7. Standards of Living and Standards of Health

In chapter 4 we surveyed the abundant evidence that there was a major decline in civilian mortality rates in wartime Britain. In particular the worst-off sections of the working class, which had registered the highest death rates in the pre-war period, gained the most in terms of life expectancy. We have sought explanations in wartime developments in medical intervention and in health administration, but have found that neither can account for the demographic data we have analysed. This leaves one possible avenue of inquiry: a rise in the standard of living of the working class in general and of the poorest sections within it in particular.

Such an argument has to overcome two kinds of counter-evidence. The first is the persistence of contemporary complaint and protest among working people about what were seen as declining living standards in wartime. The second arises from a glance at aggregate real wage data, which indicate that food prices may have risen more rapidly than wages until 1918. Since the main determinant in the standard of living which bears on health is food consumption, these data suggest that we cannot find the source of the wartime decline in civilian mortality in the standard of living. However, we shall argue that working-class families could afford during the war to maintain and in many cases to improve their food consumption. In order to establish this, we must break down the aggregate data. This breakdown will show first and most importantly that there was a levelling up of wages which benefited most precisely those groups whose mortality declined rapidly during the war. For many poorly-paid occupational groups, wage increases kept pace with or outstripped rising prices. Secondly, with respect to prices, we shall see that the working-class family basket of consumables changed during the war, reflecting the
substitution of less expensive, though equally nutritious, foods for more expensive foods. In addition, rent control and control of the liquor trade liberated more family income for food than had been available in 1914. Together, these developments account for the maintenance of living standards during the war period.

There are three additional factors though, which suggest that for a substantial part of the working-class population, standards of living were not only maintained, but rose relative to the pre-war period. First, earnings easily outstripped wages in wartime, due mainly to overtime pay, piece-rate payment, and the eradication of unemployment. Secondly, millions of working-class families were smaller during the war, because the men were in uniform and the birth rate dropped. Consequently there was simply more food to go around in many households. To this we may add a third factor, already mentioned in chapter 6, namely, the material benefits of certain social policies, such as the opening of industrial canteens, the enforcement of closing hours on pubs, as well as the payment of separation allowances to support the families of servicemen.

However, two important qualifications are in order here. The first arises from the fact, presented in chapter 4, that while nutrition-related mortality declined in wartime, respiratory disease mortality rose. The latter is explained by two components of working and living conditions which deteriorated during the war. The first is the run-down in the country’s housing stock. The second is an increase in the concentration of workers in factories old and new. Both these developments provided ideal breeding grounds for the spread of respiratory infections.

But as we noted in chapter 4, the increase in respiratory disease mortality was far smaller than the decrease in nutrition-related mortality. We may therefore assume that the maintenance and improvement of food consumption levels during the war offset the detrimental effects to the health of the working population due to worsening housing conditions and to overwork and overcrowding in war factories. Thus we can say that the improvement in the standard of living is the best explanation for the decline in mortality rates among the working population in wartime Britain. This is the main explanation, too, of the central paradox we set out with, that a conflict of unprecedented human costs was also the occasion