

'POWERLESS TO PREVENT HIM'. ATTITUDES OF MARRIED WORKING-CLASS WOMEN IN THE 1920s AND THE RISE OF SEXUAL POWER

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Introduction

In the autumn of 1925, Dr Marie Stopes began publishing articles on birth control in *John Bull*, a periodical mainly read by the working class, to which she invited readers' replies.¹ There are 285 original handwritten letters to Marie Stopes in the collection of her papers held by the Wellcome Institute for the History of Medicine in London.² The letters had been selected as from working-class readers for publication in a book, *Mother England*.³ The majority, (254), were from women. Every correspondent gave some personal details, but there was no uniformity of facts to facilitate statistical analysis. Statistics, however, tell little about relationships within households and the sample of 285, when compared with the size of the whole working class, is too small for any detailed statistical treatment.⁴

Therefore, though the correspondents represent a microcosm of a large section of society, since they were writing to Marie Stopes for information, they were already receptive to the idea of birth control.⁵ Despite this slant, the letters are worthy of detailed perusal as they cover a neglected period of the twentieth century with regard to population history and reveal an insight into dramatic changes within the family. The value of these letters as a source has been recognised by other writers. Attention was drawn to them recently by Wally Seccombe. Moreover, as a direct testimony of working-class women, they provide an interesting contrast to the work of Elizabeth Roberts.⁶ The intention of this article, therefore, is to take the analysis of the letters to Marie Stopes further by exploring the attitudes inherent in them and tracing the changing balance of sexual power in marriage.

The testimony of the women: attitudes and beliefs

When the letters were written in the mid-1920s, families were already significantly smaller, averaging two living children as against five or six in Victorian times.⁷ It is not surprising, therefore, that the major themes inherent in the letters were the attitudes of the women to child-bearing and the response of the medical profession to their desires to limit their families. In eighty-four letters, dread was expressed of having another child. 'I would sooner die than be a mother again', was a typical comment. So intense was the 'nightmare' of becoming pregnant again, that there were suicidal thoughts. 'I will do away with myself', was not an isolated remark. The hope 'that in future I shall have

that awful dread of conception taken off my mind', expressed the hope of them all. The perpetual fear concerning child-bearing affected the health of many women and 'I am ill with worry' was a common expression. Although Seccombe stated that 'many men empathized with their wives' fear of pregnancy and were evidently willing to waive their conjugal rights when there was a serious risk of conception', only thirty-one men wrote.⁸ Some did express concern, but they were writing because they were only willing to waive their conjugal rights for a limited time. It was their wives who, overwhelmed by pregnancy, were acutely aware that conjugal rights often led to pregnancy and had convinced their partners of the fact.

The details given of a large number of home confinements were horrifying with a doctor only being called to assist the midwife when complications occurred. Confined women attended by a doctor specifically mentioned this fact to stress their experiences of difficult and complicated births. Although in 1918 a Maternal and Child Welfare Act was passed, the letters highlighted the inadequacy of state provision at that time.⁹ Many women clearly felt, or had been told, that they had nearly lost their lives in childbirth. They described having to have chloroform (which would not be given automatically) and instruments, or instruments and no chloroform, which would add to the ordeal. 'Terrible' was the frequent adjective – 'I had a terrible time with two doctors'; and 'I have suffered terribly at each confinement'. Giving birth never seemed to get easier, for a writer married nearly twenty years and expecting her tenth child expressed her confinements as, 'a live terror as I have such hard times'. Roberts confirmed that for many women, confinements were 'dangerous, painful and unpleasant'.¹⁰ Even when circumstances appeared favourable, confinements were still described as 'terrible'. One twenty-two year old in good health was in labour for two days and the doctor visited nine times. She described herself as 'I am what people term a little made woman'.¹¹ It is reasonable to assume that, if the birth had been in a hospital, a caesarian would have been performed.

The fear of dying was the all-pervading aspect of the women's letters and, without a doubt, influenced the attitude: 'I have done my Duty as a Woman'.¹² It was apparent correspondents were rejecting the ideology of the era that the married women's role in life was to produce children. A mother of ten children was among those who had decided to act for her own good, as her husband was 'one of those who seem to think we ought to let Nature as he calls it have its way and that if I am to have 20 children then it is only my duty as a married woman to put up with it'. It was the determination to control their own fertility that motivated the women into taking the initiative in seeking knowledge of birth control.

Male and female writers clearly stated that the medical profession said or implied that another pregnancy would be dangerous, or fatal, for the mother, but then failed to give any advice.¹³ The letters were riddled with reports of doctors refusing to help with birth control. They were generally depicted as indifferent, and midwives ignorant or unsympathetic to the plight of these working-class women. This is corroborated by Roberts, who goes so far as to say 'the attitude of some doctors was hostile'.¹⁴ Numerous comments were

made like, 'My doctor warned me that if I have any more he will not be answerable for me, but he does not tell me what to do.' Even when it was realised that the chances of the child's survival were slim, the attitude was the same and no useful information was given, as confirmed by a writer who had lost two of her three children. Her doctor just commented, 'it is a shame to keep on bringing children into the world to let them suffer'. The fact that the doctor said 'no more' provided the women with a 'powerful tool', as Seccombe put it, to justify ceasing to have more children, but the letters also highlighted vividly the frustration and anger of the women to the doctors' attitude.¹⁵ There was strong resentment with complaints of doctors refusing 'to give knowledge which is common knowledge amongst the rich'. It was the fact that the medical profession said these mothers should not have more children which legitimised for them their intention to cease child-bearing, but it was their frustration with the medical profession's unwillingness to assist them which roused them to action. It is true that some were anticipating the modern pro-choice slogan, 'every child a wanted child', but many did not think that far and were driven instinctively by fears heightened by the genuine terror that they would die. The impression these working-class women had of the medical profession's uncaring attitude to their plight was an outstanding feature of the letters.

This was a time of depression and many writers were suffering economic hardship and added to the cost in health to the mother was the financial burden. One such correspondent was ordered to bed by the doctor, but she 'struggled on'. The confinement was difficult with instruments and chloroform and, after the birth, she was confined to bed for six weeks with a full-time nurse in attendance. Consequently, the couple 'had not a penny left' and part of the furniture had to be sold. Even buying medicine strained some families' finances. A mother of five, whose husband earned less than £2 per week, was prescribed pills costing 3s. 6d. a dozen.¹⁶ She wrote, 'I take 3 a day and am supposed to take them for 3 months, but they will have to be scored off and take my chance as our wages would not allow us to get them.' Nevertheless, for the women, monetary matters, however great, were a lesser consideration compared to the fear of death, the 'terrible' confinements and cost to their health. Conversely, for most of the thirty-one male writers, financial considerations, including the burden of extra mouths to feed, took second place to their sexual needs.

Most writers were ignorant of any method of birth control and were obviously desperately seeking knowledge. They described their fruitless efforts: 'What to do, well, I have asked women who I thought might tell me but I might as well never ask.' The lack of sex education meant that women did not know what to expect on marriage and this was another cause of indignation as this writer illustrated, 'I married knowing practically nothing of what married life would be - no one ever talked to me and told me things I ought to have known and I had a rude awakening.' A few had a vague, but incorrect, knowledge about the 'safe period' and there was the prevalent belief that breast-feeding acted as a preventive, which frequently led to a further pregnancy. Others admitted that becoming pregnant through ignorance forced them into marriage.

It was apparent that fourteen writers had some knowledge, as they either enquired about or stated they used 'artificial methods', with Rendells pessaries being the most popular. There was concern as to whether contraception was harmful and worries were expressed, 'I am terribly nervous of the methods used by some women, as I have heard such horrible stories about them and have never yet used any sort of preventative.' Naturally, people were diffident about contraception and one woman explained that her husband 'is so shy regards getting advice on this matter I thought I would try myself', providing another illustration of how women were taking the initiative. They also drew attention to the problem of acquiring contraceptives for, as a Nottingham writer admitted, 'I haven't the courage to go into a shop'. Marie Stopes had become a figure of trust for the writers and approaching her was an unembarrassing way of acquiring knowledge and advice.

Only seven writers mentioned using withdrawal, but twenty-one stated they practised abstinence.¹⁷ There was, however, the view that withdrawal and abstinence (like the 'artificial methods') were harmful to health, with one woman complaining that she was a 'wreck with indigestion' as a result of withdrawal and others considered it bad for both partners. To ensure abstinence, some kept apart, often sleeping in their children's rooms instead of together. Abstinence led to arguments, depression and a lack of affection as voiced by this quotation: 'My husband tells me to control and hold myself in check, which I do, but we do without kisses, my husband gets ill tempered, we quarrel, make it up and afterwards I am in torment I know I should do something wicked if I found myself in confinement again.' Although some women did admit to being pleased if 'left alone', abstinence was generally shown to be counter-productive. The attitude was that it was 'against our inclinations and desires'. There was even a feeling of guilt, 'I have a real good husband who has studied my health for the last 10 months, but I often wonder if it is fair to him'.

Concerns were voiced about the results of abstinence: 'I am afraid that as time goes on the constant restraint my husband is using may cause him to become indifferent to me and under such an existence I sometimes feel very miserable.' One wife predicted, 'I feel sure it will end in a separation soon'. Serious fears regarding possible infidelity were also admitted. 'I think it always makes a man look elsewhere and I think I would rather have all the children in the world than that', was the philosophy. This worry about infidelity was often a paramount consideration. 'Above all other things I don't want to drive him to go after other women, which I am sorry to say are plentiful enough worse luck around these parts', explained one such woman, who was baffled as to how these 'other women' managed to escape having children.

There was little support for the condom which, when mentioned, was viewed as being injurious or ineffective.¹⁸ Marie Stopes did not approve of it, but it is doubtful whether many writers would be aware of the fact.¹⁹ The disinterest helps to confirm the theory that, as it was predominantly the women who wrote, they wanted to have control of their own fertility. This was certainly the case with one for she wrote, 'I have to watch my husband very closely or he would deceive me and not put it on'.

Although it was not always clear from the fifty-three correspondents who had experienced more pregnancies than live births whether the reason was miscarriage, stillbirth or abortion, it was apparent that many women (but not all) did not know that abortion was a criminal offence.²⁰ The fact of abortion was clearly recorded with the taking of pills or drugs being the popular method. The findings in the letters showed the impact of the practice of criminal abortion on the falling birthrate.²¹ For working-class women in the 1920s, the cost of an abortion was limited to a single payment and there was less need for privacy, preparation and perseverance than with appliance methods of birth control. It was, of course, only necessary when pregnancy occurred and was not necessarily unacceptable to women who experienced high rates of natural miscarriage and infant mortality. For the women who wrote, a great advantage could have been that an abortion did not require the co-operation of the husbands. Whilst Seccombe stated that 'Women who acted decisively in seeking abortions felt powerless in bed with their husbands', the act of aborting was the one area in which women held the reins of power and illustrated their fierce determination to terminate pregnancies their husbands had not prevented.²² Co-operation from the men was essential for abstinence and withdrawal and, whilst the men may have been 'interested' in family limitation in the abstract, it was the women who acted. Another fundamental point, illustrating the initiative of these women, was that the abortions were all self-induced. In the letters, nobody mentioned using any kind of sharp object and there was no story of anyone going to the local abortionist. Roberts shed light on the latter. She found varying attitudes among her respondents. Whilst most disclaimed personal knowledge or rejected the idea completely, a tiny group made a 'clear moral distinction between going to an abortionist, an action of which they disapproved, and attempting to procure their own abortion, which they regarded as a desperate but justifiable act'.²³

The women also bore testament to the number of charlatans in operation for they sent away for useless remedies. One bought what was marketed as 'the London treatment', but spent her money in vain. She explained, 'it cost me 25/- and I had to send 35/- when it did me no good, but I didn't send any more'. She described how, when her husband came home on leave from the army, she became pregnant and each time she 'miscarried through my own hand'. Many spoke of taking pills, plenty of salts, 6d. worth of quinine powder, carbolic, or eight Beecham's pills at once, but when the substances did not work, then the women lived with the worry throughout the pregnancy as to whether they had injured the unborn child.

The letters also contribute to the debate as to whether the initial decline in fertility was due to 'stopping' or 'spacing' births.²⁴ Those who had not married until the 1920s were interested in child spacing. 'I do not want child-bearing to stop altogether, but I would like it if I could have a longer period in between them', was how one mother felt. Another wrote, 'tell me your birth control methods, so that I could keep myself from getting pregnant until a more favourable time, when I should not mind in the least'. 'I don't mind in the least having more children but would honestly like to have baby safely past his teething.' Therefore, there was evidence that if 'spacing' could be achieved, some mothers would be willing to have more children, similar to the one, who

already had four, but felt that she 'would not care if I could only have 2 years between each child'. This idea, however, of two or three years between births did not fit the reality in most homes. For older women, it was too late for child spacing and their desire was to cease child-bearing.

The common pattern found in the letters was that a couple had a baby within the first year of marriage. More than one woman had two children within a year, including one who wrote at the end of 1925, saying she had given birth in January and December of that year. Another, married four years, had just had her fifth child. The interval between births was often made shorter by premature births and two children in thirteen months was common. Whilst most wanted to stop having children because they already had sufficient, too many or too quickly, some others were interested in spacing their families and were 'asking for a few years before more', but only one wife actually stated that the couple decided after one year to have a child. Marie Stopes was in favour of spacing in order to encourage healthy babies.²⁵ The letters, however, emphasised the health of both mother and child, or gave precedence to the health of the mother. There was keen awareness of the debilitating effect of lack of spacing of births, as articulated by this self-diagnosis, 'through having the last child so soon after first, I am greatly reduced in physical strength and nervous energy'.

Economic reasons for ceasing child-bearing rested strongly on poverty with those who already had four or five children stating positively that 'enough was enough'. Generally, the 'stoppers' evaluated their situation on the following lines: 'Whilst we have every hope of bringing these two up decently and well cared for, another would make all the difference during these hard times and it is far better to have 2 healthy kiddies than 3 or 4 with less than half a chance.' Those who said they were employed confirmed they worked for financial reasons alone and they did not want pregnancy to interfere with their ability to work. Whilst the idea of spacing the family was growing, however, the majority of the correspondents fell into the 'stopping' category by necessity, as they already had more than enough children. No doubt many of the writers would have preferred a better spaced family, but by the time they contacted Marie Stopes it was too late.

There was determination not to repeat their parents' pattern, as evidenced by the daughter whose mother had had twelve children, one miscarriage and a false conception. 'Now that we are all grown up', she said, 'and she ought to have a little pleasure in life she cannot walk due to excessively swollen legs.' At one time she had twins and another baby inside eleven months and the daughter commented, 'Do you wonder the younger generation want to avoid this.' Not only were they influenced by their upbringing, but the women were also beginning to be actively conscious of their lowly position in life. 'We don't want to have children to suffer the hardship we have known, if only the better classes would wake up, we should stamp out much of the present poverty, and have a better world' was how they expressed their discontent.

The women resented the restrictions imposed upon them by children as this harassed mother declared, 'A man does not understand the strain on a

woman's nerves to be at it from morning until night without a break. I have 10 to do for and I never leave the house it is impossible yet he can put his hat and coat on and get out as much as he likes therefore a house full of children makes no difference.' Antagonism towards the middle and upper classes was frequent, with one woman giving an instruction on how to reply, 'Our house is only a Lodge belonging to the big house so will you please print "Lodge" in case the lady might see it and not approve of my trying to prevent being pregnant, as the rich seem to think a working woman has no right to know anything.'

Writers were concerned, however, not just for themselves, but for everybody similarly situated and commented, 'what a world of suffering would be saved if every poor mother was taught Birth Control', and they felt compassion for others, 'I think it is a shame that poor people should be dragged down with families'. It was obvious the women were beginning to question their 'lot in life', for as one ruefully said, 'it is the woman who pays each time', and another reasoned, 'surely it cannot be right to keep on having children regardless of how they are going to be kept and clothed'.

Naturally, the nature of the couples' relationships varied. There were stories of enduring love, 'A happier girl I'm sure you would not wish to meet' and 'I sincerely and very dearly love my husband'. When illness occurred, women appreciated having a good husband and were proud of the help received. One husband did the housework whilst his wife was confined and she wrote, 'I do not know what I should of Done had I had some Husbands as I have got a good one, he never goes out and leaves me or drinks and he is good to me when I am ill.' Other wives were not so fortunate, as another writer indicated: 'I have to struggle to make ends meet with the bit of money he gives me, as he is far from being one of the careful sort as regards money.' Also, sometimes, the husband's drinking was a problem – 'I have had a hard time during my married life, having married a drunken man', admitted an unfortunate wife. Although it was to be expected that not all marriages were happy, one woman frankly admitted that she hated her husband, 'with every baby I have I hate the sight of my husband more'. She had been pregnant ten times and eight children were living. Concern for her children provided some justification for her feelings, for she explained, 'we can't keep what we have got properly, so it just makes me hate the sight of him'.

In summary, therefore, although their experiences of marriage were diverse, the women who contacted Marie Stopes were no longer prepared to remain ignorant and fatalistic.

Conclusion

In addition, there is in the Wellcome Library a collection of middle-class letters which arose from the publication of **Married Love**.²⁶ By contrast with the working class letters analysed, the middle class correspondence dealt mainly with sexual problems (such as orgasm, premature ejaculation and impotence), whilst the working class asked how to control fertility (or terminate an unwanted pregnancy). For many of the middle class birth control was already a

fact of life and, consequently, the functions of sex were to provide pleasure, to promote good health and to cement the bond of marriage.²⁷ The middle class, therefore, wrote to Marie Stopes to improve the quality of their sex lives, whilst the working class wrote to improve the quality of their lives.

It was evident, however, from the working-class letters that the women felt their husbands must have sex and it was their duty to provide it, for 'if you want to keep your husband you must give and take', but sexual relations were a cause of tension, as illustrated by the remark, 'I cannot refuse my husband as it only means living a cat and dog life for both of us'. Inherent in such comments as 'I am powerless to prevent him', was bitterness concerning the situation regarding sexual relations and awareness that birth control knowledge could alter the women's present position.

Many women believed that their husbands had stronger passions than they did, or as another put it, 'my husband is very lustful.. More than one said she felt sure her husband could not 'deny himself much longer'. This belief that the husband must have sex applied whether the marriage was happy or not. The letters from husbands also accentuated this view. A concerned husband wrote, 'I take all reasonable care (as far as my knowledge will allow me), but I want that knowledge so that I can feel quite sure also for my dear wife, then we shall be real happy.'

The women emphasised that their husbands desired sexual relations to continue and, in every letter from a husband, it was tacitly assumed that sex would continue whatever the situation. This is not to say that some women were not experiencing sexual pleasure as this wife confirmed, 'I find I need him quite as much as he needs me', but many correspondents were committed to the traditional stereotypes of male sexual aggressiveness and female passivity. Seccombe was impressed by the stated willingness of 'most husbands to restrain their sexual desires' and spoke of women's increasing capacity to obtain male co-operation.²⁸ Although women did confirm the convergence of men's and women's interest in limitation, this was more apparent in the letters from men, but the fact that they had written indicated they were caring husbands and were showing concern for their wives' health. Men were beginning to temper their right to incautious intercourse, but wives could only insist on restraint for a short time. That is why they needed Marie Stopes – for their protection.

Dissatisfaction was expressed by both sexes with the existing state of affairs. In the 1920s, the changing expectations about marriage, the interest in regular sex and the pleasure and romance of married life were all facets of the changing attitudes amongst the middle class, but the working class was beginning to have such aspirations too. The correspondents with good marriages showed how the working class were just as capable as the middle class of thoughtful and mature relationships with complaints that, because of the lack of knowledge regarding birth control, 'all romance had gone'.

The key to the attitude of the working-class was well summed up by Eleanor Rathbone, who remarked, 'The married working-woman is apt to have a

shrewd if a narrow mind. Her success in her particular job depends largely on humouring her household, especially its male members, and getting her own way while seeming to give them theirs.²⁹ This comment is particularly pertinent with regard to the attitude to sex, which highlighted the distribution of power in these working-class marriages. The women had the right to refuse sex and regulate sexual activity for a limited period of time, but the men retained the power to initiate sexual relations and to reinstate sexual activity after a lapse in time. The women knew they could not indefinitely avoid having sexual relations (and many did not wish to), but they were determined to alter the balance of power by controlling the outcome and ensuring that pregnancy would not follow.

The letters illustrated how the working class felt separated from the middle class and indicated that the decline in the birth rate was not the result of diffusion, i.e. the filtering down of the behaviour of the middle class to the working class. The working class were in the process of making their own history, for stimulated by concerns for their health and fear of death in a society lacking in provisions for mothers and children, their desire for birth control was a conscious action as a remedy against repeated pregnancies. The letters add to the evidence that people's sex lives are framed by their economic and social relations and that anger at being denied satisfactory sex lives can have economic and political consequences. Sexual history cannot be separated from economic and political history. It was, for example, women making history by bearing fewer children which caused a major shift in the State's planning and led to the development of the Welfare State.

The majority of writers lived with poverty, hardship and suffering, and frustration regarding their sex lives provided the fuel to rebel against the limitations of their lives. For some writers it was the prospect of a lower standard of living which motivated their wish for birth-control knowledge, but, for others, family size was not a question of relative well-being. Many were from the lower echelons of the working class (for example, agricultural labourers) and spoke plainly of their poverty. Also, few expected monetary contributions from their teenage children or anticipated material support in old age, but they drew attention to the fact that they were helping to support their own parents, or younger brothers who had been injured in accidents or in the First World War.

The letters showed how birth control was part of the complicated relations between husbands and wives. These relationships were influenced by the members' differing values and expectations which illustrated the changing pattern of and variations in the marital role and power relations. Fertility control was shown as being deeply personal in that couples wanted to choose the number of children they had according to their own desires and were not easily influenced by the needs of the State. The women represented a challenge to the dominant values of a male-oriented society in wanting to be in charge of their own fertility. Birth-control knowledge was deliberately sought to avoid pregnancies, with the intention of safeguarding their health and lives and to keep their husbands faithful. These were their personal reasons. The economic motive they shared with their husbands.

The importance of these letters is that they are from women expressing their immediate feelings and thoughts at the moment of writing. Therein lies their value. By contrast, Roberts drew on memories and recollections. Her oral evidence found respondents ignorant about their parents' practices and inhibited about talking of their own. Roberts' evidence is received wisdom filtered over time compared with the direct testimony that Marie Stopes' correspondents were willing to take action to gain some control over their lives. Seccombe's purpose in using the letters was to provide a comparison with an earlier decade, but he was correct in stating that 'men's "conjugal rights" and women's "wifely duties" should figure more prominently in studies of fertility decline' and the letters are a relatively untapped resource in this respect.³⁰ By emphasising the perceptions of the women writers, therefore, it has been possible in this article to reveal the nature of sexual politics and expose the emerging self-awareness of these working-class women.

Marie Stopes' correspondence contains a wealth of information, albeit of a fragmented nature, on the married lives of a section of the working class. From it a profile can be built up of the working-class wife and mother in the mid 1920s, living in poor circumstances, usually with more children than she would have wished, who was becoming aware that it was possible to control the size of her family, together with evidence on the distribution of power within the marriages which affected the women's ability to achieve this end.

NOTES

1. **John Bull**, published weekly by Odhams Press Ltd, Long Acre, London, WC2. Price 2d in UK. Over a million certified net sale. The letters to Marie Stopes were written between October 1925 and March 1926.
2. Stopes Collection, Letters to **John Bull**; Contemporary Medical Archives Centre (Ref. CMAC/PP/MCS), Wellcome Institute for the History of Medicine, Euston Road, London, NW1, Box Ref. A 310-322.
3. M. Stopes (ed), **Mother England, a contemporary history self-written by those who have no historian**, 1929. The indicators that the letters were from the working class, as distinct from middle class readers, included the paper used, the handwriting, the manner in which Marie Stopes was addressed and, where mentioned, the husband's income or occupation. The number of pregnancies, housing conditions and health care also suggested a working-class life-style.
4. In 1921, manual workers represented 72 per cent of the total occupied population of Britain of 19.3m. See A.H. Halsey, **Trends in British society since 1900**, 1972, p.113.
5. For history of birth-control movement, see A. Leathard, **The fight for family planning: the development of family planning services in Britain 1921-74**, 1980.
6. W. Seccombe, 'Starting to stop: working-class fertility decline in Britain', **Past and Present**, 126, 1990. E. Roberts, **A woman's place: an oral history of working-class women 1890-1940**, 1984.
7. J. Simons, 'Developments in the interpretation of recent fertility trends in England and Wales', in J. Hobcraft and P. Rees, (eds), **Regional demographic development**, 1977.
8. Seccombe, 'Starting to stop', p.178.
9. Under the Maternal and Child Welfare Act 1918, local authorities were required to set up maternal and child welfare committees, but it was not until 1939 that ante-natal care, skilled attendance in childbirth, infant welfare clinics, health visitors and hospital facilities were established services. Doctors and midwives were suspicious of state intervention. See J. Lewis, **The politics of motherhood, child and maternal welfare in England 1900-39**, 1980, p.141. Lewis confirms that, during the inter-war years, most women made provision for a home birth and gives details of difference in cost between doctors and midwives.
10. Roberts, **A woman's place**, p.104.
11. In quotations from letters, incorrect spelling, poor punctuation and syntax have been left unamended.
12. In 1921, the maternal mortality rate for 1,000 births was 3.91 and in 1926, 4.12. Although the

- absolute number of women who died in childbirth was small, maternal mortality was the second largest cause of death for women between 15 and 44 years, accounting for 17 per cent of deaths (tuberculosis accounted for 26 per cent) and the only major cause of death to show an increase in the inter-war period. Figures taken from Annual Reports of Chief Medical Officer, Ministry of Health. See also Lewis, **The politics of motherhood**, p.41-2.
13. In sixty-three letters comment was made that the doctor said another child would cost the mother's life. Lack of information given by doctors may have been through ignorance (although they were among the first middle-class groups to limit their families), as doctors received no medical education on birth control until after the Second World War. They also saw themselves as guardians of female virtue and would not discuss contraception which they considered to be associated with prostitution. See M. Spring Rice, **Working-class wives: their health and conditions**, 1934, p.44; or Lewis, **Politics of motherhood**, chapter 7.
 14. Roberts, **A woman's place**, p.94.
 15. Seccombe, 'Starting to stop', p.182.
 16. For most of the inter-war years, the average male industrial wage was under £3 a week. Fifteen correspondents stated they had an income between £2 and £3 per week. See J. Stevenson, **The Pelican social history of Britain, British society 1914-45**, 1984, p.120.
 17. The letters support the view that abstinence was underestimated in the Lewis-Faning survey for the Royal Commission in 1949. See E. Lewis-Faning, **Report on enquiry into family limitation and its influence on human fertility during the past fifty years**, Papers of the Royal Commission on Population, 1949.
 18. Lewis-Faning showed that, for 40 per cent of those married between 1910-19, who had used some form of birth control, the condom was the most popular method. Seccombe elaborates on this, see 'Starting to stop', pp.162-4. Only one man in Roberts' sample mentioned using one and that was in the 1930s, **A woman's place**, p.96.
 19. Stopes considered the condom harmful. See M. Stopes, **Contraception, theory, history and practice**, 1923, p.363.
 20. Abortion was illegal under the Offences against the Persons Act, 1861.
 21. Abortion-related deaths in England increased from 10.5 per cent to 20 per cent of all maternal deaths between 1930-4. See B. Brookes, **Abortion in England 1900-67**, London, 1988, p.43. For an overview on abortion, see A. McLaren, **A history of contraception from antiquity to the present day**, 1990.
 22. Seccombe, 'Starting to stop', p.155.
 23. Roberts, **A woman's place**, p.99.
 24. In 1988, Crafts looked at the evidence for the decline in fertility before 1914 and examined the earlier work carried out by the Princeton Project. One finding was that the postponement of births early in marriage was more common in districts where the employment base offered greater opportunities for women for paid work. Recently, E. Garrett, after studying the effect of married women's employment on fertility in Keighley, drew tentative conclusions that 'stopping' behaviour best suited the middle classes, but for the working class, with the need to combine the changing needs of the labour market with their domestic circumstances, 'child spacing may well have made better sense'. A.J. Coale and S.C. Watkins (eds), **The decline of fertility in Europe, the revised proceedings of a conference on the Princeton fertility project**, 1986. N.F.R. Crafts, 'Duration of marriage, fertility, and female employment opportunities in England and Wales in 1991', **Discussion Papers Series 252**, June 1988, Centre for Economic Policy Research, London. E.M. Garrett, 'The trials of labour: motherhood versus employment in a nineteenth-century textile centre', **Continuity and Change**, 5, 1990, p.149.
 25. Stopes, **Contraception**, p.44.
 26. Stopes Collection, **Married love: letters and other general correspondence series**; ref. CMAC/PP/MCS, Wellcome Institute, London.
 27. See E.M. Holtzman, 'Marriage, sexuality and contraception in British middle class 1918-39; correspondence of Marie Stopes', unpublished PhD. thesis, University of Michigan, 1982.
 28. Seccombe, 'Starting to stop', p.177.
 29. E. Rathbone, **The disinherited family**, London, 1929, p.379.
 30. Seccombe, 'Starting to stop', p.188.