infancy of research into female midwifery raises the possibility that similar registers exist in private hands, or in local archive collections, but have yet to be discovered by historians.²⁴ Mortimer identifies a number of

²⁰ A duplicate entry is one in which all the details are exactly the same as an earlier entry.

²¹ On 13 December 1865, '136' is written in the margin; the annual total to date.

²² Nuttall, 'Preliminary survey', pp. 4-13; Mortimer, 'Bethune'.

²³ In 1875, another Coventry midwife, Elizabeth Ingram, was questioned at a coroner's inquest about the number of women she had delivered. Ingram stated that she had delivered a great many cases, but was unable to give an accurate figure 'unless she was at home', indicating that, like Eaves, she kept a register, 'Sad case of a woman in Albion St', *The Coventry Times*, 13 Jan. 1875, p. 8.

²⁴ The transcribed version of Eaves's register was published in 2000, yet until this current research, had not been identified as a potentially rich source by academic historians. Donnison's analysis of Katharine Manley's diary was published in 2007 in a midwifery journal, and does not appear when historical abstracts are searched, Donnison, 'Sworn midwife,' pp. 25-34; Tomkins's 2010 paper has drawn attention to the registers of Frances Johnson (1783-1816); A. Tomkins, 'Demography and the midwives: deliveries and their denouements in north Shropshire, 1781-1803', *Continuity and Change*, 25, 2 (2010), pp. 199-232.

reasons, other than the requirements of a training institution, why midwives might maintain a register. Reasons include ‘the value of a conscientiously completed register as a learning tool and the importance attached to recording birth and register maintenance as a demonstration of appropriate and responsible professional behaviour’.²⁵ This function of midwives’ registers as personal records of achievement has been acknowledged elsewhere.²⁶ While an accurate register may be considered a hallmark of a professional midwife, levels of female literacy in the nineteenth century may have limited the numbers who were able to achieve this.

A developing midwifery practice

In 1841, Mary Eaves was living with her husband, Charles, a weaver, on the south side of Spon End in St John’s Parish, Radford. The couple had six children, aged between 15 and a year old. No occupation is given for Mary Eaves, and although her age was given as 30, she was in fact 35 years of age.²⁷ In the 1841 census, Eaves’s immediate neighbour is Elizabeth Roberts, a married woman of 55, whose occupation is recorded as midwife.²⁸ Having a neighbour who ensured that her midwifery occupation was recorded in the 1841 census, and who might have attended Eaves in childbirth, may have had a bearing upon Eaves’s decision to pursue the same occupation. By the date of her swearing-in in 1849, Eaves was 43 years old and had experienced at least eight labours. In terms of her sex, age and gravid status, she fulfilled the usual criteria for operating as a midwife, for they were typically mature women,

²⁵ B. E. Mortimer, ‘The Nurse in Edinburgh c.1760-1860: the Impact of Commerce and Professionalism’. (Unpublished PhD thesis, University of Edinburgh, 2002). p. 185.

²⁶ Tomkins, ‘Demography’, pp. 199-232.

²⁷ Mary Eaves, 1841 Census, HO107, Piece 1152, Book 12, p. 14. In the 1841 census, ages of persons over 15 were reduced to the nearest multiple of 5.

²⁸ Elizabeth Roberts, 1841 Census, HO107, Piece 1152, Book 12, p. 14.

usually married or widowed, who had given birth.²⁹ Marland has summarised the characteristics of midwives of the early modern period (1400-1800) across Europe:

most were mature woman, married or widowed, who started to practice when they had grown-up families, most were trained by some form of apprenticeship, formal or informal, most were of middling status, the wives of artisans, craftsmen, tradesmen or farmers, for whom the practice of midwifery, though not necessarily vital for the family income, was a useful addition.³⁰

By 1851, Eaves had two more surviving children, and five of her children were living at home.³¹ Her occupation is recorded as 'Mid-Wife' and she had attended at least 281 women. Mary's neighbour, midwife Roberts, died on 8 March 1851, aged 66.³² Roberts's failing health and subsequent death may have resulted in a shortage of midwives in Spon. Furthermore, it is possible that Eaves had been working alongside Roberts for a period before Roberts's death, delivering women who, in previous confinements, may have been attended by Roberts. That Eaves ensured her occupation was recorded as a midwife in the 1851 census, but not the two subsequent ones in 1861 and 1871, may have been one means of her establishing her availability for, or ownership of, deliveries in the Spon area.³³ Although the enumerators' individual records were not for public consumption, Eaves may have regarded it as important to demonstrate to census officials that she was a sworn and experienced midwife.

²⁹ Donnison, 'Sworn midwife' pp. 25-34.

³⁰ H. Marland, *The Art of Midwifery: Early Modern Midwives in Europe* (London, 1993) p. 4.

³¹ Mary Eaves, 1851 Census, HO107, Piece 2067, Folio 651, p. 10. Census conducted 30 March 1851.

³² Death certificate of Elizabeth Roberts, 8 March 1851.

³³ In the 1861 census, Eaves's occupation is 'silk winder', yet she had attended 235 women in 1860, and 205 women in 1861, including two deliveries on census day. In the 1871 census, Eaves's occupation is 'weaver', though in 1870 she attended 121 women and 131 in 1871, including one on census day. Mary Eaves, 1861 Census, RG9, Piece 2203, Folio 113, p. 11; Mary Eaves 1871 Census, RG10, Piece 3177, Folio 43, p. 8. Higgs discussed the classification of women's work in the censuses of 1851 to 1881, and considered whether or not the work of women at home was a recordable occupation within the definitions provided for enumerators. A specific instruction was issued to enumerators that 'the occupations of women who are regularly employed from home, or at home, in any but domestic duties [are] to be distinctly recorded', E. Higgs, *Making Sense of the Census Revisited* (London, 2005), pp. 101-2. Eaves's occupation in 1861 and 1871 indicates that her midwifery practice may have been interpreted as a domestic role by the enumerator.

Roberts's death certificate indicates that she had been in poor health during her last year of life, and the almost three-fold increase in the number of women attended by Eaves, from 83 in 1850, to 222 in 1851, may be related to Roberts limiting her practise from at least the early months of 1850 due to failing health. The notion that Eaves may have worked alongside Roberts, gaining experience and credibility in the locality, is supported by Evenden's evidence of apprenticeships among London midwives in the seventeenth century.³⁴ Similarly, Donnison established that Katharine Manley of Whitby, who practised from 1720 until 1764, was apprenticed for several years to sworn midwife Elizabeth Green before gaining her own midwife's licence.³⁵

Most entries in the register record the date of birth, the woman's surname, address and, in the 23% of cases where the use of a ticket was recorded, the name of the donor. In this respect, Eaves's register differs from obstetric record books kept by men-midwives which appear to function as account books as well as clinical records, recording the fees due and whether payment had been made.³⁶ In total, there are 5,029 entries, though not all entries may refer to confinements. In thirteen entries, the woman's name is not recorded, though the date and address are, and one woman is referred to as a 'soldier wife'.³⁷ A proportion of these un-

³⁴ D. Evenden, *The Midwives of Seventeenth-Century London* (Cambridge, 2000), pp. 59-61, Evenden identifies matrilineal instructive relationships, but one could speculate that similar relationships might exist between female acquaintances, especially if the age gap reflected that of a mother and daughter, Eaves was approximately 21 years younger than Roberts. Evenden notes that there are few documented examples of these relationships.

³⁵ Donnison, 'Sworn midwife', pp. 25-34.

³⁶ A. Tomkins, 'The registers of a provincial man-midwife, Thomas Higgins of Wem, 1781-1803', *Shropshire Record Series*, 4 (2000), pp. 65-135; Analysis of: *Register of Obstetric Account at Tewkesbury from 26 March 183*, UBCRL, MSS 30.

³⁷ CHC, Midwife's Register, PA63/1, 7 Jan. 1859.

named women may have been visitors, for in four cases the address takes the form 'at (address)', indicating that they were not local.³⁸

Women's titles, but very rarely their first names, are recorded from the start of the register until 8 February 1852. From this date until 20 November 1857, neither first names nor titles are recorded. From 21 November 1857 until 8 July 1858, women's first names, but not their titles, are noted in 26 of the 136 entries (19%). From 13 July 1858, to the last entry on 17 October 1875, in almost all cases the woman's title or first name is recorded. Until 1856, women's addresses consist of just street names, or the area. After this date, street or court numbers are increasingly recorded, facilitating firmer identification of Eaves's clientele. Eaves did not record the sex of the infants she delivered, but she did record the delivery of 34 sets of twins. The unassisted birth rate for twins is 1 in 83.³⁹ Eaves's rate seems low, at 1 in 147 deliveries (34 in 5,029 deliveries). In 33 of the 34 twin deliveries, one date is recorded. In the case of Katherine Monk, whom Eaves delivered in 1858, the date is given as '14/15th November', indicating the infants arrived either side of midnight, providing another example of Eaves's attention to detail in the register.

Additional information alongside a proportion of entries includes 'First' (35 entries); 'registered', or 'regt' (19 entries); 'settled' (7 entries); and 'paid' (7 entries). In only one case is a fee recorded: 'paid 7-6' is noted against the entry for Haynes in Spon Street, on 24

³⁸ There is no name given for the woman delivered 'at Carvells , Spon St', on 27 Aug. 1856, and the woman delivered 'at Wales, 1st Hertford St' on 26 May 1864, is only recorded as 'Miss'.

³⁹ Loudon, *Death*, p. 21.

January 1856. As midwives' fees during the mid-nineteenth century were in the order of 2s. 6d. to 5s., 7s. 6d. represents a sizeable sum, but there is no other evidence to indicate whether this represents Eaves's usual fee.⁴⁰ Finally, some entries have the mark '+' alongside, the significance of which is unknown. Such marks may have been used by Eaves, for example, to indicate a particular aspect of the delivery, or the need for a second visit, but this cannot be verified.

The word 'dead' is recorded against 17 entries, and a further five entries have 'Dead child' or 'Child borne dead' by them.⁴¹ The first entry referring to a dead infant is dated 11 June 1874, and the remaining four entries are later, indicating that Eaves only started to adopt this description to refer to stillbirths in the last year of her practise. This alteration in Eaves's recording habits may have been brought about by the changes introduced by a new Registration Act in 1874. The act prohibited the burial of stillbirths without a certificate confirming they were stillborn, signed by either a doctor present at the birth, or by one who had examined the body. If there was no medical practitioner, a declaration could be made by a midwife 'or some other person qualified to give such information, stating that the child was not born alive'.⁴² Certification was introduced in an attempt to reduce the practice of infanticide. Eaves was obviously aware of the new legislation and changed her recording system accordingly, an action which adds further weight to the evidence that she regarded herself as a professional midwife, who maintained accurate records.

⁴⁰ In 1841, Aston union in Warwickshire paid a midwife 3s. 6d. for each case in the workhouse and 5s for cases in her district. By 1848, other district midwives were only paid 2s 6d per case; Aston union minute books, WCAR, Aston Union Minute Book, GP/AS/2/1/2, 23 March 1841; GP/AS/2/1/4, 11 Jan 1848.

⁴¹ An entry in December 1874 has 'did' in the same column. It is assumed that this should read 'died'.

⁴² R. Woods, 'Lying-in and laying-out: fetal health and the contribution of midwifery', *Bulletin of the History of Medicine*, 81 (2007), pp. 730-59.

The register entries in which the single word 'Dead' is recorded are not distributed evenly through the register. In the nine months between 25 February and 27 November 1851, 'dead' is noted six times. There is another death noted on 18 May 1852, and also on 22 May 1853. There is then a gap of 3 years and 3 months during which Eaves did not record any deaths. Four more deaths were noted between 21 August 1856 and 25 November 1857. After an interval of almost 6 years, when no deaths at all were recorded, the death of 'Morgen' was recorded on 12 October 1863. The final four deaths in the register occur within the space of less than five months, on 19 September 1874, December 1874 (exact date not recorded), 11 February 1875 and 2 March 1875. The only statement which can be made with confidence about the 17 entries against which 'Dead' is recorded, is that the last four entries, in 1874 and 1875, would seem to refer to maternal deaths because, by this date, Eaves was recording stillbirths as such in accordance with the new legislation.

It has been suggested that this distinction between the terms 'Dead' and 'Dead child' may indicate that the former refers to maternal deaths.⁴³ To confirm or refute this suggestion, birth and/or death certificates were requested relating to the delivery of Mrs Holmes on 25 February 1851 and Mrs Jackson on 27 November 1851. In neither case could a relevant birth or death certificate be identified for either a mother or infant. This may indicate that 'dead' alongside an early entry, namely before the change in the certification of stillbirths in 1874, means that the infant was stillborn, in which case neither a birth, nor a death, would have been registered.⁴⁴ Entries for Mrs Cole in Spon Bridge offer some support for this theory (Table

⁴³ Wishart, *Midwife's Register*, p. 1.

⁴⁴ Births and deaths have been registered in England and Wales since 1837, but stillbirths did not have to be registered until 1927, so although stillbirths cannot be identified through registrations until 1927, they could not be buried without a certificate after 1874. A. Reid, 'Neonatal mortality and stillbirths in early twentieth century Derbyshire, England', *Population Studies*, 55 (2001), pp. 213-32.

6.1). 'Dead' is noted against Mrs Cole's first delivery in July 1851, though it appears that Eaves attended Cole three more times in the following three years.

Table 6.1: Mrs Cole, 1851-54

Surname	Title	First name	Date	Address	Ticket	Comment
Cole	Mrs		24 July 1851	Spon Bridge		Dead
Cole			23 Sept. 1852	Spon Bridge		
Cole			15 May 1853	Spon Bridge		
Cole			17 April 1854	Spon Bridge		

Source: Analysis of Coventry midwife's register, 1847-75, CHC, PA63/1-3.

To conclude, it appears that there is some certainty that, from June 1874 onwards, the deaths of infants and mothers can be distinguished, but for the 13 earlier deaths, from 25 February 1851 to 12 October 1863, it is not possible to determine whether these are infant or maternal deaths. The maternal mortality rate among women delivered at home in the nineteenth century was about 50 per 10,000, indicating that among Eaves's 5,029 deliveries, approximately 25 maternal deaths might be anticipated.⁴⁵ Yet, in the whole of the register, there are only four certain maternal deaths and a further thirteen deaths, some of which may be stillbirths. The four later maternal deaths in 1874 and 1875 merit further investigation, for in February 1875, M. A. Fenton, the Medical Officer of Health for Coventry, wrote to the *British Medical Journal* concerning a recent epidemic of puerperal fever in the city in which the lying-in charities were implicated.⁴⁶

⁴⁵ Woods, 'Lying-in and laying-out', pp. 730-59.

⁴⁶ M. A. Fenton, 'Recent puerperal epidemic at Coventry', *British Medical Journal*, (13 Feb. 1875), p. 208. See Chapter 3.

There are limitations in applying the figure of 50 maternal deaths per 10,000 births to Eaves's practice. First, the figure covers all home deliveries, including those in which women delivered with no attendants, or with only the assistance of handy women, or midwives who attended confinements on a very occasional basis. On this basis, the incidence of maternal mortality among Eaves's clients might be expected to be lower, for she was clearly experienced. Second, it might be expected that Eaves would only record a maternal death if it occurred in the immediate post-natal period, or within days of the delivery, when she was still visiting. Considered together, these two factors could result in Eaves's register reflecting a lower maternal death rate than the figure of 50 maternal deaths per 10,000 births, and more in line with the rates of lying-in charities.⁴⁷

In 19 entries between 3 March 1851 and 30 September 1863, including two of those in which maternal or infant deaths were noted, the word 'Registered' or 'Regt' has been written. All but the last of these 'registered' entries are recorded in a 14-month period between May 1851 and July 1852. The last 'registered' entry was that of Mrs Collyer, who was delivered on 30 September 1863 at the Jetty on Ratford Street, Coventry. 'Registered' could indicate that Eaves herself registered the birth or death with the registrar. To try to establish the meaning of 'Registered', birth certificates of three of these entries were examined: Elizabeth Clarke's delivery on 25 July 1851; Elizabeth Arnold's on 8 February 1852; and Mrs Collyer on 30 September 1863. All three certificates confirmed the respective family name, address and dates of birth. The births of the Clarke and Collyer infants were registered by their mothers, and that of the Arnold infant by his father. Consequently, this leaves the meaning of the word

⁴⁷ Loudon, *Death*, p. 199.

'Registered' unresolved, as the birth certificates do not support the supposition that Eaves registered the births. Nonetheless, these three certificates, chosen at random, do attest to the accuracy of Eaves's registers in terms of dates, names and addresses.

The word 'First' is recorded in 35 entries. 'First' initially appears alongside the delivery of 'Copson' in Spon End on 2 March 1852, a delivery supported by a ticket from Mrs Rotherham.⁴⁸ The last delivery in which 'First' is recorded is that of Hannah Shakespeare in Albert Street on 3 August 1864. Eaves's attendance upon Shakespeare was also supported by a ticket, although a space for the name of a subscriber to be inserted before the word 'ticket' remains. In fact, all 35 entries in which 'First' is recorded were deliveries which were supported by tickets, suggesting that Eaves recorded the first occasion on which a woman was supported by one of the lying-in charities.⁴⁹

Four deliveries occurred at Eaves's home, 97 Spon Street: Mary Lucas was delivered on 19 March 1869 and a Mrs McGuiness was delivered on 20 March 1871, and again on 11 June 1874.⁵⁰ Frances McGuiness was Eaves's daughter, although Eaves did not record this fact in her register. Mary and Charles Eaves also had a daughter, Mary, born in approximately 1843, who may be the Mary Lucas who was delivered in 1869. Eaves also delivered another

⁴⁸ There were at least three Mrs Rotherham's among Coventry's elite at this time. Richard Kevitt Rotherham, senior, was a watch manufacturer and magistrate, and his two sons, who were both married, had followed him into the watch-manufacturing business, Wishart, *Midwife's Register*, p. 8, Chapter 3.

⁴⁹ Although the recording of 'First' may be linked to lying-in charity rules, the minutes of the Union lying-in charity make no reference to such a rule, and there are no surviving records of the Ladies Lying-in Charity, CHC, Coventry Lying-in Charity Minute Book, 1826-52, PA 2398/6/3/2/1. None of the 'first' tickets were issued by the poor law union.

⁵⁰ Eaves's address is confirmed in the 1861 and 1871 censuses and on her death certificate.

of her daughters, Ann Spicer, at her home in Bloomfield Place, Spon End.⁵¹ Eaves could have noted in her register that McGuiness, Spicer, and possibly Lucas, were her daughters, and that she was delivering her own grandchildren in her home, yet she chose not to. The fact that these deliveries are recorded no differently to any other entries is further evidence of the registers' function as professional and educational documents.

The fourth delivery at Eaves's home is the only delivery in the whole register in which there is any indication that medical assistance was called; this was the confinement of Miss Jane Morris on 11 May 1866, at 97 Spon Street. Alongside the entry is noted 'Friday Evening. 8 o'clock. Overton.' It is assumed that this is a reference to John Overton, M.R.C.S. of Bishop Street, Coventry, who is described in the 1851 census as a general practitioner. A number of features of this entry are intriguing, first, that Jane Morris, who is possibly unrelated to Eaves, was staying with her; second, Morris's infant was illegitimate and, finally, medical assistance was required. This may suggest that Eaves, who by this date had attended upwards of 3,600 women, had reason to suspect that Morris's confinement would not be straight-forward and allowed Morris to stay with her. Equally, Eaves may have been motivated by simple humanity to take Morris into her home for her confinement.⁵² Morris's unwed status could have been an additional factor in Eaves offering her refuge. Being unwed, Morris was excluded from lying-in charity relief, and the only option for any care during childbirth would have been the

⁵¹ Ann Spicer, of Bloomfield Place, Spon End is identified as Eaves's daughter on the latter's death certificate. Eaves attended women called Spicer in Spon End on seven occasions between 3 Sept. 1852 and 16 June 1869. The spread of dates indicate that all the entries refer to the same woman, CHC, Midwife's Register, PA63/1-3.

⁵² Jane Morris registered her daughter's birth on 18 May 1866 and gave no details of the father, Birth Certificate of Maud Jane Morris, Coventry, 11 May 1866. The only other reference in the register to a medical man, other than in the capacity of subscriber, was when Eaves delivered Thompson on 26 June 1857, and the address is 'Dr Nott Spon End'. A Coventry trade directory of 1850 lists George Knott, of Hertford St, as a surgeon. Hertford Street is in Spon, indicating that this may be the same person, *History, Gazetteer & Directory of Warwickshire* (Sheffield, 1850), p. 559.

workhouse. Morris's infant would have been labelled a 'parish child', with the attendant stigma associated with this term. Eaves's charitable act prevented this sequence of events.

The first register entry records Eaves's attendance upon Mrs Jones in George Yard, West Orchard on 29 July 1847, and the last entry records that Eaves attended Mrs Smart in Spon End on 25 October 1875. There is nothing further written in the register after this entry. Mrs Smart may have been Eaves's last patient, for Eaves died six weeks later on 11 December 1875 at her home in 97 Spon Street. Eaves's death was registered on the same day by her daughter, Ann Spicer. The cause of death is stated as 'Bronchitis 2 months' and her occupation is recorded as 'widow of Charles Eaves, ribbon weaver'.⁵³ A notice of Eaves's death was printed in the local weekly paper, the *Coventry Herald*, on 17 December 1875. Like her death certificate, this reported when Eaves died and her marital status, but her occupation was not mentioned.⁵⁴

Mary Eaves's caseload and location of work

Eaves's caseload increased dramatically in the early years of her practice. Between 1849 and 1851, her annual caseload rose from 17 to 222 (Figure 6.1). The first 10 years of Eaves's practice coincided with a period of increasing demand for silks and ribbons. It is possibly no coincidence that Eaves's highest annual caseload, 286 cases, was in 1857, the same year identified by Fox as 'the peak of the ribbon trade' in Coventry.⁵⁵ Between 1865 and 1871,

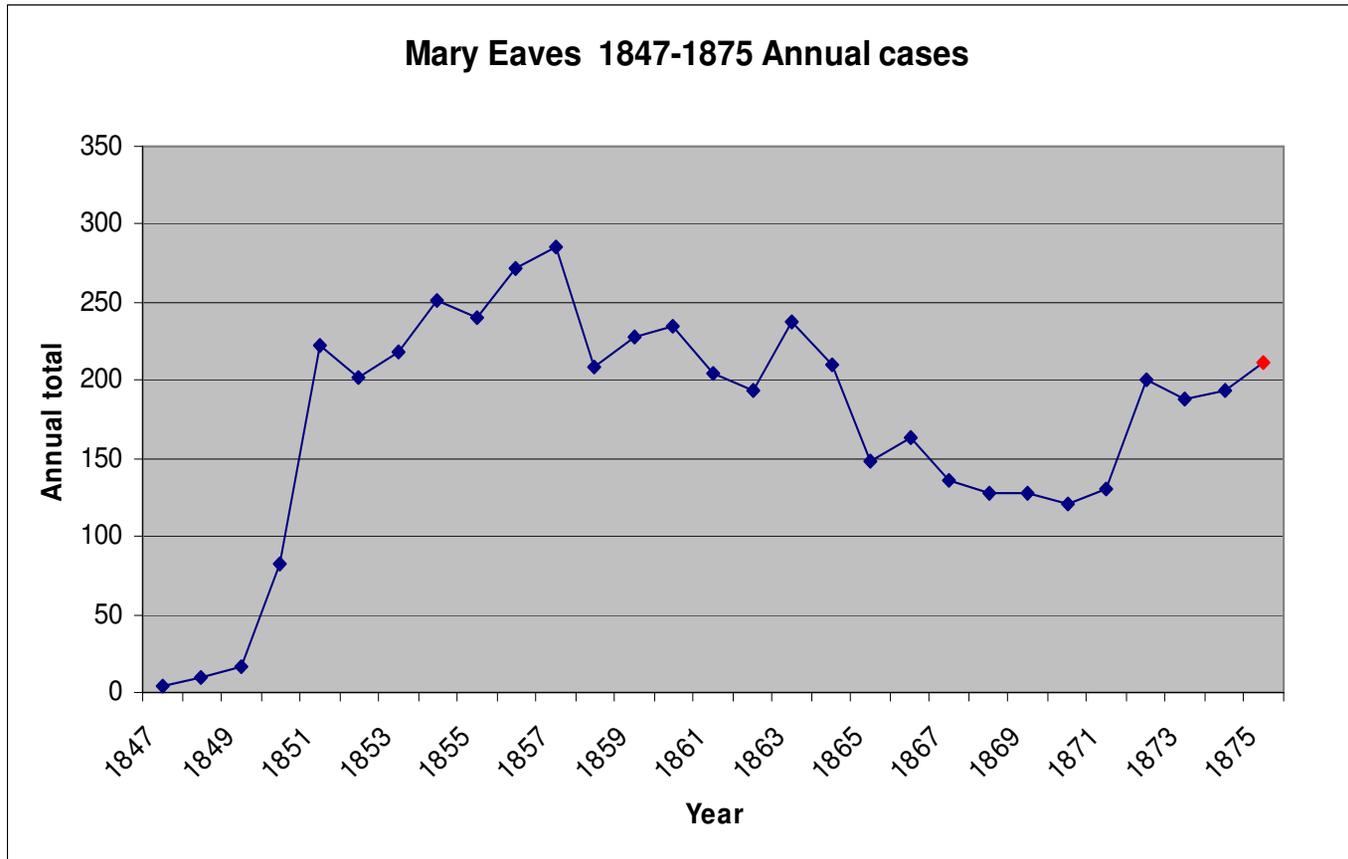
⁵³ Death certificate of Mary Eaves, Coventry, 11 Dec. 1875.

⁵⁴ Obituaries, *Coventry Herald*, 19 Dec. 1875.

⁵⁵ L. Fox, *Coventry's heritage* (Coventry, 1947), p. 70, the caseload of 286 in 1857 is more than five a week.

Eaves's cases dropped to approximately 10 per month. In 1872, however, her caseload rose to 201, an increase of 53% on the previous year, and almost equal to the levels seen in the earlier years of her practice. Her caseload continued to average approximately 200 a year for the next four years, until her last case, on 25 October 1875. In the 14-year period from 1851 until 1864, with the sole exception of 1862, Eaves attended over 200 women a year.

Figure 6.1 Mary Eaves Annual Caseload, 1847-1875



Source: Analysis of the Coventry midwife's register, 1847-75, CHC, PA63/1-3. The figure of 206 for 1875 has been estimated from the 167 cases up to October 1875.

The decrease in Eaves's caseload after 1865, when she was aged 59, might be expected as she approached older age. Simultaneously, her workload might have been affected by the severe slump in the ribbon trade in the years following 1860, resulting in her usual clients turning to cheaper handywomen, or unpaid neighbours as birth attendants.⁵⁶ The reasons for Eaves's increasing caseload in the final four years of her practice, and especially the dramatic rise between 1871 and 1872, might be related to a number of factors: economic necessity in the family, demand from the expanding population, and/or lack of capacity in local midwife provision. Improved fortunes in ribbon manufacturing may have been the determining factor. Between 1869 and 1873, the demand for Coventry ribbons improved almost to the levels of earlier years, indicating that in common with trade in general, the demand for recognised midwives as birth attendants, and consequently Mrs Eaves's income, was not immune from the prevailing economic climate of the locality.⁵⁷

That Eaves continued working until prevented by infirmity or death was not unusual for midwives, or indeed for the majority of the population in the eighteenth and nineteenth centuries. Katherine Manley in Whitby attended her last case just two months before she died in 1765, aged over 80, and Elizabeth Hallett, a 69-year-old midwife of Bordesley Street, Birmingham, died while walking home from a case in the early hours of 17 November 1860.⁵⁸ Similarly, Frances Jones of Regent Row, Birmingham described herself as a midwife in the

⁵⁶ J. R. Bailey, 'The struggle for survival in the Coventry ribbon and watch trades, 1864-1914', *Midland History*, 7 (1982), pp. 132-52. The numbers receiving out-relief increased ten-fold between 1859 and 1861, many silk manufacturing firms closed and wages fell sharply, W.B. Stephens (ed.), 'The City of Coventry: Social history from 1700', *A History of the County of Warwick: Volume 8: The City of Coventry and Borough of Warwick*, British History Online, <http://www.british-history.ac.uk/report.aspx?compid=16030>, accessed 18 June 2010.

⁵⁷ Bailey, 'Struggle for survival', pp. 132-52; Fox, *Coventry's Heritage*, p. 70.

⁵⁸ Elizabeth Hallett was the last chief midwife of Birmingham General Dispensary and continued working as a midwife after she left the charity in 1845, 'Sudden Death', *Birmingham Daily Post*, 20 Nov. 1860.

1881 census; she was aged 82 and had practised midwifery for at least the previous 13 years.⁵⁹ Midlands coroners' inquests into maternal or perinatal deaths in this period sometimes cite the 'advanced age' of the midwife as a contributing factor. At times, coroners recommended that such women refrain from practise, although they could not stop them.⁶⁰

In proportion to the number of births in Coventry, Eaves played a significant role. In the decade 1851 to 1860, there were 15,542 births in Coventry, and Eaves delivered 2,363 women, or 15.2% of the total. In the following decade, 1861 to 1870, Eaves's deliveries account for 12.2% (1,672) of the 13,696 births in the city.⁶¹ The number of women attended by Eaves as indicated by her entire caseload, or even individual years, is almost double estimates of the number of deliveries conducted by urban midwives in the second half of the nineteenth century.⁶² Consequently, consideration of how Eaves conducted her midwifery practice is required. A survey conducted by the Obstetrical Society of London in 1869, while Eaves was active, indicates that, at 90%, Coventry had one of the highest rates of midwife deliveries in the country.⁶³ A high rate of midwife deliveries in an area may indicate that there

⁵⁹ Frances Jones, 1881 Census, RG11, Piece 3003, Folio 95, p. 17; Advertisement, *Birmingham Daily Post*, 13 Oct. 1868.

⁶⁰ In May 1864, the coroner at an inquest into the death of a two-day-old infant in West Bromwich, Staffordshire, expressed his disapproval of the employment of midwives 'especially those of such an advanced age as Mrs Morris in this case'. The jury decided that the infant's death was due to natural causes, accelerated 'through the neglect of Elizabeth Morris who had not gained medical assistance', 'Caution to Midwives', *Birmingham Daily Post*, 12 May 1864, No. 1824.

⁶¹ Census of England and Wales 1861. Population Tables. Numbers and Distribution of the People of England and Wales. Vol. 1, p. 497, www.histpop.org/resources/pngs/0037/00200/00497_20.png, accessed 4 Feb. 2013; Census of England and Wales 1871. Population Tables. Area, Houses and Inhabitants Vol. II, p. 332, www.histpop.org/resources/pngs/0046/01300/00332_30.png, accessed 4 Feb. 2013; Eaves's data from analysis of CHC, *The Midwives' Register*, PA63/1-3.

⁶² Loudon, *Death*, p. 177; a midwife to the Islington Union averaged 260 cases annually in 1847 and 1848, Donnison, *Midwives*, note 82, p. 218.

⁶³ Report of the Committee of the Council of the Obstetric Society to Investigate the Causes of Infant Mortality, Part 1, *Transactions of the Obstetrical Society of London*, XI (1870, for the year 1869), pp. 132-49. There were

was a relatively large number of practising midwives and/or that they had relatively high caseloads. It also indicates that medical men had made few inroads into midwifery, possibly linked to the generally impoverished state of the population of this manufacturing town.⁶⁴

The numbers of women attended by Eaves, including several instances of four or more deliveries in one day, raise the possibility that she had a number of assistants or apprentices to whom she subcontracted work. Donnison suggests that Katharine Manley could not have managed her ninety annual deliveries, plus the usual visits, without a resident assistant, and Olwen Hufton identifies childbirth helpers, older women with experience of childbirth who cared for women until the midwife was needed.⁶⁵ Eaves may have had similar support but this cannot be confirmed, alternatively, local midwives may have covered for each other. For example, on 20 January 1854, Eaves attended four women, all in different locations: Garvey in Weston Street; Keene in Bishop Street; Wilday in Sherbourne Street; and Wood in Thomas Street. Two weeks later, on 8 February 1854, Eaves again delivered four women on the same day: Dowling in Craven Street, Cooper in Spon Bridge and Spencer and Watson, both in Spon Street. On 20 October 1862 and again on 13 January 1865, five deliveries are recorded, all in different locations, though close to Eaves's home. While there is no evidence in the registers that Eaves used the services of other midwives or assistants, and the assumption must be that she attended these cases personally, travelling on foot, the evidence of periods during which

only two other midland towns in the survey, Bromyard in Hereford, reported 90% midwife deliveries, and Birmingham, where midwives also delivered the majority of women.

⁶⁴ Coventry's high percentage of midwife deliveries persisted into the early part of the nineteenth century. In 1914, of the more than 30 towns which made returns to the Local Government Board, at 80%, Coventry had the third highest rate of midwife deliveries in England and Wales, while Birmingham reported 49%. HCPP, Forty-fourth annual report, pp. 136-37.

⁶⁵ Donnison, 'Sworn midwife', pp. 25-34; O. Hufton, *The Prospect Before Her: A History of Women in Western Europe, Vol. 1:1500-1800* (New York, 1996), p. 170.

no deliveries are recorded suggests that Eaves possibly had an arrangement with other midwives and that they covered for each other.

For example, in 1862, Eaves attended 194 women, an average of almost four a week, but for the nine days between 3 and 11 August inclusive, no entries are recorded. The following year, Eaves did not attend any cases for eight days over New Year, nor from 30 June to 7 July. At other periods though, the pressure of work appears to have been considerable. In the eight days between 7 and 14 May 1863, Eaves attended 15 women. No deliveries were recorded on 9 or 12 May, but she attended four women on 14 May, three on the 7 May and two on each of the other four days. While no deliveries were recorded on 9 or 12 May, it does not follow that Eaves was not working on these dates, as caring for labouring women could involve long hours at any time of the day, and could be physically and emotionally exhausting work.⁶⁶ The intensity of Eaves's caseload might indicate that she concentrated on midwifery and, unlike other female healers of the nineteenth century, did not undertake wider aspects of caring, as depicted in the practice of Nell Racker. Racker, a community 'wisewoman' who practised in Rochdale from the 1860s to 1933, offered a range of services, including herbalism, midwifery and abortion.⁶⁷ However, nineteenth-century midwives offered advice on contraception and inducing abortions, and Knight suggests that working-class women adopted reactive rather than pro-active approaches to limiting family size, and abortion was a favoured and widely accepted form of birth control.⁶⁸ Another related

⁶⁶ Donnison, 'Sworn midwife', pp. 25-34.

⁶⁷ F. Moore, "'Go and see Nell; She'll put you right': The Wisewoman and Working-Class Health Care in Early Twentieth-century Lancashire", *Social History of Medicine*, 26 (2013), pp. 695-714.

⁶⁸ P. Knight, 'Women and Abortion in Victorian and Edwardian England,' *History Workshop Journal*, 4 (1977), pp. 57-69; for working-class women, compared to contraception, abortion was seen as an easy, cheap and the

service which some midwives provided was supplying leeches, as depicted by Sarah Foden, midwife to Aston workhouse.⁶⁹ In 1860 and 1861, Birmingham midwives Hannah Hobbs and Ann Tennant can be found in the 'Midwives' trade listing of a directory, but describe themselves as 'Bleeder with leeches' in the list of citizens.⁷⁰ Combining midwifery with leech supply had benefits in bringing them into contact with a wider range of clients than pursuing a single occupation, and supplying leeches might result in a subsequent engagement as a midwife.

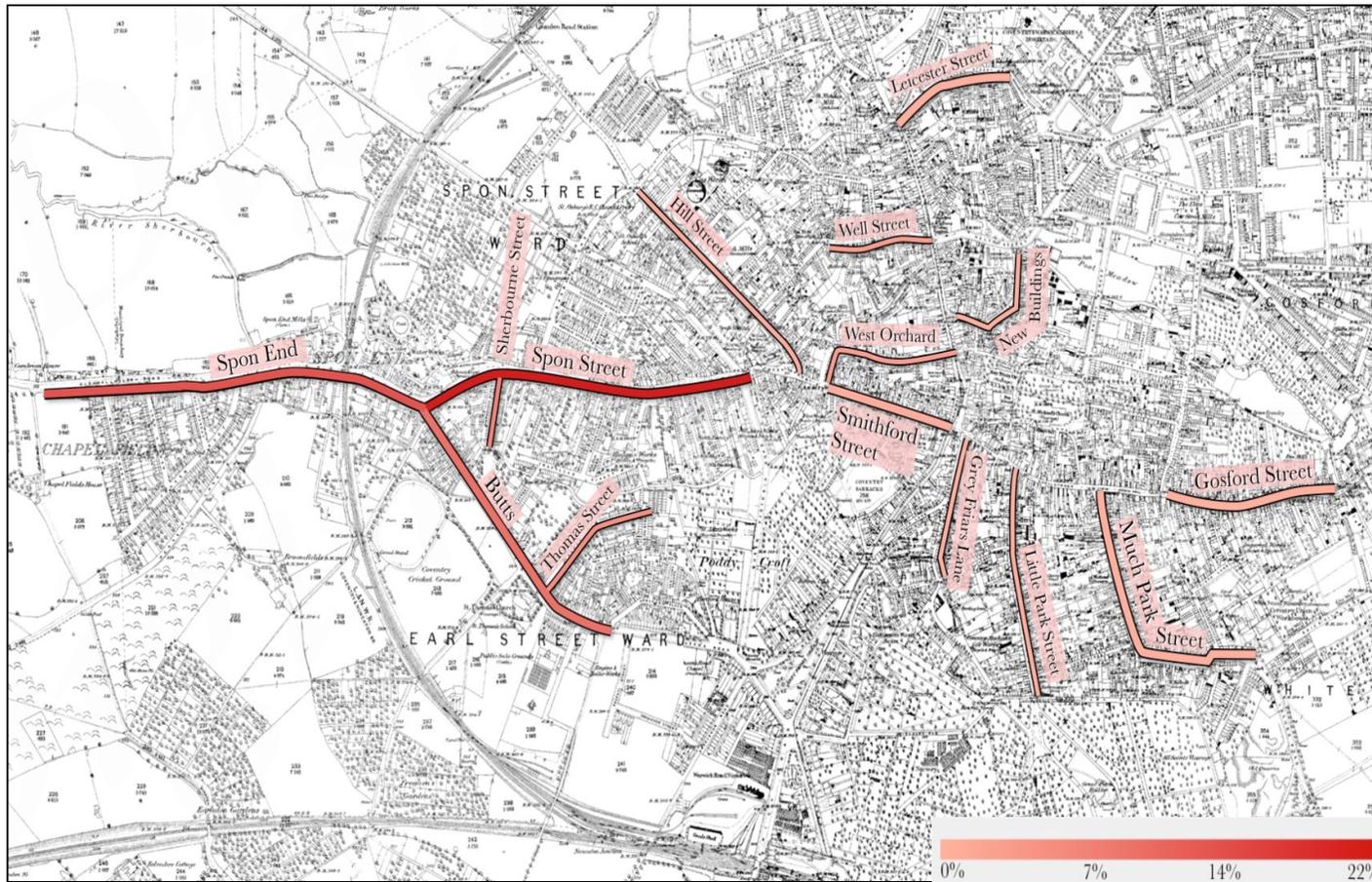
Eaves primarily delivered women who resided in the western side of the city, working in the many houses and courts off Spon Street and Spon End, the railway stations in Coventry (19 entries, 0.3%) and the barracks in Hertford Street (15 entries, 0.29%). By far the largest proportion of Eaves's work was in the area around Spon Street (n=1,560, 31% of total), including Spon Street itself (n=1,073, 21%), Spon End (n=370, 7.3%), Spon Bridge (n=94, 1.8%) and Spon Causeway (n=22). Eaves also attended 298 women in Butts and 239 in Sherbourne Street, near the junction of Spon Street and Spon Causeway. Figure 6.2 shows the streets where Eaves made 1% or more of her visits (see Appendix 5 for the data in a table)

only available method of limiting families. This approach to family limitation was linked to the belief that procuring an abortion before the onset of "quickenings" was acceptable, S. D'Cruze, 'Women and the Family,' in J. Purvis (ed.) *Women's History: Britain, 1850-1945* (London, 1995), pp. 51-83.

⁶⁹ Chapter 5.

⁷⁰ *Corporation General and Trades Directory of Birmingham and Wolverhampton* (Birmingham, 1861), p. 491; *Post Office Directory of Birmingham* (London, 1860), pp. 29, 88.

Figure 6.2 Streets where Mary Eaves conducted 1% or more visits 1847-75



Source: Data: Analysis of CHC, Coventry Midwife's Register, PA63/1-3; Map: Ordnance Survey, Coventry, from Historic Digimap © Crown Copyright and Landmark Information Group Limited 2014. All rights reserved. (1880).

Eaves's concentrated practice in Spon can be attributed to the family's residence in Spon End, and subsequently Spon Street; the length of Spon Street, the high density of population in this impoverished part of the city and the fact that Eaves would have travelled on foot.⁷¹ Eaves worked almost exclusively within a half-mile radius of her home. Visits further afield were rare, although she made 15 visits to women in Far Gosford Street, over a mile from her home, including six visits to the same women and twice recorded delivering women in Gosford Green, approximately one and a half miles away.⁷² Six of the seven other Coventry midwives who were identified in the 1851 census lived in other areas of the city, consequently, Eaves was unlikely to attend women in other districts, at least during this period.⁷³ This geographical concentration of Eaves's practice to within half a mile of her home contrasts with the more extensive practices of medical men who would have travelled on horseback. Thomas W. Jones of Henley in Arden, Warwickshire, travelled within a five-mile radius of his home to attend to his midwifery cases in the last decade of the eighteenth century.⁷⁴ Even larger practices have been identified in Bedfordshire in the late eighteenth and early nineteenth centuries.⁷⁵

⁷¹ In the 1841 and 1851 census, Eaves and her family are living in Spon End. In the 1861 and 1871 census, and at the time of her death, Eaves was living at 97 Spon Street, a continuation of Spon End; Mary Eaves, 1841 Census, HO107, Piece 1152, Book 12, p. 14; 1851 Census, HO107, Piece 2067, Folio 651, p. 10; 1861 Census, RG9, Piece 2203, Folio 113, p. 11; 1871 Census, RG10, Piece 3177, Folio 43, p. 8; Mary Eaves, Death Certificate, 11 Dec. 1875.

⁷² Mrs Hodson was visited six times between October 1866 and Jan. 1872, including the delivery of twins on 1 June 1870, CHC, Midwives' Register, PA63/1-3.

⁷³ Two midwives were living in Foleshill on the north side of Coventry, two were in Much Park Street on the south-east side, and two on the north-east side. Ann Brown of Fleet Street, which joined Spon Street at the western end, lived closest to Eaves, but she was 80 years old and may not have been practising to any great extent.

⁷⁴ J. Lane, 'A provincial surgeon and his obstetric practice: Thomas W. Jones of Henley in Arden, 1764-1846', *Medical History*, 3 (1987), pp. 333-48. Lane notes that the surviving register may be one of a number of volumes in which Jones recorded his obstetric cases.

⁷⁵ S. Williams, 'Practitioners' income and provision for the poor: Parish doctors in the late eighteenth and early nineteenth centuries', *Social History of Medicine*, 18 (2005), pp. 159-86. Competition for business meant that

Mary Eaves's clients

In addition to analysing Eaves's registers to describe the nature, scope and size of her practice, there is potential for complementary analyses. First, the registers can be analysed to examine women's repeated choice of Eaves as their midwife. Second, analysis of the registers can help to describe Eaves's relationship with the two lying-in charities and the poor law union, organisations which supported women's use of midwives by supplying tickets to cover the midwife's fee and loaned linen for the confinement and month following. Women gave their tickets to the attending midwife, who subsequently redeemed them with the charities or poor law union. Finally, in cases where Eaves's attendance was supported by a ticket, the registers provide insights into relationships between women and their patrons, be they lying-in charity subscribers, or the poor law guardians.⁷⁶

As with many historical records, there are limitations to the strength of the evidence and the conclusions which can be drawn from this exercise. Analysis of Eaves's registers has parallels with Alannah Tomkins's analysis of customers of a York pawnshop in the latter part of the eighteenth century, in which Tomkins identified three main challenges with her analysis.⁷⁷ First, female customers may have changed their names following marriage and were counted twice. Second, there was uncertainty surrounding whether women with the same name, but at different addresses, were the same person or not. Finally, the wide variations in the spelling of

practitioners extended their practice as far as was reasonably possible, and Williams identifies practices of up to a seven-miles radius.

⁷⁶ See Chapter 3.

⁷⁷ A. Tomkins, 'Pawnbroking and the survival strategies of the urban poor in 1770s York,' in S. King and A. Tomkins (eds), *The Poor in England 1700-1850* (Manchester, 2003), pp. 166-98.

names and addresses results in uncertainty whether register entries may, or may not, refer to the same person. Similar problems were encountered in this analysis. A further possibility, raised by Wishart, is that some of the addresses at which Eaves's attended women could have been private nursing homes, and not women's usual residence.⁷⁸ Clearly, this places further limitations on the identification of Eaves's customers. An additional source of uncertainty arises in Eaves's register, because it appears that the register has been compiled at a slightly later date, either from a contemporary notebook or notes.⁷⁹ As a result, transcription errors are a possibility.⁸⁰ Table 6.2 illustrates some of these problems. Mary Eaves attended one or more women named Rainbow seven times over a 17-year period. Between May 1851 and September 1868, Eaves attended at fairly even intervals of two to three years, but it is difficult to determine whether these visits were to one or several women with the name 'Rainbow'. In five of Eaves's visits, Rainbow was attended in Spon End. The second visit was to Rainbow in 'Butts'. 'Butts' is a continuation of Spon End, and may indicate that this is the same client. The fourth and fifth visits refer to 'Hannah Rainbow,' suggesting that these visits were to the same women. That four of Eaves's visits to Rainbow (visits 3 to 6) were supported by lying-in charities and the poor law indicate that these four entries may refer to the same client, who was considered to meet the criteria for support.⁸¹

⁷⁸ The address which Eaves's attended most frequently was 13 ct. Spon Street. Eaves made 45 visits to 26 different women between 2 May 1858 and 26 March 1873, an average of 3 a year.

⁷⁹ Katherine Manley's and Catherina Schrader's registers were compiled at a later date from notes, Donnison, 'Sworn midwife', pp. 25-34; H. Marland, *'Mother and child were saved' The memoirs (1693-1740) of the Frisian midwife Catharina Schrader* (Amsterdam, 1987).

⁸⁰ For example, is the Mrs Montgomery who was delivered on 8 October 1862 at **23**, Spon St, the same Mrs Montgomery who was delivered on 11 November 1863 at **23ct**, Spon Street?

⁸¹ The records of Coventry Ladies lying-in charity have not survived. A Coventry Union lying-in charity minute book of contains a list of rules for the manager, CHC, Union LIC minutes book, 1826-52, PA2398/6/3/2/1, 5 Oct. 1840, but no rules and regulations for the charity as a whole have survived.

Table 6.2: Mrs Rainbow, 1851-68

	Surname	Title	First name	Date	Address	Ticket
1	Rainbow	Mrs		5 May 1851	Spon End	
2	Rainbow			18 Sept. 1853	Butts	
3	Rainbow			20 May 1856	Spon End	Union
4	Rainbow		Hannah	5 Feb. 1859	Spon End	Mrs Dutton
5	Rainbow		Hannah	25 Jan. 1861	46 Spon End	Stephenson
6	Rainbow	Mrs		23 Mar. 1865	6 Sherbourne Street	Union
7	Rainbow	Mrs		20 Sept. 1868	4ct Spon End	

Source: Analysis of Coventry midwife's register, 1847-75, CHC, PA63/1-3.

In other examples, though the spellings of women's names vary, there appears to be more certainty that the register entries refer to the same woman. Table 6.3 illustrates four deliveries which Eaves attended at Coventry railway stations. In three of these cases, Warwick Road station is identified. Though the woman's name varies from Puddynert (first visit) to Puttifor (fourth visit), the location suggests that these entries refer to the same women. For the first delivery in 1859, Mrs Powell supplied a ticket, but subsequently Mrs Puddynert presumably paid Eaves's fee herself.

Table 6.3: Mrs Puddynert, 1859-69

Surname	Title	First name	Date	Address	Ticket
Puddynert	Mrs		16 Feb. 1859	Railway Station, Warwick Road	Mrs Powell
Puttefar		Mary	25 Jan. 1861	Warwick Road Railway Station	
Puttyfatt	Mrs		19 Jan. 1866	Railway Station	
Puttifor	Mrs		23 Apr. 1869	Railway Cottage, Warwick Road	

Source: Analysis of Coventry midwife's register, 1847-75, CHC, PA63/1-3.

Grouping the register entries by name, address and date indicates that many women consistently selected Mary Eaves as their midwife, for example, Mrs Dowling, who Eaves

delivered on seven separate occasions (Table 6.4). It is possible that the seven Dowling entries do not refer to the same women, for there are two different addresses, but the proximity of Craven Street and Sherbourne Street suggest this could be the same woman who had moved.

Table 6.4: Mrs Dowling, 1854-67

	Surname	Title	First name	Date	Address	Ticket
1	Dowling			8 Feb. 1854	Craven Street	
2	Dowling			18 Nov. 1855	Craven Street	
3	Dowling			31 July 1857	Sherbourne Street	
4	Dowling	Mrs		7 Mar. 1859	Sherbourne Street	
5	Dowling	Mrs		4 Nov. 1861	Sherbourne Street	
6	Downing	Mrs		13 Aug. 1864	Sherbourne Street	
7	Dowling	Mrs		1 June 1867	4 Sherbourne Street	

Source: Analysis of Coventry midwife's register, 1847-75, CHC, PA63/1-3.

Another woman who called on Eaves on a regular basis was Mrs Lucas, of New Buildings, whom Eaves delivered nine times between January 1853 and May 1868 (Table 6.5). While it is tempting to assume that all nine confinements refer to the same woman, they could be, for example, sisters-in-law, though this still indicates custom by women from family groups.

Table 6.5: Mrs Lucas, 1853-68

	Surname	Title	First name	Date	Address	Ticket
1	Lucas			14 Jan. 1853	New Buildings	Ratcliff
2	Lucas			3 Aug. 1854	New Buildings	Woodcock
3	Lucas			11 Feb. 1856	New Buildings	
4	Lucas	Mrs		7 Dec. 1858	New Buildings	Mrs Newark
5	Lucas	Mrs		11 Nov. 1860	New Buildings	
6	Lucas	Mrs		4 April 1863	New Buildings	
7	Lucas	Mrs		12 May 1864	New Buildings	
8	Lucas	Mrs		Oct. 1866	66 New Buildings	
9	Lucas	Mrs		12 May 1868	66 New Buildings	

Source: Analysis of Coventry midwife's register, 1847-75, CHC, PA63/1-3.

Further evidence of Eaves's custom from related families is illustrated by the various Thompson families who lived in Sherbourne Street. In 24 years, from October 1851 until February 1875, Eaves delivered women named Thompson on 20 occasions, at seven different addresses in Sherbourne Street.⁸² Joan Lane acknowledged women's loyalty to the same midwife throughout their childbearing, a feature evident in this register.⁸³ For the majority of women living in Spon, there were probably limited options of childbirth attendant, and midwife loyalty most likely was largely driven by economic necessity and confidence in the midwife, rather than notions of real choice. Medical attendance was only available to those who could afford higher fees, and Coventry had a dominance of midwife deliveries. Furthermore, even by the close of the nineteenth century, working-class women were said to prefer midwives, not necessary because of gender preferences, but because the fees of female birth attendants included help with care and housework for several days after delivery, whereas a doctor's fee did not.⁸⁴ The time span of these deliveries and patterns of custom indicate that, by the latter years of her practice, Eaves is delivering the daughters, and daughters in law, of women she attended in her early career, contributing further to Eaves's image as the midwife in Spon, her skills were trusted and she was embedded in her community.

⁸² Eaves delivered women at 11, 12, 28, 29, and 31 Sherbourne Street, plus 6 deliveries in which the house number was not stated.

⁸³ Lane, *Social History*, p. 125; T. Evans, *'Unfortunate Objects': Lone Mothers in Eighteenth-century London* (Basingstoke, 2005), p. 145.

⁸⁴ Select Committee on Midwives Registration. Report, Proceedings, Evidence, Appendix, Index (1892), House of Commons Parliamentary Papers, pp. 41-43, http://gateway.proquest.com/openurl?url_ver=Z39.88-2004&res_dat=xri:hcpp&rft_dat=xri:hcpp:rec:1892-069026, accessed 10 Oct. 2011.

Identifying Eaves's attendance on Mrs Stirling (Table 6.6) illustrates the value of another type of database manipulation. In this example, the address field was arranged alphabetically. By examining the names of women who lived at the same address and relying on the phonetics of names, rather than spelling, more regular clients have been located, who might not otherwise have been identified. Mrs Stirling, of Mount Street, is one example.

Table 6.6: Mrs Stirling, 1861-71

No.	Surname	Title	First name	Date	Address	Ticket
1	Sterling	Mrs		7.3.1861	Mount Street, Chapel Fields	
2	Stirling	Mrs		8.4.1863	Mount Street	
3	Stirling	Mrs		21.3.1865	Mount Street, Chapel Field	
4	Stearling	Mrs		30.1.1867	48 Mount Street, Chapel Fields	
5	Stirling	Mrs		9.2.1869	Mount Street	
6	Stirling	Mrs		1.4.1871	Mount Street	
7	Stirling	Mrs		8.8.1873	48 Mount Street	

Source: Analysis of Coventry midwife's register, 1847-75, CHC, PA63/1-3.

As discussed, the register has facilitated identification of particular relationships between charity subscribers and poor women whom Eaves delivered.⁸⁵ Further questions may be posed in relation to Eaves's practise, including possible involvement in ante-natal or post-natal care. The presumed intervals between births, shown in Tables 6.2 to 6.6, indicate that Eaves mainly saw women, or at least only recorded her visits when she attended them in childbirth.⁸⁶ For example, Mrs Lucas (Table 6.5) was seen nine times by Eaves, at fairly regular intervals, in the 15 years between January 1853 and May 1868. Eaves delivered Mrs

⁸⁵ Chapter 3.

⁸⁶ There are numerous other examples in the registers, which are not detailed here.

Stanley, of New Buildings, six times between 1853 and 1861, while Mrs Bauser, who lived at 'Butcher, Spon Street' was delivered five times between May 1857 and May 1867.⁸⁷

It appears that not all recorded visits were confinements, because the intervals between visits were far less than nine months, for which there are a number of possible explanations. Eaves may have been conducting ante-natal or post-natal visits, or the visits may not refer to the same woman. Eaves's visits to Mrs Mander illustrate this feature. The register contains nine entries for Mrs Mander, and the addresses indicate that these all refer to the same women (Table 6.7). The first and second entries are just two weeks apart, and the third and fourth entries are six months apart. The intervals between entries five to nine indicate that these are confinements. Assuming that the nine entries refer to the same woman, there are various plausible explanations for the shorter time intervals between Eaves's attendance. If Mander was a *primigravida*, i.e. experiencing her first pregnancy, and possibly uncertain about the onset of labour, the visit in March 1863 may indicate that she consulted Eaves about signs which may have signalled the start of labour. However, this was not the case, and she was delivered two weeks later. An alternative scenario is that Mander gave birth in March and consulted Eaves in April about her own or her infant's health.

Table 6.7: Mrs Mander, 1863-75

No.	Name	Title	First name	Date	Address	Ticket
1	Mander	Mrs		28.3.1863	8ct West Orchard	
2	Mander	Mrs		12.4.1863	8ct West Orchard	
3	Mander	Mrs		23.6.1864	8ct West Orchard	
4	Mander	Mrs		24.12.1864	8ct West Orchard	
5	Mander	Mrs		15.3.1866	8ct West Orchard	
6	Mander	Mrs		11.10.1867	11ct West Orchard	
7	Mander	Mrs		14.4.1869	11ct West Orchard	
8	Mander	Mrs		26. 2.1874	11ct West Orchard	
9	Mander	Mrs		28.7.1875	West Orchard	

Source: Analysis of Coventry midwife's register, 1847-75, CHC, PA63/1-3.

Explanations for the six-month interval between visits 3 and 4 are can only be speculated, but may indicate a visit when Mander was at the end of her first trimester of pregnancy in June, followed by the delivery in December. Assuming visits 5, 6 and 7 are deliveries, the dates illustrate that Mander typically had intervals of approximately 18 months between her pregnancies. Eaves's visit to Mrs Montgomery at 'William 4th yard, Spon Street' on 26 January 1857, appears not to be a confinement, for four months later on 12 May, Eaves attended Mrs Montgomery at the same address, delivering her twins. Mrs Garrett, of 3ct Freeth Street, received two visits from Eaves, 18 days apart, on 1 June, and 19 June 1871, while Mrs Barnickle, of 18 Union Street, was visited on 16 July 1872 and 11 weeks later on 2 October 1872.⁸⁸ Although these examples of attendance which appear not to be confinements are relatively infrequent, they indicate that Eaves was regarded by her community as a source of advice on wider health concerns.

⁸⁸ There are at least 22 examples of Eaves visiting the same woman less than 9 months apart, and more might be identified were there more certainty about women's identities. The criteria for recording these additional visits is not known, and Eaves may have offered advice via third parties, or made other visits without recording them.

Working for lying-in charities and the poor law

Of the 5,000 plus register entries, 1,110 (22%) include either a subscriber's name, the word 'Union', or 'Parish Order', followed by the word 'ticket' next to women's names. In a few cases, slight differences in the handwriting indicate that the donor's name was inserted after the rest of the entry.⁸⁹ In a further 27 entries, there is a space before the word 'ticket' in the register, as if the compiler was awaiting confirmation of the source of the ticket, be it the poor law, or a lying-in charity subscriber. Adding these 27 entries gives a total of 1,137 cases (22.6%) in which Eaves's fee was paid for either by a lying-in charity, or the parish. The last ticket recorded was issued by the poor law when Eaves attended Mrs Thompson of Bishop Gate Green on 2 March 1867.⁹⁰ By this date, Eaves had attended 3,672 women, and 31% of the women Eaves delivered over these years were supported by a charity or by the poor law.⁹¹ Conversely, the figures also indicate that 59% of the women whom Eaves attended either paid her fee themselves, paid in kind, or did not pay at all and were attended by Eaves as an act of neighbourliness. There are no indications of the reasons for no longer recording tickets in 1867, for both charities and the poor law continued to operate.⁹² Until 1875, when Eaves stopped practising, none of the midwives who worked for the Union lying-in charity were mentioned in the minutes. However, this does not mean that the ladies of the committee, or subscribers, were unaware of the midwives who claimed fees from the charity.⁹³ In 901 deliveries between 1850 and 1867, Eaves's fees were paid by subscribers to the two lying-in

⁸⁹ See Chapter 3.

⁹⁰ 'Union' tickets are assumed to have been issued by Coventry poor law union.

⁹¹ Of the 31% cases with tickets, 24.5% were from a lying-in charity, and 5.7% from the poor law union. There was no source for 0.8% of tickets.

⁹² CHC, Coventry Midwife's register, PA 63/2. See Chapter 3.

⁹³ The only women who appear in the minutes, apart from the ladies of the committee, are the manager or matron, and 24 women who were allocated 'Jubilee tickets' from 1860 to 1864, CHC, Union LIC Minute Book, 1853-90, PA 2398/6/3/2/2, pp. last two pages.

charities, indicating that committee members and subscribers were likely to have been aware of Eaves's practice.

An attempt can be made to estimate the scale of Eaves's midwifery income, and its importance to the family economy. From at least 1841 to 1871, Eaves, her husband and sometimes family members worked in ribbon manufacturing. This trade, on which the city was heavily reliant, had experienced a succession of peaks and troughs from at least the mid-eighteenth century, until its final demise in the 1870s.⁹⁴ An additional source of income could help sustain families through the continuing contraction of what at times had once been their main source of income.⁹⁵ There is a danger though of unquestioningly interpreting working-class women's earnings as supplementary to the family income. Given the scope of Eaves's practice as revealed in her register, it is possible that her fees formed a substantial, or even the major part, of the family's income at certain periods. Hannah Barker, in her analysis of business women of the 'middling sorts' in northern industrial towns from 1760 to 1830, cautions against assumptions that wives were financial dependents of their spouses. Identifying 'co-dependent' models of family relationships, Barker asserts that women's income could constitute a significant contribution to the family economy.⁹⁶ Estimations of Eaves's income suggest that, in some years, her earnings were substantial.

⁹⁴ F. M. Eden, *The State of the Poor, Vol.3* (London, 1797), p. 742.

⁹⁵ Between 1860 and 1865, the number of silk workers in Coventry had declined by 45% to 6,000, and a third of these were unemployed, Bailey, 'Struggle for survival', pp. 132-52; P. Searby, 'The relief of the poor in Coventry, 1830-1863', *The Historical Journal*, 20 (1977), pp. 345-61.

⁹⁶ H. Barker, *The Business of Women 1760-1830: Female Enterprise and Urban Development in Northern England 1760-1830* (Oxford, 2006), pp. 6-7.

There is only one record of a fee, when Eaves received 7s 6d for attending Haynes in Spon Street in 1856. Possibly this was noted because it was exceptional, for the Union lying-in charity usually paid midwives 5s. per case, and midlands poor law unions during this period paid between 3s. 6d. and 5s. per case.⁹⁷ Assuming that Eaves's minimum fee was 3s. 6d., this indicates a potential income of £50 1s. in 1857, when she attended 286 women, and a lower sum of £22 4s. 6d. in 1869, when 127 women were delivered. Such levels of income place Eaves's earnings on a par with those working during the most productive years of the ribbon weaving trade.⁹⁸ These predicted incomes possibly represent optimum amounts though, and in common with men-midwives, it is possible that a proportion of her fees remained unpaid, or that she delivered women without charge on a neighbourly basis, or was paid in kind. Obstetric registers of midlands medical men in the late eighteenth and early nineteenth century show that unpaid fees represented between 8.5% and 19% of the fees charged.⁹⁹ Establishing female midwives' levels of non-payment of fees is problematic owing to a lack of sources. It is possible that given their practise within their own communities, midwives may have experienced better levels of payment than medical men, because they were attending friends and close neighbours, and their fees were much lower. Alternatively, familiarity may have put one lower on the list of people owed money.

⁹⁷ In 1856, Leicester poor law union paid 5s per case, A. Negrine, 'Medicine and poverty: A study of poor law medical services of the Leicester union, 1867-1914 (Unpublished PhD. Thesis, University of Leicester 2008), p. 85.

⁹⁸ Individual incomes from the ribbon weaving trade were £26 per annum in the late 1830s, and £52 per annum in the late 1850s. Periods of high production, and therefore income, were interrupted by a number of depressions, Searby, 'Relief of the Poor', pp. 345-61.

⁹⁹ A. Tomkins, 'The registers of a provincial man-midwife, Thomas Higgins of Wem, 1781-1803', *Shropshire Record Series*, 4 (2000), pp. 65-135; Analysis of: *Register of Obstetric Account at Tewkesbury from 26 March 1832* UBCRL, MSS 30.

Deliveries over a midwifery career

There is limited and variable evidence of the years of practise and number of deliveries that midwives practising in the late eighteenth or nineteenth centuries might achieve during their careers, though an average figure of 100 deliveries a year has been proposed for urban midwives.¹⁰⁰ Eaves's total of over 5,000 deliveries throughout her career is in keeping with other evidence, albeit from other English regions or countries and in slightly different periods. Katherine Manley was a licensed midwife practising in Whitby, North Yorkshire. Manley's casebook begins on 11 February 1720 and continues for 44 years until 26 October 1764, giving details of 3,223 deliveries, an average of 73 deliveries a year.¹⁰¹ In the same town, Frances Johnson delivered 1,798 infants in the 33 years from March 1783 to May 1816, (average of 55 a year).¹⁰² In 1799, an obituary of Grace Woodward, age 79, a midwife in Orley, Yorkshire reported that, during her 40-year career in the neighbourhood, she had delivered 'upwards of 5000 children.' The obituary also reported that Grace herself was mother to 11 children.¹⁰³ In Scotland, Margaret Bethune (1820-1887) practised in Largo, Fife from 1853 to 1887. Her casebook records 1,296 labours within the parish and, from 1859 until 1876, she attended the majority of deliveries.¹⁰⁴ Elsewhere in Europe, and covering a slightly later period, Francijntje de Kadt (1858-1929) was town midwife to the poor in Vlaardingen, Netherlands from 1886 to 1919. When she celebrated 25 years of midwifery practice, the local newspapers noted that she had attended 5,317 births, an average of 213 a year, or four a

¹⁰⁰ W. Farr 'Annual Report of the Registrar General (1876) cited in: Loudon, *Death*, p. 177.

¹⁰¹ Donnison, 'Sworn Midwife', pp. 25-34.

¹⁰² Tomkins 'Demography', pp. 199-232.

¹⁰³ 'Other news', *Manchester Guardian*, 12 Jan. 1799. Harley notes that midwives' obituaries often mentioned the numbers women they had attended, D. Harley, 'English Archives, Local History, and the Study of Early Modern Midwifery', *Archives*, 21 (1994), pp. 145-54.

¹⁰⁴ Mortimer, 'Bethune'.

week.¹⁰⁵ These five examples of midwifery caseloads are separated by time and geography, but there is a degree of consistency in the number of deliveries, and Manley and Johnson's somewhat lower career totals may be accounted for by the earlier period, as well as the smaller size of the town. This evidence that just over 5,000 deliveries represents the maximum number that could be achieved over a midwifery career, adds compelling weight to this analysis of Eaves's registers, supporting the assertion that the registers represent the normal practice of a respected urban midwife, serving a densely populated area of an expanding midlands manufacturing town in the second half of the nineteenth century.

Conclusion

Mary Eaves's register is a valuable document, detailing as it does, the practice of a nineteenth-century, working-class midwife, practising in a manufacturing city where the great majority of women were delivered by midwives. Analysis of Eaves's register has provided compelling evidence of her midwifery career. Yet her busy practice is in stark contrast to her occupation in the 1861 and 1871 censuses. It is, however, in line with the body of evidence about the lack of official recording of women's paid or unpaid work.¹⁰⁶ Eaves's name does not appear in the records of the Union lying-in charity, on whose behalf she conducted deliveries over a 17-year period, and her midwifery status is not mentioned in her death notice in the local paper. The absence of Eaves's occupation from her death certificate seems all the

¹⁰⁵ E. van Teijlingen, 'The first chair of the Dutch Association of Midwives: Francijntje de Kadt,' *Birthing and Bureaucracy: The history of Childbirth & Midwifery Conference*, University of Sheffield, 12-13 October 2002. Evidence from the German town of Wurttemberg in the nineteenth century suggests that midwives conducted over 90% of deliveries, D. Gross '[De-professionalization or 'para-professionalization'? The professional development of the midwife and her place in the obstetrics of the 19th century]', *Sudhoffs Arch.*, 82, 2 (1998), pp. 219-38, Original in German, abstract translated in PubMed.

¹⁰⁶ Higgs 'Making Sense', pp. 101-3.

more surprising considering that her last delivery was conducted just eight weeks previously, and her death was registered by her daughter. Analysis of Eaves's register and evidence of the extent of her career provides further support to assertions that the censuses of the mid- and late-nineteenth centuries are poor indicators of the extent of working-class women's paid work.¹⁰⁷ In particular, the number of midwives delivering women in their homes, and who were not attached to hospitals or dispensaries, is underestimated.¹⁰⁸

If Eaves's register had not survived, the only indications of her midwifery practice would have been her occupation in the 1851 census, and an entry in a trade directory in 1874.¹⁰⁹ Evidence that, in 1861 and 1871, Eaves was a silk winder, and subsequently a weaver, would reasonably lead to assumptions that she was no longer involved in midwifery and that even when she had been practising, this was only on an occasional basis.¹¹⁰ However, the registers clearly demonstrate the sustained and longstanding career of a sworn, competent and respected midwife who had the confidence of local women, medical men and elite subscribers to local charities. Loudon asserts that the success of midwives between 1850 and 1939 was dependent not only upon effective training, 'but also on being accepted and respected as professionals by the communities they served, and preferably by the medical profession as well.'¹¹¹ Details of Eaves's training can only be surmised, but in terms of her

¹⁰⁷ *Ibid.*

¹⁰⁸ Loudon, *Death*, p. 174.

¹⁰⁹ F. White, *History, Gazetteer and Directory of Warwickshire*, (Sheffield, 1874), p. 448.

¹¹⁰ Laurel Ulrich makes similar observations in respect of the survival of midwife Martha Ballard's diary; L. T. Ulrich, *A Midwife's Tale. The Life of Martha Ballard, Based on her Diary, 1785-1812* (New York, 1991), p. 5.

¹¹¹ I. Loudon, 'Midwives and the quality of maternal care,' in H. Marland and A. M. Rafferty, eds., *Midwives, society and childbirth* (London, 1997), pp. 180-200. Referring to a slightly later period, Dale and Fisher identify independent domiciliary midwives as integral to working-class communities, P. Dale and K. Fisher, 'Implementing the 1902 Midwives Act: assessing problems, developing services and creating a new role for a variety of female practitioners', *Women's History Review*, 18 (2009), pp.427-52.

acceptance by the local community and medical men, it appears that she clearly meets these criteria.

The extent to which Eaves's practice was typical of other midlands urban midwives may only be confirmed as more primary sources are analysed.¹¹² This analysis has yielded new insights into provincial domiciliary midwifery, and demands that our understanding of female midwifery practice, in terms of the status, experience and skills of female midwives in the second half of the nineteenth century is seriously reconsidered.

¹¹² Archives are beginning to see deposits of registers dating from the passing of the Midwives' Act in 1902. It will be instructive to compare early twentieth-century practice with Eaves's practice.

CHAPTER 7: CONCLUSION

This study has addressed a major omission in the historiography of midwifery, namely the lack of analysis of midwives and midwifery in Birmingham and its environs in the late eighteenth and nineteenth century. Notably, this analysis adds a perspective from the provinces, where the majority of the population lived. Just as the historiography of midwifery in Birmingham has been late to develop, the town of Birmingham was slow to establish its medical services.¹ The establishment of the dispensary in 1794 may have been prompted by the knowledge that the neighbouring, but smaller centre of Coventry had a general dispensary. By 1810, Coventry had two small lying-in charities while Birmingham had no such dedicated charity. Our understandings of midwives, if based on those who write and published are somewhat atypical.² Loudon identified questions to be considered regarding the ‘generality of midwives’ of the eighteenth and nineteenth century, including: What was their background? What was their status? How much instruction did they obtain? How much did they earn? And, what persuaded them to take up midwifery?³ Almost three decades after being posited, these questions have not been fully answered, but through the medium of this microstudy, answers can be proposed in respect of the midwives of Birmingham and its environs.

Most midwives were working-class, but some were in a position to aspire to the middling classes. In particular, lying-in charity midwife Ursula Phillips employed a servant, and her will directed the distribution of plate, silver tableware, and gold jewellery. The family of Rebecca Tongue believed that she left a will, suggestive of a reasonable level of income.

¹ J. Reinartz, *Health Care in Birmingham* (Woodbridge, 2009); S. Pinches, ‘Women as objects and agents of charity in Eighteenth-Century Birmingham’, in R. Sweet and P. Lane (eds), *Women and Urban Life in Eighteenth-Century England: ‘On the town’* (Aldershot, 2003).

² J. Allotey, ‘English midwives’ responses to the medicalisation of childbirth (1671-1795)’, *Midwifery*, 27 (2011), pp. 532-35.

³ I. Loudon, *Medical Care and the General Practitioner 1750-1850* (Oxford, 1986), p. 99.

Employment at the lying-in charity offered stability, and midwives' lengthy appointments indicate satisfaction with their circumstances. However, there was no other charity or hospital in the west midlands which could offer stability of employment to midwives.

Status is a relational concept, and midwives' status should be considered within both their working and social milieu. Midwives' status can be considered in relation to the women they cared for, other midwives, medical men and, for those employed by charities, the ladies associations and officers. Glimpses from obituaries and the evidence from the Coventry midwife's register demonstrate midwives' important roles in their neighbourhoods. The duration and extent of Mary Eaves's practice points to her being a prominent member of the community in Spon, for she delivered a high proportion of her neighbours, and women further afield. She was consulted about childbirth, and other matters, and was trusted by the poor law and the lying-in charities. Although not without bias, the very existence of the obituary of dispensary midwife Elizabeth Maurice, and the evidence contained therein, indicates that she had gained a fair profile in the town, and the dispensary used her obituary to publicise the charity and its work. The dispensary did not dismiss Maurice when she operated independently, possibly because it fearing adverse publicity, although other midwives were dismissed for alleged misconduct. Likewise, the status of the lying-in charity midwives and the charity's profile cannot be separated. Contrary to arguments that the charity's midwives were liminal, and of lower status than medical men, they had a degree of independence and the reputations of Birmingham's lying-in charities are mirrored in those of the midwives.⁴ The resignation of surgeon Lawson Tait from his honorary lying-in charity post was apparently precipitated by his criticism of midwife Ursula Phillips's practice, and when the board

⁴ E. Harvey, "'Liminal Figures': The Role of Female Employees within Charities in Birmingham and Sydney, 1860-1914", *Midland History*, 37 (2012), pp. 45-62.

supported Phillips, Tait resigned. There were requests for Phillips to attend private patients in other towns, and the lady superintendent of the Children's Hospital, requested that her sister should receive her midwifery training from Phillips. These scenarios indicate that, as in the case of some nineteenth-century nurses, midwifery was a potential route to social advancement.⁵ In 1873, the lying-in charity decided to insert the names of the midwives, instead of those of the surgeons, in the weekly notices placed in the *Daily Post*, and even six years after the midwives were appointed, the charity continued to refer to the trained London midwives in their annual report, which was published in the paper.⁶

Apart from the London-recruited midwives, firm evidence of midwives' modes of learning is limited, but the majority may be assumed to have received an apprenticeship-type training, working alongside midwives to whom they were possibly related. Mary Eaves appears to have served an apprenticeship with her neighbour. Women who claimed they assisted with childbirth on a neighbourly basis, and only very occasionally, can be identified through coroner's inquests, with the danger of biased interpretations of their practice. The extent of their training, if any, remains an unknown. Only the incomes of employed midwives can be determined with any degree of certainty. Midwives at the lying-in charity were among the highest paid female employees in Birmingham; together with private work, they achieved incomes which were compatible with a middle-class lifestyle. Mary Eaves's income from her practice in Coventry may have ranged from approximately £25 to £50 per annum, but caring for close neighbours may have resulted in a proportion of her fees being paid in kind, or even remaining unpaid, particularly in periods when trade was poor. Eaves's continued

⁵ S. Hawkins, 'From maid to matron: nursing as a route to social advancement in nineteenth-century England', *Women's History Review*, 19 (2010), pp. 125-43.

⁶ 'The Lying-in Charity', *Birmingham Daily Post*, 27 May 1873.

involvement in her family's silk weaving activities indicates that her midwifery income was liable to fluctuate.

Reflecting established modes of recruitment in many occupations, familial influences were evident.⁷ Midwives at the dispensary, and the lying-in charity, included the daughters, sisters and nieces of midwives. When Elizabeth Hallett left the dispensary in 1845, she practised alongside her daughter. Matilda Hallett was 23-years old, and, as if to gloss over her relative youth, and the fact that she was single, she appears in a trade directory as Mrs Matilda Hallett.⁸ In 1851, mother and daughter, described themselves as 'accoucheur', and practised from the same address, while their employment of a general servant possibly indicates their middle-class status.⁹ In this respect, Birmingham midwives bear similarities with practitioners in other locations, and from earlier periods.¹⁰ Emerging from this analysis is the identification of another factor influencing women's decisions to practice midwifery, and which has not been articulated in previous studies. When Elizabeth Roberts nurtured Mary Eaves as her apprentice, this may have been influenced by Roberts's sense of commitment, or even a duty, to her neighbourhood to ensure that her practice was transferred to a skilled midwife. This would ensure that Spon would continue to have a local midwife, when Roberts no longer practised. Given the tentative evidence of an informal midwives' guild in Coventry, sworn midwives may have been expected and supported to identify and train a successor. Eaves's ability to take over Roberts's caseload in Spon, combined with the indication that she practised for seven years before commencing her register, suggests she had spent those years

⁷ H. Barker, *The Business of Women* (Oxford, 2006), p. 106.

⁸ *Wrightson and Webb Birmingham Directory* (Birmingham, 1847), p. 161.

⁹ Elizabeth and Matilda Hallett, 1851 Census, HO107, Piece 2054, Folio 61, p. 21.

¹⁰ I. Grundy, 'Sarah Stone: Enlightenment midwife' in R. Porter (ed.) *Medicine in the Enlightenment* (Amsterdam, 1995), pp. 128-44.

as Roberts's apprentice. Furthermore, there are indications that Mary Eaves similarly identified a successor, in this case her neighbour, Bridget Webb.¹¹ The identification of more primary sources is needed to clarify the veracity of this proposition.

In contrast to women who chose to practise midwifery, pauper and paid nurses in workhouses had little choice about their involvement in childbirth, nor any training. Their care for labouring women had to be accommodated alongside their responsibilities for large numbers of the chronic sick. A varied picture of workhouse midwifery emerges in the second half of the nineteenth century.¹² Evidence from a review in 1868 indicated that pauper nurses were capable of becoming skilled childbirth attendants, and workhouses generally did not experience the high rates of maternal mortality seen in some lying-in hospitals.¹³ Aston Union engaged established midwife Rebecca Tongue for outdoor cases; she also worked for the dispensary and private clients. In Coventry, women in Spon were cared for by midwife Mary Eaves, whether they made a private arrangement, applied to a lying-in charity, or to the poor law. It appears possible that outdoor midwifery cases had better access to recognised midwives than women confined in the workhouse, who, if their labours were considered normal were delivered by paid or pauper nurses, though complicated cases might be delivered by the medical officer. Further analyses in other provincial locations should permit more light to be cast on this aspect of poor law midwifery, to clarify whether Aston and Coventry unions were unusual, or typical in their employment of established midwives for outdoor cases.

The expression 'poor-law midwife', with its overwhelmingly negative associations, obscures the reality of midwives' work, for as self-employed practitioners, midwives needed

¹¹ Bridget Webb, 1881 Census, RG11, Piece 3068, Folio 121, p. 5.

¹² A. Negrine, 'Practitioners and paupers: Medicine at the Leicester Union Workhouse, 1867-1905', in J. Reinartz and L. Schwarz (eds), *Medicine and the Workhouse* (Woodbridge, 2013), pp. 203-04.

¹³ I. Loudon, *Death in Childbirth* (Oxford, 1992), pp. 197-99.

to work for a range of clients and organisations, or even, as in Mary Eaves's case, develop sources of income which were unrelated to midwifery.¹⁴ In line with the national picture, workhouse births in Birmingham were a small proportion of overall births. In the years for which data is available, births in Aston workhouse rarely constituted more than 0.5% of those registered, while in Birmingham, they typically accounted for 1% of total births. Such low numbers indicate that workhouse conditions did, as intended, deter all but the most desperate of mothers from seeking admission. Above all, childbirth in the workhouses of the Birmingham area is characterised by the wide range of childbirth attendants.

Eighteenth-century Birmingham had no lying-in charitable provision until the general dispensary offered midwifery services in 1794. It was unusual for dispensaries to offer midwifery, and the decision to offer the service may have been related to the absence of a dedicated lying-in charity in the town, and the founders' awareness that a number of neighbouring, but smaller towns had such a charity. Apart from when problems emerged, the midwifery department is barely mentioned in the minutes, indicating reactive management approach by the committees, which enabled the midwives to operate with minimal oversight from the general or medical committee, and largely independently. From the outset when the department was operated by Mrs York and her daughters, until 1835 when Elizabeth Maurice died, it appears that the department was run along the lines of an independent family business, with minimal oversight by the committees. At various points between 1819 and 1835, Elizabeth Maurice engaged in private practice, and operated a midwifery agency. Although in contravention of her terms of employment, this was not identified by the charity's management for a lengthy period. Committee members' limited attendance at the dispensary,

¹⁴ R. Hodgkinson, *The Origins of the National Health Service* (London, 1967), p. 31.

while the chief midwife was resident, was probably a factor in this delay. Evidence of the varied performance of midwives in clinical matters, relationships with other midwives or medical staff, and record keeping, chimes with evidence from similar charities.¹⁵

Charities' justifications for employing midwives or medical officers were swayed by the outcomes they hoped to achieve. In 1845, prompted by competition from a new lying-in charity, the dispensary midwife was replaced by a surgeon-accoucheur. The all-male dispensary committee asserted that local women preferred the town's new lying-in hospital and charity, where attendance was by doctors or their pupils. The midwife's dismissal marked a notable juncture in maternity services in Birmingham, for from 1845 until 1868, both the dispensary's and the lying-in charity's midwifery services were operated by medical men. By 1820, almost every town in the surrounding area had a lying-in charity, and Coventry even had two. These charities were typically small scale, and operated by ladies committees with minimal, or no, male involvement. The mode of operation, criteria for relief and benefits provided by these smaller charities reflect existing, albeit limited, historiography. Furthermore, in Coventry, it appears that recipients and subscribers were known to each other, in contrast to the more distant contact identified in larger centres. Although initially established to provide 'comforts' to poor women, there is evidence from Coventry of a charity's growing awareness of the need to make firm arrangements with medical men for emergency assistance. In some of the more prosperous centres, including Cheltenham and Kidderminster, the early involvement of medical men in small lying-in charities possibly reflects the greater wealth of these towns. Consequently, the charities were able to attract

¹⁵ S. A. Seligman, 'The Royal Maternity Charity; The first hundred years', *Medical History*, 4 (1980), pp. 403-18.

medical men keen to establish a foothold in practice, and involvement with a charity was an effective means of raising one's profile.¹⁶

The latter period covered by this study is one in which the position of midwives, and their need for formal training and registration, or alternatively, their abolition, was beginning to be debated, in the capital at least and a number of opposing factions displayed inter- and intra- professional interests and rivalries. That two Birmingham charities, fifty years apart, sought trained midwives from London indicates an awareness of these issues. Certainly, in 1868, the lying-in charity's reports in the *Daily Post* announcing that the service would henceforth be delivered by trained midwives from London, illustrates sensitivities that the charity might have been accused of placing women in the hands of untrained midwives. The charity's four midwives appeared acutely aware of the debates concerning midwives' abilities, for they called themselves 'accoucheuse', to indicate their respectability, and trained status.

However, midwives including Mary Eaves in Coventry, and Elizabeth Hallett and Rebecca Tongue in Birmingham, are probably more representative of the majority of midwives in Birmingham and its environs. Certainly Mary Eaves, if she was aware of emerging discussions about the future of midwives, had no reason to be overly concerned. Eaves had, it seems, served an apprenticeship, she was a sworn midwife and had a thriving practice. A further indicator of the distance both geographically, and in terms of the fervour of the debate in Birmingham and London, about the future of midwives, can be discerned in the minimal interest in the training offered by the former's lying-in charity, in 1872, even though it was the only training situated in the midlands. Limited uptake of the training suggests that

¹⁶ L. Granshaw, 'Fame and fortune by means of bricks and mortar': the medical profession and specialist hospitals in Britain, 1800-1948', in L. Granshaw and R. Porter, *The Hospital in History* (London, 1989), pp. 199-220.

established midwives did not feel their livelihoods were threatened, neither were aspiring midwives attracted. The fees incurred, the commitment to serve the charity for three years, if required, combined with the domestic disruption, may have constituted major disincentives.

In terms of their modes of work, many of the midwives identified here are best considered as self-employed businesswomen, and making a living involved working for a range of individuals and organisations. Cultivating networks, and establishing a reputation, were vital means of ensuring a steady flow of work.¹⁷ In the first half of the nineteenth-century, the concentration of Birmingham midwives in the area around Cherry Street, reflects the need to be based in the right location, close to the dispensary and medical men. Like nineteenth-century midlands businesswomen in other sectors, midwives were part of the fabric of a town.¹⁸ Midwives were not listed in Birmingham directories until the mid-nineteenth century, and even by 1878, there was no midwife list in Coventry directories. These absences indicate that midwives' custom was largely dependent upon word of mouth, and local reputation. Given the limitations of the census in identifying women's paid work, town directories, along with fire insurance registers, are increasingly being used by historians as sources for analysing women's paid work. These sources have limitations in identifying midwives and the breadth of their work, because they did not need to advertise widely, neither did they have goods to insure. In this study, glimpses into the range of midwife Rebecca Tongue's work in Aston and Birmingham were revealed through a combination of charity and

¹⁷ B. Mortimer, 'Independent women: Domiciliary nurses in mid-nineteenth-century Edinburgh', in A. Rafferty, J. Robinson, and R. Elkan (eds), *Nursing History and the Politics of Welfare* (London, 1997), pp. 133-49.

¹⁸ C. Wiskin, 'Industry, investment and consumption: urban women in the Midlands', in J. Stobart and N. Raven (eds), *Towns, Regions and Industries* (Manchester, 2005), pp. 62-79.

poor law records. Mary Eaves's register provided rich and valuable insights into her practice, but the survival of a register detailing the whole of a sworn midwife's practice, is exceptional.

From Coventry, Mary Eaves's register has revealed valuable evidence, of an apprenticeship training, and the practice of midwives' being 'sworn'. The nature of Eaves's swearing in merits further study, for the date of 1849, suggests that, depending on locality, the chronology of the practice should be revised forward. Additionally, Eaves's sizeable practice, calls for revisions to be made to estimations of the caseloads of urban midwives. Delivering over five-thousand women over her career, such an intense level of practice demands historians to reconsider their assumptions about the extent to which midwives of this period were in full practice. That said, Eaves's extensive practice is in sharp contrast to the meagre official record of her midwifery occupation. These findings emphasise the continuing need for historians to search for hitherto hidden primary and secondary sources in order to extend understandings of women's caring work, the contribution and commitment of female practitioners to their local neighbourhoods, and to counter the failure of official records to capture women's paid or unpaid work.

Although Birmingham's medical men expressed concerns regarding the skills of local midwives in the early 1840s, midwifery training was not implemented until 1872. Surgeon John Waddy's polemic was possibly motivated by his desire to emphasise the training offered by the lying-in hospital, which he had co-founded. Furthermore, there was a minority view in medical circles that midwives would not be necessary in future, negating any need for training. The failure to implement midwife training may indicate that in reality, the majority of local midwives were competent women, and Waddy's statements were indeed polemic, to justify and publicise the lying-in hospital. The focus on medical training may have been

driven by a range of interests within the town, including aspiring obstetricians, charity governors, members of ladies associations, and subscribers, many from upper middle-class families, a group which were increasingly turning to medical men for childbirth attendance. No evidence has emerged of the reactions of midwives in Birmingham and its environs to the increasing involvement of medical men. In contrast, in 1868, when the lying-in hospital replaced the medical officers with midwives, local doctors expressed their concern that the midwives' status, arising from their employment at the charity, would act as a recommendation to poorer women. Their suggestion that the charity continue to employ medical practitioners indicates that they possibly feared competition from the midwives. In Coventry, the situation appears quite different, with midwives retaining their monopoly over childbirth until the early years of the twentieth-century. Influencing factors may have included an informal midwives guild, the presence of two lying-in charities, co-operation, or even mutual respect, between midwives and medical men, and the lack of a medical school.

In her own regional studies of midwifery, Tania McIntosh identified that the midwives of Sheffield, in the period 1879 to 1939, lacked a sense of common professional purpose, and were not active in campaigning for professional recognition.¹⁹ Eighteenth-century midwives were also found to lack professional networks.²⁰ The situation in Birmingham appears to have been similar; there is no evidence of collaborative action by midwives to defend their livelihoods and status. Constraints on midwives' abilities to work together for a common cause included the demands of domestic and family responsibilities, alongside midwifery work, with its irregular hours. A proportion of Birmingham midwives may have felt a need to defend and promote their occupations, and the adoption of the title 'accoucheuse' by some midwives suggests this. However, due to personal circumstances, they may not have been

¹⁹ T. McIntosh, 'A price must be paid for motherhood: the experience of maternity in Sheffield, 1879-1939' (Unpublished PhD thesis, University of Sheffield, 1997), pp. 170-71.

²⁰ Allotey, *English Midwives*, pp. 532-35.

able to take up the cause of defending midwifery as a female occupation, even if they regarded the cause a worthy one.

One of the aims of this study was to counterbalance the wealth of London-based scholarship on eighteenth and nineteenth-century midwifery, and present a provincial perspective. While demonstrating that midwifery in Birmingham and its environs has its own distinctive features, the influence of the metropolis can be discerned, particularly in relation to the dispensary and lying-in charity, for both charities appointed London midwives. The dispensary's appointment of a London midwife in 1819 may indicate dissatisfaction with local midwives, although the potential prestige accruing to the charity by appointing a midwife from the capital, may have been a consideration. The closure of Birmingham's lying-in hospital in 1868 indicates that events in London were being monitored, for it closed on the same date as the lying-in ward at King's College Hospital.²¹ Although not alluded to in the charity's annual report the Birmingham board may have felt the closure at King's justified their decision. Birmingham Lying-In Charity maintained its reliance on London for some years: it continued to appoint midwives from the capital, and sought guidance from the Female Medical Society when it initiated midwife training. Birmingham was not alone in being influenced by London; Liverpool Lying-in Hospital also considered establishing midwifery training along the lines of the Female Medical Society.²² This interplay of local and national influences reminds us that while medical histories inevitably have a local dimension, awareness of events further afield need to be considered.²³

²¹ M. Bostridge, *Florence Nightingale* (London, 2009), pp. 428-31.

²² C. Stephenson, 'The voluntary maternity hospital: a social history of provincial institutions, with special reference to maternal mortality, 1860-1930', (Unpublished PhD thesis, University of Warwick, 1993).

²³ J. Reinarz, 'Putting medicine in its place', in E. Dyck and C. Fletcher (eds), *Locating Health* (London, 2011), p. 41-2.

The findings from this analysis of midwives and midwifery in a provincial location suggest that the development and shape of maternity care in the urban west midlands, and Birmingham in particular, was touched by events which occurred in the capital, as well as neighbouring towns. In Birmingham, these outside influences were overlaid upon local factors, including the pragmatic concerns of charities; competition, and on occasions cooperation between charities, and the emergence of medical training in the town. Judging the extent to which the working lives of Birmingham midwives were affected by these changes is somewhat constrained by the sources. Almost all women continued to be delivered at home, for the only institutions in the area which offered lying-in facilities were the workhouses.

The urban west midlands has barely featured in the historiography of midwifery. This is the first study to offer a more comprehensive account of the situations and work of midwives in Birmingham and its environs, from the late eighteenth and the nineteenth century. By taking a broad perspective, and integrating a range of sources, encompassing a midwife's register, poor law records, and large and smaller lying-in charities, this study presents a significant step forward in understanding the midwives of the locality, inserting them into the record of women's work, and taking our knowledge forward.

Appendix 1

Population of Birmingham, 1801-1841

1801	60,822
1811	70,207
1821	85,416
1831	110,914
1841	138,215

Source: W.B. Stephens (Editor), "The Growth of the City," A History of the County of Warwick: Volume 7: The City of Birmingham, British History Online, <http://www.british-history.ac.uk/report.aspx?compid=22959> accessed 31 Oct. 2013.

Appendix 2

Population of Birmingham and towns in adjacent counties, 1841-1881

County	Superintendent Registrar Districts	1841		1851		1861		1871		1881	
		n=		n=	% change						
Staffordshire	Burton			31,843		41,059	28.9	52,628	28.2	73,878	40.4
	Stafford			22,787		24,481	7.4	26,768	9.3	30,545	14.1
	Stoke			57,942		71,292	23.0	89,262	25.2	104,318	16.9
	Walsall			43,044		59,898	39.2	71,834	19.9	84,107	17.1
	Wolverhampton			104,158		126,894	21.8	136,053	7.2	145,470	6.9
Warwickshire	Aston*			66,852		100,522	50.4	146,818	46.1	209,887	43.0
	Birmingham	138,215		173,951	20.5	212,510	22.2	231,015	8.7	246,353	6.6
	Coventry	30,743		36,812	16.5	41,647	13.1	40,113	-3.7	45,116	12.5
	Warwick			41,934		44,040	5.0	48,840	10.9	52,874	8.3
Worcestershire	Kidderminster			32,917		30,295	-8.0	34,948	15.4	40,942	17.2
	King's Norton*			30,871		47,347	53.4	66,803	41.1	96,141	43.9
	Worcester			27,677		30,970	11.9	32,416	4.7	32,294	-0.4

*District with a shared boundary with Birmingham.

Sources:

1841: Census of Great Britain, 1841, Abstract of the answers and returns made pursuant to acts 3 & 4 Vic. c.99 and 4 Vic. c.7 intitled respectively "An act for taking an account of the population of Great Britain," and "An act to amend the acts of the last session for taking an account of the population." Enumeration Abstract. BPP 1843 XXII (496) 1

1851, 1861: Census, 1861. *Preliminary Report. England and Wales, 1861*. Table VI. Houses and population in superintendent registrars' districts on March 31st, 1851, and on April 8th, 1861, pp. 15-16.

1871: Census, 1871 *Population Tables, England and Wales, Vol. II, Registration Counties*, Division vi. West-Midland: Gloucester, Hereford, Salop, Stafford, Worcester, Warwick. Table 9. Number of marriages, births, and deaths registered in each of the superintendent registrars' districts during the ten years 1861-70; excess of births over deaths; and increase or decrease of population between 1861 and 1871, p. 332.

1881: Census, 1881 *Population, England and Wales, Vol. II, Registration Counties, 1881*, Division vi. Table 10. Aggregate number of marriages, births, and deaths registered in each of the registration districts during the ten years 1871-80; the excess of registered births over deaths; and the increase or decrease of population between the censuses of 1871 and 1881, pp. 372-74. All tables accessed at Online Historical Population Reports (histpop), <http://www.histpop.org/ohpr/servlet/Show?page=Home> accessed 4 Feb. 2013.

Population figures for the nineteenth century must be treated with caution. Boundary changes occurred, census figures could be revised, and authors are not always clear about the areas they are including; Black and MacRaild's statement that by the 1850s, Birmingham's population was 'more than 230,000' is presumably due to their combining the 1851 figures for Aston and Birmingham; J. Black and D. M. MacRaild, *Nineteenth-century Britain* (Basingstoke, 2003), p. 84.

Appendix 3

Principal Occupations in Birmingham in 1851

Occupation	n=	%
Domestic servants (general)	8359	13.63%
Button-makers	4980	8.12%
Brass founder	4914	8.01%
Labourers	3909	6.37%
Other workers & dealers in iron & steel	3864	6.30%
Workers in mixed metals	3778	6.16%
Milliners	3597	5.86%
Shoemakers	3153	5.14%
Gunsmiths	2867	4.67%
Gold- and silver-smiths	2494	4.07%
Messengers, porters	2283	3.72%
Iron manufacture	2015	3.28%
Tailors	2009	3.28%
Washerwomen	1965	3.20%
Carpenters, joiners	1851	3.02%
Bricklayers	1694	2.76%
Other workers in gold & silver	1153	1.88%
Glass manufacturers	1117	1.82%
Cooks, housemaids, nurses	1113	1.81%
Painters, plumber, glaziers	1097	1.79%
Blacksmiths	1091	1.78%
Cabinet-makers	1027	1.67%
Tool-makers	1011	1.65%
Total	61,341	

Source: E. Hopkins, *Birmingham. The First Manufacturing Town in the World 1760-1840* (London, 1989), p. 53. Hopkins cautions that the figures may not be wholly accurate, because occupational classifications were not always clear, p. 53.

Appendix 4

Coventry Lying-in Charities - Women and Subscribers

i) Sarah Lovegrove, 1855-63 - The Hughes family

Surname	Title	First name	Date	Address	Ticket
Lovedoe			23.12.1855	Bond Street	Hughes
Lovegrove			30.11.1857	Bond Street	Hughes
Lovegrove	Mrs		7.5.1859	Bond Street	Miss Hughes
Lovegrove		Sarah	27.8.1861	Bond Street	Mrs Hughes
Lovegrove		Sarah	4.10.1863	Raglen Street	Mrs Hughes

Source: Analysis of the Coventry midwife's register, 1847-75, CHC, PA63/1-3

ii) Charlotte Bird/Burr, 1854-63 - The Ratliff family

Surname	Title	First name	Date	Address	Ticket
Bird			3.6.1854	Spon Street	Ratliffe
Burr or Bird		Charlotte	8.5.1859	Chapel Yard, Spon Street	Mrs Ratliff
Burr		Charlotte	19.5.1860	Chapel Yard, Spon Street	Mrs Ratliff
Burr		Charlotte	15.7.1861	Barris Lane	Mrs Ratliff
Burr		Charlotte	24.10.1863	28ct Spon Street	Mrs Ratliff

Source: Analysis of the Coventry midwife's register, 1847-75, CHC, PA63/1-3

iii) Dix, 1853-58 - The Dewes Family

Surname	Title	First name	Date	Address	Ticket
Dix			11.1.1853	Spon Street	Dewes
Dix			12.8.1854	Spon Street	
Dix			14.1.1857	William 4th Yard, Spon Street	Davis
Dix			21.2.1858	Spon Street	Mrs Dewes
Dix		Elizabeth	9.10.1858	Spon Street	Mrs Dewes

Source: Analysis of the Coventry midwife's register, 1847-75, CHC, PA63/1-3.

Appendix 5

Locations where Mary Eaves made 1% or more visits*

	Deliveries	
	N=	%
Spon		
Spon Street	1,073	21.3
Spon End	370	7.3
Spon Bridge	94	1.8
Spon Causeway	22	
Total 'Spon'	1,559	31
Other streets:		
Butts	298	5.9
Sherbourne Street	239	4.7
Thomas Street	161	3.2
Well Street	153	3
Hill Field(s)	127	2.5
West Orchard	120	2.3
Gosford Street	80	1.5
Smithford St	74	1.4
Hill Street	74	1.4
New Buildings	68	1.3
Gray Friars Lane	64	1.3
Much Park Street	62	1.2
Little Park Street	58	1.1
Leicester Street	55	1

Source: Analysis of the Coventry midwife's register, 1847-75, CHC, PA63/1-3.

* The spelling of street names reflects that most commonly used in the registers.

Appendix 6

Midwife Rebecca Tongue

Rebecca Tongue's midwifery career can be identified from various sources from 1840 onwards. In May 1840, at the age of approximately 49 years, Rebecca Tongue was appointed as the main substitute midwife to Birmingham Dispensary, in the event of the chief midwife Elizabeth Hallett, being indisposed.¹ By 1849 she is working as a midwife on behalf of Aston Poor Law Union.² She appears in the 'Midwife' listing in town directories of 1847, 1855 and 1858.³ In the 1851 census, she is a 'Mid Wife', and lives in A B Row, close to the town centre.⁴ By 1861 she is widowed, and described her occupation as a midwife in the census.⁵ Rebecca Tongue died in February 1876, aged 86. On her death certificate her profession is given as 'Widow of Samuel Tongue'.⁶ Some months after her death, Tongue's daughter posted an advertisement in the *Daily Post* seeking help in locating her mother's will, which she believed had been drawn up in 1873 and had been deposited with a friend.⁷ Presumably in the expectation that Rebecca Tongue had left a certain amount of wealth, a £5 reward was offered for its return.

¹ WCAR, Minutes of the medical committee meetings, BGD, 1822-1893, MS1759/1/2/1, 19 May 1840.

² WCAR, Aston Union Minute Book, GP/AS/2/1/4, 27 Feb. 1849.

³ Wrightson & Webb, *Directory of Birmingham* (Birmingham, 1847), p. 161; White, *General & Commercial Directory and Topography of the Borough of Birmingham* (Sheffield, 1855), p. 379; Dix, *General & Commercial Directory of the Borough of Birmingham* (Birmingham, 1858) p. 441.

⁴ Rebecca Tongue, 1851 Census, HO107, Piece 2061, Folio 632, p.19.

⁵ Rebecca Tongue, 1861 Census, RG9, Piece 2147, Folio 57, p. 2.

⁶ Rebecca Tongue, Death Certificate, 7 Feb. 1876.

⁷ 'Public Notices', *Birmingham Daily Post*, Issue 5590, 10 June 1876.

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