6. Health Administration in Wartime

In the previous chapter, we have shown the implausibility of arguments which relate the decline in civilian mortality rates in wartime Britain to fuller or more comprehensive levels of medical intervention. It remains to consider the possibility that the public health services and other war-related welfare programmes compensated for the shortage of medical care available to civilians to a degree sufficient to account for the wartime improvement in life expectation among vulnerable sections of the population.

One important area in which this claim has been advanced is that of infant and maternal health. In the first part of this chapter, we evaluate this argument. We first describe the emergence of a wartime consensus on the national – indeed the international – importance of work in this field, and secondly discuss the complex interaction of bureaucratic and local government politics which determined the pace of reform in wartime provision for mothers and children. We conclude that, although there were substantial improvements in public policy on maternal and infant welfare during the war, the major impact of these measures was not immediate, but lay, rather, in the future. Despite the passage of a Maternity and Child Welfare Act in 1918, which consolidated wartime developments, it was still the case at the end of the war that the major forms of state activity in this field were too few, too scattered and too undersubscribed by the working-class population to have had much of an immediate effect on survival rates among mothers or their infants.

Of course, health administration in wartime covered a much broader area than childbirth and early life. In the second part of this chapter, we survey another area of public health policy in wartime – that relating to the health of munitions workers. The
major issues here were welfare supervision at work, the extension of national insurance, and the provision of industrial canteens in munitions factories. Again our conclusion is similar to that reached with respect to infant welfare work. While many measures in these areas were of real importance in the long-term development of the nation’s health, it is unrealistic to argue that they were primarily responsible for the immediate gains in life expectancy registered among non-combatants in the war period itself. As in the case of the medical profession during the war, health administration probably prevented worse things from happening. But it appears that for the true source of wartime improvements in civilian health, we must look to rising standards of living, especially for the worst-off sections of the population, a subject which is treated in chapter 7.

I TO SAVE THE NATION’S CHILDREN

A Pro-natalism and Public Health in Wartime

We have noted in chapter 1 the emergence in the years before 1914 of a body of opinion concerned with the political and strategic ramifications of the secular decline in the European birth rate. Many of those who felt strongly on this issue were advocates of large families, but in Britain it was rare for their views to be expressed with the melodramatic force or apocalyptic imagery frequently found among French commentators on the subject of dénatalité, a word which is so alien to English culture that it defies direct translation. Instead of focusing attention on fertility, the pre-war British discussion centred more on the question of the quality of the ‘race’. This approach prepared the ground for an easy acceptance in Britain of the significance of measures directed to preserving child life as part of the overall campaign to avoid the perils of ‘population decline’.

Both before the war and during the 1914–18 conflict, the real difficulty with much of the agitation about the birth rate was that it involved the relatively ineffective, if not pointless, exercise of men telling other men how women ought to behave. This was even truer of the French obsession with the public virtues of perpetual pregnancy than of the British debate on the need to save child life