

The Social History of Medical Self-Help in 20th-Century England: A Microhistory of a Rural Community.

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Abstract

This thesis focuses on the health experiences of an Oxfordshire village 1900-1947 and the aim of the study is to obtain a holistic view of the health status and health strategies of one agricultural community. The period under review covers the years of therapeutic nihilism, the start of the therapeutic revolution, the third and fourth stages of germ theory and the start of the epidemiological transition. From a range of archival sources, the thesis examines the effects of climate, environment, housing, diet and the extant medical provision on the health and wellbeing of the residents. These effects in turn informed the residents' health beliefs and self-help strategies set against the existing medical and nursing provision during periods of depression and war until the establishment of the National Health Service in 1948. Medical and health information from a range of sources, which were available to residents was explored. It shows that the residents were not passive in the face of illness and misfortune but worked together as a community. The importance of this study is its contribution to the historiography of rural health during the interwar years and offers a portrait of rural resilience and stoicism in the face of medical adversity.

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The thesis is dedicated to my parents, Christopher and Lilian Mantle.

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Introduction

*This happy breed of men, this little world.*¹

The biggest influence on the health of the United Kingdom was the passing of the 1947 *National Health Act* and its inception in 1948, making free medical care available to all. This can be demonstrated quantitatively by the reported uptake of services during the first year of the Act.² Prior to the Act, health was dependent on three factors which form the themes of this study: cost, availability and efficacy. This study explores the influence of the three themes on the health status of one village, the residents use of domestic remedies, and self-help health strategies during the period 1900-1948. This lies within the time frameworks of: therapeutic nihilism, therapeutic revolution, the third and fourth stages of germ theory and the start of stage three of the epidemiological transition. This will make an original addition to the existing historiography of rural health.

The wider historical context

The social, medical and historical context of this study lies within the period 1900-1948. Writing in a time and place which anthropologists refer to as 'ecological release', it is of historical interest to explore how people coped when disease was rife; grinding poverty with concomitant poor housing and scarce food the norm, with little or no effective treatment, specifically for the infections, which were a major cause of death. Previous historians have examined health and rural work in general: What this thesis offers is an account of the lived experience of health, not only the physical experience, but has taken into account the environmental and psychological effects on residents well-being. By examining one specific village within a specified time frame and using different methodologies, the study has refocused knowledge about rural health at its grass roots. It examines the everyday lives of rural residents, taking a 'history from below' approach, to enhance exploration of the topic. With the help of primary and secondary

¹ William Shakespeare, *Richard II*, Act II scene 1.

² Paul Addison, *Now the War is Over: Social history of Britain, 1945-1951* (London, 1985), p. 106.

documentation, archival research and the reminiscences of people whose lives have spanned the decades from trial and tribulation to ecological release, this study examines how the people of Chinnor helped themselves, their families and their neighbours during ill-health and sickness before the advent of the National Health Service. It also shows how these factors helped to shape their health beliefs, their concept of good and poor health, their coping mechanisms and resources, and their sources of health information and help.

The rapidity of growth over the last century in areas of demography, technology, economics and medicine has resulted in profound changes in society, more marked than at any other time in history. To illustrate this, a person born in 1900 would have been born before the Wright brothers achieved the first controlled, powered and sustained heavier than air human flight (1903), and before the development of antibiotics or blood transfusions. By 1948 these developments were routine and, if the same person lived to the age of 70, they would have lived to hear of the first human heart transplant (1967) and see a man walk on the moon (1969). The time span has been chosen to fall within the memory span of the older village residents, and was a period of medical change including the three stages of germ theory. It was also a period which reflected significant changes in the main influences of the study: medical costs, availability and efficacy.

The years 1900-1948 fall initially into the period referred to as Therapeutic Nihilism which means that until the 1930s doctors had very few medicines with which to cure diseases, specifically infections. In 1900 the infant mortality rate was 130 per thousand live births, about 50% of 5-9 year olds in 1911-1915 died of infectious diseases in a period of high birth rate, high mortality and general ill health, when even minor injuries could prove fatal.³ A selection of childhood mortality figures between 1911-1915 show annual deaths from tuberculosis as 46,459, diphtheria 23,380, and measles, 48,986.⁴

³ A. Omran, 'The Epidemiological Transition: a theory of the epidemiology of population change', *The Millbank Quarterly*, 49, 4, 1 (1971), 731-757.

⁴ J. Muir Gray, *Man Against Disease: preventative medicine* (Oxford, 1979), p. 57.

Unsurprisingly, the historiography of medicine during this period was concerned primarily with the history of disease and its cure. According to John Burnham, this history of medicine is the history of scientific discovery, and was mainly written by medical practitioners. He suggested that this had the effect of excluding non-medical historians and portraying medicine as being progressive, scientific and authoritative, framing its history in terms of medical specialties. These themes persisted until 1938 when a course in medical history was established by Henry Sigerist at Johns Hopkins University. This broadened the scope of the discipline by discussing different approaches and research topics. This was best illustrated when he wrote, 'Medical history is political history, economic history, history of religion and what not'. This new approach to history steadily gained momentum until 1985 when Roy Porter brought, not only the social sciences into medical history, but also the patient.⁵

Le Fanu suggested that a newly qualified doctor of the 1930s had only a dozen or two remedies for all the conditions a doctor would be called upon to treat. With so little to offer his patients, many would have adhered to the philosophy, common in the nineteenth and early twentieth century, of therapeutic nihilism. This acknowledged that most medical practice was ineffectual or harmful.⁶ The development of Prontosil in 1938 heralded the inception of the Therapeutic Revolution which continued through the 1940s with the development of Penicillin, Streptomycin (in 1944), and the first broad spectrum antibiotic Chloramphenicol, in 1947. This paved the way for the technological advances available

⁵ John Burnham, 'A Brief History of Medical Practitioners and Professional Historians as Writers of Medical History', *Health and History*, 1, 4, (1999), 250-273, 'A Course in Medical History', *BMJ*, 1, 4038 May 28, (1938), 1163-1164. Henry Sigerist 'The History of Medicine and the History of Science', an open letter to George Sarton editor of *Isis, Bulletin of the Institute of the History of Medicine*, 4, (1936), 6. Roy Porter, 'The Patient's View: Doing Medical History from Below', *Theory and Society*, 14, 2, (1985), 175-198.

⁶ J. Le Fanu, *The Rise and Fall of Modern Medicine* (London, 1999), p. 206. P. Starr 'The politics of therapeutic nihilism', *The Hastings Center Report*, 6, 5, (1976), 24-30. However, this statement has to be challenged. Many common remedies, particularly herbal remedies for non infective conditions have been in use for centuries, their efficacy acknowledged and more recently, confirmed by clinical trials. See Joanne Barnes, and others, *Herbal Medicines, a guide for health professionals* (London, 2002). The key issue is the lack of any antibiotics to treat the infectious diseases and infected wounds which were the main cause of mortality until 1938. For up to date research on the efficacy of herbal remedies, see <http://nccih.nih.gov/research/camonpubmed>.

today which led to stage three of the epidemiological transition, that of longevity and chronic illness, and stage four of germ theory.

This did not mean that no medical progress was being made during the period. Medical advances during the nineteenth and early twentieth centuries included the use of anaesthetics, for example ether in 1846, allowing a greater range of operations to be performed. Previously, operations had been confined to amputations, lithotomy, trephining the skull, and the draining of abscesses. However, post-operative mortality continued to be a problem until the widespread use of antiseptic procedures were introduced.⁷ Other important advances included the first vaccine for cholera in 1879, the first vaccine for anthrax in 1881 and in 1890, and the discovery of antitoxins which enabled the development of treatments for tetanus and diphtheria. Although the improvements in sanitation and public health contributed towards the decline of infectious diseases, a glance at mortality charts, for example diphtheria, showed a slow decline over 60 years until the introduction of a national vaccination campaign in the 1940s. Previously, vaccination had not been universally accepted, and during the war the Ministry of Health urged mothers to have their children vaccinated against diphtheria. In spite of these medical advances, the period still remained a period of high mortality due, primarily, to infection, and supplemented by accidents and trauma which, without antibiotic cover, could be fatal. The traditional approach was to support immunity and enhance the patient's ability to fight the infection; this was the underlying principle of humoral theory.

Historiography of rural health

The health of any population has always been dependent on the availability of an adequate food supply, the vagaries of meteorological extremes, sanitation and housing, and, in terms of well-being, a level of peace and national prosperity. Barry Reay,

⁷ See Michael Worboys *Spreading Germs: disease theory and medical practice in Britain, 1865-1900* (Cambridge, 2000), pp. 150-192.

suggested that rural health had not rated highly on the agenda of either medical or rural historians, although he does not qualify his statement.⁸ As a result, there is very little in the way of historiography on the subject of rural health, and it has been considered only briefly within a wider social context rather than as part of the social history of medicine. What has been done has concentrated on agriculture and economics.⁹ Statistical analysis of life events and their seasonality has been the cornerstone of health research, although these do not inform on the underlying human history. Although historians have long subscribed to what G. Mingay has referred to as 'the persistent historical tradition of the healthy country dweller', and that country occupations produced 'strong healthy bodies compared with urban dwellers'; in reality they were 'periodically weakened by famine' and suffered from a range of conditions echoed in other occupations and locations. These included: respiratory diseases, tuberculosis, rheumatism from working long hours in bad weather, stomach disorders and accidents.¹⁰ Within this, the agricultural labourer and their harsh working conditions have featured prominently, although the rural landscape was populated with a wide range of inhabitants of all ages: babies, young schoolchildren, pregnant women, shopkeepers, small businesses such as blacksmiths, harness makers, bakers and butchers, for all of whom ill-health could have had a serious financial impact. For all of them, living within a rural community would have had an effect on their health, either positively or negatively, such as seasonal and unstable or economic employment conditions, and the impact of environment and geography on the availability of medical care.

What has not been explored within the historiography is the impact of 'ruralness' on illness and accidents, such as accessibility due to the size of the working environment which might have evoked different medical consequences in rural areas from the more

⁸ Barry Ray, *Microhistories: demography, Society and Culture in Rural England, 1800-1930* (Cambridge, 1996), p.70.

⁹ Paul Brassley, et al (eds) *The English Countryside Between the Wars* (Woodbridge, 2006), p. 1. Josep Barona and Steven Cherry (eds) *Health and Medicine in Rural Europe, 1850-1945* (València, 2005), p.22.

¹⁰ G. Mingay, *A Social History of the English Countryside*, (London, 1990), pp. 85-86. Pamela Horn, *Labouring Life in the Victorian Countryside* (Stroud, 1987), pp. 186-188.

compact urban environments. From a different perspective, Nicola Verdon has extensively researched the role of women in the agricultural economy and their role in the promotion and maintenance of rural health as overseers of health and well-being which is explored further in the thesis. However, just as important was their fiscal role in contributing to the domestic economy.¹¹ What has not been adequately explored in the historiography are the human effects of long term morbidity, physical, mental and economic, as a consequence of trauma, beyond the listing of potential dangers in agriculture.¹² One other neglected area was the state of rural health during the war, particularly the mental stress of dealing with evacuees, the Ministry of Agriculture regulations, the lack of farm labourers and the trauma of episodic air raids.

One danger with the history of medicine is to take a Whiggish approach due to the fact that many medical innovations and developments do indicate a progressive view of history, resulting in a presentist view, rather than the past having an autonomous existence of its own. However, the history of medicine is not simply a history of developments, discovery and innovations, important though they are, but the history of the ecological validity of those developments on the patients and doctors, and the role of their beliefs and prejudices, including misinformation, on the acceptance of the innovation.¹³

Reay suggested that little was known about adult health morbidity and mortality in rural areas, as much research had been focused on towns, and he suggested that this may be

¹¹ Nicola Verdon, *Rural Women Workers in 19-Century England, gender, work and wages* (Woodbridge, 2002).

¹² Mingay, *English Countryside*, p. 71. See also, Nicola Verdon, *Working the Land: history of the farmworker in England from 1850 to the present day* (Basingstoke, 2017), p.73 for a list of farm related accidents from around the country.

¹³ To illustrate the point, the subject of vaccination is used to illustrate the need for interventions to meet the cultural, knowledge and belief systems of the population. For example The Church of Christ Scientist who eschew vaccinations and all forms of medical care, Dorothy Porter and Roy Porter, 'The Politics of Prevention: anti-vaccinationism and Public Health in Nineteenth-Century England', *Medical History*, 32, (1988), 231-252, Brian Deer, 'How the Case of the MMR vaccine was fixed,' *BMJ*, 6 January (2011), 342. Issa Chown and Fred Fuller of Chinnor, were summoned for not having their sons vaccinated. Their defense was that they had obtained exemptions which had not been conveyed to the public vaccinator. *Bucks Herald*, 18 November, (1905).

ascribed to the availability of records.¹⁴ For example, the registration of deaths (except in parish records) began in 1837, but the registration of the cause of death was not compulsory until 1879. Because of this, the cause of death in rural areas was not always available, although occasionally it was recorded in the parish register.¹⁵ It is not apparent why the cause of death of these individuals was recorded. They were all incidents which were commonplace at the time, and even during the period under research when the death certificates were available, the cause of death was not recorded in the parish records. Parish registers recorded the name, and age of the deceased which contributed to the assumption of the healthy rural lifestyle but, without a death certificate, the subtle differentials in causes of mortality, even within one category such as infectious diseases or accidents, was lost. For example, in 1820 in Chinnor, nine children under the age of three died, but no cause of their deaths was recorded, although the two infants who were two days old, and the two who were three days old, could have had a congenital problem, infection, or lack of milk. Another reason why rural health has not been examined to any great extent is that it may not engage the same level of interest that ill-health of a prominent person which might affect and influence the outcome of a dynasty or a country.

Little if anything, has been written about the mental pressures on country people and this study examines both the mental and physical stresses of rural life and the role of the church in both the physical and spiritual health of the community.¹⁶ Noting the limitations of the historiography of rural health, this thesis has adopted a holistic and integrated approach to encompass the effects of physical, mental, spiritual and environmental factors on the health and wellbeing of the village residents, and made the health of the

¹⁴ It might be reasonable to suggest that as he was writing in 1996 the computerisation and categorisation of pertinent records might not have been available and important data might have been missed.

¹⁵ Chinnor Parish burial records recorded four causes of death: on February 16th (1844) Sarah Swains aged 29 'drowned in a ditch in a fit' and in the same year on 22nd October, William Way aged 54 was killed having been 'killed in the Thame road, over ridden by a horseman'. On 2nd March, (1863) Elizabeth Green aged 82, was buried, no date of death given, - having 'burnt to death,' no precipitating cause given. On 8th December, (1820) Richard Bloxam aged 70 'died of a fit of apoplexy in his return from Wycombe market.'

¹⁶ 'Health' in Barry Reay, *Microhistories*, p. 70, a number of the issues addressed by Reay have been examined in this thesis. See chapter 2 Accidents. See also G. Mingay, *A Social History of the English Countryside* (London, 1990), also concentrates on physical sickness and disease.

residents the focus of the research. Reay pointed out that 'such holism is rare in the writing of English local history'.¹⁷ To help fill the gaps in the narrative, this thesis has explored the lived experience of the use of domestic remedies during the early twentieth century in the rural village of Chinnor. It has explored the role and impact of lifestyle and health beliefs behind the interventions, the rationale for the remedies use, and the knowledge base for informing on their selection. It explored the origins of the remedies and, where appropriate, the reasons for their enduring use. This usage was examined against the background of the developments within medicine.

Having looked at the historiography of rural health and the concept and necessity of medical self-help, the next section examines self-help in the context of its application, and critically evaluates the enduring concepts of the locus of care. 'The medical history of mankind is its search for cure, palliation and deliverance from all forms of ill health and trauma. The sick had never been passive in the face of sickness'.¹⁸ Medical self-help is an enduring phenomenon; the concept that people had to have knowledge and resources to self-medicate as necessary and, where appropriate, to initiate medical interventions such as bone setting, minor surgery and midwifery has always existed. Self-help was based on a community-based body of knowledge, utilising local resources; interventions being culturally determined, affordable and acceptable to the population they serve. It has existed under a number of names such as: traditional medicine, folk medicine, domestic or lay medicine, having distinctive or overlapping concepts with variations in background and practice. For example, self-help may have involved herbal remedies (which would vary depending on the locality and local pharmacopoeias would have been developed), whilst others had idiosyncratic interventions such as acupuncture. Treatments often involved concepts of magic, mystery and ritual.¹⁹ James Young has suggested that folk medicine, patent medicine (which provide domestic remedies), and

¹⁷ Reay, *Microhistories*, p. 261.

¹⁸ Keir Waddington, *An Introduction to the Social History of Medicine: Europe since 1500* (Basingstoke, 2011), p. 97.

¹⁹ Owen Davies, 'Traditional European Folk Medicine', in Steven Kayne (ed) *Traditional Medicine* (London, 2010), p. 26.

orthodox medicine share the same characteristic of being open ended and evolving systems.²⁰ This issue is raised in relation to Chinnor in chapter five on the local use of herbal medicines. This self-management has been a common response to trivial conditions, but has also covered diseases, accidents and emergencies. It has enabled patients and their families, and including on occasions their community, to use their own initiative; matching preventative measures, treatments and interventions to their own perceptions of the condition's aetiology, which would reflect cultural and social ideas about health and illness.²¹ Pamela Horn, writing of rural health in the nineteenth century, suggested that because of the lack of medical care, self-help would have been the first line of defence.²²

Historians who have examined the concept of medical self-help, as encapsulated by the term domestic medicine, have adopted a range of academic approaches: Owen Davies examined medical self-help from the perspective of beliefs in magic or ritual, or by obtaining help from others who have magical abilities such as cunning folk whose most important activity was the prevention, identification and cure of witchcraft. These were, perhaps, the most important individuals of a pantheon of unorthodox healers which included charmers, toad doctors, herbalist and astrologers.²³

Waddington took a bottom up approach, citing the role of families and communities as well as tradition in the healing of the sick, and discussed the role of newspapers in the dissemination of information.²⁴ Hilary Marland offered a gendered approach citing the

²⁰ James Young, 'Folk into Fake,' *Western Folklore*, 44, 3 July (1985), 225-239.

²³ See David Paul, *Eyam, Plague Village* (Stroud, 2012) as a community preventative intervention. There was also a pest house in Chinnor for those thought to be suffering from infectious diseases. *History of Chinnor*, compiled by the Chinnor Women's Institute, 1929 and recompiled in 1933, as the result of an initiative by the Federation of Women's Institutes and assisted by their publication *How to Compile a History and Present Day Record of Village Life* by Joan Wake (Northampton, 1935). Chinnor Public Library, 942.57.

²² Horn, *Labouring Life*, p.185.

²³ Owen Davies, 'Cunning folk in the medical market place during the nineteenth century', *Medical History*, 43, (1999), 55-73.

²⁴ Waddington, *Social History*, pp. 85-86.

politicising of women's bodies and their classification as being weak and inferior, rendering them particularly responsive to medical self-help information relating to personal and child health. She also championed the study of the domestic settings in which medical care was conducted until very recently.²⁵ However, this thesis will show that it was not only women's bodies that were viewed in this way through the medium of medical product advertising, particularly in the 1920s and 1930s. It may be difficult for a modern mind to comprehend fully the sense of fear engendered by the onset of illness or accident in previous times, as it was not only a potential economic and social threat to the patient and their family, but commonly resulted in death, incapacity or ostracism.

Locus of care

'All women are likely at some period in their lives, to be called upon to perform the duties of sick nurse and should prepare themselves as much as possible, by observation and reading, for the occasion when they may be required to perform the office'. So said Isabella Beeton in her famous *Book of Household Management*. Also, to be engaged in this nursing role she included 'some of the female servants of the establishment must give their attention to the sick room'.²⁶ The role of women in the provision of domestic health care and self-help is well supported in the literature. Whatever developments were being enacted in relation to women and medicine in the wider society, women's domestic activities continued to form the backbone of health care. This included the emphasis on the wider duties of health provision including attention to diet, warmth and cleanliness as well as an ability to make up home remedies as necessary.²⁷ With household remedies as a first resort, most people diagnosed and treated themselves. This was due to real economic imperative given the cost of medical care on, often, very low wages. Patients

²⁵ Hilary Marland, *Health and Girlhood in Britain, 1874-1920* (Basingstoke, 2013).

²⁶ I. Beeton, *Book of Household Management* (London, 1861, facsimile edition 1982), p. 1017.

²⁷ Hilary Marland, 'Women, Health and Medicine', in Mark Jackson, (ed.), *The Oxford Handbook of the History of Medicine* (Oxford, 2013), p. 494. See also Johanna Geyer-Kordesch, 'Women and Medicine,' in W. Bynum and Roy Porter (eds) *Companion Encyclopaedia of the History of Medicine*, vol 2 (London, 1992), pp. 888-914.

would have assessed their condition and its seriousness, and with predominantly the aid of their female relatives, would have employed a range of remedial interventions.

The historiography of women's role in health care is a broad church ranging from the feminist perspective of academics, Ehrenreich and English, on the sexual politics of sickness; the oral, bottom up sociology approach of Roberts and Spring Rice; and the ideology of what the Victorians referred to as 'the angel in the home' has a long history.²⁸ Thomas Gisbourne (Anglican priest and a member of the Clapham Sect) in his book '*An Enquiry into the Duties of the Female Sex*' stated that the first duty (of a wife) was 'in contributing, daily and hourly to the comfort of her husband, of parents ... under every vicissitude of sickness and health.' He further noted that 'this duty is due to the female characteristics which are God given, decided by Divine Will as described in the scriptures and is therefore decreed by nature'.²⁹ This concept was not confined to men and is illustrated by a quote from an agony column cited by Vera Brittain in her autobiography *Testament of Youth*. 'Lady, fiancée killed, will gladly marry officer totally blinded or otherwise incapacitated by war'.³⁰ A more modern version of this attitude is related by Jocelyn Cornwall in her book *Hard Earned Lives*, saying that 'They (men) expected the women to look after them because they were supposed to be responsible for health in the family as an extension of their normal domestic obligations'.³¹

Health and illness

What people believed to be the aetiology of health and illness has changed over time and culture, and with it, the increased understanding of illness causation as well as the nature of disease. By examining a number of media outlets this thesis will indicate the changes

²⁸ B. Ehrenreich, D. English, *Complaints and Disorders: the sexual politics of sickness* (London, 1973). Robert Roberts, *The Classic Slum* (London, 1971) M. Spring-Rice, *Working Class Wives* (London, 1981). T. Gisborne, *An Enquiry into the Duties of the Female Sex* (London, 1797), p. 12.

²⁹ Gisborne, *Enquiry*, p.12

³⁰ V. Brittain, *Testament of Youth* (Glasgow, 1979), p. 344.

³¹ Jocelyn Cornwall, *Hard-earned Lives* (London, 1984).

in illness presentation from 1900-1948. Health beliefs in the past have embraced concepts of malevolent spirits, witchcraft, the breaking of cultural taboos, divine retribution as well as theories of mind-body interaction. One theory which has endured and is still in evidence today is the concept of homeostasis, and in the many and varied health education campaigns is Galenic humoral theory, specifically, the role of Galen's non-naturals in influencing health status.³² There have been many attempts to define health, and Rene Dubois suggested that because of the wide range of its physical and mental dimensions, the concept of health was very difficult to convert into practice, but he does offer this statement: 'The measure of health is the ability of the individual to function in a manner acceptable to self and to the group in which the person is part'.³³

'Every medical theory is based on observation and reasoning within the concepts available at the time'. The humoral theory was the result of many brilliant and correct observations. It was logical, explained many phenomena of health and disease and gave valuable guidance to the medical practitioner'.³⁴ Although it can be useful to start with a definition there is the danger that it could suggest the end of the story and this might negate the richness and diversity of the medical model and how the humoral model resonates globally as a concept, and is integral within a range of medical systems. However, Jacques Bos's definition of humours, although simplistic, does cut to the heart of the theory: 'The human body is composed of a limited number of elementary fluids (translated from the Greek word *chime* meaning fluid or sap) which is a constant element within its various manifestations'.³⁵ Vivian Nutton described the theory of humoralism as 'A type of medical theory that postulates the proper relationship between fundamental

³² Bryan Turner, 'The History of the Changing Concepts of Health and Disease: Outline of a General Model of Illness Categories' in G. Albrecht, R. Fitzpatrick Susan Grimshaw (eds) *The Handbook of Social Studies in Health and Medicine* (London, 2000).

³³ Rene Dubois, 'Mirage of Health', in, Basiro Davey, Alastair Guy and Clive Seale (eds) *Health and Disease: a reader* (Buckingham, 2001), p. 9.

³⁴ Henry Sigerist, 'Civilisation and Disease' (Ithaca, 1945), quoted in Graeme Tbyn, *Culpeper's Medicine a practice of western holistic medicine*, (Shaftsbury, 1997), p.xix.

³⁵ Jacques Bos, 'Rise and Decline of Character: humoral psychology in ancient and early modern medical theory,' *History of the Human Sciences*, 22, 3, (2009), 29-50.

substances in the body as the determinant of health, and disturbance of that relationship, as the cause of disease'.³⁶

Classically, the origins of the humoral system have been attributed to the Greek physician Hippocrates (460-370 BC), the system being based on the concept of the four human humours, or fluids, within the body, which had a direct effect on temperament and health. These formed a link between mental and physical processes, and their balance or rebalance within the body, following illness, being a requirement for health, rather than the germ concept of illness as a bodily invasion from outside. Imbalance might be caused by a number of factors such as poor nourishment, imperfect production, circulation or elimination of the humours. Each humour had a specific bodily source and two fundamental qualities. In the Hippocratic tradition these humours were: black bile (gall bladder, cold and dry), yellow bile (spleen, warm and dry), blood (liver, warm and moist) and phlegm (brain/lungs cold and moist), the balance being idiosyncratic to each individual lending its elements to their personality type being: predominantly sanguine, phlegmatic, choleric or melancholic. The key to health was not only the idea of the body in internal balance, but also for it to be in balance within the environment. This was based on a vision of the universe as a macrocosm, earth and planets being composed of four basic elements, earth, fire, air and water and four qualities: hot, dry, damp and cold and that human beings represented a microcosm of this.

Galen (130-217 AD dates vary) further developed this theory of medicine and having, at the time, very little in the way of effective treatment, emphasised the maintenance of health and the prevention of disease as a personal responsibility. He further advocated a personal constitutional medicine based on the six 'non-naturals': nutrition, environment, sleep, exercise, bodily evacuation and state of mind. In the following chapters these will be discussed in relation to Chinnor and the health of the residents during the period

³⁶ Vivian Nutton, 'Humoralism', in W. Bynum and Roy Porter (eds) *Companion Encyclopaedia of the History of Medicine*, vol 1 (London, 1993), pp 281-291.

before the pharmaceutical revolution when the state of Galen's non-naturals could be the seat of good health, or in some instances, caused illness. To maintain or correct the body's normal balance, attention was paid to diet, exercise, effective evacuation of bodily fluids, and concern for proper environment or air. Galen was particularly concerned with nutrition and believed internal diseases were caused by errors of regime, and thus could be avoided. The role of medicine was to restore the errors of regime.³⁷

The theory that disease was caused by a poisonous vapour, bad air or miasma (from the Greek for pollution) persisted over the centuries, ill health being caused by emanations from the environment, for example, putrefying animal remains, rotting vegetables or stagnant water. One manifestation of this was 'night air' which was considered dangerous; many people believing that the vapours rose from the soil and spread disease. As a result, people avoided breathing night air by keeping windows and doors shut and, in addition, it was also thought that cold or cool air spread disease. Some of these ideas are apparent in the medical articles and advertisements discussed in the thesis.³⁸ However, historians such as Peregrine Horden in his detailed examination of humoral theory have challenged this orthodox construct of the Hippocratic corpus, pointing out that within Galen's own writing, the number of humours named varied over time.³⁹ Thus, humoral medicine was not a static concept and did present in a number of formats moulded, primarily by Galen, who, it is suggested by Horden, 'Retrospectively made Hippocrates in his own image, fixing the theory of humours and largely defining human anatomy and physiology for over a millennium and a half'.⁴⁰ For example, Galen argued that the four humours were compatible to the formation of character and its effects on the body. This became an important role in the late middle ages, not only in medicine,

³⁷ Owsei Temkin, *Galenism: the rise and decline of a medical philosophy* (London, 1973), p. 40.

³⁸ Peter Baldwin, 'How night air became good air', *Environment History*, 8, 2, (2003), 412-429.

³⁹ 'Introduction' in Peregrine Horden and Elisabeth Hsu (eds), *The Body in Balance: humoral medicines in practice* (Oxford, 2013), p.8.

⁴⁰ Horden, *Balance*, p. 11.

but in other fields and its idea of psychological personality types and their proclivity for certain illnesses persisted into the twenty-first century.⁴¹

Although it has been noted that humoral medicine was being overtaken and displaced by germ theory as it emerged during the late 1890s, an analysis of advertisements and articles of the period, and for a number of years following the advent of the pharmaceutical revolution, indicated that remnants of humoral theory's lingering presence can still be detected.⁴² This thesis suggests that its persistence after the advent of germ theory might be due to two reasons. Firstly, that it is environmentally driven, due to the difficulties of maintaining a steady temperature and ventilation in pre-centrally heated houses and secondly, although germ theory was advancing medical knowledge, until 1938 and the discovery of Prontosil, there was in fact no effective treatment for the majority of infections and that people had to try to identify the harbingers of ill health. This was demonstrated in the death certificate of Emily Croxford of Chinnor cited in chapter three, who, in the absence of any antibiotics, died in April 1903, of pyaemia following a septic hand wound.⁴³ As Temkin suggested, the fall of the Galenic science of medicine was not identical with the fall of Galenic practice of medicine and, as Owen Davies pointed out, that in European popular culture did not necessarily conceptualise health in humoral themes but that the practice of medicine was based on the theory as much as

⁴¹ For example: Humoral theory can be found in the theories of psychologist Hans Eysenck's (1916-1997), introversion (blood) extraversion (choleric) and neuroticism (melancholic) dimensions. Eysenck is known for his work on intelligence and personality. William Sheldon (1898-1977), created the field of somatotypes and constitutional psychology that tried to correlate body types with behaviour, intelligence and social hierarchy. Within the lay perspective, Cecil Helman's patients' attributions to the causes of their ill health to the hot/cold wet/dry dichotomy. 'Feed a Cold and Starve a Fever', in Basiro Davey, and others (eds) *Health and Disease: a reader* (Buckingham, 1984), pp. 18-25.

⁴² See Roy Porter, *The Greatest Benefit to Mankind* (London, 1999), p. 433. For an indication of the state of debate surrounding germ theory see the Address on the 'Germ Theory of Disease' delivered at the Annual Meeting of the East Anglia Branch of The British Medical Association by W. Crowfoot M.D. reported in the *BMJ*, 23 September, (1882), 551-554, and an Address delivered the following year on the same topic by John Lowe M.D. *BMJ*, 14 July, (1883), 53-57. For a full account of the complexity of what was called 'germ theory' see Worboys, *Spreading Germs*.

⁴³ Death certificate, Emily Croxford.

on orthodox medicine.⁴⁴ Discussion of folk medicines, in particular herbal medicine, and their relationship with humoral medicine will be explored in the chapter on remedies. Some of the principles of humoral medicine have been found in other medical systems including western folk medicine, in the Traditional Medicine of China, Ayurvedic medicine, homeopathy, and herbal medicine. Horder stated that the mapping of humoral medicine in the Greco Roman tradition on to these is not exact but they do subscribe to a number of common concepts. For example, in the Traditional Medicine of China, the 'free flow' of fluids might be deficient or excessive through channels which may become blocked, obstructed, congested, and cause ill health, and the idea of constitutional types.⁴⁵ Some of the effects of these non-naturals are evident throughout the thesis and how they influenced the health of Chinnor residents and underpinned the health strategies of Chinnor, particularly in chapter three which provides a health profile of the village. The thesis will offer evidence of the continued adherence to the theory within advertising copy and health texts, which inform health initiatives and health information.

Methodology

Starting in 1900, there was little available in the form of effective medical intervention against the major killer diseases until the therapeutic revolution, which Judy Slinn identified as starting in the 1930s. This triggered the medical developments of insulin and cortisol, and ushered in the antibiotic era leading to the reduction of fatal infectious diseases. This initiated the emergence of the third epidemiological phase, the age of receding pandemics, and phase four of germ theory, which is the stage at which more effective therapeutic interventions were available to address the major killer infections.⁴⁶ To illustrate the importance of these periods on the health of the village, as well as the

⁴⁴ Temkin, *Galenism*, p.165, Owen Davies, 'Traditional European Folk Medicine', p. 29.

⁴⁵ Horder, *Balance*, p. 4.

⁴⁶ Starr, 'Therapeutic Nihilism' 24-30. J. Slinn, 'A Cascade of Medicine', in Louise Curth (ed) *From Physick to Pharmacology: five hundred years of British drug retailing* (Aldershot, 2006), p. 147. Omran, 'The Epidemiological Transition, 731-757.

changing influence of the subthemes, the conclusion includes the correlated figures comparing data obtained during the first decade of the period 1900-1910 with the data from the first decade following the inception of the National Health Service, 1948-1958.

Microhistory as a research method has the advantage that it addresses a limited geographical and temporal scope and can be undertaken with limited resources. Chinnor however, has a rich seam of written and oral primary data, its history being accessible and well documented within the holdings at the Oxford History Centre and the Medical History Centre at Cowley, Oxford, the Central Library in Oxford, Chinnor library, as well as the Thame Museum. The Mass Observation archive at Sussex University was consulted, but they reported that they had not had any participants in the Chinnor area and no records were available. Chinnor has a Historical and Archaeological Society which holds personal reminiscences and other, archive material.⁴⁷ In addition, death certificates were obtained from 1895-1958 for a better understanding of medical conditions. Unfortunately, at the beginning of the Second World War, a new Rector came to the village and his wife, by mistake, burnt a consignment of village papers which had recorded a substantial amount of information about the village.⁴⁸ Evidence of domestic medicine usage was obtained from written county records covering the reporting of infectious diseases, particularly tuberculosis, midwives' supervisors' records, hospital records and school diaries.

The use of historical records is always going to throw up gaps and discrepancies depending on the reliability of the recorder. However, searching for linkage in terms of more than one account of an incident can lead to a shift in emphasis or interpretation indicating local attitudes or sensibilities. Local newspapers can offer an insight to hidden history and local attitudes. For example, the death of Ernest in chapter three was reported differently between the local paper, the *Thame Gazette* and the *Reading Mercury*. The

⁴⁷ *WI History of Chinnor*.

⁴⁸ Mable Howlett, text of taped interview November 1988. Personal copy.

local paper reported that the jury wanted to add a rider to the verdict apportioning blame but were disallowed by the coroner, whilst the *Reading Mercury* included more details about the accident which pointed to negligence on the part of the farmer and carter. A picture was built up from further details in the *Reading Mercury* insinuating negligence not highlighted in the local paper. Record linkage can also check the veracity of statistics, for example in chapter three, again under accidents, it might be inferred from the lack of accident statistics relating to agriculture, that farm accidents were a rarity. However, legislation checks indicated that the reporting of accidents was not compulsory until 1956 and information was only available through the local paper. In addition, oral evidence indicated that most accidents were ignored, which together presented a different picture. Data from the parish records can be a fruitful source of information. Apparent discrepancies may lead to further investigation which can shed light on community beliefs and values. For example, the midwives register indicated a number of stillbirths although these did not appear in the parish records nor were any death certificates available indicating, perhaps, previous attitudes towards stillbirths. Daphne White reported during her interview that her sister had a stillborn baby and that the baby was buried in a corner of the church yard but that the family were not encouraged to maintain the grave.⁴⁹

Since microhistory, as a historical research method, emerged during the early twentieth century, the method has engaged a lively debate regarding its methodology, scope, place and value in historical discourse. As Ginzburg and Poni pointed out, microhistory is not so much a school of history as a distinctive approach which involves close analysis of a segment of time or population such as a village or even a single family.⁵⁰ This scaling down of the research area creates an ethnographic history of everyday life which in turn allows a deeper exploration of a given topic. This allows the historian a chance to observe

⁴⁹ Daphne White, interviewed, 27/1/17.

⁵⁰ C. Ginzburg, and Carlo, Poni, 'The name of the game', in Edward Muir and Guido Ruggiero (eds) *Microhistory and the lost Peoples of Europe* (Baltimore, 1991), p. 3.

'people making choices and developing strategies within the constraints of their own time and place'.⁵¹

A number of microhistories covering a range of historical events have illustrated the flexibility and adaptability of this approach. The much-quoted *Return of Martin Guerre* is an example of the genre which covered a period of just ten years with the investigation revolving around the actions of two men within a single village. The disappearance of one, the arrival of the other, and the exposure of a fraud and the consequent trial against the background of peasant life, attitudes and beliefs, in sixteenth century France. Joanna Bourke's use of microhistory, referred to again in chapter five, concentrated on the lifelong relationship of one man and his medical condition, and exposed the ignorance and prejudices of the medical profession in a specific social context. David Paul's reconstructed account from official records is of one village over one year, 1665-1666, when the plague visited the village of Eyam in Derbyshire. The personal reactions and strategies of the villagers, in the face of an uncontrollable event, reflected Ginsberg's quotation cited above.⁵²

David Bell traced the disillusionment with, and movement away from, the prevailing social science paradigm and the Annales school of total history and its quantification methods. Microhistory began in the 1970s and, in the following years, developed into a significant historical genre or as Brad Gregory put it 'a new sort of useable past'.⁵³ The guiding principle of microhistory research is research on a reduced scale using detailed analysis and observation to uncover unknown complexities and new meanings and the influences

⁵¹ Ginsburg, *Game*, p. viii.

⁵² Natalie Zemon Davis, *The Return of Martin Guerre* (London, 1983), Joanna Bourke, 'Amputees, Stump Pain and Phantom Sensations in Modern Britain', in Rob Boddice, (ed) *Pain and Emotion in Modern History* (Basingstoke, 2014), pp. 66-89, Paul, *Eyam*.

⁵³ See particularly, David Bell, 'Total History and Microhistory: the French and Italian Paradigms', in Lloyd Kramer and Sarah Maza (eds) *A companion to Western Historical Thought* (Oxford, 2006), pp 262-276, in which he examines the factions within microhistory such as the microhistory of the extraordinary and microhistory of the ordinary, total history versus microhistory. Brad Gregory, 'Is Small Beautiful?', *History and Theory*, 38, (1999), 105.

of belief systems and human interaction.⁵⁴ Gregory also posed the questions: if we examine something in greater detail do we understand it better, is an episodic or systematic approach better and how are the basic distinctions defined? He suggested that it would be a mistake to ignore the limitations of microhistory which, he suggested, included the danger of a concentration on the detail to the detriment of the wider perspective.⁵⁵

István Sziártó has suggested that the first advantage of microhistory is that it can be more interesting than the macro tradition, and that this also has the advantage of being more accessible to the general public.⁵⁶ He quoted Sigfried Kracauer who stated that microhistory offers more 'real history', whilst Christiansen suggested a feeling of 'coming to the people of the past'.⁵⁷ Keith Wrightson suggested two approaches to microstudies research: total history, the assembling of every record relating to the selected locality to obtain the fullest picture of local life or: village sampling, with the historian examining a local problem and examining it in a range of local studies of the same topic.⁵⁸ An advantage of the total history approach might result in a wealth of data and contribute to the social survey, adding a historical perspective to the community studies of sociology and anthropology.⁵⁹ However, total history may also result in trivia. This would depend on a definition of trivia. Trivial items, comments, or incidents may well prove to be illuminating: highlighting a small, unnoticed insight. This is referred to in chapter four in

⁵⁴ Reay, *Microhistories*, p. 260.

⁵⁵ Gregory, 'Small', 105.

⁵⁶ István

Sziártó, 'Four Arguments for Micro History', *Rethinking History*, 6, 2, (2002), 209-215. This issue is also addressed by Hill, *Companion*, p. 267.

⁵⁷ Sigfried Kracauer *Geschichte- vor den letzten Dingen* (Frankfurt am Main, 1971.), Palle Ove Christiansen, *Kultur of historie. Bidrag til den etnologiske debat* (København, 1995).

⁵⁸ Keith Wrightson, 'Review article Villages, Villagers and Village Studies', *The Historical Journal*, xviii, 3, (1995), 632-639.

⁵⁹ See for example Michael Young and Peter Willmot, *Family and Kinship in East London* (1962), Madeline Kerr, *The People of Ship Street* (1958).

relation to literacy. These are what Sziórtó, refers to as 'little facts' and that microhistory is based more on the little facts than the more traditional approach of macrohistory.

Using a single case could be more realistic and more engaging to the reader. However, he did make the point that people do live their lives within a range of contexts in the same time span and suggested that, if historians present no more than one of these, it could be a false presentation. This might be an argument against Wrightson's suggested approach of village sampling. This thesis takes the issue of health for its main theme, but has addressed this in the widest sense to include: prevention, health promotion and the social and economic factors which influenced health within the research location. Reay went so far as to say that all history is microhistory and that histories which exclude 'knowledgeable communities are only half the story'.⁶⁰ Helen Steele suggested that an issue for microhistory might be the selection of a suitable subject for study. Given the dearth of information about rural health, the present study seeks to redress the balance by examining the lived experience of one rural community which will, in Steele's words, 'reflect upon the wider questions'.⁶¹

Steele's measured summary of the issues and difference between micro and macro history offered valuable weight to the contribution that micro histories can make to the macro, so long as the historian ensured the relevance of the subject to the wider field. She echoed Reay in that all history is microhistory, but she suggested that macro and micro history should be read in tandem and seen as complementary, rather than contradictory, and that this could lead to the fuller picture.⁶² As Reay stated, microhistory is not local history written in isolation from wider processes and that 'There is no last word

⁶⁰ Reay, *Microhistories*, p. 262.

⁶¹ Helen Steele, 'Microhistory and microhistory: Different approaches to the Analysis of History', www.guernicus.com/academics/pdf/macromicro

⁶² For an example of macrohistory and microhistory in tandem see William Shakespeare, *Henry the V*. It starts with Henry's claims against the back drop of French and English nationalism, the grand sweep and rhetoric of battles and finishes with the speech by the Duke of Burgundy recounting the effects of the wars on the land and common people. Act V scene 11.

in the writing of history'.⁶³ The right methodology is the one which contributes to the answer of the research question. This study includes concepts from both approaches by selecting a topic, in this case health, but instead of comparing it with other villages, sets it in the local and national contexts. This chimes with the definition of micro history offered by Ginzburg and Poni who defined microhistory and history in general as 'the science of real life'.⁶⁴ It also offers a standard of validity against the criticisms of oral history which, very reasonably, centre on the validity of memory and recall.⁶⁵

It may seem to be strange to define a topic such as oral history, but different definitions can illustrate different approaches. For example, Donald Ritchie suggested that oral history 'collects memories and personal commentaries of historical significance through recorded interviews'. Although in essence this is the aim of oral history, he implied in this sentence that only incidents of historical significance are important. He did not define 'historically important' nor did he relate the remembered incidents to the personal.⁶⁶ By contrast, Paul Thompson suggested that the challenge of oral history lies in its essential social history, which he described as 'the history of ordinary people seeking to understand their personal life experiences'.⁶⁷ Ritchie further explained the distinction between oral history from oral traditions, which he stated are stories which have been passed along from one generation to another. He goes on to summarise the essence of the genre by suggesting that 'oral history is too dynamic and creative a field to be entirely captured by one definition'.⁶⁸ Oral history is the history of human kind from the time of the great Scandinavian and Germanic sagas, the boulevardiers, telling stories of great men and

⁶³ Reay, *Microhistories*, pp 261, 262.

⁶⁴ Ginzburg, 'Name', p. 8.

⁶⁵ G. Cohen and R. Java, 'Memory for Medical History', *Applied Cognitive Psychology*, 9, (1992), 69-75, M. Conway, and others, 'Recollections of True and False Autobiographical Memories', *Journal of Experimental Psychology General*, 125, (1996), 69-95.

⁶⁶ Donald Ritchie, *Doing Oral History: a practical guide* (Oxford, 2003), p. 19.

⁶⁷ Paul Thompson, 'The Voice of the Past: oral history', in Robert Perks and Alistair Thomson (eds) *The Oral History Reader* (London, 1998), p. 21.

⁶⁸ Ritchie, *Doing Oral History*, p. 19.

great heroic deeds which have been recorded in poems and song and have been recounted through the generations. In pre-literate history all history was oral, although it went into a decline until its recent renaissance in the 1970s, oral history is as old as history itself.⁶⁹

Paul Thompson discussed the reasons for oral history's origins and eminence. He suggested that the start of the decline in the use and perceived value of oral history can be traced to the work of Ranke (1795-1886), and his emphasis on empiricism which lasted into the middle of the twentieth century and the start of the professionalisation of history as an academic subject. Part of this professionalisation was the establishment of the primacy of archival evidence, rather than oral evidence, which was the province of a number of other disciplines such as sociology and anthropology. This established history as an expert specialisation. Initially, much of the oral history in America favoured the great man approach, what Donald Richie refers to as the major players in government, business and society. He points out, however, that the European perspective on oral history owed more to social history and the recording of everyday lives of ordinary people.⁷⁰ The use of oral evidence has been pre-eminent for centuries in the social sciences used by, but not exclusively, the social reformers such as Beatrice and Sidney Webb in their surveys of the working-class movement and trade unionism.⁷¹

As medicine progressed from the earlier medical discoveries to the 'cascade of medicine' during the therapeutic revolution, and a concomitant questioning approach to its efficacy which developed in the 1960s and 70s, there came an evaluation of the notion of medical progress in the light of historical sub-disciplines and the concept of history from below.⁷² The rise in the understanding of the social and political conditions of medicine led to the concept of medicine as a social entity as well as a therapeutic entity. This importance of

⁶⁹ Paul Thompson, *The Voice of the Past* (Oxford, 2000), p. 25.

⁷⁰ Richie, *Oral History*, p. 23.

⁷¹ Thompson, *Voice*, p. 46 (for a review of American perspective see Richie *Oral History*, p22).

⁷² Slinn, 'Cascade' p. 147. Waddington, Introduction, p. 3.

context and the wider social history challenged Whiggish and top down approaches, and historians embraced the multidisciplinary approach of anthropology, sociology, psychology and literature to inform the discourse. As early as 1966 George Rosen emphasised the need to study people and their experience as patients, but this was slow to take hold until the 1980s.⁷³

It could be suggested that, the perceived lack of veracity and reliability of what a subject might remember and how they remembered it, may cast a shadow over the methodology. Kate Fisher suggested that historians should explore the mis-remembered testimony and what had been forgotten, which pre-supposed that the information was originally there.⁷⁴ This could provide unwitting testimony regarding the cultural and social norms of the time. This is evident in chapter three regarding the interviewees' recollections about learning the facts of life, cancer and tuberculosis. Trevor Lummis suggested that the veracity of oral history had two main aspects: 'The degree to which any individual interview yields reliable information, and how typical the experience was of the historical experience'. The key to academic credibility is the reliability of the source material.⁷⁵ The academic standard for historical evidence is a hierarchical model which lists oral history or oral testimonies twelfth behind archival documents or record, survey and reports.⁷⁶ However, there is no reason to suppose that original documentary evidence is any less biased, manipulated, or politically expedient than any other sources, depending on who wrote it and for whom (whether for public or private view), and under which prevailing political system. A. J. P. Taylor warned us that 'all sources are suspect'.⁷⁷ Oral history is, after all, a primary source and may be no more or less reliable than other primary sources.

⁷³ George Rosen, 'People, Disease and Emotion: some newer problems for research in medical history' Presidential address American Association for the History of Medicine, Rochester, Minnesota, May 1966. See also Waddington, *Introduction*, p. 10, for a review of the debate on the call for a new perspective in medical history.

⁷⁴ Kate Fisher, 'Oral Testimony and the History of Medicine', in Mark Jackson (ed), *The Oxford Handbook of the History of Medicine* (Oxford, 2011), p. 599.

⁷⁵ Trevor Lummis, 'Structure and Validity in Oral Evidence', in Robert Perks and Alistair Thomson (eds.) *The Oral History Reader* (London, 1998), p. 273.

⁷⁶ Thompson, *Voice*, p. 118

⁷⁷ Thompson, *Voice*, p. 59.

Thompson saw the potential role of oral history as opening up new lines of enquiry and challenging assumptions by recognising substantial groups of people who had hitherto been ignored. He added that the use of interviews as a source by professional historians is long standing and perfectly compatible with scholarly standards.⁷⁸ However, Thomson suggested that reality is complex and many-sided quoting Portelli, 'but what is really important is that memory is not a passive depository of facts, but an active process of creation of meanings'.⁷⁹ This supported Kate Fisher's comments that it is the way in which individuals understand their experiences and does not so much document the past, but the individual's interpretation of it. Thompson suggested this provides a more realistic construction of the past and has radical implications for the social message of history as a whole.⁸⁰ The debate concerning the veracity and reliability of oral testimony has exercised historians for many years and has changed in accordance with increased knowledge about the medium and function of memory, which is not a finite concept, there being a number of forms of memory, for example: short, long term, auditory etc.⁸¹ Originally refuted as a methodology, its strength and weaknesses have been accepted as integral to the genre.

Oral history data for this thesis draws on interviews from two groups of interviewees. The first interviews were initiated by two parish councilors in 1988 when they interviewed a number of residents to elicit their recollections of the village in general. These five interviews were recorded and transcribed and copies were donated by Mabel Howlett from her personal collection. Although the interviews were unstructured, lacking details and sign posts, and there were no questions specifically about health they did yield useful background information which reflected on issues relating to health and illness. The interviewees in this first group were born at the beginning of the period under review, the

⁷⁸ Thompson, *Voice*, p. 22.

⁸¹ Alessandro Portelli quoted by Alistair Thomson in 'Memory and Oral History' in Donald Richie (ed.) *The Oxford Handbook of Oral History* (Oxford, 2011), p. 77.

⁸⁰ Thompson, *Voice*, p. 7.

⁸¹ See Gillian Cohen Martin Conway, *Memory in the Real World* (Hove, 2008) lists nine chapters addressing different types of memory.

oldest being Lucy Lacey born 1896 and the youngest Mabel Howlett born 1920. Data obtained from the parish records indicated that their family backgrounds were farm labourers or cement workers.⁸² The 12 interviewees for this thesis were born towards the end of the research period, the oldest being Mabel Howlett and the youngest was Rodney Turner, born 1945. Their family backgrounds ranged from: large land owners, clerical workers, shopkeepers, dairymen and cement workers.

The oral history data was analysed to elicit trends in the use of self-help which informed the themes of the study. Both these methodological approaches, oral and microhistory, whilst having historical uses, have undergone a revival in use since the 1970s and 80s along with the concomitant approach of history from below.⁸³ Interviews of a convenience sample of Chinnor residents over the age of 70 were conducted, recorded and transcriptions stored following procedures laid down by the University Ethics Committee. Questions were related to the thesis topics. Ethical issues considered in relation to this methodology included: the age of the participants and their medical status, frailty and stamina. Recollections could have evoked traumatic memories which may not have been addressed properly at the time such as loss of sibling or offspring. Both surgeries in the village have counsellors available if necessary. It was important that participants, whose memory was not serving them well, did not feel inadequate or embarrassed. Initially, potential participants were identified by scanning the Chinnor parish burial records for recurrent names over the period under investigation. A number of names were identified and addresses obtained from the voters list. In order to make sure no one was approached inappropriately, for example, due to recent bereavement, illness, or capacity, the Parish Clerks were consulted (key source of information in the village) and a number of residents removed from the list. Letters of invitation and information sheets were sent out. Initially, many residents did not think they could help but subsequently were surprised at how much they could remember and reported that they had enjoyed the experience.

⁸² Series of interviews conducted by Mary Darmody-Cadle and Pat Whelehan 1988. Mabel Howlett personal collection.

⁸³ R. Porter 'The Patients View: doing medical history from below', *Theory and Society*, 14, (1985), 175.

After an initial two or three respondents had taken part a snowball effect emerged as they then encouraged others to take part. Given the concerns about the age of the participants and their memories this gave them confidence to take part. Transcripts were analysed to identify commonalities and differences between the subjects.

The structure of the thesis

This thesis set out to explore the effects of three themes: cost, availability and efficacy on the health profile and health related strategies of one Oxfordshire village during the period of economic, social and medical change, 1900-1948. It is a period which encompasses, at the beginning, therapeutic nihilism through to the period of therapeutic revolution at the end; from charity and mutual help to extended medical care during the war; culminating in full National Health coverage providing free medical care. Of the three themes, availability of medical care is the most abundant and consistent, but initially of limited value, and it is not until the start of the therapeutic revolution in 1938 does the benefit of efficacy emerge until cost is addressed in 1948.

Following the introduction, chapter one paints a picture of Chinnor in its time and place, geographically and historically, and offers a review of its population of long-lived individuals and an economic structure of fruitful self-sufficiency, an image which is challenged in the subsequent chapters. For example, in chapter two it becomes clear that longevity and health came at a premium and that although medical, nursing and midwifery assistance was available, until the late 1930s it could be of limited effect and, until 1948, came with a cost, leaving residents to fall back on local lay care and self-help. The third chapter describes the health profile of the village and lays the foundations for the rest of the thesis by exploring the factors contributing to the state of health and the causes of ill health of Chinnor residents during the period under review. Taking a broad view of causes of ill-health it addresses the effects of social situations such as: unwanted pregnancy, contraception, wartime stress, environmental pollution (air, water and sewage), housing and weather on residents' health. Data was gleaned from Chinnor Parish records, death certificates, existing written testimony and interviews, to form an

image of the residents' health beliefs and attitudes.⁸⁴ In their quest for health the residents turned to a range of sources of health information which is addressed in chapter four and which examines the potential sources of health information from oral tradition, written accounts, personal experience, women's magazines and, more latterly, the medium of radio.

Having explored the health status of the village, including the issues which promoted good health and, in particular, the environmental factors which mitigated against it, chapter five explores the use of a range of over-the-counter, home remedies and health promoting nutrition in addressing ill health and the maintenance of good health in Chinnor. A key source of information examined in chapter five is the examination of medical advertisements which, during this period, subscribed extensively to the humoral concepts of congestion, blockage and the importance of the non-naturals. Remedies were examined in the light of cost (not all remedies were readily available some had to be sent for) and efficacy. In the concluding chapter, a comparison is made between the first decade of the period under review (1900-1910), and the first decade following the inception of the NHS (1948-1958), from data elicited from local and county records, oral testimony and death certificates, to illustrate the impact of addressing the change in impact of the three themes.

⁸⁴ *Chinnor Parish records* transcribed by Chinnor Archaeological and Historical Society; the records covering Henton, Wainhill, Oakley and Spriggs Alley as well as Chinnor. CD format provided by the Oxford Family History Society available from Oxford History Centre, Cowley.

Chapter 1: Chinnor in Context

*Along the cool sequestered vale of life
They kept the noiseless tenor of their way*¹

The role of chapter one is to set the scene and place Chinnor in its historical, geographical and social context in order to provide a foundation for the examination of the issues addressed in this thesis. This is achieved by providing the geographical context of the village and identifying the key aspects of its geography in relation to its historical and commercial purpose. This leads on to a review of the commercial and agricultural enterprises as well as occupations within the village economy, which includes the role of the makeshift economy and the allotment movement and its impact on health. Integral to the social life of the village were its customs and culture, which shaped the philosophy and attitudes of the residents. The role of the village institutions: churches, Village Hall and the Reading Room are examined in relation to the social, historical and economic changes during the period under research. The chapter concludes with a review of the growth of commercial networks which have had an impact on the social and economic growth of the village.

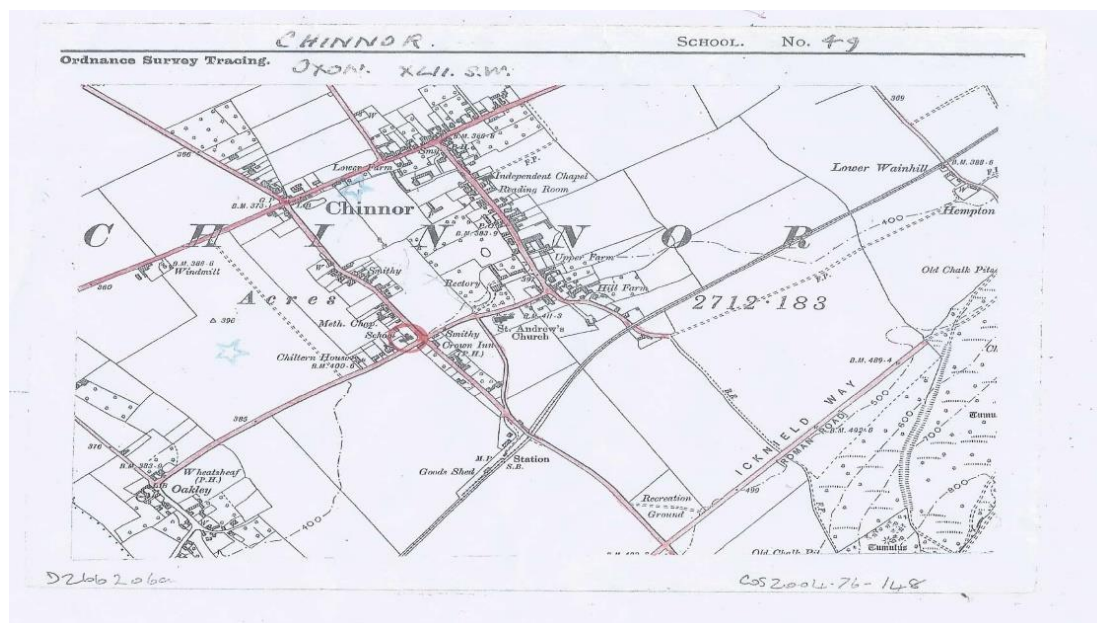
According to H. Bracey, 'First and foremost, the great majority of English villages are where they are because, a thousand to fifteen hundred years ago, the site on which they stand ... made them particularly suitable for occupation by farming settlers'. This included, a reasonable water supply, fertile soil and the pattern of settlement, a portion of dry upland for grazing, and fertile land for arable growth, and it is this pattern which is seen along the spring-line edge of the Chilterns.² All these Chiltern parishes were wedge shaped, rectangular, scarp-foot villages at the joint of the chalk and clay. The shape of Chinnor village is a rectangle and a mile in circuit. The church of St. Andrew is

¹ Gray's *Elegy. Six Centuries of Great Poetry*, Robert Warren and Albert Erskine (eds) (New York, 1955), pp. 295-298.

² H. Bracey, *English Rural Life: village activities, organisations and institutions* (London, 1959), p. 20, see also J. Coppock, *British Landscapes through Maps: The Chilterns* (Sheffield, 1962) plate 1.

situated on the southern boundary of the rectangle.³ The village green, classified as a peripheral green, was common land used for sheep grazing, and was situated on Chinnor Hill, a steep rise from 500-800 feet, leaving the plain for agriculture. The rectangular shape of Chinnor is in contrast to the linear developments of the neighbouring hamlets of: Sydenham, Henton and Emmington, whilst Aston Rowant and Kingston Blount cluster around a green. Chinnor is a Spring Line settlement at the foot of the Chilterns on the ancient Icknield Way yielding Saxon and Roman artefacts and is listed in the *Domesday Book*. Many family names, evidenced in the Parish Register of the 1500s continue today, some of whom have contributed to the thesis.

Fig. 1. Ordnance Survey Map of Chinnor circa 1920s.



Source: Oxford History Centre, Cos2004-76-148.

Chinnor is bound by a steep wooded escarpment to a plateau of medium sized fields dissected by spring lines with a number of old hedges around the hamlets of

³ For a review of village plan types and village forms see Brian Roberts, *Rural Settlement in Britain* (Folkestone, 1977) pp. 122-123 also of interest for village morphology, Roberts, *The Making of the English Village* (Harlow, 1987).

Emmington and Henton. Key landscape features include a mosaic of woods and small fields, spring lines, ancient hedges, the Hollow Way and the Ridgeway. There is a large chalk quarry to the south of the village which is of geological importance.⁴ The ancient parish before 1932 was a spread of 2,712 acres and, like other Chiltern villages, was narrow and elongated in shape.⁵ The ridge above the village is covered with beech trees, which provided a source of income by way of the furniture industry in High Wycombe. This forestation was in marked contrast to the rest of England and Wales, which, in the 1800s, was the least wooded area in Europe due to inroads made by the shipbuilding and mining industries.⁶ During the 1800s only 29% of acreage in England and Wales included farms of more than 300 acres, 42% of farms of 101-300 acres and 23% of farms of 21-100 acres.⁷ In Chinnor in 1890, 16 small holdings were under five acres and 10 were less than 50 acres. In 1925 the largest farm was 386 acres and three other farms were 90-140 acres. In 1939, of eight farms listed in Chinnor only two were farms over 150 acres. Chinnor was evidently located on rich soil and in the seventeenth and eighteenth centuries, the crop yields were reported as 'heavy'.⁸

Chinnor's toponym may originally have meant the ora or slope of a man called Ceonna and in subsequent centuries was variously spelt Chennore then Chynor. The village is four miles from the market town of Thame and nine miles from Princes Risborough and within two parishes, the civil parish of Chinnor, Emmington, Wainhill and Henton, and the parochial parish of Chinnor, Kingston Blount, Aston Rowant and Sydenham.

⁴ Nature Conservation Strategy for Oxfordshire, Parish Conservation Register for the parish of Chinnor, Coppock, *British Landscapes*, plate 1.

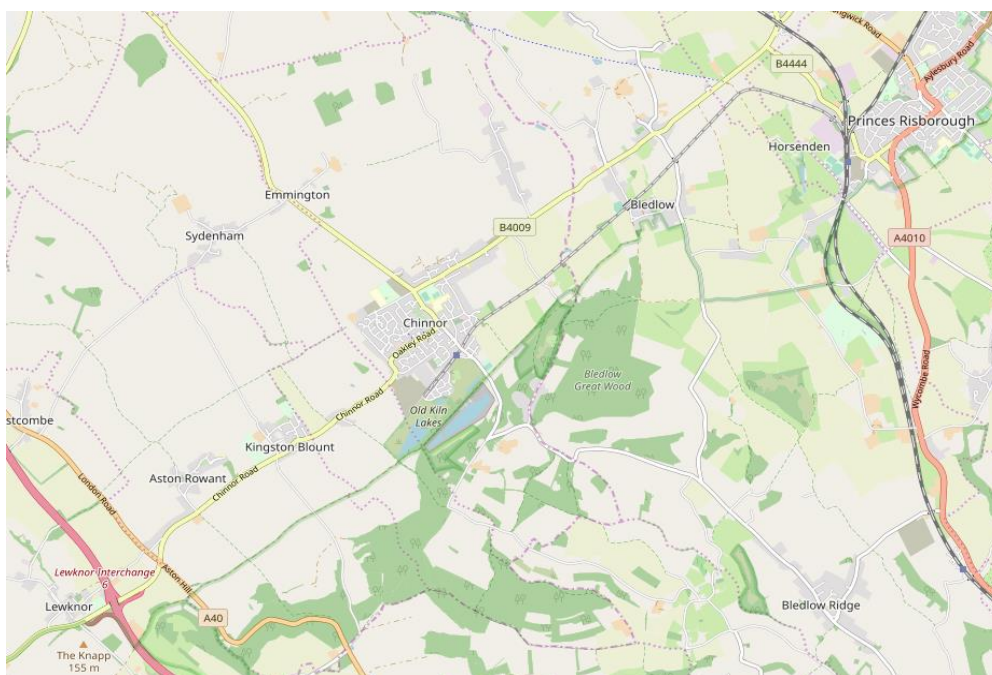
⁵ *Victoria County History, A History of the County of Oxford, vol. 8 Lewknor and Pyrton Hundreds*, www.british-history.ac.uk, on line, p. 55.

⁶ I. G. Simmons, *An Environmental History of Great Britain* (Edinburgh, 2001), p.152.

⁷ G. Mingay, *The Transformation of Britain, 1830-1939* (London, 1986), p. 149

⁸ *Victoria County History*, p. 63.

Fig. 2. Contemporary map of Chinnor and its location.



Source: Ordnance Survey West Oxfordshire Paths. www.mapsta.net.uk.

Quantitative data for this thesis was obtained from the Chinnor parish register, qualitative data was obtained from participants from Chinnor and its surrounding hamlets as shown on the map fig 2. This flexible approach to timeframe and location follows Reay's approach in *Microhistories* when, stating that he had tried to breach some of the barriers between qualitative and quantitative theory, and allowed some chapters to be wider ranging than his main emphasis on the nineteenth century, to access the widest possible range of source material.⁹

Chinnor is unusual in that it does not have a Lord of the Manor although a house in the High Street is called the Manor House, the title having fallen into disuse in 1917. Chinnor could be referred to as an open parish, that is, a parish which did not support a

⁹ Reay, *Microhistories*, p. xii.

resident squire.¹⁰ This had resulted in one of the distinctive features of the parish in that most of the residents were freeholders of their property and land.¹¹ Traditionally, the English farmer rented his land rather than owned it.¹² This move to enfranchisement had originated when Richard Dormer, d. 1689, was Lord of Chinnor and under his rule all tenants were said to be able to buy their freeholds if they so wished.¹³ This move to enfranchisement was more generally common during the 1920s when estate lands were sold to pay death duties on sons and heirs killed in the war, so this was an early development for Chinnor. An 1888 map of Chinnor in the parish office, clearly shows all the individual dwellings and indicates that they all had surrounding land for personal cultivation in addition to the allotments.

G. Mingay described a typical village of the period as having a number of commercial establishments such as: a smithy, butcher's yard, saddle and harness maker, and carpenter and coffin maker.¹⁴ Although Chinnor was primarily a farming community, there were from the end of the nineteenth century a number of businesses opened to add to the existing crafts and home industries and these provided a certain amount of non-agricultural employment, predominantly chair-turning and lace-making.¹⁵ These businesses variously included a brass foundry, a jam factory, established in 1920, and builders and contractors, whose wages may have been higher than on the farms. The 1881 census of Chinnor indicated that, although the single largest employment for men was agriculture (80), in fact more men were employed in commerce (158), with the second largest single occupation for men was workers and dealers in house furniture and decorations (56). Women predominated as workers and dealers in textile fabrics

¹⁰ Mingay, *Transformation*, p. 167.

¹¹ *Victoria County History* p.63.

¹² Mingay, *Transformation*, p.149.

¹³ *Victoria County History*, p. 63.

¹⁴ Mingay, *Transformation*, p. 138.

¹⁵ In 1815, Chinnor had three schools which taught lace making and by the mid nineteenth century it was a well organised home industry. There was a lace-feast every fortnight attended by lace makers and buyers. *Victoria County History*, p. 71

(55) and or domestic or office workers (24). Seven men and two women were listed as professional. In addition, 14 men were listed as being without specified occupations, as were 93 women. Seven men and 102 women were listed as occupation unknown.¹⁶ An examination of the census and *Kelly's Directories* (1903-1939) provided a picture of the evolving, declining, and changing occupations within the village. 1903 for example, indicated 68 commercial enterprises including the Reading Room and Working Men's Club. In addition, there were seven chair-turners (chair-turning was the key industry in Chinnor, providing chairs for the furniture factories in High Wycombe) listed as well as three bakers, five grocers and two butchers, one saddle store, one harness maker, two blacksmiths (brothers who did not speak to each other), one mason and a bricklayer. There was one hardware and tobacconist shop.¹⁷

Some occupations were combined. For example, carrier and grocer; none more so than Mr. Sairey, who is listed as a general builder, contractor, decorator, undertaker and sanitary engineer. By 1907, the number of chair turners had increased to ten, many from the same family and the post office was also trading as a grocer and many of the retailers had additional crafts. In 1911, there were 14 chair turners and the post office also traded as a stationer. Other occupations listed included: a police officer, a stationmaster and an insurance agent. By 1915 there were 14 turners and in addition to his other occupations, Mr. Sairey was now an insurance agent. Chinnor boasted a high-class hand laundry (flannels a speciality), and a watch and clock maker who, according to Mrs Howlett's testimony, never gave the clocks back.¹⁸

In 1920, the total commercial outlets numbered 71, with 11 chair turners and Chinnor had gained a motor garage. 1928 and 1931 records, a chemist and six turners.

¹⁶ <http://www.visionofbritain.org.uk/unit/10324520/cube/OCC>

¹⁷ Mary Howlett, 'Chinnor 50 Years Ago', *Chinnor Chronicle*, January 1976.

¹⁸ Mabel Howlett personal communication, 6/8/16. See also Mary Darmody-Cadle and Pat Whelehan *Chinnor in Camera*, a photographic essay of Chinnor, p. 19 text accompanying a photograph of Cromwell Cottage in the High Street where the clock maker lived.

However, by 1939 there is only one chair turner listed. Interviewees for this thesis represented many of the main occupations in the village. Two were from a family of farmers, two from a family of grocers, and one from wood turners. In 1908, Chinnor Cement and Lime Company was founded within an established quarry on the Chiltern escarpment. In 1975 it employed 160 men, it closed in 1989 and is now a housing estate although some areas have been preserved as being of outstanding scientific interest. Jimmy Eustace in his interview in 1988 recalls that the men working at the quarry would dig up a fair number of fossils, some of them quite large, and that Mr. Benton gave a lecture on fossils in the Reading Room.¹⁹ A display of Chinnor's history staged in the village in 1967 included, as its oldest exhibit, a shark's tooth from the quarry dated 120 million years old, and a woolly mammoth's tusk dated as 60 million years old.²⁰ According to the Domesday Book the population of Chinnor in 1086 was 26 villagers, 2 small holders and 4 slaves.²¹

It is estimated that the expansion of the village was probably at its peak in 1851, when there were 274 houses followed by a population contraction during the second half of the century.²² The ebbs and flows of the population may be accounted for by emigration.²³ In addition, there was the high cost of life of the First World War. Of the 32 names engraved on the Chinnor war memorial, 18 were actively employed or resident in Chinnor at the time of enlistment. The losses were heavy with two families losing four men each, a high count in a primarily agricultural community. In 1931, the addition of the neighbouring parish of Emmington was added to Chinnor. In terms of size relevance, it would seem that Chinnor was always one of the larger villages in

¹⁹ Jimmy Eustace, interview, 1988.

²⁰ 'Chinnor's Past Comes to Life at Exhibition', *The Oxford Times*, 22 September, 1967.

²¹ Open Domesday, Chinnor accessed 8/8/14. www.domesdaymap.co.uk/place/SP7500/chinnor

²² *Victoria County History*, p.65.

²³ See Leslie Wood, 'Emigration to Australia in Early nineteenth century Oxfordshire: A Case Study.' An account of nine Chinnor families and their journey to Australia in 1843. OV Octavo 944 (v. 1 no. 5 (1982) Oxford History Centre, Cowley. Due to poor harvests and rising population a number of emigration schemes were set up the same conditions which generated the allotment movement to keep the poor law rates down.

Oxfordshire although, in common with neighbouring Oxfordshire villages, Chinnor grew slowly over the century, from a population of 1,002, 264 households and 281 houses, in 1901 to 1,124, 338 households and 336 houses in 1931. Nearby settlements of Marston pop. 68 increased to 1287, Chalgrove pop. 387 to 388, Garsington pop. 577 to 744 and Benson pop. 965 to 1,274.²⁴

Makeshift economy

As with other rural and urban low income and unstable economies, Chinnor subscribed to the common device of the makeshift economy. This is alluded to again later in the thesis relating to the calculation of domestic income and the rights of wood gathering granted to Chinnor residents. The concept of makeshift economy has been recorded in both urban and rural communities operating on a subsistence level. The term, makeshift economy, was first coined by Olwen Hufton in her examination of the strategies used by the poor in eighteenth century France.²⁵ Since then the concept has evolved from Hufton's, which was based on the premise that no state welfare provision for the poor was in place and the poor were thrown back on their own devices.

The historiography of the makeshift economy has examined a matrix of economic resources available to the poor, and has taken a variety of conceptual formats depending on classification and whether this included the provision of state or charity funded welfare provision or the inclusion of criminal activity. Resources for the makeshift economy might include, depending on the community, pawning items, prostitution, gleaning, poaching and other petty theft such as that of fire, wood or fruit and vegetables. Terms used to describe the activity have included: 'the economics of survival' 'ways of getting a living' 'household survival strategies'.²⁶

²⁴ Mary Jessop, *History of Oxfordshire* (London, 1975), p. 124.

²⁵ O. Hufton, *The Poor of Eighteenth Century France, 1750-1789* (Oxford, 1974).

²⁶ See for example: D. Valenze *The First Industrial Woman* (Oxford, 1995), R. Malcolmson, 'Ways of getting a living in Eighteenth century England', in R. Pahl (ed) *On Work* (Oxford, 1988), L. Fontaine and J. Schumbohm (eds) *Household strategies for survival 1600-2000: fission, faction and cooperation* (Cambridge, 2000).

In reality, the economy of makeshifts was a complex web of family, community and personal strategies, undertaken to augment the household economy. In Chinnor it embraced both legal and illegal activities, as well as the disbursement of church charity funds.²⁷ The relevance of the makeshift economy to maintaining health in Chinnor was to offset the effect of low agricultural wages, the seasonality of work, and the ever-present threat of being underfed after a poor harvest. This could lead to destitution due to ill health necessitating the payment of doctors' fees, which is discussed in greater detail in the next chapter. Key to the makeshift economy in Chinnor was lace-making which, although an all year round occupation, could still be prey to minor seasonal fluctuations, and the vagaries of prevailing economics over which they had no control and were at the mercy of lace dealers. Nicola Verdon has reviewed the history of lace-making and its role in the makeshift economy predominantly in Buckinghamshire which is relevant to Chinnor as it is situated on the Oxfordshire and Buckinghamshire border.²⁸ In fact, Pamela Horn states that, according to the 1851 census, one third of Oxfordshire's 1,770 lace-makers lived in the Thame area and the villages around Thame, and that they would bring their completed work to the Nags' Head pub in the town.²⁹

It is difficult to estimate the financial contribution of lace-making to the domestic economy, as reports varied from decade to decade and location.³⁰ For example, in *Chinnor in Camera* it was described as a thriving home industry in the mid nineteenth century whilst reported wages varied between 1s 6d. to 3s. per week in 1834. In her history of *How the Village Helped the Poor*, Norah Neighbour noted that during the incumbency of the Rev. William Musgrave as Rector (1816-1875) there was 'great

²⁷ Parochial Statistics, Parish of St. Andrew's Church, Chinnor, Oxford History Centre, PAR/62/17 miscellaneous.

²⁸ Verdon, *Rural Women*, pp. 132-163, see also *Chinnor in Camera*, photograph depicts two elderly ladies making pillow lace, p. 18. Maltese and Buckinghamshire lace were also made in Chinnor.

²⁹ Pamela Horn, 'Pillow lacemaking in Victorian England: the experience of Oxfordshire', *Textile Industry*, 3, 1, (1972), 100-115.

³⁰ Verdon, *Women Workers*, pp. 150, 153.

poverty in the village and many a family would have starved or gone to the workhouse if the women had not been able to make lace.³¹ In spite of its importance to the domestic economy lace making was not listed as an occupation in *Kelly's Directories* although chair turning, also a home industry, was listed.

The types of natural resources used by the rural poor has been examined by Donald Woodward who researched the usage of natural resources since 1500. Among the many and various materials used were thistle down for pillows and holly as animal feed.³² Sources of free food in Chinnor were recounted by Jim Rose who recalled that wildlife was an important source of food for the countryman. In spring, moorhens' eggs and plovers' eggs made a change, the plovers' eggs being sent to London. Rabbits were a plague, and had to be kept down and they were a common source of meat for the residents.³³

One activity which was common in both urban and rural areas and which held some importance to the makeshift economy was poaching. The specific activities which came under the general rubric of poaching, defined as the illegal hunting or capturing of wild animals, changed over the years and contributed to an evolving legislature.³⁴ As an activity, poaching was multifaceted covering night poaching as well as daylight offences often focused on rabbits and the eggs of game birds.³⁵ The historiography of poaching reflects this in its examination of the causes, motives and execution of the crime.

³¹ Norah Neighbour, *How the Village Helped the Poor*, Chinnor Library.

³² Donald Woodward, 'Straw, Bracken and the Wicklow Whale: the exploitation of natural resources in England since 1500', *Past and Present*, no. 159, May (1998), 43-76.

³³ Jim Rose, *Call Me Jim*, privately printed p. 23.

³⁴ *Night Poaching Act, 1828*, 'An act for the more effectual Prevention of Persons going armed by Night for the Destruction of Game'. Penalties: first offence 3 months in prison, second offence 6 months and third offence possible transportation. *Game Act, 1831*. This designated certain species of game birds and their open season, the issuing of game and gamekeepers, licences. It also granted the right to kill game on own land or another's with permission. *Act for the Prevention of Poaching, 1862*. Gave police or Peace Officer the right to stop and search anyone, their cart or conveyance if suspected of poaching.

³⁵ Harvey Osborne, 'Unwomanly Practices': Poaching, Crime, Gender and the Female Offender in nineteenth-Century Britain', *Rural History*, 27, 2, (2016), 149-168.

Commonly assumed to be primarily an economic reaction to social and economic conditions, it has equally been examined as form of social deviance and resistance, reflecting the class tensions and power base within the rural community.³⁶ One of the predisposing causes of poaching was the enclosure of common land which had previously been available for grazing or hunting and was now deemed to be private property. Local land owners seemed to remain resolved to restrict customary rights, on what they insisted was their exclusive property, which was in conflict with labouring rural populations' perceptions of traditional law.³⁷ This loss of grazing and hunting rights contributed to economic hardship, whilst enclosed land was deemed to be more profitable, and often led to increased rents.³⁸ In Chinnor, open fields remained intact until the nineteenth century although there were some earlier enclosures around Henton and Wainhill and around the boundary of the parish.³⁹ Taking a Marxist theoretical perspective, Stephen Eliason claims that game laws favoured elite members of society and were used by members of the upper classes to exercise control over the lower classes.⁴⁰ Early game laws in England prohibited the lower classes from possessing weapons which allowed the nobility to prevent disruption and rebellion, whilst in fourteenth century England, it was feared that hunting activities could conceal conspiracies against the nobility.⁴¹

³⁶ D. Jones, 'The Poacher: a study in Victorian Crime and Protest', *The Historical Journal*, 22, 4, (1979), 149-168 Craig Forsyth and Thomas Marckese, 'Folk Outlaws: Vocabularies of Motives', *International Review of Modern Sociology*, 23, (1993), 17-31, Stephen Eliason, 'From the King's deer to a capitalist commodity: A social historical analysis of the poaching law', *International Journal of Comparative and Applied Criminal Justice*, 36, 2 (2012), 133-148.

³⁷ For an indepth examination of the legal arguments for and against enclosure and the perceptions of 'common rights' see Tracy Young, *Popular Attitudes towards Rural Customs and Rights in Late Nineteenth and Early Twentieth Century England*, unpublished PhD, University of Hertfordshire, September 2008.

³⁸ For a comprehensive review of the effects, range and impact of the enclosure acts, see J. Wordie, 'The Chronology of English Enclosure, 1500-1914', *The Economic History Review*, 36, 4, (1983), 483-505.

³⁹ *Victoria County History*, p. 63.

⁴⁰ Eliason, *King's Deer*, 135.

⁴¹ D. Lund, 'Nineteenth Century wildlife law: a case study of elite influence', *Arizona State Law Journal*, 33,4, (2001) 935-984, R. Manning, *Hunters and Poachers: a social and cultural history of unlawful hunting in England, 1485-1640* (Oxford, 1993), cited by Eliason *King's Deer*.

A review of local newspapers and court reports indicated that during the nineteenth-century the majority of convictions were for poaching or stealing food.⁴² From 1900, fewer incidents have been identified. In 1902, Chinnor residents, Bert and William Hopkins were convicted for trespassing for game on John North's land and Mrs. Evans was convicted of stealing four wood faggots in 1911, and Sidney Hewitt for trespass in December 1912.⁴³ At the time Mr. Rose was writing, the practice of snaring small birds for food had declined due to their reduction in numbers. He also reported on the danger of taking pheasant eggs as the local gamekeeper knew where most of the nests were and, if caught, a tenant could be turned out of their cottage.⁴⁴ The reduction of cases could possibly be due to the lack of reporting of poaching as a crime. Within the countryside in general there was often an ambivalent attitude to poaching which could result in a reluctance to report it, and some landowners hesitated to prosecute, dependent as they were on local labour, for fear of reprisals.⁴⁵

However, the rural poor did have access to customary rights within their locality which provided material benefits to their standard of living and could, on occasion, make the difference between getting by and poverty. Key to these rights was gleaning and, in addition in Chinnor, the collection of wood. Peter King has tried to evaluate the contribution gleaning could make the household economy in a number of locations. However, his calculations did indicate that it could be as much a variation as 13% recorded in Cambridgeshire and as low as 3.8% in Hampshire.⁴⁶ Stephen Hussey has reviewed the tradition of gleaning which had been identified as dying out at the

⁴² Between 1834-1852 there were 17 convictions for trespass for game. For example, in Chinnor, 1834 Richard Seymour was convicted of trespass for game, Oxford History Centre QS 1834/3/L1/21. Other items of theft included fruit and vegetables, in 1840, John King was convicted of stealing apples, pears and walnuts, QS 1840/4/L3/27 1839, and in 1839 William Seymour was convicted of stealing swedes and turnips, QS 1839/2/L1/22 and again in 1844 for stealing barley. Many of the above were repeat offenders.

⁴³ *South Bucks Standard*, 3 October, 1902, *Bucks Herald*, October 28 1911. *South Bucks Standard*, 24 December, 1912. See Osborne, 'Unwomanly practices', 149-168.

⁴⁴ Rose, *Jim*, p. 22.

⁴⁵ A. Ager, *Crime and Poverty in 19th Century England the economy of makeshifts* (London, 2014), pp 58-59.

⁴⁶ Peter King, 'Customary Rights and Women's Earnings: the importance of gleaning to the rural labouring poor, 1750-1850', *The Economic History Review*, vol. 44, 3, (1991), 461-476.

beginning of the twentieth century. Following his review of gleaning in Essex, he revised this assertion to its disappearance during the decades following the Second World War after the introduction of combine harvesters. This was evident in Chinnor when gleaning continued until after the Second World War, Jim Rose mentions threshing during the war and the lack of mechanisation and the continued use of horses on the farm until the late 1940s.⁴⁷ Results from the National Farm Survey indicate that the four farms cited in the thesis all used farm horses and none of them was recorded as having a combine harvester although these had been available commercially since 1938.⁴⁸

Key to the makeshift economy in Chinnor and the health of its residents in supplementing their food supply were the Chinnor allotments. The history of the movement is imbedded in the concept of land ownership as an integral part of rural life to engender a feeling of connection with the land and establish community spirit. 'The chief aim of this policy was to ensure that at least the head of each family occupied by the cultivation of land should have some direct control, as owner or occupier, of some of the land he cultivated'.⁴⁹ In addition, what might be referred to as a subtext, was the role of allotments in the reforming zeal and social control by the landed gentry towards the working classes. Allotments were meant to encourage 'respectable behaviour, thrift, sobriety and industriousness' as a guard against criminal behaviour. Tenancy could be terminated within a few months if the tenant displeased the landlord.⁵⁰ However, it also enabled the labourer to increase the family income and decrease the potential for the family being dependant on the rates. In addition, the allotments, particularly in Oxfordshire, had the effect of retaining the labourers' work on the land during the

⁴⁷ Stephen Hussey, 'The Last Survivor of an Ancient Race': The Changing Face of Essex Gleaning', *The Agricultural History Review*, 45, 1, (1997), Jim Rose, *Call me Jim (recollections of a farming life)*, privately published p. 54, 61.

⁴⁸ Brian Short and others, *The National Farm Survey, 1941-1943: state surveillance and the Countryside in England and Wales in the Second World War* (Wallingford, 2000).

⁴⁹ Arthur Ashby, *Allotments and Smallholdings in Oxfordshire. A survey made on behalf of the Institute of Research in Agricultural Economics, University of Oxford* (Oxford, 1917), p.1.

⁵⁰ Jeremy Burchardt, *The Allotment Movement in England, 1793-1873* (London, 2002) p. 187. In common with the management of the Reading Room, after the Enclosure Act and Provision Order July 1847, the allotments were initially managed by the church wardens and the Overseers of the Poor.

depression years.⁵¹ Alun Howkins noted that whilst there had been a general decline of 10% in the numbers of agricultural workers in England and Wales between 1921 and 1931, the greatest number had been 32% in Oxfordshire which Whiting suggested was due to the rise of the car industry at Cowley. In 1936 there were about 3,000 ex farm workers at the plant out of a work force of 5,000.⁵²

The origin of the allotment movement in Chinnor lies within the second allotment movement which started nationally in 1830, but has sustained its influence on Chinnor's nutrition and health until the present day. Jeremy Burchardt has suggested that allotment produce provided a greater contribution to living standards, and by implication, health, than previously appreciated, whilst Ashby suggested a figure of 20-25 % of the diet of many families was directly supplied by the garden or garden allotment.⁵³ The vital role of the Chinnor allotments in World War II is reviewed in chapter five. In 1854 an enclosure award was made for the 'labouring poor of Chinnor'. They were referred to as the 'labouring poor' because, although they were employed, their economic level was still very low. (see chapter two for average agricultural wages). Nine acres of land were allocated by the Enclosure Commissioners to be managed by the Church Wardens and Overseers of the Poor. This responsibility was later taken over by the Parish Council in 1917. The land is owned by the people of Chinnor and the term rent refers to the cost of upkeep of the plots. Under the *Land Settlement Facilities Act, 1919* the land became 'open to all.' The rent charged was calculated by the value of wheat, barley and oats which could have been grown annually on the site before it was allocated.

From the names in the rent book and the complexity of Chinnor's kinship network, it was difficult to assess how many families rented an allotment. For example, in in the first

⁵¹ Ashby, *Allotments*, p. 2.

⁵² Howard Newby, *Country Life: a social history of rural England* (London, 1987) p. 104, and R. C. Whiting, *The View from Cowley: the impact of industrialisation on Oxfordshire, 1919-1939* (Oxford, 1983), pp. 38- 39.

⁵³ Burchardt, *Allotment Movement*, p. 4, Ashby, *Allotments*, p. 61.

year 1898, there were listed 6 Hopkins, 6 Howletts, 7 Rogers, 10 Seymours, 4 Turners and 7 Witneys. Without a copy of the rules on how many plots could be allocated to one person or household in Chinnor it was difficult to determine the proportion of households who rented the plots, but from the census figures it could have been as high as one third of households.⁵⁴ Burchardt gave the figure for the number of male agricultural workers in Oxfordshire aged ten and over per allotment in 1873 as 2.1.⁵⁵ During the period under review the number of plots in Chinnor varied between 88 - 98.

Table 1. Number of Allotment Plots, Chinnor 1900-1931.

	Plots	Households
1900	95	264
1921	89	270
1931	98	339

Source: Chinnor Allotment Society Records.

Rents were initially, 4s. 6d. for 18 poles and 2s 3d. for nine poles.⁵⁶ The rent was increased in 1920 to 5s 10d. for 18 poles and 2s 11d. for nine poles. After the First World War many returning service men could not afford the rents so the 1927 War Memorial Committee waived the allotment ground rent charge to help Chinnor men who returned from the Great War. Rules governing the cultivation of the allotments included owners not being allowed to work from 8 am to 6 pm to avoid interfering with their farm labouring work and not during the Sunday service, planting being done on Good Friday. Primary crops were root vegetables. The value of a potato crop is highlighted in a

⁵⁴ Ashby, *Allotments*: p. 261 gives a list of the most frequent rules pertaining to renting an allotment. The same heavy moral tone associated with the feudal system (also noted in the Reading Room rules) could include: '*no drunkenness, no swearing, compulsory church and school attendance.*' However, Ashby, contends that rules '*became obsolete and were not often adhered to very closely.*'

⁵⁵ Burchardt, *Allotment*, p. 181.

⁵⁶ 5^{1/2} yards = 1 perch, pole or rod, (the distance from the back of the plough to the horse's nose), 4 poles (22 yards) = 1 chain, 10 chains or 40 poles = 1 furlong (the distance which could be ploughed by one ox without a rest), 8 furlongs = 1 mile. 1 acre, the area that could be ploughed by a team of eight oxen in one day. (Officially, 1, furlong x 4 poles).

garden manual which states that in many allotments 50% of the crop was potatoes.⁵⁷ In 1919 nationally, allotment holders produced 350,000 green vegetables, 43,000 tons of onions 23,000 tons of beans and 750,000 tons of potatoes.⁵⁸ From 1910 Chinnor hosted an annual flower and produce show which showcased flowers vegetables, eggs and honey as well as hosting a number of lively non-agricultural events and competitions. This is discussed in greater detail along with the role of the allotments in the health of Chinnor residents in chapter five, Remedies.

Village institutions and organisations

Local facilities in Chinnor included the Reading Room and the Village Hall. Initially this centred around the Reading Room (established 1878) as a working man's club, providing billiards, school carpentry classes and a venue for sales and concerts as well as the meeting place for the Women's Institute and the infant welfare clinic. It also contained a small library and in 1929 women were allowed to use it as well. For many years it was the only place for people to go in the evenings other than the pubs.⁵⁹ The establishment of village reading rooms arose from the desire of the landed gentry and the church to provide an alternative social venue from the public houses and to improve opportunities for self-help and self-improvement. Although Carole King stated that little research has been done on reading rooms, her paper, which focused on Norfolk, provided a comprehensive history of the movement whilst Richard Price, drawing on the work of the Rev. Henry Solly, concentrated on the working men's club development which espoused similar aims which was to improve, educate, refine and elevate the working classes.⁶⁰ In their endeavour to accomplish this aim, the reading room members had very strict rules of behaviour imposed on them. King cites, no

⁵⁷ Walter Wright, (ed) *Practical Gardening for Pleasure and Profit: vol 11 vegetables and their cultivation* (London, circa 1920), p. 39. See also Burchardt, *Allotments*, p. 152.

⁵⁸ Wright, vol 1, p. 19.

⁵⁹ Cliff Heybourne, born 1905, taped interview 1988.

⁶⁰ Carole King, 'The Rise and Decline of Village Reading Rooms', *Rural History*, 20,2, (2009), 163-186, Richard Price, 'The Working Men's Club Movement and Victorian Social Reform Ideology', *Victorian Studies*, 15, 2. (1971), 117-147.

alcohol for example, and attendance at bible classes.⁶¹ Chinnor Reading Room and Working Men's Club rules included; 'no bad language or oaths and no alcohol to be brought onto the premises', in addition, members were asked 'not to spit'. A measure of the control the Reading Room committee exerted over its members included the rule that 'The committee to decide what shall be sold in the room and to fix the price'.⁶² In 1889 a trust deed defined the function of the Reading Room being for the general object of 'promoting the moral, social and intellectual welfare and rational recreation of the inhabitants of, and the visitors to, Chinnor and their friends'. The trustees were to consist of: the 'Rector, Churchwardens, Overseers and Guardians of the Poor for the time being of the Parish of Chinnor'. The original conveyance of 1889 included the following sale of the land by the Duke of Grafton to Rev. Edward Howman, Robert White of Chinnor, farmer, John Folley of Hempton (Henton) and John White of Hempton, farmer, for the sum of £220.⁶³

Potential reader interest in Chinnor might be gauged by scanning the 1904 catalogue of books and magazines held in the Reading Room although there are no remaining records of reader usage for any of the titles. Authors listed included Dickens, Bunyan, Verne, Hughes, as well as a number of history, geography and travel books whilst magazines provided included the literary, *Harpers Monthly*, *Cornhill magazine*, *Longmans*, and the papers: *Bucks Herald*, *Thame Gazette* and the *Reading Mercury* all of which would have required a certain reading age.⁶⁴ In the 1920s Miss Williams started to organise a library in the Reading Room and this library was later developed by Miss Nora Neighbour from 1936-1952. The library was open from 4-6 pm on Thursday evening and contained 100 fiction and 50 nonfiction books, the books being changed every three months from Oxford. Subjects covered included: romance, crime

⁶¹ Note these rules reflected a similar ideology to that of the allotment movement, see footnote 132.

⁶² *Rules of the Chinnor Reading Room*, by kind permission of the Reading Room Committee.

⁶³ 'A Village Reading Room Sixty Years Ago'. Photocopy of an unidentifiable newspaper article circa 1950, initials J.D.A., secretary to the Trustees of the Chinnor Reading Room.

⁶⁴ *Catalogue of the Chinnor Reading Room, 1904* by kind permission of the Reading Room Committee.

and detection, gardening etc. Carol King's paper included the term 'decline' of village reading rooms which she stated started after the First World War and was due to changes in public attitudes to their 'betters' and the desire to be free of their controlling influences, she suggested that the reading room had passed into history. In Chinnor the Reading Room today has its committee chaired by the Rector and is patronised by many groups in the village.⁶⁵

The Village Hall, in contrast, was part of the creation of village halls during the interwar years and their concept was informed by a number of issues. One was to provide an alternative to the controlled and sponsored social life described in relation to the Reading Room and allotment movement by the local clergy and gentry. This was in keeping with the reforming zeal of the Victorian era and the desire to keep residents out of the local pubs and to provide them with improving occupation and activities. The men and women returning from the First World War were found to be less inclined to return to their old, subservient places in society, resulting in the problem of retaining workers, particularly on the land, as noted in relation to allotments. This resulted in the Oxford Rural Community Council, the rural department of the National Council of Social Service, forging a coherent social policy for rural areas to engender a community spirit by creating village halls, independent of the local clergy and owned and administered by a committee of residents to help to regenerate the lost sense of community which had been disrupted by the First World War. The committee found that there was a lack of a suitable independent venue for meetings.⁶⁶ For example, in Chinnor, the school building of the British School was appropriated on a regular basis for the Dorcas Society (a local group of people under the auspices of the Congregational Church whose mission was to provide clothing for the poor) clothing sale and the Widows Tea Meeting.

⁶⁵ King, 'Village Reading Rooms', 2009.

⁶⁶ Jeremy Burchardt, 'Reconstructing the Rural Community: Village Halls and the National Council of Social Service, 1919-1939', *Rural History*, 10, 2, (1999), 193-216. This community spirit was recalled by Mabel Howlett when she said that 'the whole village got together to build the village hall'. Mabel Howlett, *Jottings of Chinnor in Past Times*, undated.

Not only were the school premises unsuitable for adult use, furniture being child sized for example, but day time meetings interfered with the children's education.⁶⁷

Negotiations for the costing of the Village Hall were started in 1935. Initial discussion with NCSS involved the name, with NCSS insisting that the name include the word 'village' and not, as initially suggested, the WI Hall, in keeping with its independent status. Correspondence from the NCSS to Mr. Cuthbert, chairman of the Village Hall Committee and local head teacher, regarding the loan application stated that the requirements for the loan were that:

- The hall was to be held in trust for the whole village.
- Half the total cost of the building and land to be raised locally and they will not forward funding until the money is raised.

Correspondence over the next few years indicated a division within the village which involved a very small section of the residents wanting an extension of the Reading Room instead of a new hall. This request was vetoed by the NCSS. However, the majority of Chinnor residents wanted a new hall although some members of the Parish Council were against the proposal. Other issues addressed in the correspondence included: costs, materials used and the installation of water closets for which the committee was confident that mains water would be available within the next two years.⁶⁸ The plans were drawn up by Dr. Leverkus's a local general practitioner's, sister who was an architect and, according to Mable Howlett, did not charge for her services. However, her fees did appear on the funding application form in accordance with the Royal Institute of British Architect's rules.⁶⁹

To raise money for the hall a model was made of the design by Mr. Arnold, a carpenter, and it was paraded around the village. The model also appeared at concerts and flower

⁶⁷ King, 'Village Reading Rooms', 163-186.

⁶⁸ In spite of the efforts of the Women's Institute cited in chapter three Chinnor did not have mains water until the 1950s.

⁶⁹ Gertrude Leverkus, B.A. 1899-1976.

shows where money was collected. After the hall was built it needed 'sprucing up' and a jumble sale was held to raise money for this. Men from the village painted the hall and ladies made curtains.⁷⁰ The foundation stone was laid in July 1939. During the war the hall served as an Air Raid Precaution first aid post and was the local headquarters of the Red Cross. In 1940 it was hired by Oxfordshire Education Committee as an extension to the village school enabling the education of 400 children from London.⁷¹

The local churches all paid their part in community life. The earliest documented evidence of the parish church, is circa 1160 and dedicated to St. Andrew. In 1875 E. J. Howman became Rector, renovated the church buildings, enlarged the school and opened the Reading Room.⁷² A Congregationalist chapel was built in 1805 and they are still a strong congregation in the village today. In 1854 a Primitive Methodist chapel was built, the trustees consisting of a Chinnor green grocer, three chair turners, three Stokenchurch chair turners, a carpenter and a labourer from Aston Rowant.⁷³ Overseeing the temporal well-being of the village was the locally elected Parish Council. A review of Chairmen of the Parish Council from 1900 to the 1940s shows a preponderance of land owners and local businessmen, some of whose decedents have contributed to the thesis, although Doctor Dorothy Leverkus, did serve as vice-chairman.

Social events, along with national festivities such as Christmas, Easter and Whitsun, which brought the residents together as a community, included the local celebrations on May Day when the children went around the village with their garlands.

'Good morning young ladies and gentlemen, I wish you a happy day

⁷⁰ Howlett, *Jottings*. Collection of correspondence, funding applications and plans for the Chinnor Village Hall, Oxford History Centre, Cowley, 041/1/C6/26.

⁷¹ Correspondence, funding applications and plans for the Chinnor Village Hall.

⁷² For a full account of religion in Chinnor, see *Victoria County History*, pp.11-27.

⁷³ *Victoria County History*, pp. 11-27.

*I've come to show you my garland on this first of May
For it is the first of May, the first of May is garland day
So pleased to see my garland, I'll call no more today.'*⁷⁴

The boys carried the maypole up to the home of Walter Benton (who owned Chinnor Cement and Lime Company) where maypole and country dancing was followed by a lavish tea.⁷⁵ In 1926, the Bluebell Express was started and people came from far away to picnic and pick bluebells on Chinnor Hill. Also celebrated were the Thame Fair, Sydenham Chapel anniversary, various church activities such as bazaars and Sunday School treats, the Band of Hope tea (under the auspices of the Congregational church), and the Crystal Palace Temperance Fair. Weddings were also a village affair, the bride walking through the village to the church.

There were two primary schools in Chinnor. The British School founded by the British and Foreign School Society was opened in 1841 and stood in the centre of the village with a house for the master attached. It had 115 children attending by 1890 but was closed in 1893 when it amalgamated with the National School. The Chinnor National School (later St. Andrew's C of E Primary School), under the auspices of Magdalen College Oxford, was opened in 1850 had 115 pupils in 1887 and was later enlarged in 1892 to accommodate 260 children. In 1903 the average attendance was 190 children who started school at age 3 and left at age 10. The children joined the school at any time of the year but after the *Elementary Education Act, 1870* the children stayed until they were 13 and then mostly went into farming, lace making or domestic service. Although an attendance fee of 1d or 2d. was made per week Mabel Howlett recalled that the National School was the start of free education for every child in Chinnor and she started her education at the age of three.⁷⁶

⁷⁴ *Chinnor in Camera*, p 3, and cover illustration.

⁷⁵ *Memories of St Andrew's Church of England School*, Mabel Howlett, undated. This type of activity has been recorded as indicating the form or feudal society extant in the rural communities.

⁷⁶ Howlett, *Jottings*.

Sanitation

There was no piped water or main drainage in Chinnor until after the Second World War and villagers had to rely on spring water pumped from wells. For many years prior to this an open drain flowed down the high street and was thought to be the cause of many illnesses (there was a smallpox outbreak in 1904.) At the top of the high street was the workhouse which was finally demolished in 1950 and a pest house which was used from the time of the plague. Any tramp coming to the workhouse and developing smallpox or typhus was sent to the pest house. There is still a plague pit in the parish churchyard.⁷⁷

During the period under review the mainly rural structure of the county changed as many farm workers from Oxfordshire took up work in the newly developed car manufacturing business at Cowley. This changed the social structure from an old-fashioned landed and commercial gentry and an equally old-fashioned rural working population. Roads leading to Bledlow and Princes Risborough, Thame, Aston Rowant, and 'over the hill' to High Wycombe led from the four corners of the village rectangle. August 1872 saw the opening of the Watlington to Princes Risborough railway. In 1930 at least four, season tickets holders were recorded as traveling regularly between Chinnor and Paddington as well as many recorded cheap day-returns to High Wycombe, Aylesbury and Oxford for shoppers. In addition, excursion trains ran frequently from London to the Chilterns.⁷⁸ *Kelly's Directory* recorded a range of ad hoc bus services through Chinnor during the 1920s and 30s. In 1928 motor omnibuses drove through Chinnor, in 1935, the Oxford Omnibus Company ran a service through the village. Robert Surman and Fred Gomm both offered charabanc and cars for hire.

⁷⁷ WI, *History of Chinnor*.

⁷⁸ WI, *History of Chinnor*.

Conclusion

This chapter sought to introduce the village of Chinnor, its setting in space and time and its place in the historical and geographical context of county and country. Examination of the daily lives of Chinnor residents during the period 1900-1948 presented a picture of a rural community, ideally situated, with unusual land ownership, on rich farmland producing bountiful harvests, and with a range of village amenities. All of this lying within the embracing care of the churches, with the image of agricultural labourers tending their allotments, and benevolent landlords hosting social events for the village to engender a spirit of community. A range of businesses offered a level of self-sufficiency as well as other industries, such as the cement works providing substantial employment with a population which remained stable during the period under review.

However, the reality of village life was a story of hard physical work, crippling illness, high infant death rates, and a continuous battle against the elements which contributed to a fragile economy and a struggle for existence.⁷⁹ Of these issues, and the subject of this thesis, ill health exacerbated existing low levels of wages and precipitated poverty. In the following chapters the traditional romantic rural image is questioned, and the realities of country life will be examined; in particular, by highlighting some of the additional stresses brought about by world events and its impact on the community's health.

⁷⁹ This is eloquently expressed by Nicola Verdon in her selected quotations in the introduction of her book. To paraphrase and precis, 'if life was hard for the men it was harder still for the women. They worked side by side with the men all day in bitter winter weather, up to their knees in mud and wet and returned to their domestic duties at night.' *Rural Women*, p. 1.

Chapter 2: Availability of health provision

*My long sickness of health and living now begins to mend.*⁸⁰

With the portrait of the village in time and context provided in chapter one, chapter two will examine the range and efficacy of available medicine, nursing, and midwifery care in Chinnor during the period under review. This will be achieved by examining primary and secondary sources, parish records, local and county archives, and witness testimony, and their impact on health provision. Starting with a historical insight into medical provision with a review of its provision from its early practitioners, to the rise of general practice and the influence of national initiatives relating to the reforms of the nursing and midwifery professions. Key to this examination of medical provision are the subthemes of cost, availability, and efficacy, which are examined in relation to agricultural wages, costs, and fees for medical nursing and midwifery provision, and highlights the value of the community activities of village women who provided domestic nursing care. The social reforms relating to medical care, the effects of the Poor Laws, the rise of general and specialist hospitals local to Chinnor, leading into the changes in medical provision during World War II, are also addressed.

In terms of availability of medical and nursing care, Chinnor appeared to have been well served; help being provided historically and traditionally by a wide range of practitioners. A more detailed inspection showed that against a backdrop of limited effective medicine and the high cost of medical care, and in the shadow of national events, the provision of medical care in Chinnor was actually a mixture of lay intervention, midwives with varying degrees of competence, and general practitioners who, although provided a caring and personal service to the residents, still charged a fee to the uninsured. In addition, fees were needed for nursing and midwifery services, and it was cost which informed the level of service available.

⁸⁰ William Shakespeare, *Titus Andronicus*, Act V s. 1.

During the period under research, Chinnor benefited from the development of the welfare state from the 1911 *National Insurance Act*, which provided for basic income during illness culminating with the *National Health Service Act, 1947*.⁸¹ The 1911 Act went some way towards alleviating the burden of medical costs and unemployment, but it would be another 40 years before these were addressed fully. During the intervening 40 years before the 1947 *National Health Act*, established community medical practices continued. In particular, the role of women in the health economy, what Nicola Verdon has referred to as the 'rollcall of women', who acted as overseers of village health and welfare, and who nursed the sick, delivered babies and, in addition, provided nutritious food by husbandry of pigs for meat, eggs and honey. This is explored in this chapter in regard to the handy woman, a local resident who, although not medically qualified, would have acquired midwifery skills to enable her to attend births in her community; and in the chapter on remedies on the role of the Women's Institutes on community health.⁸²

The availability and cost of medical and nursing care was a significant factor in its accessibility, which was in turn a reflection of the level of agricultural wages during this period. This gap between need and availability was filled by the use of home and over the counter remedies and a health promoting lifestyle. The review of medical care provision to the village has been based on written and oral evidence which resonated with the county and national context.

Early practitioners

The first reported instance of medical help was in the hamlet of Crowell, one mile south of Chinnor and within the purview of the research site, where the inhabitants were served by Richard Fellowes, (spelt Fellers) Professor of Physick at Oxford University who grew and

⁸¹ The Act provided: medical benefits for all who earned less than £160 a year and who had paid 4d. a week for the scheme. When off sick, workers were paid 10s per week for the first 13 weeks and 5s a week for the next 13 weeks. The workers enjoyed free access to tuberculosis treatment and treatment by panel doctors as well as some maternity benefits.

⁸² Verdon, *Rural Women*, pp. 63, 189.

collected his medicinal herbs in Crowell Wood and died in either 1704 or 1716.⁸³ In 1801, the death of Benjamin Copeland (1759-1800), described as an 'apothecary of Chinnor', was reported in the *Oxford Journal*. He had apparently died in December 1800 in straightened circumstances having contracted a fever whilst administering to the poor of the Parish. An appeal was launched for funds to support his family of six children, who had no mother and were now destitute, to prevent them going into the workhouse.⁸⁴ In the parish records Copeland is designated, Mr. a title which does not occur on any other records. No occupation was recorded beside Copeland's entry but this title suggests that he would have been a surgeon-apothecary, a fusion of the roles of all branches of medicine which was common in the country. A search of local records and newspapers did not yield any further records of an apothecary attending in Chinnor, only one advertisement for an apothecary in Thame who appeared to have treated some Chinnor residents successfully.⁸⁵

Also from Thame was Henry Lupton, a physician, who visited Chinnor regularly, conveyed variously by horseback, landau, or bus, and who always commented in his diary on the prevailing weather conditions.⁸⁶ Another early reference to medical help occurs in the 1851 Watlington Petty Sessions, when a Thomas Walton (1792-1867) was

⁸³ *Chinnor Chronicle (letters)*, 18th November, 1975 and 27th. January, 1976, in relation to his home 'Ellwood House' Crowell. Pages not numbered. *Victoria County History*, pp, 80-91.

⁸⁴ 'To the Charitable and Humane: a case of real distress is humbly submitted' *Oxford Journal*, 30 January, (1801). Enquiry at the Worshipful Society of Apothecaries failed to find his name listed in their register of practitioners. Evidence for the existence of six children was not discernible from the parish records. An examination of the parish records for Chinnor indicated that he married, by licence, Sophia Ramsbottom in March 1800 although there is no record of her burial. From 1788 there were a number of baptism records of children from his first marriage to his wife Sarah, two appear to have survived but three died in infancy. It is possible that his second wife died in childbirth as there was a record of a baptism in May 1801 of a Elizabeth Copeland, daughter of the late Benjamin and Sophia this baby died a few months later. There were no entries in the parish records under the name of Ramsbottom. 'Abstract of Administration of Benjamin Copeland of Chinnor, Oxfordshire. Proved in the Court of Oxford. 1801. National Archives, Kew, [Discovery.nationalarchives.gov.uk/details/r/D719588](https://discovery.nationalarchives.gov.uk/details/r/D719588).

⁸⁵ 'Try Thorpe's Medicines' This advertisement, which was published in a number of local papers, and presented as a letter testimonial for 'Approved Balsam' 1s 3d. per bottle from J. Thorpe apothecary, Thame. The Balsam had apparently cured two Chinnor residents of cough and influenza. *Bucks Herald*, 3 March, 1838.

⁸⁶ *H. Lupton, Diary, 1830-1861*, Currently being transcribed, not yet archived, by kind permission of the Trustees of Thame Museum. See for example, Saturday, 2 January, 1841, 'To Thame Park, Sydenham Grange, Sydenham, Kingston Stert, Oakley, Chinnor.' 'Very mild and fair'.

named in a civil case and referred to as a 'herb doctor of Chinnor'.⁸⁷ In 1857, John Heeley of Chinnor, described as a surgeon, was fined for shooting five pigeons. No record of him has been located in either the 1851 or 1861 census.⁸⁸ Later, the Reverend Howman, Rector of Chinnor Parish from 1875, who was by all accounts a great and kind benefactor to the village, and who, in addition to providing food and blankets to the poor of the Parish, also mixed his own simple medicines himself.⁸⁹ This was not an unusual role for a rural clergyman: in 1838, Frederick Scrimshire published *The Village Pastor's Medical and Surgical Guide*. The book is in the form of letters from an old physician to a young clergyman (his son), on his entering into his duties as a parish priest. He pointed out that increasingly, fathers as well as mothers, now managed minor accidents and illnesses, but would need to know when to refer to a physician. In the preface, the author alludes to the affection and respect in which a priest is often held by his parishioners particularly, as he pointed out in the introduction, the priest could be situated in a village some miles away from medical help. In these instances, the priest could expect to be summoned in cases of accident or illness and to deal with the emergency adding that, indeed, this is what he would want to do. The guide covers the treatment of a range of medical conditions from the life threatening such as haemorrhage, poisoning and signs of death, to childhood fevers and chronic ailments.⁹⁰ Pamela Horn records that in Oxfordshire during the 1870s there were at least three instances of clergymen qualifying and practising as doctors.⁹¹

The Rectors of Chinnor included in their parish duties the support of the 'poor and needy'. The *Rectors' Record of Services, 1902* included the amount of the offertory and how it

⁸⁷ Watlington Petty Sessional Division, 30 December, 1851, 1880-1970, Oxford History Centre, Cowley, QS 1852/1/L2/75 & 76 58.

⁸⁸ Certificate of Conviction of John Theophilus Heeley, surgeon, Chinnor. QS 11857/1/L1/79. Oxford History Centre, Cowley.

⁸⁹ Neighbour, *Helped the Poor*.

⁹⁰ Fenwick Scrimshire, *The Village Pastor's Surgical and Medical Guide in Letters from and Old Physician to a Young Clergyman* (London, 1838). Facsimile Publisher India.

⁹¹ Horn, *Labouring Life*, p. 170.

was to be disbursed, most frequently it being allocated to the sick, poor and needy.⁹² For example, the Parochial statistics of the 1st January to the 31st of December 1934 divided the disbursements into a number of groups such as the sick and poor of the parish who were allocated £11 19s. 4^{1/2d}, whilst hospitals (unspecified) were to receive a donation of £3 15s. 8d. Five years later, the records show that the sick and poor of the parish received donations totaling £27 18s. 9d, the hospitals, £9 7s. and the Nursing Association, £5. The following year in 1940, the grants were reduced in amount; for example, the sick and poor of the parish £26 18s. 5d., hospitals, £4 18s. and the Nursing Associations £2.⁹³

The rise of General Practice

The development of general practice as a force for medical care is long and complex covering the development of medical skills, professionalization, and the separation of medical practice from existing community practitioners, whilst M. Crowther traces the emergence of general practice from the Poor Law provision of 'medical relief'.⁹⁴ However, two sources of information are offered by Anne Digby and Peter Worling. Physician-based medical care in general practice has been addressed by Digby who described what she refers to as the 'evolutionary framework', using a Darwinian approach citing the interaction of the concepts of mutation (the forces acting upon the profession), selection, and replication leading to innovation to trace the changes in general practice since 1850.⁹⁵ One of these forces which acted on the profession was the development of pharmacology, and Peter Worling adopted this approach and described the development and the effect of the pharmaceutical industry on the practise of medicine. He echoes Digby's mutation scenario in describing the changing roles and influences of apothecaries

⁹² St. Andrew's Church, Chinnor, *Register of Services 1902-* Oxford History Centre, Cowley. PAR62/1/R7/1& 2.

⁹³ Parochial statistics, Parish of St. Andrew's Church, Chinnor, Oxford History Centre, PAR/62/17 miscellaneous.

⁹⁴ M. Crowther, 'From Workhouse to NHS Hospital in Britain, 1929-1945' in C. Hillam and J. Bon, (eds) *The Poor Law and After: workhouse hospital and public welfare* (Liverpool, 1999), pp.38-49.

⁹⁵ Anne Digby, 'The Evolutionary Framework' in *The Evolution of British General Practice, 1850-1948* (Oxford, 1999), pp. 8-20.

and the rise of druggists and chemists in the development of general practice.⁹⁶ Key to this was the battle over pharmaceuticals and who had ownership of the right to prescribe, in spite of King Henry VIII's herbalist charter which gave prescribing rights to medical herbalists. This will be addressed further in the chapter on Remedies. In their report of 1910, Sidney and Beatrice Webb stated that 'We do a great deal of State Doctoring in England, more than is commonly realised, and our arrangements have got into a tangle, which, urgently needs straightening out'.⁹⁷

With reference to general practice in Chinnor, the village enjoyed good medical coverage. Unfortunately, there were some gaps in the archive collection of *Kelly's Directory* for Oxfordshire, but working on the evidence available there was no record in the 1903 *Kelly's Directory* of any visiting doctors. However, by 1907 the village was served by two visiting doctors, Dr. Matthews from Princes Risborough who attended on Wednesday and Saturday, and Dr. Bell on Tuesday 1-2 pm. Both doctors set up temporary surgeries in a resident's front room. In 1911 there were three sets of doctors visiting Chinnor, Drs Hawkesworth and King-Edwards attended on Monday and Friday 12 to 1 pm. Drs Lee and Summerhayes attended on Tuesday and Fridays, and Drs Watson and Richards attended on Tuesday and Friday 12-1 pm. All medical officers were designated as physicians and surgeons and would have undertaken surgical procedures in the local hospitals. In addition, Dr Summerhayes had taken over from Dr. Edsell of Thame as public vaccinator and medical officer to the workhouse and factory surgeon. This compares with provision in similar size villages in South Oxfordshire. For example, taking 1935 as a midpoint, Chalgrove had no resident or visiting doctor, Benson had one resident doctor and one district nurse/midwife. In 1920 Benson had two resident doctors,

⁹⁶ Peter Worling, 'Pharmacy in the Early Modern World 1617-1841' in Stuart Anderson, (ed) *Making Medicines: a brief history of pharmacy and pharmaceuticals* (London, 2005), pp. 57-76.

⁹⁷ Sidney (1859-1947) and Beatrice (1858-1943) Webb, *The State and the Doctor* (London, 1910) p. preface v. This report reviewed the existing state of medical care in England, reviewing treatment, domiciliary and institutional under the poor law, voluntary agencies, Public Health Authorities, the provision of midwifery and domiciliary nursing and identified and proposed the need for a unified medical service.

Garsington, had one resident doctor listed under private resident (so possibly retired), Marston had no record of a resident or visiting doctor.⁹⁸

By the outbreak of the First World War Chinnor was attended by two doctors, Dr. Bell and Dr. Matthews, who was 38 in 1914, and is noted on the Army List as a temporary captain. No record could be found for Dr. Bell who was also eligible for call up as he was under the age of 41. In spite of the heavy demand for doctors in the army during the war, Chinnor still had some medical cover. In 1915, Drs. Hawkesworth and King-Edwards were still attending on Mondays and Fridays, 12-1 pm, Drs. Lee and Summerhayes on Tuesdays and Fridays as well as Drs. Watson and Cooper on Tuesdays and Fridays 12-1 pm. However, there are clear gaps in provision. One of the consequences of doctors being called up to the Royal Army Medical Corps was that medical care became fragmented amongst the civilian population. For example, by 1918 it was reported in *The Times* that many people were unable to obtain medical care due to the shortage of doctors.⁹⁹

No account of the medical provision in Chinnor would be complete without the history of Dr. Dorothy Leverkus, her memoirs offered an informative snapshot of the times. Dr. Leverkus trained at the London School of Medicine for Women qualifying, M.B., B.S. in 1923 and M.D, in obstetrics in 1927 and came to the village in 1928 to set up a single-handed practice and became Chinnor's first resident doctor. In her memoirs, she recalled that she was given a warm welcome by the Parish, 'the village being pleased to see her even if she was a woman'. She recalled that many babies were born with just the help of the handy woman, Mrs Munday, who was also the 'layer outer in chief'.¹⁰⁰ Home births which were common at the time, involved several risks and Dr. Leverkus recalled using brandy to revive babies.¹⁰¹ On one occasion she had to take the mother to the cottage

⁹⁸ *Kelly's Directory*, Berkshire, Buckingham, Oxford, 1935.

⁹⁹ Ian Whitehead, *Doctors in the Great War* (Barnsley, 2013), p. 85.

¹⁰⁰ John Neighbour reported that he was delivered by Mrs. Munday. Interviewed, 20/2/17.

¹⁰¹ Dorothy Leverkus, *Looking Back*, (1964), Oxford History Centre SZ stack 920/Lcve. P. 41.

hospital in Thame and, since her own car was a two-seater, she roused the owner of the garage opposite her house at one am for the trip as he had a four-seater car. The baby was born in the car on the way to hospital.¹⁰²

In 1930, she moved into a large house called Hempton Field and took convalescent patients into her own home. Hempton Field is still in use today as a nursing home. In common with many panel doctors of the time she augmented her salary by taking outside appointments, in her case, as an anaesthetist at Watlington and Thame hospitals.¹⁰³ She also started the infant welfare clinics in Chinnor through the Women's Institute of which she became President.¹⁰⁴ In her obituary in the *British Medical Journal*, her colleague Dr. Reedy suggested that because of her qualifications in obstetrics and her 'particular interest in midwifery her assistance and advice was frequently sought in difficult cases by her colleagues for many miles around'. He reported that 'She carried out regular scrupulous ante natal care to a standard that must have been very rare in the days before the Second World War'.¹⁰⁵

The following figures will help to put into context the medical burden imposed by the war and the impact on medical services in general. At the outbreak of the First World War the Royal Army Medical Corps had 900 medical officers and 10,000 other ranks as well as 600 military nurses with the Queen Alexandra Imperial Military Nursing Service. What percentage of the nursing profession this represented is not known as it occurred before the *Nurses Registration Act, 1919*. During the first few months of the war 10% of the country's medical practitioners had enlisted, and from 1915 as many as one quarter of all able bodied doctors under the age of 41 had been called up.¹⁰⁶ By 1917, the RAMC had 13,000 medical officers and 154,000 other ranks constituting more than half of the British

¹⁰² Leverkus, *Looking Back*, p. 42.

¹⁰³ Leverkus, *Looking Back*, p. 88.

¹⁰⁴ Leverkus, *Looking Back*, p. 33.

¹⁰⁵ *BMJ*, 31 December, (1966), 1660.

¹⁰⁶ Anne Hardy, *Health and Medicine in Britain since 1860* (Basingstoke, 2001), pp. 55- 56.

male medical profession.¹⁰⁷ By 1918, women doctors were eventually used by the War Office on short term contracts and attained uniform status (although not commissioned).¹⁰⁸ Adding to the acute need for doctors in the military was the high casualty rate particularly on the Somme where 400 medical officers were killed with 1,000 medical officers killed overall.¹⁰⁹ Also contributing to the demand for doctors was the corps ethos of not leaving the wounded without medical care, which resulted in medical officers remaining behind to take care of them and subsequently being taken prisoner. The result of this medical need was that there were plans put forward to use third year medical students as 'dressers' resulting in concerns about the availability of doctors after the war. This provoked an ongoing debate in the *BMJ* 1914-1917 about the use of medical students in the RAMC and in the terms and condition of their service.¹¹⁰

The war led to other potential sources of medical help or information which can be identified from the *Absent Voters List 1918*, which lists two Chinnor residents as serving in the RAMC. These residents were John Capel and Thomas Trendall, neither of whom appear on the Chinnor war memorial. However there is a record of a burial for Thomas Trendall aged 87 in 1968. Whilst it is impossible to say whether their medical knowledge gained in the service was ever called upon; the role of the services in the dissemination of medical knowledge is explored further in chapter four.¹¹¹ Mr. W. Brazell, who was a general merchant, listed in *Kelly's Directory* during the 1930s, sold patented medicines, and *Kelly's Directory* also listed a Mr Ball, MPS as a chemist in 1928 and 1931 although, in general, the local doctors made up their own prescriptions.¹¹² John Neighbour recalled

¹⁰⁷ Joan Lane, *A Social History of Medicine, Health, Healing and Disease in England, 1750-1950* (London, 2001), p. 179.

¹⁰⁸ See 'Medical Women and War Service', in Whitehead, *Doctors*, pp 107-125.

¹⁰⁹ Whitehead, *Doctors*, p. 77.

¹¹⁰ See *BMJ* letters: 10 December, (1914), 1087, 'Senior Students and the War', 26 December, (1914) 1118, 'The Number of Medical Students', 20 March, (1915), 527, 'Need for the Army for More Medical Men', 1 September, (1917), 306.

¹¹¹ Absent Voters List, Oxfordshire, Henley Parliamentary Division October, 1918, Oxford history Centre, Cowley, EL1/1918/4 p.24.

¹¹² Mabel Howlett recalls watching the remedies being made up 'White powder for tummy troubles and red for a tonic, all for a standard price of half a crown (2s. 6d.)'. *Cross Keys Practice*, undated, Chinnor Public Library.

a shop in Station Road run by Miss Hicks in the 1930s and 1940s which sold sweets and drinks on one side, and over-the-counter medicines and her own medications consisting of bottles of pink liquid, on the other.¹¹³

Dental care

John Welshman has stated that the history of dental care has received relatively little attention in the historiography of English dental practice. A search for papers on the history of dentistry yielded predominantly American sources, or history of specific dental techniques whilst Welshman has concentrated on the development of the school dental service.¹¹⁴ Dental care in Chinnor during the early 1900s, according to Mr. Neighbour, was provided by his grandfather, a carrier by trade, who would set up a dentist chair in his front garden at the weekend and, with a tooth extractor he had had made by the local blacksmith, (modelled on the nail puller used by the blacksmith for his farrier work) was open for business. If the tooth broke, he would use a tool called a gummer which was a knife to cut the gum from the tooth.¹¹⁵ Mercifully, by 1928 according to *Kelly's Directory*, Chinnor had a visiting dentist attending on Thursdays from 2-4 pm.

Dental inspections undertaken in schools in Oxfordshire between 1908–1915 in the Medical Officers Reports, indicated that 62.09% of children had clean teeth, 27.07% 'somewhat dirty' and .4% were deemed 'very dirty'. Dental hygiene was considered to be so bad that in 1909 it was decided that tooth brushes would be provided via the schools' head teachers.¹¹⁶ Concerns regarding dental health continued with 54% of girls and 56%

¹¹³ John Neighbour, interviewed, 20/2/17. An entry in *Kelly's Directory* 1939 lists a Harold Hicks, grocer, in Station Road.

¹¹⁴ John Welshman, 'Dental Health as a Neglected Issue in Medical history: the school dental service in England and Wales, 1900-1940' *Medical History*, 42, (1998), 306-327.

¹¹⁵ Neighbour, 20/2/17.

¹¹⁶ It was not clear from the report whether parents could not afford toothbrushes or whether toothbrushes were just not considered a necessity. A search of periodicals covering the period in question did not reveal any advertisements for brushes until *Good Housekeeping* advertised Koh-i-noor tooth brushes in October 1923 priced at 2s. 6d. and 3s. and in 1927 Halex brushes costing from 9d. to 2s. each. An advertisement for tooth powder was advertised in *Home Chat*, 21st. December 1907 price 1s. Bound copy.

of boys having dental caries. In 1912 and in May 1915, 229 children were inspected in Thame and 140 had extractions under gas.¹¹⁷ The state of dental care within the country was generally, and continued to be, very poor. The dental profession was only created in legal terms in 1921 when the law prohibiting the practice of dentistry by unqualified persons not on the register of dental practitioners was passed.¹¹⁸ In 1938 there were 14,780 on the register. A later report of 1937 highlighted the continuing problem of tooth decay and estimated that 95% of elementary school children were affected.¹¹⁹ To illustrate the impact of these figures, the report further stated that in 1934 dental disease was one of the most frequent reasons for rejecting military recruits, quoting 96% of recruits to the navy and 98% to the army needed dental treatment, with the Royal Air Force needing to provide on average 5.1 fillings per accepted recruit. The report further confirmed the role of dental caries as the causation of a great deal of ill health.¹²⁰ However, the report noted that diet was not always a factor as some healthy and adequately fed persons still had caries. It was suggested that this was as much a lack of finance as ignorance of the importance of dental health.

Dental treatment was not always available under health insurance schemes and although the School Medical Service was supposed to provide dental inspection and treatment to school children, the service was woefully inadequate to the demand.¹²¹ This is illustrated by two quotations from the *Rural Education Report, 1923*. For example, 'The Oxfordshire dentist has not visited us since the war' and 'A dentist used to visit the school but has not been (visited the school) for about five years'. Interviewees for this thesis were unanimous in their negative comments about the school dentist, who according to John Neighbour 'came far too often,' and the sight of his large American car in the school

¹¹⁷ *School Medical Officer Reports, 1908-1921*. Oxford History Centre, Cowley, CC1/12/A9/1/2.

¹¹⁸ Welshman, *Dental Health*.

¹¹⁹ Mervyn Herbert, *Britain's Health*, based on the report dated 1937 by Political and Economic Planning on 'The British Health Services' (Harmondsworth, 1939), p. 148.

¹²⁰ Herbert, *Britain's Health*, p. 148.

¹²¹ Herbert, *Britain's Health*, p. 148.

playground 'made his stomach turn over'.¹²² Wendy Harris had a very traumatic experience with a haemorrhage, which resulted in her not visiting a dentist until she was 27 when she had all her teeth out.¹²³ Personal dental care in Chinnor included the use of Gibbs dentifrice, a pink cake of dental paste, which was retailing in 1932 at 1s. per large size having maintained its cost from 1923.

Cost and wages

In Chinnor as well as nationally the availability of medical care was also dependent on the patient's ability to pay the doctor or hospital fees. In country districts, agriculture was the main employer though, as outlined in the introduction, Chinnor supported a number of industries as well as home-based crafts, adding to the hidden domestic economy and the role of the makeshift economy. Rural wages were very variable and depended on the employer and location; in some counties the rates of pay being higher if there was active employment competition from other industries such as the motor industry in Cowley. For example, in 1905, a horseman in Northumberland could expect to earn about 21s. a week, but in Oxfordshire he might only earn 16s.¹²⁴ This variation makes assessing the average wage in Chinnor with the rest of the farming community difficult. Nicola Verdon has highlighted the role of the county wages boards which were instrumental in establishing minimum wages for farm workers between 1925-1939. In 1918 the minimum wage for a labourer in Oxfordshire was 30s. increased from 12-19s in 1914, with stockmen, horsemen, and shepherds earning an average of 4-6s more.¹²⁵

At the lowest end of the social financial scale was the agricultural labourer. Benjamin Rowntree noted that in 1907 the weekly earnings of ordinary agricultural labourers in

¹²² Neighbour, 20/2/17.

¹²³ Wendy Harris, interviewed, 6/2/17.

¹²⁴ Alun Howkins, *The Death of Rural England: a social history of the countryside since 1900* (London, 2003), p. 19. see also G. Mingay, *Rural Life in Victorian England* (London, 1979), for an overview of rural life in the nineteenth century and for a wider panorama, Howard Newby, *Country Life: a social history of rural England* (London, 1987).

¹²⁵ Nicola Verdon, *Working the Land, a history of the farmworker in England from 1850 to the present day* (London, 2017) fig 5.1 p. 149.

England averaged 17s. 6d per week whilst many were surviving on between 10 or 12s. per week. However, in poor weather, which could inhibit agricultural work, the rate could drop as low as 8s. Underfeeding was still common for the majority of English labourers, with Rowntree estimating that in 1914 they were 25% underfed.¹²⁶ According to the report *Rural Education*, the average agricultural wage in Oxfordshire in 1920 was 42s. to 47s. a week but the report stated that, what were referred to as competent observers such as doctors, clergymen and teachers, considered that agricultural labourers were in 'very comfortable circumstances', and that their 'economic condition is good, very good, or much improved'. However, one doctor stated that their wages 'provide only a bare living', whilst another maintained that the 'standard of living had risen since the war.'¹²⁷ When he left school in 1918, and, although aged only 13, Cliff Heybourne remembers his highest wages were 30s. per week working on Mr. White's farm.¹²⁸

Particularly at risk were the women and children of working-class families who were recognised as being in danger of malnourishment, subsisting on a diet of bread, margarine, and tea; resulting in a poor physique; and, for children, poor performance at school. However, as later critiques of Rowntree's 1907 survey have pointed out, this was not necessarily the only source of family income as he did not take into account subsidiary earnings and perquisites such as free milk or free housing. These were mentioned in the report but no monetary value was attached. The complexity of assessing the amount of economic value of the makeshift economy was made in the introduction and, as Samantha Williams pointed out, there were strong regional contrasts since access to wage earning and makeshift resources varied from period to period as well as locality.¹²⁹ A labourer's wife and any children over the age of 10 who were employed on the land would also be paid, and, as well as the local crafts already noted,

¹²⁶ Benjamin Rowntree, *How the Labourer Lives: a study of the rural labour problem* (1913) p. 6, and Hardy, *Health and Medicine*, p. 42.

¹²⁷ Ashby, *Rural Education*, p. 127.

¹²⁸ Cliff Heybourne born 1905, interviewed in 1988 by Mary Darmody-Cadle and Pat Whelehan.

¹²⁹ Samantha Williams, 'Earnings Poor Relief and the Economy of Makeshifts: Bedfordshire in the Early Years of the New Poor Law', *Rural History*, 16, 1, (2005), 11-52.

agricultural labourers would have their own allotments or gardens for home grown produce. In the late 1920s, married agricultural labourers lived in cottages in Chinnor with large gardens with usually two pigs, one for consumption and one to sell. The labourers also kept chickens and rabbits with a large amount of vegetables being grown on an allotment and the surplus sold. Interviewees reported a generally good diet with each family having a garden, with fruit trees. Jim Rose recalls 'lovely free-range eggs, Tamworth or Gloucester Spot pigs and the cattle were shorthorns.'¹³⁰ Shorthorns were the 'beast of the county' and produced very good quality beef and milk, but were later replaced by Friesians which produced more, but less good quality, milk.¹³¹ The Nixey's family house cow was a Jersey.

Jim Rose recorded that a head Carter's basic wage would have been £1 10s. a week plus milk and free firewood.¹³² He went on to describe the work of a carter in Chinnor in the 1920s, the amount of work involved, and an example of a typical meal. He would have started work at 6 am in summer by getting nine shire horses in from the fields, feeding and watering them and then, after his own breakfast at 7am, would, with assistance from other men, harness them up into three teams of three horses. Lunch was consumed at 11 am as a half-hour break and consisted of half a loaf of bread with fat bacon and cold tea. Ploughing would then continue until 2:30 pm. Once home, the horses would again be fed and watered, and the carter, after his evening meal, would return to clean the stables. He noted a general farm worker in Chinnor would earn 30s. a week in 1918 but, by 1923, this amount had declined to 26s. per week. In her account of help for the poor in Chinnor, Nora Neighbour stated that in the nineteenth century there was a great deal of poverty in Chinnor, and that many would have starved or gone into the workhouse if the women had not been able to make lace.¹³³ In her memoirs of Chinnor, Mabel Howlett recalled that when she started work in 1934 her wage was 10s.

¹³⁰ Jim Rose, *Jim*, p.15, private publication not dated.

¹³¹ *History of the County of Oxford*, vol 2 (1907), p. 288.

¹³² Rose, *Jim*, p. 38.

¹³³ Neighbour, *Helped the poor*.

for a 40, hour week. Her salary increased by increments until at aged 21 she was earning the maximum amount of £2 10s. She remembers the reaction of her father, who was a foreman at the cement works at the time, who earned the same amount. Apparently, he was not impressed with 'chits of girls being paid all that money'.¹³⁴ By 1938, wages for agricultural labourers' had risen to 24s. for a 50+ hours per week.¹³⁵

Nicola Verdon has made a particular study of women's agricultural work and wages from the nineteenth century, indicating the variability in the gendering of their role and the possible relevance for health (which is highlighted in the next chapter), and the difficulty of evaluating their wages which varied from district to district and over time. In general, women's wages were half that of the men and she quotes an example from Tetsworth (approximately 4 miles from Chinnor) where the day rate in 1813 was 8d. for a woman and 1s 6d. for a man. She confirmed that, however small the woman's earnings, it would have been an important contribution to most rural family incomes.¹³⁶ In chapter one it was shown that women had a vital part to play in the makeshift economy although, again, the fiscal contribution has been difficult to evaluate.¹³⁷ Women's contribution to the family economy was a vital element in the family's health, particularly in relation to doctors' fees.

¹³⁴ Howlett, *Jottings*.

¹³⁵ Hardy, *Health*, p. 42.

¹³⁶ Verdon, *Rural Women*, pp 48, 130.

¹³⁷ Verdon, *Rural Women*, pp 150, 153. See also interview with Alison King in Remedies, footnote 807 regarding women working in the fields.

Table 2. Doctors' Fees for Private Patients.

	Surgery visit	Home visit
pre 1913	6d-1s. 6d.	1s 6d.-2s 6d.
1913-19.	1s.-2s. 6d.	2s.6d.-5s.
1920s	2s.- 3s. 6d.	2s.6d.-5s.
1930s	2s. 6d.-5s.	3s. 6d.-7s.

Source: Digby and Bosanquet, 1988 p. 74-94. Leverkus 1964, p. 43.

Anne Digby has indicated the range of fees charged to poorer private patients, 1900-1939.¹³⁸ In working-class homes, doctors were only called for in serious situations as a doctor's fee might well upset a household budget for months, if not years. Rowntree quoted a family who, following the bread winner's illness which required specialist care, resulted in a bill of six guineas¹³⁹. Ann Digby described the problems many doctors had in recovering their fees making the profession of medicine somewhat precarious. *The Plender Report 1912*, gave 6% as a general estimate of bad debts in 1910-1911, the non-collection of fees to be approximately 1 in 10 cases.¹⁴⁰

The *National Insurance Act, 1911*, provided a basic income during sickness for all workers earning less than £160 per year, and a national scheme for primary medical care. Sanatorium care was specially provided for, where applicable, and a sanatorium benefit was paid to those with tuberculosis who, in addition, were the only category of patient to receive free hospital and specialist care. Benefits to woman workers were, however, cut on grounds of financial stringency in 1915 and 1932. Male employees

¹³⁸ A. Digby and Nick Bosanquet, 'Doctors and Patients in an Era of National Health Insurance and Private Practice', 1913-1938', *The Economic History Review*, vol 41. (1988), 74-94. In her memoir Dr. Leverkus noted that her charges were 2s. 6d. for private patients' surgery attendance, 3s. 6d. for a home visit and that club patients paid 10s. per year in instalments. In addition, she did her own dispensing. Leverkus, *Looking Back*, p. 43.

¹³⁹ Rowntree, *Labourer*, p. 23.

¹⁴⁰ Digby, *General Practice*, p. 109, Report of Sir William Plender in *Respect of Medical Attendance and Remuneration in Certain Towns, 1911-1912*.

contributed 7d. a week and females 6d. per week. Under the *National Insurance Act 1911*, three types of benefit were offered. Sickness benefit of initially 10s. a week for men and 7s. 6d. for women and a one-off maternity payment for married women of 30s. It also provided for a disability pension of 5s. per week.¹⁴¹

Working men and women had access to a doctor, drugs, and appliances via the panel doctor, who was paid a per capita fee of 9s. which included medicine. However, married women and children were not included in the scheme and may well have turned to other sources of medical help such as the chemist or, more frequently, to older traditions of folk medicine handed down through the generations. Many families brought their own recipes to the chemist for dispensing, and for medical advice rather than see a doctor. Making medicines from home or with bought ingredients was common place and examples from Chinnor are discussed in chapter five. Before the 1930s patent medicines were not normally purchased as they were more expensive than homemade remedies.¹⁴²

Other expenses, which would have been a part of rural life, included veterinary fees. Information from the Veterinary History Society suggested that average charges in the 1930s would have been: 4s. 1d. for treating a dog, 2s. 8d. for treating a cat, 6s. 11d. for treating a cow, whilst calving a cow was 10s. 6d. to a guinea, depending on how difficult the delivery was, the time of the visit, and any drugs administered. They also suggest that call out fees would be dependent on the standing of the client. Again, there were regional variations particularly between urban and rural areas.¹⁴³

Three of the interviewees said that they were unaware of any cost issue in relation to medical care but all asserted that they did not go to the doctor, nor did their parents.¹⁴⁴

The first time Rodney Turner went to the doctor was to obtain a certificate to allow him to

¹⁴¹ Hardy, *Health*, p. 80 and Virginia Berridge, 'Health and Medicine' in F. Thompson (ed) *The Cambridge Social History of Britain* (Cambridge, 1990), p. 220.

¹⁴² Berridge, *Health*, pp. 210-211.

¹⁴³ Clare Boulton, Head of Library and Information Services, Royal College of Veterinary Surgeons, RCVS Knowledge, Veterinary History Society. Personal communication, 26/5/2015.

¹⁴⁴ Derek Nixey interviewed 24/1/17, Daphne White interviewed 27/1/17, Avice Hulbert interviewed, 30/1/17.

stay off school for the exclusion period of three weeks after a bout of chickenpox (not to seek treatment for the chickenpox).¹⁴⁵ Cyril Gibbs recalled 1d. was put aside per week for Dr. Leverkus.¹⁴⁶ Mabel Howlett remembered her mother saying that coins were put aside after a baby was born to pay for the next one.¹⁴⁷ Mabel Howlett cited an anecdote which served to humanise the otherwise grim reality of cost and wages. After her father's accident at the cement works recounted in chapter three, Dr. Cooper subsequently visited weekly to dress his wound and commented that he reckoned that he had saved her father pounds in fees. Her mother retorted that they had 'more than made up for it by providing tea and cake whenever he called round.'¹⁴⁸

Nursing

One of the first people that residents would turn to if unwell, being less expensive than the doctor, was the village nurse and, in Chinnor, Mabel Howlett remembered the district nurse who lived in a council house in Station Road. During the 1920s Mabel visited the nurse following an accident with her sledge when she required splinters to be removed from her behind.¹⁴⁹ The scope of nursing care provision in Chinnor can be assessed by using evidence from oral and written testimony and official records. The historiography of district nursing has been confined to a footnote in the history of general nursing appearing simply as book chapters, until Helen Sweets' account in 2008.¹⁵⁰ The history of General nursing itself has centred primarily around the development of the profession as a general hospital training system with emphasis on administrative innovation or great reformers. In other words, it is the history of the development and delivery of nursing rather than the history of nursing per se. For example Anne Rafferty charted the history

¹⁴⁵ Rodney Turner, interviewed 1/2/17.

¹⁴⁶ Cyril Gibbs, interviewed 2/2/17.

¹⁴⁷ Howlett, *Cross Keys*.

¹⁴⁸ Howlett, *Cross Keys*.

¹⁴⁹ Howlett, *Jottings*.

¹⁵⁰ 'District Nursing and Health Visiting', in R. Dingwall and others (eds) *An Introduction to the Social History of Nursing* (London, 1988), pp. 173-203 and Helen Sweet, *Community Nursing and Primary Healthcare in Twentieth-Century Britain* (London, 2008).

of the development of the General Nursing Council and its work in registration and nurse education, whilst other approaches included the history of nursing within the history of an institution, for example *Nursing at Barts* by Geoffrey Yeo. Monica Baly looked at the history of nursing and social change concentrating on nursing in relation to changes in social policy. There are a few exceptions to general nursing addressing specialist areas such as fever nursing, whilst Anne Summers has addressed the role and development of military nurses, and Rosemary White the development of poor law nursing.¹⁵¹ This emphasis on infrastructure, rather than nursing skill, was acknowledged by Christine Hallett who explored the clinical role of nurses in the First World War.¹⁵²

In exploring the historiography of community nursing in Britain, Helen Sweet compared the history of nursing with medicine and made the interesting point that, according to nursing history, nursing began with Florence Nightingale (1820-1910) but nursing history has its origins with women healers whilst medical history has been traced back to antiquity.¹⁵³ Abel-Smith's *History of the Nursing Profession* was a history of the professionalisation of nursing from Nightingale's time and not the history of nursing. The Whiggish approach to nursing reached its apotheosis with Susan McGann's *Battle of the Nurses* with a roll call of the key innovators in the history of nursing.¹⁵⁴

Associations for the provision of nursing care to the poor had been in existence for many years, provided by the religious sisterhoods and deaconesses who had created a nursing service based on piety and devotion. In addition, organisations such as those of the Institute for Nursing Sisters in Devonshire Square London, founded by Elizabeth Fry in

¹⁵¹ See: Anne Marie Rafferty, *The Politics of Nursing Knowledge* (London, 1996), Geoffrey Yeo, *Nursing at Bart's* (London, 1995), Margaret Currie, *Fever Hospitals and Fever Nursing* (London, 2005), Anne Summers, *Angels and Citizens: British Women as Military Nurses, 1854-1914* (Newbury, 2000), Rosemary White, *Social Change and the Development of the Nursing Profession: study of poor law nursing, 1848-1948* (London, 1978).

¹⁵² Christine Hallett, *Containing Trauma: nursing work in the First World War* (Manchester, 2009), Preface xi.

¹⁵³ Helen Sweet, 'Establishing connections, restoring relationships: exploring the historiography of nursing in Britain', *Gender and History*, 19, 3, (2007), 565-580, see also Porter, *Greatest Benefit*.

¹⁵⁴ Susan McGann, *The Battle of the Nurses* (London, 1992).

1840, and the Metropolitan and National Nursing Association, founded by Florence Lees in 1875, were the first to give special training to hospital nurses to fit them for district work. These provided the organisational catalyst for the establishment of District Nursing Associations. Initially, the development of district nursing nationally was uncoordinated, and consisted of Associations of District Nursing working independently providing a voluntary service in the large and medium sized towns. However, although most associations were small local concerns, with one or two nurses, the work undertaken was varied.

The associations were responsible for employing district nurses, paying their salaries, and undertaking fund raising to meet their costs. Later, the majority of these associations were affiliated to the Queen Victoria's Jubilee Institute for Nurses, later the Queen's Institute for District Nursing, and the Queen's Nursing Institute, which had been set up in 1887 with a grant from the Woman's Jubilee Fund. Nurses supplied by the Institute were referred to as Queen's Nurses, and had to meet a stringent training criterion. However, not everyone was happy with the concept and implementation of district nursing.

Correspondence in the *BMJ*, March and April 1909, gave an illuminating glimpse of the tensions between local practitioners and district nurses and their associations, the latter being accused of touting for medical business and setting themselves up as rival practitioners. One correspondent described the association's management committee as, the 'usual well-meaning female busy bodies', and protested when he was excluded from the committee. Further correspondents raised the issue of a political quagmire the practitioner may be immured in, specifically referring to the power of the local association committee which consisted, typically, of prominent and influential ladies who were able to procure patients for him or, conversely, to advise them to seek other practitioners should the practitioner incur their displeasure.¹⁵⁵

¹⁵⁵ *BMJ*, 21 January, (1911), 169, 'The outlook for the country general practitioner, *BMJ*, 13 March, (1909), 1638, 'Rural Nursing Associations', *BMJ*, 24 April, (1909), 1638, letters.

The Queens Nursing Institute did not train nurses, but gave existing hospital nurses training in working in the home and operated a national system of affiliation and inspection. In 1897 the institute created county affiliates and affiliated two other associations, the Cottage Benefit Nursing Association and the Rural Nursing Association, which provided and co-ordinated small rural associations.¹⁵⁶ This was in recognition of the fact that the institute's standard of training was not necessarily appropriate for rural communities. This enabled the rural employment of nurses as village nurses who combined nursing with midwifery (which Queen's Nurses did not necessarily do), and were employed on local terms by the Rural Nursing Association. This affiliation was available to county nursing associations which provided and co-ordinated small rural associations.¹⁵⁷ There was clear distinction between village nurses and Queen's Institute district nurses.

A great deal of witting and unwitting testimony can be elicited from the personal accounts of nurses. Martha Loane (1852-1933), a prolific writer, recounted her work as a district nurse amongst the poor (1908), whilst personal accounts of military nurses in the First and Second World Wars provided a bottom up approach.¹⁵⁸ It was possible that district nursing was an invisible presence in nursing history, existing as what is now known as primary care, and has always been done in the home by family members or perhaps assisted by their neighbours. The Oxford District Nursing Federation supplied district nurses to Chinnor District Nursing Association. The fees for this service were recorded in Burdett's Hospitals and Charities (1899) regarding the Acland home in Oxford whose Nursing Association charges were, for ordinary cases: £1 1s, infectious cases £2 2s per week, mental and massage (sic) £2 2s per week, and maternity cases £10 10s to £15 15s per month. Funding for Nursing Associations came from midwifery fees. The fees were

¹⁵⁶ Enid Fox, 'District nursing in England and Wales before the National Health Service: the neglected evidence', *Medical History*, 38, (1994), 303-321.

¹⁵⁷ Fox, *District Nursing*.

¹⁵⁸ Martha Loane, *The Queen's Poor: life as they find it in town and country*, (London, 1905), *From Their Point of View* (London, 1908), Edith Appleton, *A Nurse at the Front: the First World War diaries of sister Edith Appleton* (London, 2013), Barbara Mortimer, *Sisters: memories from the courageous nurses of World War Two* (London, 2012).

collected by the village nurse and paid into the Association. The nurse in turn was paid a salary by the Association.¹⁵⁹

Midwifery

The historiography of midwifery echoes that of nursing being predominantly concerned with professionalisation, status, and political standing, with little acknowledgment of the lived experiences of mothers or midwives. This changed with the publication of *The Midwives Tale*, which used oral history set against the social context of the time.¹⁶⁰ It was from this 'history from below' that a large part of the historical context to this section has been obtained. A note should be made here of the use of professional titles. Before the *Midwives' Act, 1903* the term midwife was used in relation to the handy woman and when professional midwives evolved, they preferred the title 'nurse' to distinguish themselves from the handy women. As the profession gained in status, they reclaimed the title midwife to distinguish themselves from nurses. However, according to Irvine Loudon rural midwives would be lucky to earn £25 a year from midwifery alone having an average of 40-50 cases a year. As a result, many midwives combined their work with district nursing becoming a village nurse, and it is this term which is used for consistency and clarity.¹⁶¹

Some women learned their medical skill by becoming apprentices to midwives and nurses and served their community based on experience and oral information. A qualified midwife following the *Midwives Act, 1902* would charge between 7s. 6d. to 21s. and an unqualified midwife 5s. In respect of midwifery and nursing care, Chinnor was fortunate in the arrival of Dr. Leverkus in 1928, and the services of Nurse Tizzell, Nurse Rogers and Nurse Gubbins between 1920-1938, whilst the village handy woman was the previously

¹⁵⁹ Sir Henry Burdett, *Burdetts Hospitals and Charities 1899 being the year book of philanthropy*.
<https://wellcomecollection.org/works/u348nykb>

¹⁶⁰ N. Leap and B. Hunter, *The Midwife's Tale: an oral history from handywoman to professional midwife* (Barnsley, 2008).

¹⁶¹ I. Loudon, *Death in Childbirth: an international study of maternal care and maternal mortality, 1800-1950* (Oxford, 1992), p. 213.

mentioned Mrs. Munday. Before World War 1 until the middle of the 1930s, most working-class women were delivered by the local 'handy woman' rather than by a doctor or professional midwife. This was predominantly down to the costs incurred by the patient. For example, fees quoted by Irvine Loudon for independent midwives around 1912 were in the range of 10-21s. whilst doctors charged 30s. the 'handy women', on the other hand, could charge 2s. 6d. or no fee at all.¹⁶² In the 1930s, it could cost £2 for the midwife who attended for 10 days post partum, and £2 for the 'woman that did' who also came in for 10 days and attended to household chores. A delivery in a nursing home in 1920 was quoted as costing £2 10s, whilst in the late 1930s a charge of £5 was levied and the mothers stayed in for a fortnight.¹⁶³ By 1937 55% of the children in Oxfordshire were delivered by village nurses.¹⁶⁴

An interesting editorial was published in *Woman's Own*, January 1937, called 'Waiting for the great event'. *Woman's Own* was aimed at the upper, middle and lower middle classes, and this editorial addressed the preparations for the arrival of a new baby for the more comfortable classes. If having the baby at home, it was suggested that the family engage a resident trained nurse and a doctor, but admitted that this was expensive, the doctor charging between 3 to 10 guineas per case, and the trained nurse, three guineas a week or a daily visiting nurse, 30s.¹⁶⁵ It is not clear from the data whether Chinnor had a Queen's Nurse or a village nurse-midwife. However the annual salary of £141 noted in the receipts of the Oxfordshire District Nursing Federation (1922/23) suggested that she was not a Queen's Nurse, who could command a salary of £200-250 per year. By 1937 the Chinnor nurse's salary had risen to £180 per year.¹⁶⁶ Although there is a gap of 13

¹⁶² It was reported by her daughter in law that Mrs. Munday frequently waived her fee of 2s. 6d. Personal communication, Monica Munday.

¹⁶³ Leap and Hunter, *Midwives*, p. 40.

¹⁶⁴ J. Garcia, et al (eds) *The politics of Maternity Care: services for childbearing women in twentieth-century Britain* (Oxford, 1990), p. 40.

¹⁶⁵ *Woman's Own*, 9th January 1937.

¹⁶⁶ Chinnor District Nursing Association, 1922-1923, receipts and payments, Oxford History Centre, Cowley, CC3/4/C10/23. Herbert, *Britain's Health*, p. 155.

years between these two salaries, it is clear that there had always been a substantial differential between Queens Nurses and a village nurse.

Mabel Howlett recorded that whilst it was usual for women in Chinnor to be delivered at home by the district nurse she remembered that, unusually, her granny, who had 9 children, had to have a doctor for her confinements.¹⁶⁷ An examination of the admissions register of Watlington Cottage hospital of patients who gave their home address as Chinnor from 1919 to 1945 demonstrated a steady increase in hospital based maternity care from none to two in 1931, increasing to 17 in 1940, possibly due to evacuee mothers, with 10 in 1941, 17 in 1942 and nine in 1943.

Power rested primarily in the town councils who, as noted in the introduction, were dominated by the landed and commercial gentry. These people employed the medical officer of health and decided how much money to spend on public health. Their wives ran the voluntary charitable organisations including the Oxford Nursing Federation, which employed the county's village nurse-midwives. Of its 60 village nurses employed in 1937 only one was employed by a local authority.¹⁶⁸ Financial support for the Nursing Association came from County Council grants (almost all County Councils supported midwifery after the implementation of the *Maternity and Child Welfare Act, 1918*), as well as various forms of provident funding, with local residents contributing a small regular sum of money to support the association.¹⁶⁹ However some rural districts could not always raise enough contributions, even allowing for the midwifery fees that the village nurse attracted. In spite of the continued efforts of the Women's Institute this would appear to have been the case in Chinnor.

¹⁶⁷ Howlett, *Cross Keys*.

¹⁶⁸ Garcia, *Maternity Care*, p. 38.

¹⁶⁹ Fox, *District Nursing*.

Examination of the receipts for fees charged by the Oxford District Nursing Federation issued to Chinnor District Nursing Association showed that in 1922-23 the salary of permanent nurses was £141 1s. and a temporary nurse cost £4 12s. 6d. Against this, voluntary subscriptions amounted to £26 15s. 6d., donations £6 2s., benefit subscriptions and other fees £20 3s.10d., with a County Council grant of £55 17s. 6d. and a grant from the Ministry of Health of £5. In addition, midwifery fees amounted to £9 11s. and maternity nursing fees £7 9s. In 1923-24 costs included: salary for nurse £131 10s. and two temporary nurses at £7 2s. and £7 11s. 4d. Subscriptions £29 19s., benefit subscriptions £15 13s., midwifery fees £15, midwifery nursing fees £17 2s. 6d., Ministry of health grant £5. After 1924, no further receipts were available.¹⁷⁰ At this time, 1924, *Kelly's Directory* listed a Miss Ethel Borman, nurse (no other information), as living in the village and in 1928 it recorded Miss L. Patrick, a nurse midwife, resident in the village 1926-32. In Chinnor, the Nursing Association organised collections for a village nurse but apparently this was discontinued in 1929 due to a decrease in central funds and weekly collections for the Radcliffe Infirmary, which had made collecting further funds difficult. However, it was hoped that the nurse would 'stay on privately'. In November 1925 the Women's Institute held a jumble sale to raise money for the District Nursing Fund. Mabel Howlett remembered that in addition to the previously mentioned district nurse who lived in the council house there were two other nurses who lived in the village but who retired before the war.¹⁷¹

At a December meeting of the WI in 1926, the issue of having a village nurse was discussed again; but with no subscriptions forthcoming, the WI wondered if it was worthwhile to have a nurse.¹⁷² This entry is a little ambiguous, as it implies that Chinnor did not have a nurse at this time. However, the *Inspectors Register of Midwives* indicated that Chinnor had nursing cover throughout the 1920s and 1930s, either with a resident

¹⁷⁰ Oxford Nursing Federation receipts, Oxford History Centre, CC3/4/C10/23.

¹⁷¹ Howlett, *Jottings*.

¹⁷² *Chinnor WI minutes*, Oxford History Centre, Cowley, 0200/A1/1-7.

nurse, or cover from Thame. Village nurse cover resident in Chinnor at the time included: Nurse Rogers, 1913-14, Nurse Borman, 1920-23, Nurse Tizzell, 1920-25, Nurse Patrick, 1926-32, and Nurse Gubbins, 1933-36. In addition, according to the marriage register, three nurses had married into the village between 1918 and 1923, and their knowledge and expertise may have been available on an informal basis. However, the WI members felt that the nurse was necessary (although there were no further comments on funding recorded). The issue of a village nurse was repeatedly addressed by the WI, and in July 1927 they hosted a speaker from Oxford who gave a talk on the new system of district nursing, but no further details were given in the minutes.¹⁷³

Throughout 1924 the debate continued, but with little in the way of historical details. In December 1927 £2 10s. was donated to the Nursing Association. In February 1934, a statement was made by the branch president about the village nurse, but no further details were given. Nothing more was done until May 1937 when the president contacted the superintendent in Oxford for information. At the June meeting in 1937 there was a general feeling that the WI, along with other women's organisations, should take their share of supporting a nurse and that a letter would be sent to the enrolling member for the Mother's Union. At the July meeting, a committee was to be set up to start the village nurse fund again.¹⁷⁴ In April 1939 a jumble sale was held to raise funds for the district nurse and in June a letter was received from the treasurer of the Nursing Association with thanks for the £11 raised. Chinnor was by now affiliated to the Thame Nursing Association. In 1892, a cottage hospital for Thame had been discussed due to the distance from the Radcliffe Infirmary Oxford, and the South Oxfordshire Benefit Association had been formed to supply cottage nurses to Thame and nineteen South Oxfordshire parishes. The nurses' home was subsequently expanded to accommodate patients and, on the celebration of the Queen Victoria's Diamond Jubilee, presented to the South Oxfordshire Nursing Association as the Victoria Nursing Home.

¹⁷³ *WI minutes.*

¹⁷⁴ *WI minutes.*

Handywomen

No nursing history would be complete without reference to the handy women. As noted in the section on costs before World War 1 until the middle of the 1930s, most working-class women were delivered by the local 'handy woman', rather than by a doctor or professional midwife. The handy woman attended births, often not charging a fee, and laid out the dead: both events being seen as normal events of life rather than a medical episode. Apart from the cost, the advantages of having the handy woman was that she was from the same social class as the patient and was not assumed to be judgmental, however poor the patient's situation in life. She was also known to the mother, trusted and accepted within her community. Many gave medical advice as doctors were expensive. By the 1930s they had ceased to use the title midwife and phrases used in connection with the handy woman were, 'the woman who goes about nursing' 'the woman that does' 'the woman who would go' or the 'woman you called for'. Mrs Munday's daughter in law referred to her as 'the person to go to' as it seemed she helped out in many other ways. Over time, the handy woman became more of a mother's help during the lying-in period and helped to care for other children and carried out household duties. After the inception of the NHS these women were provided by the state as mother's helps.

The role of the handy woman was facilitated by the unregulated state of midwifery in the nineteenth century, which was addressed by a group of concerned women of upper class and aristocratic lineage who, in 1881, formed the Midwives Institute and initiated the first *Midwives Act, 1902*.¹⁷⁵ This Act allowed midwives to attend normal births, complications being referred to doctors, the aim being to minimise the competition between the two professions. As will be shown in a later section, this was not easily achieved.

The formation of the Central Midwives Board (CMB) in 1903 ensured that a strict supervisory and regulatory apparatus was in place. The CMB recognised three groups of midwives: firstly, certified midwives who had undergone training in an approved institution

¹⁷⁵ Leap and Hunter, *Tale*, p. 2.

and were enrolled by virtue of 'prior certification'. Secondly, new recruits who had passed the CMB examination and, thirdly, those enrolled by virtue of bona fide practice. In 1908 out of 27,234 midwives on the roll: 43% were bona fides, 36% certified midwives and 21% held the CMB certificate.¹⁷⁶ When the 1903 *Midwives Act* came into being, provision was made for handy women who had been practising for at least a year and were of good standing to be added to the roll of midwives and were known as *bona fides*. This move was sanctioned in order to bridge the staffing gap until enough midwives could be trained to replace them. For example, HW, a bona fide midwife based in Thame and working in the Thame neighbourhood including Chinnor, had been in practice since 1901 and continued working until 1924 aged 73.¹⁷⁷

This training and supervision of midwives was the death knell to the handy woman. However, many continued to practise until the Second World War. By the middle of the 1930s their role had changed to one of nurses help, and they mostly worked alongside the midwife. In spite of the good intentions of the *Midwives Act, 1903* (which included bona fides and anticipated competition with doctors), professional collusion occurred. After 1910, under the act no person could attend a woman in childbirth 'for gain' unless she was a certified midwife except when under the direction of a doctor. The later injunction was interpreted rather loosely, and many doctors in rural areas worked with the local handy woman for a reduced fee, rather than a nurse, and forfeiting the full fee. This practice continued even if a nurse was available.

One key issue raised by an inspector writing in the midwives journal *Nursing Notes*, and cited by Leap and Hunter, was that 'it was almost impossible for the bona fide midwives to comply with the rules as many of them could not read or write'.¹⁷⁸ This meant that midwifery training almost completely excluded working class women, who apart from

¹⁷⁶ Loudon, *Childbirth*, p. 208.

¹⁷⁷ *Inspector's Register of Midwives, 1912-1932*, Oxford History Centre, H/2/4/R1/1 and 2.

¹⁷⁸ Leap and Hunter, *Tale*, p. 5.

possibly being illiterate, would not be able to afford the tuition fees, examination fees or the equipment necessary for practice.¹⁷⁹ The cost of equipping a newly qualified midwife in 1905 was estimated to be 1 guinea, which was a prohibitive amount for a working class candidate. Leap and Hunter listed the costs of a midwife's equipment as follows: the cheapest nurses bag was 25s. 6d, thermometer, 2s. 3d each medicine measure was 9d., and scissors, 3s. 6d.¹⁸⁰

Once qualified, midwives were subjected to a system of inspection, not by qualified midwives as now, but by local dignitaries who did not necessarily have any medical or nursing qualifications. Inspection included: hygiene of their houses, personal hygiene, the state of equipment and clothing, and their record keeping. Concern was also raised that their personal standards of hygiene were not up to middle class standards. Midwives were discouraged from heavy scrubbing and household cleaning to preserve their hands from abrasions, and one midwife, Margaret Tizzel, in practice from 1920-1925 in Chinnor, was reprimanded for clearing a manure heap at a neighbour's house.¹⁸¹ ¹⁸² According to the Medical Officers Report for Oxfordshire, in 1912 there were 103 trained midwives, 43 untrained midwives, and the inspector of midwives was Mrs. Pearce.¹⁸³

A number of midwives who covered Chinnor during the period under research were either based in Chinnor or Thame but also covered the surrounding areas. For example, Joan Aitkin, on the register 1914-17, was based in Chinnor but also covered the villages of Kingston Blount, Sydenham and Crowell, whilst HW, based in the Thame neighbourhood, covered Chinnor as well. Examination of the Medical Officer of Health for Oxfordshire's register of midwives gave an interesting glimpse of the state of midwifery at the time. Unfortunately, the records were occasionally incomplete, raising tantalising questions. For

¹⁷⁹ Leap and Hunter, *Tale*, pp. 41-44.

¹⁸⁰ Leap and Hunter, *Tale*, p. 97.

¹⁸¹ Leap and Hunter, *Tale*, p. 5.

¹⁸² *Inspector's Register of Midwives*.

¹⁸³ *Medical Officer of Health Annual Report, 1912* Oxford History Centre, CC1/12/A9/2.

example, AC who lived in the Rectory in Chinnor left as 'unsatisfactory' but no specific reason was given, and there was no record of any of her cases. The Medical Officer of Health in 1914 records ER, a midwife based in Chinnor, as being illiterate, her case notes being kept by her daughter (apparently very well). Other issues which came to light from ER's records were that she failed to carry out basic hygiene procedures such as washing the baby's eyes or mouth, she did not disinfect her hands and did not take the temperature or pulse.¹⁸⁴

One particular midwife's record is recounted here. HW was a bona fide midwife based in Thame, but who visited in Chinnor (there is no record of any formal training on the record and she was already in practice in 1901). Remarks made in the midwives register following inspection in 1916 were that she had Lysol (a disinfectant) in a bottle labelled ergot (a powerful drug used to induce uterine contraction after birth in order to stop post partum bleeding). It was also noted on this inspection that she had difficulty in taking a temperature, pulse and respiration rate so the supervisor gave her a lesson on keeping a temperature and pulse chart. During an inspection in 1923 she was still unable to take temperatures and pulse rates accurately. In 1912 HW attended three still births out of 24 births and a still birth in 1914 evoked the remark that she 'should have sent for the doctor sooner'. One entry, which was difficult to understand, was that in 1911 and in 1912 there were two incidents of her laying out the dead which was forbidden by the CMB unless related to the midwives' practice, however no record was entered suggesting it was a mother who had died. As a handy woman she would have done this routinely to increase her income.¹⁸⁵

In 1913 there was a letter of complaint from Mr. Ashurst, Chairman of the Thame Board of Guardians to Mrs Pearce, Inspector of Midwives, referring to 'a very bad case in the Thame workhouse brought in on the orders of Dr. Lee, who expressed his concern

¹⁸⁴ *Inspector's Register of midwives.*

¹⁸⁵ *Inspector's Register.*

referring to the mother that 'she will die'. He referred to HW as a 'so called midwife' and her 'so called care' of the woman during childbirth. The original letter and the midwife's reply were illegible in places, and the texts reflected a low level of literacy which made the narrative difficult to follow. However, Mr. Ashurst goes on to say that 'through her neglect and not knowing caring about her work... the woman into the state she is in'. Some of the rest of the letter was illegible but the essence was, that in the opinion of the Chairman, she should be removed from the list of nurses 'as she cannot be fit to attend any further women.'

The midwife's reply was difficult to follow but it appeared to indicate a complete mismanagement and miscommunication between herself, the doctor and the patient's husband in recognising a placenta previa (the cause of death on her patient's death certificate) which was followed by a still born baby.¹⁸⁶ It seems that the mother had presented with intermittent bleeding which had been reported to the doctor who said she was to stay in bed and to send for him if she got worse. Following the delivery of a still born baby the mother collapsed and was admitted to the nursing home and subsequently to the workhouse infirmary. Both the patient and her husband had been repeatedly told to call for the midwife or the doctors if she got worse. The doctor claimed that he had not been sent for by the husband who stated that his wife 'was better'. HW had spoken to the husband and reported that 'he quite understood that if his wife was taken ill he was to go for the doctors'.¹⁸⁷ In 1920 it was noted that HW had missed a small piece of retained placenta. (It is the midwife's responsibility to check the placenta and note whether or not it has been expelled intact).¹⁸⁸

In 1911 a maternity benefit allowance was paid to allow more women to be attended by a doctor during childbirth. However, it seemed that immediately this was available, doctors

¹⁸⁶ Death certificate, Mary Crowdy.

¹⁸⁷ Papers lodged with the *Inspector's Register of Midwives* H2/4/R1/1.

¹⁸⁸ *Inspector's register*.

and independent midwives, raised their fees. For example, for the independent midwives the range was 10s. to 21s. and for doctors, around 30s. The result of this was that the handy woman continued to be used in households where the professional fees were too high.¹⁸⁹ From the medical officers records the largest number of midwifery cases recorded in one year in Chinnor was 24 in 1912, which were delivered by HW and, in the same year, she attended 5 nursing cases in order to increase her income. Other yearly totals for the area were on average less than 10 cases. From this small and uncertain income, qualified midwives had not only the initial outlay of buying their equipment but of maintaining it in good order. For example, EB 1920-23 Chinnor, was reported as not having a urine testing kit, whilst LP 1926-30, also of Chinnor, stated that whilst she had a urine testing kit, she could not afford to buy calipers so sent her patients to attend an ante-natal clinic for measurement.¹⁹⁰

Few women died at home as the result of childbirth with midwifery care, although, according to Leap and Hunter, childbirth was noted to be the 'most dangerous occupation in the country including mining and sea faring'. Approximately 3,000 women died every year in England and Wales in childbirth.¹⁹¹ This was not confined to the less well-off classes as the social historian Pamela Horn describes in her book about the land-owning classes. Upper class women expressed real fear at the thought of childbirth and whether they would survive.¹⁹² A review of the causes of death from death certificates of the burial records in Chinnor, 1895-1947, indicated that after 1922 there were no recorded deaths attributed to childbirth after Mildred Witney died of eclampsia, although there is no record of whether the child survived on this occasion.

¹⁸⁹ Loudon, *Childbirth*, pp.208-9.

¹⁹⁰ *Inspector's Register of Midwives*.

¹⁹¹ Leap and Hunter, *Tale*, p. 12. Quoting a Maternal Mortality Report of Meeting Held at Central Hall, Westminster February 28th 1928. The Maternal Mortality Committee.

¹⁹² Pamela Horn, *Ladies of the Manor: how wives and daughters really lived in country house society over a century ago* (Stroud, 2012), p. 92. For a detailed account of the issues surrounding maternal deaths see also Irvine Loudon *Death in Childbirth, 1800-1950* (Oxford, 1992).

One tradition which was followed in a limited way in Chinnor was the churching of women. This tradition acknowledged the dangers of childbirth and the constant threat it posed to women's health. Analysis of the entries made for some interesting reading and speculation as to the significance of the ritual and its place in the spiritual lives of the residents. By cross-checking with the baptismal register and the burial register, the role of the church did not appear to be a constant factor in residents' lives. Because of the church records being incomplete, it was difficult to form a firm impression about the role of the church within the community. In chapter three, records highlighted the delay in infant baptism in spite of the high infant mortality rate, and with the churching of women a couple of anomalies have also been identified. From the *Record of Church Services* from 1907 until 1924, 20 women were churched following childbirth.¹⁹³ Ellen Peacham was churched in May 1917 although her baby was not recorded in the baptisms register, nor in the burial register, however, in March 1919 she was churched again and the baby was baptised in April. In 1920, Kathleen Shrimpton was not recorded as having been churched, but brought the baby for baptism in November and, in 1924, she was churched and the baby baptised in November. Similarly, Mrs. Barratt was churched in April 1921, but her baby was not recorded on the baptism record. Of course, the records may be incomplete as demonstrated by Rosa Gray's entries, having been churched in September 1913, and her baby baptised in October when the baby's death was recorded on December 13th. However, the burial records show an interment on October the 20th. One point which might be raised here was the manner of recording the service of churching in the records.

Although the service was an established part of the liturgy, the entries in the register during the period 1914-1927 suggested an interesting approach to the concept of the service. The names of the women were entered in very small, sometimes undecipherable writing, in a corner of the ledger under the remarks column, and omitted the woman's or

¹⁹³ St. Andrew's Church, Chinnor, *Register of Services 1902*- Oxford History Centre, Cowley, PAR63/1/R7/1, 2.

husband's Christian name. For example, 'churching Mrs. Smith'.¹⁹⁴ Whilst under the Reverend Moxon, churching was recorded as a service under the appropriate section. Whether it could be suggested that this variance in recording reflected the attitude of the officiating clergyman is impossible to say, but the difference was clear in the records. The churching of women has been part of the church's liturgy since 1552 in a variety of forms, and whilst it is a service of thanksgiving for the safe delivery from childbirth, it also marked the mothers return to the church congregation and the community. From 1907 to 1931 a total of 31 women were churched at St. Andrew's. Unfortunately, there were gaps in the register, but churching appeared to have been resumed in 1941 and 1946.

The growth of hospital care

This was an age when most people were nursed and treated at home and hospital was a last resort. However, during the nineteenth century, hospitals had begun to play a greater part in health care and as a focus of medical innovation. There had always been special places of healing on the medical landscape which offered a range of therapeutic theories and interventions, both curative and palliative. These sites included: sacred wells or springs, Greek temples of healing, and medieval monastic hospices, which developed into institutions of medical intervention in the nineteenth and twentieth centuries with the evolution of specialist centres such as cancer or paediatric hospitals.¹⁹⁵

The hospitals around Chinnor (now district general hospitals) were started as part of the Cottage Hospital Scheme, initiated by Mr. Albert Napper, the aim of which was to provide for the sick poor the permanent services of good nurses, regular medical attention, and to relieve them of a long and often dangerous journey to a large town hospital. These

¹⁹⁴ The 1552 Book of Common Prayer 'The Thankes Geuing of Women after Childe Birth Commonly Called the Churchying of Women. (sic) see also for a full review of the origins and functions of the ritual, Natalie Knödel 'The Thanksgiving of Women after Childbirth, Commonly Called the Churching of Women', (1995) University of Durham.

¹⁹⁵ For a general overview see, Roy Porter *The Hospital in History* (London, 1990), L. Granshaw, 'The Hospital', in W. Bynam and R. Porter (eds) *Companion Encyclopaedia of the History of Medicine* Vol 2 (London, 1993), pp. 1180 - 1203, for a more recent and international view see, Joel Howell, 'Hospitals', in Roger Cooter and John Pickstone *Medicine in the Twentieth-century* (Amsterdam, 2000), pp. 503-518.

cottage hospitals provided local practitioners with the facilities to enhance and conserve their medical and surgical skills and so increased the practitioners' medical standing within the community.¹⁹⁶

However, discrepancies came to light when death certificates and burial records were compared, which made it difficult to give an exact figure for hospital located deaths. For example, in 1892 Alice Stratford, age 5, was killed on her way home from school when a cart wheel ran over her leg stripping the flesh from the bone. She died in Watlington Hospital. This information was gleaned from the school records of the Chinnor British School as place of death was not recorded on the burial records.¹⁹⁷ Similarly, Ernest Cooper, whose place of death was also recorded on his death certificate as Watlington hospital, was not recorded as such in the burial records. As previously mentioned, the main hospital for Oxfordshire was the Radcliffe Infirmary (now amalgamated into the Oxford University Hospital NHS Trust). However, because of the difficulties of conveying serious cases to the hospital it was decided in 1892 to found a cottage hospital in Thame which was described in the section on nursing provision. This hospital would be in addition to the Thame Union Workhouse and Infirmary at Priests End in Thame. However, after almost a century, in 1935 the Thame Poor Law Institution was closed as the casual ward had not been used for some years, so the inmates, 51 in the infirmary ward and 48 in the house wards, went to Woodstock or Henley.

The workhouse system

Workhouses had been established after the abolition of Outdoor Relief and on the creation of the *New Poor Law Act, 1834* with the intention of housing able bodied workers who would work in the house in exchange for food and lodging. Each workhouse came

¹⁹⁶ M. Emrys-Roberts, *The Cottage Hospitals, 1859-1990* (Dorset, 1991) and within the classic reprint series Henry Burdett, *Cottage Hospitals General, Fever and Convalescent their progress, management and work in Great Britain and Ireland and the United States of America* (London, 1880), Also John Hall, 'From Cottage Hospitals to Community Hospitals: Watlington Cottage Hospital and its Regional Context, 1874-2000', *Local Population Studies* vol. 88, 1, (2012), 33-49.

¹⁹⁷ *British School log book, private collection.*

under the auspices of a Union which was administered by a local Board of Guardians. Accounts of the establishment and function of the workhouse can be found in literature, autobiography, social policy as well as written accounts from the Union documents.¹⁹⁸ Charles Dickens tainted the history of the workhouse in the same way he tainted the nursing profession with his portrayal of Sarah Gamp in *Martin Chuzzlewit*. This narrative has been challenged by Roberts who investigated a number of these allegations and found many of them to be wanting.¹⁹⁹ He cited the unusual, almost tabloid reporting of abuses by *The Times* which, between 1837 to 1842, printed more than two million words about the Poor Law administration and cited 290 cases of personal suffering from active cruelty to neglect. *The Times* asserted that many would prefer to starve rather than enter the workhouse.²⁰⁰

Accounts of the workhouse tended primarily to be accounts of the politics of the social policy provision charting the internecine maneuvering of the political players at central and local levels, and the recounting of the oft reported anomalies and privations of the workhouse incumbent on its implementation. From Ruth Hodgkinson's seminal work and Gwendoline Ayres case study of the Metropolitan Asylum Board (used as a template for the development of medical services), to Rogers's challenge to the orthodoxy of cruelty and abuse, Ursula Henriques pointed out that it is difficult to hit an exact balance or reach a conclusion on an issue as complex as the Poor Law administration. This was due to its range of institutions and the variety of political attitudes amongst its administrators, central and local, as well as their poverty of fiscal intelligence and little understanding of the conditions of the poor.²⁰¹ Most accounts attempted to bridge both positive and negative approaches to workhouse history. In his introduction, Crowther offered a more balanced

¹⁹⁸ See Charles Dickens *Martin Chuzzlewit*, (London, 1843), Charles Chaplin, *My Early Years*, (London, 1971), Steven Cherry, *Medical Services and the Hospitals in Britain, 1860-1939* (Cambridge, 1996).

¹⁹⁹ David Roberts, 'How cruel was the Victorian Poor Law?', *The Historical Journal*, 6, 1, (1963), 97-107.

²⁰⁰ Roberts, *Poor Law*.

²⁰¹ Ruth Hodgkinson, *The Origins of the National Health Service* (London, 1967). Gwendoline Ayres, *England's First State Hospitals, 1867-1930* (London, 1971). Ursula Henriques, 'How cruel was the Victorian Poor Law?', *The Historical Journal*, 11, 2, 1968, 365-371, (a reply to Roberts).

view and cited the role of the workhouse as a refuge and its function as a school, asylum, hospital and old peoples' home, and that the workhouse was the first experiment in institutional care.²⁰² In the Porter tradition of 'history from below', Simon Fowler and Peter Higginbotham turned to oral testimony and primary documents. Fowler recounted stories of the people, places, and life behind doors, and documented the life and people who inhabited a range of workhouses around the country.²⁰³ Whilst the intention of the Poor law Commissioners was to reduce the rates and reduce the number of people on relief there was no evidence that any abuse was intended by the policy, but, given the range and type of workhouses and their extensive remit to help children, the sick, lunatics, idiots and old people in varying proportions on a very restricted budget, it was hardly surprising that anomalies in care occurred.

The passing of the *New Poor Law Act, 1834* was designed to remove the contradictions and possible abuses under the existing Act, which provided outdoor relief to the poor of the parish and had been on the statute books in a variety of forms since Elizabethan times. The new Act provided for indoor relief for the able-bodied paupers and aimed to provide food and shelter at a level below that currently experienced outside the workhouse. This was referred to as the workhouse test.²⁰⁴ Edwin Chadwick's report on selected workhouses visited in 1833 on behalf of the Royal Commission stated that the standard of living was far superior to that of labourers struggling to remain self-reliant. He commented that the diet in the workhouse was excessive, especially the daily beer ration of three pints per man and one and a half pints per woman and child. Chadwick maintained that this level of poor relief was counterproductive, causing 'laziness and insolence and depravity, resulting in the inmates becoming unemployable.'²⁰⁵

²⁰² M. Crowther, *The Workhouse System, 1834-1929* (Athens, 1981), pp. 1-7. See also, 'From Workhouse to NHS Hospital in Britain, 1929-1948', in C. Hillam and J. Bon (eds.) *The Poor Law and After: workhouse hospitals and social welfare* (Liverpool, 1999), pp. 38-49.

²⁰³ Simon Fowler, *The Workhouse: the people, the places, the life behind doors* (South Yorkshire, 2014), and Peter Higginbotham, *Voices from the Workhouse* (Stroud, 2012).

²⁰⁴ Fowler, *The Workhouse*, p. 5.

²⁰⁵ Railton, *Early Medical Services*, p. 37.

It was these abuses that the 1834 Act set out to rectify and to cut the cost of poor relief. The Act was administered centrally by Poor Law Commissioners (from 1847 the Poor Law Board and from 1872 the Local Government Board) and locally by a Board of Guardians elected by the ratepayers. A number of parishes being grouped into unions. The Poor Law and its provisions were grounded in the concept, prevalent at the time, that poverty was a crime and was the result of poor moral character and indolence and if addressed properly could be avoided. This premise persisted into the twentieth century in spite of an increasing body of empirical evidence that poverty was primarily the result of old age, sickness or disability. In fact, by 1871 72% of pauperism resulted from sickness frequently as the result of the death or illness of the bread winner.²⁰⁶ In 1909 Dr. Mary Williams wrote in the *BM* on 13 February, that tuberculosis caused one eleventh of the total cost of pauperism in England and Wales, and quoted a paper by Dr. Newsholme which stated that the annual death figure was 60,000 a year at a cost of £10,000,000 a year.²⁰⁷

The New Poor Law also provided for changes in the administration of medical relief and each Union was required to put out contracts for medical officers to tender, and the appointed medical officer was required to be appropriately qualified as a physician and surgeon. Initially, the workhouse infirmaries were designed for the able bodied who became ill but, increasingly, they were filled with the aged and infirm. Railton gave an account of proposed fees for the poor law doctors, and conditions of service and fees were negotiated locally.²⁰⁸ In their Annual Report 1835, the Poor Law Commissioners recorded the Oxfordshire medical men were agreeing to attend the poor for an annual subscription of 2s. per person and 4s. 4d. for a family of any size.²⁰⁹ At this stage Chinnor

²⁰⁶ Hardy, *Health*, p. 19.

²⁰⁷ Mary Williams, 'Pulmonary Tuberculosis in Children', *BMJ*, 13 February, (1909), 387-391 and A. Newsholme, 'Prevention of Consumption', *Practice of Medicine*, (1894), 234.

²⁰⁸ Railton, *Medical*, pp. 40, 42.

²⁰⁹ Railton, *Medical*, p. 42.

came under the Wycombe Union (until 1897 when it transferred to the Thame Guardians) which fixed the salaries for each parish and the medical officer to take care of the parish.

The medical districts were formed by the respective Guardians who often had little experience of the county, which could reduce the effectiveness of the medical officer.²¹⁰ For example, Thame Union was an extensive Union divided up into three districts of 28, 22, and 31 square miles. Because of the nature of the country and difficulties in communication, three surgeons found it impossible to cover the districts effectively. To overcome this problem the medical officers employed the practise of re-letting their districts by employing local medical practitioners. The greatest service the Poor law Institutions (a term replacing workhouse from 1904) gave was its provision of medical care to the indigenous poor. Fowler proposed that it was often forgotten that the greatest success of the workhouse lay in the care and treatment of the sick.²¹¹

As Hodgkinson pointed out, before 1834 the destitute sick were cared for in their own homes as was the general approach at that time. However, because of the levels of poverty, the poor living conditions and the demands on other members of the family, it was often impossible to provide adequate care.²¹² Between 1834 and 1847 this problem began to be addressed by the practice of admitting the pauper sick to the infirmaries and ejecting the able-bodied sick to make room for the overwhelming numbers of pauper sick. By 1871 these Poor Law Institutions had become the first public hospitals. Poor Law infirmaries had a legal obligation to provide medical care to the very poor in every area. Quality of care was variable but often a very high standard was provided. For example, it was reported that the medical officer in the Leicester infirmary carried out the pioneering

²¹⁰ Hodgkinson, *Origins*, p. 108.

²¹¹ Fowler, *Workhouse*, p. 126.

²¹² Hodgkinson, *Origins*, p. 451.

technique of skin grafting on leg ulcers.²¹³ Wycombe Guardians gave their paupers leave to see the medical officer without an order from the receiving officer (usual practise); this initiative was to save time and to prevent illnesses becoming serious.²¹⁴

Medical provision within the workhouse was set down by the Poor Law Guardians. Medical officers had to be doubly qualified as physicians and surgeons although before the *Medicine Act, 1854* many workhouses employed a range of quacks and fringe practitioners.²¹⁵ For a workhouse doctor the appointment was a balancing act between a safe appointment and a loss of private practice.²¹⁶ It tended to attract young, newly qualified, doctors. At this time a doctor's social standing was determined by the class and station of his patients and paupers contributed little in the way of gravitas to the profession. Initially the doctors were subject to the dictates of the local receiving officer, particularly in regard to the provision of medical extras in relation to diet.

The *Lunacy Act, 1845* laid down the procedure for certifying pauper patients and changed their status from mentally ill people to patients. However, in 1845 the proposal to compel every county to provide its own asylum failed. This was often due to the comparative costs of caring for the different inmates. The cost of keeping a lunatic in the workhouse was 3s. 6d. to 4s. per week but private asylums charged up to 6s. per week. Whereas public asylums run by counties or districts varied from 10s. to £1. For patients who suffered from psychiatric problems there were three hospitals in Oxfordshire. The Oxford County Asylum at Littlemore at a weekly cost of 7s. 3¹/₄d. and the Warneford Asylum making an ordinary charge of £2 2s per week although a number of patients paid between 5s and 25s per week, the shortfall being recovered from an Endowment Fund. An institution for Oxford had been discussed since 1841 and in 1843, a 13 acre site at

²¹³ Angela Negrine, 'Practitioners and Paupers: medicine in the Leicester Union Workhouse, 1867-1905', in *Medicine in the Workhouse*, Jonathan Reinartz and Leonard Schwarz (eds) (Rochester, 2014.), p. 192.

²¹⁴ Hodgkinson, *Origins*, p. 23.

²¹⁵ Hardy, *Health*, p. 21.

²¹⁶ Hodgkinson, *Origins*, p. 76.

Littlemore was acquired, and the asylum opened in 1846 for lunatic paupers in Oxfordshire. By the end of 1849, 285 patients had been admitted. The cost of each patient was 10s. per week.²¹⁷ There was also a Buckingham County Asylum at Stone, Aylesbury, 11 miles from Chinnor, established in 1833 for people with mental disabilities or mental illness. Between 1895 and 1918 four people were recorded on the burial records in Chinnor as having died in these asylums.²¹⁸ It was not until the *Idiot Act, 1886*, and the *Mental Deficiency Act, 1913*, that the needs of the mentally handicapped were recognised as separate from lunatics who constituted about 1 in 6 of all indoor paupers.²¹⁹ The terms imbecile and lunatic were used indiscriminately.

The development of Poor Law Nursing mirrored the development of general nursing, from casual care by untrained women, usually fellow paupers, to the founding of the Workhouse Nurses Association in 1879. The value of trained nurses in the voluntary hospitals was beginning to be acknowledged but it was very difficult to recruit these nurses into the workhouse infirmaries. In response to this, the Workhouse Nurses Association began a one-year course to train nurses wishing to care for the sick poor. In 1897 the local Government Board had officially banned all pauper nurses but under the title of 'helpers' they continued to be used in some of the less advanced workhouses for another 10 years.²²⁰

In 1897, Chinnor came under the Thame workhouse having been transferred from Wycombe. A representative from Chinnor was appointed to its committee and, also attached to the workhouse was an apothecary who was responsible for the Thame Union workhouses, which included the Chinnor workhouse, although there is no record of him

²¹⁷ Henry Burdett, *Burdett's Hospitals and Charities 1899 being the year book of philanthropy and the hospital annual* (London, 1899), p.588.

²¹⁸ Chinnor Parish records.

²¹⁹ Norman Longmate, *The Workhouse* (London, 2003), p.212.

²²⁰ Longmate, *Workhouse*, p. 207.

visiting the village.²²¹ The Thame workhouse was opened in 1834 with accommodation for up to 30 inmates. In addition to being a workhouse it was also a pest house for infectious diseases and its inmates were classified as patients, paupers and lunatics.

Table 3. Census Records Thame - Workhouse 1901-1931.

	Total	Male	Female
Inmates 1901	66	40	26
Officials and families			
- Workhouse	7	3	4
- Pesthouse	1		1
1921	81	46	35
Inmates only	73	44	29
1931	89	37	52
Inmates only	77	32	45

Source: Census of Berks, Bucks, and Oxon 1901 printed 1902 and 1921, 1931 (London, HMSO), Oxford History Centre, Cowley.

The 1904 Poor Law Conference showed more sensitivity towards the feelings of the poor by phasing out the more pejorative terms under the Act. Hospitals for the treatment of infectious diseases were variously referred to as: isolation hospitals or fever hospitals, sanatoria or indeed pest houses but for consistency the term isolation hospital is used here. Many of the diseases treated in these hospitals were fatal and commonly affected the younger age groups. A review of the death certificates from Chinnor noted that infectious diseases accounted for 52 of the reported deaths under the age of forty. This did not include delayed mortality due to secondary complications which can occur many years later. The term treated is a misnomer, treatment before the age of antibiotics was limited to symptom control and isolation. These hospitals were instigated, not primarily for

the treatment of the sick, but for their isolation and the protection of the community. By 1914 isolation hospitals were the largest single type of institution. Part of the attempts at prevention and spread of diseases was the early reporting of a condition to the local Medical Officer of Health but this required legislation in order to be implemented. The first disease to be compulsorily reported was cholera in the *Public Health Act, 1875*. London led the way with the *Infectious Diseases Notification Act, 1889* which became applicable nationwide in 1899. These Acts allowed the local Medical Officer of Health to become aware of the instances of the disease and to take necessary action.

A review of the hospitals around Chinnor during the period under review indicated the range of hospital care available. Watlington Cottage hospital, 6 ½ miles from Chinnor, was established in 1873 and closed in 2000. The admissions register reported accidents, infections, and maternity, and covered a range of medical conditions. However, initially patients suffering from infectious diseases, chronic insanity, and women in advanced state of pregnancy, were excluded. The *Annual Report, 1878* cited by Hall, showed that 21 patients were admitted aged from 13 to 60 and, amongst the conditions treated, were a 'suppuration of the hip joint', delirium tremens, as well as accidents. Fees charged at the turn of the century were 3s. 6d. per week dependent on a subscriber's letter of recommendation. Unusually, patients were not required to provide anything for themselves, such as linen, soap, sugar, tea, combs, or slippers which was common to most hospitals.²²² Other hospitals serving the area included the Henley and Wallingford Joint Smallpox hospital founded in 1904 and closed in 1930. Wallingford Isolation hospital had a number of links with other hospitals such as Crowmarsh and Bullingdon as joint isolation hospitals: Wallingford is 16 ½ miles from Chinnor. There were also three beds for infectious cases at the Thame Union Workhouse and between 1896 and 1934 ten people died within the Workhouse.²²³ In the 1920s Frank Gray, former MP for Oxford, made an undercover investigation into workhouse conditions of the time and he recorded an

²²² John Hall, 'From Cottage to Community Hospitals Watlington Cottage Hospital and its regional context, 1874-2000', *Local Population Studies*, 88, 1, (2012), 33-49.

²²³ Chinnor Parish Records.

account of his stay in the Thame workhouse.²²⁴ The workhouse itself became a college 1938-2004 and provided troop billets during the war.

Chinnor had its own affiliated workhouse situated at the top of the High Street near Donkey Lane in an area referred to by the polite as, The Avenue, but known to all as the Workhouse Yard. The old workhouse was later demolished in the 1950s. By all accounts it did not seem to have been used very much. Lucy Lacey, when asked in 1988, said that she could not remember anyone going into the work house but said, 'they all seemed to look after one another.' However, she did recall one elderly couple 'who used to go in for the winter and out for the summer and go to sleep in a shed along the Icknield Way every night.'²²⁵ Adjacent allotments were known to yield a vast number of old clay pipes which, Nora Neighbour's father claimed, must have belonged to the old gentleman inmates.²²⁶

General and specialist hospitals

For tuberculosis patients there was the Peppard Sanatorium in Henley (16 miles) from Chinnor also known as the Maitland Hospital. Also nearby was Stoke Mandeville Hospital in Aylesbury (10 miles) which started as a cholera hospital following an out-break of cholera in Stoke Mandeville village in 1830. By the start of the twentieth century it treated all infectious diseases. During the nineteenth century hospitals began to play a greater part in health care and as a focus of medical innovation.²²⁷ Nearby was the High Wycombe and Earl of Beaconsfield Memorial Cottage Hospital (10 miles) which started as a cottage hospital 1875-1923 and was later the High Wycombe War Memorial Hospital 1923-1971. It was described in Burdett's 'Cottage Hospitals' as 'being pleasantly situated with a well laid out garden and the general arrangements were good'.²²⁸ He was particularly pleased to note that a mortuary had been included in the plans, stating that a

²²⁴ Peter Higginbotham, *The Workhouse Encyclopaedia* (Stroud, 2012), p. 252

²²⁵ Lucy Lacey, aged 92, interviewed, 1988 by Mary Darmody-Cadle and Pat Whelehan.

²²⁶ Neighbour, *Helped the poor*.

²²⁷ Granshaw, *Encyclopaedia*, p. 1180.

²²⁸ Burdett, *Cottage Hospitals*, p. 259.

mortuary was an indispensable adjunct to a properly equipped cottage hospital, particularly if it was open to the public as well as being for hospital use. If death was the result of an infectious disease in a cramped dwelling, it could result in the rest of the family having to crowd together in one room, leaving the body (for hygiene reasons) in a room of its own. Between 1817 and 1852 Chinnor burial records included the date of death as well as the date of burial, indicating a period of about 2-3 days between death and internment, during which time, the body would remain in the home. In 1902 an isolation room was added to the High Wycombe Hospital. The hospital was closed in 1923 when a new hospital was built on Marlow Hill. In 1924 patients could obtain a bed in the private wards for 15s. a day, whilst under the contribution scheme, free treatment was available to married couples subscribing 2d. per week.

The provision of medical care during World War II laid the blueprint of what was to become the National Health Service in 1948. The White Paper on a National Health Service was published in 1944 and set out the objectives which were to ensure everyone in the country equal opportunities for the best and up-to-date medical care. It was to be a comprehensive service covering every branch of medical and allied activity, to provide the service free of charge irrespective of personal means.²²⁹ Due to the threat of aerial bombing the government organised a co-ordinated Emergency Hospital Service involving 2,378 of the nation's three thousand hospitals to co-ordinate hospital services within the danger areas. The government survey which preceded the scheme provided information about the state of the nation's hospitals. The results of the report were shocking.²³⁰ The government survey, which preceded the Emergency Planning Scheme, had highlighted the appalling shortage of beds and medical equipment and, as a consequence, by October 1939, the government had provided thousands of new beds, built operating theatres and provided surgical equipment. Earlier in the chapter the effect of the conscription of doctors during both wars and the burden that this placed on the remaining

²²⁹ Angus Calder, *The People's War: Britain, 1939-1945* (London, 1971), p. 623.

²³⁰ Calder, *War*, pp. 619-620.

doctors, in Chinnor's case Dr. Leverkus, was highlighted. The civilian sick bore the brunt of the bombing, the lack of doctors and long hospital waiting lists.²³¹ One effect of the war years was that women who served in the forces received free medical care, often for the first time.²³² From Chinnor's absent voters list 1945 it appears that a total of 78 Chinnor residents were away, including six women.²³³

In chapter three the effect of evacuees on the population of Chinnor, Princes Risborough and Thame was described. Since Chinnor had a number of doctors who visited to consult in Chinnor, as described earlier in this chapter, the potential for pressure on the available medical care may have been acute. In addition, Dr. Dudley Cooper left to join the forces and Dr. Leverkus took over his practice. The pressure on local hospitals during the war resulted in Stoke Mandeville taking military casualties and expanding the number of beds to support the Royal Buckinghamshire Hospital. Wycombe hospital endured a large strain on the hospital and an extra 34 beds were provided by the Ministry of Health to defray the cost. During the war Chinnor had a Red Cross detachment and Mrs. Cuthbert the schoolmaster's wife was the assistant commandant. A first aid post was set up in the Village Hall and Dr. Leverkus provided lectures in first aid.²³⁴ Jim Rose recalled these lectures and that his wife Mary belonged to the Red Cross and when war started she began attending lectures on how to cope with casualties and he recalled that the Village Hall was the designated first aid post which would supply hot water and bandages. In his memoir he recounted the incident of the 1940 bomb at the back of the Black Boy Inn

²³¹ Calder, *War*, p.621

²³² Gardiner, *Wartime*, p. 438, see also 'A Woman's Place Now' recruiting leaflet for the ATS (undated circa 1941), 'Join the WAAF- help the RAF', WAAF recruitment leaflet (undated). Both leaflets state that medical treatment is provided free. This did not appear to extend to the Land Army whose members were encouraged to join the National Health Insurance Scheme through an approved society or the two trades unions which catered for agricultural workers; The National Union of Agricultural Workers and the Transport and General Workers Union. 'The Women's Land Army for England and Wales. Members Leaflet'. Women's War Replica Pack.

²³³ *Oxfordshire Henley Parliamentary Division Service Register Parish of Chinnor*. Oxford History Centre, Cowley. 15/3/1945.

²³⁴ Leverkus, *Looking back*, p. 83.

when Mary, very bravely, wanted to walk in the dark to the Village Hall and would not be dissuaded. In the event there were no casualties.²³⁵

Thirty-eight years after their report the Webb's dream of a unified health service was realised when, in 1948 on the inception of the NHS, the burden of the three subthemes addressed in this thesis of cost, availability, and efficacy were ameliorated. After the war the Cross Keys NHS practice started in Chinnor and consisted of Drs Cooper and Edwards, later to be joined by Dr Fordham.²³⁶ In spite of the importance of the NHS, following a talk on the *Beverage Report, March 1943*, no mention was made of it in either the WI nor the Parish Council committee minutes. However, copy in the *Thame Gazette* of 16 March 1948, gave information about the provisions under the new *National Insurance Act, 1947* and in July announced that all the local doctors had joined the newly formed National Health Service.²³⁷ In June of the same year the paper carried a notice from the Oxford County and City Executive Council urging any medical practitioners who had not yet registered and who wanted to be included on the Executive Councils Medical List to apply and give details of the arrangements. A similar notice was published addressed to registered pharmacists who wished to provide their services in the new Health Service should apply to be included in the Executive Council's Pharmaceutical List. A report of the meeting on 6th July regarding Thame Victoria Hospital's change over from being a voluntary hospital to the new Ministry of Health, the Oxford and District Hospital Management Committee stated that representatives on the new management committee should include members from Chinnor, Long Crendon and Haddenham.²³⁸

In terms of availability of medical and nursing care, Chinnor appeared to have been well served, help being provided historically and traditionally by a wide range of practitioners. A more detailed inspection showed that against a backdrop of limited effective medicine

²³⁵ Rose, *Jim*, pp. 55-56.

²³⁶ Howlett, *Cross Keys*.

²³⁷ *Chinnor WI Minutes*, March 1943. *Thame Gazette* 16 March 1948 and July 1948.

²³⁸ *Thame Gazette*, 22 June, 6 July (1948).

and the high cost of medical care, and in the shadow of national events, the provision of medical care in Chinnor was actually a mixture of lay intervention, midwives with varying degrees of competence and general practitioners who, although provided a caring and personal service to the residents, still charged a fee to the uninsured. In addition, fees were needed for nursing and midwifery services and it was cost which informed the level of service available.

At a national level the issue of medical care provision particularly for the poor was addressed by a range of legislation to both help the poor themselves and to reduce their burden on the rates. The workhouses and the hospitals they staffed were often very good and the introduction of Poor Law Nursing which established nursing as part of the Poor Law, and indicated the national concern for the poor and recognition of their specific needs. However, the provision of medical care is of limited value in itself until the themes of cost and efficacy are addressed. This occurred during the late 1930s and 1940s during the pharmaceutical revolution, and the availability of free medical care to serving men and women during the war. However, it was not until the foundation of the National Health Service in 1948 that the final theme of cost was addressed. Having examined the provision of medical care nationally and in Chinnor, the chapter has demonstrated that whilst availability of care was good, it was lacking in efficacy, particularly in relation to infection and availability in terms of cost. This chapter has demonstrated the use of domestic medicine to address these issues and the role of community in medical care.

Chapter 3: The Health landscape of Chinnor 1900-1948

*Give them patience under their sufferings, and a happy issue out of all their afflictions.*¹

Where chapter 1 and 2 offered a portrait of Chinnor and its medical provision the intention of chapter 3 is to provide an insight into the health concerns of the residents, taking into account environmental effects such as housing and water supply, as well as the influence of pollution from the nearby cement works during a period when there was little in the way of effective medical interventions coupled with high medical costs. This impacted on the personal health concerns of the residents, which included: accidents, domestic and agricultural, childbirth, sex education, infectious diseases, and cancer, which affected the rural economy and social life. This is set against the general background of rural health. Of particular importance was the evaluation and critique of the information available from parish records and their validity when used to assess relevant data. This includes the negative effects of war which impacted on the health of the community as a result of caring for evacuees, lack of medical officers and the impact of government rules and regulations.

Throughout the period under review the health of the national population was dependent on a number of variables such as: wealth, status, environment and the availability of medical developments which have been reflected in Chinnor's profile. Lack of national legislation gave rise to the frequency of accidents and industrial pollution which affected the whole population. There are a number of accepted indices by which a community's health can be measured, for example, infant mortality rate, and which are often treated as proxies for a wider standard of living. Here the longevity of its residents, child health, and the infant death rate are examined. The term infant death rate was used in preference to the term infant mortality rate which is standard statistical measurement of the number of deaths under one year per 1,000 live births which cannot be applied in this case. Data for

¹ *Book of Common Prayer, 1662, General Thanksgiving.*

this profile was obtained by an analysis of Chinnor parish records primarily the period under study, 1900-1947.² However, occasionally, the data examined was not confined to these core dates and where appropriate, a range of ten years previously and ten years following was examined, although on occasion, a wider scope has been included to address a specific issue, to enhance the context and to further inform the narrative. Where data has been examined and compared between sources some anomalies have been identified making the data illustrative rather than definitive. These anomalies will be acknowledged in the relevant sections.

The state of rural health

Being an Oxfordshire village, Chinnor was subjected to the benefits and deficiencies extant throughout the county. Much of this section is based on the report *Rural Education, 1922* which gave an excellent account of the state of rural health and conditions in the 1920s, along with the Medical Officer of Health Education and the Medical Officer of Health Oxford reports which were available from 1908-1921.³ The average agricultural wage in Oxfordshire at this time was reported to be 42s. to 47s. per week which according to the National Agricultural Labourers Union was poor to very poor. This level of poverty was recognised by the report, and it suggested that this resulted in stunted physical growth and slow mental development showing one debility or another particularly of the nervous system and anaemia.⁴

However, this level of poverty and ill health was not a universal finding in the county, as some of the villages were reported as demonstrating a high standard of health. Interviewees from Chinnor certainly supported this and attested to parents and grandparents who were very healthy and long lived and noted that, as children, they enjoyed a good diet, growing their own vegetables and keeping chickens and pigs. Many

² Chinnor parish records.

³ *Medical Advisor to the Elementary Sub-Committee Medical Officers Reports, 1908-1921*. Oxford History Centre, Cowley, CC1/12/A9/1.

⁴ Ashby, *Rural Education*, p. 128.

doctors noted that where there was a low level of health it was due to poor housing stock and overcrowding and also commented on the fouling of the water wells in the absence of mains water. As a result of this poor sanitation, many of the children were reported to present at school in a very dirty state.

Following the *Education (Administrative Provisions) Act, 1907*, all school children were inspected on a regular basis by the medical officers of health.⁵ Among the physical disabilities noted in Oxfordshire were: bad teeth, defective vision, enlarged tonsils and adenoids, bone diseases (rickets?) structural deformities, skin conditions, nervous diseases, stunted physique and weakness in brain power.⁶ This finding was in contrast to the records of military entrants from the public schools at Sandhurst, such as Eton, Wellington and Haileybury.⁷ In 1900 this was demonstrated by the national differential in height between the upper class 15 year olds and working class 15 year olds which was as much as 5 inches. Part of this ill health could be linked to the agricultural economy which required children to work for long hours after school and during the holidays. Some of the poverty was attributed to excessive drinking (at this time Chinnor had no less than 8 pubs for a population of 973). Data from the *Medical Officer of Health's Reports, 1908-1915*, to the Education Committee gave some background information of the key issues addressed. The report for the year 1908 stated that the number of children who were medically inspected was 2,424 boys, 2,745 girls and 2,661 infants. Of these, 61.3% were found to enjoy good nutrition, 33.8% exhibited nutrition which was considered 'normal' and 5.2% 'below normal' and 0.5% were considered in a bad state of nutrition.⁸

Questions relating to the accuracy of death certificates had been the subject of debate from the 1950s and has continued into the 1990s. In the period under research, the lack

⁵ Chinnor children were examined by Dr. Summerhays in October 1908, April 1910 and November 1910 and dental examination in February 1909. *NSLB* p 262, 292, 299, 268.

⁶ Ashby, *Rural Education*, p. 133.

⁷ R., Floud, *Height, Health*, p. 175.

⁸ *MoH Reports, 1908-1921*.

of sophisticated diagnostics which are available today could result in a margin of error and reflected the prevailing medical knowledge at the time.⁹ However, based on the information on the available death certificates, Appendix A has been compiled, and appears to indicate a weighting towards chest infections as a primary or ultimate cause of death. When asked, interviewees expressed a general lack of knowledge regarding causes of death. A frequent comment was that 'it just happened' and was 'part of nature'.

Michael Drake has offered a check list to help verify the value of the statistical robustness of parochial data which required the Parish register to have a total of 100 entries per year and, if not, he suggested amalgamating registers of adjoining parishes. However, if there were less than 100 entries, was this due to any obvious gaps in the registers?¹⁰ Barry Reay suggested that combining registers may mask some local variations.¹¹ Analysis of Chinnor parish register indicated that it did record less than 100 entries per year but, consistency of recorded numbers would suggest that under registration might not be an issue.¹² Although statistically Chinnor would appear to fall at the first hurdle, since this is a microhistory, using additional registers could negate the results. The raw numbers for Chinnor were small but it will be shown to what extent they reflected the national figures. A further note on the reliability of parish records was that after 1800, Church of England records estimated that 30% of baptisms did not appear in the baptism register. One reason for this, it has been suggested, was that the gap between birth and baptism extending and raising the possibility of the infant dying before being baptised.¹³ More complete was the marriage register. Although under the *Marriage Act, 1836*, civil

⁹ Accuracy of Death Certificates, *BMJ*, 2, 5109 December, 6 (1958), 1399-1400. Andrew Diehl, and Donald Gau, 'Death Certification by British Doctors: a demographic analysis', *Journal of Epidemiology and Community Health*, 36, 2 June, (1982), 146-149. W. Dana Flanders, 'Inaccuracies of Death Certificate Information', *Epidemiology*, 3, 1, January, (1992), 3-5

¹⁰ Michael Drake, (ed) *Population Studies from Parish Registers*, introduction (Derby, 1982).

¹¹ Reay, *Microhistories*, p. 72.

¹² Of historical interest the Parish records for 1665 do not record any substantial increase in burials from the former and immediately following years nor do the figures for 1918.

¹³ Michael Drake and Ruth Finnegan, *Studying Family and Community History vol. 4 Sources and Methods: a handbook* (Cambridge, 1994), p. 72.

marriages had been re-introduced, residents of Chinnor would have had to travel to Thame to access the nearest Justice of the Peace although traditionally marriages in Chinnor were very much a village affair. One statistical trend which was suggested by Michael Drake was the seasonality of marriages noting the influence of seasonal work, for example, lambing (March and April) and harvesting (August and September), local customs and ecclesiastical constraints.¹⁴ An analysis of marriages in Chinnor from 1900-1939, a period of relative stability prior to the upheaval of war time, did not indicate a consistent pattern, the highest number of marriages varying between eight in March one decade and two in March a decade later. The highest number in October was nine in one decade and two in another. In spite of the threat of war in 1914 only three marriages were conducted, with seven in 1919. During the 1920s and 1930s the average number per year was eight or nine. As noted in the introduction, Chinnor village lies within two parishes, parochial and civil, and research was primarily concerned with the village itself. Quantitative data was obtained from the Chinnor parish register. However, Chinnor is not an isolated community and due to population movement, what Reay refers to as 'dynamic localism', as well as social interaction at local festivals and school attendance, qualitative data has been obtained from residents from the surrounding two mile radius to include the villages of Stokenchurch, and the hamlets of: Emmington, Crowell, Kingston Blount, Aston Rowant, Kingston Stert and Sydenham.¹⁵

Based on the decennial census 1891-1951 (to provide a lead into the period under review to 1951 due to the absence of a census in 1941) it was seen that in specific years more than half of those dying were over the national average of age at death, and that there was only one infant and one child death. An analysis of life statistics from Chinnor parish records 1895-1951, indicated, from a fairly stable population, that the number of burials per year was between 10-20 averaging out at 15-16. In 1922 there was a sharp increase in burials to 27, with 11 in the 70-79 bracket, 6 in the 80-89, one over 90 and one infant of

¹⁴ Drake, *Population*, pp. 15-17.

¹⁵ Reay, *Population Studies*, p. 258.

nine months. The rest of the recorded deaths were in the middle age range. Burials were distributed throughout the year with no marked seasonal variations. The weather during 1922 was colder than usual, the temperature not rising above 19.9° C or 68° F during the summer months, with 130mm of rain in August. However, 1907 and 1910 were even cooler with only 13 deaths in each year. However, the death rate for 1922 did mirror the national death rate for influenza which, in 1922, was 563 per million. 1922 was the highest death rate since the Spanish flu of 1919 and subsequent years, until 1927, when there were 21 deaths in Chinnor.¹⁶

As Nicola Verdon has said rural workers 'began work at an early age and worked into old age.'¹⁷ From 1895 there were always one or two people in Chinnor living into their 80s and in 1895 there were five. From 1904, numbers started to appear in the 90s section averaging 1 or 2 per year. From 1895 the infant (aged less than 1 year) burial rate was 1 to 2 per year with 4 in 1899 and in many years no burials were recorded at all. This did not mean that there were no infant deaths which will be made clear later in the chapter. Interviews with siblings Derek Nixey and Avice Hulbert reported parents and grandparents who lived well into their 80s.¹⁸ The examination of Chinnor burial records indicated a population of long-lived individuals. This did not, however, necessarily mean a life free of pain and illness. Reay notes the long-life expectancy of the agricultural worker. However, he suggested that this may be an over optimistic interpretation since the farm worker's quality of life, due to the environmental conditions, could be poor. They worked long hours (averaging 50 hours a week, often longer during harvest) in all weathers, from extreme cold in winter to hot summers, exposed as they were to sun and rain as well as environmental hazards such as breathing in dust and mouldy grain.¹⁹ As Mingay confirmed, long lived farm workers might reach a great age but were seldom hale and

¹⁶ Data from the Oxford Weather Centre, W. Martin, 'Recent Changes in the Death Rate from Influenza' *BMJ*, 4 February, (1950), 267.

¹⁷ Verdon, *Working the Land*, p. 5.

¹⁸ Derek Nixey, interviewed 24/1/17 and Avice Hulbert, interviewed 30/1/17.

¹⁹ Reay, *Microhistories*, p. 70.

hearty, many suffered from rheumatism, which affected both men and women as well as younger workers in their 20s.²⁰ Nicola Verdon's review of women's farm work noted that, not only was working alongside the men on the land hard work in addition to their domestic duties, but the traditional female work within the dairy was also very hard, with long hours, heavy manual labour and the danger of working with cattle at close quarters.²¹ Daphne White reported that all her family suffered from rheumatism which she attributed to such working conditions and at the time of interview she reported that most of them had had joint replacement treatment. She also mentioned that her father died of 'chest problems' after a life of working loading lorries at the cement works as well as working in other industries.²²

Environment and health

The effects of climate on mortality and morbidity, either, through direct effects, or through disease distribution, has long been noted and recorded.²³ A very simple review of the climate change in Britain over the period under research showed that it was cool and dry at the turn of the century, warm and wet in the middle, 1911-1920, and then cool and dry again. The 1940s was the warmest decade whilst the 20-year span, from 1933-1952, was the warmest continuous span in the last 300 years. The wettest decade was the 1930s. Data from Oxford indicates that 1932 had two months with over a hundred mm of rain, 1935 had 3, and 1939 had four months. The coldest temperature from Oxford was -5.3 in February 1895.²⁴

²⁰ Mingay, *Social history*, p. 86. The longevity of farm workers had been remarked on by Charles Booth and W. Armstrong noted from his statistics that the farm labourer was among the most long lived of all workers. W. Armstrong, in G. Mingay (ed) *Agrarian History of England and Wales, 1750-1850* (Cambridge, 1989), p. 815.

²¹ Verdon, *Working the Land*, pp.67-68.

²² Daphne White, interviewed 27/1/17.

²³ F. Ballester, and others, Weather, 'Climate and Public Health', *Journal of Epidemiology*, (2003), 9, see also P. Epstein, 'Climate Change and Infectious Disease: stormy weather ahead?', *Epidemiology*, (2002), 13, 373-5. See also G. Melvyn Howe, *Man Environment and Disease* (Middlesex, 1972).

²⁴ Simmons, *Environmental History*, p. 194.

Recent research investigated the relationship between house temperature and excess winter mortality. The data for the study was obtained during the influenza epidemic of 1989/90. The researchers' conclusions, which are relevant for this thesis, was that there was a strong inverse association between the temperature and the mortality rate. In the present day the absence of central heating was noted to be associated with excess winter mortality. This supported previous association between seasonal temperature and excess winter mortality with low living room temperatures. Initially, this increase in excess mortality caused by exposure to cold, had an important and direct effect on mortality and was only partly explained by influenza. There appeared to be a narrow comfort zone for humans, with mortality rates lower when the temperature was between 15-25c and mortality rates increased as the temperature became warmer or colder. The effects of extreme temperatures differed with the effect of extremes of heat being felt during the first few days, whilst the effect of cold was more prolonged over several weeks. It had been noted it was the extremes of temperature which were significant.²⁵

The *Rural Education Report, 1923* reported on housing conditions that did not appear to have changed appreciably since Victorian times and, in fact, housing conditions in Chinnor continued to remain poor until after the Second World War.²⁶ Pamela Horn noted that sanitary arrangements and rural living conditions were universally very poor with overcrowding and poorly ventilated homes, whilst Alun Howkins reflected on the images of 'cottages' in the interwar years with 'roses round the door' which bore no relation to the realities of rural housing conditions.^{27 28} This was reiterated by his quotation from an Oxfordshire woman in 1925 who reports 'the bedrooms were very cold, very cold upstairs were two bedrooms one you had to go through to get to the other one.'

²⁵ P. Aylin, and others, 'Temperature, housing, deprivation and their relationship to excess winter mortality in Great Britain, 1986-1996', *International Journal of Epidemiology*, 30, (2001), 1100-1108.

²⁶ Ashby, *Rural Education*, p. 104.

²⁷ Horn, *Labouring Life*, p. 21.

²⁸ Alun Howkins, *The Death of Rural England* (London, 2003), p. 87.

²⁹ Chinnor at the turn of the century, had a total number of 280 houses sheltering a population of 1,200. Photographs of the time depicted small, picturesque, cottages which were reported to have coal fire heating, no sanitation, and serious overcrowding with poor ventilation, conditions favourable to the spread of droplet infection.³⁰

Howdon-Chapman has reviewed housing standards, and their relationship with health, although set in a modern context, shows that many of the issues can be examined in the context of pre-war Chinnor and its impact on the occupants' health. For example, the structure and design as well as the building materials used. Internal conditions which would be detrimental included damp, mould and fungus, cold and indoor contaminants such as coal and tobacco smoke, all exacerbated by poor ventilation as well as overcrowding.³¹

Recurrent fires in Chinnor due to open fires and thatched roofs has given rise to a variety of dwellings. From 1880-1929 fires had destroyed a row of thatched cottages and three parts of an old farmhouse in Bledlow Road. The old Royal Oak public house, the Old Bake House near the pond in the high street were destroyed; in July 1932 the Black Boy Inn; and on Whit-Monday 1939, a big thatched barn opposite the pond in the High Street.³² Local houses were built depending on the building materials to hand and in Chinnor this led to roofs being mostly thatched or constructed of Welsh slate. Typical of the area were houses of timber frames, originally wattle and daub, now brick, or brick and flint, or wychert houses made of a mixture of clay, chalk and pebbles, earth and straw.³³ To give a flavour of this variety two homes are described. The oldest cottage is Cromwell Cottage in the High street, which dates from the civil war. Originally thatched, it boasts a

²⁹ Howkins, *Death*, p. 87. See also Mary Darmody, *Duck Square.* in *Chinnor Roundabout*, April, May, June and September, (1985).

³⁰ *Chinnor in Camera*, p. 47, Mabel Howlett, *Jottings*.

³¹ P. Howden-Chapman, 'Housing Standards: a glossary of housing and health', *Journal of Epidemiology Community Health*, 58, (2004), 162-168.

³² *WI History of Chinnor*.

³³ *WI History*.

priest's hole, a child's bone in an alcove and an outhouse in which a consumptive lived. In 1950 a conveyance clause instructed that access was to be allowed to the well water for neighbouring dwellers. In an article printed in an unnamed magazine between 1926-1930, the author noted that the cottage had electric light, electricity having come to the village 'a few weeks ago.'³⁴ The second house in Mill Lane was built in 1920. It was a three-bedroom house with reception dining room and lounge and boasted an inside, non-flushing, lavatory but was again dependent on a well for water.

Under the *Rural Workers Housing Act, 1926* (Financial Provisions) County Councils were enabled to give grants for improving existing properties for rural workers. However, it was not known how far this was utilised nationally.³⁵ Some council houses were built in Chinnor during the 1920s in Station Road and in Lime Grove where, in both cases, no indoor plumbing or sanitation was provided. Mabel Howlett remembered the wells being dug in Lime Grove and the WI minutes reported concern about the cleanliness of the wells in Station Road which is referred to elsewhere in the thesis. There was some improvement in housing in the inter-war period due to government grants but this was limited. Part of the problem was the deterioration of the existing housing stock. When Mabel Howlett was first married, she and her husband lived in a cottage which went back to the 1600s and although the landlord tried to get it modernised, he 'could not get the plans passed.'³⁶ Sewage and piped water were not installed in Chinnor until 1952, until then every house or row of houses had its own well. Wells were particularly susceptible to environmental pollution due to seepage from manure heaps or cesspits whilst rainwater contains small quantities of dissolved atmospheric gases particularly for oxygen

³⁴ I am indebted to the current owner, Lyn Lloyd, for making a photo copy of this article available to me and for a copy of the HM Land Registry, September 1993, providing access details to the well.

³⁵ *Rural Workers Housing Act, (1926)* p. 87

³⁶ Mabel Howlett, *Jottings*.

and weak acid form carbon dioxide.³⁷ John Neighbour recalled that 'night soil' from the privy would be discarded in the garden often within 12 or so feet from the well.³⁸

Cyril Gibbs who was one of three brothers and four sisters, remembered sleeping two to a bed. Chinnor residents would not have had any modern protection against the weather but damp, poorly heated, cottages.³⁹ In a series of articles in the *Chinnor Roundabout*, a predecessor of the *Chinnor Pump*, Mary Darmody described her childhood in the 1930s and 40s living in a cottage in Duck Square. She recalled that the cottages were a very simple thatched lathe and plaster dwellings standing around three sides of the Square. They had no electricity and no sanitation but just a well in the middle of the square and the water was freezing cold. Meals were cooked over an open fire or the adjoining oven. The fire in the cottage had to be kept going all year as it was the only means of cooking and heating water but in spite of this often in winter, they had to keep their coats on to keep warm due to the wind blowing down the wide chimney. Although the main room was warm there was no heating in any other part of the house and she described going to bed as 'agony'. She shared a bed and a hot water bottle with her sister to keep warm and if really cold went to bed clothed in cardigans and socks with her father's 'Home Guard' coat over the bed as well.⁴⁰ Most houses were heated with open fires although some, but by no means all, had a type of cooker called a 'Kitchener' which was a range cooker, a prototype of the aga. The open coal fires would have resulted in a polluted atmosphere leading to upper airway irritation and an exacerbation of chest infections. Mary Darmody recalled that the amount of coal and wood needed to keep the fire going was incredible. Coal was delivered by Mr. Fortnum by horse and cart, the horse knowing his round and stopping at the right houses as required.⁴¹

³⁷ G. Howe, *Man Environment and Disease in Britain: a medical geography through the ages* (Middlesex, 1972), p. 52.

³⁸ Neighbour, interviewed, 20/2/17.

³⁹ Gibbs, 2/2/17.

⁴⁰ Mary Darmody, 'Duck Square' in *Chinnor Roundabout* 6th September (1985), pages not numbered.

⁴¹ Darmody, *Duck Square*, 6th September (1985).

Mabel Howlett remembered that in the 1940s and 50s council houses were being built as the existing houses were deemed unfit for children. Her own cottage did not have a bathroom until the 1970s and she reported that until 1952 she had no drains to her cottage and that she had an earth toilet; she also drew water from the well for washing and cooking. Someone had once asked her how many buckets of water she drew from the well on washday. The next wash day she counted them and it was 30.⁴² However, in engaging in the makeshift economy discussed in the introduction, the inhabitants of Chinnor had rights of common in certain or perhaps all the woods on the hills surrounding Chinnor. These rights were still in existence during the period under review. In a court of 1717 orders were laid down that 'no one was to cut down or take away our common wood or hillwork belonging to Chinnor' except to be for repairing the highways of Chinnor'. In 1777 the Reverend Musgrove instructed his tenant to remember that 'the hillock is common to all and any person may cut wood therein but it is chiefly understood to belong to the poor'.⁴³ According to Mabel Howlett this privilege is still in force and had recently been exercised by her son in law. It is suggested that this statute may have gone some way to mitigate the threat of fuel poverty in Chinnor.

It took so long for Chinnor to receive mains water that a question was asked in the House of Commons by Sir G. Fox to the Minister of Health as to when the water supply to Chinnor would be available.⁴⁴ However, the then Minister, Mr. Bevan, was unable to say when a piped supply would be installed. This statement is slightly misleading. The question of a mains water supply to Chinnor had exercised the Parish Council since 1923 when the Ministry of Health requested a representative from Chinnor to decide if Chinnor's objection to the laying on of water by the Monks and Risborough Water Company be overruled. (No reason was given as to why Chinnor Parish Council objected to the proposal.) In April 1926 the Women's Institute tabled a motion expressing their

⁴² Howlett, *Jottings*.

⁴³ *Victoria County History*, pp. 55-80.

⁴⁴ HANSARD, February 1947 written answers (commons) PUBLIC HEALTH Water Supply, Chinnor HC Deb 06 February 1947 vol 432 cc380-1W.

concerns about the safety of water from the wells for the new council houses, the wells being contaminated by builders' dirty buckets.⁴⁵ However, in 1930 the Council decided that the existing water supply (via the village wells) was good and a new (piped) supply was not needed.⁴⁶ However, Jim Rose recalled that lack of water was a problem in a dry year and remembered his wife fetching water for his cows from Chinnor spring half a mile from the farm buildings, bringing the water back, and filling the storage tank, which was a backbreaking job.⁴⁷

The issue of mains water continued to be debated throughout the 1930s. In December 1933 the Chinnor WI sent a resolution to the Oxfordshire Federation of Women's Institutes annual meeting that there should be good water supplies in all villages. This resolution was adopted.⁴⁸ This action reflects the national campaign conducted by the National Federation of Women's Institutes, from its inception through to the 1940s, to improve the standard of rural housing and sanitation. This included a clean water supply and other welfare measures, as indicated by the WI members.⁴⁹ In November 1934, the council rejected a proposed water supply scheme as inadequate, as it would only supply part of the Parish, and would be very costly (prices not indicated in the minutes).⁵⁰ In 1938 the offer of a mains supply of water was again refused by the Council in spite of it being advocated by residents.⁵¹ However, by 1944 an outline for a new water scheme for the village was discussed.⁵² The conditions in Chinnor were echoed in the *Education Report, 1923*, which reported that few villages had an adequate water supply, a number

⁴⁵ *WI Minutes*, April 1926.

⁴⁶ *CPC minutes, 1922-1945*.

⁴⁷ Rose, *Jim*, p. 13.

⁴⁸ *WI Minutes*, December, 1933.

⁴⁹ For an account of the of the welfare measures and reforms implemented by the WI see. Maggie Andrews, *The Acceptable Face of Feminism*, (London, 1997) p. 79-99

⁵⁰ *WI Minutes*, November, 1934.

⁵¹ *WI Minutes*, September, 1938.

⁵² *WI Minutes*, July, 1944.

of people having to rely on rain water or by means of wells, which were often shallow and very likely to be polluted, resulting in the ever present menace of cholera.⁵³

In 1944 an article was published in the WI magazine *Home and Country* pointing out that now (1944) a plentiful supply of pure water has become a necessity for modern living, and since the danger of water from a polluted well and the time spent collecting water as wasted time.⁵⁴ There was also an article on 'Managing an earth closet' detailing the equipment needed, for example, two buckets, one for urine and one for 'night soil.' These should not be mixed to avoid 'unpleasantness.' Other requirements included: dry earth, a plot of land 10 square yards and vegetable matter.⁵⁵ Over the years the magazine, featured a number of advertisements for indoor sanitation, a range of automatic, flushing toilets which could be used without mains water or sewage disposal. For example, in 1930 the Building and Domestic Supply Company produced an Elsan indoor chemical toilet which offered 'rural sanitary comfort with the comfort and refinements of city sanitation' for £3 18s 6d. Another advertisement in 1944 by Destrol offered an 'age-old sanitation problem solved' 'A boon to the country dweller' priced at £19 16s. with easy terms available.⁵⁶ The text accompanying a picture of Herbie Turner's shop, which was the nearest in Chinnor to a supermarket because of the range of goods it sold, indicated that 'lavatory buckets' were on sale there.⁵⁷ In an interview in 1990, Joyce Pearson recalled that 'eventually' her family got an indoor Elsan although no date was given.⁵⁸

⁵³ *Rural Education*, p. 105, see also Hardy, *Health and Medicine*, p. 33.

⁵⁴ E. Dixon Grubb, 'Water, Water, Everywhere' (1944) *For Home and Country Compilation, 1919-1959* (London, 1990), p. 17.

⁵⁵ Cecil Batchelor, 'Managing an Earth Closet' (1936) in *For Home and Country Compilation, 1919-1959* (London, 1990), p. 36.

⁵⁶ Advertisement (1930) for 'Rural Sanitary Comfort' Building and Domestic Supply Co. *Home and Country* p.35. and advertisement (1944) for 'Destrol' automatic emptying toilet 'Age-old sanitation problem solved'. *Home and Country*, p. 37.

⁵⁷ *Chinnor in Camera*, p.29.

⁵⁸ Joyce Pearson born 1914, interview recorded 1990. Oxford History Centre, Cowley, OXOHA/ OT 424.

A frequent result of contaminated water and poor sanitation was diarrhoea which killed many thousands of babies every year. However, a review of the death certificates of Chinnor residents aged 0-40 years between 1894-1941 indicated very few deaths due to diarrhoea, a total of five, the most cases, three, being in July and August 1899. (peak period for enteric illnesses). Appendix A. In 1895, seven year old Mercy Burton died of exhaustion following gastro enteritis, the next fatality not occurring until 1904. Of course, this does not mean there were no other cases and the list of death certificates was not complete as some were not retrievable from the Records Office. Also, it was not a notifiable disease, possibly because the condition was regarded as inevitable.

In rural areas which were dependent on animals such as cattle, sheep and horses, the problem of disposing of animal waste, particularly in the summer months with the swarms of flies providing a vector linking humans to the bacteria on animal and human waste, was an urgent necessity. In addition to this was the removal of human waste and domestic refuse. This need became urgent during the 1920s and 1930s due to the changes in food provision including tinned food, resulting in an explosion of non-combustible packaging.⁵⁹ Thame Rural District had public systems of drainage for parts of Chinnor but no public system of 'scavenging' meaning, refuse collection. In 1930 the Women's Institute sent a letter to the Parish Council requesting the inauguration of a refuse collection which they followed up in 1931.⁶⁰ The Council decided to hold the issue over for more information.⁶¹ In April 1931 a letter was sent to the District Council requesting a district collection of rubbish.⁶² In June 1931 the District Council stated that it was prepared to start a rubbish collection in Chinnor and the surrounding areas if all parties were in agreement.⁶³ The WI kept up the pressure on Council during 1933 and it

⁵⁹ 'Further back in Time for Dinner', BBC episode 6, broadcast 14/2/17.

⁶⁰ *WI Minutes*, March 1930 and January, 1930.

⁶¹ *CPC Minutes*, January, 1931.

⁶² *CPC Minutes.*, April, 1931.

⁶³ *CPC Minutes*, June, 1931.

was still being discussed in Council in 1934.⁶⁴ There is a slight anomaly between the two sets of records; the Chinnor WI in October 1933 reported the inauguration of a rubbish collection which was met with great enthusiasm by the members although no further details are reported.⁶⁵ In September 1944, a fortnightly collection of rubbish was requested.⁶⁶

The problems of maintaining a level of hygiene with a poor water supply meant that head lice were a perennial problem. In December 1910, orders for compulsory cleansing were issued for 88 children in Oxfordshire, 10 boys and 78 girls. Three of the girls were from Chinnor.⁶⁷ In January 1911, two children were excluded from school for ringworm and one for impetigo and three girls were compulsory cleaned in Chinnor. The Medical Officer of Health for Oxfordshire commented on the prevalence of ringworm and hoped that the introduction of nurses to schools, which would start that year (1911), would remedy this.⁶⁸ In January 1915, 138 children in Chinnor were examined and 48 were described as 'dirty'. In 1919, 339 children were excluded from schools in Oxfordshire for verminous conditions.⁶⁹ Parents of children found to be verminous were given a green card, and if still verminous after a week, a red card was sent to the parents and the child excluded for a week. If, after this, the child was still verminous, the names were sent to the School Medical Officer and the children sent to doctors in a closed conveyance. The instructions which were issued to parents for cleaning their children's heads were as follows: 'Two pennyworth of carbolic oil, rub onto head and hair. Cover with handkerchief and leave all night. Paraffin can be used as a substitute. In the morning wash with soap and water then sponge with vinegar and comb through. Repeat for a week'. Bearing in mind that a mother may have five or more children to attend to, no running water and limited means

⁶⁴ *CPC*, 1933, January, 1934.

⁶⁵ *WI Minutes*, October, 1933.

⁶⁶ *CPC*, September 1944.

⁶⁷ *Schools Medical Officers Reports*, April 1908-July 1915, Oxford History Centre, CC1/12/A9/1.

⁶⁸ *MoH Reports*.

⁶⁹ *MoH Reports*.

of heating the water, and with children sleeping in close proximity to each other, it was not surprising that prevention and treatment were rarely effective.⁷⁰

Examining the burial records of Chinnor in conjunction with historical meteorological data from the Oxford Radcliffe weather station (the nearest current weather station to Chinnor is High Wycombe but this was not installed until 1995), showed that in 1895 there was an extensive influenza epidemic reported nationally, with 23 people in Chinnor dying. One child, age nine, died of pleurisy pneumonia, which might have been as a consequence of the influenza. Although pandemics can occur at any time, under normal circumstances, influenza needs a fairly low temperature 1895 was a cool, wet, year the monthly mean minimum temperature was in January, -1.8°C and -5.3°C degrees in February. This made it the coldest period covered by the data obtained 1890-1940. However, it is the ultimate extremes of temperature which are important rather than the mean.

Two other peaks in the mortality rate occurred in 1899, with 18 deaths and 4 infants and a child of 16 months. The infants died in July and August, a very warm summer with a monthly mean maximum temperature of 24.9°C in August. 1903 saw 20 deaths, 2 were infants and 2 children aged two years. It was very wet with 913.8 mm of rain, predominantly in May, June, and October, with a monthly mean maximum temperature in July of 20.7°C . In 1922 there were 27 deaths from a population of 973 of which 18 were over the age of 70. Lower than average summer temperatures, the monthly maximum temperature being 19.9°C for June, 18.5°C July and 18.1°C for August the deaths occurring throughout the year.

As an agricultural community the weather played a significant role in the affairs of the village, not only in terms of sowing, lambing and harvesting, but also on the social, educational and spiritual life as well as access to medical help when necessary.⁷¹

⁷⁰ See Mary Darmody and Cyril Gibbs sleeping arrangements and *Rural Health*, p. 104.

⁷¹ See footnote 163 chapter 2, Dr. H. Lupton visiting physician.

Photographs of Chinnor at the turn of the century show, unmade, dirt roads which in the event of even mild precipitation, would be turned into a quagmire.⁷² An example of this was quoted in the *Chinnor Chronicle* 1976 when Mary Howlett recounted how, when the roads were impassable, her grandfather who lived upon Chinnor Hill, would throw a sack of barley over his horses' backs and ride for miles round the fields to find a way down to Chinnor windmill so that the animals could be fed.⁷³

Records of attendance and accompanying weather reports featured repeatedly throughout the school logbooks. Occasionally, so few children attended due to bad weather that the school was closed.⁷⁴ Comments on the weather also featured prominently in the *Rector's Record of Services*. On December 11th 1904, he records 'rough weather' and in 1911, services were cancelled due to 'deep snow.' It is not possible to ascertain exactly to what extent this affected church attendance since he only recorded the number of communicants at his 8 am service of Holy Communion and, in bad weather, this early service was frequently cancelled. It is understandable why the school would be closed as the children came from outlying hamlets and villages, but the church of St. Andrew's was less than half a mile from the village boundary.⁷⁵

Chinnor cement works

One environmental cause of ill health in Chinnor and which had wide ranging potential for harm was Chinnor Cement Works. Cement is made in various forms with limestone, chalk combined with slate, silica sand, and iron ore. Of these substances, silica is now known to be a human carcinogen liable to cause lung cancer, silicosis, congestive obstructive pulmonary disease (COPD) and other lung conditions, only identified as such by the

⁷² *Chinnor in Camera* for example, pp 8, 19, 63.

⁷³ Mary Howlett, 'Chinnor 50 Years Ago' *Chinnor Chronicle*, 13 January, 1976.

⁷⁴ *National School Log Book* May 2nd 1900, 'Very low attendances owing to rain'. February 14, 1900 'On account of deep snow the school was closed for the day'.

⁷⁵ St. Andrew's, *Register of Services*.

World Health Organisation International Agency in Cancer Research in 1996.^{76 77}

George Rosen noted that even in the early years of the nineteenth century papers were already emerging on the subject of miners' diseases.⁷⁸

In 1908 Mr. William Benton founded a small business to manufacture lime on the southern edge of Chinnor. In 1919 he added a small cement plant which, by 1936, had grown into the Chinnor Cement and Lime Company which continued to operate, latterly as Rugby cement, until it closed in 1989. Unfortunately, the manufacture of cement involves an environmental impact at every stage of the process including airborne pollution in the form of dust and gases including silica. Before the advent of government controls, workers were exposed to the full force of the silica dust and anyone in the village could have been affected by the fallout, the prevailing wind being south westerly. Although nationally there was a decrease in mining mortality by 1905, this was as a result of improved working conditions but did not address the issue of miners' diseases. It was not until the *Compensation Act, 1906* was passed that occupational diseases were included in the *Workman's Compensation Act, 1897* which formally, only covered accidents.⁷⁹ It had long been recognized that miners suffered from many pulmonary disorders and the aetiology of lung disease was much debated during the nineteenth century, for example, whether tuberculosis was caused by lung tissue damage due to dust irritation.⁸⁰

⁷⁶ www.who.int/ipcs/publications/cicad/en/cicad.24.pdf

⁷⁷ IARC (1997) 'Silica, some silicates, coal dust and para-aramid fibrils.' Lyon International Agency for Research on Cancer p1-242 (*IARC Monographs on the Evaluation of Carcinogenic Risks to Humans* vol. 68).

⁷⁸ George Rosen, 'Morbidity and Mortality' in *The History of Miners Diseases* (New York, 1942), pp 189-243, see also Bernardino Ramazzini, 'Of the diseases of such as work in Lime and Fire' in *A Treatise of the Diseases of Tradesmen Shewing (sic) the Various Influence of Particular Trades upon the State of Health* (London, 1705) and of interest is Linda Bryder, 'Tuberculosis, Silicosis and the Slate Industry in North Wales', in Paul Weindling, (ed) *The Social History of Occupational Health* (Beckenham, 1985), pp 108-126, which is a similar type of open cast mining.

⁷⁹ Rosen, *Miners*, p. 457.

⁸⁰ Rosen, *Miners*, p. 189.

In December 1929, Chinnor Parish Council voted to send a letter to the District Council to complain about the smoke and bad smell from the works and asking that they (the DC) rectify the situation. In February 1934, a letter from the Chinnor residents about the continued nuisance from the cement works chimney prompted a further letter to Bullingdon District Council to address this issue again, and they also sent a letter to Mr. Benton regarding the actions Chinnor Council had taken. This was followed up in September 1934 when the council sent a letter regarding this continuing nuisance to the Ministry of Health, and in December 1934, it was minuted that the land and properties surrounding the works were frequently covered with a fine white powder.⁸¹ ⁸² Jim Rose recalled that he was always aware of the Cement Works. 'It would tell the time and give a weather forecast. Firstly from the twelve-o'clock hooter to check his watch and if the smoke from the chimney went straight up the village was in for a dry spell, if it blew down towards Emmington it would soon be raining'.⁸³ Although a new dust extractor was installed in 1963, which was an improvement, these problems from the cement works continued under discussion in the local paper into the 1970s.⁸⁴

The *Chinnor Chronicle* (published monthly) reported a personal account of a trip around the cement works in 1971 in which it was recounted, that the works chemists took samples from the slurry to ensure that it contained the correct amount of silica and calcium carbonate. The author of the article recalls that it was a 'dusty trip'.⁸⁵ To illustrate the ongoing problem a cartoon in the *Chinnor Chronicle* as late as 1971 depicts a cricketer challenging the umpire's decision, as he (the umpire), could not have seen the wicket due to the pollution emanating from the cement works chimneys in the

⁸¹ *CPC, minutes.*

⁸² *CPC, minutes.*, in addition, A.K., a Chinnor resident, recalls as late as the 1980s having to wipe thick white dust off the car before using it. Personal communication 13/5/17.

⁸³ Jim Rose, *Jim's Second Thoughts*, privately printed recollections of farming life, p. 15.

⁸⁴ Rose, *Second Thoughts*, p15.,

⁸⁵ *Chinnor Chronicle*, 'A Trip Round the Cement Works' (anon), 11 Oct. 1971.

background.⁸⁶ A series of editorials in the *Chinnor Chronicle* during April, June and July 1972, further commented and demanded a solution to the perennial dust and pollution from the works.⁸⁷ This was prompted by a letter in April 1973 from Don Mitchell, (a Chinnor resident) who referred to the nuisance created by the cement works. He pointed out that many pollutants, previously thought to be innocuous, were now categorized as toxic and urging for the promised electro-static filters to be installed immediately.⁸⁸ Jean Braginton, whose father-in-law worked at Chinnor Cement, recalled that men came down from the works with their faces white with cement dust.⁸⁹

To try to discover the effects of this pollution on the workers a search was made of the marriage register which gave the occupations of the bride's father and the groom. Those listed as cement workers were identified. This was cross-checked with the burial register and an examination of the death certificates of men known to have worked at the cement works was made, a list of workers at the cement works not being available. Two were recorded as having died of carcinoma lung and one who was certified as dying from bronchitis was known to have carcinoma lung.⁹⁰ However, as contaminates from the works were reported to be spread over the village, it may well have affected others. For example, one man, a farm shepherd from Oakley, had cancer of the face.⁹¹ The issue of the accuracy of death certificates is discussed later in the chapter.

John Neighbour recalled that his father told him that of 12 men who retired from the cement works in one year, only one was still alive a year later. Retirement age in 1925 was 65 years having been reduced from 70 in 1908. One other group of workers who

⁸⁶ *Chronicle*, 18 January, 1971.

⁸⁷ *Chronicle*, June, 5th 1972, June, 19th, 31 July, 1972.

⁸⁸ *Chronicle*, 23 April 1973.

⁸⁹ See for example. www.hse.gov.uk/pubns/guidance and www.hse.gov.uk/COSHH/essentials for current advice and guidance for workers using toxic chemicals. Jean Braginton, interviewed 7/3/17.

⁹⁰ Death certificate: Caleb Braginton, Edgar Rumbelow.

⁹¹ Death certificate, William Cooper.

could have been affected by the pollution were the German Prisoners of War who worked there after D-Day and the Italian Prisoners of War who worked on the land.⁹² Ironically, given the ill health and death rate to which the cement works may well have contributed, it brought money and jobs to the village.⁹³ Mabel Howlett commented that 'The cement works and the Bentons saved our village from dying on its feet, as did many other villages before the war.'⁹⁴

Two recorded accidents occurred at the Chinnor Cement works during the period under review 1908-1947. Cyril Gibbs remembered that his father suffered a serious head injury which resulted in him being unable to work with machinery again due to developing epilepsy as a result of his injury. No compensation was paid.⁹⁵ Mabel Howlett remembered her father having an accident at the cement works whilst trying to free a stuck belt which brought bags of cement down onto the lorries. Suddenly, the belt released itself and started moving again. The movement of the belt tore the muscles from the top of his right arm. Other workers were about to send for an ambulance when it was remembered that it was Dr. Cooper's day in the village and he was sent for, and, with the help of the first aid man, and using the canteen table as an operating table, Dr. Cooper sewed the muscles back into place.⁹⁶ It was not only the cement works which was the site of accidents.

Accidents

Most of the historiography of accidents centred on the definition and classification as well as the philosophical dimensions of what an accident actually was and how its concept, and therefore management, had changed with the development of new methods of

⁹² A 1946 report from the International Committee of the Red Cross, having inspected the Prisoner of War camp in Aylesbury gave no indication of respiratory problems among the prisoners. With thanks to the ICRC Geneva.

⁹³ Lucy Lacey, interviewed 1988 aged 92 and Jim Clark, interviewed 1987 by Mary Damody-Cadle and Pat Whelehan 1988.

⁹⁴ Howlett, *Memories of St. Andrew's*.

⁹⁵ Cyril Gibbs, interviewed, 2/2/17.

⁹⁶ *Cross Keys Surgery*, a memoir by Mabel Howlett, undated personal communication.

measuring probability and the concept of prevention. Thus, the historiography of accidents is bedeviled by the lack of an agreed definition of what an accident is, so a suggested definition and its etymology is discussed at length. Judith Green contended that what classified an accident was not their outcome but their cause, which was time and culture specific. She suggested that accidents were unmotivated, arbitrary, and not logical. She discussed the origin and classification of accidents and the philosophical background. She traced its history from a 'misfortune', to the concept of a rational cause and probability, to the preventable accident.⁹⁷

Karl Figlio placed his discourse in the context of employment and discussed the concept of liability, negligence, and implied contract.⁹⁸ Whilst Loimer suggested that the word accident has a rich philosophical pedigree and traced the origin of the word and the associated phrase 'act of God' to its historical contexts. From the 1400s the word conveyed a mixture of injury, property, loss, unexpected events, and unintended results and was used as it commonly is today. Loimer and Guamieri pointed out the political usage of the term emerged to camouflage mistakes and disguise negligence. They also discussed the legal and religious traditions in relation to causality.⁹⁹ Although unexpected events (accidents) could happen, the sequelae of damage and injury, however, could be mitigated.

The areas of accident prevention and mitigation were concentrated in industry within the scope of the factory acts such as the *Factory and Workshop Act, 1901*.¹⁰⁰ No mention

⁹⁷ Judith Green, 'Accidents: the remnants of a modern classification system', in Roger Cooter and Bill Luckin, (eds) *Accidents in History* (Atlanta, 1997), pp 35-58.

⁹⁸ Karl Figlio, What is an accident? in Paul Weindling (ed) *The Social History of Occupational Health* (London, 1985), pp. 180-206.

⁹⁹ Hermann Loimer and Michael Guamieri, 'Accidents and Acts of God: a history of the terms', *American Journal of Public Health*, 86, (1996), 101-106.

¹⁰⁰ The Act covered the rules for and provision of sanitation, ventilation, humidity in bake houses, laundries, docks and railways. The Act covered the fencing of machinery and that no child should clean under moving machinery. Accidents were to be reported to the factory inspector. No child under the age of 12 years was to be employed and those over the age of 12 were to be examined as medically fit. It did make an exception for children under 12

was made of agriculture, nor was it listed under dangerous trades which, in the Act, covered trades which were: dangerous and injurious to health or dangerous to life and limb and covered machinery, plant, process or description of manual labour deemed to be dangerous. Little changed under the *Employment of Women, Young Persons and Children Act, 1920* and no subsequent legislation covered agricultural employment until the *Agriculture (Safety, Health and Welfare) Provision Act, 1956* provided safeguards for agricultural workers and had ‘the power to prohibit children from driving or riding on agricultural machinery, vehicles or implements.’ The Act also required the notification and investigation of all accidents with inspectors able to enter premises to enforce the Act.¹⁰¹ With no prior government provision or system for inspection or the reporting of agricultural accidents, it was impossible to ascertain the morbidity of agricultural employment and, only if the accident resulted in death and the coroner notified, was any record available.

People who worked in rural areas were at great risk of being killed or permanently disabled as a result of an accident due to the lack of immediate medical help. In addition to the primary injuries, were the added risks of infection from contaminated soil, tetanus, pseudomonas (prolonged contact with contaminated water), and clostridium perfringens (gas gangrene) which could be a complication of the smallest injury. According to her death certificate and the Chinnor parish register of 1903, Emily Croxford aged 37, who was employed as a domestic and gardener, died in Aylesbury hospital from septicaemia following an injury to her hand which had become infected, leading to pyaemia (general blood poisoning).¹⁰² An advertisement for ‘Dettol’ in *Woman’s Own* 1936 stated that ‘Only a scratch. There is no such thing as a harmless cut’ and in 1938 a ‘Lifebuoy’ advertisement quoted a mother saying ‘even thirty years ago we knew we had to be careful about germs and dust. Use lifebuoy for cleaning, it is silly to take risks’.¹⁰³

years to be employed in an undertaking in which only members of the same family were employed. It is suggested that this might cover farms on which farmers’ children helped with the work.

¹⁰¹ www.legislation.gov.uk/ukpage/Elis2/4-5/49.

¹⁰² Death certificate, Emily Croxford.

¹⁰³ *Woman’s Own*, 7th November, (1936), 218, *Woman’s Own*, 28th May, (1938).

Even before farm mechanisation (early tractors appearing in 1900 and combine harvesters in 1938) there were the risks from more mundane, but still disabling injuries, such as ruptures, sprains, fractures and cuts made more severe by the isolation of the rural area. This was illustrated by Jim Rose when he described an accident to his girlfriend who was cycling with a dead rabbit hanging from the handle bars. The rabbit became caught in the front wheel of the bike, she fell off and broke her leg which then had to be amputated. This occurred circa 1930.¹⁰⁴ The agrarian historian, Mingay, described a dramatic list of possible misfortunes which could be visited upon agricultural workers including: being kicked by horses, falling under carriage wheels, trapping fingers in turnip slicers, and being crushed by overturning carts, falling trees and collapsing buildings. They frequently fell into ponds, rivers and down wells.¹⁰⁵ The total number of accidents which occurred in Chinnor was not recorded although an analysis of the entries in the admission book to Watlington hospital from Chinnor 1919 to 1945, included 24 accidents, of which, nine were fractures. Of those that have been documented the following appear to be representative as they relate to minor incidents, animal accidents and incidents resulting from poor domestic environments.

Among the most common causes of accidents and death, now, as in the inter war period, was the result of being injured by an animal.¹⁰⁶ These modern statistics highlight the much greater risk when a greater proportion of animals were used and to quote Roy Porter's phrase, when 'Roads were abominations and work was performed with unruly beasts of burden'.¹⁰⁷ This was illustrated in Chinnor in 1895 when the death certificate for

¹⁰⁴ Rose, *Jim*, p.23.

¹⁰⁵ Mingay, *English Countryside*, p. 71. See also, Nicola Verdon, *Working the Land: history of the farmworker in England from 1850 to the present day* (Basingstoke, 2017) p.73 for a list of farm related accidents from around the country.

¹⁰⁶ According to the *Farmers' Weekly* website in 2012, farming is still the most dangerous industry www.fwi.co.uk and the *Health and Safety Executive Report, November 2016*, reported 29 agricultural deaths three caused by animals (cattle) 2015/2016. Over a ten year period 16% of deaths were caused by animals.

¹⁰⁷ Roy Porter, 'Accidents in the eighteenth century', in Roger Cooter and Bill Luckin, (eds) *Accidents in History* (Atlanta, 1997), p. 91. See also reports on the state of Chinnor roads in chapter four.

13 year old Ernest Cooper showed his cause of death, recorded in Watlington hospital, as 'shock' following an accident when a team of shire horses bolted.¹⁰⁸ The horses were pulling a cart of manure in which the carter sat holding a plough, increasing the weight of the load substantially. Ernest was leading the team, riding on the first of three horses in tandem. Initially, it was not known what caused the horses to bolt but it seems that Ernest lost his hold and was thrown to the ground, the wheel of the cart passing over his hip and stomach, he also sustained serious head injuries. The accident inquest, which was reported in the *Thame Gazette* of the 3 April 1895, stated that the coroner returned a verdict of 'Accidental death' although from the *Gazette's* report some jurors wanted to add a rider to the verdict (the nature of this is not recorded) but was disallowed by the Coroner. A second account of the accident, reported in the *Reading Mercury* 6 April 1895, said Ernest had been ploughing with James Eustace who was employed by Mr. White and, on returning home, a high wind and a slight descent combined to force the cart forward and the shafts touched the middle horse causing it to bolt. All three horses subsequently bolted. It transpired that the carter had no reins and no britching (strap round the haunches of a draft horse which engages on a downward slope and enables the horse to slow down, and acts as a brake) on the thiller horse (the last horse on the team and the one between the shafts) to bring them under control. The jury condemned the driving of a team in this manner. Further examples indicate the lax approach to safety in relation to animals.¹⁰⁹

This mode of transport, riding on shire horses, seems to have been common. In an interview conducted by two Parish Councillors in the 1980s, Mr Jimmy Eustace, born 1906, recalled that he started work as a plough boy at aged 13 when he and his father worked for the same farming family involved in the previously cited accident. When he

¹⁰⁸ According to the extant legislation Ernest would have been old enough to be employed.

¹⁰⁹ Death Certificate, Ernest Cooper. *Thame Gazette* of the 3 April, (1895), *Reading Mercury* 6 April, (1895), Earnest Gomm of Chinnor was summoned for driving two horses and waggon without reins and was fined. *Henley and South Oxford Standard*, 13 November, (1908). In 1903 Henry Turner of Bledlow was summoned for not having reins to his horse and cart. There was no one leading the defendant's horse but another horse and cart was tied behind him and another man was in it who was in charge of both horses and carts. Although this had been the custom for many years one man being in charge of two carts was illegal. *Bucks Herald*, 22 August, (1903).

went to work ploughing, he 'rode the horse in front.'¹¹⁰ A second fatal accident was reported in the *Thame Gazette* on 29 October 1895 which involved a seven year old boy on his way home from school. The reported narrative is a little difficult to follow, but it would seem that he was riding on a shaft which linked a traction engine to a threshing machine and that he slipped off, under the wheels of the elevator and was immediately crushed to death.¹¹¹ Jim Rose recalls a near accident, when as a nine year old boy during the harvest, he was nearly crushed by an elevator when his clothes got caught in the gearing joints and he was slowly wound up into the gears. He was very crushed and bruised before the pony, powering the elevator, could be stopped by his father.¹¹² He goes on to say that in the 1920s farms were fairly safe, and certainly the next incident does demonstrate an acute awareness of potential dangers on the farms. It concerns the pitching of hay onto the hay cart and the precautions the men took with their forks which were discarded handle first. On this occasion the fork did not land flat on the ground but leaned against the hay wagon with the points upward. The farm worker slid down the hay rick straight onto the points with fatal results.¹¹³ Derek Nixey, however, claimed his farm had a very good accident record due, he felt, to the fact that they did not have much heavy machinery, but when questioned further in respect of animal injuries he dismissed them as 'par for the course'. 'Yes, of course people got kicked by cows but we didn't take any notice, it was what happened.'¹¹⁴ An eye injury to his father in the early 1940s caused by a piece of straw needed an overnight stay in the Radcliffe Infirmary.¹¹⁵

In her paper on agricultural labour and women's work Nicola Verdon reports that the nature of the work undertaken varied over time and region. In Northumberland, for

¹¹⁰ Jimmy Eustace, interviewed 1988 by Mary Darmody-Cadle and Pat Whelehan.

¹¹¹ *Thame Gazette*, 29 October, (1895).

¹¹² Rose, *Jim*, p. 26.

¹¹³ Rose, *Second Thoughts*, p. 24.

¹¹⁴ This attitude is also reported in the HSE report that not all accidents on farms are reported and that the incidence of injuries on farms was probably much higher. 1015/2016 Report.

¹¹⁵ Nixey, 27/1/17.

example, women undertook the same work as men but did not work with horses. Whether this was considered to be too dangerous is not clear. Bearing in mind that as children of the labouring classes in the countryside, Ernest and Jimmy, who were both 13 at the time and would have only stood at about 4' 8" in height, were working with shire horses standing 17.5 hands, and women had been described as 'active and energetic' 'strong and healthy', this might be seen as an unusual prohibition.¹¹⁶

Two, non-agricultural, domestic accidents were reported. In 1907 Amy Witney died in the Radcliffe Infirmary from 'absorbing the poisons of dead skin following accidental burns'. A report in the *Thame Gazette* 17 December 1907 indicates that Amy was left alone by her parents for a short time with another child and Amy began to play with the fire. Her dress ignited and the flames were fanned by her rushing out of the door. Flames were extinguished by a passer-by and she was attended by Doctor Bruce of Thame and removed to the Infirmary at Oxford. In the *Thame Gazette* dated the 24 December, the coroner's verdict was accidental death after evidence was given by the parents and Mrs Gibbs who put out the flames.¹¹⁷ Daphne White reported suffering a very bad scald when she was a child which her mother treated with olive oil. Mrs Seymour of St. Johns Ambulance Brigade was consulted but advised her mother to obtain help from the doctor who covered the scald area with tannex (tannic acid). No charge was made for this.¹¹⁸ The subject of doctor's fees and their possible relevance to home remedies has been discussed in chapter two.

¹¹⁶ Nicola Verdon, 'Agricultural Labour and the Contested Nature of Women's Work in Interwar England and Wales', *e Historical Journal*, 52, 1, (2009), 109-130, also, *Rural Women*, pp. 66, 130. See Roderick Floud, Kenneth Watcher and Annabel Gregory, *Height, Weight and History: nutritional status in the United Kingdom, 1750-1980* (Cambridge, 1990), p. 198. *Chinnor in Camera*, pp 37, 40 show the type and size of farm horses used in Chinnor. Working with horses is an interesting example of gendering. Horsemen were the pinnacle of the farm hierarchy and few women were involved although male apprenticeship could start at a young age.

¹¹⁷ *Thame Gazette*, 17 December, (1907), *Thame Gazette*, 24 December, (1907). Death Certificate, Amy Witney.

¹¹⁸ White, 27/1/17.

Childbirth

It was noted in chapter two that one of the biggest threats to health for women was childbirth, reported to be one of the most dangerous jobs including farming and seafaring.¹¹⁹ One method of mitigating this threat was the reduction and spacing of pregnancies by late marriage and early 'stopping', the cessation of childbirth before the end of the woman's fertility.¹²⁰ Jean Ginsberg has noted that the age of the menopause in western countries, was 50 years on average, and has had little apparent change over the last century.¹²¹ A number of population studies have been undertaken to ascertain the prevalence of spacing and early stopping.¹²² Jan Bavel has critically reviewed the methodologies for determining the ages of stopping and spacing behavior indicating that the methods are inadequate to distinguish between the two forms of fertility limitation.¹²³ Details from the Chinnor parish marriage register highlighted the trend as it occurred in Chinnor. An examination of the records 1900-1936 indicated the ages of women at first marriage. 1900-1909 was predominantly in the 20-25 age group the largest section being daughters of labourers and the second daughters of trade and craftsmen. The 26-29 age group displayed similar figures however the 31-35 age group included daughters of two labourers, one professional, one farmer, a tradesman and craftsman. In addition, there were three second marriages of widows aged 52, 67 and 49. Cross reference of these entries and the names on the Chinnor War Memorial suggest that none of these women were war widows.

¹¹⁹ N. Leap and B. Hunter, *The Midwives Tale*, p. 12.

¹²⁰ See 'Fertility' in Reay, *Microhistories*, pp. 39-68. A further examination of the experience and medical aspect of childbirth and contraception are developed in chapter 3.

¹²¹ Jean Ginsberg, 'What determines the age at the menopause?' *BMJ*, June 1, 302, 1288-9, (1991).

¹²² See for example, E., Clegg 'Starting, stopping and spacing in the reproductive histories of out Hebridean families', *Journal of Biosocial Science*, 33, (2001), A Choale and T. Tressell, 'Model fertility schedules: variations on the age structure of childbearing in human populations', *Population Studies* 40, (1974), Ewbank, D., 'Estimating birth spacing and stopping behaviour', *Demography*, 26, (1989).

¹²³ Jan Van Bavel, 'Detecting stopping and spacing behaviour in historical demography: a critical review of methods', *Population*, 1, 59 (2004).

Table 4. Ages of Women at First Marriage, Chinnor, 1900-1939.

<20	20-25	26-30	31-35	36-39	40+	50+
1900-1909						
2	20	10	6			
1910-1919						
3	18	14	4	3	1	
1920-1929						
3	27	11	7	3	3	3
1930-1939						
2	29	8		3	2	1

Source: Chinnor parish records.

Although the main tranche of those married were aged under 30 there were also a number of spinsters in their 40s and 50s who married for the first time, and there were seven widows who re-married, the oldest being 67 and the youngest 33.¹²⁴ To explore the possibilities of any indicators for early stopping in Chinnor, an analysis of the marriage and baptism records was conducted to ascertain any demonstrable links between the two in respect of baptised offspring. However, no such correlation could be elicited. There were inevitable gaps in the Chinnor register so the final numbers were not totally accurate because the age of the bride being omitted. Examination of the baptism records alone failed to yield any useful data as the child's mother's age was not recorded. In addition, there would be a number of confounding variables which would contribute to 'stopping' such as early widowhood, illness or desertion. The only indication of the possibility of early stopping was a comment by Mabel Howlett, repeated in chapter 5 in relation to contraception, was 'Well we just didn't have sex!'.¹²⁵

¹²⁴ The Chinnor War Memorial lists 31 men from Chinnor Parish who died in the Great War, www.iwm.org.uk/memorials/names/listing IWM (WMR-31356).

¹²⁵ Mabel Howlett, personal communication.

Infectious diseases

An analysis of the admissions to Watlington hospital from Chinnor 1919 to 1945, highlighted 63 cases of infections (including appendicitis) of which, 14 were due to abscesses. The death toll from infectious diseases is a significant factor in the health of the nation. In the years before the therapeutic revolution and in the first stages of the epidemiological transition, infections were a major cause of death and morbidity. See Appendix B and C. Different infections peak in each of the four seasons but for each pathogen, the timing and characteristic of the annual outbreak are generally consistent from year to year; however they could be altered slightly by climatic variations. Winter brought influenza, pneumonia and the rotavirus, whilst diphtheria peaked in autumn leaching into November and December with scarlet fever, also a disease of the winter months, rising in September peaking in October and decreasing in December. Spring brought measles and German measles along with their complications of pneumonia and encephalitis. Measles was, and still is, a very serious viral disease which peaks during March, April and May, whilst the summer months produced polio and the entero viruses such as typhoid, cholera and diarrhoea, the most common cause of death in children under five years. The roll call nationally and locally included: measles, whooping cough, chickenpox, scarlet fever, diphtheria and mumps, and these often required the child being excluded from school. A selection of childhood mortality figures 1911-1915, showed annual deaths nationally from tuberculosis as 46,459, diphtheria, 23,380 and measles, 48,986.¹²⁶

To set the scene, an examination of the *Medical Officers Report, 1908* for Oxfordshire indicated that: five children had diphtheria, one of whom died, 2 had whooping cough, 47 cases of enlarged thyroid, and 6 children were badly nourished. There were 144 cases of lung disease, of which 13, were tuberculosis. In 1911, for example, in Oxfordshire the number of children excluded from school due to disease were: measles 9,838, scarlet fever 2,699, chickenpox 1,470, whooping cough 1,015, mumps 801, enteric fevers 777,

¹²⁶ Muir Gray, *Disease*, p. 57.

diphtheria 609, impetigo 621, and ringworm 1,136.¹²⁷ An examination of the prevalence of notifiable diseases from Chinnor 1901-1947, Appendix B, shows that over this period there were a total of 88 cases of scarlet fever which can result in cardiac complications, as can oral bacteria from dental caries, causing acute bacterial endocarditis in healthy heart valves. There were a number of outbreaks of scarlet fever which resulted in the National School being closed on the orders of the Medical Officer of Health. The first recorded in 1912 with 5 cases and 1913 with 11 and another outbreak in 1929 with 15 cases.¹²⁸ Cyril Gibbs remembered being admitted to Wallingford Isolation hospital in 1937 when he had scarlet fever and being very miserable, as he was not allowed any visitors and had to stay in bed. A hospital admission for scarlet fever was also reported by Jean Braginton. In this case her mother, who was also suffering from the infection, was admitted as well, Jean was about three or four at the time so this would have been about 1939.¹²⁹

Between 1901 and 1947 there were 72 cases of measles and one death in Chinnor. Complications of this infection included: encephalitis, pneumonia, blindness and deafness. The biggest outbreak of whooping cough was 1947 with 11 cases and, over the period under review, (1900-1947), five deaths were noted. In all there were only 13 cases of diphtheria recorded and one death. In July 1907 the school was closed due to an outbreak of mumps.¹³⁰ The main causes of death were chest infections, including tuberculosis, with 37 deaths in the 0-40 age group. The statutory requirement for the notification of certain infectious diseases came into being with the *Infectious Diseases (Notification) Act, 1899* which was compulsory in London but spread to the rest of England and Wales with the *Infectious Diseases (Extension) Act, 1899* when the head of the house or the attending doctor notified the Local Authority. Following notification, the Local Authority under the *Public Health Act, 1875* had the authority to: isolate patients,

¹²⁷ *Medical Officer of Health Reports, 1908-1921*. Oxford History Centre, Cowley, CC1/12/A9.

¹²⁸ *National School Log Book, (1912, 1913, 1929)*.

¹²⁹ Gibbs, 2/2/17, Jean Braginton, interviewed 21/8/17..

¹³⁰ *National School Log Book, July (1907)*.

disinfect property, suspend schooling, and close businesses. After the *Education Act, 1870* any scholars who were suspected of spreading disease were to be excluded from school. Research had shown that one of the primary causes of cross infection was school attendance.¹³¹

Of these infections: polio was made notifiable from 1912, diphtheria from 1889, measles firstly, between 1915-1919, and then from 1940. This accounts for the gap in the table between these dates. Interestingly, although measles was not a notifiable illness in 1904 an entry in the *National School Log Book* for June 7th states that a case of measles had been reported to the Sanitary Inspector and, as a result of more cases being reported, the school was closed for nine weeks (four because of the measles and five because of the harvest holiday). This outbreak forced the Rector of St. Andrew's Church to hold the Girl's Friendly Society festival on July 11th in Watlington, and to cancel his 3 pm service on the 17th of July, as there were no children in attendance.¹³² A further large outbreak of measles in 1913 was also reported.¹³³ In May 1903 three children from Crowell were excluded from school as they had been in contact with small pox. By the 7th May two more families had been kept from school because of the outbreak and the school was closed on the 15th May, 'In consideration of the constant communication between: Chinnor, Oakley, Kingston Stert in which there have been cases of smallpox.'¹³⁴ In May 1909 the infants department of the school was closed on the instructions of the medical officer due to whooping cough. By the 24th May Doctor Summerhays advised closing the whole school for three weeks. It reopened on June 7th but the infant department was closed again for three weeks due to the same outbreak of whooping cough and, by the 15th June, the doctor advised closing the mixed department as well.¹³⁵ An examination of

¹³¹ See Harris, *The Health of the School Child*, p. 37, for a contemporary example of the effectiveness of this see Letters, *BMJ*, 29 October, (1887), 964, regarding an outbreak of diphtheria.

¹³² St. Andrew's *Register of Services*.

¹³³ *Register of Services*, 7 June, (1904), p. 179.

¹³⁴ *National School Log Book*, July (1909), p. 156.

¹³⁵ *Log book.*, p. 274.

the register of notifiable diseases and death certificates for Chinnor children 1895-1950 shows the extent and the severity of these illness. Appendix B

Table 5. Child Deaths by Season 1890-1949 in Chinnor.

		Infants (0-1 year)	Child (1-12 years)
Winter	Dec.-Feb.	16	7
Spring	March-May.	8	5
Summer	June-Aug.	10	11
Autumn	Sept.-Nov.	6	4

Source: Chinnor parish records and retrieved death certificates.

This chart indicates a winter peak for infants and a summer peak for children. Gastro enteritis was a common cause of death but not a notifiable disease until 1949 when it was recorded as food poisoning. During the period under review five children died of enteritis.¹³⁶ As stated at the beginning of this chapter, one measure of the health of a society is its infant mortality rate. During the period 1900-1956, the number of babies dying before the age of 1 year as determined from the burial records, death certificates, and other sources was 24. Of these 7 died of prematurity, two had congenital heart defects, nine died of infection, two had a congenital malformity and four were 'under developed', 'sickly' or 'malnourished.'

Table 6. Cause of death and father's occupation.

Name	Age	Cause of death	Father's occupation
1900-1909			
Wilfred Turner	2 months	sickly and malnourished from birth	railway porter
William Stanley	13 days		bricklayers asst.
Edward Howlett	12 months	congenital debility	gen. lab.
Herbert Roger	8 months	D and V exhaustion	gen. lab.

¹³⁶ Chinnor Parish Burial records and retrieved death certificates.

Freda Turner	2 months	Bronchitis	chair turner
1910-1919			
Edwin Saw	3 days	Prematurity	farmer
Ralf Croxford	11 months	pneumonia, peritonitis	chair turner
Percy Gray	1 month	Intussusception	master tailor
Gladys Wattlington	14 days	Prematurity	gen. lab.
Daisy While	3 months	congenital heart defect	bricklayer
1920-1929			
Wilfred Brackley	7 months	congenital heart defect	bond lawyer
Raymond Wallington	4 months	marasmus, rickets	road man
Barbara Thompson	9 months	whooping cough	farmer
Thomas Holden	3 months	Enteritis	purser mercantile marine
1930-1938			
John Rumbelow	1 month	Pneumonia	cement miller
Rosemary Honer	18 days	'under development'	lorry driver
1939-1945			
Christopher Croxford	1 month	prematurity, bronchitis	gen. lab. cement works
Sheila Bryan	1 year	Tuberculosis	lorry driver
1949-1952			
Michael Orme	2 days	Prematurity	master builder
Brian Bennett	6 hours	Anencephaly	motor fitter
Linda Stone	6 months	broncho pneumonia	driver

Source: Chinnor parish records and retrieved death certificates.

The historiography of infant mortality is a narrow range of methodologies of which statistical analysis is predominant, leading to theories and speculation regarding the changes in the mortality rate over time. The social component which emerged from the statistical analysis of causes of increase or decrease in the rate, concentrates on the influence of social improvements of hygiene, housing, sanitation and the provision of

clean milk.¹³⁷ Critique of the methodology included changes in the inclusion and exclusion criteria over time, classification of class, occupation, classification of environment and the terminology used to determine death.¹³⁸ However, as Timothy Hatton pointed out, not all of the decrease in the infant death rate was seen as positive since the suggestion from some quarters was that it was leading to the survival of the weakest which could be detrimental to the country and society.¹³⁹

One issue emerged and that was the role of mothers, particularly working mothers and their adverse effect on the baby's wellbeing, and its contribution to the infant death rate. Sir Arthur Newsholme in his *First Report, 1910*, noted that the extra money earned by the mother may have a greater influence in reducing infant mortality than the alternative poverty of staying at home.¹⁴⁰ Statistical analysis of the class differentials gave rise to working class mothers taking the blame, this class being regarded as ignorant, feckless and lazy in their approach to child care. This was taken firmly to task by Carol Dyhouse in her challenging and well-argued paper refuting the role of working class mothers in infant mortality, noting the political and cultural issues which served to perpetuate this idea.¹⁴¹ This was attested to by Pamela Horn who stated that 'even in the country house society many mothers had to face the loss of one or two children'.¹⁴² What was not clear from

¹³⁷ 'Infant Mortality and Social Conditions', *BMJ*, 2, 4420 (1945), 392-393. See also, Patricia Watterson, 'Infant Mortality by Father's Occupation from the 1911 Census of England and Wales', *Demography*, 25, 2, (1988), 289-306. Paul Atkinson, and others, 'Spatial Modelling of Rural Infant Mortality and Occupation in 19th Century Britain', *Demographic Research*, 36, (2017), 1337-1360, Ian Gregory, 'Different Places, Different Stories: Infant Mortality Decline in England and Wales, 1851-1911', *Annals of the Association of American Geographers*, 98, 4, (2008), 773-794.

¹³⁸ C. H. Lee, 'Regional infant mortality in Britain, 1861-1971: patterns and hypotheses', *Population Studies*, 45, (1991), 55-65.

¹³⁹ Timothy Hatton, 'Infant mortality and the health of survivors: Britain, 1910-1950', *Economic History Review*, 64, 3, (2011), 951-972.

¹⁴⁰ Sir Arthur Newshome's *First Report* (1910), 75. Newsholme'

s whilst Medical Officer at the Local Government Board prepared a series of five reports concerned with the infant mortality problem.

¹⁴¹ Carol Dyhouse, 'Working class mother and infant mortality in England 1895-1914', *Journal of Social History*, 12, 2, (1978), 248-267.

¹⁴² Pamela Horn, *Ladies of the Manor* (Stroud, 2012), p. 100.

these statistical reviews, which were dependent on the honesty and veracity of data obtained from mothers and midwives, was the human side of infant mortality that being the covert infanticide by desperate mothers bearing their ninth or tenth child.

The *Annual Report of the Medical Officer of Health for Oxfordshire, 1911*, stated that Thame Rural District, of which Chinnor was a part, had one of the highest infant death rates, of which, 30 deaths were due to marasmus.¹⁴³ Marasmus is a severe form of malnutrition occurring under the age of one year, and presenting as a baby being 60% below normal weight. Specifically, the weight loss was due to the absence of protein, carbohydrates, and lipids, which would have been the result of using diluted cow's milk, but could be rectified by the proper modification of the milk with the addition of sugar, cream, and cod liver oil as recommended. A discussion of the use, cost and availability of proprietary baby foods is in chapter five.

In 1897 and 1902 the term 'general debility' was used on the death certificates for James Howlett aged 3 weeks and Edward Howlett aged one year, whilst in 1907, Wilfred Turner aged two months died of 'manition' a misspelling of the word ination or lack of vitality through lack of food and water. Wilfred was described as sickly and ill-nourished from birth.¹⁴⁴ One figure which could not be elicited from the Chinnor parish records was the number of still births. However, an examination of the midwives' register showed a number of still births were attended although no names were given.¹⁴⁵ These do not, however, appear in the parish records, nor were any death certificates available. This may indicate the extant attitudes towards still births. Daphne White reported during her interview, that her sister had a still born baby and that it was buried in a corner of the church yard but that the family were not encouraged to maintain the grave.¹⁴⁶ It cannot be

¹⁴³ *MoH Reports, 1908-1921*. CC1/12/A9.

¹⁴⁴ Death certificates: James Howlett, William Howlett and Wilfred Turner.

¹⁴⁵ *Inspectors register of Midwives, 1912-1917, and 1917-1932*.

¹⁴⁶ White, 27/1/17.

assumed that all still births noted occurred in Chinnor as some midwives based in Chinnor may well have attended births in the surrounding hamlets.

In October 1906 a report in the *Bucks Herald* stated that triplets were born in Chinnor and was the first case of triplets being born in the village.¹⁴⁷ They were described as premature although historically this was designated by a baby's weight as being less than 5 1/2 pounds rather than the length of gestation. The attending doctor, Dr. Bell, notified King Edward VII for the traditional royal bounty, the condition for this being that the babies survived. However, whilst this was having the royal consideration, the babies died. Nonetheless, the King graciously sent a donation of £1. From the report it would seem that the babies were born alive and died subsequently, their death certificates indicated that Clifford died at three days, William died at 15 hours and Thomas 1 day, although there is no record of their baptism or burial in the Parish records.¹⁴⁸ All three were sons of John James Witney a journeyman baker and his wife Louisa who were married at St Andrew's Church, Chinnor in 1902. It was also reported that the family had previously had twins in 1903 and that one had died, however, no record of either the baptism or the burial of either baby was found in Chinnor parish records. The *Record of Services* for St. Andrew's Church during the time of the babies' birth showed that the officiating clergyman was the incumbent Rector. One explanation for this might be that, given the circumstances, the babies were baptised by a lay person helping at the birth rather than a clergyman and that consequently there would be no record of this in the parish records. However, what would have been recorded is if a baby had a private baptism by the Rector possibly attending the house. Historically, however, when a private baptism for critically ill babies was performed, and the baby survived, it would be brought to the church at a later date for a further service of christening. Happily, John and Louisa

¹⁴⁷ Triplets in Chinnor, *Bucks Herald*, 6 October, 1906.

¹⁴⁸ Death certificates: Clifford, William and Thomas Witney.

had a live daughter Maud who was born in 1904, and was noted in the marriage register for 1929, but again there was no record of her baptism.¹⁴⁹

Two causes of death which did not feature in the death certificates 1895-1947, 0-40 years are the childhood cancers such as the leukaemia group of blood dyscrasias, first described in 1827, and Hodgkin's disease described by Thomas Hodgkin in 1832 which peaks in early adulthood 15-35. Also absent from the death certificates and the infectious diseases register was poliomyelitis (notifiable since 1912). According to the death certificates and the infectious diseases register only one child aged three years died of diphtheria in 1934. Diphtheria had been a notifiable disease since 1889. In spite of the risk of babies and young children dying at a young age, examination of the baptismal record showed that on occasion parents seemed to be in no hurry to baptise their children. For example, on 20 August, 1899 the Baldwin family had their four daughters and three sons, born between 1885-1897, baptised in one family service. In December 1901 the Piddlington family, Anne born 1898, Emily born 1899 and Albert born 1901 were all baptised together. Mabel Howlett, born 1920 was baptised at the same time as her sister born 1922 on 31 January 1923, and the Eggleton siblings David, born 1915, and Frances, born 1917, were jointly baptised in 1923. Reay has suggested that delays of six to nine months after the birth may have been a device to conceal a pre-nuptial pregnancy but the time gap in the cases cited would not necessary suggest this was the case, although three others were detected. Unlike the situation cited by Reay that the civil registers of birth were closed to historians the dates of birth were recorded on the Chinnor baptismal records.¹⁵⁰

As far as infections were concerned, interviewees all suffered from childhood illnesses such as measles and chickenpox, but otherwise they were considered to be generally healthy. Derek Nixey reported having a bad cough which cleared up after removal of

¹⁴⁹ Of interest is a paper by R. W. Ambler, 'Baptism and Christening: common practice in nineteenth century Lincolnshire'. www.localpopulationstudies.org.uk accessed 12/5/17.

¹⁵⁰ Reay, *Microhistories*, p. 180.

adenoids and he and his sister Avice Hulbert, both put their good health down to 'getting on with it', Avice Hulbert specifically 'ignoring minor illnesses' and both decried the modern approach of disinfecting everything.¹⁵¹ Derek Nixey, particularly referred to the recent advertisement on television, which showed a mother wiping down all the surfaces in the kitchen with disinfectant. It was felt that a background of dirt, referred to by the French as the 'terrain,' which would challenge the immune system to fight infection was a better approach than taking medication. A number of interviewees subscribed to this idea: Jean Braginton noted that it was felt that it was possible to be 'Too clean.' Percy Saw recalled eating his sandwiches without washing his hands; Wendy Harris was brought up to believe 'germs were good for you and boosted the persons immunity', and her husband Derek was taught that dirt was needed for a 'natural immunity.' Val Wells believed dirt to be an important element for health. Alison King's family agreed that 'bugs were good for you', her grandmothers saying: 'you have to eat a peck (2 imperial gallons or 9.092 litres) of dirt before you die.'¹⁵² This has subsequently been shown to be a valid belief.¹⁵³ Derek Nixey quoted the family saying, regarding himself, as 'He never ails'.¹⁵⁴ Although Tony Harris reported that Dettol was added to the laundry he was not sure why.

A potential and very serious complication of these diseases, specifically rheumatic and scarlet fever, was heart disease, which was noted by the Medical Officer of Health for Oxfordshire when, in 1911, he recorded the extreme prevalence of heart disease in Thame and notably in Chinnor. The term heart disease covers a wide range of conditions, some comparatively mild and some immediately life threatening.¹⁵⁵ Another common cause of heart disease is intermarriage, particularly of first cousins. Mabel Howlett

¹⁵¹ Nixey, 24/1/17 and Hulbert, 30/1/17.

¹⁵² Braginton, 7/3/17, Percy Saw. Letter, 7/2/17, Wendy and Derek Harris interviewed 24/1/17, Val Wells interviewed, 7/8/17, Alison King interviewed 30/1/17. For a discussion about the concept of *Terrain* see Lynn Payer, *Medicine and Culture* (New York, 1996), p. 35.

¹⁵³ See G.A., Rook and L.R., Brunet, 'Give us this day our daily germs', *Biologist*, 49, 4, (2002), 145-9 and S. Carpenter, 'Modern Hygiene's dirty tricks: The clean life may throw off a delicate balance in the immune system', *Science News*, 156, August (1999), 108-110.

¹⁵⁴ Nixey, 24/1/17.

¹⁵⁵ MoH report, (1911).

recalled that this was taboo and cited a case of one family whose cousin came over from Canada and wanted to marry his cousin. This was forbidden but he went ahead and was subsequently banished from the family.¹⁵⁶ Alison King remembered hearing that her great grandmother, who lived in Stokenchurch which had constant social exchange with Chinnor via a track called the funeral path (no longer used for funerals but was a conduit between Stokenchurch and the Chinnor pubs on a Sunday), would vet all her daughters' boyfriends. This was not for social standing, but for their familiarity, sometimes this being some way removed, but the dangers of not extending the gene pool were well known from animal husbandry.¹⁵⁷

Inspection of death certificates for children and adults who died in Chinnor 1895-1947, found three who died of congenital heart disease, and eight died of cardiac problems. For example, in 1897 Alfred Warren aged 19 years died of heart failure having had 'dropsy' (oedema due to chronic heart failure) for 18 years. In 1905 Leonard Neighbour aged 23 years died of endocarditis which it seems he had suffered from for 20 years. Also, on 8 July 1908, Amy Barnes, aged 15 years, died of mitral and aortic valve disease and in February 1912, Daisy Wallington, aged 22 months, died of congenital heart disease (unspecified).¹⁵⁸ As indicated in the earlier section on infectious diseases, these damaged valves may have been congenital or damaged later as a result of rheumatic heart disease or scarlet fever which, before antibiotics, were a major cause of death worldwide or caused endocarditis leading to heart valve disease or renal failure. One other cause of valvular damage which was addressed in chapter two was bacterial infection of the valves as the result of dental caries. Although there was no prior record available in the archives of any disease notification in respect of the above residents, based on known aetiology, there is a strong possibility that these cases could have been

¹⁵⁶ Mabel Howlett, personal communication, 6/8/15.

¹⁵⁷ King, 30/1/17.

¹⁵⁸ Death certificates: Alfred Warren, Leonard Neighbour, Amy Barnes, and Daisy Wallington.

the result of problems in early childhood. Wendy Harris reports seeing a group of children in her school who were described as 'blue babies'.¹⁵⁹

Tuberculosis

One infection which was feared above all others was tuberculosis. Tuberculosis could affect any organ of the body but it was predominately a respiratory condition spread by close proximity and droplet infection. The second type of tuberculosis was bovine or sometimes called surgical tuberculosis, and was contracted by drinking infected cow's milk. Tuberculin testing was not compulsory until the 1950s and the need for compulsory pasteurisation, which was raised by Lord Rothschild in his maiden speech to the House of Lords in 1946, became compulsory in 1947.¹⁶⁰ Milk in Chinnor came from local herds and was inspected, according to the MoH report for Oxfordshire 1911 but was not pasteurised or tuberculin tested.¹⁶¹

Mabel Howlett recalls that tuberculosis was very common in the village 'everybody had it'.¹⁶² Tuberculosis is a disease of ancient lineage. Skeletal remains from Neolithic times have indicated the presence of the condition and it is mentioned in the Old Testament.¹⁶³ It has been known under a variety of names for example: phthisis, the great white plague, consumption and the wasting disease, all of which are descriptive of its clinical presentation. A number of theories abounded regarding the causes of tuberculosis and its prevention and cure. For many years it was thought that tuberculosis was hereditary since it was observed to afflict many members of the same family across generations. Given the mode of transmission, close proximity and overcrowding it is unsurprising that heredity was assumed to be the cause. Overcrowding and bad housing in Chinnor has

¹⁵⁹ Wendy Harris, 6/2/17.

¹⁶⁰ HANSARD, (10th April 1946 vol 140 cc643-75).

¹⁶¹ MoH Report, (1911), This was confirmed by Mr. Neighbour who stated that 'farmers didn't like to spend money.'

¹⁶² Howlett, personal communication.

¹⁶³ Virginia Daniel, and Thomas Daniel, 'Old Testament References to Tuberculosis', *Clinical Infectious Diseases*, (1999) 29, 6, 1559-1558, and Thomas Daniel, 'The History of Tuberculosis', *Respiratory Medicine*, (2006), 100, 1862-1870.

been highlighted in this chapter. From Chinnor parish records it would seem that some families in the village did suffer multiple infections from tuberculosis for example, the Bryan family, and from the death certificates in the 1920s, Amelia Copus and her uncle, all died of tuberculosis. Appendix C.

The historiography of tuberculosis is a broad church covering, poetry, literature and art, stage, screen and science.¹⁶⁴ It was called the white death because of the pale, emaciated, weak presentation of the patient. It heralded the demise of heroes in literature and opera as well as poets, writers and composers; in fact, no section of the community was exempt.¹⁶⁵

Four books have been selected which reflect the clinical, technical and social history of the condition. The first book is the clinical history of tuberculosis by the Nobel Laureate (1952) Selman Waksman, co-discoverer of streptomycin, who detailed what he referred to as the, 'conquest of tuberculosis', and it was, in his own words, 'the story of a disease', rather than a description of its nature or with its treatment. He covered the history of tuberculosis common within many text books and then proceeded to detail the series of laboratory experiments he conducted in the 1930s which ultimately led to the development of streptomycin. He reviews the reactions of the scientific community which he referred to as 'hope verging on enthusiasm' and included a number of personal experiences of patients treated with streptomycin.¹⁶⁶

¹⁶⁴ For a review of tuberculosis in poetry, opera and novel see David Morens 'At the Death of Consumptive Art', *Emerging Infectious Diseases*, 8, 11, (2002), 1353-1358 and H. D. Chalke 'The Impact of Tuberculosis on History', *Literature and Art*, *Hist Med.*, Oct. 6 ,4, (1962), 301-318, also for example, W. Somerset Maugham, 'Sanatorium' in Vol 3 *Collected Short Stories* (London, 1951), pp. 215-238, *The Nun's Story*, dir. By Fred Zinnermann (Warner Bros, 1959), *Twice Around the Daffodils*, dir. Gerald Thomas (Anglo –amalgamated Film Distributors, 1962), *The Imitation Game*, dir. Morten Tyldum (The Weinstein Company 2015). In art, 'The Sick Child' (1907) one of six paintings of the same genre by Edvard Munch (1863-1944), Tate Gallery London.

¹⁶⁵ For example, sufferers from tuberculosis ranged in time and background from: Chopin, (1810-1849), Saint Theresa of Lisieux, (1882-1897), Cecil Rhodes, (1853-1902), D. H. Lawrence, (1885-1930), Vivien Leigh, (1913-1967).

¹⁶⁶ Selman Waksman, *The Conquest of Tuberculosis* (London, 1965), preface and p. 138.

Linda Bryder examined the social history and social consequences of having tuberculosis in twentieth century Britain. She described the incarceration in sanatoria, the inability to get employment on discharge, and the fear of being ostracised by family and friends and vividly illustrated the emotional and economic impact of the illness.¹⁶⁷ Thomas Dormandy, a pathologist, brought the threads of the story together detailing the clinical, social and the artistic representations of the illness.¹⁶⁸ For an account of the personal experience of having tuberculosis the autobiography of Betty MacDonald offered a personal view of the sanatorium system and the reality of the treatment and types of patients it served. Although the book was set in America, the sanatorium treatment regime she described was standard at the time and an accurate reflection of the regime, atmosphere and psychological reaction of tuberculosis patients first described by Thomas Mann in the '*Magic Mountain*'.¹⁶⁹

Of these, the issues described by Bryder, would have impinged the most on the residents of Chinnor. From the data obtained from the parish records, death certificates and the *Tuberculosis Notification Register*, appendix C, it can be noted that for 17 of Chinnor residents no final outcome was recorded. They may simply have left the area as was noted in relation to John Witney age 33 in 1914. Of these 17, five went to a sanatorium and it is not clear whether they died and were buried at the sanatorium or survived and just did not return home.¹⁷⁰ From the review of the notification register, it would appear that only one death occurred (an 11 month old baby) without notification in Chinnor. The Annual Report of the Medical Officer of Health Oxford stated that nearly everybody aged 40 had been infected by tuberculosis, and 80 out of 100 children by the time they were

¹⁶⁷ Linda Bryder, *Below the Magic Mountain: A social history of tuberculosis in twentieth century Britain* (Oxford, 1988).

¹⁶⁸ Thomas Dormandy, *The White Death* (New York, 2000).

¹⁶⁹ Betty MacDonald, *The Plague and I* (London, 1948), Thomas Mann, *The Magic Mountain* (London, 1924).

¹⁷⁰ *Tuberculosis Notification Register Thame Rural District 1928-32 and Bullingdon Rural District 1932-1943*, Oxford History Centre, Cowley H/2/2R3/6.

12, a figure echoed by Houghton and Sellors in the *Nursing Aids Series*.¹⁷¹ Figures from the *First Annual Report, 1911* of the Oxfordshire branch of the 'National Association for the Prevention of Tuberculosis' gave the figures for Oxfordshire as 660 deaths from all causes, of which, 76 (more than 1 in 9) was from tuberculosis. Of these, 128 deaths were between the ages of 5-35, 53 (more than one third) from tuberculosis. Of 74 deaths between ages 5-25, 36, (nearly half), were from tuberculosis. For Oxfordshire, 2651 deaths were from all causes of which 270 were from tuberculosis. Medical Officer of Health Oxfordshire, 1931 showed a death rate of 60 per 100,000.¹⁷²

Cancer

One condition which was never talked about, and of which interviewees expressed little knowledge of, was cancer. Modern studies have highlighted that, in spite of early detection and effective treatments, one half to one third of the population fear cancer more than any other disease. One reason why it was not always cited as a cause of death when tuberculosis, an equally frightening condition was included in death certificates might be that, at the time, cancer was a known death sentence whilst treatment of tuberculosis, even before chemotherapy, could result in the disease being arrested.¹⁷³ Denial is a well-documented and widely used defence mechanism to protect against anxiety and seems, in the face of untreatable serious conditions, to have been extensively employed. Its use appears to be enduring and transcultural.¹⁷⁴ It would seem that not mentioning cancer could offer protection from it, and in part, lack of knowledge,

¹⁷¹ *Medical Officer of Health for Oxfordshire Annual Reports*, Oxford History Centre, Cowley, CC1/12/A9. L. Houghton and T. Holmes Sellers, *Nursing Aids Series, Aids to Tuberculosis Nursing* (London, 1945), P. 216.

¹⁷² Bryder, *Mountain*, introduction.

¹⁷⁷ C., Vrinten, L. McGregor and others 'What do people fear about cancer? A systematic review and meta-synthesis of cancer fears in the general population', *Psycho-Oncology*, (2016), 1-23.

¹⁷⁸ Vrinten, *Cancer*, 8.

¹⁷⁹ , Vrinten, *Cancer*, 8

'we didn't know anything about it'.¹⁷⁵ This has also been commented on by Avice Hulbert and others as a possible form of popular medical belief.¹⁷⁶

A quotation cited in James Patterson's book *The Dread Disease* states 'Cancer may not be contagious but the name is'.¹⁷⁷ Lack of information was understandable, as Elizabeth Toon has pointed out, during the 1910s, 20s and 30s much of the medical community opposed mass education about cancer so very little cancer information existed. This might account for the interviewees lack of awareness of the condition.¹⁷⁸ This could lead to misunderstandings about the nature of cancer, it being regarded, wrongly, as being contagious. It also had a stigma and many felt ashamed of having cancer, seeing it as a punishment imposed by God.¹⁷⁹ This does have implications for the veracity of data regarding the health profile of the village and suggests a possible collusion by authority, possibly to avoid distress. However, given the fear that a diagnosis of tuberculosis caused it seems strange that tuberculosis as a cause of death was recorded. Both John Neighbour and Jean Braginton commented, in relation to cancer, that 'there was a lot of it about.' A review of the Medical Officer of Health's reports for Oxfordshire indicated that the situation in Chinnor reflected the wider context and indeed the national situation. In 1920 a community doctor commented on the physical state of rural children in Oxfordshire stating that, 'The general standard of health and physique are in my opinion below what one might expect, considering the advantages of fresh air and healthy occupation.'¹⁸⁰

⁴⁸⁰ Hulbert, 30/1/17. Vrinten, 'Cancer', noted in her survey that 'believing or thinking about cancer was risky, just uttering the word could result in getting the disease'. 10.

¹⁷⁷ James Patterson, *The Dread Disease: cancer and modern American Culture*, (Cambridge Mass, 1987), p. 23.

¹⁷⁸ Toon, *Cancer*, 117 & 119.

¹⁷⁹ Patterson, *Dread Disease*, p. 237.

¹⁸⁰ Arthur Ashby and Phoebe Byles, *Rural Education* (Oxford, 1923), p. 128.

The effects of war

Although Chinnor was a rural farming community, it will be shown that during World War II residents did undertake a number of other war related activities. It lay in what Winston Churchill referred to as the countryside as the '*Frontline of freedom*' and its residents suffered from wartime stress and its effect on health. The extra stress and worry produced nationally by the war being particularly hard on women, has been eloquently detailed by Penny Summerfield and Gail Braydon. They had specifically explored the conditions for women doing war work and highlighted the physical and emotional strain of working in noisy factories for long hours, the effect of poor diet, in spite of rationing, and constant fear for the safety of loved ones. Factory regulations restricting the hours worked in factories were suspended for the duration of the war and women found themselves working a 12-hour day, 5^{1/2} days a week, as well as working night shifts for the first time. This led to increased levels of fatigue and ultimately, complete exhaustion. This caused increased levels of absence due to sickness; the sickness rate was noted to be half as much again and, in common with men, the most common ailments reported being anaemia, nervous disorders, colds, headaches and gastritis.¹⁸¹

These working days were made much longer by poor transport services and endless queuing for food, as well as sleep being interrupted by night bombing raids. Not only were working hours long, but compounded by excessive noise and smell. With no concept of health and safety, illness and accidents were common. This was all in addition to domestic and ARP fire watch duties. Tuberculosis was on the increase, and accidents occurred due to fatigue and the blackout. Fatal road traffic accidents increased by 100% in 1939, with 1 in 5 people sustaining some form of injury. How effective the blackout was was debatable considering the illumination afforded by burning buildings. It was against this social background that advertisers of over-the-counter remedies promulgated their wares, promising to sooth nerves, regulate intestines, help sleep and restore vitality.¹⁸²

¹⁸¹ 'Health and Welfare' in Gail Braydon and Penny Summerfield, *Out of the Cage Women's Experiences in Two World Wars* (London, 1987), p. 219..

¹⁸² Gardiner, *The Blitz*, p. 177.

Life could be just as hard on the land, with land girls working a 50 hour week in summer and 48 in winter, depending on the weather. In her autobiographical book *'One Pair of Feet'* Monica Dickens debated undertaking a wartime role in the Land Army but suggested that 'One saw oneself silhouetted against the skyline with a couple of plough horses but a second look showed one tugging up mangel-worzels from the frozen ground at five o' clock on a February morning'.¹⁸³

A note in the Chinnor Women's Institute records on 8 October 1942, indicated that there was a discussion amongst the members about spare time war work and two members agreed to 'interview the manager of the factory and then call a public meeting.' However, which factory this referred to was not recorded. It could have been one of the furniture factories in either High Wycombe or Princes Risborough which might have continued to make utility furniture for the bombed areas, although some of these factories had been converted to making parts for aircraft. Cliff Heybourne recalls that a friend, Jim Clarke, worked in a furniture factory in Princes Risborough which had been requisitioned for making aeroplane parts and that this work was deemed to be a reserved occupation. This indicated that although Chinnor was a farming community, some residents were undertaking factory work with all its stresses and health implications.¹⁸⁴ Mabel Howlett recalled that when she was pregnant with her daughter in 1941, she came back from holiday to find that Dr. Cooper had given in her notice at work on her behalf, as she had been very sick sewing covers for aeroplanes which contained rubber. Dr. Cooper said that 'Healthy babies were more important than the war effort.'¹⁸⁵

Although Chinnor was not a specific target for bombing it did lie under the flight path of the bombers heading to Coventry and surrounding RAF airfields. RAF Benson was a bomber station and RAF Chalgrove, eleven and six miles away respectively, a matter of

¹⁸³ Monica Dickens, *One Pair of Feet* (London, 1939), p. 8.

¹⁸⁴ *W.I. minutes*, June 1941. Sadie Ward, *War in the Countryside, 1939-1945* (London, 1988), p. 69, Cliff Heybourne, aged 83 interviewed 1988.

¹⁸⁵ Howlett, *Jottings*.

minutes flying time and were both bombed during 1941. Bombs did fall on the open countryside for a variety of reasons, for example to lighten the payload of a damaged aircraft.¹⁸⁶ Dr Leverkus recalls that on a night call out to a farm she was alarmed to see that all the house lights were on in spite of the black out and German bombers overhead. When she mentioned this, the reply was that she was 'not to worry as there were no Air Raid Wardens in the area.' She also recalled 'how frightening it was to drive around the countryside in the blackout'.¹⁸⁷ A map of enemy action in Oxfordshire shows four high explosive bombs falling on Kingston Blount in October 1940 and, in a separate action, one bomb falling on Aston Rowant in October 1940.¹⁸⁸

No records of these incidents have been found in the local history literature nor in the local press for these two hamlets. However, a search of the local bomb incident records did record the incident and indicated that Chinnor was far from immune from enemy action. On 10 and 11 April 1941, six incendiary bombs were dropped in open countryside around Chinnor Hill resulting in one slightly injured bullock. On 28 and 29 December two parachute mines were dropped on Towersey (between Chinnor and Thame). An air raid report of the November 25 1940, cites that the previous weekend saw the most serious raids on Witney, Goring and Chinnor. On the morning of 23 November 1940, a number of incendiary bombs were dropped and fell in fields surrounding Kingston Blount and Aston Rowant with no injuries. In the same incident a high explosive bomb was dropped on the allotments in Chinnor behind the Black Boy Inn, and is referred to elsewhere in the thesis.¹⁸⁹ Overall Chinnor received over 200 red alerts during the course of the war and

¹⁸⁶ See for example, Duff Hart-Davis, *Our Land at War* (London, 2015) photograph of bombed farmhouse in open countryside between pp.298-299.

¹⁸⁷ Leverkus, *Looking Back*, pp. 86, 78.

¹⁸⁸ As depicted on a map of *Enemy Action Oxfordshire 1940-1945*, based on operational messages to County Control. With the kind permission of the Trustees of Thame Museum.

¹⁸⁹ *County Controller, Air Raid Damage Reports*, Ministry of Home Security, Oxford History Centre, Cowley, CC3/4/C4/37 & Air Raid Logbook CC3/4/A4/3.

Mabel Howlett remembered Bert Howlett riding around the village on a three-wheeler bike calling out the Home Guard and air raid wardens when the alert sounded.¹⁹⁰

National Farm Survey

One influence on health, not normally associated with the country or village life, was stress. Key potential sources of stress during the war for rural residents, in addition to enemy action, was the care of evacuees and the demands on the farming community imposed by two separate organisations. The War Agricultural Executive Committee, known as the 'War Ags' whose directives were the result of the *National Farm Survey, 1941-1943*, of any farm over five acres.¹⁹¹ This survey provided extensive data on British farming practices and monitored the effect of policies introduced by the 'War Ags' to boost food yield, improve small farms, and bring uncultivated land into use. In 1938 the United Kingdom was still dependent on overseas sources for, no less than 70% of its food supplies, and 23 million tons of animal and human food were imported annually. The potential interruptions to overseas sources of food and supplies, and the state of British agriculture which had been allowed to deteriorate, needed to be addressed.¹⁹² Following the out-break of war in 1939, the government established a national target of an additional two million acres of pasture under the plough.¹⁹³ The National Farm Survey, initiated in 1940 by the Ministry of Agriculture, calculated the farmer's expected yield, and if not being filled, the committee had draconian powers under the *Defence Regulations 51 and 62* to dispossess farms that were not being farmed efficiently. The ministry exerted its control through the local County War Agricultural Executive Committees with whom farmers often had a difficult relationship as it was felt that they were being run by 'failed

¹⁹⁰ *Register of Air Raid Warnings*, Oxford History Centre, Cowley, CC3/4/C4/38. Howlett, *Jottings*.

¹⁹¹ For an illustration of the continuous and incessant pressure inflicted on British farmers over the five years of war not just for increased yields, but by ill-informed instructions, to plant crops on unsuitable, and at the end, seriously depleted soil see BBC 2 series *Wartime Farm*. Ruth Goodman, Alex Langlands and Peter Ginn, produced and directed by Naomi Benson, BBC/ The Open University, 2012.

¹⁹² Brian Short and others, *The National Farm Survey, 1941-1943: state surveillance and the Countryside in England and Wales in the Second World War* (Wallingford, 2000) p. 19.

¹⁹³ See, Brian Short and others 'The front line of freedom: state led agricultural revolution in Britain, 1939-45' in *The Front Line of Freedom: British Farming in the Second World War* (Exeter, 2007), pp 1-15.

farmers'. It was reported that 15,000 farmers had been dispossessed of their farms by the War Agricultural Executive Committees.¹⁹⁴ The survey was carried out by the district committees and the forms for the Chinnor survey were sent out by the Oxfordshire War Agricultural Committee during June 1941. From the results four of the farms in Chinnor have been selected to illustrate the range and format of the survey.

H. Neighbour, Stockwell Farm, Chinnor.

No acreage reported for crops. Cows and heifers in milk 4, one calf for slaughter. Two sows for breeding, 17 piglets less than 5 months old. 100 hens less than six months old and 50 more than six months, one horse and a nil return for fruit and vegetables. He did not employ any extra help on the land.

A. Croxford Oakley road Chinnor.

Eight and a half acres wheat and five and half for oats forty acres for mowing and grazing. Nineteen cattle and calves, six in milk, five in calf and two bulls, one farm horse. Mr. Croxford also had a milk round. Water supply was from a well and he had an electricity supply.

E. Burton, Dairy Farm, Chinnor.

Thirty three acres of grassland, twenty cattle and calves, cows in milk 12, two in calf, one bull. Poultry, 64 and one farm horse. He employed two agricultural workers.

H. Nixey, Manor Farm Chinnor.

Total agricultural acreage: 90 acres, of which, 24 for wheat, 10 for barley, 10 for oats. Half an acre for potatoes, quarter of an acre for orchards. The rest was, was made up of grass for mowing and grazing. He employed one adult male whole time. Livestock included: 16 cattle and calves 11 of them in milk, one bull and two heifers in calf. Total: poultry 86 and two horses for

¹⁹⁴ 'Turned Out' *Hull Daily Mail*, Thursday, 20 March, (1945).

agricultural purposes. He had no electricity; the water supply came from a well.

Not only established farms, but all small holdings and commercial premises with land around them were recorded. For example: Wheatsheaf, public house, Chinnor sat in three acres of land and supported 18 poultry. The Eagle public house, Sydenham, sat in one and a half acres and supported 100 poultry. The station approach was noted and The Kennels in Oakley Lane. In addition, a weekend cottage on Chinnor Hill was set in wooded gardens and noted to have derelict fields and no arable land.¹⁹⁵

A search of local newspapers did not yield any information about dispossessions for inefficiency in Oxfordshire. In fact in an address to the Oxford Rotary Club by Mr. J. McFie, executive officer to the Oxfordshire War Agricultural Committee, paid tribute to the farmers of Oxfordshire for the way they had backed the committee and quoted the considerable increases they had achieved in arable land, livestock and milk production. The regulations concerning land usage continued after the war and were illustrated in September 1947 when, in Chinnor, the issue of Mr. Benton's gift of land for a village playing field, which had been ploughed up and in abeyance since the start of the war, was revisited by the Parish Council. The Ministry of Agriculture could not, however, sanction the return of agricultural land for use as a playing field during the 'current food crisis.'¹⁹⁶ It was not only the 'War Ags' that could threaten a farmer's livelihood and home; agricultural land was also requisitioned by the War Office or the Air Ministry for military purposes.¹⁹⁷ Many farmers were caught between the demands of the 'War Ags' and the difficulties of trying to farm amidst the detritus and damage left by the military.

¹⁹⁵ *Chinnor, Parish Chinnor 1941-43 Farm Survey*, MAF 32/911/217 National Archives, Agriculture, Fisheries and Food Departments, Kew.

¹⁹⁶ *CPC, Minutes*, September 1947.

¹⁹⁷ Sale at auction, 5 ricks of hay and 6 ricks of baled wheat and oat straw instructed by Mr. F. Druce owing to the farm being requisitioned by the Air Ministry. *Bucks Herald*, 28 October, 1941. See, William Foot 'The impact of the military on the agricultural landscape of England and Wales in the Second World War', in *The Front Line of Freedom*, pp. 132-142.

Evacuation

Background to the national evacuation plan stemmed from the experiences of the Zeppelin raids of the First World War, during which, 14,000 civilians were killed, first by the Zeppelins and later in 1917, Gotha-Giant heavy bombers. In 1917, one bomb fell on a London County Council school in Poplar killing 18 children.¹⁹⁸ As aircraft design developed during the 1930s it became clear that the English Channel, our traditional island defence, could no longer protect the population from direct enemy action. The historiography of the Blitz and the evacuation scheme is a mixture of myth and reality, misunderstanding, and flawed official reports in which the truth was difficult to evaluate. In 1938 a committee of psychiatrists had predicted that between 3-4 million cases of acute panic, hysteria, and neurosis would occur amongst the general population.¹⁹⁹ However, a number of early reports of civilian reaction exhibited an upbeat tone reporting the 'Imperturbability of the majority of the population'. A more critical analysis of these early reports into civilian morale was offered by Edgar Jones, who has argued that psychiatric illness had been more common than previous accounts had attested, due possibly to under reporting, or the presenting condition being treated as a physical condition.²⁰⁰ Doctor Edward Glover, a psychoanalyst, insisted that by the end of the blitz the 'mass neurosis' myth had been replaced by the 'no neurosis' myth this being due to the lack of medical definition and no uniformity of diagnostic approach or data, as well as many cases not being reported or medical notes lost'.²⁰¹ This would seem to be a fair comment, as the results of numerous investigations into the effects of bombing and evacuation yielded a range of disjointed results which were revised in subsequent years.²⁰² This in part was the result of morale having been described as 'the woolliest

¹⁹⁸ Richard Padley and Margaret Cole, *Evacuation Survey: a report to the Fabian Society* (London, 1940), p. 16.

¹⁹⁹ Edward Glover, 'Notes on the psychological effects of war conditions on the civilian population (1)' *International Journal of Psychoanalysis*, 22, (1941), 13-37.

²⁰⁰ Edgar Jones, and others, 'Civilian Morale During the Second World War: responses to air raids re-examined', *Social History of Medicine*, 17, 3, The Society for the Social History of Medicine, (2004), 463-479.

²⁰¹ Gardiner, *The Blitz*, p. 185. For a fuller account of the anxieties of the time see Lyndsey Stonebridge, 'Anxiety at a time of crisis', *History Workshop Journal*, 45, January (1998), 171-182.

²⁰² Stonebridge, *Anxiety*, 155-160.

and most muddled concept of the war.’ This was partially caused by the Home Office’s failure to establish criteria against which to measure public reactions and the different approaches adopted by the authors of reports on the effects of the bombing raids.²⁰³

The first plans for a mass evacuation of the population were laid in 1931, and were made vital following the effects on the civilian population of Guernica, and Barcelona, both bombed in 1938 during the Spanish Civil War (1936-1939) as well as the stories of shell shock after the First World War. It was assumed by the authorities that the civilian population would be similarly affected. It was not just the bombs which frightened people, causing high levels of physical and mental stress, but issues such as crime during the blackout, the strain of rationing, and the claustrophobia of the shelters.²⁰⁴ The first indication of the Government Evacuation Scheme appeared in April 1939 and set out the Government plans for moving children and vulnerable adults, evacuating mothers and children first. They were assured that plenty of accommodation would be available in the country districts. Volunteers were requested to escort priority cases into parties and then to the rallying places.²⁰⁵

The extra work involved in caring for evacuees was not always appreciated. Joyce Pearson noted that her mother, who was not well, was allocated three boy evacuees and it was too much for her, so Dr. Leverkus had the arrangement changed for two girls. Jim Rose recalled having four boys aged between 7-14 billeted with them and also an adult couple in the attic plus two adults in the dining room. He also recalled that a team of land girls came to help with the threshing and that his sister joined the Land Army and came back to work on the farm. He remarked that ‘life was a bit hectic.’ He particularly spoke

²⁰³ David Thoms ‘The Blitz, Civilian Morale and Regionalism 1940-1942’, in Pat Kirkham and David Thoms (eds) *War Culture: Social change and changing experience in World War Two Britain* (London, 1995), p. 4.

²⁰⁴ P. E. Vernon, ‘Psychological Effects of Air-raids’, *Journal of Abnormal and Social Psychology*, 36, (4) (1941), 457-476, and for an account of the issues contributing to civilians’ emotional responses during war time see ‘Civilians under Attack’, in Joanna Bourke, *Fear: a cultural history* (London, 2005), pp 222-254. As a counter point to the ‘chirpy cockney’ narrative M. Trow’s book *War Crimes: Underworld Britain in the Second World War* (Barnsley, 2000) provides a more realistic view.

²⁰⁵ Travis Crosby, *The Impact of Civilian Evacuation in the Second World War* (London, 1986), p. 20.

about how much of the farm was ploughed to grow corn and that this made much more work at planting, threshing, and harvest time.²⁰⁶

His farm survey report stated that:

H. Rose and son, Village Farm, Emmington.

Total of 255 acres of land of which forty- seven acres of wheat, two of barley, 22 of oats and 20 acres for beans for stock feeding. The rest was made up of grazing and mowing grass and 10 acres lying fallow. He owned 56 cattle of which 23 were cows in milk, 9 in calf but not in milk and one bull. He farmed 63 sheep including 28 breeding ewes and 30 other sheep and lambs. There were four pigs and 150 of poultry as well as four horses for agricultural purposes. Three adult men were employed on a permanent basis. ²⁰⁷

In June 1941 the WI noted that two Canadians would be willing to be loaned to farmers for a fortnight of the harvest.²⁰⁸ Although rations were tight, extra rations were given to manual workers, and Mr. Rose's mother had to deal with the red tape and the sharing out of rations between the men and women.²⁰⁹ An example of this can be gleaned from the Ministry of Information leaflets which set out different rationing criteria for different occupations and ages which included: underground mine workers, agricultural workers, county road men, forestry workers and members of the Women's Land Army; Also, certain types of agricultural industry workers, for example, tractor workers, threshing machine operators and hay pressers, as well as pregnant women and children.

²⁰⁶ Joyce Pearson, born 1914 interviewed 1990, *Oxford History Centre*, Cowley, OXOHA/OT 424 and Rose, 'Jim', p. 54, private publication.

²⁰⁷ *Chinnor, Parish Chinnor 1941-43 Farm Survey*, MAF 32/911/217 National Archives Agriculture, Fisheries and Food Departments, Kew.

²⁰⁸ *W.I. June*, (1941).

²⁰⁹ Rose, *Jim*, p. 54.

The first foods to be rationed were: butter, sugar, bacon and ham, with other meat being rationed from March 1940, and cheese rationed in May 1941.²¹⁰ Shortage of food led to the 'Dig for Victory' campaign discussed in the chapter on remedies. It was not only humans that lived on restricted rations, feed for cattle and pigs was also rationed and this made it difficult to provide a balanced diet for dairy cows in winter which affected their milk production.²¹¹ How these issues affected Chinnor was difficult to assess. Certainly with 78 men including six women away there was more work for the remaining residents. For example, Dr Dudley Cooper went to war and his patients were advised to see Dr. Leverkus who had her own practice, was an anaesthetist at the Watlington and Thame hospitals, as well as being the local billeting officer with all its attendant problems.²¹² In addition, for the women, there was the added work involved in caring for the evacuees. There was a lack of recognition for this work which was just as vital as working in munitions and factories. Although each family was paid a subsidy of 10s. 6d for the first evacuee and 8s.6d per week for subsequent children to cover food and board, which would have been a boost for any labourer wages, there was no payment for any of the work involved in caring for three or four extra children.

The London County Council issued a number of circulars about the scheme and notes for the billeting officers.²¹³ The evacuation began on the 1st September 1939 and it was envisaged that 3,000,000 people would be moved and that it would take several days to

²¹⁰ Gardiner, *Wartime*, p. 145.

²¹¹ Rose, *Jim*, p.55. This led to problems some years later when rationing was still in operation in 1952 when Jim received a letter and summons for selling milk below the legal standards for solids. Although he was supplied with a King's Council by the National Farmers Union, he, on the grounds that he was a member of the Chinnor Debating Society and knew more about dairy farming than the K.C., spoke in his own defence. He pleaded that the poor winter and poor quality hay and the fact that cattle food was rationed prevented him from giving the cows the balanced diet they required. The case was dismissed.

²¹² Mabel Howlett, *Cross Keys Practice*, undated. Dr. Leverkus wrote in her memoirs that she had to give up being the billeting officer because of the pressure of the extra medical work. *Looking Back*, p. 74 & 83.

²¹³ 'Government Evacuation Scheme', hand written notes by Mr. J. Graves detailing sizes and composition of groups, lack of a guarantee for the final destination of the school only that the children would be travelling in groups of 50 consisting of possibly a range of ages under the care of a teacher. J. Graves was the temporary official in the Education Department in Oxfordshire at the outbreak of war. The collection of his papers includes draft letters and articles. Oxford History Centre Cowley, P22/1/A/12.

complete. Approximately 9,000 school children were evacuated to Oxfordshire in the first four days of September 1939. Approximately 6,000 were evacuated with their teachers and were distributed among 98 schools in Oxfordshire, seventeen temporary schools being opened. Amongst the areas listed for evacuation was Barking, from which St. Joseph and St. Ethelburga schools were evacuated to Chinnor. In April 1939, the Chinnor Women's Institute held a talk about forming a communal kitchen in case of evacuated children arriving in the village, and a notice of another meeting relating to the evacuation of children. Billeting was hurriedly dealt with by two men in the village and the Women's Institute after a survey of possible accommodation, and on Friday 1 September the first group arrived.²¹⁴ It was not always easy to find billets and Dr. Leverkus's sister, Gertrude, spent a long time going around trying to get families billeted but was not always successful and some families had to be housed (six mothers and 12 children) in the Old British School building.²¹⁵ On 3 September the WI set about welcoming the evacuees and their mothers, 30 mothers, 60 children with an afternoon tea party.²¹⁶ Avis Hulbert remembers a little girl who was billeted at their home but returned to London in 1940.²¹⁷ Avis's next door neighbours were the headmaster and his family of the R.C. school from Barking. Avis was friends with the daughter. Much has been written about the problems of children being badly billeted particularly regarding religion or cultural customs but for this Catholic school there was St. Joseph's RC church in Thame. This school, which stayed until 1942, was an example of evacuated children staying out of danger if they were evacuated in groups with known and trusted adults. Not every evacuation in Chinnor was successful. When a stray bomb dropped behind the Black Boy Inn in 1940, two evacuees, grandchildren of the publican, were smartly removed back home by their mother.

²¹⁴ Leverkus, *Looking Back*, P. 74.

²¹⁵ Leverkus, *Looking Back*, P. 77.

²¹⁶ *Chinnor Women's Institute minutes 1939-1940*.

²¹⁷ Hulbert, 30/1/17.

In November 1939, pupils from the schools were distributed, 23 to Warren Farm (temporary school) in Aston Rowant, 11 to Aston Rowant Junior school, 83 to St Andrew's School Chinnor, the total of evacuee school children being 117.²¹⁸ This resulted in the Chinnor school adopting a two shift system from 11 September, St Joseph having the second shift from 1:15 pm to 5:15 pm. The following term two classes from Chinnor school moved to the Village Hall as recorded in chapter one.²¹⁹ A proposal of thanks was recorded to Dr. Leverkus and her assistants for all the work they had done in billeting the children.²²⁰ By Whitsun 1942 the Barking children had returned to London. At that time Chinnor had 57 evacuees.²²¹ Mr. Eggleton who lived in Bledlow remembered over one hundred evacuee children being housed in the children's home (Wycombe Union School) in the village.²²² It was difficult to ascertain exact figures for evacuees as these fluctuated from day to day. Dr. Leverkus in her capacity as billeting officer for Chinnor commented in her memoirs that she would billet a family one evening and the next morning they would be gone, having decided that they did not like Chinnor, 'Ghastly village', and had caught the early train back to London.²²³ According to Dr. Leverkus one mother (with little understanding of the real situation) wanted to go to the seaside so that the children could play on the sand.²²⁴

There was considerable potential for this influx to affect health and medical care in Chinnor, the subject of chapter two. The 1931 census gave Chinnor's population as being 1,162 (no census in 1941) so evacuees would have had an impact on the village (the figures above are for children and does not include adults) although the Absent Voters

²¹⁸ Billeting figures, February 1940 from Mr. Graves papers (office copy) Oxford Education Committee.

²¹⁹ Hulbert, 30/1/17.

²²⁰ *CPC, minutes*, October 1939.

²²¹ *WI History of Chinnor 1979*,

²²² Eggleton interviewed 7/11/17. The former Bledlow workhouse was converted for use as the Wycombe Union's residential school and was used to accommodate pauper children away from the main workhouse.
<http://www.workhouses.org.uk/Wycombe/>

²²³ Leverkus, *Looking Back*, p. 77.

²²⁴ Leverkus, *Looking Back*, p. 77, She herself took in three girls and their family visited every week returning to London after three years.

List for Henley Parish of Chinnor shows that 78 men and women left the village for war work.²²⁵ Nearby Thame accepted 1,552 evacuees including official and private evacuees. The number billeted in Oxfordshire in September 1939 was 11,793 and by the end of 1940, Oxfordshire's County Medical Officer of Health had 8,613 evacuee children on the books compared with 1,552 a year later.²²⁶ Overall, Oxfordshire had 58% more children than before the war.²²⁷ The numbers for Princes Risborough were not known but comments in the local paper stated that, neither the number nor date of arrival of evacuees was known but that accommodation was becoming acute.²²⁸

Another expense related to evacuees which is addressed further in the next section was that of medical costs and the issue of who would pay for the child's medical expenses, the evacuating area or the reception area for example, the foster parents? A search of the Oxford Records Office revealed a couple of examples of this although not from Oxfordshire they are illustrative of the situation.

Invoice from F. Pronger MPS for Wantage School evacuees March 1941

Elastoplasts 1s. 3d. white ointment 4^{1/2}d.

‘ 1s. 7^{1/2} d.

Invoice from Mrs. Lovemore To Wantage Urban District Council

10s. for attendance to evacuees during illness 3.2.41.

Many pregnant mothers were evacuated during the war and, again, the question of cost arose as in the case of the evacuees, would the receiving authority accept the costs? The

²²⁵ Oxfordshire Henley Parliament Division Service Register Parish of Chinnor 15/3/1945. Oxford History Centre, Cowley,

²²⁶ *Evacuation Survey*, p.50.

²²⁷ Graham, Malcolm, *Oxfordshire at War*, (Stroud, 1994), p. 36

²²⁸ *Bucks Herald* 27 October, (1939).

Ministry of Health accepted financial responsibility in terms of beds and accommodation, medical costs being met by the new maternity grant mentioned earlier.²²⁹

During the decade after the war the Parish Council sought to address a number of issues raised in this chapter in particular relating to accidents. In 1946 the council requested that a 30mph speed limit, as well as street lighting, be installed in the village but this was refused by Bullingdon District Council. The request was repeated in 1947 and again rejected and an argument ensued between both councils. Chinnor raised the issue of a fatal accident precipitating the need for street lighting but Bullingdon District Council claimed the accident occurred outside the designated area and was not a justification for a speed limit. It was not until 1964 that street lighting was installed.²³⁰

In chapter one, an idealised version of the village was portrayed which has now been set against the reality and consequences of rural and, in particular, agricultural life. This chapter has described a life of accidents and illness set against a back-drop of a harsh environment endured in picturesque but inadequate housing. The lack of mains drainage and sanitation led to problems of maintaining cleanliness, although some residents refuted the need to remove all dirt. Although the accuracy of parish records was called into question, the records available for this thesis, which have been cross-referenced with other sources, point to a population of, in the main, long-lived individuals. However, they were subjected to the same health hazards endemic in a rural, and in particular an agricultural, environment common to other rural communities in the country, with the additional health hazard of pollution from the cement works. The works, paradoxically, whilst providing stable employment to the community, also contributed to the residents' ill health. In an era when accidents and other misfortunes were regarded as inevitable, levels of safety and awareness of consequences was limited, the attitude expressed by interviewees, was very much one of acceptance. Chinnor residents were not passive recipients of whatever fate

²²⁹ Gardiner, *Wartime*, p. 41.

²³⁰ *CPC, minutes*, June 1946, June 1947 and January 1948.

held in store for them and, to answer the research question posed at the beginning of the chapter there was a growing sense of control over their own health. So far as residents' health beliefs were concerned, they could best be described as 'stoic'. Whether they were kicked by a cow or mourned the death of a young person from infection or accident, the overall philosophy seemed to be, as many of the interviewees repeatedly stated, that they 'just got on with it'.

Chapter 4: Potential Sources of Health and Medical Information

'Our remedies oft in ourselves do lie, which we ascribe to heaven'.¹

This chapter proposes to explore the range and relevance of sources of medical-information available to the public, written and oral, and highlights the role of communities and personal communication networks in the dissemination of medical-information. Since the majority of medical care was provided by family members within the home, the chapter explores the roles of the spoken word and levels of literacy within and outside the family. Because of the previously indicated cost of doctors' fees there emerged a need for information upon which residents could make an informed choice about their medical care. This was elicited from a range of sources such as: magazines, military training, and occupational training, all of which are discussed and evaluated within the three sub-themes addressing the question of how valuable the information was. These sources of information reflected the ideas and mores of the time and this is demonstrated particularly in the magazine editorials and this will be discussed in more detail along with advertisements in chapter 5.

As discussed in the introduction, traditionally, domestic medical care had been seen as primarily a female activity, however, as Tosh pointed out, the division of domestic labour had never been absolute and, as noted in chapter two, in 1838, Frederick Scrimshire wrote that, increasingly, fathers as well as mothers managed minor accidents and illnesses but they would want to know when to refer to a physician.² The recurring concept of separate spheres, the wife being concerned with domesticity including home nursing, whilst the husband attended to work or business has been challenged by

¹ William Shakespeare, *All's Well that Ends Well*, act 1 sc 1.

² John Tosh, *A Man's Place* (London, 1999), p. 1, Scrimshire, *The Village Pastor*.

Amanda Vickery.³ Certainly in rural areas women were more likely to work alongside men, (particularly in agrarian communities) during the harvest and attended to animal husbandry.⁴ Nicola Verdon has examined the role of women in agriculture and the type and availability of work and its perceived suitability for women. She quotes work in Oxfordshire as being 'field work, gloving and slopwork', with adjacent Buckinghamshire 'hay and harvest, straw and lace, chair and paper making'.⁵ In rural areas however, the ratio of men to women working on farms declined at the end of the nineteenth century. The 20th century saw farm work become more mechanised with the advent of the First World War and the formation of the Women's Land Army in 1917 and, although numbers were small, about 18,000 women replaced men who had been conscripted.⁶ However, this should not be over stated. Nicola Verdon has reviewed the role of the Women's Land Army in the First World War and pointed out the WLA contributed about 5% of replacement labour, village women making up the bulk of the replacement labour. In rural areas this was particularly important.⁷

In a message from the Minister of Health to the Federation of Women's Institutes he stated that: 'Medical and nursing aid and advice cannot be so concentrated and close at hand.....as in the large town where there are all sorts of health services within easy walking distance. It is the countryman's wife who has often to cope with sickness or accident as best she can until professional help is available.'⁸ However, the primary site of most medical care was in the home and that, before the art of healing was concentrated in the hands of established healers, it was essentially a domestic and

³ Amanda Vickery, 'Golden Age to Separate Spheres? A review of the categories and Chronologies of English Women's History', *Historical Journal*, 36, (1993), 383-414.

⁴ Tosh, *Place*, p. 3.

⁵ Verdon, *Rural Women*, table 2.8, pp 68-69.

⁶ Mingay, *Social History*, p. 104.

⁷ Nicola Verdon, 'Left out in the Cold: Village Women and Agricultural Labour in England and Wales during the First World War'. *Twentieth Century British History*, 27, 1, (2016).

⁸ Kingsley Wood, A Message from the Health Minister 1937, in *For Home and Country, Compilation, 1919-1959* (London, 1990), p.148.

community activity. However, health and medical information examined for this chapter show that knowledge was obtained from a number of sources. This chapter will offer a range of examples of instances where the gendering was relaxed which suggested that there was nothing unmanly about practising medical and nursing care. In her two books, M. Loane, a district nurse at the turn of the century, records the role of men in home nursing amongst the poorest families.

The spoken word and literacy

A number of sources of medical information were equally available to men as well as to women through military, youth, and first-aid organisations, as well as printed sources such as books and magazines. Word of mouth, recipes and treatments would have been shared amongst friends and families, and many would have been passed down through the generations.⁹ The three concepts of orality, coined by Walter Ong, are: primary orality, for example, cultures with no knowledge at all of writing; residual orality; and secondary orality, the use of telephones radios and television which also relied on writing and print for its existence.¹⁰ In common parlance, oral communication is interpersonal speech, but also as M. Killingsworth points out, orality means more than just talk, it is a means of transmitting cultural history and reflects the extant beliefs and knowledge within the culture.¹¹ Orality embraces a wide genre of song, poetry, and literature and is a vector for transmitting often the differences in ethics and beliefs within all age groups and social classes. An example of this is the popular songs of the First World War which reflected the cultural bias of the jingoistic attitude of the ordinary soldier inculcated within the military as compared with the war poetry of the officer class.¹² Oral transmission of

⁹ In Chapter 2 two sources of medical care were identified, Benjamin Copeland 1759- 1800 and Thomas Walton 1792-1867, however a search of the baptisms and marriage records of Chinnor Parish did not reveal any evidence of their off spring following in their father's occupation.

¹⁰ Walter Ong, 'Orality, Literacy and Medieval Textualisation: Oral and Written Traditions in the Middle Ages', *New Literary History*, 16, 1, (1984), 1-12.

¹¹ M. J. Killingsworth, 'Product and Process, Literacy and Orality an Essay on Composition and Culture', *College Composition and Communication*, 44, 1, (1993), 26-39.

¹² See for example, '*It's a long way to Tipperary*', written by James Henry circa 1912, and '*Died of Wounds*' Siegfried Sassoon, Brian Gardiner, *Up the line to Death, The War Poets, 1914-1918* (London, 1964), p. 124.

information is plastic and may reshape events and truths over time, which might then be consolidated as facts when oral transmission became written. Killingsworth referred to orality as a process, whereas literacy was a product. He further expanded this idea by aligning literacy with authority and managerial control whilst orality was a process between equals.¹³ Although this was a concept which emerged during the 1970s, it encapsulated the modes of medical information transmitted within the period under review. These methods included: cultural history, health beliefs and health knowledge and the role of orality in the transmission of medical information. In addition, the more authoritarian self-help books have been examined for the thesis, whilst the interviews with residents and their recollections, denoted a process by which information, as well as cultural history, was transmitted across generations. Alison King recalled her grandmother, who had extensive knowledge of plants and herbs as well as other remedies, learned from her mother, willingly passed on this knowledge to others. Alison herself was taught what was safe to eat and what to avoid. Her grandmother had very little schooling and it was thought that her children taught her how to read.¹⁴

The standard measure of levels of literacy was the ability of the person to sign their name, and to ascertain the national situation, statistics were culled from parish marriage registers. This was known as the 'signature literacy'. An inspection of death certificates issued to Chinnor residents between 1895-1945, indicated five instances of a mark X being substituted for the signature of the next of kin, the latest instance being when in 1921 George Witney so marked the death certificate of his 25 year old daughter who died from tuberculosis. In 1901, Hannah Newell put her mark on the death certificate of her 34 year old daughter and, in 1902, Mary Howlett put her mark on the death certificate of her one year old son. In 1904 Charlotte Rogers put her mark on the death certificate of her grandson, aged 8 months, and in 1906 on the certificate for Thomas Pilling and, although

¹³ Killingsworth, *Product and Process*.

¹⁴ Alison King, interviewed 30/1/17.

their relationship was not recorded, she was present at his death.¹⁵ Harvey Graff discussed the whole issue of the definition and measurement of literacy from a historical, social and economic perspective and the social and economic relevance of literacy on an international and historical basis. He suggested there was a need to identify measures of literacy that were direct, systematic and comparable and that the value of literacy to differing groups of people may be very variable and the effect on literacy of social developments was not as direct as had been supposed.¹⁶ Barry Reay has addressed the historiography of literacy and challenged its accepted definition. He examined the roles of family and friends in education and the effect of children's work in farming communities and the influence of health, weather, school environment and its impact on attendance and literacy.¹⁷ These issues, described by Reay, are further discussed by the education historian J. S. Hurt who examined the legal, social and economic issues of school attendance not only in agriculture but compared the situation with other industries within the complex history of child labour. He analysed the conflicting needs of the national government for an educated workforce and the desperate need for farmers to employ cheap labour (and in other industries, for children to contribute to the family economy from an early age).¹⁸

Family and community care

Other medical knowledge might have arisen from the experience of being ill and relying on community sources of information and help. For example, consulting the services of a range of healers who were skilled in using herbs, rituals and other remedies. Many of

¹⁵ It could be suggested that this incidental discovery might come under 'trivial' items, comments, or incidents discussed in the introduction but which may well prove to be illuminating, highlighting a small, unnoticed insight. The use of the x as a signature does indicate that some residents were unable to write their name.

¹⁶ Harvey Graff, 'Introduction to Historical Studies of Literacy', *Interchange*, 34, 2, 3, (2000), 123-131. For example, Joan Lane records that in 1857 on the inception of the Army Hospital Corps the Royal Commission insisted that all members should be literate which was not then a normal requirement for NCOs and privates. Lane, *Social History of Medicine*, p. 178.

¹⁷ Reay, 'Literacies,' in *Microhistories*, pp 213-256.

¹⁸ J. S. Hurt, 'Unwillingly to school', in *Elementary Schooling and the Working Classes: 1810-1918* (London, 1979), pp 188- 213.

these practitioners were peripatetic but some information gleaned from experiencing their skills and methods could have been adopted and passed on by the local people they treated.¹⁹ Interviews with Chinnor residents for this thesis revealed that their mothers would undertake their own nursing and that information had been passed down to them by their mothers.²⁰ One example of this form of transmission and the whole ethos of neighbour taking care of neighbour can be gleaned from an examination of the minutes of the Chinnor branch of the Women's Institute. The Women's Institute was a Canadian import which reached this country in 1915. It started in rural Stoney Creek, Ontario by Adelaide Hoodless in 1897 from a meeting of the wives of the Farmers Union.²¹ The first meeting of the WI in Great Britain was in September 1915 in Llanfairpwllgwyngyllgogerychwyrndrobwilllantysiliogogoch, Wales and the first County Federation was formed in 1917 in Sussex.²² The same year saw the first Annual General Meeting of WI delegates and the National Federation of Women's Institutes was formed with Lady Denman as the first chairman. The organisation was, and still is, rigorously independent from other institutions and politics, and its aims were to provide country women of all classes with education, social activities, and to campaign on issues important to its members; aims which are still proclaimed today on the Chinnor WI website.²³ The Women's Institute branch in Chinnor was formed in January 1923 when a meeting was called by Lady Sillam (in the chair) to discuss the formation of a local branch. Thirty-eight women attended and it was unanimously voted that a WI should be started in Chinnor with Lady Sillam as president. The inaugural meeting was held on

¹⁹ Davies, 'Cunning folk', 55-73.

²⁰ Jean Braginton, interviewed, 7/3/17, Rodney Turner, interviewed, 1/2/17, Cyril Gibbs, interviewed, 2/2/17.

²¹ For a political critique of the early aims of the organisation in Canada see Linda Ambrose and Margaret Kechnie 'Social Control or Social Feminism? Two views of the Ontario Women's Institutes', *Rural and Farm Women in Historical Perspective*, *Agricultural History*, 73, 2, (1999), 222-237.

²² Jane Robinson, *A Force to be Reckoned With: a history of the Women's Institute* (London, 2011) gives an unvarnished account of the difficulties and setbacks surrounding the formation of the WI.

²³ <https://livewell.Oxfordshire.gov.uk/services/1138/Chinnor-WI>. Also: for a critique of the aims in Great Britain see, Helen McCarthy, 'Parties, Voluntary Associations and Democratic Politics in Interwar Britain', *The History Journal*, 50, 4, (2007), 891-912, Caitriona Beaumont, 'Citizens not feminists: the boundary negotiated between citizenship and feminism by mainstream women's organisations in England, 1928-39', *Women's History Review*, 9, 2, (2000), 411-429.

February 7th 1923 and 24 women both single and married enrolled.²⁴ Following Lady Sillam, for many years before, during, and after the war, Dr. Leverkus was the WI president before the introduction of the Limits to Tenure rule.²⁵

The richness of any written record depended on the skill of the writer, which in this case, in turn, depended on the skills of the nominated minute taker. Minutes, did not always provide much detail, and it was not always possible to determine how effectively the resolution had been implemented unless a follow up minute was recorded. However, examination of the minutes from the 1920s to 1940s indicated a range of topics addressed, some of which have been referred to in other sections of this thesis. However brief the records, what shines through is the story of a group of women with the welfare of their community at heart, and it can be seen that Chinnor took its health very seriously, there being a continuous demand for health and medical information as the following extracts show. Following its inauguration, and over the next two decades, a spectrum of health and medical talks and initiatives were put in place. In January 1926 there was a talk by Miss Adams on '*What to do in an emergency*' (unspecified) whilst in October 1928, Claire Groslett, (no title given) gave a lecture on the '*New Facts About the Prevention of Disease*' and in January 1929, a competition was run for the best article submitted on the subject of '*First Aid at Home*.'

Later that year the group identified the need for a range of 'sick room requisites' for loaning out to the village and, in October, along with a talk on '*Enemies of Health, Germs and their Work*,' it was suggested that home nursing lessons be held each week. This would then be put to good use by forming a sick visiting committee which was formed in 1931. In March 1932 it was decided that more information was wanted on Red Cross classes and in May, Dr. Leverkus gave a talk on '*Remedies in the Home*.' In 1933 it was decided that the theme of the year would be health and Dr. Carling (a local GP) spoke of

²⁴ *WI Chinnor Minutes*.

²⁵ *WI, History of Chinnor*, 1979, Chinnor library.

the 'Question of Health and the Good of our Country.' Later that year there was a talk on home remedies for colds. This was followed by talks from Dr. Carling on health and Dr. Leverkus on 'Progress of Medicine'. In June 1934 members helped out at a health exhibition in Thame and 1935 saw Dr. Leverkus giving a talk on female anatomy whilst Miss Fry (no designation given), in 1936, gave a series of six talks on how to keep well.²⁶ In his review of the history, aims and organisation of voluntary agencies from the eighteenth century, R. J. Morris identified the organisations (for men or women) which seem to have fallen loosely into three categories. Mutual aid (usually financial), gambling, dining and sports clubs, and philanthropic organisations which addressed identified local issues related to the poor and needy. These endeavours were predominantly political or religious in origin and ideology.²⁷ The years between the wars were particularly significant for women of all classes. The Great War had left thousands of women born between 1885-1905 with little or no prospect of marriage and the conventional life of domesticity. These women had obtained the vote and were more socially and politically aware than previous generations. The war had changed them and they set out to change society. It was this generation of women who helped to form and steer the WI.²⁸

Sex education

Not all medical information was so easily communicated. One such topic of health information which failed to be communicated orally was the 'facts of life'. Although embedded in a rural community with farming livestock, it would seem that a close association with animal husbandry did little to inform the facts of reproduction. Maureen Sutton's review of sex knowledge in Lincolnshire also highlighted a similar knowledge gap.²⁹ Kate Fisher has explored the gendering and knowledge of sexual information using

²⁶ *WI Minutes*.

²⁷ R. J. Morris, 'Clubs societies and associations', in F. Thompson (ed) *The Cambridge Social History of Britain 1750-1950, Vol 3: Social Agencies and Institutions*. See p. 412 for a list of typical philanthropic interventions.

²⁸ Nicholson, Virginia, *Singled Out: how two million women survived without men after the First World War*, Chippenham, 2007).

²⁹ Sutton, *We Didn't Know Aught*.

documentary evidence and oral history from the 1920s through to the 1950s, noting the different sources of information attained by men and women as they accessed different social networks.³⁰

All the interviewees for the thesis reported that any knowledge about the facts of life were obtained from school friends or books. Universally they stated that they never received any information, nor asked for it from their parents. Jean Braginton reported that after her periods started her mother warned her to 'be careful' but as Jean said, 'gave no indication of what to be careful about.'³¹ John Neighbour referred, as did others, to a 'doctor book' which was 'much talked about' and which Jean remembered as having diagrams of what she referred to as 'down below'.³² This book was also referred to by Avice Hulbert as being locked away from young eyes whilst Wendy Harris remembered that in the 1950s, the same level of ignorance occurred and it was down to the domestic science teacher at school to impart the relevant information, which she apparently did, at odd moments during the cookery classes.³³ This reluctance on the part of parents to impart sexual knowledge has been reported in a number of surveys covering the years under research.³⁴

The attainment of sexual knowledge which has been explored by Roy Porter and Lesley Hall summed up the ethos of the times by the comment 'For many, sexual knowledge was the product of a combination of blind ignorance and sordid misinformation.'³⁵ They raised the issue of sexual knowledge within the paradigm of oral history. Steve Humphries confirmed these enduring attitudes in his search amongst British life story

³⁰ Kate Fisher, 'She was quite satisfied with the arrangements I made': Gender and Birth Control in Britain 1920-1950. *Past and Present Society*, 169, Nov., 2000, 161-163.

³¹ Braginton, 7/3/17.

³² Braginton 7/3/17 and John Neighbour, interviewed 20/2/17.

³³ Avice Hulbert, interviewed 30/1/17 and Wendy Harris, interviewed 6/2/17.

³⁴ In addition to Sutton's work see Elizabeth Roberts, *Women and Families: an oral history, 1940-1970* (Oxford, 1995), pp. 59-62.

³⁵ Roy Porter, and Lesley Hall, *The Facts of Life* (London, 1995), p. 246.

collections which revealed a total silence on sexual matters.³⁶ It would seem that in Chinnor, as elsewhere, the facts of life were just not talked about. As a subject it was considered 'not nice', a comment oft repeated by the interviewees and appeared to have been regarded in the same light as tuberculosis, cancer and other illnesses, not a subject for polite conversation. So where did this reaction and its continuation into the 1950s and 1960s originate from? In his book the *Poison of Prudery* Walter Gallichan explored the concept of prudery from its origins, to its effects on health. He stated that it was not clear where this resistance to sex originated from but that the concept of danger and sin within intercourse had played an important role in the 'fear of sex and the growth of prudery'.³⁷ He lamented a false modesty 'Ingrained in English life.....that adolescents are driven to make discoveries for themselves with disastrous results'.³⁸ Unfortunately he then passed on his own erroneous information about the transmission of venereal disease via 'towels and drinking vessels'.³⁹

It was difficult to ascertain the levels of illegitimacy and attitudes towards it in Chinnor. Different sections of the community appeared to have had different approaches, from outright approbation, to a more general acceptance and understanding, leading to babies being absorbed into the family as a new sibling. Alternatively, girls left the village quietly and returned sometime later without the baby; a discrete veil being drawn over the situation.⁴⁰ Two official records in relation to Chinnor were found, the death certificate of Amy Witney aged four in 1907 noted that she was the illegitimate daughter of Amy Wallington. This was the little girl mentioned in chapter three who died of burns and, in 1901, the baptism entry (no date of birth given) for Violet Southam, daughter of Anne

³⁶ Porter, *Facts*, p. 345.

³⁷ Walter Gallichan, *The Poison of Prudery* (London, 1929), p. 21.

³⁸ Gallichan, *Prudery*, p. 87.

³⁹ Gallichan, *Prudery*, p. 95.

⁴⁰ Dr. Leverkus recounted two cases of 'unexpected' deliveries which were accepted into the mother's family and two other babies who were adopted. Leverkus, *Looking Back*, pp. 41- 42.

Southam, who was recorded as being a single woman.⁴¹ ⁴² Examination of the marriage records between 1900-1939, indicated 15 marriages by licence and of these, by cross referencing with the baptism register, only three appeared to be a prenuptial conception. It is difficult to draw any firm conclusions from these records as, has been previously noted, many babies were not baptised.

Sources of domestic medical skill

The medical side of domestic health and medicine also involved the acquisition of skills in dealing with wounds and other injuries, which included a wide range of interventions. Starting with Buchan's *Domestic Medicine*, first printed in 1799, it would seem that he considered that most problems, from diarrhoea to dislocated necks, could be treated by any sensible man or woman.⁴³ Mrs. Beeton's *Book of Household Management* gave instruction on reducing fractures and dislocations in the absence of a doctor and, it would seem, that families were expected to provide medical care for every type of ailment.⁴⁴ Before addressing the historiography of the use of domestic medical manuals, it might be useful to clarify the mind set of just what medical interventions members of the public considered to lie in the province of surgeons, and what they thought was appropriate to treat themselves. Philip Wilson has investigated which diseases and disorders lay members of the public in eighteenth century London would consider within their own skills set, and when they would assign these skills to a physician or surgeon. Manuals available to the public included surgical skills however, generally, they were advised to 'avoid treating skull fractures, bladder stones' and he quotes the *Ladies Dispensary* 1739, which normally promoted surgical care, but which in this case advised lay people 'not to treat gangrene of the womb but refer to a surgeon.' This belief in the ability to perform surgery was not necessarily informed by cost and availability since many manuals were available

⁴¹Death certificate, Amy Witney.

⁴² *Chinnor Parish Records*.

⁴³ W. Buchan, *Domestic Medicine: or a treatise on the prevention and cure of diseases, by regimen and simple medicines* (London, 1799). Facsimile edition Ecco Print editions, on demand.

⁴⁴ Beeton, *Household Management*, p. 1068.

in London as were surgeons. In the eighteenth century, St. Bartholomew's Hospital, London listed, primarily amputations, cutting for the stone, and trephining as common surgical interventions none of which would need a high degree of skill. However, complications of shock, haemorrhage and infection would have been a cause for concern.

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As Hilary Marland pointed out, household medical guides set out to provide an effective tool kit for patients and relatives to administer to the sick at home using minor surgery, preventative medicine, hygiene and regime, whilst at the same time they stressed that there were limits in what should be attempted at home.⁴⁶ Patricia Branca concentrated specifically on the middle class Victorian woman for whom books were written by doctors and concentrated on female complaints. Middle class women were often overlooked as they had access to medical care, but were frequently reluctant to consult a male doctor. Most manuals gave little in the way of information except to concentrate on healthy living. Branca suggested that the tone of the books pandered to women's worries about their health rather than supplying remedies, the same misogyny as noted later in the chapter.⁴⁷ From the historiography it is apparent by the wide range of authors who wrote the manuals that their authorship was by no means the sole prerogative of doctors. Marland cites authors including a Coventry housewife, a weaver who published a list of recipes, and a chemist Savoury, later of Savoury and Moore. The manuals were not without their critics, Savoury stated that his guide was to be used with caution, he declared *South's Household Surgery* was 'alarming' and 'emphatically protested against some of his

⁴⁵ Philip Wilson, 'Acquiring surgical know-how: occupation and lay instruction in early eighteenth-century London', in Roy Porter (ed) *The Popularisation of Medicine, 1650-1850* (Abingdon, 1992), pp. 42-71, in Gweneth Whittretridge and Veronica Stokes, *A Brief History of the Hospital of St. Bartholomew, 1123-1961* (London, 1961), p. 37.

⁴⁶ Hilary Marland, 'The Diffusion of Useful Information': Household Practice, Domestic Medical Guides and Medical Pluralism in Nineteenth-Century Britain', in Robert Jütte (ed) *Medical Pluralism Past-Present-Future*, (Stuttgart, 2013), pp 81-100.

⁴⁷ Patricia Branca, *Silent Sisterhood: middle class women in the Victorian home* (London, 1975), p. 65.

procedures' which included reducing fractures.⁴⁸ Fractures were a common occurrence and could result in amputation as recounted by Jim Rose and cited in chapter three.

In addition to families, a wide range of people were thought to need emergency medical and nursing information. For example, Graham's *Modern Domestic Medicine* was written for clergymen, heads of families and invalids.⁴⁹ Other lay practitioners addressed included Shipmasters and Officers of the Merchant Navy for whom a *Medical and Surgical Help* was written which covered both medical and surgical conditions as well as accidents. It also contained chapters on nursing and invalid cookery.⁵⁰ A number of home nursing books were also available. Written by women with nursing qualifications and experience in lecturing in health subjects, these books presented with minor variations, a similar format for caring for an ill person at home as stated by Florence Stacpoole in her preface:

'I have not written this little book for those who can afford to pay for the help of a trained nurse. I have written it ... that it may be of practical help to people who have to nurse their own sick folk at home ... where none of the special articles are at hand that are provided for nursing the patients in hospitals'.⁵¹

The topics addressed included the basics of nursing care, preparation of the sickroom, hygiene of the patient, diet, medicines and treatment of accidents and emergencies, reflecting Buchan's faith in the lay persons' ability to cope with almost any emergency situation including, in this instance, adder and rabid dog bites.⁵² One insight into the fear that hospitals struck in the middle classes was Mable Goldie's instructions in preparing a

⁴⁸ Marland, *Medical Pluralism*, pp. 85-89.

⁴⁹ T. Graham, *Modern Domestic Medicine*, (London, 1840).

⁵⁰ W. Johnson Smith, *A Medical and Surgical Help for Shipmasters and Officers in the Merchant Navy*, (London, 1912).

⁵¹ Florence Stacpoole, *Our Sick and How to Take Care of Them* (London, 1894).

⁵² S. Caulfield, *Sick Nursing at Home being plain directions and hints for the proper nursing of sick persons and the home treatment of diseases and accidents in cases of sudden emergencies*. (London, 1880), p. 45.

room for an operation. Whilst these instructions are to be found in nursing textbooks for private nurses, her aim was that the book was 'Intended as a help to those who have to nurse their friends without much skilled assistance'.⁵³

The ever-present threat of tuberculosis was evidenced by a number of books on how to avoid it or offer a cure. Clive Rivière in his book, *Tuberculosis and How to Avoid It*, made the statement (often repeated), that, in his experience, 'Tuberculosis has become the most curable of diseases'.⁵⁴ This rather optimistic statement was based on the premise of early detection based on better diagnostic techniques. What he referred to as 'becoming more in touch with the disease in its early and hidden stages'. This belief was so prevalent that Lawrence Flick, a medical doctor, produced a book called *Consumption a Curable and Preventable Disease: what a layman should know about it*.⁵⁵

In spite of the hospital and nursing reforms instigated by Florence Nightingale (1820-1910), normally only the poor would be admitted to hospital. If they were able to access medical help they may have used one of the free clinics at the voluntary hospitals or, if they could afford it, be a member of one of the many Friendly Societies.⁵⁶ The upper classes would have access to a doctor and be tended at home by a trained nurse from one of the nursing agencies operated by the voluntary hospitals as a source of income. Middle class girls would bear the main burden of maintaining the family health so there was a need for medical advice to be available for female members of the family if they could not afford a private nurse. In addition, the lack of women doctors meant that many women might well have denied themselves medical care rather than consult a male

⁵³ Mable Goldie, *Notes on Home Nursing* (London, 1907), p.1. See for example, M. Gullan, *Theory and Practice of Nursing* (London, 1935), pp. 232-239.

⁵⁴ Clive Rivière, *Tuberculosis and how to avoid it* (London, 1917), p 25 and King Edward V11's 'Consumption is preventable-then why not prevent it' quotation from the *First Annual Report of the Oxford Branch of the National Association for the Prevention of Tuberculosis, 1911*. Oxford History Centre, Cowley, P.A. 616.9.

⁵⁵ Lawrence Flick, *Consumption a Curable and Preventable Disease: what a layman should know about it* (Philadelphia, 1903), p.121.

⁵⁶ D. Green, *Working Class Patients and the Medical Establishment* (New York, 1985), p. 12.

doctor. As a result, the availability of medical and nursing advice, as well as the opportunity to consult an anonymous physician on delicate or sensitive topics, might have been beneficial.⁵⁷

Women's magazines as a source of health information

One of the key vectors of medical information since the seventeenth century has been magazines for women. Although, from the interviews, women's magazines did not appear to play any large part in the transmission of health and medical information for them, this does not reflect the possible availability of magazines around the village and their value to other residents who may have used them as a resource. Since magazines remain a valuable source of information for many women, and is integral to the context of health and medical information, their content is addressed here in some detail. Women's magazines have a long history of service to women, providing advice on health, medical care and household hints since 1600.⁵⁸ Dancyger 's well researched illustrated review of the more popular press described the rise and influence of women's magazines since Elizabethan times when advice, in a number of publications such as '*The Ladies Cabinet Opened*' (1639), included medical information on a range of complaints including: gonorrhoea, the 'swelling of the cods' and how to examine urine for underlying disease as well as instructions for minor surgery. Medical advice continued to form an important role in women's magazines.⁵⁹ From the start, a key method of information dissemination within the magazine genre were the advice columns, which included medical advice, which typically followed a question and answer format.⁶⁰

Cynthia White's 1970 work, based on her doctorate thesis, examined the advent and development of women's magazines from 1693-1968. Marjory Ferguson made the point that 'magazines are one of the most significant yet least studied social institutions of our

⁵⁷ *GOP.*, June, 1881 'An ignorant girl', 624.

⁵⁸ Irene Dancyger, *A World of Women: an illustrated history of women's magazines, 1700-1970* (Dublin, 1978).

⁵⁹ Dancyger, *World*, p. 12.

⁶⁰ Cynthia White, *Women's Magazines, 1693-1968* (London, 1970).

time'. Her book, from her PhD thesis, addressed the evolution of the women's press from the age of enlightenment and extends her research into to the growth of the mass market in the 1980s. These two are complementary, White addressed the character and functioning of magazines from a sociological perspective whilst Ferguson explored the behaviour modification effects of the magazine copy.⁶¹ Dulcie Ashdown's fascinating anthology of excerpts from women's magazines from the 1890s explored quotations from extant woman's journals. These demonstrated women's interests in a wide range of issues including: health, royalty, domestic issues, fashion, 'love courtship and marriage' (an 'answers to readers queries' advice column), topics which would not be out of place for today's readers.

Victoria's reign saw years of expansion in publishing for women (48 new magazine titles came onto the market between 1880 and 1900), and reflected the burgeoning publishing industry as a whole. A number of factors contributed to this growth. Britain's railway network was expanding, therefore growing a retail distribution network which facilitated the distribution of printed paper.⁶² One early example of the genre is the '*Girls Own Paper*' which in spite of its title, in contrast to the existing women's magazines which tended to aim at a niche market, had a different approach which was illustrated by the editor in 1880 who wrote, 'anyone with half an eye can see that the *GOP* is intended for girls of all classes' and a 'paper which girls could truly call their own'.⁶³ It was launched on the 3 January 1880 and continued until 1957 as a weekly, later as a monthly, publication for adolescent girls and young women. It later expanded its appeal to older women and their mothers and was published by the Religious Tract Society as a development of their earlier magazine '*The Young Ladies Magazine of Theology*'.⁶⁴

⁶¹ White, *Magazines*, Marjorie Ferguson, *Forever Feminine: women's magazines and the cult of femininity* (Aldershot, 1983).

⁶² David Stam and Andrew Scott, *Inside Magazine Publishing* (London, 2014), p. 14.

⁶³ Stam, *Publishing*, September (1895), p. 784.

⁶⁴ W., Forrester, *Great Grandmama's Weekly: a celebration of the GOP, 1880-1901* (London, 1980), p 13.

This period saw, not only an increase in the number of magazines, but also types and presenting format including: broadsheets, girls' magazines and cheap domestic magazines.⁶⁵ These included a range of titles, differences in editorial tone, and target reader. For example; the upper-class journals were aimed at intellectuals and progressives. Middle class magazines included domestic topics but not, it would appear, medical topics although there appeared to be health issues discussed in correspondence columns. However, it was not until after the NHS that the subject of medical information grew.⁶⁶

The five women's magazines which were selected for review covered the period under research and were aimed at the middle to lower class periodicals or 'service' magazines rather than those of society for example, '*The Lady*' 1885, or fashion e.g. '*Vogue*' (Condé Nast), 1916. Lower middle-class magazines tended to follow a purely domestic format however, during this time certain basics of the genre were established and have persisted over time which included: an editorial, fiction, poetry, advice columns, (miscellaneous information on how to, cook, do needlework and paint), medical articles, health tips with cover of fashion and general information depending on the magazine's niche market. In addition, there was a growing sense of establishing a relationship with the reader often seeking their involvement in the editorial process by inviting contributions, letters and competitions.

The magazines examined for the study included *Girls Own Paper* (GOP) for girls and mothers, *Home Chat* for adults and *Woman's Own* (Newnes) specifically for older women with Lucinda Beier's analysis of medical articles from *Woman's Weekly* (Fleetway).⁶⁷ '*For Home and Country*,' the magazine of the Women's Institute, which

⁶⁵ White, *Magazines*, 'The origins of the women's press: 1693-1939'.

⁶⁶ White, *Origins*, p. 33.

⁶⁷ See Hilary Marland, 'Reinventing the Victorian Girl', in *Health and Girlhood*,. 42-85, see also Lucinda Beier 'Healthy Reading', in Beier, *For Their Own Good: the transformation of the English working-class health culture, 1880-19700* (Columbus, 2008), pp. 316-331.

began life as a 'dear little journal' of eight pages and a circulation of 2,000 in March 1919 was also chosen because there was written evidence from the Chinnor WI minutes that it was available to members in Chinnor. The WI president purchased four copies of each edition, and divided the institute members into groups, for the magazine to be passed around.⁶⁸ The magazines were also chosen not only as the most likely magazines to be attainable in Chinnor or Thame but also for their longevity and their constancy over time in a volatile and very competitive market.

Magazine and newspaper editorial copy reflected, and still does reflect, the mores and values of a society and the concept of what was considered suitable copy was slow to change, some topics being considered taboo in the editorial text. In fact, it was not until the 1950s that *She* magazine openly discussed the subject of contraception although Mary Grieve does cite the topic being raised in *Woman*, the date is unclear but the article did, apparently, need to be referred to the Archbishop of Canterbury.⁶⁹

Careful scrutiny of small, discrete, advertisements discussed in the chapter on remedies, revealed a covert seam of information on delicate subjects. This made the role of the question and answers column particularly valuable. This was interestingly illustrated in *Girls Own Paper* which, in contrast to the modern format which included the original question with the 'Answers to Correspondents', the *GOP* only supplied the answer leaving the reader to speculate as to the original question and made it difficult to assess the range and subject of medical topics. 'The disease you name is one about which the less said the better except to a doctor we advise you to consult one. Young girls make themselves ridiculous by giving way to it,' or 'Your question is only fit for a doctor's ear, in private, not for an answer in a public periodical.'⁷⁰

⁶⁸ *WI minutes*.

⁶⁹ M. Grieve, *Millions Made My Story*, (London, 1964), P. 167.

⁷⁰ *GOP*, June (1881), 'An ignorant girl, 624.

Analysis of the topics from women's magazines spanning the period under review *Girls Own Paper* and *Home Chat* and later, starting in the 1930s, *Woman's Own* reflected the established format of a view of health and medical theory. These magazines, as well as compilation editions of *Good Housekeeping* and *Home and Country*, were examined to determine the extent, and type of health and medical information and its basis in humoral medical theory available in the editorial copy, as well as in the advertisements for over-the-counter medical products, treatments or interventions from which medical information could be gleaned. *Girls Own Paper* was well supplied with medical articles by 'Medicus' and later by 'The New Doctor' as well as articles on nursing written by a sister from a London hospital which, again, reflected the current Victorian norms and humoral theory. This was compounded in 1913 in an editorial 'The Sick Room in an Emergency' when readers were warned against the use of patent medicines unless approved by a doctor.⁷¹

The 'Answers to Correspondents' column was a key potential source of medical information. A feature of this copy was that only, very rarely, was any attempt made at a diagnosis, comments being directed at the presenting constitutional symptoms leading to a number of interesting constructs being elicited. These were primarily related to physical manifestation, predominantly, weakness, as well as fatigue and bad nerves.

Correspondents were described variously as weak, delicate, or having disordered organs or systems, 'congestion' being a particular problem. Concern was expressed about the correspondents' weakness of general health and tonics were frequently advised. Much of this ill health was attributed to tight lacing, overworked or imbalanced systems or organs, particularly brain work too soon after a meal.

This ideal of a women's constitution being delicate was evidenced by the frequent editorial use of the adjective 'dainty', which appeared to be the ethos of Victorian and Edwardian feminine behavior, and permeated all aspects of women's lives. This ideal was

⁷¹ *GOP*, (1913), 574. Bound copies.

reflected in other magazines from, how afternoon tea was to be served, to the description of a hat decoration or upbringing showing the world what sort of woman she was and how close she was to the fashionable idealised type. As Marion Gold pointed out, this depiction in woman's magazines 'helped to shape both a woman's view of herself and society's view of her'.⁷² This theme of delicacy and daintiness in relation to behaviour, dress and health continued in both *Home Chat* and *Girls Own Paper* throughout the 1890s and 1900s and, in the teeth of contrary evidence of women's frailty demonstrated by the range of heavy, dangerous, and dirty jobs undertaken by women during the First World War, persisted into the 1930s.⁷³ In *Home Chat* 1895 a short article was addressed to the woman who had a 'delicate constitution and many wearing duties' and required an afternoon nap, and, on waking she was advised to eat a small snack to restore her equilibrium. This nap was also necessary for 'tired nerves, aching muscles and over taxed brain'.⁷⁴ Again, in July *Home Chat*, bound volume, 'The Family Doctor' column described various ailments and ascribed headaches to, amongst other things, women being 'delicate'.⁷⁵

During the Victorian and Edwardian era *Home Chat* featured a number of health and information related articles for example; 'Mother', 'The Young Mother', which offered child health and rearing advice where a recurrent topic was the state of the child's digestion and bowels, and 'The Family Doctor' and 'Hygeia' which contained health tips. There was much emphasis on Galenic 'regular' living in terms of sleep, and meals and highlighted from time to time the dangers of changes in the child's environment. Similarly, an early entry in the column 'Hygeia' in *Home Chat*, addressed the need for drinks in hot weather and espoused a humoural approach by suggesting that 'temperament had much to do with the feeling of thirst and that quiet and phlegmatic people felt it much less than those

⁷² Marion Gold, *Wartime is your Time: women's lives in World War 1* (London, 2009), p. 20.

⁷³ See Arthur Marwick, *Women at War, 1914-1918* (Glasgow, 1977) specifically page 80 depicting women coke workers lifting a huge bag of coke onto another woman's back and page 57 munitions workers in a shell filling factory.

⁷⁴ *Home Chat*, (1895), bound volume, no dates given, 86.

⁷⁵ *Home Chat*, July, 27, (1895), 329 bound volume.

who were of a nervous and excitable temperament'. Also, how to treat a fit of hysterics caused by over exertion in a person of nervous temperament, tight lacing (so by implication a woman) excitement and weakness'.⁷⁶ In June 'Hygeia' addressed the treatment for diarrhoea which was caused by sudden change of temperature from hot to cold, exhaustion, fatigue, or unsuitable diet.⁷⁷ In another 'Hygeia' article (no date provided) the Lady Doctor took a humoural approach to the subject of chills describing the ill effects to include: an alteration in blood flow around the body resulting in an 'overflow of blood in parts of the body causing congestion to the vital organs'. This congestion may then be relieved by a bout of diarrhoea if the intestines were weak. The article continued along similar lines outlining the dangers of catching a cold, by 'wearing damp boots, evening entertainments (due to thin evening dresses) and spring'.⁷⁸ The reason for the latter was unclear but could be due to the prevailing fear of sudden changes in temperature.

On August 10th, humoural theory was evident in an article addressing insomnia. This could be caused, according to the 'The Family Doctor' page, by excesses or depletions, for example, 'excess of indigestible foods' or 'depletion by scanty nourishment'.⁷⁹ The doctor continued in September with an article on health in the bedroom alluding to impure air (miasma) causing bad dreams, and to damp beds which 'is the faithful servant of disease and death'. Few if any explanations are offered for the advice, for example, that 'feather beds and pillows should never be put in strong sunshine but may be exposed to the air'.⁸⁰ However, a later article in 'Hygeia' written by a lady doctor (it is not clear whether all the 'Hygeia' articles were written by her) propounded the value of light and sunshine as a precursor to good health. Her article on causes of indigestion where, again, deficiency or excess of food, digestive juices, and exercise were the prime

⁷⁶ HC 'Hygeia', (1895), no date, 95.

⁷⁷ HC, 'Hygeia', June, 29th (1895), 143.

⁷⁸ HC, 'Hygeia', (1895), 87.

⁷⁹ HC, 'The Family Doctor', 10th August, (1895), 425.

⁸⁰ HC, 'The Family Doctor', 7th September, (1895), 605.

culprits.⁸¹ 'Hygeia's' column by the same lady doctor discussed the role of germs in health and disease.⁸²

Moving into the Edwardian era, 1901-1910, *Home Chat* 1907/8 and *Girls Own Paper* 1901-1909 had little or no change in the health advice format. In *Home Chat* 1908 the 'Young Mother' was still concerned about poisonous air, even in the countryside, if windows were not left open. The whole issue about the dangers of open or closed windows and night air exercised much of the editorial copy.⁸³ An unusual concept of germ theory was evidenced in an advertisement in *Home Chat* on 'How to kill the microbes of obesity' and suggested that taking three clynol berries daily one after every meal would solve the obesity problem.⁸⁴

During the 1900s emphasis in *GOP* continued to concentrate on right living and right mental attitudes. From 1913 *GOP* changed its previous format and had no regular health or medical features but in keeping with its founding philosophy, encouraged rational eating and health. Home environment was again alluded to with an article on the choice of home environment which raised again the danger of damp causing many illnesses.⁸⁵ Still on the subject of an appropriate environment the previously mentioned article on 'The Sickroom in an Emergency', covered fresh air and sunshine, floor coverings (removed) bric-a-brac (removed) and the bed sited so that the light came from the left. The article continued with details of the patient's toilet and diet and the previously mentioned warnings about patent medicines.⁸⁶

⁸¹ *HC*, 'Hygeia' (1895), 47.

⁸² *HC*, 'Hygeia', (1895), 431.

⁸³ *HC*, 'Young Mother' 11th January, (1908), 182; see also Peter Baldwin, 'How night air became good air', *Environmental History*, 8, 2, (2003), 412-429.

⁸⁴ *HC*, advertisement for obesity December 21st (1921), 554.

⁸⁵ *GOP*, 'Sanitation in the home', April, (1913), 120. Bound Copies.

⁸⁶ *GOP*, 'The sick room in an emergency', (1913), 574. Bound copies.

Although the *Girls Own Paper* 1916 was published in the middle of the First World War, there was no evidence of any articles on first-aid, home nursing or practical war work, a factor also noted by Marion Gold in her review of wartime coverage of women's magazines when she stated that the war was largely absent from the magazine pages.⁸⁷ One article was on taking care of the teeth another on taking care of the eyesight where readers were cautioned about reading by firelight, injurious to the eyes, and not to read whilst recovering from illness. Also, to bathe eyes with cold water unless 'congestion' is feared and then to use warm. To treat styes which were thought to be caused by debilitated health, a laxative was suggested.⁸⁸ A health talk for women and girls was in fact an article on care of the complexion another example of beauty care masquerading as health.⁸⁹ The general tenor of the publication was more inclined to spiritual matters than the more general approach of previous years.

In the 1930s the *Girls Own Paper* had again changed its format and target reader to a younger school girl from the wider remit of the earlier publication. It published little in the way of medical articles but continued to extol the virtues of outdoor sports such as hiking and camping. March 1937 saw an article by a doctor on the qualities and quantities of food needed for health in particular it extolled the virtues of roughage which it stated 'acts like a scrubbing brush for the bowels, prevents constipation which today is probably the greatest menace to radiant health'.⁹⁰

The 1930s saw the birth of the two women's magazines which were to dominate the market for the next seven decades, *Woman's Own* 1932 and *Woman* 1937. The first is analysed for this thesis whilst information from the editor of *Woman*, Mary Grieve, through her autobiography, offers useful context.⁹¹ *Woman's Own* started a mother craft feature

⁸⁷ Gold, *Your War*, p. 24.

⁸⁸ *GOP*, 'Take proper care of your teeth', (1916), 50 and 'Take care of your eyesight', (1916), 187.

⁸⁹ *GOP*, (1916), 294.

⁹⁰ *GOP*, March, (1937), 279.

⁹¹ Grieve, *Millions*.

in 1934 written by nurse Vincent, pictured in full hospital uniform, who dispensed advice on infant feeding and child development. Interestingly, she remarked that babies are all born deaf although young children can startle at sound this must not be tested or it will shock a baby and injure its nervous system. Advice given was of a very basic nature, for example, advising not to use drawstrings to tie baby's clothes.⁹²

In spite of the fact that the magazines were aimed at the less well-off classes Avice Hulbert, said that women's magazines were not taken in their house and cited cost as a reason.⁹³ In fact, women's magazines were not cited as a source of medical information by the interviewees mainly citing cost and coupled with Mary Grieve's, editor of *Woman* pre and during the war assertion that medical articles were not published as women did not have any expectations of medical care. However, there were articles written by health care professionals on child care. Overall health information in women's magazines, apart from advertisements for specific remedies, was 'about' rather than a 'how to' approach which persisted into the 1950s.

New media

One embryonic, but potentially powerful, force for the dissemination of health information in the 1920s was the wireless. As Lucinda Beier pointed out, during the interwar years there was a widening awareness of the power of the mass media and, as she reminded us that working-class health care was highly gendered, the impact of these messages were much considered. Listening to the wireless for example was clearly home-centred and therefore attractive to women. After the formation of the BBC in 1904, the influence of the wireless extended beyond that of the radio hobbyists. However, early 'crystal' sets were expensive and were bought in parts which were then assembled at home. In 1922, 1% of the population from all classes had a wireless which rose to 71% by 1939.⁹⁴

⁹² *Woman's Own*, 'Baby's Progress' July 14th. (1934), 424.

⁹³ Hulbert, 30/1/17.

⁹⁴ Beier, *Own Good*, pp. 331-337.

Mabel Howlett recalled that Mr. Dodwell the butcher bought the first electric wireless in Chinnor and that her father bought the second. When Mabel's granny had one installed a Mr. Hill installed it and ran a length of wire from the wireless to a piece of corrugated tin to form an earth, he then threw two buckets of water over it.⁹⁵ Seen early on as a source of health information the BBC, under the directorship of Lord Reith and supervision of the Ministry of Health, edited scripts and decided what topics should or should not be discussed. Topics were determined by their potential for education and health improvement rather than providing unwarranted hope for a cure. For example, a proposed talk on cancer was abandoned because at that time 'there was no useful preventative work to be done'.⁹⁶

In concert with the prevailing ethos of the time much of this was directed at the 'ignorance' of women in their knowledge of healthy nutrition and their spending habits rather than, as highlighted later in the chapter, on poverty and poor housing. In 1933 Dr. Charles Hill was invited to give a series of four radio talks it was however, during the war years that he came into his own as the Radio Doctor.⁹⁷ As well as information from magazine advertisements, articles, and on the wireless, newspapers also carried the health message to the population.

The nation's health

On a national level, there was a considerable political movement aimed at improving the nation's health through physical education and self-help. Four influences can be identified which prompted this action. Firstly, the Boer War had exposed the fact that only 40% of volunteers were fit enough to join the army, rejected volunteers suffered from a range of conditions including, rickets, chronic bronchitis, poor teeth and skin diseases. and it was

⁹⁵ Howlett, *Jottings*, undated.

⁹⁶ Karpf, *Doctoring*, p. 35.

⁹⁷ Charles Hill, *Your Body how it works and to keep it working well*, by the Radio Doctor. 'the most readable book ever written on the most interesting subject in the world' (London, 1944).

felt that the British race was degenerating.⁹⁸ By the Great War there was no improvement, 41% of volunteers were recorded as C3 (unfit for combat) although they were ostensibly in the prime of life. Whilst magazines such as *Health and Efficiency* had advocated a more healthy way of life since 1900, by the 1920s and 1930s a more robust approach to health was emerging. A 'will to fitness' was encouraged but within it, a Galenic approach placed the responsibility squarely upon the shoulders of the individual rather than on the more immediate and relevant action of the Government in improving social conditions. This was the key cause of poor health in Britain along with, unemployment, poor wages and no national health scheme to alleviate illness.⁹⁹

This period saw an upsurge in preventative health and the uptake of healthy activities. Sir William Arbuthnot Lane, who had declared that 'constipation was the root of all the troubles of the cultured life', founded the New Health Society in 1925 to promote a healthy diet, sunbathing and personal cleanliness, as a counter to what he referred to as 'physical, mental and moral unfitness'. This was to be achieved through diet reform which would include vegetables, fruit and whole foods, the avoidance of constipation, outdoor exercise, fresh air and sunlight, and claimed that all disease was caused by faulty habits, an echo of Galen's non-naturals.

On the international stage one event which helped to prompt this philosophical approach to health was the 1936 Olympic Games in Berlin where the health and fitness displays by young Germans could not fail to impress. Whilst determined to eschew the militaristic approach of the Third Reich there was an undeniable admiration for Germany and its achievements in certain sections of society, whilst others were keeping a wary eye on developments in Europe. Prime Minister Chamberlain, however, inaugurated the National Fitness Campaign insisting that getting the Nation fit 'must be done in the British way'.¹⁰⁰

⁹⁸ Lane, *A Social History*, p. 178.

⁹⁹ Juliet Gardiner, *The Thirties* (London, 2011), pp. 516, 517.

¹⁰⁰ Gardiner, *Thirties*, p.516.

The BMA's *Physical Education Committee Report, 1936*, opened with the words 'The aim of physical education is to obtain and maintain the best possible development and functioning of the body...and aid the development of mental capacity and character'.¹⁰¹ Specifically, the report sought to encourage gymnastics in addition to national games, although, many schools lacked the necessary facilities. The *PEP Health Report, Britain's Health, 1939*, bewailed the state of physical education in the country, declaring that there was not enough provision of leaders, instructors, or enough playing fields, and centres. However, funding was available from the National Fitness Council, set up by the Government in 1937, and in the late 1930s when Chinnor was proposing to build its Village Hall, as recounted in the introduction, and needing to raise additional funds, the committee approached the National Fitness Council for a grant as the Village Hall would provide facilities for physical training. In March 1939, the National Fitness Council provided a grant of £500.¹⁰² The MBA's committee was equally concerned for people who had left school to continue with some form of physical education. *Girls Own Paper* had long been active in promoting physical education for girls. The magazine frequently mentioned golf, cycling, tennis, and running as being suitable and there was a series of articles by Dr. Lillian Bentley on physical culture for girls which were primarily about posture.¹⁰³ Subsequent articles covered strengthening the muscles and the art of relaxation and a later article included exercises for 'Girls Who Are Inclined to be Stout'.¹⁰⁴ Since the First World War there had been a growing number of physical culture clubs founded by the 'Health and Strength League' as well as the 'Sunlight League' started by Caleb Saleeby (1878-1940) in the middle of the 1920s with his book '*Sunlight and Health*'.¹⁰⁵ Women's League of Health and Beauty was started by Bagot Stacke during the ethos of the 1930s of 'joining'.

¹⁰¹ Herbert, *Britain's Health* (Harmondsworth, 1939), pp. 178, 179.

¹⁰² Chinnor Village Hall funding application forms and correspondence, January 1932-1944, Oxford History Centre, Cowley, 041/1/C6/26.

¹⁰³ *Chinnor Hall*, 1909/10, p. 246.

¹⁰⁴ *Chinnor Hall*, p. 542.

¹⁰⁵ C. Saleeby, *Sunlight and Health* (London, 1923).

However, this health movement and general health advice had little impact on the very people it needed to help. The working classes and the unemployed had little use for its ethos. The diet advocated was expensive and beyond the realm of most families. Robert Roberts in his book *The Classic Slum*, describes how working-class folk bought their food not by the day but by the meal citing 2ozs of meat or cheese being the smallest amount they could buy. In spite of this, poor folk would try again and again begging for smaller amounts 'Just a penn'orth of cheese to fry with this 2 ozs of bacon.' Or buy just 'half a loaf a ha'p'woth of milk, tea or a scrap of mustard pickled cauliflower in the bottom of a jar'.¹⁰⁶ The physical culture movement also held little resonance for them.

Describing the situation of the unemployed Juliet Gardiner cites a case in which a man, depressed and bored at being out of work, decided to join a physical training class. Far from increasing his health and fitness he reported that it 'made him so hungry he could not go on with it'.¹⁰⁷

Founded in 1856, the Royal Oak cricket club in Chinnor was a village fixture with football clubs from the 1900s, and by the 1920s there was a tennis club in Station Road, whilst the Rifle and Pistol Club dates from 1907. Badminton was played in the Village Hall from the 1930s and the schools provided time for what was referred to as 'drill', which would now be physical education, in the syllabus if the weather permitted. From the interviews and existing written accounts of life between the wars in Chinnor it would seem that physical exercise was not in short supply. In addition to hard physical work on the farms or in the house caring for a large family the main method of traveling was cycling. Children cycled to school in Chinnor from Henton, Sydenham, Emmington, Aston Rowant and Kingston Stert at the age of 11. Mabel Howlett remembers that 'We cycled everywhere in those days!' Her first bike being a 'sit up and beg' with dress guards to

¹⁰⁶ Roberts, *Slum*, p. 105.

¹⁰⁷ Gardiner, *Thirties*, p. 133.

prevent clothes being caught in the wheel 'no trousers worn by girls then'.¹⁰⁸ Mary Howlett comments that bicycles seemed to have been popular in Chinnor, naming Walter Cox as having a business hiring out bicycles by the hour or day as well as running a confectionary business.¹⁰⁹

Military medical services

One form of health and medical information which bridges oral transmission and written sources is through training, and it appears that some health and medical self-help knowledge was gained through work training and experience. The history of army medical care has concentrated almost exclusively on female nurses including the autobiographies of women in the Voluntary Aid Detachments and the male and female doctors of the RAMC ^{110,111} The military historian A. Miles, in his book which he entitles *The Accidental Birth of Military Medicine* takes the great man, great event approach, whilst Ian Whitehead explored the moral and political dilemmas faced by military doctors.^{112, 113} Anne Summers briefly mentioned medical orderlies in her book about army nurses but only in relation to their impact on the trained nurses' role and work.¹¹⁴

However, medical training for men, other than as doctors, can be identified within the medical services of the armed forces, the army had medical orderlies, and the navy sick berth attendants. Military medicine in war time was essentially male and a male orderly would have to work under fire, female nurses being precluded from the front line.¹¹⁵ From

¹⁰⁸ Howlett, *Jottings*.

¹⁰⁹ Mary Howlett, 'Chinnor 50 Years Ago', *Chinnor Chronicle* 13 January, (1976).

¹¹⁰ Anne Summers, *Angels and Citizens: British women as military nurses, 1854-1914* (Newberry, 2000).

¹¹¹ V. Brittain, *Testament of Youth*, (Glasgow, 1979).

¹¹² A. Miles, *The Accidental Birth of Military Medicine: the origins of the Royal Army Medical Corps* (London, 2009).

¹¹³ Ian Whitehead, *Doctors in the Great War* (Barnsley, 2013).

¹¹⁴ Summers, *Angels*, p. 82.

¹¹⁵ In reality female nurses were posted very close to the fighting and about 200 nurses from British Military Nursing Services died while serving in the First World War. Neil Storey and Molly Housego, *Women in the First World War* (Oxford, 2010), p. 18.

the nineteenth century medical orderlies trained for three months. Their syllabus included: general anatomy, bandaging, dressings and treatment of fractures, administration of medicines, nursing of the helpless, use of surgical appliances, observation of the sick and ward management. An unexpected subject was invalid cooking. They also studied first aid and field hospital work. These orderlies were as good, or eventually better trained than the trained nurses, their syllabus being based on that of St. Thomas's Hospital and theoretically, they would have been able to carry out similar duties. Anne Summers suggested that Florence Nightingale had authored both curricula.¹¹⁶ Also, within the military was the so called 'comrade system' by which a very ill soldier was allowed to have a 'comrade' to nurse him, especially at night.¹¹⁷ Training and experience for medical orderlies was not confined to battle wounds. As Anne Hardy pointed out, disease was a significant killer during the First World War, specifically the enteric fevers, although for the first time, more men actually died of wounds than of infection. In addition, the army had instigated intensive campaigns of sanitary training to educate troops on the containment and prevention of enteric diseases.¹¹⁸

The sick berth attendant in the Royal Navy was a long, established crew member. At first there was no formal training and he would have learned his skills under the apprenticeship model, with the surgeon's supervision. At the same time, it was recommended that female nurses should be employed, and part of their responsibility would be to train the probationer sick bay attendant. This begged the question of how relevant this training and experience would be for domestic health care and self-help. The training given by senior members of the branch had to be comprehensive since the SBA may find himself as the sole source of medical help on a small warship. Instruction included: dispensing, operating theatre routines, use of surgical instruments, first aid, venereal disease and care of mental patients, invalid cookery, and practical experience of

¹¹⁶ Summers, *Angels*, p. 84.

¹¹⁷ M. Baly, *Florence Nightingale and the Nursing Legacy* (Beckenham, 1986), p. 111.

¹¹⁸ Hardy, *Health and Medicine*, pp. 59, 61.

nursing general medical and surgical cases. The training was six months long with another year of hospital experience. By 1931 the syllabus included anatomy and physiology, nursing techniques, first aid, poisons and antidotes and teaching techniques. It is clear that these men not only nursed war wounds and accidents but also infectious diseases which often accounted for the major part of medical casualties.¹¹⁹

These sick berth attendants and their equivalent in the army, were predominantly working class men who returned to their towns and villages with a substantial amount of health and medical information which could have been available to their families and the community if needed. Chinnor's absent voters list and an entry in the baptism register noted three men in the RAMC during World War I, one of whom returned, and according to Chinnor parish records, died in 1968. It was not just the men of Chinnor who went to war; John Neighbour's aunt Annie was a VAD nurse at the front during the battle of the Somme.¹²⁰ An editorial in *Home Chat* in 1920 regarding the Girl Guide movement put out a plea for more women to volunteer as 'Guiders' for the movement, 'Demobilised girls of good social standing, with experience in first aid, ambulance work and motor driving are particularly suitable'.¹²¹ Knowledge of treating injuries developed in the military gave rise to the self-help first aid manuals.

Youth groups, including junior sections of the St. Johns Ambulance Brigade and the Red Cross Society, were all sources of basic medical self-help information. Cyril Gibbs recounted his brother aged 23, being a member of the St. John's Ambulance Brigade which met at his work place in Princes Risborough.¹²² Vera Brittain wrote about attending the First Aid and Home Nursing course run by the Red Cross in her home town of Buxton

¹¹⁹ G. Clark, *'Doc': hundred year history of the sick berth branch* (London, 1984) see also Whitehead, *Doctors*, p.183 and chapter 9; and Lane, *Social history*, p.179, give examples of the range of medical conditions which army orderlies would be exposed to.

¹²⁰ Neighbour, 20/2/17.

¹²¹ *Home Chat*, 14th August, (1920), 242.

¹²² Gibbs, 2/2/17.

prior to enrolling as a VAD in 1915.¹²³ The training manual of the St. John's Ambulance Brigade, 1928, provided a comprehensive syllabus for first aid and self-help whilst the *Red Cross Nursing Manual*, first published in 1912 and reprinted until 1925, provided an excellent basic nursing course covering observations, feeding the patient, medicines and their administrations, infectious diseases, wounds and dressings.¹²⁴ From its first publication in 1908, Baden-Powell's *Scouting for Boys*, emphasised the need for self-reliance, and self-help in health matters as well as illness prevention. Healthy living was advocated through early rising, not smoking, avoiding patented and quack medicines. There is also a sizable section on first aid, looking after sick people and dealing with accidents.¹²⁵ Chinnor Scout troop was founded in 1919 and is still flourishing today.

In 1908, the war office issued its *Scheme for the Organisation of Voluntary Aid in England and Wales* and the training of these nurses fell to the voluntary aid societies of St. John and the Red Cross. The scheme was open to men and women and, whilst the men tended to work as ambulance drivers and orderlies, the 1912 preface to the *Red Cross Nursing Manual* was a statement from the director saying that 'The term 'nurse' as used in the text, male nurses are included, for the service to be rendered by the male members of the VAD Necessitates a knowledge of practical nursing and no male member of the Detachments can be considered fully qualified unless he has a training in the elements of nursing'.¹²⁶

During the First World War a VAD hospital was inaugurated in the adapted Old Grammar School in Thame and people cycled from neighbouring villages to help, some of whom may well have been from Chinnor and this would have allowed them to gain some

¹²³ Brittain, *Testament*, p. 101.

¹²⁴ J., Cantle, *First Aid to the Injured: the authorised textbook of the St. John's Ambulance Association*, (London, 1928), J. Cantle, *British Red Cross Society Nursing Manual No 2.*, (London, 1925).

¹²⁵ R. Baden-Powell, *Scouting for Boys* (London, 1908), pp 244-266.

¹²⁶ Cantle, *Red Cross* 1912, preface.

nursing experience.¹²⁷ Jim Rose recalls his wife being a member of the Red Cross during the Second World War.

The role of domestic service

In the introduction, Isabel Beeton was quoted as saying ‘some of the female servants of the establishment must give their attention to the sick room’.¹²⁸ The concept of masters and servants as a cultural divide was a Victorian development. In previous centuries the social division did not exist, master and servant dined in the same large hall or slept in the same room, it was only during the Victorian era that the concept of differentiation began.¹²⁹ The historiography of servant life is, to take Lucy Delap’s phrase, one of ‘popular and scholarly fascination’ with historians relying on written and oral testimony in addressing the domestic arrangements, cultural influences, the changing economic climate, its effects on employment and examining the mental shift in women’s expectations between the wars.¹³⁰ Of particular value in examining the history of the lived experience of servants is oral history, where although fact and memory may have become blurred over time, such accounts can produce a rich source of data. It examines the dynamic of mistresses and maids incorporating subtle shifts of power and the emotional complexity of the mother, child, nanny triad.¹³¹ One strategy used by both sides of the social divide was humour which Delap examines as a coping mechanism for the frustrations experienced by both parties.¹³² Poking fun at servants and domestic help had been a long standing vehicle of entertainment in *Punch* and by the cartoonist George Cruikshank (1792-1878) well into the twentieth and twenty first century.¹³³

¹²⁷ J. Howard Brown, and W. Guest, *History of Thame* (Thame, 1935), p. 258.

¹²⁸ Beeton, *Household Management*, p. 1017.

¹²⁹ Lucy Lethbridge, *Servants: the downstairs view of twentieth-century Britain* (London, 2013), preface.

¹³⁰ Lucy Delap, ‘For ever and ever, child raising, domestic workers and emotional labour in twentieth-century Britain’, *Studies in the Maternal*, 3, 2, (2011), www.mamsie.bbk.ac.uk.

¹³¹ Delap, *Child raising*.

¹³² Lucy Delap, ‘Kitchen sink laughter: domestic service humor (sic) in twentieth-century Britain’, *Journal of British Studies*, 49, (2010), 623-654.

¹³³ For example, the wartime radio programme ‘ITMA’ 1939-1949 and the BBC television series ‘Fawlty Towers’ 1975-1979.

Tessa Boase spanned the years from the 1890s to the present day detailing the role, authority and tragedies of five housekeepers of large country estates with the use of diaries, letters and latterly interviews. Although well cared for and respected, the housekeeper's employment could prove precarious in their later years. Lucy Lethbridge charted the social and economic factors influencing the employment and job content of domestic servants from 1900. She highlighted the role of the First World War, challenging its oft assigned role in liberating women from domestic service. She noted that whilst it did open up better paid, but not necessarily more conducive areas of employment, she highlighted the economic changes which, even after this brief period of freedom, forced some women back into domestic service. For some of this group of women, which included war widows, teetering on the brink of poverty the career of 'lady domestics' or 'lady help' provided an economic opening. The existence of the genteel 'lady helps' harked back to the previous century, the *Girls Own Paper* carrying an article on this as a career opportunity, however, the general opinion by employers was that they were 'too much trouble' (due to the restrictions on the type of work they were prepared to do).¹³⁴ Between the wars, domestic servants were the second largest group of workers in rural areas after agricultural workers. An examination of the marriage registers for Chinnor 1900-1945, lists six women who were in domestic service at the time of their marriage, four between 1900-1909 and two between 1930-1939.¹³⁵ Of the occupations recorded for women, only four school teachers, three nurses and domestic servants were listed. A further search of the obtained death certificates for Chinnor indicated another four women were employed as domestic servants on their death in 1904, 1915, 1921 and 1933. Mabel Howlett recalled that the Rectory employed three or four servants, whilst Lucy Lacey in her interview stated that of choices of occupation in the village 'Well, the girls had to go into service and the boys, if they couldn't get a job on a farm had to go away'.¹³⁶

¹³⁴ Lethbridge, pp. 173, 102, 'Domestic service as a profession for gentlewomen', *Girl's Own Paper*, February, (1902), 299.

¹³⁵ Dr. Leverkus states in her memoir that domestic help in the 1930s was 6d. per hour, Leverkus, *Looking Back*, p. 37.

¹³⁶ Mabel Howlett interviewed 1988 and Lucy Lacey interviewed 1988.

This appeared to be a common finding in the rural areas as Barry Reay noted some comments from his work in Kent, 'That's all the girls had to do, go into service. Nothing else'; 'That's all there was for girls then'.¹³⁷ A series of articles by a 'young wife' describing her 'adventures' in securing domestic staff encapsulates the attitudes of the time. She referred to servants tellingly as her 'Mary Jane's and depicted servants as children, as a source of amusement and lamented their unreliability. Her article on the employment of a lady-help and a description of what the various candidates felt were suitable tasks, illustrated the mutual difficulties of this particular employment.¹³⁸ Jane Hegstrom interviewed 18 elderly English women who had been domestic servants 1919-1939, when, although households had diminished in size and the institution of live in servants had started to decline by the 1920s, the old division of upper and lower servants remained. Of the upper-servants, the family nanny was perhaps the best remembered, staying with the family for many years and often taking the family name.¹³⁹

In the middle of the 1890s the English upper class were employing about two million servants of which an estimated, 200,000 were nursery nurses and nannies.¹⁴⁰ After 1871 the census return did not divide domestic servants into detailed categories.¹⁴¹ On the whole, nannies trained other nannies on an apprenticeship basis but, by 1902, there were two nursery nurse training colleges, The Princess Christian in Manchester, and from 1892, the Norland Nursing School (now the Norland College). The syllabus at the Norland College included talks from a doctor on hygiene and medicine as well as three months hospital training and at Princess Christian, first aid and a home nursing course.¹⁴² It is

¹³⁷ Reay, *Microhistories*, p.33.

¹³⁸ Mrs. Massergh, 'My Mary Janes, adventures in search of a servant', 'Lady helps', series of articles for example 'The Lady's Maid', *Home Chat*, (1895), 61. Bound volume, no date.

¹³⁹ Jane Hegstrom, 'Reminiscences of below stairs: English female domestic servants between the two world wars', *Women's Studies*, 36, (2007), 15-33.

¹⁴⁰ J. Gathome-Hardy, *The Rise and Fall of the British Nanny* (London, 1974), p. 180. See previous entry regarding servants in Chinnor.

¹⁴¹ Gathome-Hardy, *British Nanny*, p. 180.

¹⁴² M. Gibbs, *The Years of the Nannies* (London, 1960), chapters 15 and 16.

possible that some of this knowledge would be disseminated through the household and it was not only nannies who had medical training, female servants had frequently included the nursing of sick family members as part of their duties. There is some oral testimony from Mrs. Agnes Mary Clarke, born 1917, who had ambitions to be a lady's maid. This would have offered her an opportunity to travel both home and abroad and assured her of a certain status within the domestic hierarchy. On leaving school she attended a Lady's Maid course in Edinburgh at the Royal School of Domestic Science where she learned: 'dressmaking, sewing and medical' unfortunately, not specified.¹⁴³

Written information and some formal training courses could not be accessed if recipients were unable to read, as in order to take advantage of medical information and to dispense medicine correctly a person needed to be literate, which has already been discussed in chapter two in relation to midwifery training. The average 50 hour week of the working class labourer left very little time for relaxation and leisure including reading. During the long periods of unemployment in the 1930s, many men turned to reading to pass the time and found a new enjoyment in doing so, encompassing a wide selection of authors from Marx and Engels to Shaw, Tolstoy and Darwin, the local public libraries providing warmth and comfort at no cost.¹⁴⁴

Literacy in Chinnor

The quest for literacy in Chinnor presents as an ongoing struggle against: illness of teachers and pupils, bad weather making attendance impossible, lack of money, scant equipment and insanitary conditions, all of which, extended well into the 1950s.^{145 146}

The aims of the educational establishment were often in conflict with the demands of the rural economy which was dependent on child labour in certain periods of the year and

¹⁴³ S. Mullins and G. Griffiths, A. Clark, *Cap and Apron: an oral history of domestic service in the Shires, 1880-1950*. Leicestershire Museums, Art Galleries and Records Service, (Cambridge, 1986) p. 46.

¹⁴⁴ Gardiner, *Thirties*, pp. 133-4.

¹⁴⁵ *Chinnor in Camera*, p. 54.

¹⁴⁶ *British School Chinnor, Diary and Log Book, 1864-1893* and the *National School Log Book, 1896-1910*.

before the establishment of the Village Hall, the use of the school premises during the day for village activities as noted in chapter one. The *Education Act, 1880*, when schooling became compulsory added another financial burden on the rural labourer. The *Agricultural Children's Act of 1873*, sought to reduce the number of hours the children worked and raised their starting age from eight to ten, and then only if they could confirm that they had made 250 attendances at school. The Act also exempted children over the age of eight 'employed in the operations of the hay harvest, corn harvest or gathering hops'.¹⁴⁷ The *Education Act, 1899*, made special concessions to the rural areas, farming children could start work a year earlier than their contemporaries who started at aged twelve and, at aged thirteen, could leave school completely to work on the land. In Chinnor, Jim Rose recalls starting work on the farm helping with the harvest at nine years of age and from his own words 'as a boy he helped on the farm'.¹⁴⁸ His near accident is recorded in chapter three. Also, from chapter two, Jimmy Eustace, born 1906, recalled that he started work as a plough boy at age 13.¹⁴⁹

However, as Richard Altick pointed out, a good deal of learning took place outside school, and many children learned their three Rs from a parent or older sibling.¹⁵⁰ Norah Neighbour recalls that her great aunt, after a disastrous time in service at the age of 10, was discovered by her mother, on a surprise visit, as being so hungry she was eating the calves' gruel. She was promptly brought home and taught lace making by her mother and during this time she borrowed her brothers' books in the evening to teach herself to read and write. This was so that when she went into service again, she could 'write home and tell her mother how she was faring'.¹⁵¹

¹⁴⁷ Hurt, *Elementary Schooling*, p. 199.

¹⁴⁸ Rose, *Jim*, p.25.

¹⁴⁹ Jimmy Eustace, interviewed 1988, by Mary Darmody and Pat Whelehan.

¹⁵⁰ R. Altick, *The English Common Reader* (Chicago, 1957), p. 148.

¹⁵¹ Neighbour 'Helped the poor'.

Margaret Spufford has pointed out that due to the English education system children learned to read before they learned to write instead of learning to read and write at the same time. She therefore suggests that estimates of literacy rates may be much too low.¹⁵² Examination of the school log books of the British School, 1873-1893, and the National Schools in Chinnor, 1896-1910, which included the HMI reports show attendance numbers fluctuate widely from week to week and month to month although both schools offered what appeared to be a well rounded curriculum covering: reading, writing, arithmetic, reciting poetry, singing, theory and practise of music, drawing, sewing, gardening, geography and less often mentioned in the weekly log, history.¹⁵³ Mabel Howlett recalled performing in a production of 'A Midsummer Night's Dream' during the early 1930s.¹⁵⁴

Issues affecting school attendance

Earlier in the chapter mention was made of the children cycling to school from Chinnor's out-lying hamlets. Assistance was given to these children who were supplied with free bicycles, for junior pupils who lived two miles away and senior pupils who lived three miles from the school.¹⁵⁵ By 1931, the children were travelling on a school bus.¹⁵⁶ Scholars were also absent in some numbers for a wide range of the village and neighbouring events as described in chapter one. In addition, a number of half or whole day holidays were recorded at the discretion of the master. In 1900, for example, the National School declared holidays to celebrate the relief of Ladysmith and that of Mafeking and in 1902, a half holiday to celebrate Peace in South Africa and a week holiday to celebrate the coronation of King Edward VII.¹⁵⁷ In addition, the National

¹⁵² Margaret Spufford 'First steps in literacy: the reading and writing experience of the Humblest Seventeenth – century Autobiographers', *Social History*, 4, (1979), 407-435.

¹⁵³ *British School Chinnor, Diary and log book, 1864-1893* and the *National School Log Book 1896-1910*.

¹⁵⁴ Howlett, *Memories*.

¹⁵⁵ *Howlett, Memories*.

¹⁵⁶ Brenda Wilson, 'History of Chinnor School', *Chinnor Chronicle*, 4 December, (1972).

¹⁵⁷ BSLB, 102, 106, 141, 141.

School, being a church school, observed additional church festivals such as Ascension Day. Although Chinnor National School log books are not available after 1910, Aston Rowant school log books record a similar pattern such as holidays being given in respect of Royal marriages, for example, the Duke of York in 1932, the Kings George V's Silver Jubilee in 1935 and his funeral in 1936.

As an agricultural community, children were seen as part of the work force particularly during harvest time, the school shutting for about four weeks (known as the harvest holiday) so that the children could glean in the fields.¹⁵⁸ Exact term dates could not always be adhered to, the school closing early if the harvest started early or opened with a much reduced attendance if harvesting was extended due to the weather.¹⁵⁹ The school logbook of the British School, although referring to the years two decades before the main period of this thesis, does serve to demonstrate a pattern of obstacles to education and literacy. This would have continued into the 1900s impacting on the children's adult working life and their ability to function as adults in the 1900s and beyond.

Before the inception of a school medical service in 1906, many disabilities and handicaps would have been passed undetected.¹⁶⁰ In many instances the state of school buildings would have not helped; For example, many being dark, cold and insanitary, according to the various Education Inspectors reports both of the British School and the National School (opened 1860-1932). A report on the National School 1904, notes that clear glass rather than opaque would be desirable for better lighting, the heating was inadequate, and the wet weather precluded outdoor activities. Heating, ventilation and cleaning

¹⁵⁸ See chapter one, makeshift economy.

¹⁵⁹ *BSLB* 'The attendance lately has been uneven having been interfered with by the hay harvest.' 3 July, (1903), p. 161. It was not only the children that this affected, the minutes of the Parish Council 8 October (1948) noted that Councillor (Jim) Rose had sent his apologies for absence as he was harvesting.

¹⁶⁰ Parliamentary Paper, (1906), 143 A Bill to provide secular education, periodical medical examination and food for children attending state supported schools. For an account of the debates surrounding the inception of the school medical services see, 'The foundation of the school medical service', in Harris, *The Health of the Schoolchild*, pp 48-63.

needed attention. One recurrent comment by the inspectors for this school related to the level of cleanliness and poor sanitation. The 1915 report noted the 'general untidiness and unattractiveness of the premises which were regrettable features to be remedied without delay, in particular, the seats of the boys' offices (toilets) were very dirty and unsatisfactory'.¹⁶¹ The health visitor's report of 1917 noted that whilst cloakrooms were provided, lavatories were not, the children making do with only buckets, a feature which apparently survived until the 1950s.¹⁶² 'There is no water supply and children staying for lunch can never wash hands or face'. 'The classrooms are dark, the back row can only see well on very bright days'. In her oral testimony Connie Croxford stated the school was 'dark and cold'.¹⁶³

Chapter three gave a full account of the infectious diseases and causes of mortality particularly for children of the time and in Chinnor. The master's log records absences from school due to illness and occasionally accidents as well as attendance at the various village festivities recounted in the introduction. The log book also details repeated outbreaks of infectious diseases, and the incidence of recurrent diseases up to 1947 can be seen in appendix B which shows the incidence of five major infectious illnesses in Chinnor from the *Infectious Diseases Register* records at Oxford History Centre.¹⁶⁴ If a teacher was ill for any length of time this could have a marked effect on the syllabus and the children's education, as noted in the National School logbook of 1900 to 1910, when Mrs. Jones was repeatedly absent, amounting to a number of days each month. Generally, no details were given although on one occasion it was reported that she had neuralgia and, on another occasion, bronchitis. In spite of her ill health, Mrs. Jones lived to be 68 dying in 1929 of myocardial degeneration (heart failure), chronic bronchitis and

¹⁶¹ *Chinnor National School Inspectors Reports 1857-1960s*, Oxford History Centre, Cowley, S63/2.

¹⁶² In the Parish Council minutes of January, 1931 it was noted that the school lavatory buckets were being emptied onto the allotments and this was to cease. *Minutes Chinnor Parish Council*.

¹⁶³ Connie Croxford, oral testimony, no date, Oxford History Centre, Cowley. OT 4. 37.

¹⁶⁴ *Notification of Diseases Register Thame Rural District and Bullingdon Rural District 1901-1927*, Oxford History Centre, H2/2/R10/1, 1928-1943 H2/2/R1/2, 1943-1951, H2/2/R1/3.

asthma all of which might account for her poor health and repeated absences.¹⁶⁵ In January 1908 the head teacher gave a half holiday on account of 'a tea party (being held) in the (school) room again'.¹⁶⁶ 'Mrs. (Annie) Jones, absent yesterday through illness and Mrs. Stopps absent for a similar reason all week'.¹⁶⁷ The head teacher was Mr. Jones and his daughters were teachers as well. Cliff Heybourne, in his interview in 1988, referred to them as a family of teachers citing daughters Kate, Lulie and Madge.¹⁶⁸

Although it would appear that there were a number of official absences from school, Mabel Howlett recalls that 'We had to be at deaths door to get a day off with no good reason. Mr. Savage the attendance officer was on the doorstep if anyone had a day off school'.¹⁶⁹ She also remembered that while she was in the infants' department she went home to lunch and on returning to school had a rest on a little truckle bed in the afternoon. The 1930s saw the start of school dinners cooked by two ladies from the village and were provided for scholars who could not walk home for dinner. The cost of the school dinners was 1s.3d. per week and consisted of meat and two vegetables and John Neighbour recalled free school milk being provided from 1936.¹⁷⁰ The final judgement will be left to Mable Howlett, who according to her personal accounts, attended the National School which offered free education for every child in Chinnor and the surrounding villages from 5-15 years. Mabel went when she was three and attendance was rigorously monitored. She stated that whilst the levels of education may seem low by modern standards it taught all she needed to know to live in the world as it was then. Mabel wrote that she 'can add up and count without using my fingers and toes and can write a letter and fill in a form'.¹⁷¹

¹⁶⁵ Death certificate, Annie Jones widow of George Albert Jones, schoolmaster, 25/10/1929.

¹⁶⁶ *BSLB*, p. 243.

¹⁶⁷ *BSLB*, p. 243.

¹⁶⁸ Heybourne, (1988).

¹⁶⁹ Howlett, *Jottings*.

¹⁷⁰ Howlett, *Memories*, and Neighbour, 20/2/17.

¹⁷¹ Howlett, *Remembrances of St. Andrew's School, Chinnor*. Undated, Chinnor Public Library

Government information

Throughout the Second World War information on health, health preservation and first aid emanated from the Government through leaflets, and advertisements from the various *Ministries of Health, Food, Agriculture, Information* or the *War Office*. Some advice from the *Ministry of Food* or *Health* covered similar ground, mainly concerned with the production and efficient use of the available food and this is explored in the chapter on remedies. The Civil Defence concerned itself with *Air Raid Precautions* and *Fire Precautions* and the War Office produced a leaflet on *First Aid in Air Raids* and *First Aid for Fighting Men*.¹⁷² Just as in peace time women's magazines continued to inform on health both in articles and advertisements. Two key health advertisements concerned the immunisation of children from diphtheria and the increased risk of contracting venereal diseases. Vaccination for diphtheria had been available since 1923 but uptake was poor. This was due to the cost to the local authorities who were responsible for the funding and funds were already taken up. Diphtheria was the third biggest cause of death in young children and had been the subject of medical advertisements in women's magazines since the turn of the century. One advertisement claimed to offer a cure for diphtheria stating that, 'It is nothing less than murder to let children die of diphtheria'. H. Jaques offered a 'certain cure without one failure'. His remedies being available for 2s 9d. a box.¹⁷³ In spite of the seriousness of the illness and its high infection rate Chinnor records from the *Infectious Diseases Register* indicate very few cases over the time under investigation. The highest number of cases per year was three in 1904 and from 1937 no cases were reported in Chinnor although diphtheria continued to be of great concern throughout Oxfordshire.¹⁷⁴ For example, in Chalington there were 20 cases in 1939 and a local immunisation programme was initiated. A review of the programme reported that 'It cannot be doubted that it was successful and that its main object of stopping the epidemic was achieved'.¹⁷⁵

¹⁷² *First Aid in Air Raids*, July 1941, *First Aid for Fighting Men*, May (1943). W.O. Code No. 580.

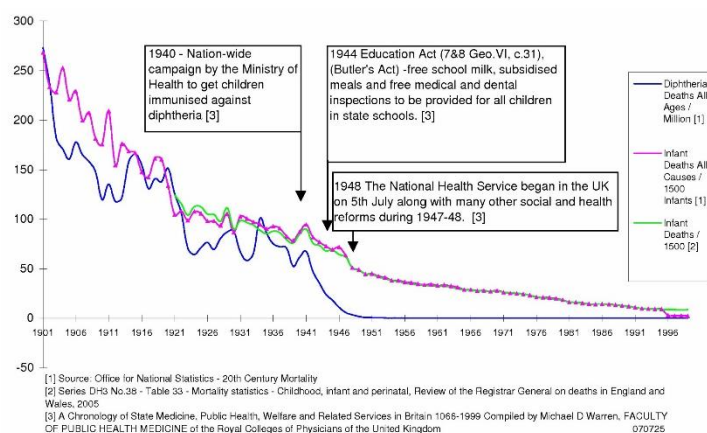
¹⁷³ *Home Chat*, 20th July, (1895), 282.

¹⁷⁴ *Notification of Infectious Diseases*.

¹⁷⁵ *Annual Report County Health Services Oxfordshire*, 1939, Oxfordshire History Centre, Cowley, SZ, stack 352.4.

During the war the government conducted a sustained campaign for what was now free immunization.¹⁷⁶ Central Government allocated funds for the programme, and by the end of 1942 one third of all children under 15 years had been protected. What urged the Government to take such steps were the overcrowded and wholly insanitary conditions in public air raid shelters and overcrowded homes where diphtheria could easily be passed by droplet infection. However, the introduction of immunisation for diphtheria in 1940 until its almost eradication in 1960 was not the end of the story. Many children still contracted and died of the disease in the intervening years. A quote from a fever nurse at Park Hospital Lewisham, 1946-1948, stated: 'At that time antibiotics were slowly coming on to the scene and were making their mark. So much depended on prevention as the uptake of immunisation was very low, hence a whole ward of diphtheria'.¹⁷⁷

Fig. 3. Diphtheria – Mortality per million all ages vs. all infant mortality all causes per 1500 infants. England and Wales 1901 – 1999.



Source: Office of National Statistics 20th Century Mortality Images on line.

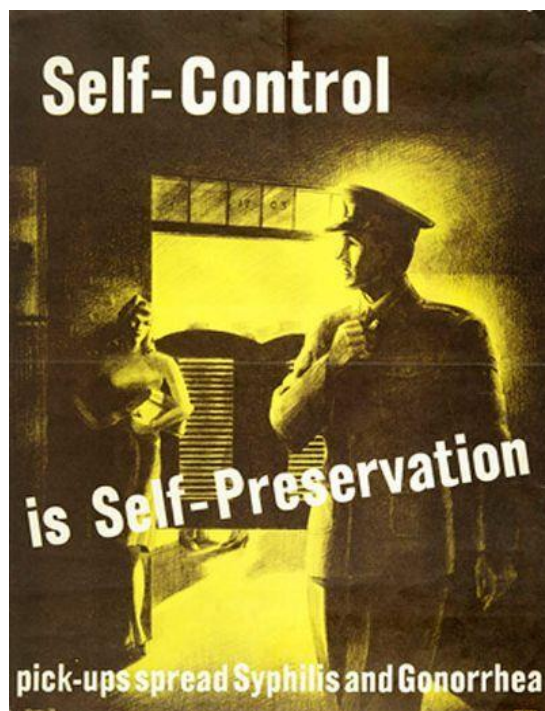
The other public health concern during the war was venereal disease. A hitherto unmentionable condition it became the subject of a continuing Ministry of Health and

¹⁷⁶ See for example two Ministry of Health advertisements in *Women's Weekly*, 26th December, (1942), 72, 'What is diphtheria immunisation?' and *Women's Weekly*, 25th March, (1944), 360, 'Protect your child from deadly diphtheria, immunisation is a life-saving measure'.

¹⁷⁷ Margaret Currie, *Fever Hospitals and Fever Nursing* (London, 2005), p. 86.

United States Government advertising campaign and advice columns talked about problems relating to women being separated from their men folk and the dangers of 'unwise behaviour' with allied servicemen, tactfully unspecified, and its consequences. The incidence of V.D. tripled after America entered the war.¹⁷⁸

Fig. 4. U.S. Government poster: venereal disease.



Source: 'self-control is self-preservation' Venereal Disease Visual History Archive
<https://vdarchive.newsmedialab.cuny.edu/items/show/112>.

As Charles Rosenberg pointed out, this seeking of medical information as men and women sought to help themselves, manage their own medical care, reduce costs, and to participate in the prevention and treatment of their own ills and what was referred to as 'answering an inexhaustible demand for medical information', has only changed in media

¹⁷⁸ Waller and Vaughn-Rees, *Women in Wartime* p. 110.

format.¹⁷⁹ This was certainly reflected in the range of sources discussed in this section some of which called into question the accepted wisdom of a female dominated genre. Of particular interest was how the medical information and its sources across the changing era reflected the social, cultural, literary constructs of the causes of ill health (tight lacing, damp sheets) to the mysteries of sex education. Health information shaped the usage of remedies in the next chapter, in particular the role of community and the personal sharing of information was a positive reflection of neighbourliness countermanded by the idiosyncrasy and veracity of the information.

Cultural influence on health meant that it was not discussed in polite society and particularly among women who may have found themselves unable to obtain medical treatment, either because they could not afford it or because of cultural modesty or ignorance. For them the medium of women's magazines could offer a lifeline of hope and the chance to ask questions anonymously which saved embarrassment. The next chapter on remedies will develop this theme further and examine the role of advertisements as a source of health information, how they informed the use of remedies, and how this ignorance was used to advantage by manufacturers and charlatans. Many of these sources might have been available to residents of Chinnor and the wider community and involved roles for men and women in its administration. Not all of these sources depended on a level of literacy but did reflect the position of domestic medicine as being an integral part of home life and being essentially a domestic and community activity. To address the question of whether the information was of any value the answer is yes. Most of the information was based on the Galenic theory of right living and information on how to live a healthy lifestyle would have impacted on the residents' chances of resisting and overcoming disease.

Following the assessment of the potential role of a range of sources of information it is clear that a number of vectors contributed to the canon of available information as shown used by the community in addressing a number of conditions. Of these sources of information, it

¹⁷⁹ C. Rosenberg, *Right Living: an Anglo-American tradition of self-help medicine and healing* (Baltimore, 2003), p.13.

would appear that personal communication was the most common, interviewees recounting that their own mother used their grandmother's remedies and cures.

Chapter 5: Remedies: Self–help Strategies for Health

*The Lord hath created medicines out of the earth; and he that is wise will not abhor them.*¹⁸⁰

This chapter brings together the topics discussed in the previous chapters together with the aim of using the remedies to indicate the philosophy of health care during the period, the types of conditions they were used to treat, and the knowledge behind their selection. In addition, it explores the matrix of healers, orthodox, unorthodox or occult who supplemented the provision of medical care. At the beginning of the period under review, with little effective medical interventions specifically against infection, the key to health was illness prevention. In relation to the three themes there was an abundant availability of remedies, homemade or over-the-counter, varying in cost and initially, variable efficacy. As a result, the residents who, in spite of poor housing, unreliable harvests, and lack of effective medicine, developed an attitude and followed a life style aimed at health preservation. In common with the medical help and knowledge of the time many of the interventions were home-made, domestic remedies, over-the-counter and their usage gleaned from interviewees comments and recollections. Many of these reflected the Galenic concepts of illness prevention.

The use of these remedies was informed in the light of the advertising copy of the period which has been analysed for theory, content, efficacy and cost. The remedies included: commercial products, diet, natural supplements and drinks and portrayed a number of the principles or elements of the humoral system of medicine which were sustained over the period under investigation. The term tonic was used freely in the advertising copy and

¹⁸⁰ Ecclesiasticus, 38.4 KJV.

texts examined for this chapter.¹⁸¹ Examples of over-the-counter advertisements examined for this chapter were selected from: *Home Chat*, 1895-1958, *Women's Own* 1932-1958 magazine and local newspapers, *The Thame Gazette* and *The Oxford Mail* as being the most accessible to Chinnor residents. In the introduction it was suggested that domestic remedies were culturally determined, affordable and acceptable to the population they served. These remedies were generally used by custom and practice, which had been assessed empirically over the centuries, as having healing properties. Many of these remedies have since been subjected to clinical evaluation and their effectiveness has been supported.

Herbal medicine

Of two key texts on the history of herbal medicine, Judith Sumner took a remedy-centred approach whilst Barbara Griggs classic exposition of herbal medicine covered the political and legal history of the herbalist profession. This included the Botanic Medicine of Samuel Thompson and the spread of herbal knowledge and practice initiated by him and Dr Albert Coffin during the early nineteenth century. Both practitioners took the view that everyman was his own doctor and that medical care should be available to all.

Thompson, agreed with Wesley that 'doctors made a needless mystery out of medical knowledge which should be available to all'.¹⁸² This movement was a reaction against the prevailing ethos of heroic medicine characterized by bloodletting, vomiting and purging the patient. Botanic medicine adhered to the principle of self-reliance and home doctoring with simple herbs and relying on the healing power of nature. Thompson and Coffin preached their philosophy in America and England, primarily aiming at the poorer classes instructing them through their agents on the therapeutic use of local medicinal plants. P. Brown has written on the work of medical herbalists specifically in the Bristol area. He particularly drew attention to the diversity of medical help available to the various sections

¹⁸¹ 'Tonic' drink taken as a medicine to give a feeling of energy, something which makes someone feel happier or healthier. *Oxford English Dictionary*, (Oxford, 2015).

¹⁸² Sumner, *The Natural History of Medicinal Plants* (Portland, 2000), Barbara Griggs, *Green Pharmacy: the history and evolution of western herbal medicine* (New York, 1997), p. 174.

of society and the use of herbalists, who, importantly, shared their patients social and financial background, and other 'irregulars' by the poor.¹⁸³ Two key sources of medical help available in nineteenth century Britain were the textbooks of herbalists Nicholas Culpeper (one of the first self-help herbals to be written in English rather than Latin) and John Gerard, which provided the theoretical context to the history of herbal medicine which, as will be shown later in the chapter, persisted in the over-the-counter remedy advertisements during the time under review. One other book, by D. Laurence, was of interest and, although not a history book, linked the herbal tradition with modern pharmacy offering a further insight into the development of orthodox remedies.¹⁸⁴ One interesting aspect in the history of remedies was the role of 'Boots the Chemist' whose founder, John Boot, a herbalist, obtained much of his expertise in herbal medicine from (fellow Methodist) John Wesley's domestic medicine manual.¹⁸⁵ The firm, Boots, was later developed by his son Jesse. Herbal medicine, could be obtained freely from locally harvested plants, benefitted both ends of the social scale and had had a long and honourable tradition of providing health care to the poor and rich alike long before the advent of the NHS. These listed medicinal plants would have been freely available to residents.¹⁸⁶

Yarrow (*Achillea millefolium*), astringent, used for bruises, swellings, hypertension. Culpeper calls it nosebleed and wound wort, used by Greek and Roman armies to stop bleeding.

¹⁸³ P. S. Brown, 'The Providers of Medical Treatment in Mid-Nineteenth Century Bristol', *Medical History*, 24, (1980), 297-314, also, 'Herbalists and Medical Botanists in Mid-Nineteenth Century Britain with Special Reference to Bristol', *Medical History*, 26, (1982), 405-420. Of interest is William Fox, M.D. '*The working man's model Family Botanic Guide or everyman his own doctor being an exposition of the Botanic System*' (Sheffield, 1924).

¹⁸⁴ Nicholas Culpeper, '*The Complete Herbal and English Physician*' (any other rendering of the title, is in his own words, 'counterfeit') '*a compleat method or practice of physick whereby a man may preserve his body in health or cure himself when sick with such things as only grow in England, they being most fit for English bodies*' (London, 1653), (Ware, 1995), for a commentary on this work see Graeme Toby, *Culpeper's Medicine: a practice of western holistic medicine* (Shaftsbury, 1997), John Gerard, *The Herball or General Historie of Plants* (sic) (1597) modern edition, Marcus Woodward, (London, 1927). See also D. Laurence, *Clinical Pharmacology* (London, 1963).

¹⁸⁵ Christopher Weir, *Jesse Boot of Nottingham* (Nottingham, 1994), p 12, John Wesley, *Primitive Physick: or an easy and natural method of curing most diseases* (London, 1747). Facsimile edition, Ecco publications.

¹⁸⁶ I am indebted to Tania Smith of Oxford Brookes University for permission to use her data on plants identified in the churchyards of Chinnor Parochial Parish.

Cuckoo-pint (*Arum maculatum*), Culpeper reports its use for 'drawing forth poison' eye lotions, retained afterbirth, and it 'cleanses all manner of rotten and filthy ulcers.'

Daisy (*Bellis perennis*), juice used by the Roman army to soak bandages and stem bleeding. Culpeper cites its use for wounds, ulcers, swelling and 'all kinds of paines (sic) and aches.'

White Bryony (*Bryonia dioica*), English mandrake, Culpeper cites its use for cramps, convulsions 'running scabs and manginess'.

Hawthorne (*Crataegus monogyna*), evidence supports its use in hypertension and cardio-vascular conditions. Culpeper records that it is good for dropsy (heart failure) and as an analgesic.

Foxglove (*Digitalis purpurea*), evidence supports its use in heart failure, Culpeper states it is used to clean and dry old sores and for the King's Evil. It was not until the eighteenth-century that its cardiac action was noted.

Sun spurge, petty spurge (*Euphorbia*), evidence supports its use as an antispasmodic and herbalists used it for respiratory disorders, asthma, bronchitis and catarrh.

Ash (*Fraxinus excelsior*), bitter tonic and astringent and laxative.

Cleavers (Clivers) (*Galium aparine*), Culpeper advises it for adder bites and to prevent obesity.

Avens (*Geum urbanum*) limited evidence supports its use for diarrhoea and haemorrhage.

Ground Ivy (*Glechoma hederacea*) mild expectorant, anticatarrhal, astringent, diuretic anti bacterial.

Common Ivy (*Hedera helix*) Culpeper cites its use for diarrhoea and bloody flux.

Stinking Iris (*Iris foetidissima*), Culper advises its use for abortion, cramps, convulsions, gout and sciatica.

Honeysuckle (*Lonicera nitida*) Culpeper cites its use in childbirth to speed labour, relieves convulsions, cramps and palsies and as an ointment, for sunburn.

Poppy (papaver), opiate, sedative and analgesic.

Burnet (*Pimpinella saxifrage*), no evidence to support use but traditionally used as an astringent, antihemorrhagic, ulcerative colitis, and acute diarrhoea.

Greater plantain (*Lantago major*) Culpeper says it is a herb of Mars and ‘there is hardly a martial disease it does not cure.’ Evidence supports its use in the treatment of bronchitis, antibiotic activity, and hypotension.

Selfheal (*Prunella vulgaris*), also known as carpenters heal and used for bruised or cut fingers. Culpeper claims it kills worms, helps gout, cramp and convulsions provokes urine and helps all joint aches.

Elder (*Sambucus nigra*) Traditionally used for colds catarrh, sinusitis. Evidence supports its anti-inflammatory properties, anti viral activity, and diuretic properties.

Dandelion (*Taraxacum agg.*), Traditional use as a diuretic and laxative and for cholecystitis. Culpeper cites its use for opening ‘the passages of urine for young and old’ and also for ‘consumption or an evil disposition of the whole body.’

Lime tree (*Tilia* spp), evidence supports its use for its antispasmodic, diuretic and sedative properties.

Red clover (*Trifolium pratense*) traditional use is for skin conditions, antispasmodic and expectorant.

Stinging nettle (*Urtica dioica*), Culpeper prescribes it for joint pains and for bleeding, to ‘provoke urine and expel stones’. Evidence supports its use for rheumatism and joint pains having anti-inflammatory properties.

Germander Speedwell (*Veronica chamaedrys*), Culpeper suggests that it is good for coughs, consumptions, barrenness, the stone, and pestilential fevers.

Early dog violet (*Viola reichenbachiana*) Culpeper pairs this with the dog violet and suggests its use as a poultice for inflammations and swellings, also good for jaundice and the falling sickness in children.¹⁸⁷

¹⁸⁷Terry Breverton, ‘Breverton’s Complete Herbal based on Culpeper’s *The English Physician and Compleat Herball of 1653*’. Joanne Barnes and others, ‘*Herbal Medicines, a guide for health professionals*’ (London, 2002) and for current herbal research see: <https://nccih.nih.gov/research/camonpubmed>

As noted earlier, other herbals were written by John Gerard and Nicholas Culpeper (priced at 3d.)¹⁸⁸ The National Association of Medical Herbalists, later the National Institute of Medical Herbalists, was founded in 1864 and was regarded by the medical profession as practising a 'quaint and absurd medicaments' although thousands of the population gave the herbalists their support. In the 1890s the Institute failed to establish a Charter which would have given them registered professional status although the *National Insurance Act, 1911*, did not specifically forbid insurance companies from accepting herbalists' sick notes for benefits.

Legal background

Herbalists had practiced in England under a Charter awarded by King Henry VIII in 1542 known as the Herbalists' Charter. Under this charter herbalists were permitted to practise their craft without interference from physicians and this Charter is still extant to this day, allowing herbalists or anyone claiming to have sufficient knowledge of herbs and without necessarily having any formal qualifications to prescribe a herbal remedy under English Common Law. In 1923 a Bill was raised in Parliament by Lt. Commander Kenworthy, apparently a keen legislator, to provide for the registration of medical herbalists.¹⁸⁹ The opening of the College of Botanic Medicine in 1931 raised comments in the *BMJ* a few years later when it drew its readers attention to the College which offered qualifications of indeterminate provenance and offered candidates the 'right' to practice 'botanical medicine'. A letter expressing horror at this referred it to a 'parody of the Medical Acts' and the 'unimaginable event of it becoming law the herbalists, at present in business, would become legally qualified'.¹⁹⁰ In spite of the existing charter, however, herbalists could be charged with practising as an Apothecary under the *Apothecary's Act, 1815* and it was under this Act that a number of prosecutions were conducted. With the advent of the *Medical Registration Act, 1858* the medical profession

¹⁸⁸ John Gerard, *The Herball*, Nicholas Culpeper, *Complete Herbal*.

¹⁸⁹ Editorial, 'Herbalists and Herbalism', *BMJ*, vol 2, 11 August, (1923), 250-251.

¹⁹⁰ Letter, E. Graham-Little, 'Medical Herbalists', *BMJ*, 13 July, (1935), 86-87.

was established and practising medicine was made a crime if the practitioner was not on the medical register. As a result, actions against herbalists as medical practitioners featured in the medical press on a regular basis. In 1914 a case was brought against a herbalist regarding the death of a child patient. Interestingly his defence was the evocation of the Herbalist Charter which protected his actions. However, this did not stand up in court and he was found guilty.¹⁹¹

In fact, the continuing history of herbal medicine versus the regulars was one of 'Harassment, vexation and attempted legal suppression by the medical authorities'.¹⁹² Other aspects which mitigated against the acceptance of herbal medicine were some of the philosophical ideas about plant lore, surrounding the cultivation and gathering of plants, which did not sit comfortably with orthodox medicine, and was considered to be the result of ignorance and popular medical belief. Traditionally, it was held that gathering certain plants should be done at specific times of the day or month according to the lunar cycle. These early observations have been shown to be correct and that plants do vary in their therapeutic potential at different times of the day or year.¹⁹³ Other areas of philosophical contention included the ancient theory of the Doctrine of Signatures, and the reliance on astrology in guiding the application of remedies.¹⁹⁴ A search of local papers, 1900-1949, covering the Oxfordshire area indicated an interesting cluster of herbal practitioners in Banbury, at various locations in Parson Street and, from 1913, three herbalists can be identified. T. Norton who qualified in 1870 practised at number 36 and was advertising until 1915, blood skin and nervous

¹⁹¹ Medico-Legal, 'Proceedings under the Apothecaries Act, 1815', *BMJ*, 4 July, (1914), 50. See also: Medico-Legal Action under the Apothecaries Act against a Herbalist, *BMJ*, 21 November, (1914), 907, Medico-Legal, Charge against an Edinburgh Herbalist, *BMJ*, November (1915), 694, Medico-Legal, 'Herbalist Acquitted of Manslaughter', *BMJ*, 8 April, (1933), 637-638.

¹⁹² Griggs, *Green*, p. 234. For a comprehensive account of the legal history of herbal medicine see P. S. Brown, 'The Vicissitudes of Herbalism in Late Nineteenth and Early Twentieth Century Britain', *Medical History*, 29, (1985), 71-92.

¹⁹³ Griggs, *Green*, p. 5.

¹⁹⁴ See C. Richardson-Boedler, 'The Doctrine of Signatures: a Historical, Philosophical and Scientific View', *British Homeopathic Journal*, 88, (1999), 172-177.

diseases a speciality, and claimed to have restored ‘hundreds’ to health.¹⁹⁵ A. Mr. Dawes, also of Parsons Street, advertised from 1914-1919, particularly his lung mixture which offered ‘constant relief’ at 6d. and 1s. a bottle. He also advertised a booklet ‘*Premier Remedies: an instructive and useful booklet*’ free of charge, in addition, he practiced as a chiropodist.¹⁹⁶ Leonard Ellis of 24 Parsons Street was advertising until 1947, whilst two other herbalists were also advertising in Banbury. In 1922 Mr. Perry of Church Lane Banbury, who also worked as a tailor, and a Mr. Still of 9, Church Lane Banbury.¹⁹⁷

Unorthodox healing

However, as Owen Davies pointed out, not all remedies were temporal and the tradition of mystic or occult solutions to illness or misfortune has persisted into the 1950s.¹⁹⁸ These remedies were dispensed by a range of healers and Davies has distinguished between the roles of the different practitioners; ‘Cunning-Folk’ addressed the misfortunes of life and health and employed: herbalism, astrology, fortune telling and charms, the misfortune often seen as being caused by being ‘bewitched’. Most ‘cunning folk’ were male and were normally engaged in other occupations such as tradesmen or farmers, whilst women appeared to practise full time as midwives and herbalists. These healers included charmers who did not diagnose but did treat specific ailments such as toothache, ague, warts, and bleeding, but they did not deal with witchcraft or accept payment for their services. Other magical healers included Toad doctors who charged for

¹⁹⁵ *Banbury Advertiser*, Thursday, 24 April (1913).

¹⁹⁶ *Banbury Advertiser*, Thursday, 28 August, (1919).

¹⁹⁷ *Banbury Advertiser*, Thursday, 23 February, (1922).

¹⁹⁸ Owen Davies, *Witchcraft, Magic and Culture, 1736-1951* (Manchester, 1999), p. 221. One case is illustrative and quoted in an Oxfordshire newspaper, ‘Farmer ‘Bewitched’’. On Saturday, 26th, May (1906), a report in the *Faringdon Advertiser and Vale of White Horse* a Mrs. Ellen Hayward was charged with pretending to witch. She had been consulted by a farmer who claimed he had been ‘cast under a spell’ by a witch and wanted Mrs. Hayward to bewitch the witch. The defendant denied being anything other than a herbalist. The case was dismissed.

their services and, again, specialised in specific ailments.¹⁹⁹ On the subject of folk healers, Wayland Hand has recounted the ascribed personal attributes of the healer which were often the result of an accident of birth, either birth order or time of year, for example, Christmas, and described the magical power of some names. For example, the power of a seventh son or daughter had widespread recognition, but other healing attributes were associated with twins, particularly a surviving twin, or surviving, posthumous, children. By examining these phenomena across America and Europe connections and similarities have been identified.²⁰⁰ The existence of these practitioners has been identified in Oxfordshire although no record has been found in Chinnor.²⁰¹

The concept of being ‘bewitched’ as a cause of ill health or misfortune was indicative of the lack of understanding, by both lay persons and the medical profession, of the origins and causes of disease and misfortune. In chapter four, the ill health, mental and physical which was ascribed to menstruation by medical men was one such example as well as the previously mentioned illogical concerns about women cycling.²⁰² In chapter three sources of medical information were reviewed covering: oral, written and personal experience. This section will examine some of the specific sources of information regarding remedies.

The role of advertising

Advertisements reflected the extant beliefs, policy and awareness of their culture and were an excellent source of information on how people, objects, and ideas were viewed.

¹⁹⁹ Owen Davies, ‘Cunning-Folk, 55-73, `see also Owen Davies, ‘Services’ in *Popular Magic cunning-folk in English History* (London, 2003), pp 93-118, ‘Healing Charms in Use in England and Wales, 1700-1950’, *Folklore*, 107, (1996), 19-32.

²⁰⁰ Wayland Hand, ‘The Folk Healer: Calling and Endowment’, *Journal of the History of Medicine and Allied Sciences*, vol 26, issue 3, (1971), 263-275, see also Louis Jones, ‘Practitioners of Folk Medicine’, *Bulletin of the History of Medicine* January, (1949), 480-493 and for a disease specific application Samuel Radbill, ‘Whooping Cough in Fact and Fantasy’, *Bulletin of the History of Medicine*, 1 January, (1943), 33-54.

²⁰¹ Christine Bloxham, ‘The Natural World’, in *Folklore of Oxfordshire* (Stroud, 2005), pp 92-103.

²⁰² In Chinnor, Val Wells recalled an aunt who suffered from nerves and depression which was put down to her having swallowed a broach when she was a child. Interviewed, 7/8/17.

Magazines and newspapers (particularly the 'free' editions) relied on advertising for a major part of their revenue, with the advertisements reflecting the social background and copy of the journal or newspaper. Analysis of the sources of advertisements from magazines and local papers did not produce any major differences in tone or content. The advertising of medicines started with the handbills of restoration England which were often pre-printed and sold to vendors, who then added the name of the preparation they wanted to sell. Information dissemination also occurred through the new medium of newspapers which, on occasion, also stocked the preparation. In addition, some circulating libraries also acted as a medical retail outlet. Advertising for 'quack' remedies occupied by far the most column inches and the advent of newspaper advertising contributed to the wide dissemination of over-the-counter medication as well as through the distribution of Almanacs (believed to come from the Arabic word for calendar). These usually presented in two parts: the first section consisted of a calendar of astral movements, the second section was medical information and advice. These proved to be excellent advertisements as they were written to accommodate a range of literacy levels so manufacturers could target their preferred group.²⁰³

Clark distinguished between the often confused identification of patented and over-the-counter medication. He stated that 'Patent Medicines' were widely advertised but that it was difficult to provide any accurate definition of this class of drug suggesting that the name was a misnomer. In the first place, the majority of the best patent medicines were 'secret remedies' and thus could not be the subject of a patent whilst a new drugs method of production could be patented, the drug itself could not be patented, the term is therefore meaningless. They were mixtures which were sold under a propriety name.²⁰⁴ In this context this chapter, in common with Clark's publication, will concern only those over-the-counter remedies advertised to the public. As a result, the content of medical

²⁰³ For a detailed account of medical advertising see Louise Curth, 'Medical Advertising in the Popular Press', in Louise Curth, *From Physick to Pharmacology* (Aldershot, 2006), pp. 30-47. See also Roy Porter, *Quacks: fakers and charlatans in English Medicine* (Stroud, 2000).

²⁰⁴ A. Clark, *Patent Medicines* (London, 1938), pp. 5-7.

advertisements, both the cost of medication and its provenance had long been a cause of great concern. This resulted in the BMA publishing two reports in 1909, and 1912, entitled '*Secret Remedies: what they cost and what they contain*' and '*More Secret Remedies: what they cost and what they contain*' in which the composition, price and efficacy of the product was analysed.²⁰⁵ The reports were priced at 1s. which, given the level of wages previously identified, might have put them beyond the financial reach of the very people who would be most likely to purchase the remedies and who would be most likely to benefit from the information. The situation was not ignored by the government who repeatedly prepared legislation to address the issue. The *Report of the Select Committee on Patent Medicine, 1914*, stated that 'For all practical reasons British Law is powerless to prevent any person procuring any drug or making any mixture whether potent or without any therapeutic activity ...advertising it in decent terms as a cure for any disease or ailment'... The report went on to say that 'the trade in secret remedies constitutes a grave and widespread public evil and that the law was chaotic and the trade in secret remedies was uncontrollable'.²⁰⁶ During the following years, a number of attempts were made to control the trade but which failed to reach the statute books, whilst the 1937 committee estimated that the annual trade turnover to be £20 million with a higher estimate of £28 million.

The key Act which did result in legislation was the *Venereal Diseases Act, 1917*, which confined treatment to a qualified medical practitioner.²⁰⁷ Other bills were introduced. The *Proprietary Measurers Bill, 1920*, failed to reach the statute books due to lack of Parliamentary time whilst the *Medical and Surgical Appliance (advertising) Act, 1936*, prohibited the advertising of cures for Bright disease, blindness, cancer, consumption, epilepsy, fits, locomotor ataxia, Lupus or paralysis.²⁰⁸ The Bill, although supported by the

²⁰⁵ British Medical Association, *Secret Remedies: what they cost and what they contain* (London, 1909) and *More Secret Remedies: what they cost and what they contain* (London, 1912).

²⁰⁶ E. Turner, *The Shocking History of Advertising* (Middlesex, 1952), p. 162.

²⁰⁷ Turner, *Advertising*, p. 12.

²⁰⁸ Clark, *Patent Medicines*, p. 12-13.

advertising association, was strongly opposed by psychic healers, antivivisectionists and other opponents to medicine and, as a result, it failed at the second reading in 1936. The advertising of abortifacients, although banned based on sections 58 and 59 of the *Offences against the Person Act, 1861*, continued to be advertised under the rubric of feminine pills which purported to correct 'all irregularities'. These covert references continued until the Abortion Law, 1967, was passed.²⁰⁹ It was left to the American magazine *Ladies Home Journal* who, in 1904 started a vigorous campaign against the advertising of patent medicines, having since 1892 refused to carry any medicinal advertisements at all.²¹⁰ One condition which was ripe for exploitation was tuberculosis and examples of some advertisements for cures are noted here, and were reviewed in the BMJ Report of 1909.

Tuberculoszyne was developed by Dr. D. Yonkerman from Michigan, USA, 'the most wonderful and marvelous discovery of the age to cure consumption'. It cost £2 10s. for a months' treatment which consisted of two bottles each holding 11 and 12 fluid ounces. Analysis of the contents indicated that it contained: salts of copper, tuberculosis bacteria cannot live in the presence of copper. His marketing strategy involved the sending of a series of letters to the patient urging patience with the therapy and continuance with the treatment, and offering reduced rates if it took a long time to work. In keeping with the ethos of quack remedies, instructions were strict with warnings of reduced effectiveness if they were not followed to the letter. Yonkerman's first liquid was bright red and contained potassium bromide, glycerine, capsum, oil of cinnamon and colouring. The second bottle contained: glycerine, almond oil, burnt sugar and water. The dose was 30 drops from each bottle in milk after each meal.

Steven's Consumptive Cure. This cure claimed to be from a South African herb and the recipe used by Kaffirs and Zulus. 'The herbs are original and have defied our cleverest

²⁰⁹ Clark, *Medicines*, p. 17.

²¹⁰ Turner, *Advertising*, p. 159.

analysts to discover the active ingredients they contain' unsurprisingly as the herbs, Chijitse and Umckaloabo, did not exist in the South African Materia Medica.

Weidhaas Hygienic Institute offered treatment by correspondence and also ran a home in the South of England and made one charge for the whole treatment. The main therapy was the taking of 'Star Tonic' (sips only) which consisted of nutritive salts and cocoa. The tonic, to be sipped throughout the day. This was accompanied by strict instructions which, if deviated from, would negate the beneficial action of the tonic.

Congreves Balsamic Elixir was also, on sale with a 'world wide reputation,' for chest problems, including tuberculosis, priced at 1s. 1^{1/2} d., 2s. 9d for 1^{2/5} fluid ounces, and 4s. 6d for 4 fluid ounces. The Elixir contained a bright red liquid of 28.5% alcohol, 2.6% solids of resinous constituents and 1% sugar, tannin and colouring.²¹¹

In the *Sanatorium Annual* which was published after the *Secret Remedy* books but before the *Medical and Surgical Appliances Act, 1936*, a number of cures were advertised. One was a potion called Guyose which was presented as a preventative and treatment for tuberculosis. It consisted of a substance called somatose which was a meat albumen produced by Bayer, for improving the nutrition for typhoid patients, a yellow aromatic oil, an expectorant, an antiseptic and local anaesthetic. Also advertised in the same annual were a range of foods containing cod liver oil as a therapeutic aid, for example, 'Ovoleo' which contained Norwegian cod liver oil and egg yolk.²¹²

A few Acts did get passed. The *Dangerous Drug Act, 1920, 1923*, forbade the sale, unless under the direction of a medical practitioner, of morphine, cocaine, and heroin, (which up until then, had been available over-the-counter), as they were likely to cause

²¹¹ *Secret Remedies*, BMJ Report 1909, pp 20-36.

²¹² T. Kelynack, (ed) *Tuberculosis Year Book and Sanatorium Annual* (London, 1913-1914), p .viii and xxix.

addiction.²¹³ Vera Brittain describes her fiancé Roland buying morphine from the chemist, Savory and Moore, to restock his medical kit before going to the front in 1915.²¹⁴ This issue concerning the provision of drugs to the army was raised in 1916 due to the infringements of the *Pharmacy Acts* by two London stores, Harrods and the above mentioned Savory and Moore who were both prosecuted by the Pharmaceutical Society and fined for selling morphine and cocaine and failing to adhere to the regulations. Morphine was being advertised in *The Times* as being, a 'useful present for friends at the front.'²¹⁵

To address the question of whether medical advertisements could be a source of medical information, the short answer is yes. In fact, as part of their selling strategy, some advertisers went to great lengths to provide medical information to back up their claims for the product's efficacy. This information reflected the prevailing wisdom and medical theory of the time which can be detected in the wording of the copy. This will be explored further under the section pertaining to specific ailments. Within the context of the advertisement's copy, comment was frequently made of the imbalance of the ill person. This might be due to an overworked physical system or a deficit or excess of the bodily fluids leading to: congested liver, the reduction of bile, constipation, the blockage of waste matter and weak or disordered blood. The product in question aimed to restore equilibrium. One of the effects of the depression era was the manufacture of illnesses in order to drum up medical sales and revenue. People in the 1920s and 1930s and even later, for example during the war, as noted in chapter three, as a result of war work, discovered that they might be suffering from 'night starvation', 'summer sluggishness', 'itchy scalp' and many others.²¹⁶ Frequently cited symptoms included: headache, lethargy, stomach pains, impure blood, congested liver, noises in the head, anaemia, sleeplessness, female ailments and biliousness. These were to be countered by a

²¹³ Kelynack, *TB year book*, p. 165.

²¹⁴ Brittain, *Testament*, p. 188.

²¹⁵ Curth, *Physick*, p. 112.

²¹⁶ Curth, *Physick*, p. 187.

renewal of vigour, cleansed blood, general cleansing of the system, the soothing of nerves and the alleviation of pain which will be addressed first.

At the start of the therapeutic revolution in 1938, which was discussed in the introduction, and for some years afterwards, over-the-counter and homemade remedies were still primarily palliative and preventative, post therapeutic revolution remedies such as antibiotics were prescription only. Remedies included plants, minerals, foods and nutrition. Medicines in common use listed in the 1934 edition of '*Safer Motherhood*' included: boracic acid, hydrogen peroxide, carbolic acid lotion, zinc sulphate, zinc oxide as well as various oils, herbs and taking the waters these remedies were then the main source of medical aid.²¹⁷ When asked, Chinnor residents said they did not use herbal medicine; however, 90% of prescribed medicines during the 1930s were herbal based.²¹⁸ In chapter two the availability of medical care in Chinnor was explored and mention was made of Brazells a general merchant, grocer and seller of patent medicines. This combination of grocer and pharmacy harked back to the days when apothecaries were part of the grocer's company with whom they parted in 1617. A review of *Kelly's Directory* showed no references to a herbalist in the area.

Remedies examined supported the Galenic concepts of non-naturals and aimed to maintain the humeral balance by removing 'congestion' of the body or aimed to strengthen the body's immune system and bring the body back into balance, by removing excess or restoring the depletion of natural essences. The *British National Pharmacopoeia, 1914* listed the following remedies derived from herbal sources: aconite, aloes, ergot, opium, valerian, antimony, arnica flowers, bearberry leaves, belladonna leaves, berberis, chamomile flowers, cinnamon bark, cloves, liquorice, lavender, digitalis leaves, morphine, diamorphine, opium, henbane, rose, peppermint, and ginger. Some

²¹⁷ W. Arbuthnot Lane, *Personal Supplement to Safer Motherhood and the Hygiene of Life* (London, 1934), pp. 115-118.

²¹⁸ Felbridge and District History Group: *Felbridge Herb Gatherers*, p. 2.
<http://www.felbridge.org.uk/index/publicatiions/felbridge-herb-gatherers>.

were also dispensed as essential oils or ointments.²¹⁹ *The Pharmacopoeia of St. Bartholomew's Hospital*, London, 1936 showed little change in the medication prescribed in the hospital although there were now regulations covering the storage of poisons such as *The Dangerous Drugs Act, 1920* and the *Pharmacy and Poisons Act, 1935*. One addition was the listing of insulin as a treatment for diabetes.²²⁰ The costs of raw materials gleaned from the sales ledgers of the Worshipful Society of Apothecaries showed:

Table 7. Worshipful Society of Apothecaries: sales ledger.

Item	Quantity	Price 1911	Price 1920
Ipecac	10-30 mils	2s.	
Arrowroot	1 lb.	6d.	
Arsenic alb.	1 lb.	6d.	8d.
Atropina	dr.	3s.	3d. per gr.
Codenaë hydro.	oz.	16s.	26s 6d.
Digitas	1 lb.	7s. 3d.	3s. 9d.
Heroin	1 oz.	30s	33s.
Rose	r.	6s. 6d.	1 lb. 9s.
Morphine hydro.	1oz.	11s. 3d.	18s. 6d.
Lavendulae	1 lb.	8s.	22s. 6d.
Cynde, Mercury, Zinc	1 lb.	2s. 3d.	3s 6d.
Carbolic	1 lb.	2s. 3d.	3s. 6d.

Source: Worshipful Company of Apothecaries Archives, Blackfriars, London, EC4V 6EJ.

²¹⁹ *British National Formulary 1914*, Published under the direction of the General Council of Medical Education and Registration of the United Kingdom, (London, 1914).

²²⁰ F. W. Searle, *The Pharmacopoeia of St. Bartholomew's Hospital* (Shrewsbury, 1936).

Three groups of over-the-counter remedies have been selected for evaluation in this chapter based on the frequency of use, as indicated by the interviewees and the frequency of advertisements, these are: analgesics, tonics and laxatives. One pre-eminent condition and treatment is that of pain and the prescribing of analgesia is addressed here ahead of other products. In chapter three a number of accidents which had occurred in Chinnor were described and serious injuries and indeed some minor injuries, with subsequent disability, could have resulted in a lifetime of pain and discomfort. The quest for pain relief has always been a primary issue in medical science and, through the ages, many interventions have been developed depending on how pain was viewed and experienced. As Roy Porter has suggested, attempts to assess the levels of fortitude shown by the sick and injured down the ages has presented insurmountable methodological and measurement problems. He went on to suggest that, if modern patients display less fortitude than previous generations it could be that it is less expected or demanded.²²¹

The quest for pain relief

By Victorian times, with the literal belief in the Bible and eternal damnation, the belief in the necessity of pain became eroded and was considered incompatible with a loving God. Rob Boddice has collated a range of approaches to the study of pain and charted the development of the concept of emotion and physical pain. This is addressed particularly well by Joanna Bourke's micro study of a World War 1 soldier, injured at the third battle of Ypres in 1917, and referred to in the introduction. This man suffered with phantom limb pain and shell shock for over half a century until his death in 1974 aged 85. Her chapter described his repeated and frustrated interactions with the medical profession and their lack of understanding of the emotional burden that his experience had inflicted on him, he being variously described as being 'very temperamental', or

²²¹ Roy Porter, 'Pain and Suffering', in *Companion Encyclopaedia for the History of Medicine, vol 2* (eds) W. Bynum, and Roy Porter (London, 1993), pp. 1574-1571.

'highly neurotic' and that phantom limb pain was due to an 'unsatisfactory personality', code for homosexuality.²²²

Analgesics listed in the *British National Formulary, 1914*, included: cocaine, codeine, phenacitin (the first non-opioid analgesic metabolised in the body as paracetamol), opium, morphine, diamorphine, acetylsalicylic acid (aspirin), and from the *Pharmacopoeia of St. Bartholomew's Hospital, 1936*: cocaine, codeine, diamorphine, morphine, phenacetin and the local anaesthetic, procaine.²²³ Sheena Culley discussed the role of analgesia in the restoration of equilibrium referring specifically to an advertisement for 'Genaspirin' in 1919. This advertisement addressed the problem of 'sleeping badly' the cure for which is to take two Genaspirin which promised to 'quieten the excited brain, calm the throbbing nerves, and predispose to healthy restorative sleep'.²²⁴ This example of the fusion of pain and emotion illustrated the concept that analgesia had a direct soothing effect but which was, of course, more probably, the indirect side effect of pain relief. Culley pointed out that this was a concept left over from the use of opiates, which in addition to acting as an analgesic also had a sedative effect, or in the case of cocaine, stimulant. Alison King, recalls her grandmother talking about Romany gypsies coming to the village twice a year selling poppy juice and this was given to babies and children to sedate them at home as there was no one to look after them whilst their parents were working in the fields gathering flints which were part of the ecology of the area and worked their way up to the surface of the soil. These would then interfere with ploughing and everyone, including children age from three upwards were employed picking flint off the ground for about 1d. per bucket.²²⁵ This led to the wrongly perceived attributes of the action of modern analgesics such as aspirin, which, pharmacologically, had no such direct sedative effect. The connection was

²²² Bourke, 'Amputees, Stump Pain, pp 66-89.

²²³ *BNF, 1914, The Pharmacopoeia of St. Bartholomew's Hospital.*

²²⁴ Culley cites an advertisement for 'Genasprin' in the *Manchester Guardian* (1919) in *Killing Pain* p. 135. An advertisement for Genasprin in *Good Housekeeping* on 20th March, 1937, 21, cites its value for neuralgia, neuritis and nerve pain but does not refer to 'nerves' nor is it to be taken as an aid to sleep.

²²⁵ Interviewed 30/1/17

enhanced by the wording of advertisements. However, whilst the advertisement for 'Genaspirin' in *Woman's Own* 1937, promised a wide range of analgesic properties as well as banishing sleeplessness, the text did not support that one was dependent on the other but suggested that 'Genaspirin' was in fact an aid to sleep in its own right. Other forms of analgesia used over the period addressed a number of complaints including lumbago, or back pains, for which plasters were advised. Alison King remembers belladonna plasters being used as a local analgesia for back ache.²²⁶

In her research specifically focused on 'Genesprin', Culley has examined a number of advertisements and, taking a gendered approach, has suggested that the focus of advertisements was directed towards women who, during the period of her research, 1910-1959, were, in general, viewed as being 'neurotic' or having 'bad nerves.' She noted 'the image of the neurotic, hysterical woman in advertisements for aspirin and related products'.²²⁷ She affirmed the concepts already referred to in chapter three of women being described as dainty or delicate and therefore prone to nervous disorders as an inherent attribute of women, and not a side effect of pain or ill health. She has taken a feminist perspective on the copy in which she claimed that the medicine, 'soothed nerves and promoted calmness' and took the view that a woman's 'nerves', were a separate entity from pain. She further suggested that this framing of illness was specifically female and that men were not perceived as suffering from 'nerves', a concept which will be challenged in the next section. The 'soothing effects' of 'Genasprin' and (as the pharmaceutical agent is generic) other analgesics were particularly suitable for women's 'nerves' ²²⁸

²²⁶ 'Allcocks plaster for lumbago and all pains', *Home Chat*, (1895), 79, bound volume, no other date. King, 30/1/17.

²²⁷ Culley, *Killing pain*, p. 133.

²²⁸ An advertisement for 'Propax' *Home Chat* 30th May, (1942), 358, showed a female wartime factory worker, clearly undertaking hard manual labour, refusing to succumb to a headache in the face of a national emergency. The changes in advertisements during the war is examined at a later section.

However, it is suggested that this concept is misplaced. The reduction of pain sensation, relieved concomitant tension, and anxiety, as well as pain having a depressing effect, it is clear that, if ameliorated, would have a psychological effect of wellbeing on the patient and would have engendered sleep. Marni Jackson writing on the subject of her migraines stated 'There is an upside however, when it stops. The first hour or two after a migraine recedes is a unique form of bliss'.²²⁹ Although the pain/tension/pain cycle may not have been known about during this period, sufferers would have understood its effect empirically and, as stated in the introduction, medical theory was (and still is) based on observation.²³⁰ A number of other brands of analgesia were identified from magazine copy but research failed to establish their active ingredients.²³¹

A review of the advertisements which were noted in a number of publications and addressed a range of causes and types of pain showed a marked similarity in approach to the causes and treatment, the causes of pain at this time, being predominantly attributed to bodily imbalance rather than to a specific injury.²³² Advertisements over the time span included: *Home Chat* 1895, 'Bishops Citrate of Caffeine', priced 1s.1^{1/2}d. and 2s. 6d. which was cited as an 'invigorating tonic for tired body and overworked brain'. Another advertisement prescribed it for headaches, specifically aimed at 'Fair girl graduates of our colleges and schools who, in this age of higher education, suffer from headaches'.²³³ *Home Chat* had very few advertisements for analgesia, but in 1934

²²⁹ Marni Jackson, *Pain, the science and culture of why we hurt* (London, 2003), p.26.

²³⁰ See for example, Sandra Stuckey and others 'EMG Biofeedback Training, Relaxation Training and Placebo for the Relief of Chronic Back Pain', *Perceptual and Motor Skills*, 1 December, (1986), 1023-1036.

²³¹ See for example, 'Zox' for neuralgia and headache, *Girls Own Paper*, May, April, (1904), 1 (compilation), and 'Menopax' to restore equilibrium during the menopause which is causing 'pain and suffering', *Home Chat* 30th May, (1942), 111, 'for women's middle age suffering' *Good Housekeeping*, July, (1942), opp. Page 57. 'Baxen' (250mgs paracetamol) for period pains, *Woman's Own* 14th July, (1943), 443.

²³² See for example, 'Cephos' aspirin and caffeine for period pains 'relieves headache and the heaviness as it eases congestion' *Woman's Own*, 9th Jan. (1937), 51. 'Propax', no pharmaceutical information available, 'cures headaches then get rid of the poisons which cause the pain,' *Home Chat*, May 30th May, (1942), 358. 'Phensic' was advertised as the 'quickest painkiller and pick-me-up known to science' and for influenza, 'it is an internal germicide turning out poisons produced by germs through the skin', *Woman's Own*, 28th January, (1938), 50.

²³³ *Home Chat*, 27th July, (1895), p. 306. Bound copies.

Woman's Own advertised 'Kephaldol' 1s. 3d. and 3s. which was aimed at period pains, nervous upsets, headaches and neuritis. It was said to be non-aspirin, non-toxic, non-depressive and not habit forming and was endorsed by 'Sister Elizabeth' in full hospital uniform. The active ingredient was citrophenetidin described as a brown powder of bitter taste, antipyretic and analgesic. In spite of an intensive search no details of this ingredient could be found.²³⁴

A review of the types of analgesia available nationally and possibly in Chinnor through the grocers or chemist, such as Brazells and Miss Hicks' shop or the chemist in Thame, indicated a very limited selection comprising of either: singly or in combination, variants of aspirin, 'Aspro', 'Phensic' (aspirin and caffeine), 'Anadin' (aspirin and caffeine), 'Antikalmania' (A.K. tablets, containing acetanlid a precursor to paracetamol). The copy suggests that they were effective for headaches, neuralgia and neuritis, which are pathological not psychological conditions, rheumatism and period pains by easing the pain, restoring equilibrium and sound sleep. None of the advertisements viewed suggested that women were weak or delicate.²³⁵ Aspirin appeared to be the remedy of choice and Mabel Howlett remembers buying aspirin from Brazells.²³⁶

Tonics

In the next section on tonics it will be shown that advertisements were not, in general, gendered and that it was accepted that both men and women suffered from stress or 'nerves' from which the tonic would restore calm and tranquillity. 'Tonics' were taken to restore imbalances in the body's systems and restore health and vigour. A number of products were advertised under this rubric, some in liquid form, for example, tonic wines

²³⁴ *Woman's Own*, 14th July, (1934), 111.

²³⁵ For example, recurrent advertisements for the following analgesics were promoted during the period under review. 'Aspro', aimed at war workers 'answering the nations call' *Woman's Weekly*, 31st December, (1943). 'Anadin', *Home Chat*, 11th August, (1945), inside of back cover. 'A-K tablets', 'A- K' 'The war will not wait on women's weakness. Now she must carry on', cited by Waller and Vaughn-Rees, *Women in Wartime* p. 105 also in *Woman's Own*, 20th March, (1937), 30, *Home Chat*, 11th January, (1947), 63, as a treatment for rheumatism.

²³⁶ Mabel Howlett, personal communication, 6/8/16.

or nutritional drinks such as 'Bourne-vita' or 'Ovaltine', others were in the form of supplements such as cod liver oil or malt. Some remedies were clearly labelled as tonics such as 'Guy's Tonic' or 'Philips Tonic Yeast', promising a restorative effect whilst others, particularly nutritional products and beverages, claimed to improve the immune system, restore and fortify the body, rectifying depleted energy and restore vigour.²³⁷ Certain tonics were advertised as a specific treatment for neurosis and for calming nerves. Whilst it had been suggested by Culley that women had been targeted as having 'bad nerves' they were far from the only sufferers recognised by the advertising industry. An advertisement for 'Bourne-vita' a 'protective food' illustrated a beaming man who, because he had been drinking 'Bourne-vita,' now had 'not a trace of nerves'. Apparently, his taxed nerves had caused him to become 'difficult and irritable'.²³⁸ Tonics were advertised as relevant to all members of society including children, and, if the copy for an early advertisement (very much of its time) for 'Phosferine' (wine fortified with herbal supplements) was to be believed, all the crowned heads of Europe and the Emperor of China.²³⁹

One tonic which was billed as safe for children, was 'Hall's Coca Wine' which contained cocaine and was prescribed for: influenza, physical fatigue, general depression and throat complaints and was apparently available from wine merchants and chemists.²⁴⁰ A

²³⁷ See for example: 'Philip's Tonic Yeast', *Woman's Own*, 20th May, (1939), 40, 'Bourne- vita', *Woman's Own*, 9th January, (1937), 'for a good sleep,' and 'for sleep and energy', *Home Chat*, 9th January, (1945), 524. 'Ovaltine', tonic beverage, *Good Housekeeping*, September, (1936), 4, 'a good night rest', *Good Housekeeping*, October, (1923), 3, 'tonic food beverage', and *Home Chat*, 11th August, (1940), 230.

²³⁸ 'Bourne-vita', *Woman's Own*, 9th January, 1937, 111, 'protective against children's colds'.

²³⁹ 'Phosferine' 'The Greatest of all Tonics: Proven remedy for neuralgia, nervous debility, mental exhaustion, impure blood, giddiness, sciatica and influenza. The Remedy of Kings'. *Home Chat*, 11th January, (1908), 185. *Woman's Own*, 20th May, (1939), 52, for 'depression, neurasthenia, sleeplessness, influenza and 'brain-fag''. 'Phosferine' was a staple remedy during the period under review and variously presented as food, or 'Phosferine Tonic Wine'. See *Woman's Own*, 28th May, (1938), 'my midmorning tonic' and 'one glass of wine two to three times a day', 50. Another advertisement suggested a 'glass as a morning break' and *Home Chat*, 17th April, (1937), 181. Phosferine tonic as a remedy after being 'winter-weakened' and in, *Woman's Own* 31 December, (1943), 19, 'a beverage that will do you good', *Home Chat*, 11th January, (1947), 75, the tonic wine 'as a sure aid to restful sleep and to be used as a drink and not a medicine'.

²⁴⁰ 'Hall's Coca Wine', 'for the evil after effects of influenza', *Home Chat*, (1895), bound copy no date, p. 80. Also, p 239, 'safe in action beneficial for adults and children. A marvelous restorative'.

product called 'Postum', a wheat based cereal additive to milk, was said to be 'easy to digest' and 'soothing for young active nerves'. The advertisements all depicted a baby or toddler but the product was also aimed at all the family including father.²⁴¹ 'Ovaltine' was advertised for a sturdy body, sound nerves 'perfect food for children building brain, nerves, and body'.²⁴² Another child aimed tonic was 'Cod Liver Oil,' much disliked by the interviewees, which was a staple supplement in Chinnor. In January 1943, Chinnor WI minutes recorded that a circular from the Ministry of Health regarding the distribution of fruit juices and cod liver oil to infants and immunisations for young children had been received. The meeting agreed that this would be done through the clinic in the village.²⁴³ Jim Rose was given an interesting 'tonic' when he was a child aged six. Because he was very thin the doctor said that he should have a tablespoon of cream every day, whilst Alison King remembers being given cinnamon syrup in milk by her mother.²⁴⁴ Tonic wines for adults were particularly well advertised such as 'Wincarnis Tonic Wine' which was 18% proof, the suggested dosage being one to two glasses at 11 am or 2-3 wine glasses during the day.²⁴⁵ The *Report of the House of Commons Select Committee on Patent Medicines, 1914*, called into question the advertising of 'tonic' wines, some of which were twice as intoxicating as claret. The Report stated that 'Many persons acquired the drink habit from taking these wines'. The Committee listed 12

²⁴¹ 'Postum', *Good Housekeeping* (1928), compilation, November 1925, 97, 'soothing for active young nerves', *Home Chat*, 14th November, (1931), 361.

²⁴² *Good Housekeeping*, October, (1923), 3.

²⁴³ *Chinnor WI minutes*, 14th January (1943).

²⁴⁴ Cod Liver Oil was recurrently advertised during the period under research under a number of names, an early one being 'Scotts Emulsion', a staple of *Home Chat*, for example, 21st December, (1907), 18, and said to be 'valuable in lung disease, rickets and all wasting diseases having dragged thousands of little ones from death's door', also 31st December, (1943), 18, *Home Chat*, 6th November, (1948), 210, 'trusted by mothers for over 70 years.' In *Woman's Own* 7th November, (1947), 23, a picture of granny and granddaughter was shown under the strap line 'they came safely through last winter – they are ready for this one too'. Also marketed as 'Seven Seas Cod Liver Oil' in *Woman's Own*, (1948). During the Second World War cod liver oil was distributed through child welfare clinics free of charge although Gardiner suggested that less than 38% of mothers gave their children cod liver oil in 1942, *Wartime*, p.162. Cod liver oil was also seen as an important treatment for consumption and was advertised in the *Tuberculosis Year Book and Sanatorium Annual, 1913-1914*, p.iv. Rose, 'Jim', p. 20, King, 30/1/17.

²⁴⁵ Wincarnis Tonic Wine, *Home Chat*, 11th August (1945), 238, 'Wincarnis Wine Jelly' (advertised as being really wine not just a flavour), *Home Chat*, 2nd June, (1934), 498, 'How does she keep so cheerful?' 'Wincarnis, the wine that does you good', *Home Chat*, 27th March, (1943).

such wines with an alcohol strength of between 16% and 21%. The Committee also referred to a number of wines which contained similar quantities of undeclared alcohol and noted that these preparations 'were reputed to enjoy particular popularity with teetotalers.'²⁴⁶ The concept of children imbibing alcohol as being dangerous does not seem to have been part of the health ethos of the village. Derek Nixey mentioned being given hot orange squash and whiskey for colds aged seven or eight and Percy Saw recalled, hot milk and whisky.²⁴⁷

'Guy's Tonic' was one product which featured in recurrent advertisements during the period of research and each advertisement addressed a different medical system, and provided a lesson in physiology to explain the need for the tonic, and its effect on the body. It purported to address problems of imbalance over a range of anatomical and physiological systems and was an exemplar of the genre. For example, one advertisement expounded the importance of restful sleep without which the body would be unable to restore itself. This was followed by a description of the sleeping body during which time the brain 'Accumulated a reserve supply of nervous force for the efficient carrying on of its future operation'. This type of sound refreshing sleep could only be obtained when organs are in a healthy condition. By taking 'Guy's Tonic' good digestion was ensured leading to 'good blood making, stimulation of the brain and nerve centres, and resulting in restoring a weakened and enfeebled constitution'.

A further advertisement for the same product addressed the problem of bilious attacks, which, according to the explanation in the editorial was 'Due to excess of bile, powerful mental emotions, and depressed passions as well as gastronomic excess'. The latter, it stated caused a range of physical conditions across a number of medical systems including: headache, retching, vomiting, coated tongue, nervous irritation, constipation

²⁴⁶ Clark, *Medicines*, p. 44.

²⁴⁷ Derek Nixey, interviewed, 24/1/17 and Percy Saw personal communication, 7/2/17.

and high blood pressure. A further advertisement that year in August 1895 addressed the topic of why we eat. This advertisement gave the reason we eat and the role of food in our bodies. However, this was then followed by discussion and threats to health if too much was eaten and its effects on the excretory organs. 'This extra work deranges the ordinary operation and will sooner or later produce disease. First the kidneys, lungs and skin may become the seat of extensive and grave maladies such as diabetes, Bright's disease, bronchitis and asthma'.

Suppression of excreta was said to 'give rise to alarming symptoms'. 'Guy's Fruit Pills', an allied product, acted on the liver to 'carry off all the constituents of the bile'. This was then followed by 'Guy's Tonic' to maintain health.²⁴⁸ The idea of maintaining health was an important part of the interventions and was related to humoral prophylaxis. Another product in this category was 'Vogeles Restorative Compound', which again reflected humoral theory. It addressed the removal of impurities in the blood and the need for them to be dispelled, enabling the body to cope with the changing temperature from winter to spring. Different forms of the advertisement also addressed different medical systems such as the nervous system or the alimentary tract. This concept of blood purification in the spring was an old tradition and its use was asked of the interviewees. John Neighbour reported having boiled nettles in the spring, a nettle tonic being a traditional remedy.²⁴⁹

In an age of high infant mortality, children were keenly watched for any signs which might indicate a lack of vigour. Examples in the advertisements which addressed this concern included evidence of: unwillingness to play, loss of appetite or a poor sleeping pattern. An advertisement for 'Vita grapes' showed a family group concerned about their young son's lack of appetite, for which, the mother states that she 'will ask the doctor for a tonic'.²⁵⁰

²⁴⁸ *Home Chat*, (1895), 350 bound volume.

²⁴⁹ John Neighbour, interviewed, 20/2/17. Nettles being rich in vitamins A and C, iron, potassium and manganese.

²⁵⁰ *Vita grapes*, *Woman's Own*, (1936).

Key was the acknowledgment of outside influences on mental or physical health. For example, an advertisement for 'Virol' as a vitamin food, costing 1s. 3d, claimed to 'enrich the blood and feed the nerves and fortify against infection'. 'Virol', being remembered with some distaste by Wendy Harris.²⁵¹ This product was aimed at children to help them cope with the strain of school, intensified by the 'cold, damp and dark of winter'.²⁵² This advertisement aimed to play on the mother's fear of illness which might ensue following the child's lowered vitality. This interesting advertisement encapsulated the reported experiences of Chinnor children attending school in winter and the conditions inside the primary school at that time which were described in chapter four. A similar product was 'Vimatol' 3s. 5s. 6d. a malt extract of yeast, halibut liver oil as well as vitamins and mineral salts. It claimed to 'increase weight and resistance in winter'.²⁵³

In chapter three it was shown that one of the biggest causes of ill health and death in Chinnor were lung conditions and many over-the-counter remedies addressed this and these were often referred to as tonics. Noted by a number of interviewees was 'Owbridges Lung Tonic', a longstanding remedy from the 1900s onwards consisting of Ipecacuanha, wine and chloroform. This product claimed to be: 'The Greatest English Remedy'.²⁵⁴ The perceived need for these products for health maintenance stems from the high infant mortality rate, and the ever-present threat of infectious diseases as well as the cost of medical care. In addition to these continuing worries was the economic and political background to the 1920s and 1930s, with high levels of unemployment, low wages and the background threats from the political situation in Europe. All of which created high levels of anxiety and depression within the population. One overriding emotion in the advertising texts was that of fear. Fear for the integrity of the body, the

²⁵¹ Wendy Harris, interviewed, 6/2/17.

²⁵² 'Virol', *Home Chat*, 23rd February, (1922), 318, 14th November, (1931), 380.

²⁵³ 'Vimatol', *Home Chat*, 4th November, (1948), ii.

²⁵⁴ *Home Chat*, 28th December, (1907), 75.

breach of which could result in serious, if not dangerous, consequences from the most benign of symptoms.²⁵⁵

One particular range of advertisements from the 1900s was for the prevention and treatment of constipation which was a constant concern to working people in the early twentieth century. This was often a direct result of the people's poor diet which was high in carbohydrates and low on fresh food, vegetables and whole grains. It also stemmed from the advice from doctors and advertisements, based on the medical understanding of the consequences of the condition prevalent at the time. The concept of miasmatic theory has been addressed and its relation to the idea of human and animal waste as a source of illness and poor health. This was due to its appearance, feel, and smell, and the belief that organic refuse poisoned the air with miasma (pollution), causing disease. From this came the theory of autointoxication via germ theory. What was clear from the examination of these advertisements was that constipation was seen as the cause and harbinger of a wide range of, to the modern eye, totally unrelated conditions ostensibly emanating from the content of the bowels. Conditions which included: headache, flatulence, depression, nervous disorders and rheumatism. This theory, which was conceived by the ancient Egyptians, who believed that toxins were developed in the gut and then moved to the circulatory system. This was based on the idea that, as decomposition of animal and vegetable matter outside the body was caused by bacteria, it was felt reasonable to conclude that the same process was happening inside the body. Autointoxication became the diagnostic catch all which was used to explain the causes of insomnia, impotence or in fact for any condition for which there was no other obvious cause. It continued as a medical theory from 1900 to 1920, a way that James Whorton suggested that miasma was modernised.²⁵⁶

²⁵⁵ A recurring advertisement in *Home Chat* in the early part of the century was an advertisement for the Erasmus Colman method of treatment for catarrh (a book and inhaler) which described the dangers of having catarrh, 'Thousands of lives being risked leading to asthma, consumption or deafness. Neglect is a fatal error'. Cited in *More Secret Remedies*, the Nebular Tablet consisted of: sodium chloride, borax, sodium bicarbonate, sugar, talc and oil of wintergreen, whilst the gargle tablets contained: borax, sodium bicarbonate, sugar, talc and powdered vegetable drug.

²⁵⁶ Whorton, *Inner Hygiene*, pp.55. and 25.

Along with overt constipation was the issue treating 'irregularity', the idea that people needed to have a bowel movement every day, or dire medical consequences would ensue. The leading proponent of this theory was Sir William Arbuthnot Lane (1856-1943), consultant surgeon at Guy's Hospital and a great advocate of the redundancy of the gut and regular evacuation of the bowel (three times a day if possible). He believed that toxins absorbed from the gut due to internal stasis caused pelvic pain and other symptoms including: cold hands and feet, facial tics, kidney and heart disease, and depression of the immune system, leaving the patient open to every infection and the development of cancer. He went on to conclude that the colon was a redundant organ and he conducted colectomies up the end of the 1910s. He was heavily criticised during his life time for this approach. Arbuthnot did, however champion other excellent advances in surgery, such as developing the 'non-touch' technique and his skill at closing cleft palates. The theory of autointoxication was later completely refuted.²⁵⁷

The horrors and dangers of constipation were spelt out in uncompromising detail in the advertisements of the period. One enduring product was 'Beecham's Pills' advertised in *Home Chat* in 1895 and still available today. A 1931 'Beecham's Pills' advertisement is described here as an exemplar of the theoretical background and type of symptoms which were ascribed to constipation. The advertisement text described constipation as 'The scourge of 20th century civilisation, if you are ill it is probably caused by self-poisoning through constipation'. The advertisement went on to list signs of liverishness, such as dull eyes, coated tongue, irritability and so the necessity for Beecham's to regulate your internal functions. Biliousness would respond to Beecham's, cleansing the system and removing poisonous waste in the lower intestine, resulting in the relief of stomach pains. Beecham's also regulated the alimentary system, removing indigestion and banishing headaches, which were due to a poisoned system. Although an

²⁵⁷ Whorton, *Cleanliness*, p. 76.

advertisement in 1942 merely stated that it would have an all-round effect on health.²⁵⁸ The concept of 'Inner cleanliness' was a common one, advocated particularly in relation to 'Andrew's Liver Salts'.²⁵⁹

Another advertisement aimed at children as well as adults, was 'Syrup of Figs' which proclaimed that every child needed a 'spring clean'. Symptoms of this requirement included spots and blemishes on the skin which was a sure sign that the 'bowels were clogged with sour; bilious, poisons which inflamed the blood'.²⁶⁰ One persuasive advertisement for the product depicted a nurse and school teacher discussing how much improved the teacher's class was now that all the girls were taking syrup of figs. The vital importance of thorough and regular bowel movements being necessary as girls approached their teens and that 'it was a mother's duty to ensure their daughters bowels were clean and free from poisonous waste'.²⁶¹ Almost all the interviewees or their family were subjected to a dose of 'Syrup of Figs' on a regular basis. Avis Hulbert was one and said her mother was 'very keen' on it, as confirmed by her brother Derek Nixey. Rodney Turner remembered that Sunday was bath and 'Syrup of Figs' night and John Neighbour put this dosing down to the older generation being concerned about their bowels with no obvious reason. Percy Saw was not only given 'Syrup of Figs' but also brimstone and treacle which was also thought to be a general tonic.²⁶² The general feeling from the interviewees was that the product was given to them to ensure regularity but there was no suggestion that constipation had any further health hazards. Although residents reported that they had a very good diet with fresh fruit and vegetables and a very active life style, the sanitary arrangements, reported in chapter three, were poor, with no indoor lavatories, the lavatories being unheated and some distance from the cottage. In winter this would

²⁵⁸ *Home Chat*, advertisement for 'Beecham's Pills', 22nd January, (1935), 789, and 23rd September, (1939), 717.

²⁵⁹ 'Andrew's Liver Salts', for example *Home Chat*, 30th May, (1942), 358, *Home Chat*, 11th August, (1945), 233. See also 'Enos Fruit Salts', *Home Chat*, 14th August, (1920), 246, 30th May, (1942), 358.

²⁶⁰ 'Syrup of Figs', *Home Chat*, 25th, February, (1922), 308, 'to prevent sickness', *Woman's Own*, 28th May, (1938), 53, suggested that children were made fretful by the poisons and waste in their bowels'.

²⁶¹ *Home Chat*, 22nd June, (1935), 792

²⁶² Interviewees: Avis Hulbert, Derek Nixey, Rodney Turner, John Neighbour and Percy Saw.

not have been conducive to bowel regularity, so a timed dose of laxative might have been seen as a sensible precaution. It can be seen from the advertisements, that, although Lane's theories had been largely discounted by the 1920s, his influence persisted into the 1950s.

In addition to advertisements in magazines the advertisements in two of the local papers, *Thame Gazette* and the *Bucks Herald* were reviewed 1900-1948. Established in 1856, the full title of the paper was the *Thame Gazette and Ox and Bucks Advertiser*. Initially it cost a 1s. and was published weekly. Predominantly, the advertisements were for local traders and other businesses and personal advertisements for people seeking employment or promoting their own products. Miss Webster, maternity nurse, Park Street Thame, certified CLLH. Howletts Anti-koff bottles 7^{1/2} d. 1s. cod liver oil emulsion an extract of malt and oil, W. Howlett MPS pharmacist and photographic chemist Thame. By May 1910, Howlett is advertising as a pharmacist and agricultural chemist selling his own brand of embrocation for people and horses. On 14 December, 1920, a Coley local pharmacist in Thame, was advertising his own product, effervescent saline, and what he referred to as 'seasonal requirements', for example, his 'meat and mal wine' for winter.²⁶³ A random selection of over-the-counter advertisements in both papers over the period yielded a strong consistency in the type and presentation of these medical products. Enduring advertisements reflected those in women's magazines and the prevailing health concerns of constipation, weak blood, nerves, the need for 'female pills'.²⁶⁴ The *Thame Gazette* also ran information columns regarding health, variously titled, 'Talks on Health,' 'Women's World' and 'Household Hints.' These reflected extant 1920s concerns for example, 'Is there a cancer germ?' 'Are corsets necessary?' and a talk by a doctor on 'Being buried alive'.²⁶⁵

²⁶³ *Thame Gazette*, 4 January, (1910), *Thame Gazette*, May, 1910, *Thame Gazette*, 14, December, 1920.

²⁶⁴ *Bucks Herald*, 6 January, (1939) Milk of Magnesia, Syrup of Figs, Dr. Collyrs Brown influenza mixture and Brands Little Liver Pills.

²⁶⁵ *Thame Gazette*, 21 December, (1920), 7 December, (1920).

Pregnancy

In chapters two and three the financial burden of childbearing was highlighted and the negative effects on women's physical and mental health due to multiple pregnancies. So one recurring health issue for which home remedies were sought was an unwanted pregnancy. One of the most frequently recurring advertisements, were for what was euphemistically called 'feminine pills'. These 'removed all obstructions and restored good health' for example, 'Towles Brand Pills for Ladies' quickly and safely correct all irregularities, available from all chemists, 1s.3d and 3s.²⁶⁶ The historical context of these advertisements can only be examined in relation to the Abortion laws and the absence of widely accessible effective contraceptive advice.

The previous chapters have dealt in some depth with the causes of poverty extant in Britain 1900 onward. Repeated stories cited families with five or more children to feed and it is clear that many women sought to limit their pregnancies, both for economic, as well as personal health reasons. Poverty stricken communities would look to the local 'old wife' who would 'see them right' at the birth as they understood the imperative of family limitation. There was little in the way of effective birth control and contraceptives were expensive and had a high failure rate. For example, the minimum outlay for female contraception was 5 or 6s. for a syringe, a dozen soluble pessaries and a box of quinine powder whilst sheaths were 6d. per dozen although 3s. per dozen was the usual price. With skilled workers earning only 30s. per week with those on the poverty line at 21s. per week, these were unobtainable for most couples and, in addition, female contraception required, time, space, perseverance as well as money.²⁶⁷ This limited its use as many women had little understanding of their own anatomy coupled with their natural disinclination to touch themselves. Juliet Gardiner stated that women's lack of knowledge regarding contraception was taken as an indication of her virtue and innocence and it also contravened the working class norms which held that the man was responsible for

²⁶⁶ *Woman's Own*, 9th January, (1937), 552.

²⁶⁷ Patricia Knight, 'Women and Abortion in Victorian and Edwardian England', *History Workshop*, 4, (1977), 57-68.

contraception, as quoted by Daphne White who said birth control was 'her husband's responsibility'.²⁶⁸ This was explored in Kate Fisher's paper, referred to in chapter four, which explored the changing relationship and responsibilities for contraception. As women's education and employment opportunities increased, she noted that women were, the often unacknowledged, driving force for family limitation.²⁶⁹

In spite of often very poor diets which would reduce fertility some women would remain fertile but with a much poorer outcome.²⁷⁰ Women who were not medically insured did not consult a doctor unless it was an emergency. However, Gardiner suggested that in the 1930s, 40% of middle class couples were using birth control and about 28% of working class couples. Contraceptives were not easy to come by, a mobile clinic was started in 1926, whilst many doctors were opposed to birth control and would not work in, nor refer patients to the clinics.²⁷¹ Roberts, in the *Classic Slum*, claimed that by the 1920s, no youngster who had started work would have been oblivious to the 'rubber' shops and what they sold, having gained this insight by word of mouth.²⁷² John Neighbour recounts a story, when at school he and a group of friends giggled in class, after one of the boys mentioned that he had seen some French letters in a shop window in Princes Risborough. This conversation was instantly and resolutely terminated by the form teacher.²⁷³

The debate surrounding the issue of the availability of contraceptive advice was informed by a number of groups. The argument for the availability of information about contraception came from the middle class pioneers such as Marie Stopes (1880-1958),

²⁶⁸ Gardiner, *Thirties*, p. 564, Daphne White interviewed, 27/1/17.

²⁶⁹ Fisher, 'Quite satisfied', 2000.

²⁷⁰ See Arthur and Margaret Wynne, 'The effects of food shortage on human reproduction', *Nutrition and Health*, vol 9, (1993), 43-52.

²⁷¹ Wynne, *Human reproduction*, 46.

²⁷² Roberts, *Slum*, p. 52.

²⁷³ Neighbour, 20/2/17.

who, in spite of being prosecuted in 1921 for disseminating contraceptive advice as obscene literature, was committed to releasing women from unrestricted childbirth. The first clinics were opened in 1921, Marie Stopes in March and the Malthausen League in November of the same year. Both clinics were primarily concerned with improving the lives of poor women. Opposing this dissemination of information was the Catholic Church, the Union of Catholic Mothers, who condemned contraception as a prelude to 'sexual excitement'.²⁷⁴ In 1930, The Lambeth Conference gave cautious permission for the use of artificial methods of birth control by married women under special circumstances.²⁷⁵

Added to the complex mix, the medical profession sought to distance themselves from the debate, regarding contraception as a social issue rather than a medical one and that it was not part of the medical curriculum, resulting in a refusal to give advice, although opinion was divided on the topic.²⁷⁶ Key to their reluctance was the fact that many doctors gained a good living from midwifery. This was in contrast to the feminist perspective of medical patriarchy. Naomi Pfeffer states that during the twentieth century 'doctors had laid claim to the female reproductive body extending their capacity to manage and manipulate it'.²⁷⁷ It was these concerns which are examined in the light of birth control including abortion. One key issue, particularly during the 1930s, was the decline in population due to the heavy losses during the First World War and the influenza epidemic of 1918. This resulted in a reduction in the birth rate and the threat of a nation reducing the rate still further by artificial means, caused some alarm in official circles. Britain was not alone. Germany also had a very low birth rate and it was at its lowest in 1930, at 17.6 per thousand, people often only 1.1 child per family by 1933. To counteract this Germany encouraged marriage and childbirth by banning contraception and abortion and by giving every married couple a generous loan of 1,000 DM, which at the time, was

²⁷⁴ Barbara Brookes, *Abortion in England, 1900-1967* (London, 2013), p. 115.

²⁷⁵ Gardiner, *Thirties*, p. 562.

²⁷⁶ For a review of the controversy see Audrey Leathard, *The Fight for Family Planning* (London, 1980), pp.22-23.

²⁷⁷ Naomi Pfeffer, 'The Reproductive Body' in Roger Cooter and John Pickstone (eds) *Medicine in the 20th Century* (Amsterdam, 2000), pp. 277-278.

about nine months income. The repayment rate on the loan decreased with each child so by the time the fourth child was born the loan had been wiped out. This was intended to create a booming population of soldiers and mothers, although results showed they did not achieve very much in the way of population growth, the birth rate being 19.2 in 1938. During the Second World War this largess was extended to single women who were also encouraged to have four or more children. Women who had eight or more children were awarded a gold medal the *Cross of Honour of the German Mother*, silver for a sixth child and bronze for a fourth child.²⁷⁸ It was against this background that concern was felt for the British population which was falling rapidly during the 1930s.

One other form of prevention which was not always talked about was abortion, it being a major, if covert, form of birth control, with the previously mentioned infanticide as a second option.²⁷⁹ Before 1967, induced abortion was against the law enshrined in the *Offences Against the Person Act, 1861*, specifically section 59, which sought to prohibit the supply of instruments or chemicals which might be used to induce an abortion. These laws were influenced in part by the fluctuating population 1900-1967.²⁸⁰ However, abortion although illegal, played a key role in family limitation. A popular belief held during the period under research, was that, if abortion was performed before 16 weeks or before 'quickening' it was not immoral since the belief was that the baby was not alive until this point. It was impossible to know how many abortions occurred but, in 1936, the *BMA* calculated that about 20% were illegal (i.e. not spontaneous). However, it was almost impossible to obtain concrete data, and a number of theories as to why abortion was needed were offered to the Birkett Committee which informed the complexity of the debate. The incidents and reasons for abortion have been well documented by Brookes.²⁸¹ The Advertising Association had issued a bulletin in 1928 asking members to refuse

²⁷⁸ *The role of women in Nazi Germany* history learningsite.co.uk2014 (accessed 7.6.15.)
[Http://alphahistory.com/nazigermany/women-in-nazi-germany/#sthash.BH8dluXn.dpuf](http://alphahistory.com/nazigermany/women-in-nazi-germany/#sthash.BH8dluXn.dpuf)

²⁷⁹ Knight, *Abortion*, p. 1977.

²⁸⁰ Brookes, *Abortion*, pp. 1-2.

²⁸¹ Brookes, *Abortion*, pp. 108-113.

advertisements for remedies of a female nature and claimed a high degree of co-operation from them. In addition, the *Pharmacy and Poisons Act, 1933* had placed ergot, lead and oil of sarin on Schedule One poisons list, items which could only be obtained from a pharmacy.²⁸²

Information about abortion was obtained from family, friends, and neighbours and some older women would 'take care' of young girls especially those working away from home. Sutton recounted how in the 1930s in Lincolnshire a woman 'looked after' the girls, gave contraceptive advice and if they did get pregnant she would 'take care' of them.²⁸³

Advertisements for abortifacients were a regular feature in women's magazines during the 1930s but did not appear to be featured before then and although discrete and small their meaning could be determined.²⁸⁴ 'Towles Pills' was one such product which contained penny royal and steel. 'Blanchard's Pills' were advertised as a safe remedy for women's ailments such as amenorrhea priced at 1s. 3d. and 3s., these contained iron sulphate, soap, Barbados aloes, powdered ginger, cardamom, and cinnamon, whilst 'Widow Welch's Female Pills' contained iron, sulphur, liquorice and turmeric. 'Rendell's' hygiene suppositories for women were a vaginal contraceptive consisting of cocoa butter and quinine sulphate.²⁸⁵ Legislative changes occurred against a growing background of permissiveness and changing moral attitudes as well as the growing women's movement which advocated the concept of a woman's right to choose pregnancy or not and challenged the patriarchal and class attitudes of the legal and medical professions. This latter was exemplified by Norman Birkett who stated that

²⁸² Brookes, *Abortion*, p. 119.

²⁸³ Maureen Sutton, *We Didn't Know Aught*, (Stamford, 1991), p. 97.

²⁸⁴ P. S. Brown, 'Female Pills and the Reputation of Iron as an Abortifacient', *Medical History*, 21, (1977), 291-304, reviews the advertising of 'female pills' to treat a range of vague conditions in local newspapers in the Bristol area.

²⁸⁵ *More Secret Remedies*, British Medical Association, pp. 195, 205. All the remedies listed contained iron. For examples of advertisements: Towels Pills, *Woman's Own*, 9th January (1937), 552, Blanchard's Pills *Home Chat*, 17th April (1937), 203, Widow Welch's Female Pills, 22nd June, (1935), 111; Rendell's, a spermicide, for feminine hygiene *Good Housekeeping*, September (1936), 119, and *Good Housekeeping*, July, 1942), 95, not cited in *More Secret Remedies* but known to contain cocoa butter and quinine. A similar product called Gynomin antiseptic tablets, was advertised to 'Married women war workers who must be free to continue her war duties without a break', cited in Waller and Vaughn-Rees, *Women in Wartime*, p. 78, *Good Housekeeping*, July, (1942), 84.

'medical men should set an example and turn a deaf ear to even the most desperate women'.²⁸⁶ Clearly this was a delicate subject on which to make enquiries for the research but when it was appropriate to ask, interviewees responded quite frankly. Mabel Howlett on the subject of contraception or lack of it stated that 'Well we just didn't have sex!'. It was not possible to identify whether anyone in the village was the 'woman you went to' and Jean Braginton who suggested that 'gin and a hot bath' was good for period pains did hint it might have other beneficial effects.²⁸⁷

Infant feeding

It was noted in chapter three that the cause of death for a number of babies was malnutrition, cited on the death certificate as marasmus, or that the baby had been weak or feeble. It is not possible to speculate on any physical conditions which might have contributed to the babies dying, but one key prerequisite in the prevention of infant deaths through contamination and malnutrition was for the mother to breast feed her baby.²⁸⁸ In the 1900s there was little safe alternative for the mother who could not breast feed.²⁸⁹ What help was available fell into two categories. The first was to stimulate lactation for which a variety of cereal based drinks and products such as 'Ovaltine' priced at 1s. 3d. 2s. and 3s. 9d. a tin and 'Robinson's Groats' were available. In 1922 an advertisement for 'Ovaltine' in the WI magazine *Home and Country* rather alarmingly suggested that 'Authorities have proved that the breastfed baby has many more chances of growing

²⁸⁶ Brookes, *Abortion*, p. 140.

²⁸⁷ Mabel Howlett, personal communication, Jean Braginton, interviewed 7/3/17.

¹⁰⁹ For excellent histories of infant feeding see, David Forsyth, 'The History of Infant Feeding from Elizabethan Times', *Proceedings from the Royal Society of Medicine (1911)*, 110-141, Ian Wickes, 'A History of Infant Feeding part v Nineteenth century concluded and Twentieth Century', *Archives of Diseases in Childhood*, (1953), 495-502 and Hector Cameron, 'Our Present Position with regard to the Prescription of Proprietary Foods in Infant Feeding' *BMJ*, 25 September, 489, and 10 October, (1915), 588-589, all discussing the optimum balance of ingredients and composition of artificial milk.

²⁸⁹ See P. J. Atkins, 'White Poison? The Social Consequences of Milk Consumption, 1850-1930', *The Society for the Social History of Medicine*, (1992), 207-227. This paper examines a number of the issues highlighted in this section specifically in to relation milk hygiene including contamination from farm dirt, unsterilized containers, the vulnerability of infants to diarrhoea and the lack of pasteurisation and TB testing of cows.

strong and healthy than an artificially fed one'.²⁹⁰ A similar advertisement for the same product in *Good Housekeeping*, went further by stating 'Authorities have proved that a breastfed baby has many more chances of living than an artificially fed one'. It went on to claim that 'Ovaltine' had 'exceptional qualities' for providing a rich supply of maternal milk'.²⁹¹ It was suggested that the mother start to drink the 'Ovaltine' and eat the 'Robinson's Groats' during pregnancy for the best results.²⁹² Mabel Liddiard, author of the *Mothercraft Manual* offered little help to the struggling mother but simply suggested that she drank a glass of water at each feed and a pint of milk every day. She also suggested stimulating the breasts with hot and cold water alternately and that rest and absence from worry was a major factor.²⁹³

Given the rather strict routine suggested in the *Mothercraft Manual* which stipulated no night feeds from birth it is a little surprising that even babies that were breast fed survived. Mabel Howlett remembered that her doctor told her to drink Guinness (a common remedy as it is rich in iron and vitamin B) to boost her breast milk and going back to an earlier decade Mrs. Beeton in her book on household management gave advice on provisions for the wet nurse. It was suggested that she should have half a pint of stout at 11 am and a pint of porter at 1 pm. At about 8 pm she should partake of half a pint of stout and at half past ten another pint of porter.²⁹⁴ Emilia Kanthack in her 1907 lectures to health visitors only suggested 'a good diet and plenty of fluids' to maintain lactation.²⁹⁵ A review of women's magazines *Woman's Own* and *Woman's Weekly* as well as *Home and Country* indicated a severe shortage of safe alternatives to breast milk.

¹¹¹ *Home and country: war, peace and rural life as seen through the pages of the WI magazine, 1919-1959*. (London, 1990), p.16

¹¹² *Good Housekeeping*, November, (1926), 5.

²⁹² *Woman's Own*, 28th May, (1938), 27.

²⁹³ Mable, Liddiard, *The Mothercraft Manual* (London, 1940), p. 52.

²⁹⁴ Beeton, *Household Management*, p. 1022.

²⁹⁵ Emilia Kanthack, *The Preservation of Infant Life* (London, 1907) p. 45. Forgotten Books reprint.

One alternative was made by the West Surrey Central Dairy Company who, in 1904, were asked by the Medical Officer of Leicester to supply powdered milk to help feed the children of poor families. This resulted in the production of 'Cow and Gate Pure English Dried Milk' first marketed in 1908 and advertised as 'baby's other mother' priced at 1s. 6d. 2s.9d., 7s. 9d. per tin.²⁹⁶ In 1929 and during the 1930s the company worked with the medical profession to develop special formulae to help infants with special dietary needs such as premature babies and those allergic to cow's milk as well as developing the first solid food cereals. Another brand was Allenbury's made by Allen and Hanburys Ltd, a British pharmaceutical company, which in 1892 started producing infant foods and dietetics producing Allenbury's No 1 and No 2 foods which were milk foods for babies under six months and No 3 for over six months. A 1936 advertisement puts the retail price for No 1 at 2s. per tin or for four times the quantity 7s. per tin.²⁹⁷ In 1928 'Benger's Food for Infants' was priced at 1s. 4d per tin whilst 'Trufoods' advertised humanized Trufood as being nearest to mother's milk but no price was given. Other products during this period included: 'Ambrosia' milk baby food tins 1s. 3d 2s., 3s. 9d., 7s. although again no quantities were indicated, Glaxo 'builds bonnie babies', similarly priced and 'Mellin's Food' no prices or quantities given.²⁹⁸ It is clear that these products were mainly used by the more comfortable classes whilst the working class turned to condensed milk as a cheaper and cleaner option. Kanthack suggested that in 1907 the lowest cost of artificial feeding for a baby using good milk and cream was 2s. 6d. per week and she noted that all the poorest babies got was a couple of tins of condensed milk at 11d. for two.²⁹⁹ Rowntree cited an Oxfordshire mother stating in one of his case studies that milk was an unusually expensive item in the family as the mother was not strong enough to feed her three

²⁹⁶ *Good Housekeeping*, October, (1923), 103.

²⁹⁷ *Housekeeping*, September, (1936), 89.

²⁹⁸ *Housekeeping*, October, (1923), 113 and 157.

²⁹⁹ Kanthack, *The Preservation*, p.44.

month old baby and that this expense amounted to 2d. worth of milk per day reserved from a pint costing 13d.³⁰⁰

These options for artificial feeding fall within the themes of cost and availability. It was shown in chapter one that it was difficult to obtain a consistent figure for agricultural wages which tended to vary according to locale and season. However, with rural wages averaging 17s.6d per week in 1907 rising to 24s. in 1938, in 1923 the prices quoted above would have represented a large part of the family income.³⁰¹ The larger and therefore more economical tin could offer more opportunities for contamination once it had been opened. Most of the advertisements stated that the milk could be obtained from a chemist, possibly to enhance its scientific credentials which, for a Chinnor resident, could have meant travelling to Thame or Princes Risborough. There was however the option for the mother to modify ordinary cow's milk which was a complicated and risky process. 'Nurse Vincent's' reply to a reader's enquiry about feeding her nine, week old baby which hitherto had been fed cow's milk and water, and had been losing weight, replied that the correct feed would be 'a mixture of: milk, boiled water, sugar and cream or cod liver oil'.³⁰² The recipes in the *Mothercraft Manual*, first published in 1923, again demonstrated the potential dangers of contamination. For example, it was important to ensure that the milk came from a herd which was tuberculin tested. A number of recipes were given for different babies all of which involved weighing out and adding emulsion (cod liver oil, top of milk or cream), sugar and water. For example, 'Boil, add lime water, strain and cool keeping the mixture in a basin of water until cold then keep cool by standing in a deep basin of cold water and cover with a wet muslin cloth large enough for the corners to hang in the water and keep in a cool place'.³⁰³

³⁰⁰ Benjamin Seebohm Roundtree and May Kendall, *How the Labourer Lives*, (1913), p. 9.

³⁰¹ Rose 'Jim' quotes salaries in Chinnor in the 1920s as 30s. a week for a shepherd and a carter a general worker in 1918 was 16s. a week but had risen to 21s. a week by 1923, pp 32-40.

³⁰² *Woman's Own*, 14th July, (1934), 42.

³⁰³ Liddiard, *Mothercraft*, pp. 71-101.

This procedure, which was time consuming, offered repeated chances of contamination. An article in the *BMJ* addressed the issue of tuberculin tested cow's milk which prevented the spread of TB but could not be regarded as totally safe from other infections. The article quoted evidence from America and Denmark confirming that such milk may still be responsible for spreading scarlet fever, septic sore throats, diphtheria, typhoid fever, dysentery and food poisoning and urged that pasteurisation be instigated throughout the country. However, the author also pointed out that the cost to the farmer of having his herd tested was £13 per cow which covered new milking equipment, and the replacement of diseased cows with non-diseased cows.³⁰⁴ Tuberculin testing was not compulsory until the 1950s, and the need for compulsory pasteurisation was raised by Lord Rothschild in his maiden speech to the House of Lords in 1946, pasteurisation becoming compulsory in 1947.³⁰⁵ Milk in Chinnor was not pasteurised, and came from local herds which were not tuberculin tested.

This issue of artificial feeding was raised in a series of letters during September and October in the *BMJ* of 1915, comparing the relative value of different kinds of infant feed and ever mindful of the dangers of contamination. A Frederick Langmead, commented on his experiences in a hospital outpatient department, where he had thought that diluted milk with certain definite proportions of sugar and cream added would be satisfactory for all babies. However, he pointed out that his experience with poor people was that diluted milk meant literally milk and water with possibly a little sugar added and cream, and that any substitute for it was seldom, if ever, added. Mabel Howlett confirmed that mothers in Chinnor fed their babies on diluted, unmodified cow's milk. She stated that 'The babies had to take their chances.'³⁰⁶ This was confirmed by John Neighbour whose father was a dairyman for Mr. Eggleton, 'Farmers did not like to throw their money about so would not have paid to have the cows tested'. He also pointed out that most farms were relatively

³⁰⁴ *BMJ*, Tuberculin Tested Milk 10 April, (1937), 814. See also William Savage, 'Milk-Borne Infections in Great Britain', *British Journal of Social Medicine*, 3, 2, (April, 1949), 45-55.

³⁰⁵ *HANSARD*, (10th April 1946 vol 140 cc643-75).

³⁰⁶ Mabel Howlett, personal communication, 1/8/16.

small enterprises and herds were small, Mr. Eggleton's herd he stated being 50 cows (see chapter three, National Farm Survey 1941).³⁰⁷ He remembered that, once milked, the milk went into a large bucket in the byre, and that there were cats roaming about helping themselves from it during milking.³⁰⁸ Avice Hulbert recalled her grandmother giving her a milk jug and telling her to 'take this to granddad and get some milk from the Jersey'. Her grandfather would then fill the jug from one of their two Jersey cows and the jug of untreated milk would be put on the table at the next meal. She also recalled that the milking pails were not sterilised, just washed out with hot water.³⁰⁹ Derek Nixey (her brother) confirms that the herd was not tuberculin tested.³¹⁰ Rodney Turner recalled milk being kept cool in summer by being lowered into the family well and Jean Braginton also commented on how icy cold the well water was.³¹¹ Derek Nixey remembered in his interview that he had been told that, as a newborn in 1940, he had cried for the first six weeks of his life until his aunt suggested he was bottle fed. It was suggested that his mother would not have been able to afford a proprietary formula which according to an Ostermilk advertisement in the war cost 2s.3d a tin which it claimed was little more than household milk. However, given the farm setting, milk and cream would have been available and as noted he was dosed with cod liver oil as a child so this was within the family budget, a safe recipe could have been formulated and he certainly went on to live a long and healthy life.³¹² It was not possible to ascertain when babies in Chinnor were weaned onto solid food, possibly quite early on if breast feeding was not well established or alternative methods were too expensive, but, in October, 1913 Percy Gray a baby of 7

³⁰⁷ John Neighbour's recollection of Mr. Eggleton's herd being 50 cows does not agree with the Ministry of Agriculture and Fisheries Return, 1941 which does not list any cattle or agricultural workers. One dairyman would only be able to milk 10 cows by hand in one session.

³⁰⁸ John Neighbour, personal communication. Atkins, *White Poison*.

³⁰⁹ Hulbert, 30/1/17. Atkins, *White Poison*.

³¹⁰ Nixey, 24/1/17.

³¹¹ Turner, 1/2/17, Jean Braginton, interviewed, 7/3/17.

³¹² Nixey, 24/1/17.

weeks died of intersusception, a condition commonly caused by the early introduction of solid food.³¹³

The effect of war on advertising ethos and copy

Throughout the war, home and over-the-counter remedies which, as stated earlier, were still primarily palliative and preventative, were advertised as being of particular help during the national emergency and, unsurprisingly, the tone and focus of the advertisements reflected the current and developing situation. Frequent expressions used by a variety of products was ‘these trying times’ and ‘now more than ever’.³¹⁴ In chapter three, the effect of the war on residents’ physical and mental health was examined. The advertising industry took advantage of these ailments to sell their products under the rubric of patriotism and duty. According to advertisers there were a plethora of health conditions brought on by the war which they attributed to ‘war nerves’ for which a range of remedies were deemed appropriate. In addition, there were the very real fears of illness resulting from the overcrowding and appalling sanitation in the air raid shelters, particularly in London.³¹⁵

With the war years there was a shift in context under a national ethos of general and medical self-help and it was seen as a patriotic duty to keep healthy, the population being urged to care for themselves with healthy living and self-reliance being deemed as patriotic, whilst ill health was letting the side down. However, the war brought its own range of poor social conditions which framed the content and ethos of over-the-counter and other health advertisements. Some social conditions caused an increase in more minor conditions which would be suitable for these remedies. For example, the rapid

³¹³ Death certificate, Percy Gray.

³¹⁴ ‘Now more than ever’, advertisement for Ryvita ‘which should be part of your children’s diet’, also Haliborange vitamins, Player’s cigarettes, ‘now more than ever, the best on the market’ and an advertisement for a Singer sewing machine. ‘For these trying times’. DDD first aid remedy for every home, cited in Waller and Vaughn-Rees, *Women in Wartime*, pp. 94-95.

³¹⁵ David Clampin, *Advertising and Propaganda in World War 11* (London, 2014), Clarke, Edwin, *Modern Methods in the History of Medicine* (London, 1971). p.86-86, Lane, *A Social History of Medicine* p. 184, Gardiner ‘Wartime’, p. 319.

spread of problems such as infestations, colds, coughs, influenza, impetigo and a condition called 'shelter throat' from the dust as well as other childhood diseases, as citizens from all backgrounds crowded together into grossly unsanitary public air raid shelters including the London underground. The problem of sanitation in these structures was acute, people used the railway lines as a public convenience, and the few latrines which were provided were soon filled up. Washing facilities were not provided and personal hygiene non-existent.³¹⁶ An advertisement for 'Milton' said 'Share the Shelter but don't share the germs', referring to the grave problem of 'shelter infection'. The Tilbury shelter, for example, was home to as many as 6,000 people whilst, in Bristol, 'people performed their natural functions between the beds and people stayed in the shelter all day rather than lose their places, many people were nervous wrecks'.³¹⁷

Invented illnesses were referred to earlier, one specifically promoted by the pharmaceutical industry was coughs and colds caused by 'blackout nights'. The general consensus of the advertising industry was that there was no time for illness and that 'Health and efficiency must be maintained, simply caring for your health made a citizen a war worker'.³¹⁸ Clampin states that the impression was given that to be 'tired, weary or ill' was tantamount to collaborating with the enemy. Advertisements in women's magazines, urged women to self-medicate for female problems and continue with designated war work, 'The ideal citizen worked long hours in factory or office, then dug for victory on the allotment before meeting danger head on doing ARP duty'.³¹⁹

The concern about 'war nerves' was well considered. At the outbreak of the war the Ministry of Health estimated that there would be 3-4 million cases of acute panic, hysteria and neurotic conditions in the first six months of war. The prediction was not realised, in fact, more people suffered from the claustrophobia of the shelters and the blackout put

³¹⁶ Gardiner, *The Blitz*, p. 90.

³¹⁷ Gardiner, *Wartime*, p. 321.

³¹⁸ Clampin, *Advertising*, p. 114.

³¹⁹ Clampin, *Advertising*, pp. 124-125.

peoples 'nerves on edge'.³²⁰ David Clampin has suggested that advertisements in wartime fulfilled a number of roles: the widespread promulgating of common attitudes provided a feeling of communality and community. The advertising of common items which had been available before the war provided a sense of normality and continuity even if the emphasis was altered. They advised people how to buy wisely and adapt to changing circumstances and many remedy advertisements appeared to do this. Wartime proved to be a fertile time for home and over-the-counter remedies as they too addressed many of the newly identified or exacerbated health problems such as: nervousness, tiredness, insomnia, anxiety, gastric and lung conditions. Key amongst the products available were the aforementioned 'tonics' and, if they had been seen as a useful aid for health before the war, they were now seen as an invaluable necessity.

Penny Summerfield's depiction of wartime work, described in chapter three, offered a fertile source for the advertising of tonics. Advertisements acknowledged the extra stress and strains of war work and their impact on 'war nerves', lack of sleep due to bombing and aimed to normalise the symptoms of these health related conditions.³²¹ So, for example, advertisements for 'Horlicks' and 'Bourne-vita' stressed their value in combating these problems.³²² As noted previously, 'Wincarnis Tonic Wine' was cited as an antidote to 'These trying times'.³²³ Similarly advertisements for analgesics followed the same pattern and depicted work in heavy industry, the noise and long hours as a cause of headaches and, of course, there was no place for feminine troubles or weakness.³²⁴ Women, more than ever, were seen as being responsible for their own and their family's health and, in addition, there were changes in the population, children were evacuated

³²⁰ Joanna Bourke, 'Civilians under Attack' in *Fear: a cultural history* (London, 2005), pp. 227-229.

³²¹ Clampin, *Advertising*, pp. 86-87.

³²² Clampin, *Advertising*, p.89. See also 'Ovaltine' Restorative, nourishing, revitalising sleep. 'Made from restorative foods including: eggs scientific composition and preparation makes up for any deficiencies due to food restrictions'. 'Meet current abnormal stresses and strains with cheerfulness and confidence, improve fitness and outlook'. *Home Chat*, December 21st, (1940), 1.

³²³ 'Wincarnis', *The Home Front: the best of Good Housekeeping, 1939-1945* (London, 1987), p. 61

³²⁴ 'A- K' 'The war will not wait on women's weakness. Now she must carry on'. cited by Waller and Vaughn-Rees, *Women in Wartime*, p. 105, See also Propax advertisement footnote 814.

changing the demography of the towns and villages and there was an influx of allied service personnel which resulted in changes in disease patterns. Overcrowding in air raid shelters led to the spread of infectious diseases and there was the need for information on contraception and the risks of venereal disease. In addition, available medical help was reduced as nurses and doctors joined the armed forces.

During the war, magazines carried health warning advertisements from the Ministries of Health and Food such as 'Diphtheria is Deadly' and hither to unmentioned conditions such as venereal disease, whilst the Ministry of Food encouraged mothers to ensure their child received their free orange juice and cod liver oil. See previous reference to this via the WI and infant clinic in Chinnor. Advertisements and medical columnists' topics included: 'Air Raid advice for nursing mothers' (an advertisement for Ostermilk), a variety of advertisements for tonic wine for the nerves whilst advice columns talked about problems relating to women being separated from their men folk and the dangers of 'Unwise behaviour' with allied servicemen (tactfully unspecified) and its consequences. The incidence of VD tripled after America entered the war.³²⁵

The availability of remedies

Before the war, Britain obtained most of the necessary ingredients for medicinal use from the continent, but these sources ceased at the outbreak of WW II. As in WW I, Britain turned to native sources in response to an alert being raised by the Whitechapel Hospital in London, stating that supplies of essential drugs had been practically cut off since the beginning of hostilities. In response, the director of the Royal Botanical Gardens, Kew, the Ministry of Agriculture and Fisheries, and The Pharmaceutical Society, formed the Vegetable Drugs Committee, and put plans in place to restore the supply of drugs and encouraged people to collect and dry plants found in the country side.

³²⁵ Waller and Vaughn-Rees, *Women in Wartime*, p. 76.

To implement this scheme the Committee involved organisations such as the Federation of Women's Institutes, Women's Voluntary Service, Civil Defence, schoolchildren and the scouts and guides of Britain, organised under a national plan operated at local level by a County Herb Committee. In Oxford, key to this operation was the Oxford Medical Plants Scheme, which had close links with the Oxford WI of which Chinnor was a branch. Planning and co-ordination were vital since the plants had to be dried soon after harvesting. The work was exhausting if a big collection was ready and harvesting could not be delayed. One particular need was for foxgloves, which were growing in abundance on the Chiltern Hills around Chinnor and in large enough quantities to be worth harvesting commercially. These plants in particular had a high digitalis content. During 1941, Oxford WI collected enough foxgloves to yield 350,000 doses of digitalis.³²⁶

The Chinnor branch of the WI noted in August 1941 that the Girl Guides were willing to collect dandelion roots (a diuretic) if there was a drying centre nearby. This was followed in September when it was decided that each WI member should collect 3lbs of dandelion roots to be delivered to Mrs. White's home before being sent away for drying. In October, the branch got together to collect rosehips on the 13th and in the yearly report for 1941 it was reported that 236 lbs of jam had been made and sold to the shops in the village. Rose hips were a valuable source of vitamin C since other sources were in very short supply. In March 1942 it was decided that the fruit preservation scheme was to continue and in May a Fruit Preserving Committee was formed. At this meeting a circular was discussed pointing out the value of certain medicinal plants and it was agreed to collect various varieties at different times. The collection of nettles was to start immediately and dandelion roots the weekend of June 12th. In July there was a discussion on the collecting and drying of various herbs and arrangements were made to gather rosehip leaves which would be taken to Oxford. In September two collections of foxglove leaves were made and a depot for drying had been opened in Watlington. On the ninth of September it was

³²⁶ Peter Ayres, *Britain's Green Allies Medicinal Plants in Wartime* (Kibworth Beauchamp, 2015), p. 70.

reported that more foxglove seeds, rosehips, raspberry leaves were sent to Oxford via the depot at Watlington.³²⁷

It was not only the active ingredient which was in short supply, drug binding substances such as sucrose, glycerine and cod liver oil were also restricted. An article in the *BMJ* regarding the *National War Formulary, 1941* pointed out, that economy in alcohol was essential and alternatives to alcohol were suggested for preserving medical instruments. Liver extracts were restricted to patients with pernicious anaemia. Malt extract was restricted to children and tuberculous patients. The Formulary also contained a number of products which should be 'prescribed with particular regard to economy'.³²⁸ Even by 1947 the *National (War) Formulary* stated that: 'Existing conditions make it imperative to exercise the strictest economy in prescribing certain drugs and preparations. Many, of importance in medicine, are also required to assist the nation's economic recovery.' Still restricted were alcohol, bismuth, distilled water, glycerine, liquid paraffin, oils and fats (which were needed for food and other purposes) sugars only for paediatric medicines.³²⁹

Home remedies

Against this background of limited medication, home remedies were employed. Some of these remedies are recounted here. Jim Rose remembers his mother visiting the sick in the nearby villages taking a basket containing items such as calves foot jelly (very nutritious), goose grease for rubbing on the chest and homemade butter and farm

³²⁷ *WI minutes*. For a history of the valuable work done by the National Federation of Women's Institutes during the war see, Julie Summers, *Jambusters: The Story of the Women's Institute in the Second World War* (London, 2013).

³²⁸ 'Wartime Prescribing: scope of National War Formulary', *BMJ*, 8 November, (1941), 662.

³²⁹ *Ministry of Health National (War) Formulary* (3rd edn, 1947) HMSO. The prefaces to the two previous editions indicate the shifting situation in regards to medicinal availability during the war years. The 1941 edition states that 'The aim of the formulary was to provide a selection, sufficient in range to supply the ordinary requirements of therapeutics...modified where necessary and to eliminate non-essential drugs'. The second edition November (1943) was revised to reflect the altered conditions affecting the control and supply of drugs and the third edition revised in the light of the post war position in the supply of drugs and was intended for general use until the adoption of a new Formulary for the National Health Service.

eggs.³³⁰ Avis Hulbert remembered that her mother only called the doctor if the condition was beyond her knowledge.³³¹ Only a couple of the interviewees were given special food when they were ill: Anthony Harris was given raw eggs in hot milk, Daphne Folley was given bread and milk, whilst Val Weeks remembers having to 'get on with it', and Rodney Turner was 'not pandered to' when ill. Others reported that they ate what was there, nothing special. In addition to the over-the-counter remedies, interviewees recounted a number of home remedies used by their family. Jean White recalled hot water and black current jam for colds, camphorated oil for chests and eucalyptus oil whilst John Neighbour recalled goose grease for chests and Rodney Turner mentioned friar's balsam again for chest infections. Jean Braginton remembered hot lemon and honey for sore throats, feet in mustard and cold water. It was not only the residents who resorted to home remedies. In chapter two the cost of veterinary medicine was noted, and Jim Rose recounted several treatments for farm animals. One farmer treated milk fever (successfully) by pumping air into the udder which would get the cow onto her feet in a couple of hours. If cows aborted their calves too early a goat was introduced to the herd. Unfortunately, this did not work as the goat chased the terrified cows who got out of their field and could they not be stopped before they reached Thame.³³²

'Let medicine be thy food and food thy medicine'.³³³

The treatments and remedies discussed in the chapter were all supported by a very healthy diet of fresh food, including own grown fruit and vegetables from allotments, chickens and meat from slaughtered pigs (most homes had one), rabbits and not much in the way of sweets and cakes.³³⁴ Food production, in general, was an essential part of maintaining health as well as being a patriotic duty and the Parish council kept a close

³³⁰ Rose, *Jim*, p. 9.

³³¹ Hulbert, 30/1/17, her mother had the 'Doctor Book' to guide her as noted in chapter three.

³³² Rose, *Second Thoughts*, p. 50.

³³³ Hippocrates of Kos, 460-370, BCE.

³³⁴ Percy Saw, letter, 7/2/2017.

eye on the use of Chinnor's allotments. The rallying cry of 'Dig for Victory' was sounded in 1941 and every available horticultural land or park land was ploughed for crops.

Fig. 5. 'Dig for Victory'.



“Dig for Victory”
— SAYS THE MINISTER OF AGRICULTURE

LET this be the slogan of every one with a garden : of every able-bodied man and woman capable of digging an allotment in their spare time.

“ In war we must make every effort. All the potatoes, all the cabbages, and all the other vegetables, we can produce may be needed. That is why I appeal to you, lovers of this great country of ours, to dig, to cultivate, to sow, and to plant.

“ Our fellow-countrymen in the Forces abroad and at home are playing their part. I am confident that you, equally, will do yours by producing the maximum food from gardens and allotments.”

R. S. S. [Signature]

**WANTED
500,000
MORE
ALLOTMENT HOLDERS**

HOW TO GET A WARTIME ALLOTMENT. Fill up the accompanying coupon and send it to your Borough or Urban District Council.

THE COUNCILS, as agents of the Minister of Agriculture, will, wherever possible, provide 10-rod allotments for suitable applicants. They will also provide practical instruction through their own officers, or by the co-operation of professional gardeners or nurserymen.

MONEY CAN OFTEN BE SAVED if plot holders form themselves into an Allotment Society which can buy co-operatively seeds, plants, manures and implements. Such Societies may take over from the Councils the cultivation of land on which the Councils have entered. The National Allotment Society (Deighton House, Gordon Square, London, W.C.1), will, where required, assist plot holders in the formation of an Allotment Society.

POST THIS COUPON* to the Clerk of your Borough or Urban District Council (in rural districts, to the Clerk of the Parish Council)

I would like a 10-rod allotment for immediate occupation and cultivation.

Name _____

Address _____

Occupation _____

* N.B. In envelope (1d. stamp) to the Clerk, Town Hall, or Council Office.

Source: Ministry of Agriculture Leaflet c. 1941. One of many issued by the Ministry during the war.

Extracts from the Chinnor Parish Council's minutes in March 1939 indicated that one plot and two half-plots were available, and these were quickly allocated and, in October, it was agreed to retain plots for owners who were in the services overseas.

There appeared to be a smart turnover of plot ownership and, in January 1941, it was discovered that two plots were being sublet contrary to the local rules and these were to be removed from their owners following harvesting of the existing crops and the plots reallocated. In January 1943, the poor state of one allotment was noted and the owner given two months to cultivate it and, in January 1945, several plots were vacant and one was being used for ashes and night soil. It may appear that the Council's attention to what might be considered a minor infringement of local leasing rules was harsh, but, against the parlous state of the food situation in Britain, every rod and perch of land was needed.³³⁵ A Village Hall report of October, 1943 stated that the front and back of the premises had been worked by school gardening boys and had resulted in a good crop of potatoes for the school canteen.³³⁶

In chapter one, a brief history of the Chinnor allotments was given, and it is relevant to this chapter on remedies to examine their contribution in more detail as they played a vital role in providing the nutrition needed to maintain the residents' health particularly during the war years. Chinnor had held an annual flower and produce show since 1910, and in 1926 the Allotment Association was started. By 1936 the show displayed 150 entries. The programme of the Chinnor Victory Garden Show August, 1945 gives a guide to the range of products available during the war. The primary crops were root vegetables particularly seed potatoes. In 1945, the vegetable class included: five potatoes types, three types of runner beans, two types of cucumber and marrows. Other vegetables listed included: cabbage, cauliflower and carrots as well as onions and beets. The fruit classes included,

³³⁵ See Civil Defence leaflet, *'Your Food in Wartime'*, Public Information Leaflet No. 4 with information about rationing scheme and general distribution and the responsibilities of the population in regard to food usage and waste. Issued for the Lord Privy Seal's Office, July (1939). *Hailsham WVS 'Mixed Grill of Wartime Recipes'*, a collection of recipes for cakes, vegetable dishes, cheese dishes, savouries pastry and bread. Hailsham Food Information Bureau (1941-1942). *'Sweets and Puddings'*, Ministry of Food War Cookery Leaflet number 13, July (1944). *'Dig for Victory Grow for Winter as well as Summer: follow this plan'*, issued by the Ministry of Agriculture (1943), with plan of crop rotation attached. *'Food is a Weapon Don't Waste It, buy wisely, cook carefully, eat it all'*, follow the wartime nutrition programme.

³³⁶ Chinnor Village Hall, Oxford History Centre, Cowley, 041/1C6/26.

apples, red currents, and gooseberries. Other entries were four types of honey, 28 breeds of rabbits, five classes of poultry.³³⁷

The war linked the start of the therapeutic revolution to the cascade of medicine described by Slinn; they ushered in the fourth stage of the germ theory and began the change in the epidemiological transition from the period of epidemics to the period of chronic diseases. Nowhere was this progress demonstrated better than the treatment and remedies which were discovered during this period and later came available to the residents of Chinnor. This chapter has discussed a range of remedies for medicinal and social ills, of which one key remedial group was antibiotics. Before the advent of antibiotics in 1938, treatment from the information given by the interviewees would have been palliative and supportive. Analysis of the interviews showed a strong concordance in attitudes to health, approach to treatment, knowledge, and use of home and over-the-counter remedies. In Chinnor, 'serious' would normally constitute a high fever or a rash.³³⁸ A repeated method of treatment was to 'sweat it out' and the importance of bed rest was remarked on.³³⁹

The first effective antibiotic was Prontosil, being produced by May and Baker, which resulted in an effective treatment for bacterial pneumonia.³⁴⁰ The development of penicillin in the 1940s was a watershed in therapeutic intervention, and with the discovery of streptomycin in 1944 and chloramphenicol in 1947, along with tetracycline in 1948, helped to reduce the effects of the big killer infectious diseases and trauma infections.³⁴¹ However, the therapeutic revolution did not replace all of the existing theoretical and methodological concepts relating to disease and its causes and its role in stage four of

³³⁷ *Chinnor Victory Garden Show August 1945 in aid of St. Dunstan's, Schedule of Classes*. Kindly loaned by the Chinnor Flower and Produce Show Committee.

³³⁸ John Neighbour, interviewed, 20/2/17.

³³⁹ Interviewees: Braginton, 7/3/17, Turner, 1/2/17, White, 21/1/17, King, 30/1/17, Nixey, 21/1/17, John Neighbour.

³⁴⁰ Slinn, 'Cascade', p. 148.

³⁴¹ See Emily Croxford chapter two, who died of sepsis following a hand trauma.

germ theory. Throughout the chapter the sources and application of remedies in the palliative, restorative, remedial and social senses have been explored and the changing application and relevance over the period examined. From a purely medical view they have been traced from the period of Therapeutic Nihilism to the Therapeutic Revolution and the social role of advertisements both in health education health promotion and well-being nationally and locally has been explored.

At this stage it is perhaps appropriate to revisit Waddington's quote from the introduction. 'The medical history of mankind is its search for cure, palliation and deliverance from all forms of ill health and trauma. The sick had never been passive in the face of sicknesses.'³⁴² Certainly the residents of Chinnor employed a range of self-help strategies to address the lack of medical aid engendered by the themes of cost availability and efficacy. Informed by their own experiences and the collective knowledge of the community the residents sought to maintain their own health and treat illness by the principles of extant medical knowledge. Many remedies were already available, some homemade, many over-the-counter, reflecting a range of costs and with varying degrees of efficacy. The advertising of remedies had increased over the period being particularly lucrative during times of national upheaval and stress. The most popular remedies, as would be expected, reflected the cultural norms and the prevailing knowledge and attitude towards physical conditions and over the time span continued to reflect Galenic principles and employ the non-naturals. In particular, the relief of pain was advertised extensively, and the products remit extended during this period, to soothing nerves and promoting sleep. Although from 1938 there were a number of effective remedies for infection, these were all prescription only and still required a doctor's visit and costs. Consequently, self-help remedies continued to be used. In the absence of a targeted intervention for a specific condition a general tonic would be advised.

³⁴² Waddington, *Social History of Medicine*, p. 97.

Chapter 6: Conclusion

*There is Nothing is either good or bad but thinking makes it so.*¹

The aim of this thesis has been to extend the historiography of rural health by exploring the use of self-help remedies in one Oxfordshire village, Chinnor, between 1900-1948. This was examined within a clinical time frame which covered the years during which the gap between the three themes diminished and showed a steady progression towards a point, just beyond the inception of the NHS, when they converged to offer an effective, available and free health service.² This was achieved by the reviewing of the use of domestic remedies and health management strategies, both over-the-counter and home made by residents. It has shown that rural communities employed a range of interventions to promote good health and treat illness in the absence of orthodox care, including those social issues which affected health, either because help was not available, it was ineffective, or too expensive. It is under three themes within the time frameworks that the research is evaluated and conclusions drawn.

Medical care throughout this period was the continuing 'search for cure, palliation and deliverance from all forms of ill health and trauma' and it has been pointed out that rural history in particular has largely been ignored, specifically, its medical history.³ This micro study of one rural community adds to the knowledge of how individuals and communities' health care and health beliefs functioned in the face of limited resources, both fiscal and

¹ William Shakespeare, *Hamlet*, Act 2 Sc. 2

² Starr, 'Therapeutic nihilism', 24-30, Slinn, 'Cascade', p. 147, Omran, 'The Epidemiological Transition', 731-757. However, this statement was challenged in the introduction where it was pointed out that many common remedies, particularly herbal remedies for non infective conditions have been in use for centuries, their efficacy acknowledged and more recently, confirmed by clinical trials. See Joanne Barnes et al, *Herbal Medicines*. The key issue is the lack of any antibiotics to treat the infectious diseases and infected wounds which were the main cause of mortality until 1938. For up to date research on the efficacy of herbal remedies, see <http://nccih.nih.gov/research/camonpubmed>.

³ Paul Brassley and others, (eds) *The English Countryside Between the Wars* (Woodbridge, 2006), p. 11, Ray, *Microhistories*, p.70. Waddington, *Social History of Medicine*, p. 97.

clinical, which shaped the narrative of rural care. It has shed light on the personal activities and use of available remedies to address health issues, whether preventative, remedial, or social, due to the enduring influence of the themes of cost, availability, and efficacy, and highlighted their role in the wider perspective of medical provision. As a microstudy, it has shown a perspective on a village's medical provisions and lay support systems and its relationship to county and national events. What this study offers is an examination of the actions and reactions of the residents, not only to medical issues, but it also encompasses the effects of environmental and social factors which affect physical, mental, and spiritual health, against a background of beliefs and attitudes to ill health and fortune.

The thesis has moved away from the usual medical historiography which predominantly concentrated on medical conditions, remedies, and cures, and has sought to take a holistic approach encompassing the physical, mental, and spiritual effects on health. It has also addressed the effects of social mores and situations such as unwanted pregnancy, contraception, wartime stress, environmental pollution (air, water, and sewage), housing, and weather, and their influence on residents' health. The essence of a micro history is to engage with the people. For example, histories of weather and environment tended to concentrate on the wider issues of a failed harvest or flooding whilst in this thesis quotations have been offered from the school log books and church service records to illustrate the personal social impact of weather on attendance numbers and consequently possible loss of revenue to the institutions. Reay generalised about illness and health, whilst this thesis addresses the impact of illness on a personal level.⁴ Whilst some medical help was available, what was apparent amongst the residents was the strong undercurrent of self-help strategies, beliefs and their role in preventative medicine and lifestyle.

⁴ Reay, *Microhistories*, p. 70.

To set the scene, the research site was introduced as a Chiltern village supporting, primarily, an agricultural economy subsidised by adherence to the makeshift economy and the Chinnor cement works. The research period was located within the medical, ecological, and social parameters which shape the rural narrative. Parish records, death certificates, local registers covering infectious diseases, tuberculosis, and maternity records, provided a profile of extant health issues.

The validity of parochial data was examined but, even allowing for discrepancies, cross-referencing with other sources provided a clear picture of the range of ill health. What was absent from the data were accurate figures for the incidence of tuberculosis, which was explained as possibly being a result of the social stigma attached to the illness and the reluctance of families to report its incidence if, in fact, it was recognised or acknowledged. During this period, the treatment of accident and illness (except for isolation) was limited and also the uptake of available vaccination.

As far as accidents were concerned, a certain amount of care was taken, but a casual approach to working with animals was apparent. What cannot be overlooked, but was not available within the data, but recounted by interviewees, was the long term, medical, economic consequences of debilitating accidents.⁵ The concept of accident prevention was slow to gain acceptance and resulted in accidents being regarded as 'par for the course'. Due to the general farm and environmental hazards and the climatic conditions endured by outdoor farmworkers living in cold, damp cottages, data indicated that chest infections and other respiratory conditions were a primary cause of death. This effect was compounded by pollution from of the Chinnor Cement Works. In addition, there were the dangers of life events such as childbirth, which illustrated the variability of the standard of care offered by midwives. This had been addressed by the passing of the *Midwifery Acts 1902, 1903*, and the standardisation and regulation of training. In addition to physical and

⁵ In chapter three, Cyril Gibbs recounted his father's serious head injury which resulted in epilepsy and restricted work activity.

social health conditions the thesis explored some of the other influences on health such as the stresses of war with its adverse effect on well-being. The influx of evacuees to Chinnor changed the health profile of the village and created an additional strain on medical provision. Many local doctors had joined the forces adding an additional burden on Doctor Leverkus. Caring for evacuees was a seriously underrated burden on the local authorities and foster families as, although families were paid a food allowance for their guests, no payment was made to reflect the extra work involved.

Availability

Initial research which included examination of local newspapers, *Kelly's Directories*, military records, and biographies enhanced by oral reports of current residents, showed that the availability of medical care would not appear to have been an issue. As early records showed, Chinnor benefitted during the eighteenth century from the care of an Oxford Professor of Physick who obtained his medical remedies from the surrounding woods and fields. How far his influence extended was not clear nor whether, or how much, he charged but he was clearly a man of some knowledge and skill. In common with other rural settlements, Chinnor relied on its local clergymen for help in time of need. This was recognised by the publication of self-help books which addressed the need for the clergy to be able to provide medical assistance when necessary, in keeping with their pastoral role.⁶ This top down approach to care contrasted with the care from below practised by individuals and, in particular, with the handy women who 'went about nursing', laid out the dead, and assisted in childbirth.⁷ In Chinnor during the 1930s and 1940s, Mrs. Mundy was the 'go to' person for all domestic and medical problems. In the 1930s, Chinnor was very fortunate in having a highly qualified woman doctor who provided an obstetric care 'second to none'.⁸

⁶ See for example, Scrimshire, *The Village Pastor's*.

⁷ Leap and Hunter, *The Midwife's Tale*, p.2.

⁸ Dr. Leverkus obituary, *BMJ*, 31 December, 1966.

As the medical (1858), nursing (1919), and midwifery (1902), professions developed, gaining registered and professional status, the role of the local parish clergyman and handywomen diminished but remained, particularly the handy women, as a fail-safe provision for the poor and for those who preferred a familiar face in times of illness or need. Although health care was primarily home and community based, this period saw the development of general and specialist hospitals, initially to isolate people suffering from infectious diseases, and to provide care for the poor within the workhouse system. The establishment of cottage hospitals initiated more general care away from the stigma of the workhouse or the tuberculosis sanatorium, providing surgical as well as medical care.⁹

Also available were the remedies both over-the-counter or home-made which could be used to address issues regarding health. These remedies covered a wide base of, not only physical illness, but also social and environmental threats to health, touching on contraception and abortion which at the time were taboo subjects. Self-help strategies for health embraced a range of interventions and beliefs, orthodox and unorthodox and from time to time, the lines between them became blurred. Along this continuum lay herbal medicine which has always been the backbone of rural and urban medicine and of which much has evolved into modern pharmacology.¹⁰ Although interviewees stated that they did not use herbal remedies, 90% of over-the-counter remedies were herbal based. It would seem that on first examination that Chinnor always had medical help available. However, the impact of availability on residents' health needed to be examined against a background of costs and the efficacy of the remedies and interventions in current use.

⁹ M. Emrys-Roberts, *The Cottage Hospitals 1859-1990*, (Dorset, 1991), and within the classic reprint series Henry Burdett, *Cottage Hospitals General, Fever and Convalescent their progress, management and work in Great Britain and Ireland and the United States of America*, (London, 1880), also Hall, 'Cottage Hospitals', 33-49.

¹⁰ Curth, (ed) *From Physick to Pharmacology*, Stuart Anderson, (ed) *Making Medicines*.

Cost

Cost of medical care was a major factor in health maintenance and in an examination of the fiscal climate of the time a number of parallel economies have been identified. The ability to pay for medical care was dependent on the level of labourers' wages augmented by the makeshift economy, both legal and illegal, and the contribution, women who had knowledge of nursing or medical care made to the village health economy. These women were available to help other residents and did not charge for their services. These were what Nicola Verdon has described as the roll call of village women who oversaw the village health and well-being providing nursing care freely to residents.¹¹ These women employed a range of interventions which were informed by a number of sources of information which would have helped the residents in their choice of remedy or health strategy. Medical costs represented a major barrier to health with the *National Insurance Act, 1911* providing limited insurance cover only, but the thesis has shown that there was a considerable variation in the application of fees whilst nursing and midwifery services also elicited a charge.¹²

Efficacy

During the early part of the research time frame, the efficacy of medical science was limited, specifically in relation to infections, which were not properly addressed until the late 1930s and, even then, medicines were expensive and prescription only, necessitating a doctor's appointment. However, this did not mean that residents were ignorant of ways of maintaining health through good nutrition and by trying to lead a healthy lifestyle given the environmental constraints highlighted in the thesis. One example of early and enduring efficacy from herbal and later pharmaceutical products were remedies for pain control, which were extensively advertised throughout the media, and chiefly aimed at women. By examining the medical information content of over-the-counter

¹¹ Verdon, *Rural Women*, pp. 63, 189.

¹² The Act provided: medical benefits for all who earned less than £160 a year and who had paid 4d. a week for the scheme. When off sick, workers were paid 10s per week for the first 13 weeks and 5s a week for the next 13 weeks. The workers enjoyed free access to tuberculosis treatment and treatment by panel doctors as well as some maternity benefits.

advertisements it was found that, in many cases, they still illustrated the Galenic beliefs system extant during the third stage of germ theory.

Health strategies

There were, however, a number of strategies which addressed the individual failings of the three themes, and the residents of Chinnor fell back on their own knowledge and wisdom to mitigate the suffering, endemic in many of the conditions recorded in the infectious diseases register, and ameliorate the effects of serious and not so serious accidents or sepsis. Sources of medical information formed a broad church of local customs, word of mouth between neighbours and family members, as well as their own experience of illness and the actions of the attending healer, orthodox or unorthodox.

As with all media copy, advertisements, which reflected the extant beliefs, understanding, and misunderstanding of health and illness of the times. Overall, they projected a Galenic approach to illness prevention relating to a wide range of health advice on nutrition, sleep, except the topic of sex education which was embargoed. Not only in the wider media was the topic taboo but also as a source of information between parents and children, leaving interviewees perplexed at the mentioned comments.¹³ The new medium of radio extended the scope of health education, particularly during the war. In addition, government wartime leaflets provided extra information on first aid and the best use of food and reducing waste.¹⁴ Research showed that there was a wide range of health information available to the residents, but it would depend on how far the information was trusted and fitted into the prevailing belief systems for it to be useful.

Using the three subthemes of cost, availability and efficacy of medical care as a backdrop, the period under research moved from one of abundant remedies which were ineffectual against the major infectious diseases for the first 38 years of the period, during

¹³ In chapter 4 Jean Braginton reported that after her periods started her mother warned her to 'be careful' but as Jean said, 'gave no indication of what to be careful about'. Braginton, 7/3/17.

¹⁴ Cante, *First Aid to the Injured*, Cante, *British Red Cross*, Civil Defence, *Your Wartime Food*.

which time costs could also be prohibitive, to the therapeutic revolution with the discovery and manufacture of prontosil. The acceleration of antibiotic development during the next ten years, and the expansion of free medical care during the war to service personnel, led into the final three years of the period, culminating in the National Health Service 1948 with free and increasingly effective, care for all.¹⁵

To evaluate the veracity of the framework and sub themes, a comparison between the first decade of the period under review 1900-1910 (pop. 975) and the first decade following the inception of the NHS 1948-1958 (pop. 1,961) was made from data elicited from local and county records and oral testimony. It could be suggested that the NHS was, in part, a remedy in itself. The inception of the NHS in 1948 addressed the three sub-themes which mitigated against good health discussed in the thesis, combining as it did the burgeoning efficacy of medical interventions coupled with the ethos of free medical care. Evaluation of the NHS during the first 10 years demonstrates the impact that services had on the population. Before June 1948, chemists dispensed 6.8 million prescriptions, and following the start of the NHS, this increased to 13.6 million. This demonstrated a large unmet need particularly in relation to chronic illness.

However, what the NHS was unable to address were the causes of ill health emanating from low wages, poor housing, overcrowding, and poor sanitation, which applied to large swathes of the country, and has been indicated as an issue in Chinnor. Comments made by the interviewees regarding the NHS, and attitudes to the issues discussed, were on the whole positive, although some did not appreciate the difference, particularly in regard to cost, that their parents might have done. It is possible that cost as a factor did not occur because it was not discussed with young children. Paul Addison made the observation that, generally speaking, problems cannot be solved by throwing money at them but made the point that, in the case of the NHS, the easing of financial restraints on patients

¹⁵ Chapter five describes the collection of dandelion roots, nettles and foxglove leaves, as examples of herbal remedies of proven effectiveness.

led to an immediate improvement in medical care.¹⁶ The cost of the service, however, had been grossly underestimated: the estimate for the first year was £170 million based on the erroneous assumption that demand would decrease as the population attained better health. The actual cost in the first year was £242 million growing to £384 million by 1951.¹⁷

The statistics from 1900-1910 and 1948-1958 have demonstrated the influence of the convergence of the three themes. In the first decade (1900-1910) there were 32 recorded burials in the Chinnor parish register. Using the Parish register and other sources of information, the figure for children under two years was 12. This included the information about triplets whose burials are not recorded in the register. During the same period, the number of deaths for children over two years and adults under 40 years was 20. Of these, 17 deaths were caused by infection, primarily pulmonary infections such as tuberculosis, bronchitis, and pneumonia. In the decade following the inception of the NHS in 1948, the number of burials under 40 years from the parish register had fallen by 3/4 to 8 of which three were children under 2 years. 1957-8 no deaths were recorded under the age of 40. Comparison of the birth rates 1900-1910 showed that, from the baptism register, 105 babies were born during the period and, from the burials, 5 babies who were not baptised. 1948-1958, 194 babies were recorded on the baptism list plus 3 babies who died but were not baptised. Between 1945 and 1947, 'the bulge', 51 babies were recorded on the baptism register. The number of burials under the age of 40 between 1900-1910 was 32 from a population of 975, (1911 census) and between 1948-1958, there were 8 from a population of 1,961, (1951 census). Even with the issues of cost and availability addressed it took another 10 years to attain a level of efficacy to enter fully into what Abdel Omran described as the 'Age of degenerative and manmade diseases'.¹⁸ The

¹⁶ Addison, *Now*, p. 106.

¹⁷ Addison, *Now*, p. 110.

¹⁸ Omran, 'The Epidemiological Transition: a theory of the epidemiology of population change', *The Millbank Quarterly*, 49, 4, 1 (1971), 731-757.

culmination of the issues addressed in the thesis of cost, availability, and efficacy can be illustrated in the form of the *British National Formulary, 1957*. At the inception of the NHS the *British National Formulary, 1947* only listed the sulphonamides and penicillin as antibiotics but, within ten years, the 1957 volume showed a range of medical remedies which addressed the key infectious diseases, for example, chloramphenicol, streptomycin, insulin (1920s) and steroids (1950).

One key development paralleling the development of antibiotics was the development of vaccines against the key viral childhood diseases. Since the 1940s mass vaccination programmes had been part of the government's health care services to children. Chapter four highlighted the 1942 mass vaccination programme against diphtheria as a result of wartime anxieties about its spread within the close confines of overcrowded air raid shelters. Before the government took over the initiative of funding the programme, local authorities were responsible but, with other calls on their revenue, few authorities were prepared to offer the service. Vaccination against a number of deadly diseases had been available for many years. For example: small pox 1796, rabies 1885, typhoid 1896, 1900 cholera, diphtheria 1913. By the 1950s the NHS was funding mass vaccination programmes for children.

The over-arching conclusion of this thesis is the confirmation of the roles of the three subthemes in influencing the health status of the village and, because of their constraints, the resulting use of domestic remedies remained an important part of health management by the residents. Even as the period of therapeutic revolution emerged from the period of therapeutic nihilism during the 1930s and antibiotics were developed and the efficacy of interventions gained momentum, it was not until the issue of cost, which remained a factor in determining availability, was addressed in 1948 that a positive correlation between the subthemes and health could be demonstrated. Throughout the period the three themes have informed the use of domestic medicine in Chinnor and nationally. Their established value as a first line medical intervention for the general population is

confirmed by their continued use following the inception of the NHS, their fiscal value in 2007 being reported to be £2 billion.¹⁹

¹⁹ Joe Farrington-Douglas, Miguel Castro Coelho *Institute for Public Policy Research Report*, 2007 Office of National Statistics.

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Thesis

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Appendix A

No of deaths in Chinnor under 40 years by decades.

1900-1909	29
1910-1919	23
1920-1929	19
1930-1939	16

1940-1949	11
1950-1959	10
1948-1958*	9

*the first decade of the NHS

Source: Chinnor parish records.

Causes of Death Under Forty, Chinnor 1895-1954.

Year	Name	Age	Cause of death
1895			
Feb.	Emily Bass	24	Morbis cordis (heart disease)
March	Ernest Cooper	13	accident
April	Emma Croxford	26	pulmonary tuberculosis
July	Mercy Burton	7	diarrhoea enteritis
July	Esther Burton	15 months	c-s meningitis
Aug.	Walter Marriott	9	pneumonia
Oct.	George Howlett	7	accident
Dec.	Ernest Lacey	3 days	premature birth debility for 3 days
1896			
Jan.	Percy Hopkins	11 months	bronchitis, dentition
May	Elizabeth Seymour	33	anti partum haemorrhage, placenta previa, shock.
Dec.	William Fox	2	bronchitis
Dec.	Maud Howlett	2	acute bronchitis
1897			
Jan.	James Howlett	3 weeks	congenital debility (son of James)
April	George Larner	32	acute (?strangulated) hernia, cirrhosis of the liver, septicaemia.
June	Sarah Johnson	31	pelvic cellulitis, syphilis.
June	Ernest Witney	17	pulmonary Tuberculosis

July	Louise Ashley	35	8 weeks post partum, DVT one month, cardiac embolism
Dec.	Jane Dodwell	32	premature confinement, vomiting for 5 days, exhaustion.
Dec.	Alfred Warren	19	heart failure, spinal deformity.
1898			
Nov.	Charles Stevens	34	pulmonary tuberculosis.
1899			
Aug.	Anne Gray	4 months	diarrhoea, enteritis.
Aug.	Horace Cooper	7 months	diarrhoea, enteritis.
Aug.	Dorothy Gibbs	4 months	diarrhoea, enteritis.
Sept	Henry Newall	30	rheumatic fever, heart failure.
Oct.	Wilfred Witney	16 months	whooping cough congenital debility.
Nov.	Charles Witney	11 months	whooping cough
1901			
June	Martha Colsell	34	pneumonia and cardiac failure.
June	Frederick Parker	26	phthisis (tb)
1902			
March	James Williams	41	
June	Edward Howlett	1	(son of Alfred) congenital debility.
1903			
Feb.	Freda Turner	9 weeks	acute bronchitis.
March	Mary Witney	22	pulmonary tuberculosis.
March	Frances Jaques	24	diabetes mellitus.
April	Henry Colsell	2	pulmonary tuberculosis
April	Emily Croxford	37	septic wound of hand, blood poisoning, exhaustion
June	Bertie Witney	2	convulsions.

Nov.	Clifford Witney	?5 months	recorded on death cert as one month weak and delicate twin no record of second twin in baptism register
1904			
Feb.	Ann Walker	37	brain tumour, basal meningitis
April	Alice Jaques	29	diabetic abscess, operation, coma.
Oct.	Herbert Rogers	8 months	diarrhoea and vomiting, exhaustion.
1905			
Feb.	Leonard Neighbour	23	endocarditis
1906			
Sept.	William Witney	15 hours	triplet
Sept.	Thomas Witney	1 day	triplet
Sept.	Clifford Witney	3 days	triplet
Dec.	Thomas Pilling	39	pneumonia
1907			
April	Amelia Copus	19	pulmonary tuberculosis
May	Leonard Bushnell	19	acute nephritis
Nov.	Wilfred Turner	2 months	manition, sickly and malnourished from birth. Manition, misspelling of ination ie lack of vitality through lack of food and water, also known as marismus see MoH Oxford report.
Nov.	Ada Lacey	28	phthisis (pulmonary tuberculosis).
Dec.	Amy Witney	4years	result of burns.
1908			
April	Herbert Fortnam	9	TB meningitis.
May	Frank Croxford	24	mitral and aortic heart disease.

June	William Stanley	13 days	debility due to prolonged and difficult. Labour.
July	Amy Barnes	15	mitral and aortic valve disease.
1909			
Jan.	Frederick Caple	40	broncho pneumonia (chimney sweep).
June	Mabel Mayden	29	status epilepticus.
1910			
Jan.	Daisy White	3 months	congenital heart disease.
April	Jabez Witney	37	cirrhosis of the liver, haemoptysis.
Oct.	Arthur Clare	34	pulmonary tuberculosis, haemoptysis
1911			
June	Alfred Trendall	29	double mitral valve disease. Union workhouse Thame.
1912			
Feb 4th	Daisy Wallington	22 months	congenital heart disease.
Feb 5th	Gladys Wallington	14	premature birth, buried on the same day died Union Workhouse Thame. Mother, Annie died 1950 aged 70.
July	Edith Bousefield	19	renal and heart failure
1913			
Feb.	Olive Levermore	22	pulmonary Tuberculosis.
Feb.	Iva Baldwyn	25	typhus (hospital nurse Sevenoaks) niece of rector Leonard Baldwyn.
July	Edward Holloway	19 months	double pneumonia, cardiac failure.
July	Frederick Fortnam	34	pneumonia, hyperpyrexia, heart failure.
Oct.	Percy Gray	7 weeks	intersusseption.
1914			
Unknown	Frank Gibbs	13	notified with tb died no date, not found

Feb.	Lilian Harper	28	ovarian carcinoma.
June	Ralph Croxford	11 months	pneumonia, peritonitis ? TB (sic)
1915			
Feb.	Ada Gibbs	36	colitis Littlemore asylum.
1916			
June	Edith Cox	4	appendicitis abscess heart failure.
June	Ernest Rogers	32	pulmonary tuberculosis.
1917			
Nov.	Gwendoline Still	21 months	whooping cough, broncho pneumonia.
1918			
Nov.	Alfred Hester	29	influenza.
1919			
July	Edwin Saw	3 days	premature birth.
Aug.	Victor Turner	2	measles pneumonia.
1920			
Oct.	Thomas Holden	3 months	enteritis ?TB (sic)
Dec.	Dorothy Loomes	14 months	whooping cough, lung congestion.
1921			
Jan.	Lilian Witney	25	pulmonary tuberculosis.
August	Mildred Clare	37	pulmonary tuberculosis, mitral incompetence.
Nov.	Andrew Holt	36	GPI for 2 years, died in Stone asylum.
1922			
Jan.	Barbara Thompson	9 months	whooping cough bronchitis.
Jan.	Amy Parslow	39	influenza.
Nov.	Cecil Baldwin	31	tuberculosis osteomyelitis cerebral haemorrhage, son of the rector who died at 78

Dec.	Mildred Witney	27	eclampsia cardiac failure (no record of baby surviving).
Dec.	Mrs. Whitney	51	tuberculosis, from notification register.
1923			
Aug.	John Twyman	16	tuberculosis death certificate not found, no other record of a Twyman found in CPR.
Nov.	Nellie Welford	10	tuberculosis meningitis.
1924			
Dec.	Ellen Cocks	61	tuberculosis.
1925			
Dec.	Harold Davis	23	mitral stenosis, pneumonia.
Dec.	Tyler Kenwood	17	tuberculosis, from notification register, not found in CPR.
1926			
Oct.	Grace Harris	27	pulmonary tuberculosis.
1927			
April	Edith Croxford	48	cardiac failure, rheumatic fever (wife of Caleb Croxford).
May	Wilfred Croxford	15	rheumatic fever, pleurisy, heart failure. (son of Caleb Croxford). Caleb Croxford died 1951 aged 93.
Sept.	George Witney	26	hemiplegia, epilepsy.
Oct.	Elisabeth Plumridge	36	rheumatic endocarditis.
1928			
May	Violet Howlett	18 months	broncho pneumonia
1929			

Feb.	Raymond Wallington	4 months	oedema of the lungs marasmus rickets.
March	Winifred Brackley	7 months	pneumonia, congenital abnormality of the heart.
1930			
Jan.	Gertrude Ling	44	cerebral thrombosis cerebral softening (Oxford mental hospital Littlemore).
Sept.	Phyllis Davis	25	pulmonary tuberculosis.
1931			
March	Edith Brown	22	chronic endocarditis, mitral stenosis.
Aug.	Ellen Dudley	70	cardiac failure, pneumonia. Both died in Richmond Surrey but at different addresses and do not appear to be related.
Sept.	Hilda Dudley	39	cerebral tumour.
1933			
Feb.	Elsie Swains	31	pneumonia.
July	Clifford Lacey	33	peritonitis, appendicitis.
Oct.	Dora Smith	21	cardiac failure, inf. endocarditis
Dec.	Dorothy Holland	33	septicaemia acute mastoiditis.
1934			
Sept.	Margaret Surridge	3	diphtheria.
Nov.	Dorothy Law	42	acute bulbar paralysis MS (lost control of swallowing reflex)
1935			
July	Albert Hemmings	33	pneumococcal meningitis.
July	William Cooper	42	carcinoma of the face.
1936			

Jan.	Paul Baker	4	acute meningitis.
Jan.	Blanche Howard	34	tuberculosis notified 1930
Jan.	Keogh James	37	tuberculosis
1937			
Jan.	Charles Bailey	27	generalised B. Wechii (gastro enteritis) infection chronic colitis duodenal ulcer.
June	Edward Drinkwater	43	uraemia, nephritis
Nov.	Rosemary Honor	18 days	congenital under development
1938			
Jan.	John Rumbelow	4 weeks	pneumonia
1940			
June	Maureen Bryan	3 days	prematurity daughter of Gwynneth d. 1945 tuberculosis.
1941			
Jan.	John Goodchild	41	perforated duodenal ulcer
March	Hilda Bigger	42	head injury, road accident
June	Audrey Buckingham	9	C-S meningitis Sanatorium and Isolation hospital Abingdon.
Nov.	Randall Cooper	45	ca colon, carcinomatosis, peritonitis
Dec.	Norman Croxford	24	road accident
1943			
unknown	Irene Buckingham	38	tuberculosis
unknown	Bernard Everett	69	tuberculosis
March	Christopher Croxford	1 month	bronchitis prematurity
April	Rose Folley	42	malignant ovarian cyst
May	Peter Bryan	2 months	bronchio-pneumonia, son of Gwynneth

Dec.	Freda Higgins	38	pulmonary oedema, old myocarditis
1944			
June	Eric Saw	34	compression of the brain following accident.
June	Hilda Baldwin	33	tuberculosis from notification register. Not found in CPR.
1945			
January	Gwynneth Bryan	31	Tubercular laryngitis, pulmonary tuberculosis mother of Maureen, Peter and Sheila wife of James.
March	Sheila Bryan	16 months	pulmonary tuberculosis, daughter of Gwynnth. There is one other Bryan (Monica) at the same address who died of tuberculosis according to the notification register but who is not recorded in CPR and whose death certificate was not available.
1946-1947 none recorded under the age of 40			
1948	Morris		tuberculosis from notification register
1949	Michael Orme	2 days	prematurity. No record of baptism in Chinnor. Born in the Royal Bucks Hospital so may have been baptised there.
1950	Ivy Harman	25	pulmonary embolus recent pregnancy
1951	Eric Hopkins	37	drowned whilst the balance of mind was disturbed, suicide
1952	Linda Stone	6 months	bronch-pneumonia not listed in baptism records but may have been baptised in

			the church in Kingston Blount which was deconsecrated in 1968.
1954	Robert Smith	21	self- inflicted gunshot wound to the head
	Joan Harris	28	cavernous sinus thrombosis
1956	John Goodchild	30	tuberculosis, died whilst at work at Sairy's sawmills, Station Road Chinnor. Death certificate states, acute coronary insufficiency, coronary atheroma.
	John Child	24	pulmonary tuberculosis, diagnosed 1950, boiler m, died 1956 not in CPR
	Peter Greenough	6	broncho-pneumonia
	Brian Bennett	6 hours	anencephaly
1957-1958 none recorded under the age of 40			

Sources: burials records, death certificates and tuberculosis notification register 1914-1954.

Certified causes of death of men who worked at the Chinnor Cement Works.

Year	Name	Age	Occupation	Cause of death
1945	Caleb Braginton	60	stoker in research laboratory	myocardial degeneration, acute bronchitis (known to the family to have extensive carcinoma lungs.)
1954	Edgar Rumbelow	48	machine operator	bronchial carcinoma, cerebral secondaries
1958	Abel Colsell	50	pump attendant	M.I.
1961	Walter Parslow	51	laboratory assistant	M.I. acute cardiac failure

Sources: Chinnor parish records, death certificates.

Appendix B Incidence of Infectious Diseases.

year	diphtheria	scarlet fever	measles	rubella	whooping tb cough	
1901		3				1
1902	1					
1903	1					2
1904	3	4				
1905		4				
1907		1				2
1908	1	1				1
1909			1			
1910		4				1
1911		2				
1912		5			4	
1913		11	41			1
1914		1				3
1915		6				
1916		1				1
1917	1	1				
1919			8			1
1920						2
1921						1
1922						2
1923	2					2
1924						3
1925						1
1926						1
1927		1				
1928	1	1				
1929	1	15				
1930						3
1932						3
1933						1
1934	2					
1935						1
1937	1	11				1
1938						1
1940		6	4			1
1941			9		5	1
1942			1	8		1
1943		1	5			2
1944		2				
1945			2			2
1946						1
1947			1		11	2

Source: Register of Notifiable Diseases 1928-51 Oxford History Centre H2/2/R10/1-R1/3 and Tuberculosis Notification register, Oxford history Centre H/2/2R3/6, parish records and death certificates.

Appendix C Incidence of Tuberculosis in Chinnor 1895-1957.

Notification not compulsory until 1912 updated 4/4/27

Name	Age	Disposal	Notes
Emma Croxford	26	d. 1895	
Ernest Witney	17	d. 1897	
Charles Stevens	34	d. 1898	
Frederick Parker	26	d. 1901	
Mary Witney	22	d. 1903	
Henry Colsell	2	d. 1903	
Amelia Copus	19	d. 1907	
Ada Lacey	28	d. 1907	
Herbert Fortnum	9	d. 1908	TB meningitis
Arthur Clare	34	d. 1910	
Olive Levermore	22	d. 1913	
Bassden	13	unknown	San Peppard, not found in CPR
Frank Gibbs	13	unknown	not found in CPR
John Witney	33	unknown	left area, not found in CPR
Ernest Rogers	32	d. 1916	
William Plummridge	26	unknown	BB san Pep. Not found in CPR
Nixon	21	unknown	San. MO National Sanatorium Benenden, not found in CPR
Lilian Witney	24	d. 1921	San. MO, National Sanatorium Bournemouth
Mrs Witney	51	d. 1922	
Cecil Baldwin	31	d. 1922	TB osteomyelitis

John Twyman	16	d. 1923	death cert not found
Nellie Welford	10	d. 1923	TB meningitis
Grace Harris	25	d. 1926	
Tyler Kenwood	17	d. 1925	not found in CPR
Ellen Cocks	61	d. 1924	
Wm. Gleach	42	unknown	
Jack Hurst	9	unknown	B&B san
Phylis Davis	25	d. 1930	
Alfred Howlett	7	unknown	both sent to the Royal Sea Bathing Hospital Margate. Not found in CPR.
Grace Howlett	8	unknown	both sent to the Royal Sea Bathing Hospital Margate. Not found in CPR.
Bushell	26	unknown	not found in CPR
Sidney Howard		unknown	not found in CPR
Blanche Howard	34	d. 1936	Osler Pavilion Oxford
Herbert Horwood		recovered 1942	
Keogh James		d. 1936	
John Barnden	13	unknown	B&B san
Francis Good	62	unknown	not found in CPR
Margaret Kennedy	10	unknown	
Irene Buckingham	38	d. 1943	
Bernard Everett	6	d. 1943	
Monica Bryan		d. 1946	not found in CPR
Hilda Baldwin	33	d. 1944	not found in CPR
Benham Dorothy	36	unknown	not found in CPR

Gwynneth Bryan	31	d. 1945	tubercular laryngitis, pulmonary tuberculosis. Mother of Sheila.
Sheila Bryan	16 months	d. 1945	daughter of Gwynneth
Thomas Holbred	45	unknown	left area, not found in CPR
Bragington	27	recovered	
James Eustace	42	recovered 1947	
Christine Joseph	33	unknown	Russian refugee, not found in CPR
Morris	49	d. 1948	not found in CPR

Sources: Chinnor parish records, death certificates and Tuberculosis Notification Register Oxford History Centre, H/2/2R3/6.

There is one other Bryan (Monica) at the same address notified 1943 who died of tuberculosis in 1946 according to the notification register but who is not recorded in CPR and whose death certificate was not available so age and exact relationship is not determined.