
A thesis submitted to the University of Manchester for the degree of Doctor of Philosophy in the Faculty of Humanities.

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Clare Debenham
School of Social Sciences, Faculty of Humanities
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ABSTRACT

Grassroots feminism: a study of the politics of the Society for the Promotion of Birth Control Clinics 1924-1938

Whereas the dramatic struggle for the suffrage has received extensive academic attention the feminist campaigns that came immediately after 1918 have been largely ignored. This thesis argues that there was vigorous grassroots feminist activity in the inter-war years which can be seen in the activities of the Society for the Promotion of Birth Control Clinics (SPBCC) who in the post-suffrage era explored their new opportunities. Themes running through this thesis include feminism, grassroots activity, locality and modernism. This research utilises the theoretical framework of comparative social movement theory as well as historical research. A Collective Biography of SPBCC committee members has been constructed to give a profile of activists.

This thesis argues that the debate within the post-suffrage society the National Union of Societies for Equal Citizenship gave backing to the new feminist master frame which emphasised women’s role as mothers. This strengthened the SPBCC which campaigned to give working class mothers the knowledge to limit their families, something available privately to middle class mothers. This research explores how the SPBCC tried to pursue its case by creating alliances with the National Council of Women and the Women’s Citizenship Association.

This study shows how local SPBCC groups attempted to prove the need for birth control clinics by mobilising and founding clinics. Middle class women played an important part in this direct action, but working class women, either individually or from the Women’s Cooperative Guilds also participated. Class differences were important, but this research shows that volunteers, who were all mothers themselves, stressed the common bond of motherhood.

The SPBCC both locally and nationally strove to counter the condemnation of the medical profession and the Churches. The interplay of religious and political forces is seen in case studies in Stockport, Glasgow, Manchester and Salford, Liverpool. The thesis compares the birth control strategies of the confrontational birth control pioneer Marie Stopes with the more analytical approach of Eleanor Rathbone of NUSEC. This research reveals that some SPBCC members felt they had to make uncomfortable choices between class and gender allegiances or feminism and eugenics.

This thesis demonstrates how the SPBCC tested the new political structures by attempting to place birth control on the agenda of national political parties, particularly the Labour Party. However, there was more success in building birth control policy advocacy coalitions at the local level.

In 1931 the Labour Government issued Memorandum 153/MCW which allowed municipal clinics to provide birth control advice but this thesis questions to what extent this was a victory. Arguably the SPBCC did not achieve its main objective but it did empower its feminist members in a wide range of political activities.
Declaration
No portion of the work referred to in this thesis has been submitted in support of an application for another degree or qualification of this or any other university or other institute of learning.

Name
Signature

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<td>Family Planning Association</td>
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<tr>
<td>MSMC</td>
<td>Manchester and Salford Mothers’ Clinic</td>
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<td>NBCC</td>
<td>National Birth Control Council</td>
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<td>NBCA</td>
<td>National Birth Control Association</td>
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<td>NCW</td>
<td>National Council of Women</td>
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<td>NKWWC</td>
<td>North Kensington Women’s Welfare Centre</td>
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<td>NUSEC</td>
<td>National Union of Societies for Equal Citizenship</td>
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<td>NUWSS</td>
<td>National Union of Women’s Suffrage Societies</td>
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<td>NUTG</td>
<td>National Union of Townswomen’s Guilds</td>
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<td>SCBCRP</td>
<td>Society for Constructive Birth Control and Racial Progress</td>
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<td>SPBCC</td>
<td>Society for the Provision of Birth Control Clinics</td>
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<td>WCA</td>
<td>Women Citizens’ Association</td>
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<td>WCG</td>
<td>Women’s Co-operative Guild</td>
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<td>WCBG</td>
<td>Workers’ Birth Control Group</td>
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<td>WI</td>
<td>National Federation of Women’s Institutes</td>
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<td>WSPU</td>
<td>Women’s Social and Political Union</td>
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In my research I visited many archives. Archives comprise much more than a collection of documents and archivists went out of their way to share their knowledge with me. Amongst those who were especially helpful were Audrey Canning of Glasgow Caledonian University; Karen Kukil of Sophia Smith Collection, USA; Father David Lannon, Salford Diocesan Archives; Sue Slack of Cambridgeshire City Libraries College; Darren Treadwell of the Labour History Archive; Mervyn Wilson of the Cooperative College; and the late Ruth Frow of the Working Class Movement Library.

Central to this thesis, I have been privileged to interview some courageous birth control pioneers who included Mrs Elsie Plant, Sister Beatrice Sandys, Mrs Florence Travis, Aunt Polly. I would also like to acknowledge the generous assistance given to me by the relatives of the birth control pioneers including those of Marie Stopes, Charis Frankenburg, Mary Stocks, Fenella Paton and Dilys Dean.

Lastly, I would like to thank my husband Ron Marsden, my sons Ian and Richard and my business partner, the late Christine Carr, for their unfailing interest and encouragement. Without their belief in its value, this research would never have come to fruition. I hope my granddaughter Emily Marsden, now aged eleven, will in time come to recognise the struggles fought for hers and subsequent generations.

Clare Debenham 3 September 2010.
Preface

This research has drawn on the disciplines of my first degree which was in Modern History, Politics with Sociology. In the 1970s I became interested in the potential of Oral History which then becoming popular and I was able to use it in my research as well as drawing on archive material. My research was also shaped by my awareness of feminist thinking and the way it was defining issues of reproduction. This was borne out by my initial interviews in Glossop and Stockport in the 1970s which pointed to birth control being a central issue in many women’s lives in the inter-war years. However, a career and raising a family, left little time to pursue this interest, though I kept all my original data. After thirty years I am fortunate to have been able to develop my original research project, possibly with a more mature approach.
Chapter One

Introduction

1.1 Introduction

Mary Stocks was co-founder of the Manchester and Salford Mothers’ Clinic and is significant as a leading feminist, socialist and academic as well as being involved with the foundation of birth control clinics. Reflecting on the Society for the Provision of Birth Control Clinics (SPBCC) towards the end of her long life, it is evident that she regarded her membership of the SPBCC as not involving isolated, random acts but rather being part of a coherent social movement which interacted with other social movements. ‘What fun it was being in an unpopular movement, which we knew was going to win’. Stocks recognised that the birth control campaign was dangerous but identified a sense of fun as a sustaining and unifying factor. Her quotation relates to the two central issues of this thesis, firstly, how far and in what ways the SPBCC can be regarded as a feminist organisation and secondly, the mode of its operation as a grassroots decision-making body.

The period selected for this research is 1924 to 1939 which encompasses the active life of the national SPBCC and just preceded the Second World War. The same time frame also covers the partial enfranchisement of women in 1918 and full enfranchisement in 1928. Arguably the suffrage gave women a sense that they had a right to a presence in public life. This was a challenging period when new social movements emerged. Richard Soloway correctly identified social movements such as the rise of socialism, women’s rights, eugenics, the rise of labour, all of which impacted on the birth control debate.

In order to explain this choice of topic and the research strategy that has been developed, this introduction is organised into six main sections. The first of these reassesses the significance of the SPBCC; the second identifies four main sets of research questions which the thesis seeks to address; the third and fourth evaluate the historiography of birth control and explore the value of applying social movement theory from the discipline of political science to a historical situation; the fifth discusses the research methodologies used in this thesis and their contribution to the formation of a Collective Biography whilst the sixth section concludes by outlining the structure of the thesis.
1.2 Reassessment of the significance of the birth control campaign

The SPBCC had as its prime objective the provision of municipal birth control clinics which would be free and easily accessible to working class mothers. The Society believed this was too important to be left to the voluntary sector.

Birth control was important in providing self-determination for women in the way that the rubber sheath, which could easily be purchased in chemists, provided self-determination for men. This thesis will present compelling evidence that the SPBCC regarded birth control as involving more fundamental issues than the use of mechanical medical devices. Mothers were encouraged by the clinics to control their own fertility rather than relying on husbands. These wider aims led to a number of difficult decisions by members of the SPBCC in terms of their relationship with women’s organisations, their support for political parties and the challenges posed by prevailing ideologies.

The impact of the birth control campaign had important implications for women, and most especially for working class mothers. Indeed in 1976 Richard Titmuss argued that the acceptance of birth control in the inter-war years was the most important factor contributing to the improvement in women’s health and female emancipation. More recently Pat Thane went further by arguing that the greatest change in working class women’s lives from the late nineteenth century was due to increased use of birth control. Thane stressed the immediate importance of birth control, compared to the longer term consequences of the suffrage, as making a direct impact on working class women’s lives.

However, while the drama of the mass mobilisation of the suffrage campaign has captured the popular and academic imagination, the birth control movement has not been extensively publicised or researched. The exceptions are sporadic coverage of the life of Marie Stopes and one novel set in the Manchester and Salford Mothers’ Clinic (MSMC). Linda Ward in her doctoral study of the 1920s birth control campaign remarked in her Preface that despite its significance the subject had largely been ignored and undocumented. In the ensuing twenty-seven years the SPBCC has never been studied in detail, though the dramatic career of the charismatic Stopes and the Society for Constructive Birth Control and Racial Progress (SCBCRP) which she founded, have attracted attention, no doubt helped by Stopes’ prolific books and correspondence. Both the SPBCC and the SCBCRP were started in the early 1920s but Soloway in his detailed academic work on birth control gave Stopes and her SCBCRP nearly two hundred
references while the SPBCC only received nine. His attention was focused on the achievement of Stopes and her birth control clinics rather than the less dramatic work of the SPBCC. Similarly Hera Cook in her book on sex and contraception gave attention to the flamboyant Stopes but other birth control pioneers such as Russell or Stocks are omitted. The historian Kate Fisher in her comprehensive study of birth control in inter-war Britain does mention the SPBCC and individual clinics but affords them far less attention than Stopes.

How then are we to account for this lack of coverage of inter-war feminists and birth control pioneers? Brian Harrison’s argued plausibly that historians, like journalists, appreciated the dramatic and the outrageous. With the exception of the gesture politics of Marie Stopes were no photographed martyrs who caught the public imagination or orchestrated mass marches. Certainly the SPBCC conducted its campaign unostentatiously and, indeed, its method of approach had similarities to women’s earlier pioneering work in local government in the Victorian age. In her study of the latter Patricia Hollis correctly argued that, although their local government work was not as dramatic as the suffrage campaign, these elected women members possessed a high degree of moral courage which deserves to be acknowledged. Indeed many of the SPBCC members, like Eleanor Rathbone, came from a background in local government and recognised the value of inconspicuous, mundane hard work.

When birth control in the 1920s is discussed it is natural that the flamboyant Marie Stopes should attract both academic and popular attention. This thesis would not wish to belittle Stopes’ contribution as she acted as a policy entrepreneur, also influencing the direction of the SPBCC. Her book *Married Love* caused a sensation when it was published and by 1923 it had sold over 396,000 copies and reached its fourteenth edition. The social historian Ross McKibbin in his Preface to *Married Love* described it as a ‘book whose moment had come’. Stopes followed *Married Love* with a series of books including *Contraception* where Stopes provided detailed description of the contraceptive devices available including her Pro-Race cervical ‘cap’.

Stopes developed a conscious strategy of reaching out beyond the middle classes to a working class audience. She wrote articles in popular papers such as *John Bull* and in 1919 *A Letter to Working Mothers* was produced at only 1/6d. She also founded and published the influential *Birth Control News* which gave her another platform. Roberts in his autobiography *The Classic Slum* set in pre-war Salford describes how her birth
control message made an impact on local working class consciousness through these cheap papers.\textsuperscript{21} In 1921 she and her second husband, Humphrey Verdon Roe, put their principles into practice when they held a rally at the Queen’s Hall attended by over two thousand people including leading politicians and celebrities and whose proceedings were subsequently published.

The influence of Stopes was all pervasive in working class culture as well as middle class culture. Stopes’ name percolated into the school playground rhymes (possibly via the music halls):

‘Jeannie, Jeannie, full of hopes
Read a book by Marie Stopes.
But to judge from her condition,
She must have read the wrong edition’.\textsuperscript{22}

Certainly the book was purchased by middle class couples. Shirley Williams, daughter of Vera Brittain and George Catlin, in her autobiography recalls climbing the bookshelves in reach of \textit{Married Love} felt it had rather disappointing illustrations.\textsuperscript{23} Harold Nicolson wrote to his wife Vita Sackville West that he had just purchased \textit{Married Love} and she must read it.

Historians such as Pamela Graves have claimed that few working class couples could have afforded \textit{Married Love} and so its message was lost on them.\textsuperscript{24} This supposition ignores Stopes’ flair for publicity. It was through Stopes’ widespread coverage in the newspapers that Elsie Plant, living in Cheshire, related how she heard about Stopes and made contact. Later Elsie purchased her own copy of \textit{Married Love}.\textsuperscript{25} Stopes’ attracted large audiences whenever she spoke and Elsie recalled that three thousand heard Stopes speak at the Armoury in Stockport. Some were politically committed, as the meeting was organised through the Socialist Church, but the vast majority of her audience were just curious.\textsuperscript{26}

Stopes almost succeeded in making the discussion of birth control respectable. Upper class intelligentsia such as Dora and Bertrand Russell may have mocked some of the flowery passages in her writing but they did give Stopes credit for lifting some of the taboos.\textsuperscript{27} Her friend Mary Stocks reflected that \textit{Married Love} had reached ‘ill-instructed married couples in innumerable obscure homes’.\textsuperscript{28} An example of birth control’s new respectability was the public discussion of the subject by former suffragist Maude Royden, a single woman and a Free Church minister.\textsuperscript{29}
Stopes and her husband courageously followed up the success of *Married Love* by in 1921 opening a birth control clinic in Holloway Road, a poor part of Islington. This was the first birth control clinic in Britain and Stopes subsequently opened more clinics including touring caravans for out-reach work. She founded the Society for Constructive Birth Control and Racial Progress (SCBCRP) which maintained a high profile but essentially revolved around one person. The main clinic was based in London but she tried to found clinics in Wales and Ireland as well as funding two birth control caravans. Interestingly Greta Jones discussion of Stopes’ Belfast clinic raised a number of key problems such as religion and the medical profession, also faced by the SPBCC.30

Utterly single-minded, Stopes was full of contradictions. She was an eminent scientist whose birth control work was often unscientific; her correspondence showed kindness to individual working class mothers but she could not forge alliances with professionals; she could relate to individual members of the SPBCC yet virulently attacked that organisation seeing as a rival.31

This thesis shows that tactics of the SPBCC were very different from Stopes and the significance of their achievements should also be recognised. The SPBCC was founded in 1924, although some clinics had existed previously. Unlike the SCBCRP, which was primarily London-based, the federated clinics of the SPBCC in the 1920s were widely distributed geographically in England and Scotland, though not Wales. These included Aberdeen, Birmingham, Cambridge, East London, Glasgow, Liverpool, Manchester and Salford, Newcastle-upon-Tyne, Oxford, Walworth Road London, Wolverhampton. The busiest SPBCC clinic these was the ‘flagship clinic’ of Walworth Road, London. Its annual reports showed that on average Walworth Road received 127 new applicants a month and in the first eight years of existence saw 20,929 patients. The provincial clinics also attracted large patient numbers. Charis Frankenburg, co-founder of the Manchester and Salford Mothers’ Clinic (MSMC) calculated that in their first eight years their clinic had seen over three thousand two hundred new patients, some travelling to Salford from as far away as Sheffield over twenty miles away.32 The distinguished gynaecologist Sir John Peel calculated that by the end of 1927 nine SPBCC birth control clinics had collectively seen 23,000 new patients and 17,000 return patients.33
1.3 Main research questions

This section elaborates on the themes of feminism and grassroots activism as introduced in the opening section of the thesis. In addition two other important themes, locality and modernism, are introduced.

a) Feminism

Investigating what it meant to be a feminist in Britain in the 1920s and the 1930s is a central concern of this thesis. Although there is only one chapter specifically devoted to the debates and conflicts amongst feminists in the 1920s, the issues explored in Chapter Two inform all the following chapters.

The concept of feminism has generated an extensive literature. Barbara Caine has reflected on the curious reluctance amongst feminists to construct a definition of feminism. Maggie Humm in her Dictionary of Feminist Theory regarded precise definitions of feminism as being restricting and misleading which diminished its diversity.\(^\text{34}\) The American historian Karen Offen has for the last thirty years been amongst those who have tried to answer some of the more difficult questions posed by feminism such as ‘What is feminism? Who is a feminist? How do we understand feminism across centuries?’\(^\text{35}\) Rightly she proposed that it was time ‘feminism’ was re-examined. In her landmark article for Signs she broke away from the tautological argument that a feminist was defined as a person who claimed to espouse feminism.\(^\text{36}\) Controversially rather than treating feminism as an inclusive category and answering these searching questions she posed, Offen presented her readers with another binary set of categories: relational and individualistic feminism.\(^\text{37}\) She argued that relational feminism was non-hierarchical, reaching out to great masses of women whereas individualistic feminism was justifying independence in a man-made world.

As feminist theorists have pointed out that it is difficult to define feminism in an objective way. It is a dynamic concept, Rosemary Tong and Carol Dyhouse described how meanings shift through time and so feminism, like many other concepts, cannot be monolithic.\(^\text{38}\) Indeed it has been argued that it is more accurate to refer to ‘feminisms’ rather than the unitary concept of feminism. Delmar discussed Banks’ definition of feminism and defined a feminist as a ‘someone who holds that women suffer discrimination because of their sex, that they have specific needs which remain negated and unsatisfied, and that the satisfaction of these needs would require a radical change (some would say revolution even) in the social, economic and political order.’ While this
is a useful as it widens the scope of Banks’ definition, it is an individualistic rather than a collective term.  

After carefully considering the numerous definitions of feminism, the definition of feminism of Olive Banks has been selected. She was a distinguished sociologist who also researched the issue of birth control. Her approach is important because she referred to the dynamics of groups and social change rather than to an individual woman’s dissatisfaction with her position in society. Banks emphasised the importance of collective action when she ‘granted the title of feminist’ to ‘any group that has tried to change the position of women, or the ideas about women’. She used this definition herself when she studied British feminists as a social movement. Similar definitions of feminism to that of Banks have been employed by Joanna Alberti, Cheryl Law and Anne Logan all of whom stressed the importance of societal change in making a positive development in women’s lives. This means that Banks’ definition allows comparison with the work of other academics. No definition of feminism is unproblematic, and indeed Banks’ definition raises questions about the self-definition of individual women.

Banks published a number of works relevant to the birth control campaign in the first decades of the twentieth century. She explained, in *Faces of Feminism*, how feminists, particularly those from the left, were drawn to the birth control campaign. She significantly described birth control as a social movement and made particular reference to Stocks’ achievements. In *Becoming a Feminist* Banks explored how women from different intellectual standpoints shared a common ideology. Her work displayed great breadth and it was appropriate that she should compile the ground-breaking *Biographical Dictionary of British Feminists*.  

The last major work written by Banks was the *Politics of British Feminists 1918-1970* where she located birth control in the context of the 1920s political struggles of women’s organisations. Her writing can usefully be read in conjunction with Martin Pugh’s *Women and the Women’s Movement in Britain* which was published the previous year and which also discussed birth control and feminism. Smith’s collection of essays on British feminism in the twentieth century also adds additional insights to her work. 

The assessment of historians of the contribution of early twentieth century feminists has shifted in the last twenty years from peremptory dismissal to cautious praise. O’Neil,
writing in 1969 was scathing in his assessment of feminist activity in Britain and the United States during the inter-war years contending that it lacked any sense of direction and intellectual purpose. He argued that the suffrage movement had provided feminism with a false sense of unity and after the gaining of the franchise it collapsed. However, Law perceptively commented that using the yardstick of the exceptional militant suffrage activity to judge subsequent women’s achievements has inevitably led to distortions so ‘consigning women to another fifty years of obscurity’. Interestingly O’Neil pointed out that ‘satisfactory explanations for the collapse of feminism are not easily come by’. This thesis contends that the reason that there was no evidence for the movement’s collapse was because this did not occur.

O’Neil was not alone in his dismissal of inter-war feminism. Susan Kingsley Kent categorically declared that feminism as a distinct political and social movement, ceased to exist as early as the 1920s. Carol Dyhouse demonstrated how feminists challenged the accepted the norms of family life and sexual relationship in the 1920s. Dyhouse was wrong to accuse Martin Pugh of belittling the achievements of the women’s movement in the 1920s. Indeed he described the growth of feminist organisations and their birth control campaigns by pointing out their positive features. Revisionist historians such as Smith and Pugh placed a generous interpretation on the achievements of the 1920s feminists but were more cautious in their assessment of the 1930s. Smith believed that the traditional view of a moribund, organised women’s movement needed to be revised in the light of its achievements in the 1920s.

More recently academics including Caroline Daley have celebrated organised women’s actions in the inter-war period. They boldly asserted that the winning of the suffrage could be viewed as a new departure point for women’s agency and mobilisation. Alberti, too, challenged the view that after the dramatic struggle for the suffrage, the women’s organisations generally faded away. The biographical approach she adopted allowed her to relate the careers of these women to wider political and social movements. From the results of her Collective Biographical study Alberti concluded that women who were active suffragists in 1918 continued to be involved in feminist campaigns right up to 1928. Significantly four of her subjects were actively involved with the birth control movement: Stocks, Eleanor Rathbone, Rev. Maud Royden, Eva Hubback.

Other academics have also stressed the importance of feminist activity in the inter-war years. Wendy Sarvassy has argued that many did not retire from public life after the
suffrage but instead put their energies into legislative welfare reforms.\textsuperscript{59} This was also the view of Suzie Fleming who in her introduction to Rathbone’s work stressed the continuity of feminism after the suffrage with women’s activities being channelled into new and important areas.\textsuperscript{60} Cheryl Law also maintained the continuity of feminism as evidenced in post-suffrage activity.\textsuperscript{61} She examined the means by which the women pursued political power and how they created organisational networks to campaign against existing inequalities. Indeed Gaynor Williams examined women’s political activity in Liverpool and found that there existed a varied and vibrant women’s movement in the inter-war years.\textsuperscript{62} The activists in feminist movements certainly stressed continuity. As Mary Stott, \textit{Guardian} journalist and political activist, famously asserted to Dale Spender, ‘There’s always been a woman’s movement this century’.\textsuperscript{63}

This thesis contends that the SPBCC was a feminist organisation, founded by women for the use of other women. It was an altruistic organisation as most SPBCC members did not gain any direct benefit from the organisation, and indeed invested time and money. They supported the SPBCC because they believed the control of fertility to be a basic right.

b) Grassroots activity

‘Grassroots’ is another term that is used by both political activists and political scientists but is rarely defined and its meaning is taken for granted. For instance Worley, in his study of Labour activists, is only one of a number of academics who have use the term as a short-hand without any detailed analysis.\textsuperscript{64} In fact it has been difficult to trace the source of the concept but it is generally believed to originate from 1912 when Senator Albert Jeremiah Beveridge, then of the Progressive Party, dramatically proclaimed, “This party has grown from its grass roots. It has grown from the soil of people’s hard necessities”.\textsuperscript{65} However, the concept has broadened out so that so that grassroots activism has come to refer to organisational arenas in which the ordinary membership initiate important decisions rather than being subject to control by the leadership.\textsuperscript{66} Grassroots in this thesis will be taken to imply movements that operate in a ‘bottom up’ rather than ‘top down’ structure of decision making. Alberto Melucci, a leading exponent of social movements described the fluid nature of non-hierarchical grassroots movements. ‘Leadership is not concentrated but diffuse, it is limited to specific aims, and different people can assume leadership roles, depending on the function to be fulfilled’.\textsuperscript{67}
The emphasis of the SPBCC was on the importance of grassroots membership. Indeed the *Manchester Guardian* journalist and birth control campaigner Mary Stott called the second chapter of her autobiography which covered the formation of the NUTWG, ‘Grass Roots’. Stott stressed that decisions in these women’s organisations tended to be made collectively and contrasted this with the Pankhursts’ autocratic organisation of the Women’s Social and Political Union. ‘If you joined the WSPU you accepted the rule of the Pankhursts or you were replaced’. From a similar perspective Pamela Graves repeatedly referred to Labour women creating an effective grassroots socialist movement which aimed at improving the welfare of working class women and their families. She pointed out that the birth control campaign was endorsed by local Labour party women members rather than the national leadership.

Political scientists have pointed out that in the first stages of forming a social movement people often gather round a charismatic leader. Indeed rather than start a new organisation the birth controllers could have saved themselves time and money by simply joined the highly successful SCBCRP founded by the powerful Stopes. Stocks herself became a personal friend of Stopes with the families holidaying together, but she was always aware of her friend’s autocratic nature. Stocks wrote that ‘her vanity was so colossal, so uninhibited as to be positively endearing to those who knew her’. Eleanor Rathbone was less enamoured with Stopes, ‘There is Dr Marie Stopes as hard to silence as a mosquito shrilling out her message’. The SCBRP with Stopes as President was autocratically run, and Stopes brooked no opposition, for instance to the use of her recommended high domed cervical cap. Stopes imperiously declared to Dr Evelyn Fisher of the SPBCC, ‘I’m not the Cabin Boy in this movement. I’m the Admiral’.

The SPBCC, unlike the SCBRP, consisted of a federation of autonomous clinics, each with its own governing body.

‘Grassroots’ is a category that does not rest on class or status divisions. Women members of grassroots organisations often seek to minimise differences in power and authority. For instance, Margaret MacDonald, wife of Ramsay MacDonald, realised that members were apprehensive when she came to speak at the meetings of the Women’s Labour League (forerunner of the Women’s Sections of the Labour Party). She wanted the women to feel at ease with her and explained her tactics. ‘It will be all right’, said she, ‘they won’t be afraid of me. I’ll stumble and stammer, and they will sympathise and hear me out’. The issue of leadership/followers will be further explored in Chapter Six on the Labour Party’s attitude to birth control.
Class differences were often deliberately minimised by grassroots members. Dora Russell of the Workers’ Birth Control Group in her draft copy of the *Tamarisk Tree* stressed the inclusiveness of the executive committee of the WBCG and played down class divisions, “We were of all sorts, intellectuals, middle and working-class”.\(^7\) This statement was an exaggeration as the small WBCG committee contained the daughter-in-law of an Earl and the daughter of a Lord. In spite of her aristocratic connections Russell identified herself as a grassroots member of the Labour Party in contrast to the four women who sat on the NEC. The SPBCC demonstrated an aspiration to inclusiveness which clearly demarcated it from Stopesian autocracy. Whilst there were disagreements over policy, particularly between SPBCC clinic doctors and lay members, they generally appear to have been amicably resolved and there were no recorded instances of sudden resignations.

c) Locality

Karen Hunt, among others has remarked, it was in their local communities that most people, particularly women, practised their politics.\(^7\) Local studies are now being regarded as valid enterprises in their own right rather than as an ‘add on’ extra to national studies. Particularly pertinent to this research is sociologist Mike Savage’s PhD study of the history of the Labour movement in Preston. Subsequently in 1991 he identified four methodologies used by historians to connect local findings to national data. These were illustrative, people’s history, practical politics and formal politics. The approach of this study is near to Savage’s descriptions of practical politics and peoples’ history and certainly does not draw on local material only for illustrative purposes.\(^7\) Simon Szreter when analysing fertility trends drew attention to Savage’s concept of practical politics.\(^7\) More recently Pugh made the point that today the United Kingdom’s history is no longer regarded as a homogenous whole, but as having significant regional and local variations.\(^7\)

A number of recent studies have shown the importance of locality and the significance of local context is one of the key questions this thesis seeks to explore. Elizabeth Crawford’s detailed research on the growth of suffrage in thirteen regions of Britain has shown how local forces interacted.\(^8\) Cowman in her discussion of the political influences on Merseyside on the development of women’s political organisations from 1890 to 1920 made the pertinent point that, ‘local studies move interpretations of
political activity from the decisions and alliances of a small number of national leaders to an investigation of how these affected the actions, priorities and affiliations large numbers of individual members'. The importance of locality can also be seen in her national study of paid organisers of the Women’s Social and Political Union. June Hannam and Karen Hunt have pointed to the importance of not regarding the birth control campaign in solely metropolitan terms but recognising the importance of the local context. Hunt stressed the importance of the local political culture in shaping grassroots experiences of Labour women. She concluded that what it meant to be a woman member of the Labour Party differed from place to place. Even a geographical and administrative area such as London cannot be regarded as uniform. For example, Lara Marks’ study of maternity practices in London covering the 1920s demonstrated that there were marked differences between the boroughs in birth control provision.

This thesis explores the complexity of local factors and to what extent they had an impact on local birth control policies. These factors included local political cultures and party alignments, ethnicity and religion, gender employment patterns. Smith in her comparison of Glasgow and Liverpool and Davies in his study of Liverpool have pointed out that even where class structure and religion were apparently similar, the interplay of extraneous factors made policy decisions concerning birth control clinics very different. This thesis will therefore add to the literature on locality by examining the local factors affecting the establishment of voluntary birth control clinics across England and Scotland. In particular the birth control clinic debate in Stockport, Glasgow, Manchester and Salford and Liverpool will be examined in more detail in Chapter Four. In these geographic areas the influence of class, party and religion have proved to be especially significant.

d) The impact of modernisation

Sheila Rowbotham described how after the end of the First World War there was a challenge to the old order in cultural values. Women increasingly used labour saving in the home, adopted modern styles of hair and dress and took part in new leisure activities. Diana Gittins accounted for the increased use of contraceptives in the inter-war years because of cheapness and availability. However, it important to examine the motives behind changing fertility habits, and in this the concept of modernisation is important.
The birth control movement framed its scientific methods as being in tune with the age.\textsuperscript{87} Indeed Stopes wrote an article for a popular paper extolling a low birth rate as being desirable for ‘the modern woman’.\textsuperscript{88} Middle class women, such as novelist Vera Brittain regarded birth control as the modern way and believed this attitude was reaching working class women who were demanding change. In Salford Emily Glencross’ working class mother affirmed, she had been content with childbearing but she wanted a different life for her daughters.\textsuperscript{89} Eleanor Rathbone MP wanted women to obtain scientific information about birth control from clinics rather than from ‘the quack round the corner or some ignorant old woman’.\textsuperscript{90} This thesis therefore examines the influence of modernisation on the adoption of birth control by working class mothers.

1.4 Previous theoretical approaches to birth control

\textbf{a) Historiography of family limitation}

The historiography of birth control is examined in this thesis, particularly the studies of Joseph Banks who pioneered family limitation as a suitable academic research area. Banks studied the decline of fertility after 1870 and, in what became known as ‘the diffusion thesis’, argued that middle class norms and values ‘trickled down’ to the working class. He regarded decisions as to decreasing family size as being the result of rational calculations as to the costs and benefits of having children. Therefore together with his wife Olive Banks he held that neither feminism nor the emancipation of the middle-class woman from her traditional role of home-maker were important causal factors in the contraction of family size.\textsuperscript{91} In \textit{Feminism and Family Planning in England} written in 1964, they again pointed out the conservatism of feminists with regard to family size. Angus McLaren subsequently challenged the ‘trickle down’ theory of the Banks. He believed in the independent decision making of working class families and argued that the workers, especially women workers in the textile trade, should not be depicted as waiting passively for birth control knowledge to be passed down from their superiors.\textsuperscript{92} McLaren took issue with the Banks’ dismissal of the female role in contraceptive decision-making and was one of the first academics to stress the positive role of women in decisions as to family limitation. McLaren argued that the health and happiness of mothers was prioritised by the middle class over economic factors in deciding family size.\textsuperscript{93}
A further development in the debate concerning fertility trends took place in the 1990s and is discussed in Wally Seccombe’s paper, ‘Starting to Stop: Working Class Fertility Decline in Britain’. He agreed with the Banks’ thesis that the middle classes were the first to use birth control, but argued that by the last two decades of the nineteenth century all social classes were limiting their families. Seccombe examined the writings of working class women in the first half of the twentieth century, and also referred to the evidence sociologist Diana Gittins collected from the MSMC. He concluded that ‘while most men agreed on the need to stop, women were the driving force behind family limitation’.

Simon Szreter in his detailed study of fertility control from 1860 to 1940 examined the arguments for ‘spacing or stopping’. He accused Seccombe, perhaps unjustly, of approaching the problem ‘through the wide angled post-Marxian lens’. Szreter’s comprehensive study of falling birth rate drew on a variety of data, including the 1911 Census, Royal Commission Reports and letters to Stopes. Significantly Szreter pointed out that there were large variations in fertility in different regions as a result of factors such as abstinence in marriage.

This thesis, while acknowledging the decline in the birth rate, approaches the problem from the perspective of organisations trying to provide birth control advice to working class mothers. It does not attempt to construct an inclusive theory of the decline of fertility in the inter-war years.

b) Studies focusing on gender

Seccombe welcomed the potential contribution of gender studies stating that, ‘the social historians of gender relations have a developed sense of how to approach these issues. Their contribution will be indispensable if we are to deepen our understanding of fertility decline’. This theme of female reproduction was explored in the 1970s and 1980s by Anna Davin, Pat Thane, Jane Lewis and Diana Gittins. Their research is especially relevant as they studied birth control in the twentieth century and in Gittins’ case she analysed participation in one of the SPBCC clinics. Davin’s pioneering work in the 1970s was concerned with the ideology of reproductive issues and in particular ‘imperialism and the rise of motherhood’. She argued that the pro-natalists promoted the powerful ideology of motherhood which they believed should be given a new dignity. This ideology transcended class and eugenicists emphasised that good motherhood was rewarded by a central place in their ideology of racial health and
purity. Therefore the arguments of the pro-natalists that Britain needed to have a high birth rate to people the Empire, worked against the birth controller pioneers who placed emphasis on the value of fewer healthy well-spaced babies.\[100\] Thane in her review of the making of the British welfare state pointed out that in the 1920s it was generally assumed that most women believed that their destiny was to be wives and mothers. Labour women ‘sought a feminism which valued rather than devalued the home and maternal experience of women’.\[101\]

Lewis produced a prolific number of well-researched books and articles in the mid-seventies to mid-eighties and moved away from the analysis of birth rate trends to a concern with the system of beliefs that surrounded motherhood.\[102\] From her feminist perspective she criticised Joseph Banks for being dismissive of the part women played in their fertility control and giving emphasis to male decision making.\[103\] Her influential article written in 1978, ‘The ideology and politics of birth control in inter-war England’, set the direction of her subsequent research where she explored the ideologies of pronatalism, neo-Malthusians and eugenicists and traced their influence on the birth control campaigns. She also sought to explain the appeal in the 1920s of Stopes’ ideas on birth control to physicians and politicians, all of whom in the past had rejected neo-Malthusian arguments.\[104\] However, Lewis’ assertion that ‘in the struggle for birth control feminists were never in the forefront’ will be challenged by this thesis.\[105\]

Gittins, like Lewis, was concerned with the gender issues of reproduction and in *Fair Sex, Family Size and Structure 1900-1939* she explored the structural reasons for the decline in working class fertility in the first quarter of the twentieth century and its variation between regions. Gittins drew on a variety of historical sources, including the early case-cards of the SPBCC Manchester and Salford Mothers’ Clinic and analysed factors limiting family size such as husband’s social class, age of mother, number of children and how information was obtained about the clinic. As a result of her research Gittins rejected the ‘trickle down’ theory of Banks and instead stressed the importance of the wife’s work experience as well as that of her husband’s relationship to the socio-economic system.\[106\] She recognised the importance of inter-personal relationships in deciding family size and raised the question about how working class women obtained information about the MSMC. This subject will be developed in later chapters along with additional comparative material on social class. Interestingly, Gittins did not consider religion or family illness as causal factors in birth control although the annual reports of the MSMC will demonstrate their importance.
The historian Kate Fisher developed her 1997 doctoral thesis ‘Oral History of Birth Control Practice 1925-1950’ to challenge the idea that the study of birth control campaigns is only of interest at the national level of politics. Her work is especially relevant to this thesis as she combined the use of documentary evidence drawn from the 1920s and 1930s with the use of oral history. Fisher’s study of Oxford and South Wales moved away from a purely structuralist analysis to an inter-actionist perspective. Between 1992 and 1997 she interviewed fifty-nine working class interviewees from South Wales (forty-one women and eighteen men) and forty-eight working class interviewees from Oxford (thirty-one women and seventeen men). The majority of her sample had been married in the 1930s and 1940s, a time period which partly overlaps with this thesis.

Fisher pointed out the gender differences in the networks concerning contraceptive knowledge, but also the importance of what she termed unplanned family planning. She found that, ‘deciding to use birth control was never an abstract decision based solely on desire and aspirations with regard to the family and children’. Her interviews with men and women allowed her to explore the dynamics of decisions about the regulation of fertility within marriage which was inevitably affected by the complex nature of sexual relations within marriage. In contrast to the Banks’ emphasis on rationality, her respondents ‘presented their contraceptive behaviour as ill thought-out, barely discussed, haphazard actions that could not be relied upon’.

Fisher’s research was further extended by undertaking in 2002 a local study of the setting up of a network of birth control clinics in South Wales during the inter-war years. She found that among her respondents there was widespread ignorance about the clinics which were often badly publicised. However, this thesis will challenge her argument that the violence and strength of opposition to the birth control clinics may well have been exaggerated.

Fisher disagreed with the arguments of McLaren and Seccombe that women were the driving force behind family limitation. Instead she argued that in explaining the importance of the wife in birth control decisions these theorists had gone to the other extreme and down-played the importance of the husband’s decisions. Men had the necessary contacts and were used to taking the lead in sexual matters, which often their
wives preferred. While acknowledging her debt to Lewis and Gittins, Fisher claimed that it is not possible to account for a decline in fertility by just studying women’s lives.

Fisher’s work focused on the decisions of married men and women concerning birth control whereas this thesis focuses on the actions of the providers of organised birth control during the inter-war years. By focusing on the role of birth control providers rather than recipients this thesis brings a different perspective to the subject.

1.5 Studies of 1920s women’s organisations

Political scientists and social movement theorists have concentrated on the dynamics of birth control through an analysis of collective decision-making of those most closely involved. Linda Ward pioneered the study of women’s political campaign on the birth control issue in her 1983 doctoral thesis, ‘The Right to Choose: A Study of Women’s Fight for Birth Control Provisions’. This was a perceptive analysis of the attempts by organised women’s groups to campaign for birth control advice to be provided by the state for working class mothers. The four women’s groups she analysed in detail were the Labour Party Women’s Sections, the Women’s Co-operative Guild (WCG), the Workers’ Birth Control Group (WBCG), as well as the influential women’s organisation the National Union of Societies for Equal Citizenship (NUSEC). Her justification for the omission of the Liberal Women because they were not involved in the campaign will be challenged in this thesis which will show Liberal Women did play a significant part in the birth control campaign.

Three important studies of women’s political organisations’ involvement in the birth control campaign of the 1920s were written by Pamela Graves, Gillian Scott and Lesley Hoggart. Graves’ study is the most wide-ranging of the three, as it covers both local and national politics. In the chapter on the birth control conflict she researched the contributions of the Labour Party Women’s Sections, WCG and the WBCG. There are a number of features of her book which resonate with this study including recognition that the local sphere was important politically for working class women. Graves set the birth control debate in the context of the gender struggles of the twenties. However, her assertion that there was deterioration in the relations between labour women and middle class feminists will be challenged, particularly in Chapter Six. Scott, another social historian, discussed the reaction of the WCG to the birth control question and its apparent change of birth control policy from the agenda set by grass roots
organisations. Hoggart, whose expertise lies particularly in social policy research, studied the birth control campaign of the 1920s and in particular the role of the WBCG. She investigated the way the WBCG endeavoured to transform its political programme into a popular policy by promoting the maternal health of working class women.

The work of historian Pat Thane provides a useful connection between studies of women in the Labour Party in the inter-war years and a discussion of gender politics. Previously she explored the development of the Women’s Labour League and the subsequent constraints experienced by women working in the inter-war Labour Party. Her Professorial Address ‘What difference did the vote make? Women in public and private life in Britain since 1918’, has influenced the direction of this thesis. Thane is one of few historians to make explicit the link between the issues of suffrage and birth control. She argued that there were no sudden changes after 1918 and neither did the suffragists expect there to be so, but women came to feel that their presence in public life had been legitimised. This experience is borne out by my Collective Biography in the Appendix which showed that after 1918 many of the female birth controllers had the confidence to become councillors, magistrates and MPs.

1.5 The perspective of social movement theory

Many of the above academics have adopted a broadly structuralist approach, stressing the importance of social institutions in influencing the direction of the birth controllers. However I am interested in adopting an alternative perspective and exploring what social movement theory has to offer to an understanding of the birth control movement. This approach has its own difficulties. Indeed Byrne argued that one of the distinctive features of social movements was their nebulous nature. Therefore it is necessary to abstract elements from a number of political theorists. Nick Crossley’s definition is helpful, ‘Social movements are networks of individuals and groups, often connected by shared ideologies and identities, who aim either to bring about or to resist changes in the societies to which they belong’. A number of characteristics of social movements which are relevant to the birth control campaign have been identified. Social movements possess: a sense of grievance resulting in actions by more than one person; characteristically loose, amorphous organisations; usually, but not always, high visibility in their actions; concentration on the collection of resources, presentation of demands and in the most successful social movements a construction of a vision for change.
The strict demarcation between social science disciplines is now increasingly being replaced by a cross-fertilisation of ideas. Myra Marx Feree and Carol McClurg Mueller adopted a comparative approach which treated the scope and range of women’s movements as a lens on social movement theory. They argued that far from being new or exclusively female, women’s movements have been amongst the most successful and enduring social movements of modern times. The authors analysed women’s movements in terms of changes in political opportunities, shifts in mobilising structures, reframing of claims.

This inter-disciplinary approach was exemplified by the work of Charles Tilly, the social movement theorist who has variously been described as a sociologist, political scientist and historian. In his books and articles he rhetorically questioned whether the existing social-scientific approaches to a given problem yielded any fresh and/or superior answers to the questions that historians were already asking. This approach was exemplified in his study *Popular Contention in Great Britain 1758-1834* where Tilly concluded that it was only in the eighteen-thirties that social movements began to develop. He proceeded to identify important characteristics of social movements as sustained public efforts which could involve pamphleting, public meetings, displays of worthiness and numbers on petitions which he called WUNC: worthiness, unity, numbers and commitment.

Social theorist Alberto Melucci’s language was that of the metaphors of poetry, for instance when he described social movements with their short lived time frames as ‘nomads who dwell within the present’. Nevertheless, in spite of their transient nature he claimed that these social movements had the capacity to challenge dominant institutions, change public opinion and alter behaviour. The Italian therefore stressed the importance of cultural change as well as the narrower achievement of political objectives. He believed that social movements like the birth control movement were new and spoke of networks of movements.

The sociologist’s Howard Becker’s work in *Outsiders* has been drawn upon by social movement theorists who made the point that those actors who regarded themselves as excluded were motivated to challenge the existing order. Indeed Melucci argued that one of the defining features of social movements was that the ideas of outsiders were so radical that they ‘break the limits of compatibility of a system’. Outsiders were not just drawn from Becker’s marijuana users, but came from the articulate middle classes in
mainstream occupations. Outsiders may be more educated and more middle class than the ‘insiders’ operating within the political system.

Melucci emphasised that social movements were social constructs created by people with a shared purpose and concentrated on analysing developments within these movements which posed collective challenges to elites and authorities. The processes of groups networking with allies striving to challenge established dominant political agendas are seen to be particularly important to this thesis. British sociologist Colin Barker also pointed out the central importance of coalitions. ‘Movements are complex assemblages, networks of groups and individuals with different histories, powers, social ties (including ties to existing power set-ups), pre-existing pattern of organisation, cultural assumptions and traditions’. Theorists have successfully used social movement theory to analyse the American women’s movement. Steven Buechler believed that women’s movements provided a rich and relatively unexplored terrain for investigating women’s rights and regarded social movements as a collective response to a group’s experience of subordination. He argued that because of structural difficulties women’s movements only arose in exceptional circumstances. Buechler studied social movements in terms of resource mobilization and the opening up of opportunity structures for women’s movements. Christine Bolt also compared the early twentieth century women’s movements in the United States and Britain in terms of social movements and examined the extent of ‘spillover’ (cross fertilisation of ideas) between social movements.

American academics, Linda Gordon and Jimmy Elaine Wilkinson Meyer consciously treated birth control as a social movement. Gordon regarded the birth control campaign in the 1920s in the USA as attracting such broad support that she identified it as a grassroots social movement. She believed that this period was significant for the developments of social movements. Meyer also accepted that the birth control campaign was a social movement with its own values and tactics. However, Carol McCann treated American birth control as an interesting historical phenomenon, but did not approach it through social movement theory. In Britain Nickie Charles provided a comprehensive overview of developments in the British women’s movement as a social movement.

There were initially differences between European and American political scientists about how social movements should be studied. European political scientists originally emphasised the importance of the cultural and structural dimensions of contemporary
social movements giving rise to the elaboration of New Social Movement Theory (NSMT), whilst those in the USA focused on organisations and rational actors in Resource Mobilisation Theory (RMT). However, as is seen in the work of McAdam, John McCarthy and Mayer Zald, there is now an increasing congruence between these two schools of thought.  

NSMT is concerned with the emergence and developments of social movements. McAdam and McCarthy and Zald drew attention to various features including: the structure of political opportunities and opposition confronting the movement; forms of organisation available to members; collective processes of social construction that shape opportunities. NSMT simplified these factors into political opportunities, mobilizing structures and framing processes. These concepts have proved to be particularly helpful to this thesis in raising questions about the development of the British birth control movement.

The concept of ‘political opportunities’ was developed in the USA most notably by Tilly, McAdam, Sidney Tarrow. Nickie Charles identified three important external factors at play in the emergence of new kinds of political opportunities: the policy context, the development of other social movements and political parties, and the forms of political representation. She examined the political structure of specific countries and traced how changes have led to political opportunities for NSMs and the way pre-existing social movements have shaped political opportunity structures. Kreisi, in the tradition of Peter Berger and Thomas Luckmann, argued that even if external factors are favourable what is important is the actors’ own ‘definition of reality’.

The second concept used in this research, mobilising structures, was also considered by American political scientists such as McCarthy as having particular importance in the beginning of the life of a social movement. They stressed the importance of grassroots settings in enabling collective action. Resource mobilisation theorists rejected the traditional concept of social movements suddenly appearing out of anger and frustration in favour of tracing a social movement’s gradual emergence out of pre-existing networks and groups. McCarthy stressed the importance of the mobilisation of the full range of informal institutions including families, networks of friends, prayer groups and caucuses as well as the more formal institutions of political parties. McAdam emphasised the importance for social movements of the help or lack of it from elite allies.
This issue of alliances is discussed particularly in Chapters Two and Three on the founding of the birth control movement and their clinics. Paul Sabatier, developed the concept of the policy advocacy coalitions as part of opportunities for mobilisation. Their members do possess influence so the policy advocacy coalition wishes to attract allies with resources, either power or material resources. If groups did not have the political resources themselves it was important to frame their demands so they would resonate with groups that did hold power and create a policy advocacy coalition. Policy advocacy coalitions are explored particularly in Chapters Two, Chapter Five in eugenics and Chapter Six in national political parties.

At the heart of the development of social movements and the formation of policy advocacy coalitions, is the concept of ‘strategic framing process’ was developed by David Snow from sociologist Irving Goffman’s Frame Analysis. Snow had a specific interpretation of the concept of framing: ‘The conscious strategic efforts by groups of people to fashion shared understandings of the world and of themselves that legitimate and motivate collective action’. The framing process is rooted in the symbolic interactionist understanding which claimed that meanings were not automatic but were socially constructed through an interpretative process. Snow drew an analogy to picture frames which make a coherent whole of what is in the frame and define what is irrelevant or ‘out of frame’. This concept is important all the way through the thesis but Chapters Five, and Chapter Six focus on it particularly

Zald also examined how social movements employed strategic framing as a response to perceived injustice and grievances in order to effect political mobilisation. He drew attention to ‘the cultural tool kits’ available to strategically frame demands. Strategic frames may be contested by the leading political actors both inside and outside the social movement. Zald argued that this is crucially important as by defining problems, pathways for action can be mapped out and given media coverage. This can be seen in the debate of the master frames of feminism which led to the adoption of birth control as a feminist campaign in Chapter Two.

The concept of repertoires of contention draws attention to the conscious choices by members of subordinate group, of a range of tactics. These operated on a continuum from legal activities such as petitioning to violent behaviour such as arson. Charles Tilly extended the theatrical metaphor by pointing out that repertoires can be viewed as strategic performances of a movement against its antagonists. Repertoires of contention
may be borrowed from other successful social movements. Choices of tactics from
selected from the repertoire may depend on the prevailing political culture and the
political opportunities and the stability of social networks. Again, it is important whether
the group is an insider or an outsider group. This is discussed in Chapter Four.

Two concepts from outside the field of history which are particularly concerned with
explaining social change: trigger events and policy entrepreneurs. Initiating events, such
as the refusal of Rosa Parks, to give up her seat on a bus in the segregated South, are
seen as having a chain reaction. The birth control initiating event is explored in Chapter
Two. The importance of policy entrepreneurs who, working from outside government,
introduce new ideas into public policy arena is also seen to be particularly important. In
Chapter Two the contrasting roles of Marie Stopes and Eleanor Rathbone are analysed.

As has been seen, theorists have been concerned with the forces that led to the start of
social movements but equally interesting, though not sufficiently studied, are the factors
influencing a social movement’s demise. Chapter Seven returns to the complex
questions concerning the life history of social movements which were originally raised
in the Introduction. Charles Tilly discussed the issue from a historical perspective by
boldly stating that social movements grew, achieved successes or failure and eventually
dissolved and ceased to exist.\textsuperscript{151} Yet this bold statement does not reflect the complexities
of a movement’s demise such as when it ceased to exist, had it achieved its aims, who
was involved at the end, did it metamorphose into another organisation.

Social movement theory has not been accepted uncritically as sometimes its images can
be unhelpful, for instance the metaphor of cycles describing social movements can
impose artificial regularity.\textsuperscript{152} The wave metaphor as in first wave feminism, second
wave feminism, is open to criticism. Firstly, ‘waves’ implies a disjunction between these
two distinct sets of feminist activity with no interconnection of aims or personnel.
Secondly, it implies that feminist activity retreated and ebbed away between these two
waves of feminism and that there were no feminist campaigns in the inter-
war years. There was, as many feminist historians now argue, no intermission in feminist
activity.\textsuperscript{153} Feminism did not vanish from the political stage although campaigns
continued in a less obtrusive way through for example parliamentary lobbying. The
metaphor of waves can be a useful shorthand description but it is significant that Banks
did not use it in her historical analysis of feminism. If a metaphor is to be employed to
describe inter-war feminism, perhaps that of a river flowing is more appropriate.\textsuperscript{154} Thane
is amongst growing numbers, who question the view that there was a lack of feminist action between the 1920s and 1960s.155

1.6 Issues in research methodology

This thesis draws on the established methods of the historian and political scientist. Each method is partial and problematic but placed together they can contribute to providing a coherent whole. This research confirms Luisa Passerini’s analysis of her oral history interviews concerning women’s birth control experiences in 1920s Italy ‘No one’s story is wrong, but we need more than the story itself to understand what it means’.156 Documentary evidence provides the broad outlines of my research but oral history provides the emotional context. In this research oral history provide emotional shading which was not always apparent in documentary evidence.

Documentary material as well as the oral evidence has been used to create what Tilly amongst others termed a ‘Collective Biography’.157 Johanna Alberti adopted a biographical approach to explore the lives of fourteen women who had been suffragists and who had been politically active between 1914 and 1928.158 One of her subjects is Stocks and her first chapter ‘Coming together’ aptly demonstrated the similarities in position between these fourteen women. Alberti justified her approach by arguing that the study of women’s lives and relationships helped an understanding of the choices that they made. The concept of ‘webs of friendship’, as developed by Liz Stanley is relevant to this research. She believed that feminist organisations, often operating in a hostile political environment are more richly complex than at first believed and they cannot be understood without an in-depth analysis of the networks and friendships between women who organised these.159

The creation of the Collective Biography centred round the SPBCC has provided a nuanced picture of activists and their sometimes conflicting loyalties. The networks and political affiliations have been traced of over a hundred of founding members of each clinic affiliated to Society for the Provision of Birth Control Clinics founded in the 1920s. Every clinic provided a detailed list of committee members and consulting doctors, so it was possible to trace affiliations to other voluntary bodies or political organisations through contemporary newspapers and magazines such as the Women’s Co-operative Guilds’ Women’s Outlook.160 The local archives of each of the early
SPBCC clinics have been consulted which has involved researching in the Dora Russell Archive in Amsterdam and the Margaret Sanger Archives in Smith College, Massachusetts. It is hope this unique collection of material will prove to a valuable research resource for other researchers.

Tilly rightly stated that not all documents are equally useful in reconstructing the past and most documents are a by-product of social routines. The narratives of the minute books from the various women’s political organisations provide a rich source of data. For instance Hannah Mitchell, who served as a ILP councillor in Manchester scathingly wrote in her autobiography that ‘I believe in complete equality, and was not prepared to be a camp follower, or a member of what seemed to be a permanent Social Committee, or official cake maker to the Labour Party’. The minute books of women from the three main party political organisations show a commonality of cause: recruiting members, selling copies of the relevant magazines, fund raising and decisions on teas. However, many of these minutes show that the women also discussed important topics such as birth control and family endowment as well as their branches’ relationship to the national party.

The disadvantage of these contemporary records is that common assumptions were shared but not recorded. For instance, when the Labour Party split in 1931 this must have been of concern to the Socialist women’s organisations and informally discussed but these conversations are not recorded in any of their minutes. That many members felt betrayed by Ramsay MacDonald’s actions was borne out by Caroline Ganley, a leading member of the Labour Party and Women’s Cooperative Guild, who recorded her critical views in her unpublished autobiography. However, none of the minute books studied recorded discussion on the subject. The entries in minute books can be compared with the more formal style of annual reports produced by the SPBCC clinics. Lesley Hall rightly remarked that the copious records of the voluntary birth control clinics and their annual reports in particular were framed for public consumption.

A similar process of negotiation can be seen in the autobiographies of the leading protagonists of the birth control movement. Liz Stanley in the Auto/biographical I reflected that autobiography ‘is a post hoc construction of the past based on the understandings, assessments, conclusions and conjectures of ‘now’. She regarded ‘now’ as a prism through which the past is refracted. Stocks and Frankenburg described the formation of the MSMC in their autobiographies which were written over forty years
after the events. Alberti noted this chronological distance meant that the middle-aged respectable Stocks in the 1970s was a very different person from the impetuous young woman of the earlier era. Similarly Frankenburg, when she wrote her autobiography had become a Freeman of the City of Salford with added respectability. A further difficulty for the researcher is that the events surrounding the founding of the MSMC and SPBCC formed only a small part of the Stocks and Frankenburg’s eventful lives. The BBC recording of the discussion of Stocks, Frankenburg and Dr Olive Gimson showed that they had vivid recall of the birth control campaign, but from a different perspective from that of the 1920s. These comments are just as applicable to the autobiography written by working class Emily Glencross as to the memoirs of middle class women. Her book provides a valuable working-class perspective on the birth control movement, but she too wrote about her experiences sixty years after attending the MSMC.

A growing form of dissemination of birth control knowledge in the 1920s was the publication of articles and books on birth control, of which Stopes was the most popular exponent. Private birth control libraries lent books out to friends. Stopes naturally had an extensive library which besides being available for her personal use was lent in her clinics. Stopes scribbled extensively on books with which she disagreed, for instance Lella Secor Florence’s book had ‘Rubbish’ scrawled over it by Stopes. Similarly Arthur Gardiner, the Labour Party agent for Huddersfield, collected a library on birth control which bore his stamp and which he lent out to local women members in the 1920s. Ward regretted that much birth control literature has been lost owing to its transient nature. However, a survey of internet booksellers shows that a surprising amount of ephemera on birth control has survived.

Given the lack of immediacy in the autobiographies it is fortunate that many of the birth controllers, particularly Stopes, were inveterate letter writers. Their letters had the advantage of being written immediately after the events and were not intended for publication. For instance, Stocks wrote confidentially to her friend the MP Lady Astor asking for physical protection for the clinic from an inflamed Catholic congregation. Particularly illuminating is the series of letters Stocks wrote to Stopes concerning the general progress of the Manchester and Salford clinic. There is also a series of letters in 1931 that Stocks wrote to a supportive Mrs Pyke, then Secretary of the Birth Control Trust, concerning Manchester City Council’s apparent lack of progress. Alberti reflected on the correspondence which she consulted between
feminists active 1914-1928 and concluded that in ‘writing letters to friends we are still creating a fiction about ourselves’.176 Perhaps ‘framing events’ would be a more appropriate description.

The local press has provided valuable contemporary coverage of the SPBCC clinics, particularly their openings and details of visiting speakers. Members of the SPBCC proved pro-active and skilful at using the media. Stocks wrote to Stopes describing the MSMC public meeting and her coup in attracting a well known academic, ‘Carr Saunders, we have to impress ‘The Manchester Guardian’.177 The members of the SPBCC also learnt to use the correspondence columns of the local papers. Thus the *East London Advertiser* published a spirited correspondence about the opening of the new birth control clinic in its Letters columns from June 1926 to September 1926. There was also lively correspondence about the newly started clinics in the *Birmingham Evening Post*.178 How much coverage the clinics obtained depended on the independence of the editorial policy. *The Stockport Express* reported Stopes’ birth control meetings in that town 1923.179 However, the Oxford Family Welfare Association complained that the *Oxford Times* had discontinued its advertisement which it had run in preceding weeks and this had resulted in a loss of patients.180 At the other extreme was the female journalist of the ‘Woman’s Outlook’ in the *Eccles and Patricroft Journal* who was allowed considerable editorial freedom and was supportive of the pioneering birth control clinic in Salford.181

The SPBCC tried to disseminate its ideas through writing articles for sympathetic journals. *The Woman's Leader*, the publication of the NUSEC which was edited by Stocks, showed the development of NUSEC’s ideas on birth control.182 *Birth Control News*, founded by Stopes, naturally gave full coverage of any event at which she spoke but also provided useful general accounts of general birth control meetings and conferences which were ignored by national and local papers. *Birth Control News* first broke the news of the permissive Memorandum 153/MCW which had deliberately not been publicly circulated. Catholic papers such as the *Catholic Federalist* were scathing in their attacks on birth control and were countered in the above publications, particularly in *Birth Control News*.183

Birth control was an issue for which there was no political consensus. The ILP paper, *The New Leader*, under Henry Brailsford was sympathetic to the birth control cause and published articles in letters in support.184 *Labour Woman* under the editorship of Dr
Marion Phillips was as ambiguous concerning birth control as the party.\textsuperscript{185} After initial enthusiasm the WCG’s \textit{Woman’s Outlook} stopped covering the issue, but local WCG magazines such as the \textit{Manchester and Salford Co-operative Herald} continued to report enthusiastically the activities of the MSMC.\textsuperscript{186} Although \textit{Labour Woman} did not continue to feature the birth control debate \textit{Liberal Women’s News} was supportive of the SPBCC and gave detailed coverage of the birth control in its magazine.\textsuperscript{187}

Official documentation has been researched. Hansard provided full accounts of Parliamentary debates on birth control in 1926.\textsuperscript{188} The Public Record Office contains unpublished correspondence concerning the issuing in 1930 of Memo 153/MCW which will be shown to have particular significance.\textsuperscript{189} Maternal health was a government concern and so there were a series of government reports produced in the 1920s by the Ministry of Health’s Senior Medical Officer. The Annual Reports of Medical Officers of Health are a much neglected source of economic and social data and have been consulted.\textsuperscript{190}

In addition to the statistics presented in the SPBCC annual reports, it is possible to consult data collected by two Americans on their visits to Britain. The American eugenicist Dr Norman Haire visited the MSMC in 1930, as part of his comparative study of seventy international birth control clinics, and the executive committee of the MSMC permitted him to consult their first 600 completed case cards. The committee subsequently endorsed his report, finding it ‘most interesting’.\textsuperscript{191} The American eugenicist Caroline Hadleigh Robinson also presented data from the MSMC as part of her comparative study of birth control clinics in Britain and the United States.\textsuperscript{192} Sociologist Stanley Cohen has stressed that the collection of statistics should be seen as part of a social process and so this should be understood when interpreting birth control data.\textsuperscript{193}

Alessandro Portelli correctly asserted that oral sources tell the historian less about events, though these are important, than about meaning.\textsuperscript{194} Portelli went on to make the point that history is not just about events, or structures or patterns of behaviour, but about how they are experienced and remembered. One of the main advantages of the oral history approach is to provide emotional understanding of the way the birth control campaign affected the participants. Birth control pioneers such as Mrs Elsie Plant and Sister Beatrice Sandy were able to provide dramatic accounts. Close relatives of the leading SPBCC birth control pioneers have given interviews describing their emotions.
These include the son and daughter-in-law of Marie Stopes, the daughter of Mary Stocks and the daughter of Charis Frankenburg. The interviews Brian Harrison conducted with Stocks and Frankenburg in the 1970s have just been made generally available and have proved invaluable for this research.

1.8 Thesis outline

There is further consideration in Chapter Two of feminism- in particular how this was interpreted by the leading feminist organisation and its effect on the direction of the SPBCC. The formation of policy advocacy coalitions with other women’s organisations is examined in this context. Chapter Three examines the Executive Committee membership of the individual SPBCC clinic and analyses social class, political affiliation and civic activity. Most importantly the issue of how successful the SPBCC was in reaching working class mothers is addressed. Chapter Four examines how the SPBCC related to three social groups opposed to birth control: the members of the medical profession who felt professionally challenged; the Churches, especially the Catholic Church and Anglican Church. Chapter Five examines the complex relationship of the birth control movement with neo-Malthusianism, eugenics and feminism. Chapter Six analyses how the birth control issue was framed by the SPBCC to win the support of the main political parties and how successful they were in this. Chapter Seven highlights the success and failure of the SPBCC in the 1930s. Finally the conclusion presents an evaluation of the achievements of the SPBCC’s campaign in terms of its success in obtaining the birth control provision and the implications for grassroots feminism.

2 Stocks (1969) as above. Mary Stott in her history of the Townswomen’s Guilds also described the members having fun. This is exemplified by the photograph of former suffragist Dame Margaret Corbett Ashby, aged ninety-one, enthusiastically waving a placard. Stott (1978 ) p.36.
3 In 1930 the SPBCC became part of the National Birth Control Council (NBCC) which was a co-ordinating body. In 1931 the organisation changed its name to the National Birth Control Association (NBCA). The Family Planning Association was officially launched on 10 May 1939 when the SPBC lost its separate identity in the national body.
4 Thane (2002).
Developments in rubber technology made the latex sheath more acceptable (Peel, 1963). These could be purchased from barbers shops, men in pubs, mail order or surgical goods shops. Porter reproduced a photograph of Phelps surgical shop showing separate entrances for men and women (1995) p.256.


The courage of women doctors in the birth control clinic was popularised by Lightfoot (2001). Fryer (1965) and Leathard (1980) both provided a historical overview of the birth control movement.


Soloway (1982).

Cook (2004).

Fryer (1965) and Leathard (1980) both provided a historical overview of the birth control movement.


Stopes : Married Love (1918) ; Wise Parenthood (1918) ; Contraception (1924).

RoStokes (1975)1168.

Stocks (1968) 9.

Evening News ( 2 Nov.1924).

Stopes’ personal life reflected these contradictions. She wrote her book on sexual relations while claiming to be a virgin; *Married Love* was a best seller but her two marriages ended in acrimony. She believed in having a large well spaced family but was able to have only one child.

32 Frankenburg (1975) p.139.
33 Peel (1964) p. 140.
36 Dyhouse (1989) p.4. She was just one historian who has reflected on the difficulty of framing a precise definition of feminism.
37 Logan (2008) also appreciated the difficulty of defining feminism.
42 ibid.
43 Alberti (1989); Law (1997) p. 3.
45 Banks (1986) p.100.
47 Banks (1993); Pugh (1992).
54 Pugh (1990) p. 257.
55 Those reassessing feminism included Banks (1981); Smith (1990); Pugh (2000).
57 Law (200); Daley and Nolan (1994).
58 ibid.
Worley (2002).
Eigen’s *Political and Historical Quotations* cited in www. Wikipedia. *The Free Encyclopedia*, ‘Grassroots’ (Retrieved 20 May 2010). The fact that this is one of the most comprehensive information sources shows the paucity of political science literature.
Seyd and Whitely (2002). They discuss grassroots in New Labour without defining the concept.
There have been many political science studies focusing on Martin Luther King and the Civil Rights Movement. However, Morris and Staggenborg (2007) adopt a wider perspective in their study of leadership.
MacDonald (1920)p.203.
Russell Papers. Draft copy of *Tamarisk Tree*, IHSS Amsterdam., File 446, 448.
Pugh (2008) p. ix pointed out his differences with earlier social historians such as Graves and Hodge (1940) in *The Long Weekend* which was unashamedly focused on London and the Home Counties.
Marks (1994) pp.266-270.
Smith (1984); Davies (1996).
AJP Taylor (1979) correctly remarked on the importance of electricity to everyday life as electric lighting, cookers, radios began to be introduced as labour saving devices. The new electrical industries also included new opportunities for women. Pugh (2008) and McKibbin (1998) are among those whose stress the theme of modernity.

Sunday Chronicle (15.11.1926). This was archived in Dora Russell’s papers.


Western Mail (30.4. 1930).


ibid.


Davin (1978); Lewis (1975); Gittins (1982); Fisher (1998 a).

Davin (1978).

ibid.


Lewis (1975); (1979); (1980 a and b); (1984); (1986); (1990).


Lewis (1979) p. 34.


ibid.


For instance, ‘social class’ and ‘bureaucracy’ have acquired different usages from Marxist and Weberian theoretical thought and their meaning has been modified by a number of academic disciplines.


Tilly (1978) pp.3-56.

ibid.


Gordon (1976); Meyer 2004.

McCann (1994).


ibid.

Charles Tilly (1976), McAdam (1982), Tarrow (1983).


Berger and Luckman (1966); Kreisi (2004).


ibid.


Snow (2004).
Tilly (1978).
Banks (1985); Banks (1990); Rowbotham (1997).
Tilly (1978).
Banks (1981); Alberti (1989).
Stanley (1986) p.43.
Ward claimed in her PhD thesis that it was unlikely that any local records of the Women’s Co-operative Guild would have survived but a complete set has been deposited in the Co-operative Society Archive in Manchester.
Caroline Selina Ganley’s unpublished autobiography is held at Bishopsgate Institute, London Ref: (GANLEY)1916-1966.fonds.
Stocks (1970); Frankenburg (1975) Frankenburg’s notes for her autobiography are deposited in the Wellcome Library, SA/FPA.
McKibbin,(1998); Pugh (2008) both comment on the popularity of birth control literature.
Marie Stopes’ private birth control library has been acquired by the John Rylands University of Manchester Library, Deansgate. It included such authors as Eustace Chesser, Edward Griffiths.
Gardiner’s birth control library has been acquired by the University of Huddersfield.

Unpublished letter. University of Reading: Viscountess Astor Archive. MS1416/1/1.


Stocks to Pyke (5 Feb.1931) Wellcome Library for the History and Understanding of Medicine, SA/FPA/A11/26.


Stocks to Stopes (28.5.1926). Stopes Correspondence British Library. Stocks praised his contribution as being the best of the platform speakers.


Stockport Express (1.11.1923; 8.11.1923).

The Oxford clinic’s advertisement was eventually reinstated (30.11.1926).

Eccles and Patricroft Journal (19.2.1926) p.3.

Woman’s Leader: Stocks (14 Dec.1928); Frankenburg (27.6.1928).

Catholic Federalist (1.3.1926).

New Leader (20.8.1926).

Women’s Outlook (Nov. 1921). A complete set of Women’s Outlook is archived in the Library in the Co-operative Society headquarters in Manchester.

Manchester and Salford Co-operative Herald (Nov. 1930) p.139.

Liberal Women’s News (April 1927).

Proceedings of the House of Commons (1926) Vol.191. Proceedings of the House of Lords (1926) Vol. 63. At the local level, the Minute Books of Manchester City Council provide an account of the decisions taken by the full council and its sub-committees, such as Public Health Sub-Committee.

Birth Control News (8.5.1930) was the first to break the news of Memo 153/MCW followed by the official MH55/289.

The MOH Annual Reports for Stockport, Manchester and Salford in the 1920s and 1930s have been consulted.


Haire (1928 b); Robinson (1930).

Cohen (1971).

Portelli (1981) p.99. Portelli alerted oral historians to the ways in which each enthusiastic interviewer can easily pursue their own finite subject without taking into
account the inter-relation of interests or in Portelli’s own words, ‘the dialogic discourse’. Raphael Samuel reminded us of the problem of imposing an artificial order on the subject’s memory. Undoubtedly my perceived interests influenced the material Elsie Plant thought should be presented in her interview concerning Marie Stopes. As Penny Summerfield asserted about her interviews with women about their experiences in the Second World War, ‘the researcher has a salient place in the construction of oral history and his/her subjectivity becomes part of the study in a way that is different from the consultation of a documentary archive.

195 Hon. Ann Patterson, Stock’s daughter, was interviewed by Clare Debenham, 4.12. 2004; Ursula Kennedy (Frankenburg’s daughter) was interviewed by Clare Debenham 2.7.2004.

196 Emmanuel. Manchester Studies Tape Collection: Tapes 756, 933, 774.
Chapter Two.

Feminism in the 1920s: competing discourses and policy advocacy coalitions

2.1 Introduction

At the start of this thesis the general issue of feminism was introduced and this chapter continues by exploring the relationship between the feminist debates and the changed political opportunity structures of the 1920s. These included the granting of the suffrage, new party political alignments and increased state intervention in health matters with the creation of a dedicated ministry. Linked to these political changes was a debate in the post-suffrage organisations about the direction feminism should take. The consequences are analysed of the outcome of ideological contention in NUSEC between the master frames of equality feminists and new feminists. This debate had practical as well as theoretical relevance for the SPBCC. The dominance of new feminism determined the causes that feminists became involved with, and out of these birth control emerged as one of the most significant. In addressing the birth control campaign feminists were able to draw not only on their suffrage experience but test the post-1918 political opportunities. The work on policy advocacy coalitions by Paul Sabatier, discussed in the Chapter One is considered in relation to their organisational alliances at local and national level.

Superficially there were new opportunities for women to participate politically as the electorate was enlarged in 1918 with women over thirty being enfranchised and also men over twenty one. Women over thirty could now qualify for to vote in national elections vote by holding, or their husband holding, land or premises valued over £5.00. This meant that rented property could be used as a qualification as well property that was owned. Subsequently all adult women over the age of twenty-one were granted the vote in 1928. As was discussed in Chapter One the granting of the suffrage gave many women confidence in their right to participate politically and to test the new political structures.¹

Political parties in the 1920s were in a state of flux which presented challenges to birth controllers. None of the short-lived administrations provided coherent, consistent leadership and none found an effective solution to the country’s underlying social and economic problems. While the Conservatives continued to remain a
significant force in administrations after 1922, being a dominant element in coalitions, the balance of power between the other political parties changed. The most significant domestic political shift of the inter war period was the decline of the Liberal Party and its replacement by the Labour Party as the progressive party in British politics. In 1929 the Labour government, headed by Ramsay MacDonald, had 291 MPs elected. However, party lines were still comparatively fluid with Josiah Wedgwood, Alfred Mond, Ernest Simon, Oswald Mosley amongst those MPs with a concern for birth control who changed party allegiance.

None of the main parties became a vehicle for feminist politics, although at first Labour appeared to be the most sympathetic. Blaazer stressed the continuing progressive tradition after the First World War of socialists such as Henry Brailsford who was a birth control supporter. However, Robert Skidelsky argued that part of the Labour Party’s success was due to the fact that the leadership distanced themselves from radical policies. Indeed Labour, which had been sympathetic to women’s suffrage demands, turned down an opportunity to extend its provision. The extension of the full franchise could have been presented as a radical cost-free measure but Labour ministers prevaricated.

Many politically aware women came to realise that the legal change in the granting of the suffrage was not a universal panacea and it was not until women had control over their reproduction that freedom could be maintained. Mrs Cooke wrote to NUSEC (successor to NUWSS) Woman’s Leader:

> What does it avail a woman that she has the franchise if she cannot call her body her own, and is at the mercy of her husband’s wishes and desires? What good is it to her to be legally entitled to any public post if in fact she can be forced to bear her husband a child every year through all the best years of her life.

Another former suffragist Maude Royden, a single woman and editor of the NUWSS magazine, was shocked to discover that ‘Many working women do really believe that, having promised to obey their husband, their bodies cease to be their own’. Royden, eventually a Free Church minister, came to support the birth control cause. She was a suffragist who had worked with Eleanor Rathbone politically as well as a social worker with her in Liverpool. Eleanor Rathbone, the non-party President of NUSEC emerged as a strategic leader after taking office as NUSEC President in 1918.
2.2 Eleanor Rathbone, feminist tactician

After their successful mobilisation, the women’s suffrage societies were faced with a dilemma: they had to decide whether to close the organisation down or take on new campaigns. Rathbone led NUSEC in a new direction and sought to widen its appeal to women who had never been involved in the suffrage struggle. She combined pragmatism with clear theoretical objectives.

Social movement theorists have drawn attention to the importance of a tactical leader in shaping ideology and certainly Rathbone played a key role in developing NUSEC’s programme. There were many strands to Rathbone’s personal philosophy all refracted through the influence of her father and refined through the semi-philosophical training she received at Oxford. Indeed *Time and Tide* remarked on this combination of Rathbone’s talents, ‘She is known, not as a philosopher, but as a practical administrator and social reformer’. Her biographer Susan Pedersen argued that Rathbone was also influenced by her father William Rathbone, a Liberal MP for Liverpool who brought her into contact with its docks, its slums and its commercial interests. However, as her political philosophy developed so her writing also took on references to the successful anti-slavery movement and Unitarianism. ‘When the vote was won, we might venture to behave as if we had reached the place where “there are neither male nor female, neither bond nor free”.’

Rathbone’s feminism was inclusive and is in keeping with Banks’ definition of feminism as ‘trying to change the position of women’. Rathbone articulated the view that society must change and respond to ‘The demand of women that the whole structure and movement of society shall reflect in proportionate degree their experiences, their needs and their aspirations’. Her strength was that she was able to draw connections between different aspects of women’s lives and at the start of her Presidency she rhetorically declared that she wanted the unofficial motto of NUSEC to be ‘I am a woman and nothing that concerns the status of women is indifferent to me’.

2.3 Competing master frames of equal rights and new feminists

Snow referred to ‘interpretive ambiguity and contested meanings of social movements’. It is certainly true to talk of ‘feminisms’ rather than feminism and in
the first part of the twentieth century there were two opposing master frames of feminism: the belief that a woman should be equal to a man and that a woman is different from a man.\textsuperscript{18} Although in the 1920s the debate was keenly contested, taking a longer term view, both Banks and Harrison believed they stemmed from a single historical process. Although there were common intellectual roots, it is necessary to examine equality and equal rights feminists from the perspective of those politically engaged in the 1920s. The differences in philosophy and tactics were so keenly felt that they split organisations and severed friendships.\textsuperscript{19} The contested claims of equality feminism and new feminism, drawing on different cultural traditions, can be followed in the NUSEC paper \textit{Women’s Leader} and \textit{Milestones}, a collection of NUSEC Presidential Addresses. The owner of \textit{Time} and \textit{Tide}, Lady Rhondda, although an equal rights feminist, was keen to maintain her paper’s impartiality and published contributions from both sides of the debate. Indeed she controversially held that not all suffragists were feminists. ‘There are two groups - feminists and reformers. The latter are not in the least feminist, do not care tuppence for equality for itself, and if they are interested in it at all it is for a means for an end. Therefore these women reformers wanted the vote because they felt it would help their reforms - prison reform, infant welfare reform etc’.\textsuperscript{20}

The equal-rights feminists were influenced by the ideas of the Enlightenment and the writings of Mary Wollstonecraft and John Stuart Mill. These writers placed emphasis on the importance of a person as a human being, whatever their sex, and demanded those rights that men held. Porter believed that it was Wollstonecraft’s general ideas on the worth of women and their education that made her an inspiration for equal rights feminists rather than any specifics on political activism.\textsuperscript{21} Barbara Taylor’s research showed that the suffragist Millicent Fawcett had written an Introduction to the centenary edition of Wollstonecraft’s \textit{A Vindication of the Rights of Women} first published in 1792 so bestowing on her work the equal rights feminism imprimatur.\textsuperscript{22} Valerie Bryson argued that although John Stuart Mill was not the first politician to put the case for women to have the vote, he was the first to make a serious attempt to achieve this in attempting to introduce an Amendment to the 1867 Reform Bill which sought to enfranchise women on the same terms as men.\textsuperscript{23} Mill was also an influential political philosopher whose \textit{Subjection of Women} was published in 1869 and in which he attacked the prevailing ‘separate spheres’ ideology and argued for increased women’s educational opportunities. ‘What is
wanted for women is equal rights, equal admission to all social privileges; not a position apart, a sort of sentimental priesthood. Wollstonecraft and Mill were just two writers who influenced the equal rights feminists’ campaign for equal employment opportunities, equal access to education at all levels and an end to the double standard of sexual morality. The novelist Rebecca West put the case for equal pay for men and women teachers in a wider societal context. “The real reason why women teachers are paid less highly than men who are performing the same work is the desire felt by the mass of men that women in general should be subjected to every possible disadvantage”.

This equal rights philosophy had been particularly relevant to the suffragettes in their struggle for the vote. At first the NUSEC was over-optimistic about the consequences for women of gaining the partial suffrage, but then it ambitiously proceeded in 1919 to campaign for other reforms such as economic, legislative and social which would secure a real equality of liberties, status and opportunities between women and men. The first of its six campaigning points was the demand for equal pay for equal work. It reiterated the demand for an equal franchise, called for women to be elected to Parliament to carry forward an equal rights programme and demanded women be admitted to the legal profession. There was also a demand for equality in the private sphere, for divorce law reform, pensions for widows and equal rights in guardianship. Lady Rhondda subsequently founded her own equal rights feminist organisation, ‘The Six Point Group’. Equal rights feminists were distrustful of the new feminists who, they claimed, emphasised gender differences to the detriment of freedom of opportunities for women. They regarded new feminism as a conservative political philosophy which emphasised the importance of women staying at home to fulfil their traditional roles as wives and mothers. The divisions over equality feminism versus new feminism cut across generations. The young middle class novelist Winifred Holtby declared provocatively, ‘Personally I am a feminist and an Old Feminist because I dislike everything that New Feminism implies’. Holtby wished to be able to pursue her career as a novelist without the distractions of fighting injustices.

However, new feminists were also dissatisfied with women’s place in society and by the mid 1920s new feminist thought, with its emphasis on women being ‘different but equal’, came to dominate NUSEC. Jane Lewis believed that new feminists were asking fundamental questions about the position of women in the family.
member Mary Stocks was also concerned to broaden out the traditional concerns of
the movement from ‘The narrowly equalitarian type of feminism which confines its
ambition to the attainment of liberties and opportunities already enjoyed by
men’. 29 Although many women, such as Stocks, contributed to the development of
the master frame of new feminism it was undoubtedly Rathbone who was the most
influential theorist.

Banks held that it was Rathbone’s contention that the majority of women were
destined to be mothers, and it was with their needs as mothers that NUSEC should
be concerned. 30 This view is also reflected in the work of Pat Thane who explored the
state of motherhood in the inter-war years as being an inescapable part of women’s
historical experience. In the inter-war years and beyond, motherhood was not seen as
conservative or reactionary but part of the natural order.

Although Rathbone was a single, childless woman from a privileged background she
saw herself as a representative of the interests of all women, especially married
working class women whose needs she believed were often overlooked. 31 She
attacked society’s uncaring attitude towards mothers as ‘a monstrous injustice and
criminal folly’. 32 This had been exemplified by the earlier treatment of mothers in the
First World War. Thus Maude Royden complained that a woman who bore children
and ran a household was treated as ‘an arrested man and a perpetual minor, but a
woman who could clip tickets on a tram car was recognised as a “superwoman - in
other words, a man”. 33

Rathbone was irritated by the perceived selfishness of some privileged so-called
feminists. She claimed that they rested on their achievements once they got all they
wanted for themselves. These achievements included the suffrage, the right to stand
for Parliament and the opportunity to enter learned professions. 34 She dubbed these
women the ‘me too’ feminists. Rathbone claimed that her vision of an ideal society
was radical and that changes in women’s lives had to be more far reaching than those
advocated by equal rights feminists which she regarded as being too narrow: 35

The women’s movement comprises a large number of reforms, all of which are ‘feminism’, but only some of them ‘equality’. The equality reforms are
necessary and immensely important. They consist in breaking away the
fetters and restrictions which prevent them from developing their capacities
and doing their best work. But this aim of enabling women to be and do their
best work will not have been accomplished even when every sex barrier has
fallen. 36
Rathbone the achievement of equality on its own was not enough and in her 1925 Presidential Address she succeeded in persuading NUSEC to adopt new feminist policies including family endowment (later known as family allowances) and birth control.\textsuperscript{37} Her 1925 Presidential Address was entitled ‘The Old and the New Feminism’. This welcomed the increasing influence of new feminist ideas:

\begin{quote}
At last we can stop looking at our problems through men’s eyes and discussing them in men’s phraseology. We can demand what we want for women, not because it is what men have got, but because it is what women need to fulfil the potentialities of their natures, and to adjust to the circumstances of their own lives.\textsuperscript{38}
\end{quote}

In contrast the veteran suffragist Millicent Fawcett, among other committee members, regarded this as a step towards practical socialism. The equal rights campaigners also believed that by extending NUSEC’s activities the organisation was diluting its energies for equal rights campaigns.

Rathbone’s influence enabled the new feminists to concentrate their efforts on two issues: birth control and endowment of motherhood. She had fundamentally disagreed with the remark made at the 1926 Labour Party Annual Conference that ‘Information as to artificial methods of birth control has nothing to do with feminism’.\textsuperscript{39} Stocks had framed the birth control campaign as being rooted in a woman’s right to self-determination and, like Rathbone, as a way of achieving the emancipation of motherhood.\textsuperscript{40} This resonated with Rosemary Tong’s statement seven decades later that, ‘if women are to be liberated, each woman must determine for herself when to use or not to use reproduction-controlling technologies’.\textsuperscript{41} Stocks provocatively asked in \textit{Woman’s Leader} ‘can (she) be forced to bear her husband a child every year through all the best years of her life?’ Her question framed the problem and suggested intended action.\textsuperscript{42}

By 1927 debate still raged in NUSEC and the issue which ultimately divided the equal rights feminists from the new feminists was that of protective legislation. Susan Pedersen, Rathbone’s biographer, believed it was a tactical mistake by Rathbone to pursue the issue, but arguably the issue was forced upon her.\textsuperscript{43} There was general agreement that long working hours, heavy lifting, and dangerous manufacturing processes, such as leaded paint, were unsuitable for women, but there was disagreement about methods of protection. The equality feminists had already
resented women being treated with minors in the Women, Young Persons and Children’s Act of 1920. They mistrusted protective legislation which they perceived as being used by employers to restrict women’s entry into certain types of employment rather than to protect them from dangerous manufacturing practices. The equal rights feminists pressed for these dangerous processes to be banned for both sexes and argued that legislation for the protection of the workers should be based, not upon sex, but upon the nature of the occupation.

Rathbone sensibly accepted this principle of protective legislation but urged NUSEC to take into account the opinion of the workers themselves, the likelihood of success and the interests of the community. She correctly held that this was an important issue for women who belonged to socialist organisations and who had campaigned for this protective legislation. Her amendment was passed by the narrow majority of 81 votes to 80 but thereupon eleven of the twenty four members of the Executive resigned from NUSEC feeling that the principle on which the suffrage struggle had been undertaken had been undermined. One of those to leave was Edith Bethune-Baker of the Cambridge SPBCC featured in the Collective Biography.

This thesis contends that the evidence does not support Jane Lewis’ claim that weak feminism had little impact on the birth control campaign in the inter-war years. Whilst acknowledging the contribution of individual feminists such as Stocks, Lewis argued that NUSEC was never in the forefront of the campaign for birth control.44 She repeatedly stated that NUSEC was content to follow the lead of the SCBCRP and the National Birth Control Association.45 However a reading of NUSEC’s literature and Rathbone’s statements, challenges this argument. Stocks framed the birth control campaign as being rooted in a woman’s right to self-determination and, like Rathbone, regarded it as a way of leading to the emancipation of motherhood. ‘Birth Control being a subject now widely discussed, and one which very specially affects women, as well as the general welfare of the community, the NUSEC resolves to promote the study of this question, and recommend such study to its Societies’.46

Throughout the 1920s both Rathbone and Stocks campaigned on the issue of birth control and flagged it up as an issue of concern to NUSEC. For Stocks and the other new feminists, the birth control issue was not just about the mechanics of contraception but was elevated to a matter of principle of a woman’s freedom of choice.47 Stocks repeated in 1927 that, ‘large sections of women demanded with
formidable insistence the right of self-determination in the matter of maternity, with full access to knowledge of birth control methods as they consider it necessary for its achievement’. Stocks set out the position of NUSEC on birth control in the pamphlet, *Family Limitation and Women’s Organisations*:

> The feminist today is asking for something more than identity of treatment in a world designed for men to reflect their own experiences and fulfil their own needs. She is asking for a proportionate share in the ordering of that world.49

This argument was amplified the following year in a *Woman’s Leader* editorial ‘Is birth control a feminist reform?’ where the editor argued that mothers’ lives were considered expendable and their work was undervalued by society.50 The occupation of motherhood was not considered in the same light as coal-mining which, though dangerous, had some safety regulations. The author concluded, ‘that is why we regard the provision of expert and disinterested birth control advice, as in one aspect, a feminist reform’ (original italics).

Rathbone’s contribution to the birth control movement has been barely acknowledged even in Pedersen’s detailed biography. This is perhaps because Mary Stocks her first biographer and close friend, gave prominence to Rathbone’s other campaigns and omitted birth control. Yet Rathbone contributed to the changed intellectual climate which made the birth control campaign possible. Rathbone gave generously to the clinics and discussed birth control at public meetings such as Poplar and chaired the public meeting to inaugurate the SPBCC clinic Salford.51 Rathbone appreciated the difficulty in the diffusion of birth control ideas and spoke of working class mothers ‘passing the torch from hand to hand’.52 She was outspoken in her support for birth control and stated at a national public meeting in 1926 which included the National Union of Teachers, the Standing Joint Committee of Industrial Women’s Organisation and the Women’s National Liberal Federation, ‘Whatever may be our opinion this is a matter on which the individual has a right to decide for herself, and that the poorest woman should not be debarred by her poverty from getting the information which is open to well-to-do women’.53

Rathbone was fearless at a time when a single woman was subject to sexual innuendo if she mentioned birth control. Rathbone had linked the campaigns for birth control and family endowment and these were subsequently added to NUSEC’s manifesto by forty two votes to eleven. Stocks described in her own autobiography how Rathbone viewed the relationship between family allowances and birth control. Rathbone said,
‘I regarded the two subjects as the positive and negative of voluntary parenthood’. She further elaborated this view in her book *The Case for Family Endowment* where she explained how people came to support both causes:

They have their roots in the same fertile sub-soil of disaffection: disaffection with the intolerable conditions under which millions of mothers today live out their strenuous lives and perform their difficult task: dissatisfaction with society’s complacent condonation of the wastage of their invaluable product, human life.

Rathbone admitted that a narrow view of feminist issues might not include family endowment, birth control and housing but she felt they were questions which women needed to address if they were to shape their own destinies. She further elaborated this view in her book *The Case for Family Endowment* where she explained how people came to support both causes as they both had their roots in the intolerable conditions which working class mothers endured.

Rathbone regarded motherhood not as a brief biological event, nor as a service provided for one man, but as a contribution to society as a whole which would absorb women for most of their adult lives. She questioned the view that keeping a family was a praiseworthy leisure, part-time occupation for the male sex. Feminists such as Sheila Jeffries in the late twentieth century have condemned this attitude as accepting the status quo and perpetuating women being trapped in sex roles. However, historians such as Martin Pugh saw in Rathbone ‘a bold and realistic attempt to work with social change and, in effect, to accept that most women aspired to marriage and motherhood’.

It is now recognised that essentially the objectives of equal rights and new feminists were similar. Certainly in the debate over protective legislation equal rights feminist and new feminists criticised the other for positions they did not hold. Holtby, proclaimed herself as an equality feminist, but was nevertheless sympathetic to the issues central to new feminism such as birth control and abortion and these ran through her work. The portrayal of maternal death in her finest work *South Riding* exposed society’s hypocrisy. In a sensitively written cameo Holtby described the dilemma of Annie Holly who was married to a building labourer, barely able to cope with her six children, but was not able to deny her husband sex. She found she was pregnant again in spite of being advised against further pregnancy by her doctor. ‘I’ve taken stuff to stop it and half killed myself but it’s no good’. Yet there was no hope and no reprieve as Annie met a lingering death. In her history *Women in a Changing*
Civilisation Holtby stressed important contributions to the birth control movement, specifically naming Stopes, Margaret Sanger and Councillor Margaret Ashton from Manchester. Her close friend, the novelist Vera Brittain, supported Stopes and birth control clinics and Brittain’s criticism of the Papal Encyclical was reproduced in Birth Control News.

Just as equal rights feminists recognised the importance of the birth control campaign so many new feminists also campaigned on equality issues. Royden, as well as espousing new feminist principles, fought for women to be ordained priests in the Church of England. Mrs Emanuel of Birmingham NCW and SPBCC successfully campaigned to have the marriage bar against the employment of married women doctors lifted. New feminists such as Councillor Shena Simon and Stocks campaigned on issues such as the removal of the marriage bar for female teachers in Manchester. Stocks was very clear about women’s right to undertake paid work outside the home, ‘I say that it is for the woman to decide whether or not it is desirable for her to work outside the home, and not for any public authority, which chooses to enquire into her relations with her husband, the economic circumstances of her relatives, her prospects of child bearing, as the case may be’.

In practice contemporary feminists found it difficult to make a choice between the two competing master frames and each woman arrived at an individual accommodation for her beliefs. Alison Oram, in her study of inter-war women teachers, believed the distinction between equality and new feminists to be unhelpful. She examined their attitude towards feminist politics and significantly concluded that women teachers could identify with ideas of femininity and difference in their work, at the same time as campaigning for equal pay and the ending of the marriage bar. Although they came from different intellectual traditions there was far more that united than divided them. Rosemary Tong rightly commented in her book on feminist thought that she was repeatedly reminded of the artificiality of the boundaries between the various feminist perspectives.

2.4 Campaigns involving feminist mobilisation

As Jane Lewis remarked worthy goals were not hard to find and by their nature they were often more diverse than the single issue suffrage campaign. Feminists took advantage of new political opportunities of the 1920s to join in campaigns which
particularly involved women as wives and mothers: anti-poverty, housing, maternal mortality. Many birth control activists were involved in these campaigns.

Women’s groups tried to alleviate the worst excesses of unemployment, which often resulted in the ill–health of mothers who sacrificed themselves. In Salford, where the MSMC was founded it was reported by the Medical Officer of Health in 1925 that there were 8,881 registered as unemployed. At the end of the MSMC’s first annual report in 1926 case studies were given and carefully framed to show the need of working class mothers. The MSMC tried to assist miners’ wives in Cannock Chase by starting an outreach birth control clinic where one hundred and sixty four women were treated, often accompanied by hungry children. Even in supposedly affluent area such as London and Cambridge the SPBCC founded clinics and their workers drew attention to chronic deprivation of working class mothers. The Oxford clinic doctor, Dr Isabelle Little described her experiences in the early days of the clinic in Jericho when ‘apprehensive women came who were poor with large families’ came in desperation to the clinic. Similarly the founders of the Birmingham SPBCC clinic declared they had started the Centre ‘with the definite object of striking a blow at poverty, overcrowding, disease and dirt’.

Another campaign in which feminists participated was that of housing improvements. Pugh argued correctly that housing was one of the few issues on which governments sought the opinion of women and the corollary of this was that women felt confident in making their opinions heard. The slums of pre- First World War had not been replaced, and indeed had deteriorated further with over-crowded unhygienic conditions. Graves saw the relevance of the housing campaign to socialist women as the housing stock in the older cities such as London, Glasgow, Manchester, was woefully inadequate. Maggie Andrews demonstrated how the Women’s Institutes in particular demanded that women who spent the majority of the time in the house should have a say the design of new rural homes to replace picaresque but sub-standard accommodation. Similar sentiments were expressed by the Women’s Co-operative Guild in letters describing their lives. At the local level housing and birth control activists included the Liberals Ernest and Shena Simon in Manchester and Eleanor Rathbone in Liverpool. The case of Mary Barbour shows how campaigns influenced one another. Originally politicised by rent strikes in the First World War, the Collective Biography shows Barbour became a councillor and was a founder of Glasgow Mothers’ Clinic.
Feminists were also concerned with the issue of maternal mortality, thought to be affected by an inadequate diet and sub-standard housing. Maternal mortality rates remained static and in some years slightly increased, even though infant mortality was being reduced. Irvine Loudon’s statistical research showed maternal mortality remained high until 1935. Sylvia Pankhurst, the suffragette and revolutionary socialist in her book *Save the Mothers* highlighted the loss of life in maternal deaths. She quoted the Manchester Medical Officer of Health, Dr Veitch Clark, as stating that although childbirth was not a disease it ranked first amongst the killing diseases in mothers of childbearing age. Anna Davin linked the campaign for the protection of motherhood to imperialist doctrines valuing women as providers of the race. However, concern at maternal deaths came from all sections of society. Their rhetoric did not just define a woman’s value to the nation in terms of her child bearing but in terms of individual tragedies and their effect on families. In 1926 Dr Richmond, Medical Officer of Health for Stockport, was concerned that the rate of death in childbirth had remained consistently high for the last twenty years - in 1924 alone there were twelve maternal deaths.

This failure to lower maternal mortality rates in the inter war years was a concern to successive governments. As Jane Lewis pointed out, maternal mortality was second only to tuberculosis as a major cause of death among married women between 1911 and 1930, and between 1923 and 1936 the rate actually rose. Lewis argued that if statistics for maternal morbidity had been presented, the situation of working class mothers would have been shown to be even worse.

Dame Janet Campbell, a government medical officer who chaired a number of government enquiries into maternal health, appreciated the importance of maternal mortality. She produced two major reports: *Maternal Mortality* in 1924 and the significantly titled *Protection of Motherhood* in 1928. She believed that:

> The unexpected loss of life is a tragedy to the family. It is not infrequently associated with the death of the infant for whom the maternal life has been sacrificed, and it is often followed by the impaired health and nutrition of the remaining children.  

Although Campbell found one in every two hundred and fifty mothers died in childbirth, which was in line with other studies, significantly she did not publicly endorse birth control as a way of lessening maternal mortality. Campbell specifically
maintained that it was not the function of maternity centres to provide birth control information.  

It was Labour Party birth control campaigners, rather than Janet Campbell made the causal link between uncontrolled fertility and maternal deaths. In her famous outburst at the 1926 Labour Party Conference, Dora Russell argued the case for birth control, and made a comparison of rates of maternal mortality with the ‘death rates of men’s most dangerous trades’. She deliberately shocked her audience by declaring that it was four times as dangerous for a woman to bear a child as for a man to work in a mine which was men’s most dangerous occupation. In Liverpool, as will be seen in Chapter Four, Councillor Bessie Braddock (later MP) challenged local political orthodoxy in 1937 by publicly stating that in the previous year eighty-seven women had died in child-birth in Liverpool and that probably three-quarters of them would still have been alive if they could have avoided pregnancy.

The Manchester Maternal Mortality Committee was just one of a number of voluntary committees throughout the country looking at the problem in the local context and having close connections to the birth control movement. Naturally, former midwife Charis Frankenburg of the MSMC played a prominent role in this Committee, being able to contribute expert knowledge. Emmanuel, in her thesis on maternal politics in Manchester in the inter-war years, argued that there was a broad consensus on the Committee. It had cross-party membership in the 1920s under the Chairmanship of the redoubtable Alderman Nellie Beer. Frankenburg and Beer were Conservatives but in the 1920s there were several Labour members. Beer later remarked that ‘although we were of different political parties, we were never at loggerheads’. Stocks believed that in Manchester unemployment added to, ‘the tribulations of mothers under the perpetual strain of unwanted pregnancies and frequent miscarriages. Indeed the poor health of working mothers was beginning to be a reproach to our existing, or rather non-existing, medical services’. The Manchester Maternal Mortality Committee only met once a quarter and according to Emmanuel’s research those who wanted to play a more active role attended the MSMC. Frankenburg explained her interest in birth control as arising from her experiences on the Manchester Maternal Mortality Committee and this might have been so for other birth control activists who joined more than one campaign.
2.5 Birth control initiating event

Although there was feminist support for all three of the above campaigns, birth control came to dominate the feminist agenda. Although there had been previous disquiet, the dismissal of Nurse Daniels propelled the birth control campaign into prominence.

The controversy involved the role of the Minister of Health, a department which was created in 1919 to direct the medical and public health functions of central government. It was a significant development for central government to intervene in the nation’s health care. The department was concerned with maternal mortality but distanced itself from birth control. In 1922 there were rumblings of discontent from both sides of the birth control debate. The Catholic Women’s League, alarmed at the publicity of Stopes, protested to the Liberal Minister of Health. Sir Alfred Mond received them sympathetically and ruled that municipal maternity and child welfare centres were not to issue birth control information but to refer women to private doctors or hospitals. But there was no mass reaction when the consequences of the Mond ruling were gradually realised.98 Edith How-Martyn and Mary Breed were later to point out the contradictions in the Mond ruling. ‘Married working-class women (unless they are themselves “employed persons”) are not within the scope of the National Health Insurance Act. They have no panel doctor and frequently cannot afford a private doctor. Hospitals are too busy with their present tasks to undertake the duty’.

This thesis contends that the initiating event in the birth control campaign was not the Mond ruling, but the dismissal of Nurse E. Daniels in December 1922. Nurse Daniels was a health visitor employed by Edmonton District Council and informed mothers attending the council run maternity centre that they could obtain birth control information from a nearby Marie Stopes’ clinic. She had previously been warned about her conduct by the Medical Officer of Health but nevertheless persisted in her actions which resulted in her dismissal. Her dismissal provided a national as well as a local focus. There were five hundred names on the petition in her support presented by the local Unemployed Women’s Committee, a packed Protest Meeting organised by the New Generation League and an unsuccessful intervention in the House of Commons by her local Labour MP for Edmonton, Mr F.A. Broad.100 However, her dismissal was upheld by the Ministry for Health.
It is important to recognise that Nurse Daniels’ action, like that of civil rights activist Rosa Parks, was not random or accidental but was self-conscious and calculated. Daniels was already a member of the New Generation League and was determined, with the backing of the League, to publicly challenge the ruling that local authorities could not provide birth control information. Nurse Daniels was portrayed as a martyr to the cause. Significantly one prominent person who did not give Nurse Daniels support was Marie Stopes herself. Stopes held that Daniels had ignored the orders of a doctor and so broken her professional code yet Stopes was usually dismissive of the medical profession.\textsuperscript{101} It might also be that Stopes was reluctant to share the attention.\textsuperscript{102}

Hans Kreisi argued that there is rarely one clear initiating event in social movements, a ‘Rosa Parks moment’.\textsuperscript{103} However, it is generally agreed that Daniel’s actions started an important sequence of events. Pamela Graves stated that there needed to be a small spark to light the enthusiasm for a birth control campaign and this was provided by Nurse Daniels.\textsuperscript{104} Gillian Scott also believed that Nurse Daniels’ actions became a focus for a left wing campaign to broaden working class access to birth control.\textsuperscript{105} Similar evaluations of the importance of Nurse Daniels actions in the history of birth control are made by both Fryer and Leathard.\textsuperscript{106}

On 9 May 1924 a deputation of eighteen people, representing the main birth control groups, met with John Wheatley, who was then Labour Minister of Health. The deputation was introduced by F.A. Broad MP for Edmonton who had taken up the case of Nurse Daniels and included Dorothy Jewson MP, H.G.Wells, Stella Browne, Dora Russell, Dr Frances Huxley. A wide variety of interested were represented by Jenny Baker and Humphrey Verdon Roe (SCBCRP and representing his wife Marie Stopes), Mrs Gilbert Murray (SPBCC) plus representative from the Labour Party Women’s Section and New Generation. They demanded that ‘welfare centres shall be permitted to allow their doctors...to give birth control information to such mothers as may desire it’.\textsuperscript{107}

Not surprisingly Wheatley, a Catholic, reiterated the government’s position by issuing Circular 517 on 24 June 1924 in which he wrote:

It is not the function of an ante-natal centre to give advice to birth control, and exceptional cases where the avoidance of pregnancy seems desirable on medical grounds should be referred for particular advice to a private practitioner or hospital.
Birth Control News of June 1924 reported Wheatley’s subtle distinction between allowing access to knowledge and distributing knowledge - this distinction was not sustainable in practice. Those who had previously wished to work within the system realised it was not going to accommodate their demands. Dora Russell famously wrote in her autobiography The Tamarisk Tree that ‘Mr Wheatley had stirred up a hornet’s nest: all through 1924 we buzzed and stung’. Dora Russell had already joined the highly-publicised campaign to support Rose Witcop and Guy Aldred when they were prosecuted in 1923 under the law for obscene publications for reprinting Margaret Sanger’s Family Limitation.

The consequences of Wheatley’s ruling included the formation of the Workers Birth Control Group (WBCG) and the SPBCC in 1924. At the close of the 1924 Conference of Labour women, a large number women stayed behind to form the WBCG when the Labour MP Dorothy Jewson was appointed President, the Vice-Presidents included the MPs Thurtle and Broad and the Committee included Mrs Gordon, Wolverhampton and Mrs Lowther, Durham. Lesley Hoggart in her detailed analysis described how the WBCG acted as a pressure group within the Labour Party to try to change the party’s policy on birth control. The WBCG regarded its prime aim as mounting a systematic political campaign so that the state would provide information for working class women. Dora Russell was one of the prime movers in this group and Chapter Six provides more details of its campaign. Hoggart felt that the WBCG accepted that motherhood would be the norm for most of these women but wanted to increase their control over reproduction. The WBCG saw itself as complementing rather than being in competition with the SPBCC. SPBCC was less overtly political and worked directly with working class mothers on practical issues. The SPBCC, after Wheatley’s ruling, realised that the government was not going to change policy, and committed itself to increased direct action by opening more clinics.

2.6 Parliamentary action Ernest Thurtle MP and Lord Buckmaster

The dismissal of Nurse Daniel had parliamentary repercussions. There were not clear cut divisions between parties on the birth control issue as was revealed when Labour MP Ernest Thurtle of the WBCG unsuccessfully attempted to introduce a Private Member Bill on birth control in 1926. This Bill challenged the ruling which stopped maternity and child welfare authorities from giving contraceptive advice to women who needed it for health reasons. However, in April 1926 in the House of Lords a
similar birth control measure to that of Thurtle’s was introduced by the Liberal Lord Buckmaster, Vice-President of the Malthusian League. Buckmaster, Lord Chancellor in Asquith’s war-time Cabinet, used a mixture of philanthropic and Darwinian arguments and asked that, ‘the question is whether the knowledge which is being withheld from the poor and which is possessed and practiced by the rich should not be free.’ The motion was approved by 55 votes to 44, the vote going against Government policy. Therefore, the British House of Lords was the first legislative body in the world to pass such a resolution on birth control, though this did not commit the government to a course of action. Stocks, a Fabian, attended the debate as she personally knew many of those taking part such as Lord Balfour of Burleigh and wrote that this was one of the most significant parliamentary debates she had ever witnessed. However, the SPBCC came to realise the lack of authority that Buckmaster’s Bill possessed as it was not binding on government.

2.7 Continuity between suffrage and birth controller campaigns

The birth control pioneers increasingly came to recognise the importance of their own extra-parliamentary action and many drew on their earlier suffrage experience, though not the tactics. One popular stereotype portrayed by suffrage opponents was that of a single, childless professional woman campaigning for equal rights. However, by the 1920s the profile had changed. Many members of NUSEC were married and not afraid to campaign on sexual issues such as birth control which a number of suffragettes had regarded as a diversionary issue.

It has been seen that Rathbone, as President of NUSEC, was the most prominent suffragist to support birth control, but the Executive Committee of the SPBCC contained a number of women who were known to have been involved with the suffrage movement. Mary Stocks, one of the founders of the MSMC had supported the suffrage movement as a schoolgirl when she marched with the NUWSS, chalked messages on pavements, distributed their literature and served on its Executive Committee. She later remarked on the continuity of the two campaigns:

When I had occasion to visit a number of localities all over Britain in the service of other causes such as family allowances, birth control - it was observable that many of the women who were playing an active and intelligent part in local affairs...were the same women who had once played an active part in the suffrage agitation. Such, in addition to the vote, has been its gift to posterity.
Charis Frankenburg, the co-founder of the MCMC, accompanied her mother to hear the Pankhurts speak and whilst still a student at Oxford in 1914 organised a debate on women’s suffrage. Her daughter, Ursula Kennedy, remembered Frankenburg maintaining strong feminist principles throughout her life. Stocks recognised that women accustomed to fighting for one cause may transfer their commitment to another campaign if they perceived it to be similar. Thus the co-founders of the MSMC successfully asked the well known actor Sybil Thorndike to serve on the MSMC Advisory Council. She had previously been involved with the WSPU when she was appearing at the Horniman Theatre, Manchester, ‘I took the Chair at a Suffragette meeting yesterday, I never felt such a fool, but after a bit I got quite worked up about women’s wrongs’.

Not surprisingly SPBCC annual reports shows that there were members of the Executive Committees from SPBCC clinics who had been committed suffragists. These included Edith Bethune-Baker of Cambridge, Elizabeth Cadbury of Birmingham, Eva Hartree of Cambridge, Edith How-Martyn of Walworth Road, Constance Masefield of Oxford, Lillian Mott of Liverpool and Helen Pease of Cambridge. Other leading suffragists supported birth control. Mrs Pethick Lawrence made donations to the North Kensington Women’s Welfare Centre.

It would be simplistic to claim that all suffragists supported the birth control movement which had previously been regarded with distaste as a diversion from the suffrage. Indeed Miss Quinn, a staunch Catholic, who had been imprisoned for her suffrage activities and so revered, was bitterly opposed to birth control. However, the opposition of Miss Quinn was an exception and if individual members of the suffrage movement were concerned with the birth control issue, it was usually, like Ellen Wilkinson MP, to support it.

2.8 Political mobilisation and opportunity structures
The debate over the master frame of feminism provided a framework for action both for individuals and women’s organisations. The birth control campaigners, often taking their lead from NUSEC, tried to use the changed political opportunity structures to promote the new feminist causes. Many chose to work in local rather than national politics. Patricia Hollis perceptively commented in Ladies Elect that:

it takes nerves and fortitude to smash windows and endure hunger striking as the suffragettes did; it also takes considerable courage to
impose yourself on a board where your presence is deeply resented, and to offer your services of a most personally demanding kind, year in and year out.\textsuperscript{123}

Women had experience of working in local government even before they had been given the right to vote in national election. As will be seen in the Collective Biography from 1907 women ratepayers could be elected to borough and county councils. This was extended in 1919 to all adult women.\textsuperscript{124} In towns such as Manchester women took advantage of 1918 legislation which advised that at least two women should serve on the Maternity and Child Welfare Committee.\textsuperscript{125} This was seen as offering women positive opportunities for influencing an area in which they had special knowledge. Both Law and Logan point out that the SPBCC’s tactics were not new, but in many ways reverted to an older style which had been successful in local government.\textsuperscript{126}

Once again we see the importance of grassroots activism and locality in women’s politics. My Collective Biography details the women who were prominent in local government and were birth control activists. The birth control activists often felt more comfortable campaigning at the local level, where they could retain their community links, than at the national level. Rathbone had been the first woman to be elected to Liverpool City Council. Her political opportunity resulted from the Qualification of Women Act 1907 and she successfully stood as in Independent in a 1909 by-election.\textsuperscript{127} Ruth Dalton, Labour party MP and birth control supporter, allegedly turned down an opportunity to extend her parliamentary career by returning to her elected seat on the London County Council ‘There we do things. Here it all seems to be all talk’.\textsuperscript{128} Edith How-Martyn, although she failed to be elected an MP, was elected Middlesex County Council’s first woman member and Elizabeth Cadbury, though not successful in standing as an MP served as a Liberal councillor in Birmingham. Eva Hartree, a Cambridge councillor, was elected Mayor and this was no doubt why she was selected as Chairman of the Cambridge Mothers’ Clinic.\textsuperscript{129} There were a number of local politicians who were able to use their positions to further the birth control cause. As has been noted in this chapter Mary Barbour (Glasgow Mothers’ Clinic) was the first Labour woman to be elected to Glasgow town council in 1927 and was the Corporation’s first woman Baillee. As will be seen later in this chapter Shena Simon by her alliance with other local councillors was able to influence Council policy on municipal birth control clinics.
As my Collective Biographies show local government gave women confidence in public life and a willingness to pursue their own political agendas.

After the 1918 Parliamentary Qualification of Women Act the SPBCC did have some allies in the House of Commons. My Collective Biography shows that a number of women who were members of the SPBCC stood for Parliament. As has been seen the most influential of the SPBCC’s MPs was Rathbone (Liverpool Mothers’ Clinic) who represented the Combined English Universities from 1928 to 1946. In 1929 three supporters of the SPBCC were elected as MPs. Ruth Dalton (Walworth Road and North Kensington Mothers’ Clinics) was returned as Labour MP for Bishop Auckland though she chose to serve only briefly. Cynthia Mosley (Wolverhampton Mothers’ Clinic) was elected as Labour MP for Stoke-on-Trent. In 1931 Leah Manning (Cambridge Mothers’ Clinic) was elected Labour MP for East Islington and the local SPBCC wrote asking her to promote the birth control cause in Parliament. Given that in 1929 there were only fourteen women MPs the number of candidates with SPBCC links was significant. However, these women were often marginalised as MPs, serving only short terms.

Political lessons were learnt from the suffrage campaign but the days of gesture politics had passed. Thane argued that this was because the women’s organisations were now political insiders, rather than outsiders. This seems unlikely given the small number of women MPs and women civil servants. NUSEC recognised the importance of taking early action and identifying key decision makers. They briefed the officials and committees who advised the Minister and were able to provide welcome expertise on technical matters. Rathbone tellingly described their progression from backwoodsman to skilled artisans. Thus Nancy Astor MP was provided with briefing notes from Eva Hubback, NUSEC’s Parliamentary Secretary, as well as providing research material for civil servants. Hubback also perfected the technique of well-timed ‘Letters to the Editor’. She used this strategy for both the end of the suffrage campaign and the SPBCC campaign. These actions were termed by Rathbone as ‘backstage wire pulling’ and though NUSEC did not gain public recognition, even amongst its own supporters, this strategy was effective tactically.

The feminists had learnt how to move from confrontation to negotiation. As Rathbone stated in her First Presidential Address of 1920 ‘It requires courage to
brave misrepresentation, odium and imprisonment, but it requires an equal and perhaps rarer courage to plant seeds that will require a generation to grow to maturity and spend a lifetime in fostering them.’\textsuperscript{134} They were able to compromise in order to achieve their aims. Rathbone declared that:

There are reformers whose idea of taking a citadel is to march round it blowing trumpets, and when that fails, to batter it with rams, if necessary with their own heads. We sometimes used the battering ram, but if the wall proved too strong for us we withdrew a little and investigated every other method of overcoming that wall, by climbing over it, or tunnelling under it, or perhaps labouring to dislodge a stone at a time, so that just a few invaders could creep through. And we acquired by experience a certain flair which told us when a charge of dynamite would come in useful and when it was better to rely on the methods of a skilled engineer.\textsuperscript{135}

NUSEC relied on the help of sympathetic, usually male backbenchers, to introduce private members bills. These included the Conservative Major Hills and Labour MP Ernest Thurtle. As will be seen in Chapter Four these tactics were in contrast to the confrontational style of Stopes.

2.9 Policy advocacy coalitions

The SPBCC realised they could not achieve a change in birth control policy on their own. They looked to other outsider groups, particularly women’s organisations to create broader alliances. Sabatier pointed to the valuable role in the political process of policy advocacy coalitions which were organised round common beliefs in core elements. An important part of his analysis related to the inclusion of insiders, such as sympathetic government officials, within the policy advocacy coalitions.\textsuperscript{136} In the 1920s there was a complex network of women’s organisations but in practice there was not a wide choice of allies available to the SPBCC. Caitriona Beaumont in her detailed study of non-feminist societies in the inter-war years pointed out that the YWCA, the National Union of Townswomen’s Guilds (NUTWG) and the National Federation of Women’s Institutes (WI) did not discuss birth control as it was felt to be too contentious and would offend some of their members’ religious beliefs.\textsuperscript{137}

Within the WI and the National Union of Townswomen’s Guilds (NUTWG), which was a development of NUSEC, there were individuals in influential positions who supported the birth control campaign but were unable to place it on the political agenda of these powerful women’s organisations. Pugh’s evaluation of the WI is correct that it managed to successfully maintain a balance between feminism and
citizenship, femininity and domesticity.\textsuperscript{138} It is significant that Lady Trudie Denman, the much respected first Chairman of the WI, did not consider it judicious to raise the issue of birth control with the WI even though she personally supported Walworth Women’s Welfare Centre, became Chairman of the National Birth Control Council (the forerunner of the Family Planning Association) and committed thousands of pounds of her own money to the birth control cause.\textsuperscript{139} Pugh referred to Denman as creating a fragile bridge for birth control. This view is arguable as Denman was successful precisely because she rigidly compartmentalised her private beliefs and her national role.\textsuperscript{140} Similarly although Stocks was a Vice-President of the NUTG, founded in 1928 as an offshoot of the NUSEC, that body did not endorse birth control in the inter-war years.\textsuperscript{141} Stocks never attempted to make birth control part of NUTG policy.

However, the birth controllers were able to form political alliances with two influential national women’s organisations: the National Council of Women (NCW) and the Women’s Citizens Association (WCA). The leaders of these two organisations, unlike other women’s organisations, were prepared to recommend action on birth control to their members. Howes, in her study of women’s organisations, argued that these organisations played an important part in focusing on local issues which were important to the lives of ordinary women.\textsuperscript{142} Although Howes judged the social composition of these organisations as being primarily middle class, she regarded the results of their political and social campaigning as being to improve the lives of women as a whole. Both of these organisations had branches in towns where SPBCC held birth control clinics.

The National Council of Women (NCW) had evolved out of the National Union of Women Workers which in the 1880s linked a wide range of charitable and religious organisations. Its aims included removing discrimination against women, encouraging the participation of women in public life and acting as a co-ordinating body.\textsuperscript{143} At the height of its popularity it had expanded to take in 1,450 societies but although by the mid 1920s its size had decreased, it was still influential. A commitment to birth control was regarded by the NCW to be in line with its policy of action ‘to improve the quality of life for all, and in particular the status of women’.\textsuperscript{144}

Many of the birth control pioneers were members of the NCW and two prominent members became its President: Elizabeth Cadbury from Birmingham from 1905
to 1907 and Eva Hartree from Cambridge from 1935 to 1937. In Manchester Frankenburg, Stocks and Simon were all members of the NCW as well as the MSMC. Ethel Emanuel, in a long period of office was Secretary, Treasurer and President of the Birmingham NCW as well as serving on the National Executive Committee. She was Chairman of the SPBCC Birmingham Women’s Welfare Centre for a considerable period of time from 1932 to 1951. The Birmingham Women’s Welfare Centre affiliated to the NCW in 1929.

Birth control featured prominently in the NCW’s discussions in the 1920s as well as subjects such as women police, temperance, the peace process and maternal morbidity. As early as 1923 the Southend branch passed a resolution urging that birth control advice be given to married women at ante-natal clinics. In 1924 the first objections to this birth control policy predictably came from the Catholic Women’s League. In 1926 Miss Hertz reported that the Manchester branch was holding a meeting on birth control with speakers from both sides. Later in the year the Executive Committee was asked to comment on the successful birth control bill introduced by Lord Buckmaster in the House of Lords. They declined to take any action on this before it had been before the General Representative Council. In 1929 a motion on birth control was selected by ballot to be one of the resolutions to be placed before their Annual Meeting to be held in 15, 16, 17 October in Manchester.

Stocks, representing NUSEC, moved that the conference:

Calls upon the Ministry of Health and upon Local Authorities to allow information with respect of methods of Birth Control to be given by medical officers at Maternity and Child Welfare Clinics in receipt of government grants in cases in which either a married mother asks for such information, or which, in the opinion of the medical officer, the health of the patients renders it desirable.

Stocks believed that the debate was not whether there was to be birth control advice, as this was already available to middle class mothers, but whether all women should have the opportunity of obtaining scientific advice from doctors who knew them personally. She condemned the commercialisation of birth control advice which was expensive and often untrustworthy. Stocks claimed that poor mothers were ignorant, desperate and frightfully shy. The resolution was seconded by Mrs C.F.Mott of the SPBCC clinic in Liverpool. Stocks’ speech was praised by the Woman’s Leader which, given her links to the paper, would have been expected, ‘This (resolution) was moved by Mrs Stocks in a speech so brilliant and so perfectly fitted for the occasion that the general opinion expressed by delegates that it was the best speech on the
subject they had ever heard. Her speech was also complimented by various other sympathetic women’s organisations such as the Manchester and Salford Women Citizens’ Association which reported that it was ‘a brilliant and comprehensive speech, which received prolonged applause’.

The resolution was passed by a large majority without amendment, only the members of religious women’s organisations voting against it. Significantly these included Anglican as well Catholic bodies. The Catholic Women’s League, St Joan’s Social and Political Alliance, The Mothers’ Union, Girls’ Friendly Society (G.B.), Girls’ Friendly Society (Scotland) stated that they wished to dissociate themselves from the resolution. However, they did not withdraw from the NCW. The opposition to birth control from religious organisations will be discussed in greater detail in Chapter Four. Ward considered that little action was taken on birth control by the NCW but this thesis contends that their actions both nationally and locally had considerable influence.

The NCW continued to support the birth control clinics, as individual members and as a national organisation. The NCW joined with SPBCC and NUSEC in organising an influential national conference on birth control in 1930 which was aimed at sympathetic local authorities. The implications of this are discussed in Chapter Six.

The other key ally of the SPBCC from women’s organisations was the Women’s Citizen’s Association (WCA) whose aim was to provide political education and mobilise women to take advantage of their new suffrage opportunities. Rathbone had pioneered the WCA in Liverpool in 1914 and by 1918 branches had been formed throughout the country. Joanne Smith in her PhD thesis persuasively argued that the leading members of the WCA were feminists in the way outlined by Banks. Her work demonstrates how the concept of citizenship in WCAs enabled women to make demands for social, economic, and political reforms. This was achieved by campaigning for welfare and equality issues, and by women standing for election to positions of public office. Consequently, women members of the WCAs were able to engage in the political process and address problems faced by women. WCAs could draw on support from organisations established in the pre-war women’s movement. Although nationally the WCA’s leadership did not take a strong line on the birth control, it did support local action by its members. Co-operation was also central to
WCAs, and they were able to keep in touch and support branches in other localities through regional federations.

Political scientists Crossley and Barker are among those writers that recognised the importance for social movements of networks of groups.\textsuperscript{159}\textsuperscript{159}Crucial to the progress of birth control were the political structures through which women networked.\textsuperscript{160} The energy of these women, even allowing for paid domestic help, was extraordinary as they wrote articles and books, attended meetings and spoke to a wide range of women’s organisations.

There was overlapping membership of NUSEC, the Women’s Citizens Association (WCA) and the National Council of Women at both national and local levels. Members of the SPBCC were elected to leadership positions in the NCW and WCA. For example Stocks served on the Executive Committee of NUSEC, was a member of the NCW and was heavily involved with the Manchester and Salford Women’s Citizenship Association, (MSWCA) and was a founding member of the MSMC and a Fabian. Frankenburg, also a founder member of the MSMC, was a member of the Women’s Citizens’ Association, a member of the National Council of Women and a staunch Conservative. These women certainly used these informal networks to their advantage. Key members of the MSMC were elected to the Executive Committee of the MSWCA including Stocks, Frankenburg and Simon. Frankenburg was joint Honorary Secretary of Salford WCA and vice-chairman of the Salford WCA 1933-1945. It was probably through the Salford WCA that Frankenburg knew Mrs. Annie Eccleshall who owned a pastry shop in Greengate and bravely let out the top rooms for the MSMC’s birth control clinic.

The Manchester situation illustrates how local women’s organisations successfully acted on the SPBCC initiative.\textsuperscript{161}\textsuperscript{161}The Manchester and Salford Women Citizens Association (MSWCA) was influential in the area with its membership peaking at 3,000 members between 1933-1934. MSWCA had a number of unique features, for instance producing a monthly magazine, the \textit{Woman Citizen} in which it profiled women standing for public office. Simon was the chief ‘originator’ of the MSWCA and Martin and Goodman recognised that Simon’s charisma, tenacity, grasp of detail and personal circumstances made her a powerful political force.\textsuperscript{162}
Talks on their local birth control clinics were of particular interest to the MSWCA members. Stocks wrote that ‘The women’s organisations heard us gladly. They were the people who knew at first hand or second hand the stresses and strains of uncontrolled pregnancies’. The MSWCA magazine recorded that Stocks in 1927 spoke to a number of branches of the MSWSA, such as Chorlton-cum-Hardy, on birth control. These talks to members about the MSMC raised the profile of the Clinic and encouraged attendance. Emily Glencross, a working class wife from Salford, related how her mother had heard Frankenburg speak on the MSMC at a MSWCA meeting and decided to take action with regard to her daughter’s birth control needs.

This cross party policy advocacy coalition was successful in establishing a municipal, as opposed to the voluntary, birth control clinic in Manchester. In Manchester the leading birth control campaigners on the council were Councillor Shena Simon (then Liberal) and Councillor Annie Lee (Labour). As late as 1927 the Council had resisted birth control provision in their clinics but by 1929 Birth Control News reported that Councillor Annie Lee who was the Labour Councillor for Gorton and an ‘avowed feminist’ asked:

if he (Alderman Jackson) did not think the committee (Public Health Committee) ought to give instruction in birth control in connection with their clinics. ‘Alderman Jackson said…he thought it would be extremely unwise to associate the mere idea of birth control with the infant welfare centres and clinics.

After his negative answer, systematic lobbying of councillors was carried out by Councillors Annie Lee and Shena Simon. They were able to operate as well placed insiders within the council at the same time drawing on support from outsider women’s groups.

By 1930 the Minutes of the Council’s Maternity and Child Welfare Sub-Committee reported that they had received resolutions on the matter from the NCW, MSWCA and Manchester organisations such as the Rusholme Women’s Co-operative Guild, Gorton Labour Party and Manchester Branches Association for Co-operative Guild Representation on Public Bodies. Stocks had given talks to many of these organisations and successfully urged them to write to the Manchester City Council about the provision of birth control information at their municipal clinics.
2.10 Conclusion

This chapter places birth control in the context of the wider feminist debates in the 1920s. Rathbone, as President of NUSEC played a particularly important role in promoting a view of feminism which was inclusive and questioned the existing structure of society. The ensuing debate between the master frames of equality feminism and new feminism had important consequences for the promotion of birth control. These were not merely theoretical debates, but passionately held master frames which were guides for practical action. The fact that these debates were held at all showed that feminism rather than being dormant was awake and well in the 1920s. Although the differences between the followers of equality feminism and new feminism can be exaggerated, it is significant that those women who occupied leadership positions in NUSEC were committed new feminists. As a consequence Rathbone declared that birth control was not a peripheral issue to NUSEC but was central to new feminism. Many NUSEC members were involved in housing and maternal mortality campaign, but birth control now became one of its most high profile issues.

Individual members of the SPBCC were active as MPs and councillors but they were still on the periphery of political life. As an outsider group the SPBCC needed political allies. There was an overlapping of membership between SPBCC, NUSEC and the women’s organisations and together they searched for allies. However, women’s organisations with large numbers of Catholic members regarded the subject as potentially divisive. In spite of the risks two women’s organisations supported NUSEC, the NCW and the WCA. They formed a highly effective policy advocate coalition at both the local and national levels. This was in sharp contrast to Marie Stopes who found it difficult to make enduring alliances.

Zald argued that the 1960s American feminist campaign phrase, ‘A woman’s body is her own’, both framed a problem and suggests a policy direction for women in relation to the medical profession. This can be seen with reference to the SPBCC who after the policy debate took concerted action. The next chapter concerns the establishment of the SPBCC clinics and their relationship with working class mothers.

\[\text{Thane}(2002).\]
8 Pugh (2008) p.188 is among the historians to argue that Rathbone was both bold and realistic in her feminist objectives.


11 Time and Tide (2.3.1928) p. 234.

12 Pedersen, ibid.

13 Woman’s Leader (12.3.1920). Simey pointed to the importance of Quaker and Unitarian beliefs in shaping Rathbone’s philosophy (1974) p. 8.


15 Woman’s Leader (March 1926).

16 Common Cause (1.2.1918) p. 373.


20 Time and Tide (1932).


22 Taylor pointed out that in 1929 the new feminist Mary Stocks also wrote an Introduction to Wollstonecraft’s Rights of Women (2003) pp.250- 251.


25 Time and Tide (9.2.1923).


27 Yorkshire Evening Post (26.7.1926) reprinted Time and Tide (6.8.1926). Dr Lisa Regan, University of Liverpool ( personal letter 18.11.2007) believed that there was a basic continuity of thought in Holtby’s opinion pieces and her novels.

28 Lewis (1986).

29 Stocks (1927) p. 88.

31 Alberti (1996) p.3.
33 Royden (1917) p. 29.
34 Rathbone (1927).
36 Woman’s Leader (13.3.1925).
37 Stocks (1927).
38 National Union of Societies for Equal Citizenship, Milestones (11.3.1925).
39 Time and Tide (1.11. 1926).
40 National Union of Societies for Equal Citizenship, Minutes, 1923.
41 Tong (1993) p. 3.
42 Woman’s Leader (4.4. 1923).
44 Lewis (1975) p. 12; (1980a,) p. 197.
46 National Union of Societies for Equal Citizenship, Minutes. 1923.
48 Stocks (1927) p. 9.
49 Stocks (1925) p.1.
50 Woman’s Leader (1.1. 1926).
53 Manchester Guardian (24.4. 1926).
55 Rathbone (1927) p. 10.
57 Rathbone (1927) p. 10.
60 Pugh (2008) p.188.
61 Thane (2010).
63 Holtby (1967) p.199.
64 Holtby (1934) p.67.
Pugh (2000) p. 240 was one of a number of commentators to emphasise the importance of equality as part of new feminism.

Daily News (5.3.1921). Royden could see the ludicrous nature of the Bishops objections to women preaching and took issue with the way the Church of England again placed women in the same category as children. After much equivocating the Bishops had decided in 1921 that ‘the sermons of women are normally intended for congregations of women and children’. Royden poses the rhetorical question to enquire if this meant there would be ‘Abnormal sermons by Miss Cicely Ellis’ or ‘Sermon by Miss Maude Royden to Women, Children, and Abnormal Men’.

National Council of Women, Executive Committee Minutes (March 1931) London Metropolitan Archives Acc/3616.

After the end of World War I this required female teachers to resign their post on marriage (unless their husband was disabled). This did not apply to other professions such as doctors.

Woman’s Citizen (1.12.1927) pp. 6-7.


Lewis (1975).

Wolverhampton Birth Control Centre Annual Report 1926; MSMC Annual Report, 1926.

Collier (3.11.1966) ‘Forty years back.’ Family Planning.

Birmingham Post (24.4. 1928).


Irving Loudon (1988) ‘Maternal mortality:1880-1950. Some regional and international comparisons’, Society for the History of Medicine pp.183-201. Loudon demonstrated that it was safer to be delivered at home by a well trained midwife than in hospital, and there were no significant differences in mortality between rich and poor.

Purvis (2002) p.1, stated that Sylvia, as a socialist feminist held a world view that was often at odds with the woman-centred perspective of her mother. Sylvia’s involvement with the maternal death campaign points to her complexity.


Davin (1977); Hoggart (2003).

Stockport Medical Officer of Health Annual Report (1926).

Lewis (1980b) p.224.

Campbell (1924).

Simms (1978) p.84

Birth Control Review (Nov.1928) p. 283.

Russell (1989) p. 188.


Emmanuel (1982). Frankenburg’s professional training was utilised in their investigation of Molly Taylor, a young Jewish mother.

Emmanuel (1982).

This consensus broke down in the 1930s when the Labour members were instructed to withdraw.

Beer, Manchester Studies. Tape 933.

Stocks (1973) p.160.


British Medical Journal (1922).

How-Martyn and Breed (1930) p. 25.

New Generation (1 Aug.1922).


Nurse Daniels’ business card in Margaret Sanger Papers, Box 61 showed that she travelled to Holland to obtain further training in birth control techniques and by 1930 had established an independent practice in Brighton, Sussex.


Graves (1994) p. 84.


refused to yield her seat to a white person. Similarly Nurse Daniels actions were not spontaneous nor the resulting demonstrations.

Russell (1975) p.171.
WBCG Membership form, 1924.
Hoggart (2003) pp.79-130
Stocks (1971) p.233. Lord Balfour had addressed the public meeting for the launch of the MSMC in 1926.
Stocks (1971) p.77.
Kennedy was interviewed by Clare Debenham about her mother Charis Frankenburg (2.7.2004). She gave her one of Frankenburg’s seahorses collection because her mother maintained it was one of the rare cases where the male looked after the young.
Thorndike (1929) p. 213.
Wolverhampton Birth Control Centre Annual Report 1926; MSMC Annual Report 1926.
Miss Quinn, a representative of the Tailor and Garment Workers Union, consistently spoke against birth control at Labour Party meetings such as the Labour Party Women’s Conference in 1928.
Maternity and Child Welfare Act (1918) (Geo.V. c.29).
Logan (2008) p. 3; Law (1997) p. 225,
Qualification of Women (County and Borough Councils) Act, 1907 (7 Edward VIII.c.33). provides that a woman shall not be disqualified by sex or marriage for election as a councillor or alderman of a county council or borough council (including metropolitan boroughs). Hollis (1987) p. 491.
Other Cambridge councillors who were also members of the SPBCC Mothers Clinic included Marjorie McNair, Pethica Robertson, and Helen Pease. Mrs Collier was a local councillor who sat on the Executive Committee of Oxford Mothers’ Clinic. Mrs Sands, the Labour councillor for Smethwick, was described by one of Stopes’ correspondents, as having raised birth control in Birmingham Council.

Cambridge Mothers’ Clinic Annual Report 1931.


Stocks (1949) p. 113.


Rathbone, ‘First Presidential Address’ quoted in Milestones (1929) p. 3.

Stocks (1949) p. 113.


ibid, p. 9.

National Council of Women Executive Committee Minutes (31 Oct.1923) London Metropolitan Archives Acc/3616.

National Council of Women Executive Committee Minutes (15 Feb 1924) London Metropolitan Archives ,Acc/3616.

ibid.

ibid.

ibid.

Woman’s Leader (25 Nov. 1929).

Birth Control News (Nov.1929) p.100.

Woman’s Leader (25 Nov.1929).

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Birth control coalitions were also important in other geographic areas. For instance in Glasgow where the WCA was strong the Mothers’ Clinic Annual Report for 1934-35 noted that there had been a joint meeting with the WCA and Glasgow Women’s Welfare and Advisory Clinic Women’s Welfare and Advisory Clinic which was addressed by birth control pioneer Mrs. Janet Chance.


Stocks (1962).


Birth Control News (Jan. 1929).

Manchester City Council Maternity and Child Welfare Sub-Committee, Minutes (5.8.1930).

Zald (1996) p. 266.
Chapter Three

Providing birth control for working class mothers: an investigation into the experiences of the SPBCC’s local clinics.

3.1 Introduction

As discussed in the Introduction, social movement theorists have emphasised the importance of mobilising structures, both formal and informal, through which groups seek to organise.¹ They have looked at the ties that bind members into a social movement. Resources and networks are shown to be particularly significant. This chapter therefore addresses six related questions. Firstly, to what extent did the foundation of the SPBCC clinics exclusively involve the mobilisation of upper and middle class women? Secondly, how effective were the women of the SPBCC in mobilising human and financial resources? Thirdly, what were the gender roles in making birth control decisions? Fourth, how were statistics and case studies framed by the SPBCC to attract popular support? Finally and perhaps most importantly, to what extent was there trust between the middle class women workers and the working class mothers who were patients? It has already been argued that social class and gender were crucial to the SPBCC and these issues are further explored in this chapter.

This research, by drawing on contemporary documentation from SPBCC clinics and interviews with birth control users, adopts a different perspective to earlier studies. Angus McLaren in his history of contraception claimed that the few clinics which were founded in the 1920s had difficulty in attracting working class women ‘who were intimidated if not repelled by the male, medical, middle class atmosphere’.² Kate Fisher’s doctoral study of birth control led her to draw similar conclusions asserting that ‘clinics struggled to convince many potential patients to accept their particular principles but did not make them more attractive to the working class communities they targeted’.³ Drawing on the results of her interviews in Oxford and South Wales, she agreed with McLaren that there was a disjunction between the middle class birth controllers’ scientific aspirations and the approach of working class people.⁴ These conclusions will be tested by this study of birth control in the inter-war years.

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3.2 Mobilisation of human and material resources

This thesis investigates whether SPBCC activists were drawn from a narrow social milieu or whether they were more broadly based. To gain a more detailed picture this research therefore draws on archive material from over one hundred SPBCC members whose details are contained in my Collective Biography. Recent research has shown the diversity of women’s social backgrounds in political activity in the early twentieth century. The suffrage movement, although predominantly middle class, contained a significant proportion of working class members. As Anne Logan argued in her appraisal of women’s entry as magistrates, ‘It would not be entirely safe to assume that the early twentieth century women’s movement was completely middle-class or that working-class women entirely lacked feminist sympathies or a willingness to serve’. Cowman also found the background of the WSPU organisers was extremely diverse.

Undoubtedly there were rich and well connected women who were founder committee members of the SPBCC clinics. Lady Muriel Willoughby of the Walworth Women’s Centre was described by Dowse and Peel as being one of a number of high profile aristocratic women to serve on its committees. Other upper class SPBCC members included the Hon Mrs Dighton Pollock who was a founder committee member of North Kensington Women’s Centre. She was the daughter of Lord Buckmaster who introduced the successful Bill on birth control clinics in the House of Lords in 1926. There were extremely wealthy women such as Mrs Elizabeth Cadbury of the Birmingham clinic who was a member of the famous Quaker family, and Eileen Laski, of the MSMC who was the sister of entrepreneur Simon Marks of the drapers shops Marks and Spencer. Ann Patterson, daughter of university wife Mary Stocks, recalled how even as a child she was aware she was of the difference in status when they visited Charis Frankenburg at her spacious home in Upton Prior in Cheshire.

The accepted convention in the inter-war years was that middle class women were supported by their husbands and did not undertake paid full time employment after marriage. Mrs Constance Masefield, of the Cambridge clinic, the wife of the poet laureate John Masefield, was unusual in that she founded her own private school. However, the majority of committee members of the SPBCC though well off were not from the aristocracy or conspicuously wealthy but fulfilled the role of wives of
professionals such as doctors or teachers. Mary Stocks, the Chairman of the MSMC was married to John Stocks, subsequently Vice-Chancellor of the University of Liverpool and six other SPBCC committee members were either married to university lecturers or leading educationalists. Mrs Lella Secor Florence, an Executive Committee member of the Cambridge Women’s Welfare Centre and later Birmingham Women’s Welfare Centre was married to Professor Sargent Florence. Mrs Ruth Dalton and Mrs Helen Pease, Cambridge were also married to university lecturers. Mrs Lillian Mott, Liverpool, was the wife of Charles Mott, the Director of Education for Liverpool and Mrs Gilson, Birmingham, was married to a head teacher of a leading boys’ school. Typically, Stocks regarded herself as a dowdy social worker and was amused by the Catholic press’ description of the birth controllers as ‘idle women who visit matinees and sit with cigarette between their painted lips’.¹⁰ A further four committee members, from the regions, were married to doctors.¹¹

The opening up of higher education to women meant that there was an increasing number of highly educated Executive Committee members, fifteen of the executive committee members profiled had gone up to university and obtained degrees. Five women SPBCC members attended Cambridge University and two studied at Oxford University, including Constance Masefield.¹² Those attending provincial universities included Edith Bethune-Baker who graduated from the University of Birmingham and Edith How-Martyn who attended Aberystwyth University. Ruth Dalton and Mary Stocks attended London School of Economics and Stocks was awarded a First Class Honours degree. She contrasted the equality she experienced at the LSE pre-1914 with Oxford where she felt the women were there on sufferance.¹³ Women students could attend lectures, sit the examinations but not receive degrees and it was not till 1920 that women became full members of Oxford University. However, apart from Constance Masefield’s teaching career and Mary Stocks’ lectures in Economic History at Oxford and later for the Workers’ Educational Association, none of the Executive Committee members appeared to have used their academic degrees. Lillian Mott of the Liverpool clinic was a gifted mathematician who was urged by her husband to continue her academic career after graduating but refused to take that opportunity.¹⁴ It could be argued that women like Eleanor Rathbone drew on their academic training in the pursuit of their research interests.
Women who had obtained medical qualifications, unlike teachers, continued to practice as doctors even after marriage. The consultant Miss Hilda Shufflebotham, of Birmingham practiced as a doctor after her marriage to fellow lecturer Professor Lloyd. As my Collective Biography of fifteen SPBCC clinic doctors shows there were growing numbers of female doctors qualified to give birth control advice at SPBCC clinics.

A number of SPBCC committee members, whilst not being in paid employment, did devote themselves to public service. The last chapter identified those who served as councillors. A year after women over thirty were granted the vote, the Sex Disqualification (Removal Act) was passed in 1919 which allowed women to serve as magistrates. Logan identified a number of former suffragists who became magistrates. The SPBCC Executive Committee members who served as magistrates included: Mary Barbour (Glasgow), Edith Bethune- Baker (Cambridge), Lady Brooks (Birmingham), Elizabeth Cadbury (Birmingham), Charis Frankenburg (Manchester and Salford), Eva Hartree (Cambridge), Helen Pease (Cambridge), Rathbone (Liverpool) and Stocks (Manchester and Salford). Stocks was appointed to the Magistrates Bench in 1930 and her daughter remembered how the experience of hearing from women charged with abortion strengthened Stocks’ determination to campaign for birth control.

Social movement theorists have also appreciated the value of the collectivist approach and that of webs of friendship. Douglas McAdam when discussing the motivation of those joining a campaign also stressed the importance of links to others already involved. Similarly Donatella della Porta in her study of left wing groups highlighted the strong inter-personal linkages to family and friends. Cowman emphasised the intense camaraderie of the WSPU organisers that arose out of the circumstances in which they worked. Thus Jane Martin’s statement that Mary Stocks set up a birth control clinic on her own in Manchester is not only inaccurate, it is misleading as it ignores the friendship and family network involved as well as the SPBCC.

One important example of the friendship web was that which centred on Marie Stopes. She was significant not just because of her role in founding the SCBCRP, but also because she served as a resource for the SPBCC. After Frankenburg’s initial request to Stopes in the Autumn of 1925, Stopes put Frankenburg in touch with
Stocks. Stocks turned out to be an old school friend. This led to the founding of the MSMC by the two women. Stocks carried out a regular correspondence with Stopes during 1926. Stopes travelled extensively. In 1923 she had visited Stockport and spoke to an audience of thousands in the Armoury. She addressed medical students in Liverpool in 1925 and as an indirect result the Liverpool Mothers Welfare Clinic was founded. Stopes also gave advice to Fenella Paton about the running of her birth control clinic in Aberdeen and visited her home.

While Frankenburg and Stocks were both key members of the SPBCC they each had separate extensive friendship networks. The novelist Vera Brittain recalled Frankenburg being a student with her at Somerville in the period immediately before the First World War and described her as potentially interesting in Testament of Youth. During the First World War Frankenburg trained as a midwife at the Clapham Hospital at the same time as Maude Royden was undergoing her training. Royden also spent time in Liverpool undertaking social work with Rathbone.

These overlapping friendship networks were a characteristic of women’s organisation in the 1920s and were a valuable resource. Stocks, a leading member of the SPBCC, was also a committee member of the National Union of Societies for Equal Citizenship (NUSEC) and a close friend of Eleanor Rathbone, its President. Pedersen, Rathbone’s biographer felt Rathbone regarded Stocks almost as a daughter so it was appropriate that Stocks wrote Rathbone’s first biography. Rathbone financially supported the SPBCC clinics in Manchester and Liverpool as well as developing NUSEC’s policy on birth control. Both Frankenburg and Stocks were members of the Manchester and Salford Women’s Citizens Association (MSWCA) and National Council of Women (NCW). Frankenburg was an active member of the Conservative Party and knew Mrs Annie Ecclesall, the MSMC’s first landlady in Greengate Salford, both from her membership of that party and from their membership of the Manchester and Salford Women Citizens Association (MSWCA). Frankenburg would also have known Alderman Nellie Beer of the Manchester Mortality Committee from their membership of the local Conservative Party.

Family networks were also important at the start of newly formed SPBCC clinics. In Aberdeen Paton involved her mother and half a dozen friends in the setting up of the Women’s Welfare Centre in Aberdeen. Paton quickly found it was easier to work
with a small circle of friends rather than through the local authority bureaucracy. In Salford Frankenburg also involved her mother-in-law, Frances Ann Frankenburg, and husband Sydney. However, family ties as well as providing resources could also be inhibiting. Frankenburg’s political and social connections enabled her to locate suitable premises for the clinic a few doors away from her husband’s family rubber garment factory. Members of Frankenburg’s extended family were appalled by the publicity surrounding Charis’ actions and the public opprobrium it bought. One cousin made a heartfelt comment in an interview ‘My parents just wished she had opened her clinic anywhere but Greengate’.

The evidence of annual reports and biographies confirms the commitment of these upper and middle class women to their clinics. The contemporary American researcher Caroline Hadleigh Robinson’s research led her to conclude that ‘Englishwomen of leisure apparently take their duties much more seriously than women of other nations, and these “honorary” superintendents are quite apt to be at the clinic most of their time, really attending to the details of administration’ such as ordering supplies and completing case-cards. Certainly that was the case with Stocks who had to keep a diary for Eleanor Rathbone to show she was not neglecting the cause of family allowances. Hilda Lightfoot described the time-consuming administration of her fictitious clinic based on the MSMC where case cards were meticulously completed with the patients details and appointments arranged and checked.

The contribution of middle class women to the birth control movement is recognised partly because they were avid letter writers and like Stocks published autobiographies. In contrast, there are few accounts of the role of working class women in the SPBCC either written or oral. This lack of records has contributed to the role of working class women in the SPBCC having been overlooked. It would, of course, have been difficult for many working class mothers, lacking domestic help, to take a leading role in SPBCC and other women’s organisations. Frankenburg later commented that she had the resources to devote to the birth control campaign because she had a nurse for the youngest, the elder boy was at boarding school and she had staff to run the house. However, though a minority, it is clear that working class women did play a significant, if under-acknowledged, role in the SPBCC
The working class women active in the SPBCC appeared to have been motivated to found SPBCC clinics through their political activism whether Independent Labour Party (ILP), Labour Party or the Communist Party. As will be seen in Chapter Six the party political leadership may have had difficulties endorsing the birth control campaign but their grass roots membership enthusiastically made their own decisions. One of the most committed birth controllers, who invited Stopes to Stockport, was Elsie Plant who lived seven miles from Manchester. She had been a suffragette and believed like the SPBCC members profiled in the previous chapter that ‘a person should be a person in her own right’.\textsuperscript{36} Elsie had married William Plant, a hat block maker, and they were both enthusiastic members of the Labour Church which they organised. They traced Marie Stopes through publicity in the national press and it was under the auspices of the Labour Church that they invited her to speak.\textsuperscript{37} In spite of failing to found a clinic before the Second World War, Plant persevered and was later involved in the successful foundation of a Family Planning Clinic.\textsuperscript{38}

Possibly the most powerful working class activist was Mary Barbour, founder Chairman of the Women’s Welfare and Advisory Clinic in Govan, Glasgow and featured in the last chapter and the Collective Biography. Mary became involved in politics and joined the Independent Labour Party. In 1915 she organised tenants’ committees to resist the war time rental increases and evictions. These rent strikes culminated in one of the largest demonstrations in Glasgow and thousands of women, nicknamed ‘Mrs Barbour’s Army’ by Willie Gallacher, together with shipyard and engineering workers, massed at the sheriff’s courts in the town centre. Byers has shown that this alliance of rent strikers, allied to the political activities of the ILP, contributed to the Rent Restrictions Act of 1915. In 1920 Barbour stood for election for Glasgow council and was the first Labour woman councillor elected. She was later appointed the first woman Baillie on Glasgow Corporation. Her interest in contraception stemmed from a birth control campaign with miners in Lanarkshire and in 1925 she was the driving force behind the formation of the Glasgow SPBCC clinic.\textsuperscript{39} Barbour maintained her involvement even after leaving the Glasgow Council...
Wolverhampton Mrs Alice Onions was influenced by her father, a boot repairer and shop owner, who held strong Socialist beliefs. He was a prominent member of the Independent Labour Party hosting, among others, Ramsay MacDonald. She was a founder member in 1925 of the Wolverhampton Women’s Welfare Clinic. In Newcastle-upon-Tyne two wives of influential miners’ leaders, related by marriage, Mrs Lottie Lawther and Mrs Steve Lawther, were instrumental in opening the Newcastle-upon-Tyne Women’s Welfare Centre. They were both members of Blaydon District Labour Party. Mrs Steve Lawther lived in a tenement but accommodated visitors such as Dora Russell and Mrs Claire Tamplin who had come to Newcastle to assist in the local birth control campaign.

In Manchester at the MSMC one of the Receptionists Mrs Bessie Wild was a member of the Women’s Co-operative Guild and a Communist Party member. She discussed the clinic with fellow Party member Mrs Elsie Booth. Elsie herself used pessaries bought from a chemist in London Road in the centre of Manchester, but when she realised that a neighbour of hers needed birth control advice she took her to the MSMC. “I took a woman and she had eight bloody kids and she was full of TB.” This was hardly the measured middle class language of Stocks and Frankenburg as heard in their taped interviews held in the National Sound Archive.

However, even more important than the contribution of individual working class women, was the active support of the Women’s Co-operative Guild (WCG). The WCG had an important role in founding clinics though as will be seen in Chapter Six there was tension, not between middle class and working class women, but between WCG grassroots members and their leaders. The backing of the WCG members as well as providing practical support also had symbolic importance as it meant the SPBCC could not be easily dismissed as a purely middle class organisation. The Guild attracted ‘respectable working class’ women whose families had grown up, and who had more freedom with time and money. The WCG aided the SPBCC by taking collections, providing voluntary work for the clinic, and generally publicising its work amongst the members. Mary Williams, who attended the MSMC clinic in the 1920s, recalled that there was little publicity about the MSMC but she learned about its work from the WCG and subsequently visited the clinic. The enthusiasm of the WCG for birth control was evident in other SPBCC clinics. Alice Onions of Wolverhampton was a member of the WCG. In Glasgow Mary Barbour gained her
political experience through membership of the Kinning Park Co-operative Guild which was the first Guild to be established in Scotland. When the Liverpool Mothers’ Clinic was being started the committee members discussed how best to involve the WCG. It was decided to approach two members of the WCG who were already known to the committee.46

The WCG played a particularly important role in founding and supporting the MSMC. Mrs Hescott (Secretary of the Manchester branch WCG) was a founder member of the MSMC and continued to serve on the Executive Committee when her term of office at the WCG expired.47 Their Second Annual Report names as Committee members Mrs Ball (who had taken over from Mrs Hescott as Secretary of the Manchester branch WCG) and Mrs Norburn (Secretary of the Downing Street branch of the WCG).48 Downing Street WCG, was one of the longest established guilds in Manchester and as such was extremely influential. Ball, Hescott and Norburn were still serving on the MSMC Executive Committee from 1928 to 1929. The 1930 photograph published in the Manchester and Salford Co-operative Herald of Mrs Norburn with her fellow committee members of the Downing Street WCG showed a group of self-assured, smartly dressed women.49

![Downing Street Women’s Co-operative Guild, 1930](image)

Standing, from left—
Mrs. Duckworth, Mrs. Hall, Mrs. Wells, Mrs. Nuttall, Mrs. Ashcroft.

Sitting—Mrs. Norburn, Mrs. Shuttleworth, Mrs. Rogers (our oldest member) Mrs. Sykes, Mrs. Gibson.

There was a marked gender division amongst the founders of the SPBCC clinics, with eight of the first ten SPBCC clinics being started by women with men playing a supporting role such as providing finance or chauffeuring duties. The East London clinic in Stepney was the exception. This was started on the initiative of Captain Gerald Leigh, Lord Ivor Spencer Churchill and Councillor Lawder, a coalition of
Conservative and Labour interests. However, Councillor Mrs Lawder repeatedly wrote to her local paper putting forward the view that overburdened women had a right to control the size of their families and publicising the clinic. In the Oxford SPBCC clinic Dr Collier took the lead in calling a meeting in 1926, supported by his wife, and the six members of the committee were all female. In Abertillery, the miners’ representative David Duggar, tried to found a clinic in his local hospital, but arguably one of the factors in its early failure may have been the lack of involvement of key local women’s organisations.

The committees enthusiastically mobilised material resources for the clinics. Mary Stott, an early member of the Townswomen’s Guild and a journalist with the Manchester Guardian, referred to a myth that women could not work together. Yet the SPBCC women had to be able to co-operate because in effect they were running a small businesses. Apart from Constance Masefield none of the women had that experience but as has been seen in Chapter Two many had gained experience of organisation from the suffrage movement. The financial survival of the SPBCC clinics was by no means guaranteed as was illustrated by the forced closure for financial reasons of the Cannock Chase Clinic for miners’ wives.

Though the majority of committee members were women they welcomed male assistance in practical matters as financial security was a priority. According to Frankenburg’s autobiography her husband Sydney made generous donations to the MSMC. However, in 1926 the largest single donation to the MSMC of £120.00 came from a Mr S. A. Boulton. Within four months of its inaugural meeting the MSMC’s Executive Committee had raised £193.00 and at the end of the first financial year donations and subscriptions had totalled £534.12.6d. This meant, amongst other things, wages and rent could be paid, supplies could be ordered, and if necessary medical treatment be provided free of charge. Significantly a single male benefactor played a critical role in establishing two clinics. Sir John Sumner generously supported both South Kensington and Birmingham clinics. The 1927-1928 Annual Report of the Birmingham Women’s Welfare Centre stated that the Centre received regular donations from the Women’s Co-operative Guilds in the surrounding area. Though their average donations were five shillings as compared to Sir John Sumner’s £90.00 this still showed widespread commitment by the guilds at a period when their funds were stretched.
The committee of the MSMC did all in its power to keep charges to a minimum while allowing women to retain their self-respect. ‘There is no fee for any visit except the first when a fee of 1/- is charged and appliances advised by the doctor are supplied at cost price - in cases of destitution all charges are remitted’.

Emily Glencross, referred to earlier in this thesis, reported that as her husband was unemployed, she was given appliances free at the MSMC.

The women recognised the importance of locality for their patients. The clinic had to be in a familiar location with which working class mothers would feel at ease. Evelyn Fuller advised that clinics should be on a ground floor, located in heavily populated area and with good transport. The Liverpool Mothers’ Welfare Clinic placed an advertisement for premises in the local paper, ‘Wanted: small flat or unfurnished rooms for Birth Control Centre: preferably ground floor. Convenient for trams; central’.

The Committee’s confidential Minutes showed that they were looking for premises ‘near slums but not in them’. The Walworth Road clinic occupied shop premises on a corner site as similarly did North Kensington. The annual reports showed that the Oxford clinic was located in the working class area of Jericho. In Aberdeen the Clinic was situated in the stone terraces of Gerrard Street in the centre of the town and in Glasgow the Women’s Welfare and Advisory Committee had acquired three rooms in a shop situated in Govan Old Road.

Muriel Bradshaw, a Birmingham Clinic doctor, made the point that the first clinics were often held in rooms in privately rented houses and that her clinic was initially situated in a private house in Castle Street which was a narrow lane off High Street.

The arrangements in the early clinics were so informal that the division between patients and volunteers was blurred. In Wolverhampton the clinic was situated in a railwayman’s house and Onions sterilised equipment over an open fire.

Shop premises were a popular choice of venue and were utilised in Salford, Glasgow, Newcastle-upon-Tyne, Walworth Road. SPBCC members had to persuade reluctant landlords to allow them to rent rooms for a controversial purpose. As has already been noted in this chapter the MSMC’s premises were obtained through Frankenburg’s contact with the sympathetic pie shop owner. Stocks praised the suitability of accommodation for the MSMC clinic. ‘Our premises were in one respect fortunately situated; for they were on an upper floor approached through a shop which sold meat pies. This meant that shy clients were not readily identifiable
from the street as visitors to the clinic— they might equally be regarded as pie purchasers’. 66

In fact semi-hidden entrances, as in the narrow lane in Birmingham, were an important factor for clients facing religious opposition and condemnation from relatives or friends. It was therefore the middle-class committee members who had to cross into unfamiliar territories which could be frightening. Dr Olive Gimson, the doctor at the MSMC, prudently employed her dogs to guard the car. Dilys Dean paid tribute to the academic wives who made the difficult journey on their bicycles in all weathers to the unfamiliar territory to them of the MSMC clinic Salford. 68

Marie Stopes’ clinic was also in a converted shop in Holloway Road. 69 The internal space was female centred. Stopes argued that the interior of clinics should be as a sanctuary to place mothers at their ease. She took care with the decoration of the clinic’s rooms, with cherubic prints, dark oak furniture and potted plants. The decor reflected the taste of a middle class home and a sympathetic journalist described the clinic’s interior in positively lyrical terms, ‘On the old Jacobean table a huge jar of pink and white roses with up-climbing branches of tender green’. 70 The members of the MSMC were less elaborate in their decor but arranged for the rooms to be decorated prior to the opening. The Executive Committee explained that, ‘when the patient comes, she goes into a waiting room which is as cheerful as we can make it, where we have toys for the small children and facilities for the mother to wash her hands’. 71 The cartoon above which accompanied Stock’s article portrayed the enthusiasm of the early birth control pioneers as they prepared their clinics for patients.
3.3 Gendered decisions on family limitation

Having mobilised human and financial resources in setting up the clinics, it was important to win the trust of their client group, working class mothers. Thus a central important issue is how far informal birth control decisions were gendered and what effect this had on attendance at the clinics. One of Kate Fisher’s major research concerns was with birth control practices in the 1920s and 1930s and how the size of families was negotiated by the husband and wife. She believed that because birth campaigners between the wars had concentrated on the role of women, so the role of men had been ignored. Fisher wished to correct this view and present a more complex picture. Indeed she argued that male networks concerning birth control information were more extensive than that of their wives. Her methodology focused on detailed in-depth interviews with 193 people from two major research projects. From their analysis she concluded that ‘in the first half of the twentieth century it was primarily husbands, not wives who took responsibilities for birth control strategies’. She argued that women ‘were reluctant to take an active role in birth control strategy’ as they did not want to be regarded as sexual beings. They preferred to be regarded as ignorant and chaste. They also disliked, according to Fisher’s research, using female appliance methods. She found that men’s contraceptive knowledge was seen by both sexes as being more extensive than their wives who were content not to be seen to have sexual knowledge.

Fisher’s conclusions concerning the role of husbands are radically different from this study which sees mothers taking the initiative in birth control matters. Although Fisher’s sample was larger than this research, contacts were obtained from local authority day centres rather than self-referral. Crucially she interviewed husband and wife together and found little knowledge of the SPBCC clinics. Even though there was a SPBCC clinic in Oxford, given the members in her sample, it was unlikely that any of her interviewees would have attended it. In contrast the interviews for this study were with women, who all had experience of using birth control in the inter-war years, who were interviewed on their own. Certainly some women interviewed for this research preferred their husbands to take the initiative in contraception, but they were the exceptions.

This research showed that women did not have access to the kind of male work-place networks as identified by Fisher but they did have access to other networks. Lella
Secor Florence, was an exception when she wrote of her Cambridge clinic that medical referrals were more important to them than discussions with neighbours ‘It has not been my experience, as it seems to have been at other clinics, that women discuss birth control with their neighbours and send them to the Clinic after they have been themselves’. Working class mothers had access to female friends and family networks. ‘The elder woman brings her daughter “so she shall be spared what I had to go through”’. This was the case when Evelyn Glencross’ mother insisted on arranging birth control provision for her daughter and daughters-in-law at the MSMC and similarly Mrs M.’s friend took her daughter to the Walworth Road clinic. This use of female networks accords with the findings of Melanie Tebbutt who highlighted the function of gossip in the transmission of information and the importance of the role of the older woman.

It was the women in this study who took the initiative to visit on their SPBCC clinics. They went on their own, though husbands were supportive, in Mrs M’s case he minded the children. The space inside the clinics was cramped, so there was often physically no room for husbands. The Liverpool clinic asked wives whether their husbands had been told of their visit but, knowing the required answer, they unsurprisingly replied that their husbands knew and approved. Dr Phoebe Bigland reported that there were only a few cases when the husband had not been informed and this was because he was violent or an alcoholic. In Liverpool husbands gave their wives money for contraception when they could afford it and encouraged their attendance at the SPBCC. Certainly male methods of birth control such as withdrawal (cheap) or the use of the sheath (easy to use) still remained common.

The SPBCC recognised the importance of face-to-face communication. Mrs Claire Tamplin, from the North Kensington Mothers’ Clinic was released from her role as administrator to be ‘an outside organiser’ and make contact with local working class mothers. She later travelled to Newcastle-upon- Tyne to help found a birth control clinic there. The SPBCC organised a range of meetings to attract different audiences. Open air meetings took place in London and which attracted interested passers-by but made their speakers easy targets. The Hon. Mrs Gilbert Murray of the Walworth Clinic regularly addressed open air meetings at which rotten apples were thrown at her but she did succeed in attracting at least one working class woman, a mother of fourteen children. Ella Gordon spoke in local schools to publicise the
Wolverhampton Mothers’ Clinic and this is where she recruited Alice Onions.\textsuperscript{84} There were public meetings in town halls such as Salford which was reported in the \textit{Manchester Guardian} and aimed at attracting middle class supporters.\textsuperscript{85} As has already been discussed in Chapter Two, the Executive Committees spoke to sympathetic women’s groups such as WCG and WCA about their work.

SPBCC members, whilst recognising the importance of word of mouth in reaching working class mothers, also tried a variety of other forms of communication. Local papers were an obvious source of contact. As has already been noted the \textit{East London Advertiser} carried a series of letters concerning the newly opened clinic \textsuperscript{86} Stocks remembered writing carefully phrased letters to local papers and arranged for journalists from the \textit{Manchester Guardian} to cover events such as the public meeting in Salford Town Hall.\textsuperscript{87} Lady Balfour had an article published in the \textit{Kensington News} \textsuperscript{88} The Oxford Mothers’ Clinic placed what they considered, to be a discrete advertisement on the front page of the \textit{Oxford Times} but this was unilaterally withdrawn by the paper after only a few weeks and then only reluctantly reinstated.\textsuperscript{89} In contrast the sympathetic Women’s Editor of the \textit{Eccles and Patricroft Journal} praised the establishment of the MSMC describing the organisers as a ‘dedicated group of women’\textsuperscript{90}

The SPBCC had leaflets printed and distributed to them to houses in streets immediately adjacent to the clinics. Sister Beatrice Sandys, in her interview recalled collecting some spare leaflets and passing them on to her mothers.\textsuperscript{91} The North Kensington Mother’s Clinic imaginatively not only had leaflets printed but negotiated to have posters placed in London Underground stations.\textsuperscript{92}

\textbf{3.4 The SPBCC’s criticism of traditional methods of family limitation and the framing of birth control as an alternative method}

The SPBCC wanted to replace fatalistic attitudes over family size with the modern belief that women could take positive steps to regulate their fertility. Novelist Naomi Mitchison regarded this as a dilemma for middle class women as well as those from the working class.\textsuperscript{93} The North Kensington Clinic identified the confusion of mothers who ‘still rely on muddling through in the belief she may not get pregnant or attempt an abortion when pregnancy is an established fact’.\textsuperscript{94} Attitudes changed slowly, as is illustrated by a Mass Observation Survey of a thousand London mothers aged twenty to forty five which was carried out in 1945. This contained the
following coding for responses to a question on birth control methods: ‘decide in advance; work it out as you go along; leave it to chance; depends’. The last two choices, admittedly made in chaotic war-time London, proved surprisingly popular. Therefore it was not true, as Ferch optimistically claimed in 1932, ‘that the demand for knowledge comes from the women themselves, who having a certain degree of freedom…..are no longer willing to take it for granted that they are here merely to breed children’. Indeed Kate Fisher rightly pointed out that the new female methods were often distrusted. None of the SPBCC clinics such as North Kensington, Manchester and Salford Mothers’ Clinic or Newcastle-upon-Tyne reported a rush of women to the initial sessions and all of them had to break down the initial resistance of women who had to be persuaded to abandon methods that had been used for generations.

The SPBCC opposed abstinence as a means of birth control even though it was advocated by many of the churches and some of the medical profession. It was practiced by many working class couples but although it was cheap it was not regarded as efficient and not in the sole control of the wives. Dr Letitia Fairfield, a former suffragette, who was at first sympathetic to the birth control cause believed that abstinence led to ‘a mutilated, tortured life’. The dangers of abstinence were framed by the SPBCC on health grounds as well as impracticality. A typical case was presented by the Cambridge Women’s Welfare Association, ‘He had become quick tempered and unreasonable; the wife was depressed and miserable, and had doubts whether she would be able to live with her husband’.

The American eugenicist Norman Himes in a contemporary study of clients attending the SPBCC clinics found that coitus interruptus was their most popular method of birth control, followed by the sheath and abortion. Fisher’s research, covering this period, also found that the most widespread male method of birth control was coitus interruptus. However, this thesis questions Fisher’s bold assertion that wives maintained a conscious ignorance of contraceptive practices and preferred to let husbands take responsibility for birth control. ‘Many women left it to their husbands to decide the details of contraceptive acts and avoided discussion of the issue’. This study emphasises the pro-active role of wives and coitus interruptus could often be seen as joint decision. Certainly some women were aware of female appliance methods but still preferred coitus interruptus because it was cheap and did not require
elaborate preparations. Mrs Elsie Plant, who became a friend of Stopes after
organising her birth control talk in Stockport in 1923, confessed in her interview that
she had never tried Stopes’ rubber check pessary as it was clumsy and inhibiting.
Instead her husband carried on successfully practicing coitus interruptus. ‘I should
have been hauled over the coals if Marie had known!’ Lella Secor Florence
expressed the view of the SPBCC when she condemned coitus interruptus as being
unreliable and regretted that couples remained with this method in spite of unwanted
pregnancies.

The SPBCC also criticised the use of male appliance methods. The popular belief was
that condoms were sabotaged but the SPBCC more accurately believed they were
unreliable because the cheaper condoms were made out of poor materials. However,
a more fundamental objection by the SPBCC was that this method, although cheap and comparatively easy to use, again left fertility in control of the
man. Condoms were disliked by men for being uncomfortable and by women as they
had connotations of prostitution. Aunt Polly aged seventy-nine described the attitudes
in Glossop of the 1930s to me ‘Well, there was this man who came selling Durex to
the men in the pub on Fridays. But we wouldn’t like our husbands to use anything
like that’.

However, for many families condoms were rejected not because of aesthetic considerations but because of reasons of cost. For instance, when Mrs Florence Travis’s husband was in work as a docker they bought pessaries and condoms, but when he was out of work she could not afford them and turned to abortifacients.

Newcastle Women’s Welfare Clinic in promoting their birth control measures in
1931 reported that ‘many of local women are at the mercy of quack remedies, always
unreliable, often harmful’. Indeed abortion was regarded as a legitimate birth
control strategy by many working class mothers. Recent studies by Barbara Brookes
and Emma Jones identified the different inter-subjective definitions of abortion by
working class mothers, the birth controllers and the medical profession. These
differences were recognised by both Stopes and the SPBCC clinic workers:

Various interesting conclusions have emerged from this year’s work. The
popular confusion between abortion and contraception has been demonstrated
by the number of pregnant women who visited the Clinic in such cases in the
belief that they can obtain there the relief which they are accustomed to regard
as the orthodox means of family limitation.
Frankenburg, the former midwife, was aware of the local popular methods to bring on a period such as jumping repeatedly from the eighth step. Stocks’ daughter, Hon. Ann Patterson, described how her mother was aware of the misery of abortion, especially after she became a magistrate.\(^{110}\) This was also the experience at Walworth Road where their clients, according to N.E. and V. Himes, often confused birth control with abortion.\(^{111}\) Both Stopes and the SPBCC clinics were approached by women wanting abortions who appeared to have blurred the distinction between contraception and abortion. They believed that abortion was not illegal if it was carried out in the early months of pregnancy ‘prior to quickening’ and before the mother began to feel foetal movements at sixteen weeks.\(^{112}\) Similarly it was generally believed that that self-administered abortion was permissible but not paid abortion. Aunt Polly, who had dismissed condoms as not respectable, freely described the methods used in her neighbourhood in the inter-war years for terminating a pregnancy:

> Women used to try all sorts of things to bring on a period. They would jump off slop stones in kitchen or jump down stairs or else they would dose themselves with Sennapods. Some would swear by Nurse Brightmore’s tablets at 25/-. Sometimes nothing worked....\(^{113}\)

The workers in the Walworth Women’s Welfare Centre reported widespread use of drugs to bring on a period ‘usually with injury to themselves as individuals and as mothers.’ Many went to the chemist and obtained a medicine which resulted in them having a perpetual period.\(^{114}\) They did not regard these as abortions as the shared understanding was that abortions were only carried out by professional abortionists who extorted money.

In one sense abortion, though dangerous, could be seen as a feminist strategy as it gave women control. Barbara Brooks explained the continuing popularity of abortion by arguing that women felt it gave them more self-determination than relying on their husband’s skill with coitus interruptus.\(^{115}\) The mother was thus able to take decisions about family size and the spacing of children. Brooks argued that working class women possessed a common culture and solutions to problems were shared in a neighbourhood network of support.\(^{116}\) Patricia Knight also regarded abortion as having a central place in female sub-culture, seeing men as being excluded when women turned to female friends and relatives.\(^{117}\) However, later studies showed men often played a supportive role in obtaining abortions.\(^{118}\)
The SPBCC could have framed their arguments in terms of the illegality of abortion practices but instead concentrated, like the British Medical Association, on the health implications. Frankenburg of the MSMC was convinced that sepsis from back street abortion was one reason that government statistics showed that the rate of maternal mortality remained static in the inter-war years instead of falling like the levels of infant mortality. Birth control pioneer Plant was also aware of the widespread use of abortion in Stockport ‘People lost their lives. It was a terrible cruel world for women’. However, the rate of maternal death from abortions was not high given that the number of abortions per year was estimated by the British Medical Association as being between 110,000 to 150,000 with half of these being illegal. Taken in this context, the number of maternal deaths from illegal abortions which were mostly caused by sepsis, were proportionately rare. Many women must have calculated that it was a risk to health worth taking.

The SPBCC clinics framed their methods as being modern and scientific. The importance of their scientific approach was eloquently expressed by the Birmingham Women’s Welfare Centre:

> We would stress the fact that instead of persons experimenting in the dark on their own account, or relying on ignorant gossip (abortion not being the least frequent result of such lack of proper information), the Clinic can put the sum of human knowledge on the subject into the woman’s hands in a straightforward manner, under medical supervision, and at low cost.

The clinics stressed to working class mothers the advantages to their health of rejecting debilitating birth control remedies. The female staff at the SPBCC clinics promoted female-centred birth control methods. However, there were contradictions in this insistence in this approach. The method most generally advised by the SPBCC clinics was the spring-rimmed vaginal diaphragm, in conjunction with spermicidal jelly and douching. Ironically the women who attended the SPBCC clinic often had experienced several difficult pregnancies resulting in tears to the cervix and so arguably this was the least suitable method for them. Yet Dr Gimson at the MSMC recommended the dutch cap for female contraception twice as many times as Dr Bigland at the Liverpool Mothers’ Clinic. It was likely that the MSMC doctor decided that just as women would not be in control during coitus interruptus, neither would they be in control if they had to rely on the husband’s use of condoms. One mother quoted by the Birmingham Clinic said “My husband is a good chap really but he’s often drunk and I wouldn’t trust him to see we didn’t have any more
babies’. Not every SPBCC member agreed with the practices of clinics such as the MSMC. Lella Secor Florence who worked at the Cambridge Clinic felt their methods were impractical for women in overcrowded housing being time consuming, fiddly and requiring privacy. How-Martyn convincingly argued that from the point of view of the woman who had to use it, a less reliable method which she could readily use was better than a more reliable which she could only use with difficulty. At her clinic in Walworth Road women were offered the option of the sheath with a spermicidal jelly and she believed, because of the difficulties experienced by the women, that this combination was the most reliable method.

3.5 Strategic framing by the SPBCC on clinic attendance

The SPBCC clinics as well as attracting their target client group of working class mothers also had to obtain the sympathetic support of both governmental and voluntary agencies. Therefore it was important how the statistics and case studies were framed by them. The American researcher Caroline Hadleigh Robinson obtained data from seventy American and European birth control clinics in a survey and analysed occupation, family size and maternal health. Although she acknowledged that the clinics were used by a cross section of the population it was their use by working class women which was deemed important from her eugenic perspective. Robinson’s data in Table 1 shows that by far the busiest SPBCC was the ‘flagship clinic’ of Walworth Road which had on average 127 new applicants a month. In the first eight years of existence 20,929 patients had been seen.

### Table 1

Applicants at SPBCC clinics, 1921-29 Robinson 1930, 11.

<table>
<thead>
<tr>
<th>Clinic</th>
<th>Founded</th>
<th>New Patients per Year</th>
<th>Cumulative Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Walworth Road</td>
<td>1921</td>
<td>3,881</td>
<td>20929</td>
</tr>
<tr>
<td>North Kensington</td>
<td>1924</td>
<td>372</td>
<td>1813</td>
</tr>
<tr>
<td>Wolverhampton</td>
<td>1925</td>
<td>193</td>
<td>1187</td>
</tr>
<tr>
<td>East London</td>
<td>1926</td>
<td>468</td>
<td>1549</td>
</tr>
<tr>
<td>Cambridge</td>
<td>1925</td>
<td>138</td>
<td>627</td>
</tr>
<tr>
<td>Manchester &amp; Salford</td>
<td>1926</td>
<td>261</td>
<td>1173</td>
</tr>
<tr>
<td>Glasgow</td>
<td>1926</td>
<td>187</td>
<td>706</td>
</tr>
<tr>
<td>Oxford</td>
<td>1926</td>
<td>38</td>
<td>158</td>
</tr>
<tr>
<td>Birmingham</td>
<td>1927</td>
<td>607</td>
<td>1379</td>
</tr>
<tr>
<td>Aberdeen</td>
<td>1926</td>
<td>142</td>
<td>365</td>
</tr>
<tr>
<td>Liverpool</td>
<td>1926</td>
<td>101</td>
<td>234</td>
</tr>
</tbody>
</table>
One of the most influential investigators was the American Norman Himes. He was quite open about the intention of his research ‘I propose to show by a study of the occupational distribution of the husbands of patients attending the clinic, and by a survey of wage incomes, that the clinics are reaching to a modest degree, the wives of the unskilled and semi-skilled workers’. He and his wife Vera visited all the SPBCC clinics in 1928 and their visits were reported in the minutes of clinics such as Liverpool and Manchester. In addition Vera Himes carried out home visits on behalf of the Walworth Road Clinic. As Norman Himes was a eugenicist, the above publication *Eugenics Review* was a fitting publication for his findings. However, Himes argued the spread of ideas was far greater than represented by the numbers attending SPBCC clinics. He believed that, ‘it seems clear that the English clinics, all of which have been founded since 1921, have been influential in disseminating contraceptive advice to the lower classes’. Nevertheless, just as Fisher may have underestimated the spread of birth control advice, so Himes may have been over optimistic in his assessment of the dissemination of knowledge.

Contemporary opponents of birth control argued that the working class mothers would not persist in methods which required prolonged commitment. Therefore it was important for the SPBCC to prove their methods could be successfully utilised by working class mothers. Stocks believed that the clinics were reaching their target and encourage patients to form an on-going relationship with the clinic, ‘We are convinced that the great mass of the women we are helping are over-worked married mothers’. Himes “statistics showed that the wives of unskilled workers were represented at the nine SPBCC clinics in a greater proportion than in the general population, (34% compared to 13%), and so concluded that these clinics were successfully reaching the working classes. Table 2 shows the regional variations in occupations with the dockers’ wives attending the Liverpool clinic whilst in the Glasgow clinic there were miners wives. Ninety percent of the clinic’s patients were working class mothers with around 40-50% being the wives of unskilled or semi skilled workers. The SPBCC records showed that in North Kensington the wives of street hawkers, window-washers, car-cleaners attended as well as transport workers from the nearby bus depot.
Table 2


<table>
<thead>
<tr>
<th>Location</th>
<th>Skilled</th>
<th>Unskilled</th>
<th>Semi-Skilled</th>
</tr>
</thead>
<tbody>
<tr>
<td>North Kensington</td>
<td>37.9</td>
<td>32.8*</td>
<td></td>
</tr>
<tr>
<td>Manchester</td>
<td>32.6</td>
<td>11.1</td>
<td>31</td>
</tr>
<tr>
<td>Wolverhampton</td>
<td>12.6</td>
<td>5.6</td>
<td>77.9</td>
</tr>
<tr>
<td>Cambridge</td>
<td>32</td>
<td>17</td>
<td>25.2</td>
</tr>
<tr>
<td>Liverpool</td>
<td>46.8</td>
<td>16.2</td>
<td>19.6</td>
</tr>
<tr>
<td>Birmingham</td>
<td>24.2</td>
<td>13.9</td>
<td>40</td>
</tr>
<tr>
<td>Glasgow</td>
<td>34.6</td>
<td>18</td>
<td>24.6</td>
</tr>
<tr>
<td>Aberdeen</td>
<td>38.5</td>
<td>7.3</td>
<td>20.2</td>
</tr>
</tbody>
</table>

*Unskilled and semi-skilled occupations were combined for North Kensington.

Although the majority of clients at the SPBCC clinic were working class mothers Himes had found there was also a significant attendance from the business and professional classes. Attendance at the clinics predictably reflected the social composition of the locality: Cambridge clients included the wives of university professors, a dentist’s wife and the wife of a Primitive Methodist minister; Liverpool’s clients included the wife of a master mariner and the wife of a manager of an ironmongers; North Kensington included the wives of officers from the armed services and MSMC had the wife of a teacher attend. However, the attendance of the middle class mothers at the clinics is completely omitted in the annual reports of the SPBCC clinics and their presence ignored. Presumably as this would detract from the clinic’s emphasis on successfully attracting working class mothers.

The occupational class distribution presented by the clinics and used by Robinson and Himes was not completely accurate as there were practical difficulties in classifying occupations by researchers who were unfamiliar with manual work practices. Often the wives were not able to describe their husband’s occupation and were not informed of the amount of his earnings. It was rare for any systematic details to be given about the occupation of the wife before her marriage or any work on marriage even though at the time of the Depression her wages might be crucial to
the household’s economy. An exception to this was Dr V Russell’s, *Evidence to the Inter-Departmental Committee on Abortion* which included detailed data on her female Manchester patients. Occasionally the clinic did record the wife’s occupation in their case studies but this was never carried out as a routine. ‘Mrs H. Aged 44. thirteen children, twelve living. Before marriage she had worked in a brickyard, carrying bricks’. These details were provided as an explanation for the woman’s continuing good health in spite of her high number of pregnancies.

The SPBCC countered claims of immorality by framing their reports to show that the women who attended the clinic did so out of a sense of responsibility to limit or space their families and were not prostitutes as critics claimed. Himes showed in his Table 3 that the typical mother who attended the clinics was already in her thirties and her husband was two years older. The majority of the mothers had been married for over eight years and wanted birth control advice because they did not wish put the strain of unplanned pregnancies on their marriages.

**Table 3**

*Extract from social data on 3,296 cases on British birth control clinics*

N. E. Himes. ‘British birth control clinics’ Eugenics Review (1928 p.159)

<table>
<thead>
<tr>
<th>Location of Clinic</th>
<th>Years Married</th>
<th>Ages</th>
<th>Husband mean</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Arithmetic Mean</td>
<td>Wife mean</td>
<td></td>
</tr>
<tr>
<td>North Kensington</td>
<td>8.7</td>
<td>31.3</td>
<td>33.9</td>
</tr>
<tr>
<td>Manchester</td>
<td>8.8</td>
<td>31.0</td>
<td>33.5</td>
</tr>
<tr>
<td>Wolverhampton</td>
<td>8.2</td>
<td>30.8</td>
<td>no data</td>
</tr>
<tr>
<td>Cambridge</td>
<td>9.7</td>
<td>32.2</td>
<td>34.9</td>
</tr>
<tr>
<td>Liverpool</td>
<td>9.8</td>
<td>31.8</td>
<td>34.8</td>
</tr>
<tr>
<td>Glasgow</td>
<td>9.5</td>
<td>31.3</td>
<td>34.6</td>
</tr>
<tr>
<td>Aberdeen</td>
<td>10.0</td>
<td>31.1</td>
<td>33.4</td>
</tr>
</tbody>
</table>

The opponents of birth control had claimed that birth control was a sign of degeneration because women were trying to avoid the inconvenience of child bearing. The researchers showed that most of the women who were coming to the clinic for birth control advice already had large families. Himes showed, in Table 4, that mothers wished to limit their families after two children. However, there were mothers who had ten, eleven, twelve, thirteen, fourteen pregnancies. At each family size there were a high proportion of losses. Thus the eighteen women who had
eleven pregnancies had one hundred and thirty living children but seventy two unsuccessful pregnancies. It was these statistics that especially concerned the birth controllers, as frequent childbearing could lead to high levels of maternal mortality.

Although Dame Janet Campbell in her studies of maternal mortality had identified eight pregnancies as being the danger number, the research from the North Kensington SPBCC clinic showed that the damage to a mothers’ health could occur much earlier depending on poverty and overcrowding

Table 4

Analysis of results according to number of pregnancies reported in the first 1,000 cases of North Kensington Clinics. Total pregnancies, living children and losses

N.E and V. Himes (Hospital Social Services, (1929) p.591.

<table>
<thead>
<tr>
<th>No. Pregnancies</th>
<th>Women</th>
<th>Pregnancies</th>
<th>Living Children</th>
<th>Losses</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>43</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>One</td>
<td>151</td>
<td>151</td>
<td>147</td>
<td>10</td>
</tr>
<tr>
<td>Two</td>
<td>187</td>
<td>374</td>
<td>337</td>
<td>41</td>
</tr>
<tr>
<td>Three</td>
<td>173</td>
<td>519</td>
<td>436</td>
<td>85</td>
</tr>
<tr>
<td>Four</td>
<td>130</td>
<td>520</td>
<td>398</td>
<td>128</td>
</tr>
<tr>
<td>Five</td>
<td>91</td>
<td>455</td>
<td>360</td>
<td>100</td>
</tr>
<tr>
<td>Six</td>
<td>72</td>
<td>432</td>
<td>334</td>
<td>100</td>
</tr>
<tr>
<td>Seven</td>
<td>36</td>
<td>252</td>
<td>171</td>
<td>83</td>
</tr>
<tr>
<td>Eight</td>
<td>31</td>
<td>248</td>
<td>196</td>
<td>53</td>
</tr>
<tr>
<td>Nine</td>
<td>29</td>
<td>261</td>
<td>188</td>
<td>75</td>
</tr>
<tr>
<td>Ten</td>
<td>18</td>
<td>180</td>
<td>129</td>
<td>52</td>
</tr>
<tr>
<td>Eleven</td>
<td>18</td>
<td>198</td>
<td>130</td>
<td>72</td>
</tr>
<tr>
<td>Twelve</td>
<td>11</td>
<td>132</td>
<td>79</td>
<td>54</td>
</tr>
<tr>
<td>Thirteen</td>
<td>7</td>
<td>91</td>
<td>64</td>
<td>27</td>
</tr>
<tr>
<td>Fourteen</td>
<td>3</td>
<td>42</td>
<td>36</td>
<td>6</td>
</tr>
</tbody>
</table>

Officially the SPBCC policy was not to give contraceptive advice to childless couples. Dr Phoebe Bigland of Liverpool would not give contraceptive advice to a mother unless she had at least three children, even though the policy of the Executive Committee was to provide birth control advice to all married women who requested it. Dr Olive Gimson, of the MSMC took a more liberal attitude and recognised the value of the clinic’s services during the long industrial depression. Evelyn Glencross’ husband, a labourer, was out of work and so she explained to Dr Gimson
that they then did not feel they could financially support a family. ‘The doctor was more than satisfied and said there would be no charge for the articles’. 136

The SPBCC researchers were also framing cases and statistics to argue against the government’s view that it was theoretically possible to separate out health reasons for seeking out birth control advice (deemed just acceptable), from economic reasons (considered selfish and unacceptable). This was why the SPBCC clinics included selected case studies at the end of their annual reports showing the link between economic circumstances and medical conditions. Even among those whose husbands were in employment, their incomes were not high. The MSMC surmised that, ‘A great majority are the wives of men earning £2.00 and £3.00 a week. Some are the wives of unemployed or invalided men’. 137 In their next report they reiterated, the case for economic motives ‘Though the cases of urgent medical necessity are frequent, an increasing number of women are actuated by a prudential motive’. 138 The MSMC Committee argued that with the onset of the Depression there was an increase in male unemployment and the level of benefit was not adequate to support a large family. One consequence was the wife often had to have a part time job, such as taking in washing, in order to keep the family, which added to her exhaustion, and in addition they felt that the housing conditions for poor families were often cramped and sub standard. ‘Members of the Committee firmly believed that mothers were being responsible by attending the MSMC. A profound sense of parental responsibility for the well-being of their existing children actuates their desire to incur no further pregnancies because of inadequate housing or wages.’ 139

The eugenicist Caroline Robinson’s analysis of data relating to clinic attendance also led her to find that ‘economic reasons predominate, with health next, and spacing of children comes third but infrequently’. 140 Having listened to the mothers’ histories as they presented themselves at the clinic, the MSMC opposed the government’s policy, which stated that working class mothers should only be eligible for birth control advice on health grounds. They felt this was unrealistic as in practice it was impossible to separate health needs from economic requirements. Economic hardship was shown to lead to the mothers’ ill health both physical and mental. Lella Secor Florence referred to the misery, the suffering, the bitterness of unwilling women coerced into producing unwanted children. 141
Below is a selection of cases drawn from the annual reports of three SPBCC clinics throughout the country in the 1920s which were carefully framed to show that in practice it was difficult to separate health reason from economic motivation for birth control. The quotations are extensive to give a flavour of the reports. The frankness of mothers is revealing:

**Birmingham Women’s Welfare Association:** Mrs G. aged 35, has had 6 children, the last being twins. She then had 2 deliberate miscarriages in succession, and feeling very ill, came to us for advice. She returned in 7 months time to say she was very pleased with the advice received and that it was proving satisfactory. She gets 45s a week from her husband.142

**Birmingham Women’s Welfare Association,** Mrs N. Seven living children, lost twins at 8 months, and had several miscarriages-(1deliberate). Her own doctor forbade more children, but would give no advice when asked beyond: “Keep your eyes open; there are plenty of ways.” She was on the verge of getting a separation, and was going back to her mother. She returned after one year, saying that she had had the happiest year of her life. She did not hate her husband now that the fear of pregnancy was removed.143

**Cambridge Women’s Welfare Association,** Mrs X. I have five children. I have had two miscarriages and a baby that died. My little girl has St Vitus Dance, There is always a baby in the house. I am sure I do not want any more. There is always a doctor here.144

**North Kensington Women’s Welfare Association,** Mrs E. aged 29. Pregnancies 7; all are living, the eldest is nearly 10. Husband, a bus conductor gives the wife nearly £3.00 per week. She came after six months saying how pleased she was. She and her husband had said they could now enjoy the children.145

The examples chosen by the Executive Committee were framed to elicit sympathy and show how women were undeserving victims of circumstances. For instance Glencross’ case card could hypothetically have read ‘Mrs-, aged 24, healthy, no children, husband out of work’ but this would not have conveyed the required message. Instead the case histories show that some of the mothers had up to thirteen pregnancies and were so desperate that they admitted trying abortion. It was reported that their husbands were often sick with TB or syphilis and children often died at birth or infancy.146 The SPBCC clinic framed as an endorsement of their methods
cases such as Mrs N attending the Birmingham clinic who as a result had no unwanted children and whose marriage had improved.

3.6 Was there a clash of cultures between volunteers and their clients?

This section explores how far there was a commonality of purpose between those that ran the clinics and the mothers who attended them. Certainly there have been many examples of middle class women feeling they could improve the lives of working class women whilst not appreciating the constraints of low income and sub-standard housing. These philanthropic enterprises included lady sanitary inspectors who visited working class women in their homes and provided advice.147 Anne Logan summed up the dilemma of one twentieth century Poor Law worker as ‘Lady Bountiful or Community activist?’ Certainly middle class ‘do gooders’ with little in common with working class women were resented by them as judgemental and patronising.148 Kate Fisher in her study of inter-war birth control clinics in Oxford and Wales argued that clinics frequently failed to appreciate the disjunction in attitudes between the women who ran the clinics and the situation of the working class mothers who came for help. ‘They struggled to convince many potential patients to accept their particular principles but did not attempt to tailor their clinics to make them more attractive to the working-class communities they targeted’.149 Similarly Catherine Walker pointed out the tensions that arose in some of the Marie Stopes’ Clinics between the nursing staff and their working class patients. She believed that this could be attributed to frustration on the part of the professionals who believed unswervingly in the efficacy of their clinic’s birth control appliances.150

Working class women were often frightened of hospitals but as Dr Helena Wright of the North Kensington SPBCC clinic explained ‘They came to us because we were all women- women doctors, women nurses, women running the clinic’.151 Sceptics claimed that these women would have difficulty in committing to the discipline of regular appointments and elaborate contraceptive regimes. However, many women did become loyal clients at their local clinic.152 There was usually a high degree of empathy between privileged middle class clinic workers and over-worked working class mothers on low incomes and with little outside support. Admittedly this was not always the case. The following account by Flora Blumberg of her follow-up
visits on behalf of the MSMC stands out precisely because her value judgements were exceptional:

Just as surely as we knocked on a door and saw a half-tin of Nestles milk on the table, together with a half-eaten loaf, and butter or margarine in its original paper, and several layers of dirty dishes, just as surely would the patient produce her pessary from a drawer in the sideboard, and explain how she had failed. So a spotless doorstep would be found a success – a clean painstaking woman who had taken the trouble to follow carefully the instructions given her and had succeeded in her object.\(^\text{153}\)

Blumberg was so convinced that the SPBCC’s methods could not have failed that she placed the onus on the mother. Even she conceded the difficulties for working class mothers and later in the same Report explained that, ‘We realised the methods might be difficult to teach to uneducated women and difficult to practice under cramped conditions’.\(^\text{154}\)

Clients at the SPBCC clinics were able to relax in a way that was not possible in other health care situations. Perceptively Mr Chapple, Senior Gynaecologist at Guy’s Hospital stated that often women did not consider themselves sufficiently ill to go to a general hospital because they knew there would be a long wait, no real privacy and a difficulty in continuity of treatment.\(^\text{155}\) Lara Marks recounted in her study of East London that at the London Hospital women had to wait hours to be seen and then their appointment time averaged only thirty seconds. It was the aim of the SPBCC to give their mothers the attention that private patients were accorded over their birth control needs.\(^\text{156}\)

Dale and Fisher stressed that the voluntary clinics were concerned with far wider issues than birth control and pointed out their work in identifying other gynaecological conditions and cancers.\(^\text{157}\) However, the SPBCC adopted a holistic approach and addressed mental as well as physical concerns. Members of the SPBCC such as Frankenburg recognised the importance of allowing the mothers time for themselves which in many cases must have been a rare luxury. Stopes in her book *Contraception* wrote that explaining the mechanics of contraception was not enough as the mothers ‘needed deep personal understanding and help’.\(^\text{158}\) Similarly Frankenburg described the situation at their clinic in Salford. ‘Our mothers feel they have been talked to by somebody who understands their problems. We do not hurry them. They talk a long time, and it generally takes a long time to diagnose the particulars’.\(^\text{159}\) Frankenburg described how mothers came in to the MSMC in floods of tears to which the volunteer response was ‘Tell me about it’.\(^\text{160}\) Florence wrote of
her Cambridge clinic, ‘Every woman was encouraged to talk about herself and her experiences as long as she felt inclined’. Again, in North Kensington it was emphasised that the clinic’s policy was to allow the mother ‘as much time and skill and patience as if they were private patients’. Liverpool Mothers’ Clinic began to give out cups of tea on Wednesday afternoons as the Committee realised this ‘gave great comfort’ and allowed an opportunity for informal conversations.

A common theme of the clinics’ accounts was how nervous women were, particularly on their first visit. When Marie Stopes opened her first birth control clinic in 1921 none of the women queuing outside would enter until she instructed the Receptionist to go out and led each one by the hand inside the clinic. The North Kensington SPBCC clinic reported that initially very few mothers attended the clinic as they were shy and apprehensive. Evelyn Fuller of Walworth Road SPBCC emphasised that as many of the women were shy at their first visit, there must be an atmosphere of privacy and friendliness. Stocks later explained at the National Council of Women’s Conference in 1929, ‘No one realised how shy, ignorant and desperate the average married woman without means could be’. Not only did the policy of being sympathetic enabled the mother to relax, it meant that the contraceptive cap could be fitted more accurately, and also the doctor could detect other underlying illnesses.

Class differences appeared to be lessened inside the clinics. The most striking example of this is the case of Mary Williams who attended the MSMC. Mary Williams recognised Charis Frankenburg from her days working at her husband’s family factory in Greengate, Salford where she did hand sewing and buttonholing on rubberised garments. Although Mary was only a young girl and this was her first job she joined a union and went on strike because of bad wages and poor conditions. The local rumour was that Frankenburg was only involved with birth control because her husband was a rubber manufacturer. In spite of this Mary admired Charis. Mary repeatedly praised Charis when interviewed by Manchester Studies, describing Charis as being ‘an exceptionally good woman’. She remembered Charis and Mary Stocks ‘pottering about with the jellies’. Neither of these two energetic women could be described as ‘potterers’ but sorting out stores would have provided an ideal opportunity to talk with their patients. As Charis’ daughter, Ursula Kennedy, commented in her interview, ‘Mother would talk to anyone.’
There were other examples of the clients relating well to staff at the clinics. Evelyn Glencross admired the women helpers at the MSMC and the wife of a waterside labourer, paid tribute to the helpfulness of the staff at the Walworth Clinic. Mrs Barrett, a lay worker at the Liverpool Clinic was described as having ‘the lovely art of friendliness by which the patient however nervous was soothed and reassured before she came to the doctor for further questioning and examination. In the smaller clinics personal relationships were particularly important as stressed by Alice Onions, a working class mother herself in Wolverhampton. Significantly Onions qualified after the Second World War World, with fellow Wolverhampton Mothers’ Clinic member Winifred Strange, as a Marriage Guidance counsellor.

This thesis contends that an important factor in the clinics successes was that the nurses and lay workers were mothers themselves. The volunteers were not regarded as distant authority figures and this enabled meaningful relationships to be formed. Nor was there any evidence of the eugenic arguments which Davin so succinctly summarised and will be further discussed in Chapter Five. ‘If the survival of infants was in question it must be the fault of the mothers and if the nation needed future healthy citizens..., then the mothers must improve’. The SPBCC volunteer workers started from a completely different perspective as they stressed they shared a common bond of motherhood with their working class patients. The volunteers were deliberately selected for their ability to relate to working class mothers. South Kensington Executive Committee members felt it was appropriate that in the first five years of the clinic’s existence many of their committee had babies of their own and the three main committee members of the MSMC were all young mothers with twelve children between them. Frankenburg deliberately took her young baby to the clinic as a visual aid in the same way that she used the physical presence of the working class mothers at the inaugural public meeting, ‘My own baby used to accompany me to distant meetings so as not to miss her six o’clock feed’. Frankenburg wanted illustrate the point that she was not anti-babies but wanted the family to be well spaced.

There sharing of the common experience of motherhood provided a common bond. As Alison Jagger pointed out the role of emotions has been traditionally ignored by political scientists and contrasted unfavourably with rational judgements, thoughts and observations. She regarded the study of emotion and empathy as being
particularly valuable in the study of women’s reality and other subordinated groups. The clinics consciously used the bond of motherhood to achieve success. While not denying the importance of class the clinic workers were able to forge relationships across class barriers.

In this context the emotion of motherhood has been given a different interpretation from the ideology of motherhood described by Anna Davin in her ground-breaking article on ‘Imperialism and Motherhood’. Initially the ideology of Motherhood was also the attitude of the Eugenics Society as discussed in Chapter Five. However, the emotion of Motherhood as understood by the SPBCC provided a common emotional bond between workers and patients. Rather than forcing motherhood on reluctant women it was understood that the clinics were there for the opposite purpose - to help working class women limit their families.

The SPBCC committee members appreciated that they needed the support of working class mothers. Indeed North Kensington Women’s Welfare stated that ‘old patients are the best propagandists’. Thus the skilful politician Charis Frankenburg wanted the working class mothers, probably members of the WCG, prominently seated at the public meeting to launch the MSMC. ‘We shall also see that those who are most concerned, the working class mothers, are strongly represented on the platform’. Her philosophy was that the clinics were not being run to provide an agreeable leisure occupation for middle class women and the needs of the working class mothers were central to their success.

3.8 Conclusion

This chapter argues that there was a greater social mix in the SPBCC clinics than has been recognised. There were a number of women from privileged background who became involved with the SPBCC. At a time when it was unusual for women enter higher education the Collective Biography showed a high proportion had entered university. Also SPBCC members had also taken advantage of changes in legislation to become magistrates, local councillors and to stand as MPs.

There were significant friendship networks amongst the founders of clinic particularly centring round Stopes, Stocks and Frankenburg, though an analysis of the social background of founders of the SPBCC shows wide variation in social class. However, the SPBCC clinics were not just founded by upper and class women.
as there was also a significant input by working class women, such as Mary Barbour, Glasgow, and Alice Onions, Wolverhampton, who were committed socialists. As has been seen the contribution of the Women’s Co-operative Guild was highly valued not just in Salford but Birmingham and Glasgow.

Working class mothers had their own networks of family and friends and used these to access SPBCC clinics. The organisers were keen to place the clinics in areas where working class women would feel anonymous to neighbours and comfortable in the clinics. Unlike Fisher’s respondents these working class wives took the initiative in locating and attending the SPBCC clinics although husbands may have given financial or moral support

The SPBCC kept detailed records of those attending the clinics not only for medical reasons but to frame evidence to government for the need for municipal birth control clinics. The SPBCC annual reports drew on these statistics and case studies and these were carefully framed to counter the hostile arguments against birth control as encouraging promiscuity.

This study argues that there appeared not to have been widespread antipathy between the lay workers and the working class mothers. Fisher argued that staff of the clinics often did not realise the complexity of their clients attitudes to birth control but a number of SPBCC nurses and lay workers were of working class origins. Moreover the lay workers saw their role as being far more than providing birth control advice- they saw themselves as giving the working class mothers space to express themselves. The volunteers were specifically selected for their ability to relate to the mothers and an important factor was that they were all mothers themselves. The lines between volunteer and patient were often blurred, for instance when working class mother Alice Onions was treating her neighbours in a railwayman’s cottage in Wolverhampton.

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2 MacLaren (1990) p.227
5 Mitchell (1977); Liddington (2006); Cowman (2007).
7Cowman(2007) p.12
10Catholic Herald (13.2.1926); (2.3.1926); (19 .6.1926).
11The following were married to doctors: Mrs Collier, Oxford; Mrs Edith Emanuel. Birmingham; Mrs Winifred Strange, Wolverhampton; Lady Sprigge. Lady Sprigge’s husband was editor of the medical journal The Lancet.
12SPBCC members Eva Hartree and Margery Spring Rice attended Girton, Cambridge whilst Constance Masefield, Lillian Mott, Helen Pease attended Newnham College, Cambridge. Leah Manning obtained her teaching qualification from Homerton Teacher Training College, Cambridge. Two SPBCC members attended Oxford University. Eleanor Rathbone read Philosophy at Somerville College and Charis Frankenburg also attended Somerville.
14Mott (1952).
16By 1930 there were still only two hundred women magistrates in Britain compared to twenty three thousand men. Harrison(1987) p.303.
24Stockport Express (1.11.1923)
25David Paton interviewed by Clare Debenham, 22 .5.2007.
26Brittain’s comments on Frankenburg (1940)p.206. Frankenburg’s criticism of Brittain are recorded in the Brian Harrison interviews (12.4.1977) Women’s Library.
Frankenburg (1975) p. 83.

28 Royden (1932)


32 Robinson (1930) p.20.

33 Stocks (1970) p.162

34 Lightfoot (2001) p.103. Lightfoot interviewed some Frankenburg’s relatives as well as consulting written records.

35 Brian Harrison interview with Frankenburg, 12.4.1977. Women’s Library 8SU/B144b.

36 Elsie Plant interviewed by Clare Debenham, 10.5.1978.

37 The Stockport Express reported the meeting (1.11.1923 and 8.11.1923) and carried prominent advertisements for it in the previous weeks.


39 Byers (2002).


42 Interview with Mrs Bessie Wild by Manchester Studies Tape 932.

43 Interview with Mrs Elsie Wild by Manchester Studies Tape756

44 Blaczak (2000) pointed out that at the turn of the twentieth century even a single female school teacher would have found it hard to afford the WCG subscription.

45 Mary Williams interviewed by Manchester Studies, Tape 73.

46 *Liverpool Mothers’ Clinic Minutes* 1926 (no month).

47 *Manchester and Salford Mothers’ Clinic Annual Report* 1926-1927.

48 *Manchester and Salford Mothers’ Clinic Annual Report* 1927-1928

49 *Manchester and Salford Co-operative Herald* (Oct.1930) p.120.

50 *East London Advertiser* (31.7.1926; 11.9.1926).


52 Stott(1978) p.2

53 *SPBCC Annual Report* 1925-1926. Very little survives about this clinic.

54 *Manchester and Salford Mothers’ Clinic First Annual Report* 1926-1927.

55 ibid
57 ibid
58 Glencross (1997).
59 Glencross (1997) p.8
60 Liverpool Echo (31.3.1926).
61 Liverpool Mothers’ Clinic Minutes, April 1926.
63 Glasgow Mothers’ Clinic reply to Margaret Sanger’s questionnaire 1927. Smith College archives.
65 Wolverhampton Chronicle (18.11.1955). ‘Woman in Profile, Alice Onions’.
67 Rolph (1957) p.57. Cartoon accompanying article on birth control by Mary Stocks.
68 Ester Dean is Dilys Dean’s daughter and she who worked at the MSMC.
Interview by Clare Debenham 11.4. 2004.
69 Stopes (1924) Contraception contains a detailed photograph of her clinic in chapter fourteen.
70 Star (9.7. 1921).
73 Fisher(1997) p.118  and p.123,
74 Fisher (2008) p 57
76 There were similar self referrals in interviews conducted by Manchester Studies in the 1970s.
77 Florence (1930) p.49.
81 Interview with Mrs Florence Travis by Clare Debenham, 8.2.1978.
82 Family Planning (Jan.1956).
83 ibid.
Wolverhampton Chronicle (18.11.1955).
Manchester Guardian (16.4.1926).
Oxford Times (4.11.1926 to 30.11.1926).
Interview with Sister Beatrice Sandys by Clare Debenham, 28.3.2003.
North Kensington Women’s Welfare Association Minutes, 15.11.1927. It is not recorded whether they were able to carry out their poster campaign.
Mitchison (1930) pp.5-32.
Topic Collection Family Planning (1944-1949) TC.3/1A. Mass Observation Archives at the University of Sussex.
Ferch (1932) p.12.
Fisher (2008)p.239.
Dr.L.Fairfield (1920) LC 135, pp.420-8. In 1922 Fairfield converted to Catholicism and completely changed her views on birth control.
Himes (1928) p.158.
Interview with Elsie Plant by Clare Debenham 10.5.1978.
Florence (1930).
Birth Control News (Dec.1933).
Aunt Polly was interviewed by Clare Debenham on 30.6.1979. She had left school at eleven and worked as a weaver earning £2.00 a week in the interwar period in Glossop. She had been married twice.
Interview with Mrs Florence Travis from Liverpool by Clare Debenham, 8.2.1978.
Birth Control News (June 1931).
MSMC Annual Report 1926-1927, p.5.
Interview with by Clare Debenham with Ann Patterson, 4.12.2003.
It was not until 1803 that new legislation made early abortion illegal (43 Geo.IIIc.58) though there was still the distinction between early and late abortion.
Subsequent legislation such as the 1861 Act confirmed that abortion at any stage was a crime and the procurer liable to life imprisonment even if the procurer was the pregnant woman herself. Leeson and Gray (1970) p.110.

Interview with Aunt Polly by Clare Debenham, 30.6. 1979.

ibid

Fuller (1923) p.599.


Knight (1977).

Fisher (2006); Jones (2007). Jones convincingly argued that gender, marital status and locality also shaped abortion experiences as well as social class.

Interview with Elsie Plant, 10.5. 1978.


N.E. and V. Himes (1929) p.162. They reported that in of a run of 600 cases at the MSMC, 477 women were advised to use the dutch pessary, 79.6%. This compared to 41% of patients in Liverpool being given this advice.


Florence (1930).

How-Martyn (1932)p.132.

Robinson(1930).


*Liverpool Mothers’ Clinic Minutes*, 1 Nov, 1927; *MSMC Annual Report 1927-128*.

ibid


Himes (1928)p.161.

*North Kensington Women’s Welfare Annual Report 1925-1926*.

Evidence to the Inter-Departmental Committee on Abortion(MH71 23)


*Liverpool Women’s Welfare Clinic Minutes*,18.10.1927.


*MSMC First Annual Report 1926-1927*, p.7

*MSMC Second Annual Report 1927-1928*.

140 Robinson (1930) p.61.

141 Florence (1930) p.13.


145 *North Kensington Women’s Welfare Association Annual Report 1926-1927*, p.3.

146 ibid., p.11.


149 Fisher (2002).

150 Walker, C. (forthcoming PhD) ‘Therapeutic contraception. Marie Stopes, voluntary birth control clinics and public health in Britain,’


152 *Family Planning* (Jan 1956).

153 **MSMC (1931) Only Eight Failures.**

154 ibid., p.3.

155 Quoted Fuller (1931) p.22.


158 Stopes (1924) p.382.

159 Frankenburg (1930)

160 ibid.

161 Florence (1930) p.25.

162 Himes (1929) p.583.

163 *Liverpool Mothers’ Clinic Minutes*, June 1933.

164 Cohen (1996) p.84.


166 Fuller (1931) p.4.


168 Mary Williams interviewed by Manchester Studies Tape 73.

169 Ursula Kennedy interviewed 2.7.2004 by Clare Debenham.

171 Macaulay (1952) p.6.
175 ibid, p.8.
178 *North Kensington Women’s Welfare Annual Report 1925-1926*.
179 *Manchester Guardian* (16.4.1926).
Chapter four

Repertoires of contention: countering the opposition to the SPBCC from religious leaders and the medical establishment

4.1 Introduction

The last chapter was concerned with exploring the relationship of the SPBCC clinics with its patients and this chapter develops this theme by examining the relationship of the SPBCC with professionals. SPBCC member Mary Stocks, identified the two main loci of hostility to the SPBCC clinics as the churches and medical profession. ‘It was cursed by the Roman Catholic Church, distrusted by the Church of England and ignored by the medical profession’. The birth controllers who mounted a spirited opposition to these groups included Mary Stocks, Charis Frankenburg and Dr Helena Wright. This chapter analyses the inter-relationship of these two major social institutions with the birth control movement at both local and national levels. The SPBCC selected appropriate tactics from repertoires of contention to try to win over these groups.

This chapter draws on the work of social movement theorists who have identified the importance of the framing process. Snow stressed the important transformative power of frames in changing definitions of reality while McAdam noted how the initial inchoate nature of arguments could be contrasted with its mature way the framing process developed. This was discussed in Chapter One in the context of new social movement theory.

In discussing repertoires of contention this thesis contrasts the tactics of Marie Stopes with the restrained approach of the SPBCC. Stopes employed dramatic actions reminiscent of the gesture politics of the suffrage movement. She intended to shock the Catholic Church when she informed the national press that she had chained one of her books to the font in the Catholic Westminster Cathedral. Similarly Stopes frequently confronted the medical profession. Stopes visited Professor Anne Louise McIlrroy at the Royal Free Hospital theatrically disguised as a charwoman to prove the doctor had changed her views on birth control. In contrast, instead of confrontation the SPBCC employed conciliatory arguments that were carefully framed to appeal to sympathetic members of the Anglican Church and
medical profession. The arguments that the SPBCC employed included feminism, modernism and scientific advances. 7

4.2 Countering the religious opposition to birth control

At the turn of the twentieth century both the Catholic and Anglican churches proclaimed the importance of marriage whose prime purpose was procreation. They argued that sanctity of life was paramount and this took place at the moment of conception. For man to interfere with the process of conception was to go against God’s law. Just as the medical opposition was reluctant to even discuss birth control, as by implication it involved sexual relations, so many churchmen also found the topic distasteful. Yet these attitudes were not to go unchallenged, for instance in 1924 Mrs E.F. Wise was reported in the Manchester Guardian as declaring that ‘the churches had no right to tell the helpless women in the slums that it was the will of God that they should bear a child every year’. 8

As has been seen in Chapter Two the arguments of the Catholic Church had important consequences in shaping the actions of Catholic Labour politicians, the most high profile being John Wheatley MP from Glasgow and Minister for Health in the Labour government of 1924. However, the most dramatic clashes with the Catholic Church were engineered by Marie Stopes who repeatedly sued the Catholic convert Dr Halliday Sutherland for libel. Initially he had accused Stopes in his book Birth Control of using dangerous methods on the poor women who attended her clinic but the issue, fought in intense publicity through the Court of Appeal to the House of Lords, was exploited by Stopes. 9 She was an anathema to Catholics and in 1929 one of her birth control caravans was burnt out allegedly by Catholic women in Bradford. In her magazine Birth Control News there was rarely an issue which did not carry a prominent attack on the Catholic Church.

The SPBCC was always in direct conflict with the Catholic Church which adopted an absolutist position over the birth control. In 1930 Pope Pius XI issued an encyclical on Christian marriage (Casti Conubii) which saw birth control as a mortal sin and the ruin of former civilisations. 10 Stopes reproduced the encyclical in its entirety in Birth Control News highlighting the section condemning ‘any use whatsoever of matrimony exercised in such a way that the act is deliberately frustrated in its natural power to generate life’. 11 The Catholic Herald in reporting this regarded birth control
as one of the three most important issues of the day for Catholics, alongside Catholic schools and the threat of socialism.\textsuperscript{12}

Whereas the Catholic hierarchy maintained its opposition to birth control the Anglican Church was more pragmatic and altered its position on birth control from an absolutist one in line with the Catholic Church to one which was more sympathetic to the principles of the SPBCC. In 1908 the Lambeth Conference of Anglican bishops had declared that the purpose of marriage was solely for procreation and that, ‘deliberately tampering with nascent life is repugnant to Christian morality.’\textsuperscript{13}

However, in the next ten years attitudes gradually changed. One of the key birth control policy entrepreneurs was Lord Dawson of Penn who presented reasoned arguments for birth control. It was not just what he said, but the importance of the position he occupied. Dawson was both a respected church man and an eminent member of the medical profession, being the personal physician to King George V. Dawson publicly criticised the findings of the 1920 Lambeth Conference by appealing to the Church to reappraise the birth control question ‘in the light of modern knowledge and the needs of a new world’.\textsuperscript{14} Dawson sensationally argued that the love advocated by the Lambeth Conference was...an invertebrate, joyless thing, not worth having’\textsuperscript{15} He criticised the bishops for encouraging abstinence which was often ineffective and lead to a joyless marriage. He contended that the desire to limit families was undertaken from honourable motives. ‘Baby after baby every year or eighteen months exhausts a woman’s strength’.\textsuperscript{16} Just as analgesia in childbirth was initially viewed as unnatural so, he argued, would attitudes to birth control change in the modern world.\textsuperscript{17} As well as receiving widespread press coverage his influential speech was subsequently published under the title ‘Love, Marriage, Birth Control.’ He later framed birth control as a scientific advance rather than ‘a double dose of original sin’.\textsuperscript{18} Nearly fifty years later years the eminent consultant gynaecologist Sir John Peel described Dawson’s 1921 speech as one of the most important events in the twentieth century history of birth control.\textsuperscript{19}

It is important to note that there were, in this period, significant informal contacts between the birth controllers and leaders of the Anglican Church. Stocks of the MSMC wrote that she was in 1926 ‘fortunate in finding [William Temple] installed as Bishop of Manchester on our arrival in that City. Apart from him our contacts with
the Church were slight’.

William Temple already had a close relationship with the Stocks’ family as he had been at school with John Stocks. Stocks in her autobiography described their regular contact. Temple, an Anglo-Catholic, was highly influential in the Anglican Church, becoming Archbishop of York in 1929 and Archbishop of Canterbury in 1942.

Flann Campbell pointed out there was a significant shift in Anglican opinion on birth control in the 1920s, and Temple was in sympathy with the liberal view of social concerns. It is inconceivable that Stocks did not use regular family meetings for informal argument to press the case for birth control with Temple.

The bishops attending the 1930 Lambeth Conference had further contact with the SPBCC and its supporters. A letter from Mrs Hubback of NUSEC to the Archbishop of Canterbury (Mary Stocks was then Chair of NUSEC) urged the bishops to take note of the growth of public opinion in favour of birth control and in particular the report of the conference of public health authorities on the provision of birth control information. The Archbishop of Canterbury replied that the bishops had already individually received copies of the report.

Dr Helena Wright of the SPBCC North Kensington clinic then addressed over three hundred bishops at Church Hall, Westminster on behalf of the National Birth Rate Commission (SPBCC’s successor). She framed her arguments in a non-emotional way by explaining her clinic’s work. Her talk was illustrated by case-studies of overworked mothers.

In 1930 there was considerable satisfaction in SPBCC when a compromise resolution on ‘marriage and sex’ at the Lambeth Conference was passed by 193 votes to 67, altering the position of the 1920 Conference. Although the Anglican bishops still stated that the preferred form of family limitation was abstinence, it was now agreed that birth control was permissible in certain circumstances:

in those cases where there is such a clearly felt moral obligation to limit or avoid parenthood, and where there is a morally sound reason for avoiding complete abstinence...other methods may be used, provided this is done in the light of Christian principles.

Birth control was therefore left to individual judgement. The Birmingham SPBCC clinic formally welcomed the Anglican Church’s change of attitude.

The position of the Mothers’ Union demonstrated just how far the Anglican Church had moved. In 1919 its Central Council passed a strong resolution opposing the
selfish limitation of the family and adopting the absolutist position that all artificial checks were against the law and nature of God. As has been seen in Chapter Three the Mothers’ Union along with the Catholic women’s organisations, refused to endorse the birth control resolution of the National Council of Women in 1929. The Mothers’ Union leadership continued to adhere to its condemnation of birth control even after the 1930 Lambeth Conference. This caused Archbishop William Temple, to write to Mrs Boustead, President of the Mothers’ Union and advise her that ‘The Mothers’ Union must face the fact that the majority of Bishops did declare that the use of contraceptives by married persons is in certain circumstances right, at least in the sense ‘not wrong’. He went on to give the Mothers’ Union the option of continuing to uphold their stance on total prohibition but warned ‘The Mothers’ Union needs to recognise that some of its members hold the use of contraceptives to be legitimate and yet the Mothers’ Union makes their loyalty suspect’. The Mothers’ Union did change its position so that family limitation became a private matter.

The Collective Biography shows that there were individual members of the Mothers’ Union who were prepared to make a public commitment to birth control clinics. Mrs Claire Tamplin remained a prominent member of the Mothers’ Union as well as being a founder member of the North Kensington Women’s Welfare Centre, and also helped found the SPBCC clinic in Newcastle-upon-Tyne in 1929. The Minutes of the Liverpool Mothers’ Welfare Clinic shows Mrs Albert David, wife of the Anglican Bishop of Liverpool, serving on its Council but she had to maintain a low profile for fear of compromising her husband. Yet by 1932 the Bishop of Liverpool was reported as saying ‘Parents have not only the right but the duty to space the births of their children’. Former suffragette Mrs Bethune-Baker was a founder member of the Cambridge SPBCC clinic and was also the wife of the Professor of Divinity at Lady Margaret’s College, University of Cambridge. Presumably she did not believe her position on birth control compromised her husband.

Like the general population, there were divisions in the Jewish community on the issue of birth control. The orthodox view was that every Jew should marry and have a substantial number of children unless medically unfit and therefore those Jewish women who supported birth control were criticised:
Young Jewish women are degenerating. They are beginning to sacrifice at the shrine of the god of social obligation the health and well-being of generations yet unborn.32

Linda Gordon Kuzmack found in her research that ‘Anglo-Jewish feminist activities’ paralleled those of their English peers in nearly all aspects of life.33 She observed that many progressive-minded Jews could be found in the suffragist middle-class suburbs of Edwardian London and Manchester. The involvement with the birth control movement was often likely to come from those who administered the elaborate system of Jewish Charities.34 Charis Frankenburg’s daughter believed her mother regarded her involvement in the MSMC clinic and the SPBCC’s birth control campaign as being part of the strong Jewish tradition of caring for the community, and therefore in keeping with her family’s religious beliefs.35 Frankenburg persuaded her mother-in-law to become a MSMC Committee member. Again in Newcastle-upon-Tyne it was an outsider, a Jewish businessman, who provided the clinic with its first premises in a fish shop when they had been refused elsewhere. He also he ‘did propaganda work for them’ and encouraged women to attend the clinic.36

Kuzmack referred to the ‘bond of sisterhood’ forged by interaction of Jewish women with their Christian peers, and in which Jewish women helped to shape the policies, methods and tactics of the organisations to which they belonged.37 Nationally and locally there were a number of distinguished Jewish women who played an important role in advancing the case of birth control. Eva Hubback was a committee member of NUSEC and sat on the executive committee of the National Birth Control Council. Flora Blumberg in 1931 travelled to Geneva to present a paper at an international conference organised by the American birth control pioneer Margaret Sanger and eventually succeeded Stocks as Chair of the MSMC.38 Her Jewish identity was important to Blumberg and throughout her life she maintained strong links with Jewish organisations serving as President of the Lodge of B-nai Brith, the international Jewish organisation for women.39 Another important Jewish member of the birth control movement was Eileen Laski. She was the sister of Simon Marks, of the famous Marks and Spencer stores, and joined another influential Manchester Jewish family when she married Norman Laski in 1926.40 On the break-up of her marriage, she moved to London serving on the executive committee of the SPBCC.41 She organised fund raising events for the SPBCC with the future Labour MP Dr Edith Summerskill.42
The importance of Jewish women to local birth control campaigns such as Stepney, was described by Lara Marks in her detailed studies of East London maternity practices. She noted the prominent role in Stepney of the Jewish councillor, Councillor Miriam Moses who in 1927 called for the establishment of a municipal birth control clinic. The eventual decision by Stepney Council in 1931 to establish a municipal birth control clinic echoed the situation that existed in Salford. In Stepney the Irish Catholic councillors opposed the resolution for birth control clinics, but all the Jewish councillors, of whatever political party supported this motion. Ethnic-religious identity therefore remained an important factor in shaping the politics behind the provision of maternal and infant welfare facilities into the 1930s.

4.3 The SPBCC’s conflict with the medical profession

Medical opposition and religious opposition to the SPBCC often overlapped, for instance Catholic doctors such as Dr Halliday Sutherland were particularly vocal in their opposition to birth control. There was also medico-religious opposition from women doctors, for instance Dr Mary Scharlieb, a practising Catholic considered birth control a pernicious evil as it prevented the natural consequences of marriage. Dr Mary Scharlieb and Dr McIlroy, who was involved in the libel trial of Stopes, were amongst the most high profile critics of birth control. Dr Letitia Fairfield converted to Catholicism and then completely changed from being pro-birth control to being anti-birth control.

The medical profession in the inter-war years gave the appearance of being generally uncomfortable with birth control which many believed to be untested and unsafe. The profession’s leaders held that if birth control was to be undertaken it should be under its sole control and not provided by voluntary clinics run by lay people. In 1923 there was a special edition of The Practitioner devoted to the issue of birth control, and whereas the medical views were divided about the desirability of birth control, they were united in condemnation of decisions resting with non-medical personnel. Dr Eric Prichard believed ‘knowledge of contraceptive methods are in the wrong hands’ and Sir Maurice Abbott Anderson thought ‘the use of contraceptives are at the present time unsavoury and harmful and should only be used in the hands of the medical profession.’ The emphasis was on ‘control by the medical profession.’ As Dr Florence Barrett wrote in her very restrictive view of birth control, ‘If it is necessary to prevent conception, doctors can give full instruction on methods which are safe’.
A contemporary eugenicist, Norman Himes, claimed that the spread of birth control knowledge had been ‘by diffusion downwards from the medical profession’. However, the evidence from the SPBCC clinics does not support this assertion and Frankenburg correctly judged that doctors were usually ignorant of birth control methods, indifferent or hostile. Lesley Hall of the Wellcome Library feels Frankenburg’s assessment was justified. Although there were instances of birth control clinics founded by doctors, these were exceptions. The Oxford Mothers’ Family Welfare Clinic was founded as a result of a meeting called in April 1926 at his house by Dr William Collier, the Senior Physician in Oxford. He was able to interest forty-two people in this project, many of them medical contacts, and subsequently Dr Isabelle Little was employed at the clinic. However, this clinic was the exception as the records of the other SPBCC clinics showed it was lay workers who took the initiative and raised funds to found clinics.

There was occasionally friction between the lay members of the Executive Committees and the doctors. Berger and Luckman have analysed how the legitimate superiority of a group, the medical profession, was exerted. They argued that the medical profession ‘to maintain its authority shrouds itself in the age-old symbols of power and mystery, from outlandish costume to incomprehensible language.’ This legitimising procedure was constructed so ‘that laymen will remain laymen’. The medical paradigm included the definition of reproduction as a specialist subject in which only doctors were experts. Consequently reproduction was framed as a medical subject exactly analogous to other pathological processes. However, lay members held power because it was they who appointed the doctors and paid their wages. However there was conflict because doctors maintained that their training meant they should not be subservient to lay members. This was particularly evident in minutes of the Liverpool Clinic where the imperious Dr Phoebe Bigland went against the wishes of the executive committee by refusing to provide birth control advice to mothers with less than three children. Thus Jane Lewis explained that even in some birth control clinics there was a disjunction between what the mothers actually wanted and what the medical profession was prepared to provide.

However in relation to birth control, the most influential member of the medical profession were undoubtedly the Chief Medical Officers of Health as they had the power to set the birth control agenda in their locality. The SPBCC paid special
attention to converting these decision-makers by convincing them that their birth control methods were scientific and modern. One of the earliest and most articulate supporters of birth control clinics was Dr Killick Millard, the Medical Officer of Health for Leicester who persuaded his council to make provision for birth control advice at municipal clinics. Dr Letitia Fairfield initially wrote to the Archbishop of Canterbury supporting Dr Killick Millard and condemning the Mothers’ Union’s view of the selfishness of family limitation. Fairfield drew on her eighteen years work with the poor in Edinburgh, Dublin, Manchester and London to make a case against the idealised view of a large happy family, ‘Big families mean dirt, vermin of the person, poor physical standard, semi-starvation, neglected ailments, overcrowding, and a generally low standard of child-welfare’. In Manchester the newly appointed Medical Officer of Health Dr Veitch Clark, was regarded as a moderniser sympathetic to the idea of birth control clinics and worked closely with the MSMC in founded the first municipal birth control clinics in the country at Crumpsall and Withington.

However, these progressive Medical Officers of Health were in a minority. Dr Newsholme, the Chief Medical Officer of Health for Birmingham, was bitterly opposed to birth control clinics and wrote to Dame Janet Campbell at the Ministry of Health in 1928 that he was convinced that birth control appeared to be an aggravator rather than a cure of grave social evils. The Birmingham Maternity and Child Welfare Committee declared, under his influence, ‘that concentration on teaching the value of self restraint would be likely to do achieve a greater degree of good’ rather than municipal birth control clinics. These views were shared amongst other areas in Aberdeen where there was vociferous opposition to birth control from the local medical establishment led by a Professor M’Kerron.

This disapproving attitude percolated down from the doctors to the nursing profession. Sister Beatrice Sandys worked as a midwife at Hope Hospital in the 1930s where she knew the members of the Manchester and Salford Mothers’ Clinic Executive Committee and explained to me that they used to push leaflets through the door at night. However, the senior medical staff at the hospital was bitterly opposed to the clinic and Matron instructed her staff, “If you see any of these leaflets, burn them.” Sandys disobeyed Matron’s instructions, risking dismissal by collecting the leaflets and giving them to her patients. She then encouraged her mothers to visit the clinic at dusk through the back alleys:
The mothers wanted to know, didn’t they, how to stop it, so I told them. I knew there was a Clinic. I told them where to go.

Was that brave of you?

No. Not really. I stayed with Matron in the District Nurses Home. I doubt if she would ever get to know because I wouldn’t be telling her. (laughs)

But, as has been seen in Chapter Two in 1922 Nurse E.S. Daniels had been dismissed from her post with Edmonton District Council for doing far less.

Each SPBCC clinic succeeded in having a doctor attending every session and my Collective Biography profiles fifteen doctors who were connected to individual clinics. However, my research highlighted the difficulties of birth control clinics in obtaining the services of women doctors. The North Kensington clinic Committee discussed this matter and decided to advertise in the Lancet which resulted in six applications. Female doctors, in a minority at medical school, faced hostility in the profession. Those who had qualified at the turn of the century were often suspicious of contraceptive practices. Dr Letitia Fairfield had claimed that of the hundreds of medical practitioners, mostly women, with whom she had discussed birth control, she had only found three that were opposed. Nevertheless, her view is not borne out by contemporary literature which exhibited the general distaste of doctors for the subject.

My Collective Biography showed that SPBCC women doctors were exceptionally committed, though politically diverse. Women doctors fully recognised that involvement with the birth control movement was not a good career move. The ‘elder statesman’ Dr Alice Drysdale Vickery of the Walworth Road clinic became involved with birth control as early as the 1880s and so nearly jeopardised her medical qualification. Her neo-Malthusian views will be discussed in Chapter Five. Dr Cornelia Winter of Wolverhampton Welfare Centre declared that she had risked her practice and career when she took up her position at the Centre. As the fictitious Dr Syd, based on Dr Mabel May from the MSMC, explained:

becoming involved in opening a Mothers’ Clinic could well be the kind of reckless undertaking on my part which would at best lead to ridicule from professional colleagues, at worst bring about the end of my career.

There appears to have been no clear-cut distinction between those doctors who sat on the SPBCC’s advisory Executive Committees and those who actually treated patients. In Birmingham the highly respected gynaecologist Miss Hilda
Shufflebotham was a founding member of Birmingham Women’s Welfare Association and saw complex cases at her consulting rooms at Birmingham Maternity and Women’s Hospital. Shufflebotham worked through conciliation rather than confrontation and became the first woman President of the Royal College of Surgeons. Dr Mabel May was on the Executive Committee of the Manchester and Salford Mothers’ Clinic as well as seeing women at the clinic. She was an active Labour Party member as was identified by Declan McHugh as being one of the top two hundred of Labour Party activists in the 1920s.65

The women doctors were certainly not motivated by the need for a financial reward but rather by an evangelical desire to spread the birth control message. Dr Alice Drysdale Vickery personally subsidised the SPBCC Walworth Road Clinic. Dily Dean reported that in the early years of the MSMC Dr Gimson generously waived her salary in order to give the voluntary clinic more resources.66 Dr Isabelle Little of the Oxford Clinic also waived her fee in the clinic’s first year. Dr Hilda Macirone of Birmingham as well as treating patient made a donation to help its foundation. Dr Phoebe Bigland of Liverpool literally gave her life to the clinic, dying after only two years in post.67 After the negative experiences with Dr Haire at Walworth Road, the doctors were all female and the clinics gave this female presence due prominence in their publicity. Thus the Wolverhampton Women’s Welfare Centre had in bold typeface in the centre of its handbill, ‘Lady Doctor Attends’.68

By 1927 the SPBCC clinics were sufficiently developed to hold annual doctors’ conferences at which were representatives from Walworth, East London, Birmingham, Cambridge, Manchester, Oxford, Rotherham and Wolverhampton. These contacts served the additional function of providing support for the SPBCC doctors in a hostile medical environment.69 Thus Fenella Paton founder of the SPBCC Aberdeen clinic initially rejected affiliation with the Society for Constructive Birth Control and Racial Progress when it was offered by Stopes, explaining that her clinic was affiliated to the NSPBCC [formerly SPBCC] ‘because my doctor trained at Walworth; they gave me a grant to start with and we have always found their methods very satisfactory. We have been working in this way for the last eight years and I really have no wish to change’.70 Paton went on to state that the other birth control clinics in Scotland in Glasgow, used the same methods and therefore they were able to exchange information.
Bigland maintained that the hardest part of an up-hill battle to spread birth control methods was to engage in a dialogue with her own medical profession. Dr Olive Gimson of the Manchester and Salford Mothers’ Clinic stated that ‘she was prepared to share with any members of the medical profession who may be interested, such technical experience she has gained’ and in 1930 the MSMC Committee identified the promotion of ‘instruction to medical practitioners’ as being one of its main functions’. Given the absence of contraceptive training as part of the general curriculum of medical schools it was significant that the SPBCC realised the importance of the professional training it could provide for fellow doctors and medical students. Medical students were smuggled in after dark to clinics such as Manchester and Salford Mothers’ Clinic, North Kensington and Walworth. Annual reports record that doctors and nurses from the Manchester and Salford Mothers’ Clinic, Aberdeen, Glasgow, Liverpool, visited Walworth Road for instruction.

This research indicates the appointment of doctors to clinics may have been as much for the benefit of the SPBCC and its need to win medical allies as for the working class mothers. The SPBCC policy clearly differentiated itself from Stopes who distrusted doctors and only employed nurses in her clinics. Stopes only referred problematic patients to doctors such as Dr Jane Hawthorne. Even this relationship deteriorated. Stopes correctly judged that ‘it is to the sister woman, the married midwife who is herself a mother, that many women turn far more readily and trustfully to medical practitioners’. Once again we see the importance of the bond of motherhood which was discussed in Chapter Three.

The SPBCC was convinced of the correctness of its medical policy. Yet many working class women were still suspicious of doctors and were reluctant to consult them, not just on the grounds of cost. They related well to the SPBCC nurses who were often local women and mothers. For instance the SPBCC acknowledged the important role of the nurses in their annual reports and Nurse Rae, of the SPBCC clinic in Aberdeen was later described as ‘motherly and understanding’. Stopes did not employ doctors in her clinics, only nurses. She praised Nurse Jones at the miners’ wives hospital clinic founded at Abertillery as being pleasing and sympathetic, though typically she added that the nurse should acquire a more definite polish and finish in her work and appearance. Nurses received specialist training. Nurse Daniels (late health visitor Edmonton Council), announced in the leaflet promoting her private birth control clinic, that she had studied in Holland where she
received specialist instruction. The SCBCRP nurses appeared perfectly competent working independently of doctors in Stopes’ clinics and in her two birth control caravans.

So why did the SPBCC restrict their nurses to an educational rather than a diagnostic role? Charis Frankenburg of the MSMC, was also a qualified midwife, and must have known that her nurses were competent. However, her training would have also alerted her to the strict medical etiquette. Thus if the SPBCC were framing their arguments for the medical profession, they also needed to gain their trust. This could be done by differentiating itself from Stopes’ SRPCB and having doctors as an integral part of their organisation. This is illustrated by the case of Dr Helena Wright. Wright had met Marie Stopes before working abroad for several years. On her return she sceptically revisited Stopes, to ‘see what an expert in fossil biology, was doing with an enterprise which was by its nature medical’. Wright preferred the approach of the SPBCC clinic in North Kensington where she could maintain her professional autonomy.

The investigation of birth control methods was intended to impress the medical profession by providing convincing scientific arguments. The SPBCC formed a Birth Control Investigation Committee in October 1926 ‘to promote the medical research on the subject of birth control for which there is a need and demand at birth control clinics. This research will be greatly facilitated by co-ordinating the experiences of different clinics’. The committee was chaired by the high status Professor Sir Humphrey Rolleston (President of the Royal College of Physicians) and consisted of one group of academics and another of lay workers. A further development in the development of best practice was an international symposium held in Zurich in 1930, to which representatives from the SPBCC, Walworth Road and the MSMC contributed.

Whereas technical studies evaluating the manufacture of condoms or the dimensions of the cervical cap were useful and objective, the SPBCC’s clinics statistical methods on evaluating success of their methods were less objective. Although the clinics welcomed independent researchers, the latter were basically reliant on the clinic’s own data. Several clinics such as Stopes’ conducted their own follow up studies and used dubious statistical measures of ‘success’ such as the non-return of patients. The MSMC, not to be outdone, claimed that in their first 1,212 cases they
had only eight ‘failures’, but one of their criteria for success was that the mothers had not returned to the clinic complaining of difficulties or become pregnant. Florence of the Birmingham clinic was more sceptical:

We drew gradually to the views that either our Clinic was unique and our patients were more stupid or careless than others, or that all workers in the birth control movement had allowed themselves to be deceived by a general impression of success derived from letters and visits from grateful patients. ⁸⁵

Gradually the SPBCC clinics achieved their aims and began to gain the trust of the medical profession. Rightly the SPBCC clinics were proud of the good relationships they were forging with the medical profession. In 1927 the Cambridge clinic reported that fifteen doctors had referred patients, seven more than the previous year.⁸⁶ The other clinics, such as MSMC and Liverpool, were increasingly gaining referrals for working class mothers for doctors.

4.4 Repertoires of contention in local politics

The interplay of forces affecting the progress of local birth control movements in 1923-1926 is analysed in four different localities which had similarities in politics, class and sectarianism. These are Stockport, Glasgow, Salford and Liverpool. The repertoires of contention that were employed by the SPBCC were similar to those of the national politics where reasoned arguments were backed up by case studies framed in terms of the welfare of mothers. The SPBCC used established political tactics such as letters to local newspapers, informal contacts and public meetings. It was the opposition, particularly the Catholics who used violence and the threat of violence to respond to the perceived threat to its interests.

There was a strong Labour Party presence in the four areas studied which included socialist Sunday schools, Clarion cycling clubs and active socialist social and cultural programmes. Throughout the 1920s in Salford there were Labour victories with Ben Tillett, Joe Tooley and A.W. Haycock all being returned as MPs.⁸⁷ In Glasgow there was also a move by the electorate to Labour from Liberal with John Wheatley amongst the ten Labour MPs being returned in the 1922 General Election.⁸⁸ In 1925, Arnold Townsend won the Stockport constituency for Labour in a by-election. The SPBCC tried to convert the Labour leadership to their cause by pointing out the dire housing conditions.
In these towns living conditions gave cause for concern and local Medical Officers of Health gave cautious backing to the birth control pioneers on humanitarian grounds. In 1926 the Government Commissioner wrote that in Glasgow ‘everywhere we noticed an almost total lack of sanitation, conveniences being few and for the most part out of repair and in some cases leaking down the stairs and even into the houses’. In Stockport, Medical Officer of Health Dr Richmond also drew attention to the unsatisfactory condition of the town’s housing stock which mostly consisted of ‘two up and two down’ with outside privies which had not been converted into mains drainage, and damp cellar dwellings still in use. He noted that there was serious overcrowding with ‘two or three families huddled in one cottage’. Dr Richmond was concerned that the rate of death in childbirth had remained consistently high for the last twenty years - in 1924 it was twelve maternal deaths. In Salford, Lancashire the Medical Officer of Health in 1930 expressed the view that living conditions in his town were amongst the worst in the country with the exception of West and East Ham.

The influence of the local Catholic Church was particularly important factor in Stockport where birth controllers presented reasoned arguments but there were threatened with violence. In 1923 under the auspices of the Labour Church, former suffragette Elsie Plant invited Marie Stopes to speak on birth control in Stockport. Stopes had an enthusiastic audience of thousands in the Armoury and she encouraged Plant and her husband to start a clinic but the couple was overruled. However, the Catholic Young Men’s Guild threatened physical reprisals and extra stewards had to be employed. Plant recalled that ‘we had a “black mark” against us’. The Chairman of the Labour Party was against us saying we had lost them votes’. The local Labour Party successfully blocked the move for a clinic fearing to lose the Catholic Labour vote and it was not until after the Second World War that a voluntary clinic was eventually established.

In Glasgow the birth controllers met similar opposition but had more resources. Joan Smith argued that the strong Liberal tradition restrained Protestant/Catholic sectarianism and enhanced the growth of municipal socialism. Glasgow ILP had a strong tradition of supporting women’s rights such as the suffrage campaign and doubtless this contributed to Labour’s support there of the birth control clinic which was founded in 1926. The personal popularity of Labour councillor and rent strike
activist Mary Barbour was influential in ensuring support for the SPBCC clinic. As an insider, a member of the Council, she was well placed to argue the SPBCC’s case.

In Salford there was similar conflict. The MSMC was regarded by the Catholic establishment as a direct challenge to its authority and became a contentious issue in 1926.\textsuperscript{95} It was understandable that Dr Henshaw, who was only enthroned as Bishop on 21 December 1925, should view the MSMC as a threat.\textsuperscript{96} Certainly the principles of Henshaw and his motto ‘incrementum det Deus’ (may God give the increase) were diametrically opposed to that of the birth controllers whose clinic was directly opposite the Cathedral.\textsuperscript{97} In 1926 Henshaw was quick to use the Catholic press to denounce the existence of the MSMC and their methods in emotional, inflammatory language, ‘Horrible things, strange filthy things … The powers of evil have refined their methods and unsavoury subjects are clothed with scientific names….one of these centres has been opened up not far from the Cathedral.’\textsuperscript{98} The following month Henshaw was quoted using equally colourful language about the clinic’s methods, ‘Birth Control, an abomination in Catholic eyes is infinitely worse than the unnatural vices of Sodom and Gomorrah. Filthy knowledge is not less filthy because it is imparted in a “clinic”, or “centre”.’\textsuperscript{99}

The national and local Catholic papers also launched vitriolic attacks on the birth controllers in Salford. The previous year Tom Burns had written to the Salford Reporter on behalf of the Catholic Federation condemning proposals to provide advice on birth control in state funded institutions. ‘We believe the majority of our fellow citizens, and especially the women of the poorer classes in whose name and upon whose behalf the proposers profess to speak, regard the whole business with repugnance and disgust.’\textsuperscript{100}

It is clear that the Catholic press was trying to make the activities of the MSMC a class issue, contrasting the middle class backgrounds of the MSMC’s Executive Committee with the working class backgrounds of the Salford mothers. Chapter Three discussed how the committee members were portrayed as social parasites. Frankenburg was a particular focus for the Catholic press’s opprobrium. The Catholic Herald repeatedly used anti-Semitic and xenophobic language when referring to her, “It is passing strange that this lady of ‘German Jew’ name should be exhibiting so much solicitude for the working class”. \textsuperscript{101}
In contrast to the MSMC’s reasoned arguments, Henshaw came close to incitement to violence when he declaimed from his pulpit in 1926 that, ‘I hope the time is not far off when the people of Greengate chase it from their streets.’\textsuperscript{102} The Executive members of the MSMC were genuinely worried for their own safety and concerned for the security of the Clinic. Ann Patterson, Mary Stocks’ daughter, remembered listening at the dinner table to her mother expressing concern that some Catholics might use physical violence.\textsuperscript{103}

Unlike the Stockport situation, members of the MSMC Executive Committee had the advantage of having influential allies whom they lobbied for support. An indignant Stocks wrote to her friend Nancy, Lady Astor, protesting about the Bishop’s activities. Astor was a Conservative MP and at that time one of the few women members of parliament. Stocks called upon Astor to help if the Salford situation should deteriorate and wrote to Astor complaining that Henshaw was inciting his poorly educated and impoverished flock to violence:

> He episcopises over a large congested slum population here and so far as I can make out he wishes them to remain congested in order that he may exercise a more complete sway over their minds and morals…

> Recently he has been urging his flock to hound us with hue and cry from the district. They won’t do it of course (as a matter of fact they greatly prefer us to the Bishop) but nevertheless the suggestion is a direct incitement to violence.\textsuperscript{104}

In the event Astor’s help proved to be unnecessary and subsequently Stocks was joyfully able to inform her that, ‘As a matter of fact it is great fun being at war with a Bishop. I only wish it were a Cardinal. Doubtless it will be soon. And then there remains the Pope!’\textsuperscript{105} In fact, it was Frankenburg’s actions that served to restrain Henshaw, since through her influential father-in-law and her husband, she had useful contacts. She recalled in her autobiography that after their representations, the Chief Constable of Salford sent for the Bishop’s Secretary and Frankenburg believed that as consequence of their conversation Henshaw’s utterances became less inflammatory. However, Henshaw continued to mount a sustained attack against birth control throughout his term of office. As late as 1937 he wrote in his Lenten Pastoral Newsletter that, ‘They might with justice call our time the Era of Universal Birth Prevention and attribute to it the disasters which will most surely follow the continuance of this social and moral evil.’\textsuperscript{106}

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Bishop Henshaw’s denunciation of the MSMC had unintended consequences. Instead of leaving the Manchester and Salford Mothers’ Clinic to languish in obscurity his public condemnation helped draw his congregation’s attention to its work. Although the MSMC’s letters to the newspapers had not been published, partly because of the 1926 General Strike, the Protest Meeting organised by the Catholic Church attracted widespread coverage. Ironically, this gave the MSMC publicity it had previously lacked:

We had circulated a manifesto among our friends and other people likely to be interested, but although we had deliberately refrained from propaganda, it was provided for us by the protest meeting. The most usual answer to the routine question put to patients “How did you hear of the Clinic?” was “through the protest meeting.”

No doubt the majority of Catholics were reluctant to use mechanical birth control methods but a significant minority of Catholic mothers were prepared to try the new methods and visit the clinic. Condemnation by the Catholic Church often acted as a spur. Thus Steven’s Fielding’s assertion in his doctoral thesis that Catholic mothers were less likely to use appliance methods of birth control than non-Catholics was true but nevertheless underestimated the impact of the SPBCC clinic in raising the subject.

Birth control became an issue in the Salford municipal election of 1926. The local Labour Party had made gains in 1925, particularly at the expense of the Liberal Party. However, in 1926 Labour lost Trinity ward which contained two Catholic Churches and had a high percentage of Catholic voters. One explanation of Labour’s loss is that it was a protest vote against the MCMC clinic. John Henry in his detailed political local study of inter-war Salford correctly argued that overall there was little evidence that the clinic lost the Labour Party significant votes as other Catholic wards continued to vote Labour. The co-founders of the MSMC had sufficient political resources to withstand Catholic opposition.

In Liverpool the SPBCC kept a low profile but there were similar emotive arguments by the opposition. Joan Smith identified the importance of Tory sympathies and Irish nationalism which resulted in employment in key industries being divided on sectarian lines. Yet sectarianism initially did not affect the Liverpool Mothers’ Welfare Clinic, a SPBCC clinic which was established in 1926. The clinic had influential support including the Mrs David, the wife of the Bishop of Liverpool who understandably did not wish to make her name public. The voluntary Liverpool
clinic quietly proceeded with its work relying primarily on voluntary funds. However, in April 1936 the local Labour Party split over the municipal grant to Liverpool Mothers’ Welfare Clinic. It was opposed amongst others by David Logan, the local Liverpool MP, a Catholic and father of ten. The campaign for the grant’s continuation was successfully led by Labour Party councillor and future MP, Mrs Bessie Braddock. Instead of emotive language, she framed her argument in health terms by calling for birth control to save the lives of mothers. Braddock defeated her opponents in Liverpool City Council by 72 votes to 41, so ensuring the continuation of the grant.

4.5 Conclusion.

The attitudes of the medical profession and Anglican Church began to change in the 1920s but there was continued distrust of birth control. Birth control remained an emotional subject as was exemplified by the books and speeches of Marie Stopes. There was also inflammatory language by influential members of the Catholic Church such as Bishop Henshaw. In a number of areas this shaded into physical violence and away from reasoned argument. However, denunciation provided the birth controllers with additional publicity.

In contrast to Stopes the SPBCC chose to advance its cause by informal contacts and reasoned, rational arguments. The SPBCC arguments were not random but carefully framed to take advantage of the new ideas that were being circulated in terms of feminism, scientific developments and modern thinking. Even when discussing maternal mortality the arguments of the birth controllers were not emotive.

The next chapter moves away from the general discussion of conflicts of master frames to a more specific consideration of the relationship of neo-Malthusian and eugenics in the early decades of the twentieth century.

1Stocks (1955) p.1.
2Stocks (1970); Frankenburg (1975); Evans (1984).
3Stocks (1970); Frankenburg (1975); Evans (1984).

Manchester Guardian (9 April 1924).

Box (1967); Rose (1992).


Birth Control News (Feb.1931) p.145 reproduced the article published in The Universe.

Catholic Herald (18 May1929).


Spectator (15.10.1921); Sunday Express (16.10.1921); LC154 181-189.

Dawson(1921) p.18.

Dawson (1921) Forward.

Dawson(1921)p. 21. This phrase has echoes of Marie Stopes’ arguments.

Population Problems (June 1939)

Peel (1964) p.139.


A.J.Dobb, (no date or publisher) pp. 272-282.


LC 152,321, Lambeth Palace Archives.


Lambeth Conference (1930) Encyclical Letter, pp. 43-44.

Birmingham Mothers’ Clinic Annual Report 1930.

LC 135,400. Correspondence with the Mother’s Union 1919-1920.Lambeth Palace Library.


Letter to Mrs Boustead, President of the Mothers’ Union, from Archbishop Temple (10.11.1930) .Archbishop Temple papers Vol. 35, No.49.

The minutes of the Liverpool Mothers’ Welfare Clinic (Nov.1925) showed Mrs David wished to become involved with the clinic but asked that her name not be published.

The Liverpudlian (Dec.1933) ‘Profile of Dr Albert Augustus David’, p.5.

Jewish Chronicle (May 1926).


35 Ursula Kennedy, Charis Frankenburg’s daughter, interview with Clare Debenham (27.2.2004).

36 *Family Planning* (Nov.1962) p. 61.


38 Sanger and Stone (1931) pp. 222-224.

39 Blumberg obituary, Manchester Local Studies Library (no date).

40 Emmanuel (1982) wrongly identified the Mrs Norman Laski who served on the Committee as Sarah Laski who later became a Liberal councillor in Manchester. She was, in fact Mrs Eileen Laski (later Mrs Norman Blond) who was prominent in London social circles. p.59.

41 *SPBCC Annual Report 1933-34*.

42 Summerskill (1967) p. 52.

43 Marks (1994); Marks (1996).


46 Dr M. Scharlieb (1920) LC135,464.

47 *The Practitioner* (1923).

48 Dr F. Barrett (1920) LC135,443.


52 Berger and Luckman (1972) p.105.

53 It is significant that it was precisely in this period that the medical profession moved to organise itself into specialist bodies. The medical profession held their ideology to be superior to that of the mothers and sought to enhance its professional standing. In 1928 the British Paediatric Association was founded and the following year the highly influential British College of Obstetricians and Gynaecologists was founded..

54 Lewis (1990) p.27.


56 Dr L. Fairfield (1920) LC135, 420-428. She later completely changed her views on her conversion to Catholicism.

57 Letter from Dr Newsholme to Dame Janet Campbell (5.31928) PRO 856/106/.


Sister B. Sandys interviewed by Clare Debenham (28.2.2003).

North Kensington Women’s Welfare Centre Minutes (14.9.1924).

Dr L. Fairfield (1920) LC135, 420-428. Lambeth Palace Archives.


Lightfoot (2000) p.94. Lightfoot’s novel was based on her research into the Manchester and Salford Mothers’ Clinic.

McHugh (2001); Lightfoot (2000).

Unpublished memoirs of Dilys Dean of the MSMC written in the 1950s and given to the author by her daughter.

Dr M. Macaulay (1952) p.5 was Bigland’s successor at the Liverpool Clinic and found Bigland tremendously energetic with immense courage.

Wellcome Contemporary Medical Archive, SA/FPA/A4/A18.


Nurse Daniels’ business card. Margaret Sanger Research Bureau Box 8, File 2. Sophia Smith Collection, Smith College, USA.


Himes (1928) p. 615.

The academic panel included Professor Julian Huxley and Professor Carr Saunders. The panel of lay members of lay members with practical experience included Lella Sergeant Florence (Cambridge, later Birmingham), Margaret Spring Rice (North Kensington), Mary Stocks (MSMC). Birth Control Investigation Committee. Margaret Sanger Papers Box 60, Sophia Smith Collection, Smith College, USA.

Sanger and Stone (1931).

The American eugenicist Dr Norman Haire visited the MSMC in 1930, as part of his comparative study of seventy international birth control clinics, and the
Executive Committee of the MSMC permitted him to consult their first 600 completed case cards. The Executive Committee subsequently endorsed his report, finding it ‘most interesting’. The American economist Caroline Hadleigh Robinson (1930) also presented data from the MSMC as part of her comparative study. The husband and wife team, Norman and Vera Himes also carried out a comparative study in 1929 and Vera even worked as a volunteer in a London SPBCC clinic

84 Stopes (1925;1930) and MSMC (1930).

85 Florence (1930) p.27.

86 *Cambridge Mother’s Welfare, Annual Report 1926-1927.*

87 Henry (2005).


89 Hutt (1933) p. 113.

90 *Stockport Medical Officer of Health Annual Report 1926.*

91 *Salford Medical Officer of Health Annual Report 1930,* p.50-55.

92 Elsie Plant interviewed by Clare Debenham (10.5.1978).

93 ibid.


95 Robinson, (1930 reprint 1972) p.62. The author noted that in the American clinics there were a high proportion of Catholics, though she does not supply exact figures.

96 Father David Lannon interviewed by Clare Debenham at Salford Diocesan Archives (5 July 2005).

97 Bolton (1950) *Salford Diocese and Its Catholic Priests,* Manchester: Jas. Cartel Ltd.

98 Article by Bishop Henshaw reproduced in the *Manchester Guardian* (22.3.1926) from the *Catholic Federalist.*

99 *Evening Chronicle* (10.4.1926).

100 *Salford Reporter* (18.7.1925).

101 ibid.

102 Article reprinted in *Manchester Guardian* (22.3.1926) from *Catholic Federalist.*


104 Letter written by Stocks to Nancy, Lady Astor (25.3.1926). General correspondence, Nancy, Lady Astor Collection, University of Reading. Viscountess Nancy Astor, University of Reading Archive. MS1416./1/1.
105 Letter written by Stocks to Astor (30.3.1926). General correspondence, Nancy, Lady Astor Collection, University of Reading.

106 Bishop Henshaw (1937) Lenten Pastoral Newletter, 10.

107 Frankenburg, Family Planning (Jan.1956). The Birmingham clinic also reported that the opposition in public meetings and the press had actually advertised the clinic in a way they were not able to afford. Birmingham Post (24.4.1928).


109 Henry (2005) p. 274. Trinity appeared to be an isolated incident. In 1926 Salford municipal elections Labour won seven of the fifteen seats contested, five of which were in wards with Catholic parishes.


111 In order not to embarrass her husband the bishop, Mrs David asked not to be publicly identified as a supporter of the clinic, Liverpool Mothers’ Welfare Clinic, Executive Committee Minutes (Nov.1925).
Chapter Five.

The SPBCC, feminists, neo-Malthusians and eugenicists: shifting ideologies.

5.1 Introduction

The Introduction to this thesis indicated that there were competing master frames at the beginning of the twentieth century and members of the SPBCC, in the new world of modernism were caught up in the debates. Chapter Two explored the debate amongst feminists in NUSEC concerning its direction in the 1920s and similarly this chapter explores the shifting balance of power between the master frames of neo-Malthusians and eugenicists. Membership of these groups led to ambiguities and contradictions amongst feminists and SPBCC members who made connections with social movements concerned with social engineering.

These debates have only recently become a topic of academic concern. After the Second World War there was reluctance by many academics to discuss the relationship between eugenics and feminism.¹ This subject was consciously or unconsciously ‘off-limits’ for investigation, for example Banks in her comprehensive two volume Biographical Dictionary of British Feminists covered many prominent feminists featured in this thesis including Stocks, Lady Trudie Denman, Edith How-Martyn, Lella Secor Florence but excluded mention of eugenics in their individual entries or in the subject index.² Therefore the pioneering scholarship of Ann Allen is especially welcome. She investigated the relationship between German radical feminism and eugenics for the period 1900 to the end of the First World War as well as studying the British situation. Twelve years later Allen developed this interest further and wrote a stimulating article exploring the connection between feminism and eugenics in Great Britain and Germany. She stressed the importance of context arguing that ‘the uses of eugenic arguments varied according to the position of the speaker within the feminist political spectrum and to the national political environment’.³ Academics such as Angela Wanhalla have also had the courage to recognise this as a valid area of research and she examined the links between feminism and eugenics in New Zealand in the inter-war years.⁴ Ann Curthoys in a provocative article ‘Eugenics, feminism and birth control’ explored contradictions in the Australian context.⁵ Curthoys highlighted these when she profiled the activities in
the early part of the twentieth century of Australian feminist and eugenicist, Marion Piddington. Curthoys questioned how it was possible for Marion Piddington to retain membership of an organisation that took an anti-feminist stance by primarily valuing women as breeders of the future race.\footnote{In Britain the importance of both the Malthusian League and Eugenics Society to the SPBCC can be seen in both practical action and attempted ideological persuasion. The case of the health visitor Nurse E.S. Daniels raises important issues with regard to the birth control movement as a whole. Nurse Daniels, as discussed in Chapter Two was a member of both these organisations and her dismissal can be seen as an initiating event in the birth control campaign. She was portrayed as a martyr. Dr C.V. Drysdale, President of the neo-Malthusian New Generation League, used Nurse Daniels to enhance the profile of birth control issue through the columns of its magazine.\footnote{Such was the attraction of social engineering that even committed feminists such as Stella Browne and Eleanor Rathbone demonstrated ambiguities and ambivalence in their approach to the neo-Malthusians and eugenicists. This should not be seen as a sign of weakness but evidence of a lively debate. This chapter examines how the feminists and birth controllers framed their arguments to specific audiences and attempted, not always successfully, to forge new policy advocacy coalitions.}

5.2 Neo-Malthusians and feminists

In 1877 the Malthusian League modified the doctrine of moral restraint advocated by Reverend Thomas Malthus’ in 1798.\footnote{The trial of Charles Bradlaugh and Annie Besant over the publication of Charles Knowlton’s birth control tract, *The Fruits of Philosophy*, gave impetus to the formation of the Malthusian League. The League changed direction at the start of the twentieth century when the importance of birth control in family limitation was recognised. This allowed Dr Charles Drysdale, the founding President of the Malthusian League, to distance himself from Malthus’ economic theories and instead stress ‘family prudence’ or birth control as opposed to abstinence. This was a far more positive and welcome message. Significantly the Malthusian League’s regular monthly journal, *The Malthusian* carried discreet advertisements for contraceptives in the 1920s.} The Malthusian League modified the doctrine of moral restraint advocated by Reverend Thomas Malthus’ in 1798. The trial of Charles Bradlaugh and Annie Besant over the publication of Charles Knowlton’s birth control tract, *The Fruits of Philosophy*, gave impetus to the formation of the Malthusian League. The League changed direction at the start of the twentieth century when the importance of birth control in family limitation was recognised. This allowed Dr Charles Drysdale, the founding President of the Malthusian League, to distance himself from Malthus’ economic theories and instead stress ‘family prudence’ or birth control as opposed to abstinence. This was a far more positive and welcome message. Significantly the Malthusian League’s regular monthly journal, *The Malthusian* carried discreet advertisements for contraceptives in the 1920s.
Yet not all contemporary political activists were willing to acknowledge the change in emphasis by the neo-Malthusians and the organisation continued to attract hostility from some parts of the Labour movement. As Jane Lewis suggested many socialists rejected the idea of birth control because it implied the poor were responsible for their own misery. Socialists believed that what was necessary was a more equitable distribution of wealth. Birth controllers were accused of being anti-socialist, which undeniably some were. As late as 1926 this theme was taken up by Ramsay MacDonald, speaking for the Executive at the Margate Labour Conference in the birth control debate. He raised the spectre of Malthus in a birth control debate ‘Was it a question of health, or might he put it a little bluntly, was it a question of neo-Malthusianism?’ There were also critics of the neo-Malthusians amongst socialists and feminists. Mary Stocks, Vice-president of the National Union of Societies for Equal Citizenship and joint founder of the Manchester and Salford Mothers’ Clinic, possessed a first class degree in Economics from the London School of Economics and was highly critical of Malthus. A Fabian in her Economics text book *The Industrial State*, written in 1920, she argued against Malthus’ proposition that the population, if allowed to grow unchecked, must inevitably outgrow the means of subsistence. Although some socialists such as George Bernard Shaw supported eugenics, members of the Malthusian League, such as its President Dr Charles Vickery Drysdale, were virulently anti-socialist.

Relations were initially strained between the neo-Malthusians and feminists. Indeed Olive Banks criticised Rosalind Ledbetter for not exploring the relationship between the neo-Malthusians and the developing feminist movement. Lucy Bland’s research has demonstrated that many of the early suffragists, often single professional women, looked aghast at the birth control movement and like eugenicists regarded it as an abhorrent diversion from their cause. The fact that the birth control movement involved discussion of sexual relations meant it was not regarded as respectable by many feminists. The veteran suffrage campaigner Mrs Charlotte Despard at a Women’s Freedom League meeting addressed by the Malthusian League referred to ‘those horrible preventative methods’ and advocated abstinence. Certainly birth control was perceived diversionary by many feminists although Bland correctly argued that there was an explicit feminist commitment in the Malthusian League.
An important influence on the direction of policy of the Malthusian League was Dr Alice Drysdale Vickery who advocated practical feminism. Simon Szreter did Vickery a disservice when he dismissively termed her in a footnote as Dr Charles Drysdale’s mistress. Richard Soloway, like Simon Szreter also devalued Vickery’s significance when he described Vickery as a former chemist and midwife. He omitted to state that she had only qualified as chemist to aid qualification as a doctor. Indeed Alice Vickery, as shown in my Collective Biography, was a qualified doctor in her own right. Miriam Benn praised Vickery’s tenacity as it took her eleven years to qualify at the London Medical School, including two years study in France. By 1880 she was only one of five women in England to hold a medical degree. The importance of Vickery’s Malthusian beliefs can be appreciated by her appearance as an as an expert witness at the Bradlaugh-Besant trial which could have jeopardised her career.

As early as 1873 Vickery held a suffrage meeting in Dover and she translated a number of books from the French advocating women’s rights. Though she felt that she was too old to take an active part in the suffrage movement, she supported her daughter-in-law who was a militant suffragette.

Alice Vickery was unusual in that she consistently maintained a well developed feminist philosophy on the right of mothers to self-determination:

No set of human beings has the right to deprive others of information conducive to their wellbeing. Poor people, poor women especially, had been deliberately deprived of the power of using their own judgement in regard to what was beneficial to themselves and their offspring....The women of the poorer class were demanding today that information which had benefitted the better classes. It was not natural that a poor woman should desire to bring into the world one child after another without proper intervals of rest and recuperation.

She framed birth control in terms of the well-being of working class women.

Vickery linked her feminist philosophy with initiating practical action:

At once organise vigorous Neo-Malthusian propaganda among the poorest women...with the object of freeing them from the servitude of uncontrolled maternity...woman’s body belongs to herself for herself.

These sentiments would also have been appropriate in 1970s Britain and the U.S.A.
The women of the Malthusian League progressed from producing pamphlets to providing personal advice. The American birth control pioneer, Margaret Sanger explained ‘I realised that it [birth control] involved much more than talk, much more than books or pamphlets’.24 Even before the first birth control clinics were founded in England, Dr Alice Vickery started outreach work by giving talks to groups of working class mothers. These groups included local branches of the Women’s Co-operative Guild for whom she had a great deal of respect. In 1914 Vickery is again mentioned as giving a talk to the Women’s Co-operative Guild in Tottenham.25 In 1908 she travelled to dockside Rotherhithe to talk to a large group of a hundred working class mothers on methods of birth control. She donated funds for the women to purchase contraceptive materials under the direction of Miss Anna Martin and this group survived into the 1920s. Vickery advocated home visits to poor women when a combination of ‘gentleness, perception, commonsense and thoroughness’ should be used.26

Dr Alice Vickery’s son, Dr Charles Vickery Drysdale, when he became President, advanced the Malthusian League’s feminist credentials when he argued that he did not agree that the interests of the individual (especially of women) must be antagonistic to race.27 In 1914 he continued this theme when he addressed the Woman’s Freedom League. He drew parallels between the two campaigns ‘It was obvious that emancipation from excessive maternity was as essential as political freedom’ Soloway was surely right to conclude that the neo-Malthusians, as an organisation were exceptional in tying the success of the women’s struggle for political emancipation to the rearing of smaller families.28

This thesis challenges the view of Angus McLaren that the Malthusian League was reluctant to provide birth control information to the general public and until 1913 preferred to work only through doctors.29 The League had always produced and distributed literature and their members had given talks on birth control and their policies were promoted by the recommendation of accessible literature. Although at first the League only recommended literature, in 1913 the League published its own free pamphlet, *Hygienic Methods of Family Limitation*, which gave much more explicit birth control instruction.30 In 1922 the staid *Malthusian League* rebranded itself as *The New Generation* with a drawing of an appealing cherubic baby on its magazine cover and the sub-title changed from ‘a crusade against poverty’ to ‘for rational birth control.’ The New Generation also increased its leafleting activities and
proudly proclaimed in 1922 that the Society had given out tens of thousands of leaflets and it had great hopes of the revised *Hygienic Methods of Family Limitation* which contained illustrations of the more popular contraceptive devices.\(^{31}\)

A dramatic event by the New Generation in 1925 was the motorised drop of over a million leaflets, one of the few examples of gesture politics by women in the 1920s. The leaflet-drop underlined the League’s modern approach as women drove from one end of the country to the other distributing literature from their cars. This again had symbolic significance as ‘new women’ like Winifred Strange from Wolverhampton Mothers’ Clinic and Mary Stocks from the MSMC, were themselves car drivers.\(^{32}\) Their aim was to encourage a mass response, so pressurising the Minister of Health to change government policy and permit doctors at municipal infant and child welfare to give birth control advice.\(^{33}\) The women deliberately motored through industrial districts such as Birmingham, Derby, Sheffield, Newcastle-upon-Tyne. Tribute was paid to those who assisted their motorised campaign including the Labour Party, Independent Labour Party, and Women’s Cooperative Guilds. Amongst those financially supporting the leaflet drop were Dr Alice Vickery and the Hon Mrs Gilbert Murray from the SPBCC.\(^{34}\) A further high profile event was the Malthusian Ball held in 1933 and organised by Mrs Eileen Laski of the SPBCC and Dr Edith Summerskill which attended by aristocracy and intellectuals.\(^{35}\)

Perhaps the most valuable pioneering action of the neo-Malthusians was on 9 November 1921 when they opened the second birth control clinic in the United Kingdom in Walworth Road, London, just behind the Elephant and Castle.\(^{36}\) In 17 March 1921 Marie Stopes had already founded her Mothers’ Clinic to give birth control advice and no doubt this spurred the Malthusian League into action. This birth control clinic was an extension of their previous activities such as Dr Alice Vickery’s talks in 1908 and Dr Binnie Dunlop’s work in 1914 when he proffered birth control advice to working class mothers in the East End of London.\(^{37}\) By 1922 *New Generation* was able to proudly publish photos of the clinic’s refurbished exterior and interior.\(^{38}\) Although relations between Marie Stopes and Margaret Sanger subsequently became fraught, Sanger always remained on cordial terms with Alice Vickery and had encouraged the neo-Malthusians to open their own birth control clinic.
The neo-Malthusians acted as policy entrepreneurs to encourage the establishment of voluntary and municipal clinics on similar lines to Walworth Road. Members regarded the Walworth Road clinic as having far greater significance than just serving the local women. Walworth Road was intended to be a model clinic which would set standards for future clinics both voluntary. Indeed the young Fenella Paton, founder of the SPBCC clinic in Aberdeen, was inspired through working in the East End with the Malthusian League to start her own SPBCC birth control clinic in 1926 in Aberdeen. The Walworth Road clinic offered pre-maternity, maternity and child welfare advice but unlike Marie Stopes they had a doctor in residence to run the clinic. Dr Norman Haire, unlike the other clinic doctors was male and held pronounced Eugenic views. However, Haire encountered difficulties with both the committee and patients but clinic numbers increased dramatically when a female doctor was appointed to replace him.\textsuperscript{39} The clinic then became an all female environment.

Financial necessity forced a closer alliance between the New Generation and the SPBCC. In 1922 the Malthusian League, which had been losing members since the turn of the century, was forced to relinquish the Walworth Centre. The financially strained clinic was taken over by a specially formed committee which the following year developed into the SPBCC. An energetic supervisor, Evelyn Fuller, was appointed to run the clinic and she provided a unifying element for the SPBCC, passing on organisational recommendations and research findings to the other SPBCC clinics.

As well as the structural relationship between the New Generation and the SPBCC there was also an overlapping of members. Besides the Hon. Mrs Gilbert Murray at Walworth Road there were other local committee members of SPBCC clinics who were also members of the New Generation. These included Ella Gordon from Wolverhampton and Edith How-Martyn who in 1929 founded her own international birth control organisation.

The campaigner Stella Browne was one of those experiencing tensions in belonging to feminist, socialist and neo-Malthusian organisations. As has been seen the Malthusian League was attacked as anti-socialist, but Browne an enthusiastic member of the Malthusian Society continued to hold to her socialist principles, seeing birth control as widening the scope of human freedom.\textsuperscript{40} Browne, unusually for a birth
controller was a single woman, but also took practical action working with Dr Binnie Dunlop in 1914 on outreach birth control projects. She left the Communist Party in 1923 over its opposition to the birth control issue, became a Labour Party member and campaigned for birth control through the Workers’ Birth Control Group. At the same time Browne became a high profile member of the Malthusian League. She involved herself with the *New Generation*, at first just writing letters to the editor but then contributed substantial articles. Browne attended the Fifth International neo-Malthusian Birth Control Conference in 1922 and presented a paper on ‘The Feminist aspect of birth control’. In 1923 she lectured in Rhondda, South Wales and ‘aimed at synthesising the theory and practice of birth control with Socialist principles, quite independently of the neo-Malthusian axiom about the ratio of food to population increase’.

Stella Browne went on to join the Eugenic Society but continued to attack the view that women should be exhorted to bear children early and often. Browne asserted in the *Freewoman* that ‘Our right to refuse maternity is an inalienable one’. Jones concluded that by the 1920s Browne must have realised that the Eugenics Society would not soften its anti-socialist stance but retained her membership as tactically she wished to enlist its help with birth control and later with abortion law reform.

It could be argued that radicals such as Alice Vickery and Stella Browne joined the neo- Malthusians as it was the only effective birth control organisation available at that time. However, both women tried to reconcile their feminist beliefs with the doctrines of neo-Malthusians which were not inherently feminist. In practice the intellectual atmosphere of the neo- Malthusians was not uncongenial to feminists. This thesis contends that the neo-Malthusians were far more radical and practical in their approach than has generally been acknowledged by commentators such as Jane Lewis.

Eventually there was a change in the balance of power between the older established Malthusian League and the Eugenic Society which gained in popularity in the start of the twentieth century. Malthusians emphasised the quantitative nature of the population problem, whilst eugenicists put it in qualitative terms. However, in 1912 Dr C.V. Drysdale disputed this differentiation and argued the neo-Malthusians were also concerned with quality. He condemned the exhortation for the ‘fit’ to reproduce bountifully seeing this as brutal and immoral because of the suffering it would
involve for women. Even before the First World War their President had already stated ‘We neo-Malthusians are eugenicists to the core’. After the war Drysdale stated in their magazine *New Generation* ‘I am bound to regard better eugenic selection as more important now than greater restriction of the total birth rate’.

The debate between eugenicists and neo-Malthusians was exemplified by a joint meeting on 19 October 1920 which was chaired by the Eugenic Society President Major Leonard Darwin. Those that spoke included the redoubtable Dr Alice Vickery who maintained that the nation needed an A1 population and this would be provided by access to birth control. She was of course telling her audience of eugenicists what they wanted to hear. The Leicester Medical Officer of Health, Dr Killick Millard believed that the one form of birth control allowed by the Churches, abstinence, was ineffective and dysgenic because of the will power involved. He held that welfare workers sympathised with the poor worn out mothers overburdened by maternity. Eventually in 1927 Dr Vickery Drysdale declared the work of the Malthusian League complete and successfully proposed the winding up of the organisation. Many members of the Malthusian League, even before this Society closed in 1927, had joined the Eugenic Society.

5.3 The relationship between eugenicists and feminists

Eugenicists were at first wary of the birth control movement which they regarded with suspicion. There is an undoubted irony as Robert A. Peel, President of the Eugenic Society pointed out, that the birth control movement which now regards eugenics with disdain was in the 1920s scarcely regarded as respectable by eugenicists. Eugenic ideas were originally greeted with an almost religious fervour, for instance Bernard Shaw wrote in 1904, ‘There is now no reasonable excuse for refusing to face the fact that nothing but a eugenic religion can save our civilisation from the fate that has overtaken all previous civilisations’. Soloway correctly regarded eugenics as being the result of profound social, political and cultural changes feeding upon a deeply entrenched belief in the primacy of heredity as an explanation for the human condition. Eugenicists stressed their scientific methods such as collection of statistics and experiments, although Pauline Mazumdar argued that contemporaries regarded eugenics as a political rather than a scientific movement and believed it could offer a solution to the problem of pauperism whose specific pathology was feeble mindedness.
The relationship between the eugenicists and birth controllers was complex because, as Richard Cleminson argued, eugenics had a chameleon-like ability to appear in different guises in order to attract supporters from widely different collectivities. This, as Barker pointed out, is not unusual in social movements but eugenicists proved to be particularly adept at this. Soloway recognised the relationship between eugenicists and birth controllers, stating that the rise of eugenics and birth control movements were parallel developments of the late Edwardian years. Many academics believe that ‘Eugenics became a social movement when it connected to a wider public opinion’. Although there were differences amongst eugenicists, they all shared the belief that reproduction was not a private decision but should be informed by social considerations.

A central tenet of positive eugenics was the importance of motherhood and it stressed that the ‘sacred duties of motherhood should not be shirked’. Eugenic ideas about the quality of ‘the race’ placed emphasis on the importance of the role of motherhood. In her article ‘Imperialism and Motherhood’ Anna Davin argued that the loss of life in the carnage of the First World War meant that the authorities critically examined the country’s birth rate. ‘Good motherhood was an essential component in their ideology of racial health and purity. Thus the solution to a national problem of public health and politics was looked for in terms of individuals, of a particular role - the mother, and a social institution-the family’. As discussed in the previous chapter Davin argued that motherhood had to be made to seem desirable by the authorities to counteract the declining birth rate. Bearing and rearing children was shown by eugenicists to be the wife’s chief mission and her sacred obligation to the Empire and the human race. The eugenicist Dr Saleeby claimed that ‘the body of a woman is the temple of the life to come’. The historian David Barker therefore correctly stated that motherhood was considered by many eugenicists to be the prime purpose of a woman’s existence. The image of the woman was likened to that of a human queen bee, revered and protected but having no choice as to her destiny.

However, Lesley Hall has correctly criticised the reasoning that eugenicists and feminists must be antithetical as eugenicists saw women’s most important role as being good mothers while feminists stressed the need for equality in careers. Hall believed the common ground between eugenics and feminism was the concern for motherhood.
A matter of concern for Edwardian eugenicists was the belief that there was a growing disinclination on the part of ‘the more intelligent and talented women not to marry’. This was regarded as a threat because nothing should distract women from their mission - certainly not the dangerous pursuit of a career or the new social roles. Flippantly Edwardian socialites referred to males as VGTBW (very good to breed with). Whereas in the last chapter it was seen that feminists regarded modern developments and the emergence of ‘the new woman’ as evidence of progress, many eugenicists regarded these factors as a threat to the race. ‘Sleek, sexy and modern she neglected domestic duties and child rearing and, as a result, generated concern that women were rejecting the duties of their race’.

There were two eugenic organisations that were particularly influential in the 1920s: The Eugenic Education Society and the Francis Galton Laboratory for National Eugenics. Angela Wanhalla held that eugenics was particularly attractive to two groups of women: aristocratic and middle class women who focused on negative eugenics of family limitation and professional women who were attracted to the health reforms of eugenics.

The Eugenic Education Society was founded in 1907 but by 1920 had dropped ‘Education’ from its title. The new society quickly eclipsed its neo-Malthusian predecessor, attracting directly and indirectly thousands of birth control supporters who could never have overcome their aversion to the League’s economic philosophy or their suspicion it was a regressive organisation. By 1914 the Eugenic Education Society claimed to have six hundred and thirty four members and besides London there was strong membership in the provincial towns of Birmingham, Liverpool, Manchester and Oxford. Women formed 47.7% of the membership in Birmingham in 1914. Perry argued that then eugenics was confined almost exclusively to those who took evolution seriously and drew conclusions from it about how society should be structured. Eugenics gained prestige from the fact that from 1911 to 1928 the society was run by its President, Leonard Darwin, the son of the illustrious Charles Darwin whose principles eugenicists recognised. The reform eugenicist Dr C.P. Blacker was in 1931 appointed General Secretary of the Eugenic Society. He made it clear that he wanted to take the Society in new directions by abandoning its emphasis on stockbreeding. He stated that he intended to remain as Secretary to the Birth Control Investigative Commission and to continue to co-operate with the SPBCC.
Indeed the Eugenic Education Society was already turning its attention to the human population and the concepts of positive and negative eugenics were explored. ‘positive eugenics’ referred to the encouragement of procreation by the ‘fit’ to provide at least a replacement rate and ‘negative’ eugenics to the discouragement of procreation deemed by those deemed ‘unfit’.\textsuperscript{72} Organisations such as the Royal Institute of Public Health projected their views onto the birth control clinics producing headlines in contemporary newspapers such as, ‘Birth control clinics demand sterilisation of the unfit’.\textsuperscript{73} The Eugenics Review of April 1923 called for a ban on the marriage of sub-normals, who should not breed, so that these people should only be able to marry when the woman was over forty-five and past childbearing age. Two types of mother were contrasted by the eugenicists, ‘the mother of tomorrow’ and the ‘moron girl’, the latter regarded as threatening to the race.\textsuperscript{74} The American birth control pioneer Margaret Sanger succinctly put the case for ‘More children from the fit, less from the unfit’.\textsuperscript{75}

Although initially the Eugenic Education Society demonstrated scepticism over the effectiveness of birth control measures for middle and working class women, it revised its opinion. The vast majority of eugenicists at first deplored the birth control movement as they believed this led to a widening gap between the reproduction of the middle classes and ‘the less desirable elements’.\textsuperscript{76} In 1922 E.W. MacBride, Vice-Chairman of the Eugenics Society, explained how the Society was reluctant to support birth control as it would ‘prejudice the production of sufficient babies by the competent and far-seeing members of the community’.\textsuperscript{77} Soloway correctly concluded that by 1926 the Eugenics Society had overcome the reservations of Leonard Darwin and decided that in the battle with differential fertility ‘prevention’ or negative eugenics was more likely to be effective than positive efforts to increase fertility from the upper classes.\textsuperscript{78} It argued that making birth control knowledge readily available would not change upper class fertility as those women already had that knowledge from private physicians, but it could affect working class mothers. Therefore eugenicists revised their assessment of birth control. As seen in the previous chapter doctors were influential in birth control provision and a number were members of the Eugenic Society. Speaking in that year to Rotarians in Aberdeen where there was a birth control clinic, Professor J.A. Thomson, spokesman for the Eugenic Society, pronounced ‘Birth control, wisely and medically regulated, was part of practical eugenics’.\textsuperscript{79} Dr Herbert, a county councillor for Denbighshire, who held
eugenic views, in 1931 persuaded the council to make birth control provision available to married mothers. He certainly equated poverty with eugenic undesirability stating that ‘the disease-ridden are breeding copiously’.80

5.4 Female participation in the eugenics organisations

Curthoys perceptively stated that there was a strong link between eugenics and feminism which has not always been self-evident to modern eyes.81 However, this overlap was recognised by contemporaries, for instance, in 1912 American feminist Doris Stevens wrote in the *Common Cause*. ‘It is significant that this new outburst of eugenic energy is coincident with the women’s movement’.82

By 1913 the substantial female membership of the Eugenics Education Society included unmarried professional women who had taken part in the suffrage struggle. Pauline Mazumdar convincingly argued that they were attracted to a movement that addressed their concerns as women, ‘They were drawn to a movement that dealt with a choice of mate, an enhanced status for motherhood and the bearing of healthy children’. Indeed some eugenicists believed that a better education made women better mothers. However, there were tensions as initially middle class women were blamed by eugenicists for putting outside interests before family and duty to the race. This was initially regarded as dysgenic and led to the eugenicists, according to Mrs Edith Bethune-Baker, being perceived as ‘prejudiced against the women’s movement’.83 However, the work of Stopes was persuasive in convincing opponents that birth control was not necessarily dysgenic.

Many birth controllers and eugenicists subscribed to the concept of voluntary motherhood rather than the absolute prescription that some classes should not have children. Lesley Hall rightly argued that far from being in opposition, the common ground of feminists and eugenicists was that of the ideology of motherhood and child-welfare.84 These were central concerns of the two social movements. As Hall argued there was a difference between telling a woman she must not have children and giving her the knowledge to space them. Therefore the two social movements were drawn closer.85

Although they did not serve on the Council in large numbers, women were valuable members of the Eugenics Education Association just as they had been in the Malthusian League. Widowed at the age of twenty one and interested in social
problems, Mrs Sybil Gotto displayed exceptional organising ability. Inspired by Francis Galton’s works, she engineered a meeting with him via a barrister friend of hers, Montague Crackanthorpe. Together they established the Eugenics Education Society with Crackanthorpe as President and Gotto as General Secretary. She already had contacts and knew how to utilise them to make the Society a success. Galton and Gotto quickly built up the Society’s membership which included Lady Emily Lutyens, wife of the famous architect. Gotto’s achievements were all the more remarkable as at the same time she was Secretary of the National Council for Combating Venereal Disease which she linked to her eugenic work by organising joint projects.

In Chapter Two it was shown that feminists recognised the importance of networking and eugenicists such as Gotto also realised its value. Mazumdar made the telling point that the Eugenics Society was part of a broad social and political complex so that the same person might join the Eugenics Education Society, the Moral Education League, the Society for the Study of Inebriety or the National Association for the Care and Protection of the Feeble Minded. The Eugenics Society shared interests, activities and programmes with these older societies. Members included doctors, teachers, social workers and ladies generally concerned about social problems. Besides Gotto, the National Council for Combating Venereal Disease included in its membership Eugenic Society members such as Leonard Darwin, Dr Mott, Dr Mary Scharlieb.

Another important female in the Eugenics Education Society was Mrs Cora Hodson. In 1921 she was appointed as secretary with administrative duties and ran an office of female volunteers. In 1928 she was promoted to Education Secretary in recognition of her energetic and efficient management of the society’s external relations. Hodson was a graduate of Lady Margaret Hall, Oxford and set out to cultivate relationships with Eleanor Rathbone and Eva Hubback, both women being members of the Eugenics Society. She was an active fundraiser and made use of numerous contacts including Rathbone. One of her main achievements was, with C.P. Blacker to convince eugenicists that birth control was not dysgenic. It was thus possible for the eugenicists to form an alliance with the birth controllers. However, although both Gotto and Hodson made an important input into Eugenic Society the available evidence does not support Allen’s assertion that women played a leading role in Eugenic Society policy formation.
My Collective Biography shows there were a number of birth controllers who were also members of the Eugenics Society. These included Mary Stocks co-founder of the MSMC, and Lady Trudie Denman, Chairman of the Women’s Institute and President of the National Birth Rate Commission. Lella Secor Florence, an American supporter of women’s suffrage was a founder member in 1925 of the Cambridge Women’s Welfare Association. Florence was a convinced eugenicist and made strong eugenic pronouncements. In her report on the opening of the Cambridge clinic in the Eugenics Review she referred to the fact that eugenicists would be interested in the scientific study of methods of contraception as the present methods were beyond the grasp of the stupidest and the most undesirable members of society. Again she expressed similar sentiments in the initial annual report, ‘Among the manual labourers and poorest members of society scientific methods are almost unknown, with the result that the poorest class is increasing at a rate out of all proportion both to its means and to the increase in the rest of the community.’ Fellow Cambridge SPBCC founder member Mrs Bethune-Baker was also a member of the Eugenic Society and Margery Spring Rice, one of the founders of the North Kensington SPBCC, believed that eugenics was ‘at the heart of the birth control doctrine’. Edward Fuller, whose wife Evelyn was the energetic Superintendent at Walworth Road, wrote an article for the Eugenics Review emphasising that the clinic had eugenic potential as it was treating women from the nearby mental hospital to ‘prevent feeble minded or lunatic offspring’. He stressed the importance to the Eugenic Education Society of the statistics they were compiling of success rates and this was later emphasised with regard to the newly formed clinics in Aberdeen, Glasgow and Birmingham who also professed willingness to co-operate with the Society. In the United States Margaret Sanger was also a prominent eugenic sympathiser and the American Birth Control Association stressed that eugenic aspects of contraception were necessary for race improvement.

The other influential eugenic institution was the Biometric Laboratory and the Eugenics Laboratory at University College, London under the direction of pioneering statistician Professor Karl Pearson. Pearson provided access to higher education in a way that was ordinarily denied to women and so provided career opportunities for able scientific women. By 1916, admittedly the war years, half the research staff were women. Alice Lee and Ethel Elderton were two high profile
women who flourished in that institution. Their political views are not known but they voiced objections to the fact that Galton opposed the women’s movement and was a member of the Anti-Suffrage Review. Although limited funds meant that they were paid less than a man, they were encouraged to pursue their own lines of enquiry and be credited for them. Both were awarded doctorates for their research. Lee studied skull capacity and intellectual ability and Elderton wrote a joint paper with Pearson on the relationship between heredity and the environment.

In 1914 Elderton carried out what was for many years the definitive study of the English birth rate north of the Humber. She started with the fact that the English birth rate had declined since the 1880s and then looked at whether there was deliberate family limitation and if this was so in all sections of the community. The statistically based Report focused on the fertility of the working class. As the 1911 census returns for the upper and middle classes were not yet available, she compiled her own statistics and carried out a series of interviews in that area. She found that in spite of Bradlaugh’s visit there was no hawking of contraceptive appliances, but the mothers freely admitted taking patent pills and remedies to procure illegal abortions. Elderton condemned the damage done to the mother’s health by these illegal measures and harm to subsequent children. The researcher concluded that the fall in birth rate did not have a physiological cause but was due to artificial restriction of the families and so she exhorted fit parents to fulfil their social duty by having children. In the tradition of Victorian social reform Elderton believed that the prudent had small families and bad social conditions correlated with large families. She cited evidence of alcoholism, poor living conditions and concluded that unwanted pregnancies produced deficient offspring.

Love’s 1979 study of Lee and Elderton raised a number of important questions, for instance whether these two women could be deemed to be feminist. Undoubtedly they were useful role models showing that women could succeed in science but their detailed political opinions are not known. Neither is it known how much these women were involved in political campaigns such as the suffrage. As the evidence of their political activities is absent they cannot be regarded as feminist in the manner outlined by Olive Banks in Chapter One. Although their careers may well have been role models for young women there is no evidence that they fought for social change for other women. However, they can be seen as an example of the ‘new women’ who Olive Schreiner described as shaking off their sex parasite role.
Some feminists like Dora Marsden editor of Freewoman, were vigorously opposed to the Eugenics Society. Marsden attacked eugenics as a danger to the community and accused not the poor but the rich of being unfit and workshy. She went on to state that the ‘defective’ was so ‘because the demands of the rich wastrel and workshy made upon his forbears.’ Marsden was disgusted that eugenicists had supported the Mental Deficiency Bill of 1913 which enabled those certified as feeble minded by two physicians to be detained indefinitely in a mental institution. Feminist SPBCC member Mrs Bethune–Baker showed an awareness of the difficulties inherent in the eugenic position for women. She criticised the eugenic suggestion that educated middle-class women who pursued their careers instead of raising large families were ‘neglecting their duties to the race’ and held that these arguments were ‘prejudiced against the women’s movement’.  

5.5 Contrasting approaches by Stopes and Rathbone to eugenicists

Darwin led the Eugenics Education Society into a complex net of alliances with Women’s Co-operative Guilds, the National Institute of Motherhood, the Association of Infant Welfare Centres, the National Association for the Prevention of Infant Mortality. However, the Eugenics Education Society itself was approached by organisations and individuals wishing to form alliances such as Marie Stopes and Eleanor Rathbone, who wanted to enlist its support for their projects. Stopes had written extensively on birth control and as described in chapter two was to open the country’s first birth control clinic in 1921. Rathbone, President of the National Union of Societies for Equal Citizenship, also wanted support for family endowment proposals as outlined in Chapter Three and successfully moved NUSEC in that direction.

Stopes contributed to the meeting with the Eugenics Society on 19 October 1920. She had belonged briefly to the Malthusian League which welcomed the brave outspokenness of Married Love but typically changed her allegiance to the Eugenics Society of which she became a Fellow. She became a member of the Eugenic Society in 1912 only five years after it was founded and her writings contained much mainstream eugenic thought. As Soloway explained, Stopes felt that the population problem was not, as the neo-Malthusians believed, that there were too many people, but too many children being born to the poor and not enough to the wealthy. The eugenicist Dr Saleeby echoed Stopes’ sentiments by declaring that ‘every child who
comes into this world will be desired and loved in anticipation’.  

Her writings were completely opposite in style to the didactic neo-Malthusian literature. She told her audience what they wanted to hear and gave permission for them to enjoy sexual satisfaction. Hall wrote that ‘Stopes’ vision was not about ‘preventative restraint’, but a gateway into a new world of healthy, wanted babies and sexual joy’. She saw motherhood as taking place within a conventional monogamous marriage.  

Initially some eugenicists such as the editor of the Eugenics Review deplored the unscientific tone of Wise Parenthood but gradually many eugenicists were persuaded by her arguments, although they had reservations about her combative character.

There is a debate as to what extent Stopes held eugenic views and to what extent these informed her actions. Simon Szreter described her as a ‘maverick eugenicist’. Soloway emphasised the strength of Stopes’ eugenic views, stating that she was a eugenicist long before she became a birth controller. The birth control clinic she founded with her husband in 1921 was to be part of what she significantly termed the Society for Constructive Birth Control and Racial Progress and the rubber check diaphragm was termed the Pro Race Cap. Stopes’ eugenic sentiments expressed in Birth Control News, have a different tone from the elegiac phrases of her books: ‘We must breed for quality, not quantity in the human species, or the end is nigh.’ Again Stopes’ declared that ‘Unless at the same time the influx of low-caste foreigners, especially from Eastern Europe, is checked, they will fill up the gaps and mongrelize our English and Scottish stock’.

Stopes was largely able to assuage the eugenicists’ fears that birth control was dysgenic i.e. the intelligent middle class women would be deflected from their duty of motherhood whilst the working class would carry on breeding. The work of her Constructive Birth Control Clinic and also the SPBCC demonstrated that not only did working class mothers desire to control their fertility, but that they were able to understand and persevere with birth control techniques. Stopes and the SPBCC argued that not only were their mothers healthier, but also that their children who were carefully spaced, would survive. This therefore fulfilled the eugenic aims of healthy mothers and an expanding, fit population. As Jane Lewis has pointed out, Stopes was among the first people to make the connection between birth control as improving the health of women and birth control as improving the health of the race. She regarded the two arguments as being not in conflict but complementary. Numerous government reports in the 1920s into maternal mortality found that
maternal mortality was not significantly decreasing but nevertheless refused to make the connection between mothers bearing large numbers of children and the maternal death rate.

However, Stopes was a complex personality and the philosophy behind the organisation of her birth control clinics was not straightforwardly eugenic. In a perceptive contribution to a Galton Institute Conference which re-assessed Stopes’ work, Deborah Cohen argued there was a problem in assuming Stopes’ eugenic beliefs were necessarily translated into eugenic action.115 Cohen gave a balanced view of Stopes’ views arguing that, ‘It is evident that Stopes subordinated eugenic and political considerations to a broader concern with helping the poor, often desperate women who visited the facility’.116 That Stopes was a convinced eugenicist was not in doubt, but Cohen provided a number of instances when Stopes departed from the received wisdom of the eugenics movement. Indeed, Stopes violated eugenic principles when she decided that all mothers, regardless of income, social class or race, would be treated at her clinics. Cohen quoted Stopes as declaring that, ‘Her husband may be a millionaire, but I shall still describe her as a poor woman if she did not know how to control her own motherhood and suffered from that want of knowledge.’117 Unlike many eugenicists, Stopes considered it a middle class woman’s right to plan her family and viewed working class mothers not as ‘pawns of the eugenics movement but as people who wanted to change their lives’.118 Her comments, scribbled into books in her personal library, now held at University of Manchester John Rylands Library, demonstrated a genuine concern for the mothers who wrote to her. The correspondence held in the British Library show her sympathetic, handwritten comments on personal replies to birth control questions. Hera Cook agreed with Cohen that Stopes’ eugenic proclamations did not affect her birth control practices.119

Stopes held many eugenic views, but the Eugenic Society largely resisted her overtures. On a personal level they believed, probably correctly, that her abrasive personality would antagonise the medical members of Eugenic Society who comprised nearly a quarter of their membership. However, in spite of their fraught relationship, she demonstrated her commitment to the Eugenics Society by leaving them her premises at Whitfield Street, London on her death in 1958.
Rathbone’s personality was in contrast to Stopes as she was far more reflective and politically aware. As discussed in Chapter Three her main written work, *The Disinherited Family* was published in 1914 and she subsequently outlined her ideas in a paper that she read to the Eugenics Society entitled ‘Family endowment and its bearing on the population question’ on 12 November 1924. The next year this was deemed important enough to be reproduced along with the ensuing discussion in the *Eugenics Review*. Rathbone framed her proposed family endowment policy as being eminently eugenic and pointed to the Separation Allowances paid to wives of soldiers and sailors during the First World War as providing a successful precedent.

Her proposed measure would allow the State to take a more pro-active role in the provision of maternity. She believed that the State could guard against racial decay by being able to influence the birth rate without violating the liberties of individual citizens. Family endowment via ‘direct provision paid to the mother would raise the standard of life of the poorer wage-earners and argued that an orderly and self-respecting living was the best cure for indiscriminate and dysgenic breeding’.

Rathbone countered the criticisms from her opponents, particularly the eugenicists, who held that family endowment would encourage an increase in the birth rate, particularly amongst those they would deem undesirable, such as alcoholics. Rathbone, quoting from the statistics of the 1911 Census, believed that by enabling slum dwellers to be housed with decency, their birth rate would decrease. Rather than be dysgenic the proposed family endowment would increase with income, possibly via employers contribution to the scheme, so encouraging the most valuable sections of society to produce slightly larger families. Conversely, unfit parents, such as alcoholics, would be disqualified from the scheme.

In the tradition of new feminism, Rathbone argued for the right of women to control their destinies and be able to take relief from excessive child-bearing. She quoted approvingly from Carr-Saunders’ comments on the dignity and status of mothers, believing that family endowment would give the mother some degree of self-determination. Family endowment would help even the most oppressed wife and mother by giving some relief from complete dependence and enabling her to protect herself.

Rathbone pointed out that it was the women with the least money who were less likely to have access to birth control measures and this could be regarded as
The granting of family endowment would not lead to an increase in size in the families of lower classes. However, Leonard Darwin, President of the Eugenics Society opposed Rathbone as he still believed that allowances might make low-paid workers even less responsible in the number of children they produced. Throughout the 1920s and 1930s the Society was only prepared to support Family Allowances if they were graded to give higher earners increased financial benefits. They regarded a flat rate as dysgenic.

Rathbone was certainly concerned with issues such as ‘race stock’ and used metaphors such as seed-time and harvest. Yet at a number of points in the *Disinherited Family* she denounced the eugenicists for simply seeing the male population as ‘cannon fodder’:

> Public opinion in this country oscillates between fear of a declining birth rate and the fear of over population. The motive of the former fear is usually political; those who fear it are either ambitious for the spread of Anglo-Saxon civilisation over the earth or obsessed with the thought of jealous continental neighbours and teeming Oriental millions.\(^{123}\)

Although there were occasions when Rathbone used eugenicist imagery, for instance when addressing the Eugenic Education Society, Johanna Alberti correctly drew attention to the importance of context in framing her arguments. ‘My sense is that when writing for a non-eugenicist audience in the 1920s, when she was at her most confident and hopeful, Rathbone kept her distance from eugenic arguments’.\(^{124}\)

5.6 Proposed alliance of the Eugenic Society to the SPBCC

In the inter-war years many members of the Eugenics Education Society joined the SPBCC and Stopes’ Society for Birth Control and Racial Progress (SBCRP). Eva Hubback, who had recently joined the Eugenics Education Society, was also a member of the SPBCC as well as NUSEC. Eugenics could now be seen to be mainstream politically. Blacker commented on how quickly attitudes had changed by the end of the decade and Carr-Saunders was extremely enthusiastic about the potential of the birth control movement, ‘I am more and more impressed with the fact that birth control is the greatest thing that has come over our species’.\(^{125}\) By the mid 1920s the Eugenic Society conceded that birth control could be useful if it could limit the reproduction of the undesirables of society and accepted the research which demonstrated that British birth control clinics were operating eugenically.\(^{126}\) Eugenacists put forward the argument that birth control provision
which could be extended to the dysgenic poor could eradicate the heavy burden threatened by racial degeneration.

A number of members of the Eugenics Society realised the benefits of co-operation with the SPBCC, for instance in research. The previous chapter, focusing on the attendance of working class mothers at the SPBCC clinics, showed that the birth control statistics they collected were of particular interest to eugenicists such as Norman Himes and Caroline Hadleigh Robinson. In 1927 a Birth Control Investigation Committee was set up to undertake research in all aspects of birth control including effectiveness of methods and the social background of those visiting the clinics. The President of the Eugenics Society, successfully urged co-operation with the SPBCC and consequently it awarded generous funding to the Birth Control Investigation Committee. Several Eugenic Society members were represented on the Commission and the Eugenic Society in 1928 gave £200 to the Birth Control Investigation Committee under Sir Humphrey Rolleston. In return the Eugenics Society was able to draw on large scale data from the SPBCC clinics to determine the efficacy of the various birth control materials and methods.

The Eugenics Society saw a greater involvement with the SPBCC as a way of reaching larger numbers of potential members. Subsequently attempts were made by the Eugenics Society to bring about an even closer relationship with the National Birth Control Council (NBCC) of which the SPBCC became a part. There was discussion of a merger which was proposed by Blacker, Secretary of the Eugenics Society and Margaret Pyke, Secretary of the NBCC. It is possible that Pyke’s support of eugenics was tactical rather a wholehearted embrace of eugenic principles.

It is important to ask what the attraction was of the Eugenic Society to the SPBCC. Certainly finance was an important consideration. The SPBCC, though it had a few wealthy donors was a comparatively poor organisation. On the other hand the Eugenics Society from 1923 benefitted from the philanthropy of an eccentric Australian sheep farmer, Henry Twichin. On his death the Twichin Bequest transformed the Eugenics Society into a wealthy organisation as he bequeathed it £70,000.

Martin Pugh argued that because of its small numbers the Eugenic Society was more of a hindrance than a help to the SPBCC. However, this ignored the important
factor of prestige by association and the SPBCC wanted to acquire respectability. As has been seen a number of suffragists had condemned birth control as immoral and initially many eugenic supporters were also repelled by its negative image. However, in the 1920s the Eugenic Society was considered as an ‘insider’ by universities and research bodies. Grant-making trusts tended to be cautious in allocating funding and so tended the well established charities which were considered to be ‘respectable’. This was may have been one reason why Professor Carr-Saunders, who published a popular book, *Eugenics*, was invited by the MSMC to be a platform speaker at their inaugural meeting in 1926. Stocks in a letter to her friend Stopes tellingly wrote about the launch of the MSMC, ‘Carr-Saunders, we have got to impress the *Manchester Guardian*’ (sic). Carr-Saunders was described by Soloway as a thoughtful, balanced student of sociology and biology with strong academic credentials.\(^{130}\) Thus co-operation between the two societies both formally and informally could be regarded as mutually beneficial.

However, although there was close co-operation between the two organisations in the inter-war period there was never a formal alliance. The Eugenic Society had reservations about potentially having to support costly social welfare schemes. Pyke realised that because of the socialist political affiliations of the grassroots membership of the NBCC, the SPBCC’s successor, the proposal was unlikely to have gained its approval.\(^{131}\) Although the Eugenics Society generously funded birth control research, there was not a formal alliance. The SPBCC clinics were not even prepared to adopt the Eugenics Society’s system of case cards and none of the minutes of the local SPBCC clinics examined for this thesis expressed eugenic sentiments. Liverpool Mothers’ Clinic discussed the Eugenics Society letter on case cards and decisively rejected their proposal.\(^{132}\)

5.7. Conclusion.

The chapter analyses the ambiguities experienced by leading feminists such as Stella Browne and Eleanor Rathbone in relation to social engineering movements, and these were no doubt shared by wider circle of feminists and birth controllers. By the 1920s the Eugenic Society had eclipsed the neo-Malthusians who were regarded as old-fashioned but although some of the leadership in the Eugenic Society and the SPBCC would have welcomed closer co-operation, this did not happen partly because of the political views of the grassroots membership.
The next chapter which examines the relationship of Socialist women to the birth control issue, explores similar tensions in the building of alliances, particularly between leadership and grassroots political activists.

1Allen (2002); Wanhalla (2007) both remark on the silence of historians on this subject.
4Wanhalla (2007).
5Curthoys (1989).
6ibid.
7New Generation (Jan.1923) pp.8-9. Subsequently Nurse Daniels, travelled to Holland for extra training in birth control methods and eventually set up her own birth control clinic in Crouch End, London. On her business card, saved by Margaret Sanger, she confidently affirmed that her clinic was ‘recommended by the New Generation, late Malthusian League.’ The date is unknown.
8The term neo-Malthusian was suggested by Dr Samuel Van Houten, former prime minister of Holland, in order to signal a reduced emphasis on moral restraint.
14The Malthusian (15.3.1916) p. 32.
18Benn (1992) 141. Dr Alice Vickery started her medical training aged twenty five and eventually qualified aged thirty-six.
23The Malthusian (Aug. 1914) p. 94.
The initial circulation was restricted and Stopes claimed it did not provide clear instructions.

31 *New Generation* (June 1922).

32 Winifred Strange was the first woman to drive a car in Wolverhampton and attracted attention as she drove her father’s car. This was still unusual as parliamentary candidates such as Edith Picton Tubevill relied on being loaned chauffeur driven cars by female supporters in 1925 to 1928. By 1945 Clement Attlee was being driven by his wife on his election campaign.


34 ibid.

35 Donations to the Malthusian Ball included two novels from the sympathetic Winfred Holtby.

36 *The Malthusian* (15.2.1921) p. 60.


38 *New Generation* (June 1922).


41 Rowbotham (1977) p. 12.


44 *New Generation* (Nov. 1922) p. 3.


47 Lewis (1978) p. 33 is just one historian to describe the Malthusian League in negative terms.

Drysdale remained a member of the Eugenic Society until his death in 1961.


Quoted Barker (1980) p. 94.


Ruth Hall (1978) noted the practice among Edwardian women of noting whether potential suitors were VGTBW (very good to breed with). I suspect their attitudes were ‘tongue in cheek’.

Kline (1968) p. 7.


Blacker to Mallet (28.9.1930). Eugenic Society papers (Eug/CI.2), Wellcome Library. This is a closed collection accessed via the Eugenic Society.

Eugenicists advocated four main policies for the dysgenic: marriage regulation, birth control, sterilisation and segregation.


Quoted Paul (1995) p. 120.
Press and Journal (19.11.1926).
Curthoys (1989) p. 73.
Quoted in Allen (2000).
Hall (1998) p. 49
Stocks was a contributor to the Eugenics Review. She critically reviewed Mitchison’s Comments on Birth Control in the Eugenics Review (April 1930-Jan 1931) Vol. 22, p. 143.
Farrall (1969) p.320 listed the female personnel of the Laboratory as : Ethel M. Elderton, Amy Barrington, Julia Bell, Beatrice M. Cave, Adelaide Davin, Gertrude H. Jones.
Elderton (1914) p. 1.
Elderton (1914) p.238. Elderton continued her demographic research and eventually became an Assistant Professor in the Galton Laboratory.
Quote in Love (1979) p. 145.


105 *Eugenics Review* (July 1917) p. 112.


107 Saleeby (1926).

108 Hall (12997) p.40.


113 *Birth Control News* (Nov.1922).

114 Lewis (1980).

115 The Galton Institute was the post-war successor to the Eugenics Society.


121 Rathbone (1925) p. 275.

122 Rathbone (1924) p. 321.


125 Carr-Saunders to Blacker (10.6.1932) Wellcome Archives. Eug/C56 .

126 Himes (1929)pp. 355-357; Robinson (1930).

127 Himes (1928); Robinson (1930).


130 Stopes to Stocks 18.5.1926. British Library, London. Marie C. Stopes Papers (BL.Add.MSS.5859-58642).Soloway (1984) p.172. Carr-Saunders gained his experience of working with the disadvantaged from being sub warden of Toynbee Hall, a university extension centre. He was also a member of Stepney Borough Council. Carr-Saunders was admired by Rathbone who had a similar practical experience.

Chapter Six.

The birth control campaign: testing new opportunity structures

6.1 Introduction

As discussed in the Introduction Melucci stressed the cultural changes involved in social movements and how they could challenge dominant institutions. Indeed a central concern of social movement theorists is how social actors pursue normative change, and with what success, within a variety of institutional contexts. This chapter examines how successful the newly enfranchised birth controllers were in producing change through the national and local structures of the Labour Party, the Women’s Co-operative Guild (WCG) and the Women’s Liberal Association. (Birth control was never on the political agenda of the Conservative Party although individual members such as Charis Frankenburg were active in the SPBCC). The tensions Labour women felt on this issue are illustrated by the conflicting attitudes on birth control of two leading Labour women, Dr Marion Phillips and Ellen Wilkinson. The effectiveness of the policy advocacy coalitions in advancing birth control is examined at both the national and local levels.

It would be simplistic to see the birth control controversy in terms of dichotomies between male and female, Labour and Conservative or even in terms of competing religious membership. Indeed Fielding in his study of Salford, pointed out that besides class there were also identities based on ethnicity, gender, age and occupation. Hunt correctly pointed out that it is all too easy to homogenise Labour women, for instance at the 1926 Labour Party Women’s Conference working class Catholic Mrs Simpson opposed the views of former suffragette Miss Quinn who was also a Roman Catholic. Mrs Simpson, a mother of thirteen said she believed many Catholic women did in fact practise birth control. The birth-control campaign may have begun with middle-class feminists, as Graves claimed, but as this thesis has shown in Chapter Three, it was soon embraced by a number of working class women.

6.2 Political party membership and birth control activism

My Collective Biography shows that although Labour members were prominent in the birth control campaign there was a cross party membership on SPBCC
committees. The Collective Biography shows Labour teacher Leah Manning and her friend Ruth Dalton founded the Cambridge clinic and they were joined by Labour Party activist Helen Pease. Both Manning and Dalton went on to be Labour MPs. As has been seen Mary Barbour, Glasgow Labour councillor, was active in founding the SPBCC clinic there. The Wolverhampton clinic was started by Labour activist Ella Gordon and Alice Onions and supported by Lady Cynthia Mosley who was at that time a Labour MP. In Birmingham there was also a strong Labour presence on the clinic’s executive. The Labour family of the Lawthers were active in establishing the Newcastle-upon-Tyne clinic and as will be seen later in the chapter the women contributed to Labour Party conference.

It appeared SPBCC members were able to put aside political differences in order to pursue a clearly defined practical aim. As Alderman Nellie Beer of the Manchester Maternity Mortality Committee remarked, ‘Although we were of different parties we were never at loggerheads’. Frankenburg, an active Conservative was asked by Brian Harrison how she felt being outnumbered by left-wing members in the SPBCC. She had issues with Shena Simon but these appeared to be personal rather than because Simon was a Liberal. The MSMC supporters contained Labour Party members, Liberals, Conservatives and the Receptionist was a Communist Party member. Other Conservative birth controllers included Flora Blumberg of the MSMC.

Prominent Liberal women were active in the SPBCC. In Manchester Shena Simon was a Liberal councillor who was married to Ernest Simon the Liberal MP for Withington. In Aberdeen, the founder of the Clinic was Fenella Paton, daughter of John Crombie who was Liberal MP for Kincardine and a Privy Councillor. She was herself president of the Women’s Liberal Association. Margery Spring Rice, an active Liberal, was Chairman of the North Kensington’s Women’s Welfare Centre on its foundation in 1924. As a lay expert she took part in a national committee of enquiry into the health and conditions of working class wives and subsequently published a book on this subject. The Quaker Elizabeth Cadbury was already well known in the Birmingham area for her council work as a Liberal and was a founder member of the birth control clinic. She was profiled on the front page of Liberal Women’s News in April 1925.
The granting of the franchise for women created new political opportunities and heralded enthusiastic political mobilisation by women in the Labour and Liberal Parties. Pugh believed that for women Conservative Party membership could be an important social activity, but joining the Labour Party was seen as a political step. Hannam and Hunt commented, ‘With no formal barriers to their participation at any level in Socialist organisations, they believed they had the opportunity for self-fulfilment as political activists and also a space to pursue women’s collective interests as a sex’.\textsuperscript{10} Francis also highlighted this surge in Labour’s female membership.\textsuperscript{11} Only six years after the granting of the partial franchise the 1924 Labour Party Annual Report stated that there were 1,332 Women’s Sections. It may have been that the Labour Party Woman’s Organiser was sometimes over-optimistic in her submissions but nevertheless these figures of female membership represent a considerable achievement and rivalled the numbers in the suffrage societies.

Party membership included a wide range of social classes. Beatrice Webb commented about the two miners’ wives she had staying with her for the 1924 Labour Party Women’s Conference:

They were attractively clothed and their talk was mostly about public affairs, the one emotionally stirred by the Socialist faith and familiar with all its shibboleths; the other shrewd, cautious matter-of-fact in her political expectations.\textsuperscript{12}

Webb confided in her diary that they all agreed that the Conference, which included a discussion on birth control, was a success.

These political organisations reflected the desire for their own women members to become more involved politically. Graves drew attention to this mobilisation which surprised ‘even men of their own movement and confounded those who had argued that working class housewives were not amenable to political organisation’.\textsuperscript{13} Dr Marion Phillips, was also keen to stress as editor of \textit{Labour Woman}, the involvement in politics of the newly enfranchised voters:

Wherever a few come together, whether at their door steps, in social intercourse in their homes, or in the long waiting queues outside shops, the talk necessarily centres more or less consciously upon the political events of our times.\textsuperscript{14}
Perhaps this was an over-optimistic view of women’s priorities but it did present a positive image of working class women voters.

Middle class professional women were also eager to display their socialist beliefs. General practitioner Dr Mabel May of the Manchester Rusholme District Labour Party and Manchester and Salford Mothers’ Clinic (MSMC) enthusiastically declared to Manchester’s Hulme Women’s Co-operative Guild that ‘even if she had not been a socialist the environment with which she came into contact would have made her a socialist’. Significantly May was identified by Declan McHugh as one of the most important two hundred Labour Party members in Manchester in the 1920s.

This increase in the Labour Party’s female membership was paralleled by a similar increase in membership in the Women’s Co-operative Guild (WCG). The WCG annual reports from 1919 to 1921 reported an influx of twenty thousand new members, mostly married working class women. Such was the enthusiasm for political action amongst women that there was a considerable overlapping of membership in socialist organisations, about half of the Labour Women were also WCG members. The WCG’s first General Secretary, Margaret Llewelyn Davies claimed that this self-governing organisation ‘could speak ‘with greater authority than any other body for the voteless and voiceless millions of married working women in England for it has a membership of nearly 32,000’. The Co-operative Party tried to encourage its newly enfranchised women members to be politically active and regarded them as making a positive contribution electorally. Blaczak argued that the Guilds attracted respectable working class women whose families had grown up. Indeed the 1930 photograph of Mrs Norburn with her fellow committee members of the Downing Street WCG, featured in Chapter Three of this thesis, showed a group of self-confident middle-aged women.

The Liberal Women’s Federation was established before the Labour Party Women’s Sections and its membership fluctuated in the 1920s but nevertheless in 1923 there were 71,040 Liberal women in 788 branches. The minutes of local groups from the Women’s Liberal Federation, the largest of the three women’s political organisations, also demonstrated a high degree of political commitment to their party. The Secretary of Rochdale Women’s Liberal Association recorded that in 1918:
With little warning we found ourselves faced with a general election in December. This being the first since the enfranchisement of women it naturally created great interest and stimulated debate such that had never been experienced. I think we may humbly claim that the women rose magnificently to the occasion in organising and speaking at public meetings. We confidently believe that a very favourable impression was made upon the public.  

Nevertheless, the numbers involved in the above women’s political organisations were small compared to the national Conservative Women’s Unionist whose membership had reached over of a million by 1928.

6.4 Testing the new political opportunity structures

6.4.1 Labour Party

Pat Thane has argued that the issue of state-funded birth control clinics was one of the main points of disagreement between Labour Party Women’s Sections and the leadership in the 1920s. Friction resulted from the transition from the Women’s Labour League, founded in 1908 as a body ‘set up by women for women’ to becoming Women’s Sections of the Labour Party. In 1918, a new Labour Party constitution was constructed and the WLL accepted the Labour Party’s proposals. It was rather patronisingly decided by the leadership that there should be a measure of positive discrimination because the newly enfranchised women needed to be educated politically. Superficially it appeared that that the women had made significant gains although they already held national conferences and had their own magazine. The women only paid half the male subscription but there was the new appointment of a Chief Woman Officer, the women were given four seats on the NEC, their own Conference, a Women’s Advisory Committee and the continuation of their own magazine. Women had the option of joining the women only sections of their branches or ‘mixed branches’. This apparently fulfilled the one of the WLL’s main aims which was ‘to educate themselves on political and social questions by means of meetings, discussion’ and no doubt the WLL initially believed that having educated themselves they could actively help shape Labour Party policy on women’s issues.

The Labour Party leadership held that women had the same opportunity as men of being selected as MPs, councillors and conference delegates and so being involved in policy making. However, Eleanor Barton, Secretary of the WCG and prospective parliamentary candidate criticised this assumption. ‘It is said that there is equality for
men and women in the movement. Certainly most of the doors are open. But the seats are full and possession is nine tenths of the law so that in reality is not open and the seats are hard to win. The grassroots women soon realised that their socio-economic position militated against opportunities for political activism for most women did not work outside the home and so did not belong to the large unions with their bloc votes which dominated the annual conferences and provided valuable funds. In the 1926 birth control debate Dorothy Jewson MP stated that it was a pity that there were only about seventy women attending the conference, presumably for the reasons listed above.

The Labour Party leadership would have preferred to suppress any discussion of birth control by framing the issue as falling outside the remit of traditional politics. It was presented by the leadership as an issue that should not be part of normal political debate as it was a matter for individual conscience. But Dorothy Jewson protested at the 1928 Labour Party Women’s Conference ‘If this [birth control] was not to be a Party question how was it to be got through Parliament?’ The editor of the Liberal News similarly argued that as birth control had been discussed both in the House of Commons and the House of Lords, it was a political matter and should be discussed at the Liberal Party Women’s Conference. As will be seen the Liberal Party leadership adopted a more relaxed position on birth control.

If suppression of the issue was not possible then the leadership attempted to frame the issue in an unfavourable way, for instance as showing a lack of faith in a socialist future or as a scandalous sexual issue. Obviously these arguments were not exclusive and could be used in conjunction with one another. The leadership was apparently pursuing an agenda of different priorities concerning economic and social issues. The following sections show how the birth control issue was framed in four crucial structures of the Labour Party.

This conflict was evidenced in the long struggle between the Labour Party Annual Conference, which was the central decision making body of the Labour Party and the Labour Party Women’s Conference which was held earlier in the year. A summary has been constructed which identifies the birth control resolutions and main speakers.
Summary of discussion of birth control at Labour Party Conferences:

1923 Labour Party Women’s Conference. The birth control issue raised but referred to SJC as lack of time left in Conference for serious discussion. 1924 Labour Party Women’s Conference. Phillips told Russell she must not raise birth control as the issue would split party. Birth control addendum carried by 1,000 votes to 8. 1925 Labour Party Women’s Conference. Attended by Dora Russell. Miss Quinn spoke. Pro-birth control resolution carried by 876 to 6 votes. 1925 Labour Party Annual Conference. Jennie Baker referred to Abertillery birth control clinic for miners, Charles Priestly spoke against birth control being a private matter. Birth controllers urged reference back but lost by 1,053,000 to 1,824,000. 1926 Labour Party Women’s Conference. Birth control dominated the agenda with 50 resolutions. 1926 Labour Party Annual Conference. The birth control resolution was removed from agenda. However, Jennie Baker moved a reference back so the matter could be discussed. The birth controllers won the reference back. Vote in favour of reference back was won by 1,656,000 for; 1,602,000 against. 1927 Labour Party Women’s Conference. Conference asked for the ban on birth control at municipal clinics to be lifted with 581 votes in favour and 74 against. 1927 Labour Party Annual Conference. Executive recommended that birth control should not be a party political issue. Speaking for the birth controllers Mrs Helen Pease moved reference back and Mrs Lawther seconded. However, the Executive resolution was carried by 2,885,000 votes to 275,000. 1928 Labour Party Women’s Conference. Arthur Henderson proposed, seconded by Ellen Wilkinson, seconded, argued that birth control should not be a party political issue and so discussion was not appropriate. Their resolution was carried by 273 votes to 270.

There were substantial majorities in favour of the creation of municipal birth control clinics at the Labour Party Women’s Conferences. At the 1925 Labour Party Women’s Conference in Birmingham a pro-birth control resolution was carried by 876 to 6 votes; and at the 1926 Annual Labour Party Conference a birth control resolution was carried. A pattern emerged that between 1924 and 1927 the Labour Party Women’s Conference would pass resolutions in favour of wider access to birth control information but with the exception of 1926, similar resolutions would
subsequently be omitted from debate or defeated at the Labour Party Annual Conferences.

Hannam and Hunt correctly remarked that ‘birth control as an issue was entangled with the fight of women members of the Labour Party to empower their annual conference and to establish an equal role within the party’. It soon appeared that a key weakness of the Labour Women’s conference was that, unlike bodies such as the ILP, it could not submit resolutions directly for consideration by the Labour Party. Dorothy Jewson MP said that in 1926 fifty resolutions had been put on the agenda of the Labour Party Women’s Conference and birth control had completely dominated the conference but their concerns were ignored at the Labour Party Annual Conferences. In 1927 she asked at the Annual Labour Party Conference why the Women’s Conference was still not recognised as an official Labour Party conference and why unlike trade unions it was not allowed to put three questions on the agenda. The issue was brushed aside by Arthur Henderson for the Executive.

In 1926 Labour women mobilised behind the birth control issue which had also been successfully raised at the previous two Labour Party Women’s Conferences. The 1926 Women’s Party Conference programme listed sixty-seven Labour Party Women’s Sections which had submitted resolutions on birth control. The resolution which had the most number of signatories was Number Thirty Nine which stated:

That in view of the almost unanimous vote of the National Conference of Labour Women in 1924 and 1925 in favour of giving birth control information at Welfare Centres under public control, this Conference deeply deplores the recommendation made by the Executive and passed by the National Conference at Liverpool in 1925. While making no demands that the Labour Party identify itself with birth control propaganda, this Conference calls upon the whole Party to realise the crying need of mothers and to pledge itself to lift the ban on giving scientific information to working mothers who are forced by economic necessity to rely for economic advice on the Maternity Centres.

The forty-three Women’s Sections which supported this amendment included Oxford City and Wolverhampton where there were already SPBCC clinics as well as backing for the resolution from regions where there were no birth control clinics. There was a diverse geographical spread. Bournemouth, Chelsea and Greenwich had Women’s Sections in the more affluent South whereas Barrow-in-Furness Joint Council of Women’s Sections was in one of those areas most affected by the
economic depression. Once again a birth control resolution was passed overwhelmingly.

The birth control advocates went on from the Labour Party Women’s Conference to have their most successful Labour Party Conference in the Autumn of 1926. Russell framed the campaign in terms which resonated with the men’s class struggle and took advantage of the women’s support for the strikers. She referred to the ‘ancient and honourable Trade Union of mothers’ She wanted the Conference to realise that to women birth control was as important an issue as the seven hour day was to the miners. Russell pointed out that although mining was the most dangerous male occupation there were more fatalities in childbirth per year than in mining industry.

However, in spite of the favourable vote, the Labour Party’s constitution meant the campaign had to begin all over again at the 1927 Women’s Conference. The women who were chosen to lead the debate for the birth controllers were as significant for what they represented as for what they argued. As my Collective Biography shows Helen Pease was a Labour councillor, a member of the Cambridgeshire District Labour Party as well as founding the SPBCC clinic in Cambridge. She was the daughter of Rt. Hon Sir Josiah Wedgwood who was then a Labour minister. Pease said she wanted to clarify what the last Woman’s Conference had requested, i.e. all they had wanted was for medical officers of health to give birth control information when requested. They agreed that ideally birth control should not be a political matter, but they were informed that the adverse ruling by the Conservative Sir Alfred Mond could only be changed by Parliament. Pease strategically framed the issue as one of public debate rather than private conscience. She felt that ‘there were a great many subjects upon which they as members of the Party disagreed, but she had yet to be told that they might not discuss those subjects in Conference for fear of offending the convictions of the Labour members in the House of Commons’.

The leadership employed similar arguments to those that were rehearsed in the columns of Labour Woman. Birth control was framed by them as a salacious issue which would alienate respectable voters if it were placed on the party programme. This had been a view held by some suffragists, and indeed Liberal Women’s News contained a letter from the Yorkshire Women’s Federation complaining that birth control was not a suitable subject for public discussion. On the other hand Ethel
Carroll from Colne had felt driven to write to *Labour Woman* that as regards “free-love and illegitimacy” any Labour woman who advocates birth control does so, not to help free love but to help overburdened parents”. There was also the feeling amongst the Labour leadership that when a socialist government was firmly established there would be enough resources to feed all families and so to discuss a policy of birth control would be showing a lack of faith.

As discussed in Chapter Four it was believed that the impact of the birth control issue on the Catholic voters could damage the Labour Party’s electoral chances. The redoubtable Miss Quinn, former suffragette and militant Catholic, correctly stated at the 1927 Labour Party Women’s Conference that a good many Labour MPs had been returned on Irish Catholic votes. Arthur Henderson, successfully concluding for the Executive at the 1927 Labour Party Women’s Conference, made the point about how disastrous it would be for the Party if religious scruples were aroused. He reiterated this theme at their 1928 Conference.

This chapter therefore examines the implications of the Labour Party for the Catholic vote. Chapter Two touched on Health Minister John Wheatley’s attitude to birth control and Chapter Four discussed religious opposition at the local level. Riddle argued that after the 1926 General Strike, even though the Catholic hierarchy was suspicious of the Labour Party, working class Catholics identified with it regarding it as their party. They regarded the Conservative Party as the party of wealth and privilege. He believed that ‘It must have seemed to the Labour leadership that there were few obstacles to the party’s total annexation of the Catholic working class vote’. However, Fielding highlighted the tension of the Catholic electorate over the birth control issue and believed that the determined Catholic opposition led to the Labour Party avoiding publicly debating the issue in Conference.

Nonetheless not all prominent Labour Party members were opposed to birth control. Henry Brailsford, the editor of the ILP paper *New Leader*, was consistently sympathetic to birth control and believed that the Labour leadership was simply frightened of losing Catholic votes. He argued that principles should take precedence over votes. ‘Unless we are to be a mere vote-getting caucus, the honest mass of the Labour Party must over-rule its officials’ A similar view was adopted by Dorothy Jewson MP ‘The officials of the Labour Party, exaggerating a small electoral risk, are
deliberately offending the strong, even passionate opinion of the women of the Party who know what misery and degradation is caused by ignorance in this matter.’

The birth control debate was finally ended by the leadership with a speech by Arthur Henderson at the 1928 Labour Party Women’s Conference. The closure of discussion at both the Labour Party Conference and also the Labour Party Women’s Conference provoked widespread frustration and anger. At the conference of Labour Women in 1929 at Buxton Mrs Gledhill moved:

That this Conference feels that women only should take part in the debates at the Business and Public National Conferences of Labour Women and that no men members of the National Executive should be invited to speak and reverse a decision arrived at by women at a previous Conference.

In seconding the resolution Mrs Tait complained that there was no point in having a women’s conference at all if they were going to allow people to come in after the Conference had made a decision and say “it should not be”. Hannam and Hunt identified the growing frustration by the ILP women with the Labour Women’s Conference. Winifred Horrobin remarked that the Conference ‘gets more and more like a Mothers’ Meeting holding a garden party with the Vicar in attendance, and...it is just about as politically effective in the life of the movement.’

This sense of dissatisfaction with the role of the Women’s Labour Party Conference was felt in local Women’s Advisory Committees. Gorton Women’ Section in their Minutes of 1 July 1929 was highly critical of that year’s Conference. The Secretary said that in her view it ‘was purely a demonstration’ because resolutions never progressed further than the Conference Hall. The Manchester Women’s Advisory Committee also felt the Women’s Labour Party Conference did not fulfil any useful purpose unless it could get resolutions onto the agenda of the Labour Party annual conference.

6.4.2 The positions adopted by Phillips and Wilkinson on birth control.

The birth control issue, like eugenics, posed difficult moral issues which resulted in contradictions and ambiguities on the part of leading Labour women. In particular these can be seen in the attitudes of Marion Phillips and Ellen Wilkinson. They were both single women, in powerful positions in the Labour Party who were in a position
to test the party’s structures. Phillips became an MP in 1929. Wilkinson was first elected an MP in 1924. Phillips was employed by the Party and usually identified with the leadership’s position. Wilkinson, who had been a member of the Communist Party had views more to the left. Both women were intensely loyal to the Party.

Phillips had been active in the Women’s Labour League and came to be the most powerful woman in the Labour Party, acquiring multiple roles. She was appointed as Chief Woman Officer, acted as Secretary to the Standing Joint Committee of Industrial Organisations (SJC) and remained as editor of Labour Woman. As Chief Woman Officer she was directly responsible to the NEC rather to the Women’s Sections, Linda Walker was one of a number of historians who concluded that Phillips’ feminism was always subordinated to her socialism. Marion Phillips usually, but not always, placed the party loyalty first, arguing a Labour victory would lead to a more just society.  

Superficially, Phillip’s position on birth control was quite clear and consistent and stated in amongst other publications, Labour Woman. As early as 1913, when editor of the WLL magazine, she published a discussion by women holding different views on birth control. Eleven years later the birth control controversy was again aired in Labour Woman. Phillips included a letter signed by amongst others Dora Russell, Ruth Dalton and Frida Laski of the SPBCC advancing the argument for birth control clinics. In response Phillips provided a comprehensive whole page editorial, ‘Birth control, a plea for careful consideration’ which set out her own and her party leadership’s position on birth control. The issue was framed by her as a matter of individual conscience rather than a party issue but in reality the debate was framed by the leadership to avoid offending religious beliefs:

There are many thousands of women to whom moral considerations dictate a certain view against even a discussion of this subject. Many of us do not share that view, but we are bound in our loyalty to the common cause of Labour not to force them to separate themselves from us, which is not a political one, but is, in a special sense one of private conviction.

Phillips in many ways acted as a gatekeeper on behalf of the male Labour Party leadership. At the 1924 Labour Party Women’s Conference Phillips demanded that Dora Russell withdraw her Women’s Section’s birth control resolution, ‘Sex should not be dragged into politics. You will split the Party from top to bottom’. After a confrontation Russell famously concluded that ‘the Labour Women’s Organiser
existed not so much to support the demands of the women as to keep them in order from the point of view of the male politician.’ 49 Graves also described Phillips as ‘a policing agent for the male party leaders who tried to weaken and contain the struggle’. 50

Yet Phillips appeared to have a strong moral sense and an academic’s view that evidence should be presented, even if unpalatable. 51 She must have been one the few women with a research doctorate to edit a woman’s political paper. Her intellectual honesty can be seen in her reaction to the Rev. Barr’s actions. In Chapter Two it shown that in February 1926 a Private Members’ Bill, was introduced into the House of Commons, by the Labour MP, Ernest Thurtle, a member of the Workers’ Birth Control Group. This challenged the ruling which stopped maternity and child welfare authorities from giving contraceptive advice to married women who required it for health reasons. However he was opposed by another Labour MP, Rev James Barr, MP for Motherwell. 52 The Bill was lost with 81 votes in favour and 167 against. Of the Labour Party MPs 44 had voted against the Bill and only 27 in favour. Significantly Phillips did not approach Barr privately but publicly berated him in Labour Woman. She attacked Barr for leading the parliamentary opposition to a fellow Labour member’s Bill. 53 Phillips argued that Barr had missed the point as the Bill was not about his private convictions to birth control but rather about removing restrictions to those that needed it. This in fact was the policy of the SPBCC and WBCC which she had earlier criticised.

Phillips was also frustrated by the lack of influence of the SJC of which she was Secretary. The committee of Labour women and of the WCG were chosen by industrial and political organisations of working women though in practice Labour women set the agenda. In June 1925 the SJC urged the Executive to give approval to the resolutions on birth control presented at the three previous women’s conferences. They pointed out that Catholic women themselves were divided over the issue. In December 1926 after the Labour Party’s Women’s Conference the SJC once again presented to the Executive a Report which they thought clarified the position of conference. 54 The SJC courageously asserted they thought there had been a misunderstanding as the women did not ask for an expression of opinion on the matter but only the right of working class mothers to gain such information from doctors at municipal clinics. However, the SJC’s weak structural position was now revealed. The SJC was only an advisory body and the Executive decided to ignore
the recommendations of some of the most senior women members of the Party over
the birth control issue. Phillips loyally continued to serve but was obviously
dissatisfied with the status of the SJC.

Similar ambiguities can be found in career of Ellen Wilkinson. Hannam and Hunt
adopted a critical view of Ellen Wilkinson’s political career and concluded that ‘she
increasingly compromised her ‘feminist’ views of issues such as birth control, if they
affected her Party’s electoral success and emphasised class rather than gender
loyalties.’ 55Wilkinson’s position was complex and she was certainly aware of the
structural difficulties impeding the birth control cause. Although in 1918 women
were given four representatives out of the twenty strong National Executive, these
women were voted on not by the Labour Party women but by the Labour Party
Annual Conference with its strong male trade union element. She wrote a letter on 3
December 1921 on behalf of the Manchester and Salford Labour Women’s Advisory
Council which was, circulated to General Secretary Arthur Henderson and all
Women’s Sections, and urged that the women NEC members should be directly
elected. 56

Wilkinson was initially sympathetic to the birth control campaign and when chairing
a session at the Labour Party Women’s Conference in 1925 she stopped the Catholic
Miss Quinn from attacking birth control supporters as being ‘filth’, ‘impure and
unchaste’ and a ‘device against God and humanity’. Wilkinson said she could not
allow Quinn to make any more insulting remarks to delegates. She who had been one
of the few Labour MPs to support Thurtle’s 1926 Private Members’ Bill on birth
control and was the only woman MP to vote for it. Dora Russell regarded Wilkinson
as a birth control ally and wrote in 2 March 1926 ‘Miss Ellen Wilkinson, as all who
know her would expect, stood by the women of the party’.57

However, Wilkinson became more circumspect in her utterances on birth control and
this was reflected in her political position. Wilkinson confided to Russell that as a
single woman she had to be careful in her pronouncements in case she was accused of
immorality. 58She agreed to second Arthur Henderson’ resolution at the 1928 Labour
Party Women’s Conference and so stopped vexatious debates every year on birth
control. Wilkinson spoke for the Executive and maintained that birth control ‘was not
an issue on which there were class differences, and thus it should not be part of the
Labour Party programme.’ This had been Phillips position but not one that Wilkinson had previously shared. 59

It might have been assumed that Dora Russell of the WBCG would have regarded Wilkinson as a traitor. However, she appeared to have continued to be on friendly terms with Russell and privately adopted a pro-birth control stance. Moreover, she continued to provide Russell with insider information:

I have been working very hard on the birth control, and confidentially, I find it doubtful whether the Mond Circular holds good under the New Local Government Act and the position is now that the local authorities can do as they please in this matter. What I want is to get an official statement from the Minister in Parliament, but he is taking some time. However, I am hoping to get it through.60

Her comments proved to be correct and she may have been involved in the drafting of Memorandum MCW/153 which will be discussed in the next chapter.

Both these women were using the birth control issue in testing the responsiveness of the Labour Party structures to women’s issues. It is unlikely that they, or ordinary women members, saw the issue as a simple dichotomy between class and gender.

6.4.3 Women’s Co-operative Guild and birth control

Similar structural tensions concerning the birth control issue could be found in the Women’s Co-operative Guild which since its foundation in 1883 had supported women’s causes which were not generally popular.61 The Co-operative Party was formed in 1917 and entered into electoral alliances with the Labour Party. However, Graves pointed out that the WCG courageously refused the Labour Party’s overtures, and Margaret Llewelyn Davies kept the WCG’s autonomy.62 Davies had always fought to preserve the WCG’s separate voice on contentious issues such as divorce. Eleanor Barton, later General Secretary of the WCG also initially recognised that the illusion of equality in the male-dominated Labour Party was a chimera, ‘The old argument that women have equal voting power with men, and can control elections, doesn’t work in practice’. 63

The WCG also had a long tradition of campaigning on maternity issues. In 1915 the membership was requested by Davies to record their thoughts on child bearing and as a result twenty women volunteered the information that they either used or approved of birth control. These letters were subsequently edited by Davies and
formed the classic work, *Maternity, Letters of Working Women*. Significantly in the early 1920s the birth control issue was given prominence in *Women’s Outlook*, the WCG’s popular magazine. There was in 1921 an illustrated double page spread in *Women’s Outlook* covering the opening by Marie Stopes of her first birth control clinic in London. In a subsequent there followed an interview with the American birth control pioneer Margaret Sanger. However, after 1922 there was no mention of birth control in *Women’s Outlook*.

At first, the WCG, as a body, was united in its support for the provision of birth control advice but then splits between national and local policy appeared. In June 1923 a resolution was passed by the Annual Congress in Cardiff supporting the dissemination of birth control information following the dismissal of Nurse Daniels that year. Mrs Johnson (Sale, Manchester) argued ‘that in the movement for women’s health, the Ministry and the local authorities should recognise the advisability of information in regard to Birth Control being given at all maternity and child welfare centres in the country’. She went on to state that her branch was not for destroying home life, but bettering it. In the tradition of Davies she argued that the health of mothers could be improved by enabling them to have fewer, but healthier children. This resolution was overwhelmingly passed with three votes against. Just one Catholic member, Mrs O’Kane (Eccles) put forward an opposing view. This should have been a turning point in WCG policy and Gillian Scott emphasised the significance of this resolution, ‘The Women’s Co-operative Guild thus became the first women’s organisation and the first working class organisation formally to support birth control’.

The grassroots membership could have reasonably expected their leadership to carry out their central concern. However, the call for action was studiously ignored by the national leadership. In September 1923 the minutes of the Central Committee showed that they received a letter of objection from Mr Tom Burns, Organising Secretary of the Salford Catholic Federation, who had previously led the Catholic objections to divorce law reform by threatening a Catholic boycott of Co-operative stores. His opposition to the MSMC in Salford has already been noted and Burns was known to hold extreme views on Labour Party policies. Nevertheless, his letter was discussed by the national leadership although it was written by someone who probably was not even a member of the WCG. Mrs Matthews then proposed and Mrs Andrews seconded a resolution that the Central Committee decided ‘to let the
resolution lie upon the table’ and for it not to be made a ‘special subject.’ Branches wanting speakers were advised to contact their local authority which was ironic as this was precisely the body who the birth controllers were protesting against. The WCG was to await the report of the SJC but there is no record of the issue being discussed again by the Central Committee.

After this there was no national campaign by the WCG or any co-ordinated local campaigns. In 1926 there was one last attempt to change WCG policy when Congress passed a resolution demanding that, ‘birth control information should be given by fully qualified medical officers at Maternity and Child Welfare Centres, assisted out of public funds, to married women requesting such knowledge’. Once again the leadership of the WCG did not take any action and the resolution was not put before Central Council. No assistance was provided to local guilds as to speakers or guidance in pursuing birth control campaigns as had been done with other special topics such as maternal health.

What is the explanation for the framing of the birth control issue so that the Central Committee could decide the issue was outside the WCG’s remit? One factor was that the leadership was aware of the divisive effects of the campaign ten years earlier for divorce law reform which had been opposed not just by Catholic members, but also by the male leadership of the Co-operative Union. Furthermore there were a number of influential women who as well as having leadership roles in the WCG also took their lead from Labour Party policy in looking to class rather than gender issues. A key figure in the birth control issue was Eleanor Barton who succeeded Margaret Llewelyn Davies as WCG Secretary in 1921. Barton was a highly experienced WCG member, serving as national President in 1914 and was soon to prove an efficient hard working member the WCG staff. Barton like Marion Phillips, was politically ambitious. For instance, Barton attempted to make the case that if she was elected to Parliament as a Labour- Co-operative MP this would be advantageous to the Guild. She proposed to retain her post as General Secretary and suggested that the WCG should buy in extra clerical help. She would have been aware through her contacts of the view of the Labour leadership.

Another important figure in the Central Council’s decision was Councillor Mrs Caroline Ganley from Battersea. She voiced concerns about the birth control issue
in the 1923 debate and made a comment about the glory of motherhood. She was Chair of Battersea Health Committee and Maternal and Child Welfare Committee. Ganley was one of the most influential members of the WCG as she was a member of the SJC, sat on the Labour Party NEC and was eventually the first woman President of the London Co-operative Society. Although unsuccessful as a parliamentary candidate in 1935 she won Battersea South in 1945 as a Co-operative and Labour MP.

Scott argued that ‘in order to fit the requirements of Labourism the Guild not only abandoned its feminist aspirations but also the democratic practices that had sustained it vitality as a broad based movement’. She attributed much of the responsibility for this to Barton. However Barton did not act alone. Key members of the Central Committee, for their own reasons, adopted a subservient position to the Labour Party whose female membership outnumbered the WCG. Thus Scott correctly concluded that ‘after 1923, the Guild leadership took no significant initiative on family endowment, birth control, or any other issue of concern to working women that did not have the prior approval of the Labour Party’.

As an organisation the WCG avoided controversy but individual members and guilds continued to support their local SPBCC clinics, as shown in Chapter Three, and raise questions on the subject at the Labour Party Women’s Conferences.

6.4.4 The Liberal Party and birth control campaigns

There appeared to be less tension between leadership and the grassroots members in the Liberal Party whose Lord Buckmaster had successfully introduced a Bill in the House of Lords in 1926. The Liberal Party had lost parliamentary seats to the Labour Party, but nevertheless they were still seeking power. Individual Liberal women had supported birth control but it was not till immediately before their 1927 annual conference that there was an article in the Liberal Woman’s News, ‘Birth Control Information and the State’, which outlined their position of the government’s constraints on the giving of birth control advice. A full account of the Conference debate on birth control and its outcome was subsequently carried in the Liberal Woman’s News in which Liberal women were invited to support the campaign.

The Liberal party structure showed considerable agreement between grassroots and leadership. The Women’s National Liberal Federation was an enthusiastic supporter
of birth control but it was weakened by the fact that their party was not in power nationally. Although the male leadership of the party did not express any views on this controversial topic the leadership of the Women’s National Liberal Federation did make their views known publicly. Not all Liberal women supported birth control measures. Indeed in 1924 Mrs Asquith may have been articulating their views when she was reported as speaking out against birth control and extolled the virtues of large families. However she appeared to be outnumbered. Significantly Lady Violet Bonham-Carter, daughter of Prime Minister Herbert Asquith and President of the Women’s National Liberal Federation (1923-1925) signed a letter to *Time and Tide* along with others including Bertrand Russell, Dora Russell, Gilbert Murray, expressing support for the Buckmaster Bill on birth control which was then being presented to the House of Lords. Bonham-Carter’s public support, given her status and connections was extremely significant.

The birth control campaign was regarded an important issue by the Liberal Party. As has been earlier mentioned in this chapter on August 1927 Yorkshire WLF wrote to the *Liberal Woman* arguing that birth control was a personal matter and should not be made a political issue. The reply was that as birth control had been discussed in both the House of Commons and House of Lords it was considered to be a political question. Manchester WLF was one of those involved with the birth control issue though it decided it was not a suitable topic for a large audience. Thus it appears that Ward was incorrect in asserting that at the local level the Liberal women failed to fight for the issue of birth control in the enthusiastic way of Labour women because Liberal women could not identify with working class women.

At the 1927 Liberal Conference what was known as the ‘Manchester motion’ was proposed by Lady Howarth J.P. and seconded by Mrs Norton Barclay. The debate had considerable coverage in *Liberal Woman*. The resolution asked that:

> The Council of the Women’s National Liberal Federation, realizing the harm that is done by the promiscuous and unstructured ‘advice’ already available on the limitation of families, records its opinion that information should be available to those who ask for it at the centres controlled by the Ministry of Health where the doctors are in possession of the medical history of the mother and know to whom such information should be given, by these means enabling the poorest members of the community to obtain the information to which the wealthier classes already have access.
The resolution was carried with only three dissents and Barclay said she was glad conference had not shrunk from discussing this controversial subject.

Liberal members in the House of Commons and House of Lords were prepared to take the initiative on the birth control issue. There were not the splits between leadership and grassroots as in the Labour Party and Women’s Co-operative Guild. The problem for the SPBCC was that the Liberal Party, unlike the Labour Party, was not in office alone in the inter-war years. 87

6.5 Policy advocacy coalitions

a) Local level.

Social movement theorists have drawn attention to the importance of political opportunity structures which can influence the direction of newly emerging social movements. 88 There was tension as to how these structures could be exploited, Phillips stressed the dangers of potential diversions for her women members and as early as 1920 moved a resolution which instructed them, ‘to avoid dissipating their energies in non-party political organisations’. 89 In 1925 a resolution which would have forbidden Labour women to be members of NUSEC was only narrowly defeated. 90 It has already been noted how WCG members after their 1923 Conference were discouraged from taking action over the birth control issue. Yet this is just what the grassroots birth controller pioneers proceeded to do. What is significant is how women, having been blocked in one direction, constructed alternative pathways to reach their goals.

In spite of active discouragement from the leadership Labour women and the WCG were active in working for birth control at the local level. It has already been seen in Chapter Three how socialist women participated in founding birth control clinics and took an active role in running them. A detailed reading of surviving Labour Party Women’s Section Minute Books shows how concerned their members were about the birth control issue. Minute books analysed include: Labour Party Women’s Sections at Bilston (Wolverhampton), Gorton, Huddersfield, Hunslett Carr (Leeds), Nelson and Colne, Stockport, Manchester Advisory Committee, West Yorkshire Advisory Council for Labour Women and individual WCGs including Blackley (Manchester), Bramley Carr (Leeds), Oakfield (Liverpool) and Charlton (London). These all make reference to some birth control activity. In the first four months of 1926 Charlton
WCG discussed the birth control issue on four occasions. Their agreed action included distributing birth control literature, selling tickets for a birth control meeting and renewing their subscription to a birth control organisation. Hunslett Carr Women’s Meeting appeared to discuss issues of both the Labour Party Women’s Organisation and the WCG at their meeting of 15 April 1930, ‘Mrs Freeth gave a very splendid address on Birth Control and much discussion took place.’ The Huddersfield Women’s Section discussed the issue three times between 5 January 1927 and 4 May 1927 and entered into correspondence with the Workers’ Birth Control Group. York Labour Party Women’s Section reported receiving correspondence from the WBCG 6 May 1924, 17 June 1924, 1 July 1924. The Section decided the matter should be placed before the local executive as ‘we feel they ought to take an interest in this subject’. On 16 July 1923 the Section decided to purchase one dozen copies of the American pioneer Nurse Sanger’s birth control leaflet.

The Minutes of Labour Party Women’s Sections illustrated the frustrations of grassroots members such as Ella Gordon, seen in the Collective Biography, who was an Executive member of Bilston Women’s Section and active in the Party. On 24 June 1924 Bilston passed a pro-birth control resolution for the 1924 Labour Party Women’s Conference. The next year on 24 June 1925 a further resolution was passed and submitted to the 1925 Labour Party Women’s Conference. ‘This Conference is of the opinion that it should be permissible for Doctors employed in any medical service for which public funds are provided to give information on Birth Control to married people who desire it’. These typed resolutions were separately inserted into the minute book implying liaison with other organisations. These resolutions did not have any effect and in 1925 Ella Gordon with Labour Party member Alice Onions went on to found the Wolverhampton Mothers’ Centre. While she was busy with her birth control activities her political activity appeared to have abated, but on 15 January 1930 Gordon again spoke to Bilston Women’s Section on birth control and received their support.

The women’s organisations enthusiastically listened to talks on birth control, but this was not a passive process for the minutes show the organisations were encouraged to take positive action. As early as 1921 Co-operative News reported that the North Kensington Guild had heard a speaker on birth control and this guild went onto to
support the SPBCC clinic when it was established three years later. Dr Mabel May, from Manchester became involved with the MSMC and went to address Manchester Hulme WCG in December 1926. Mary Stocks, MSMC, spoke to Manley Park WCG in 1926 and next year travelled to speak to Nelson WCG. In 1927 Stocks spoke to the Downing Street Manchester WCG and three years later addressed them again. Stocks spoke with the Manchester Gorton Labour Party Women’s Section on 3 March 1930 on the indivisibility of health and economic motives of the women attending the MSMC. Amongst her other speaking engagements Frankenburg addressed the Anson Road branch of the Women’s Co-operative Guild on September 1930.

A pattern emerged of a talk being given on a birth control subject and the Secretary then following this up with letters to the relevant authorities. Thus Gorton Manchester Labour Party Women’s Section listened to a talk from Councillor Mrs Chorlton on ‘Should Public Health Authorities Give Birth Control Information?’ and responded by writing to key decision makers such as the Minister for Health, Gorton Trades Council, to inform them that:

The fact that 3,000 women die in childbirth each year, was in the opinion of members sufficient to warrant the necessary information being given. The Secretary was instructed to forward the following resolution to the Minister of Health, to the Public Health Committee and to Gorton Trades Council. “The Authorities to recognise the desirability of making medical information on Birth Control to married people who need it.” The resolution was carried unanimous. (sic).

This letter can be traced to the Manchester City Council Minutes.

Rucht made the point that seeking allies can be important for a social movement’s survival, particularly when it is in an outsider position. One person whose abrasive personality made it difficult for her to make political allies was the abrasive Alice Arnold, a Coventry councillor. In her doctorate C.J. Hunt showed how Arnold’s political work on the council suffered because of her increasing isolation. In contrast in Manchester the Liberal women worked closely with Labour supporters to obtain a municipal birth control clinic. Councillor Annie Lee, a single woman and a member of Beswick WCG, wanted to ‘fight to protect her sisters’. In 1929 Birth Control News reported that Councillor Annie Lee who was the Labour Councillor for Gorton, an ‘avowed feminist’ had asked ‘if he (Alderman Jackson) did not think the committee (Public Health Committee) ought to give instruction in birth control in connection with their clinics?’ Alderman Jackson stated that he thought it would
be extremely unwise to associate the mere idea of birth control with the infant welfare centres and clinics. After this negative answer, systematic lobbying of councillors was carried out by Councillors Annie Lee and Shena Simon.

Manchester City Council had a Maternity and Child Welfare Committee with a co-opted member drawn from the Women’s Co-operative Guild and by 1930 the Minutes of the Maternity and Child Welfare Sub Committee reported that they had received resolutions from voluntary bodies including the Rusholme Women’s Co-operative Guild, and Manchester Branches Association for Co-operative Guild Representation on Public Bodies. The local branch of the National Council of Women also sent repeated resolutions to the Maternity and Child Welfare Sub-Committee (Stocks, Frankenburg and Norton Barclay were all on the Executive Committee of the NCW) and these same three women, together with Simon, sat on the Executive Committee of the Manchester and Salford Women’ Citizens’ Association which also wrote to Manchester City Council. The next chapter discusses how a successful change in policy was obtained.

b) National level

In spite of meeting active discouragement from national leadership, birth controllers from four different organisations joined together to mount *The Conference on the Giving of Information on Birth Control by Local Authorities* which was held on 4 April 1930. Grassroots members had overcome political divisions and refused to let the issue go into abeyance. The timing was significant as it was rumoured that the government was considering a change of policy. Mrs Eva Hubback, from NUSEC, explained how the four sponsoring organisations had co-operated for this conference: NUSEC, Women’s National Liberal Federation, the Workers’ Birth Control Group and the Society for the Provision of Birth Control Clinics. Of the major political parties only Liberal women had the backing of their national body, the other women participated grassroots activists. Delegates attended from thirty five public health authorities, sixteen maternal and child welfare organisations, seventeen Labour Party Women’s Sections, fifty five Women’s Co-operative Guilds and a hundred and thirty two other organisations, amongst them MSMC. These organisations strongly believed the new Local Government Act meant that Local Authorities had more power. ‘What we want to discuss this afternoon is how and where and when Local Authorities should make provision for this information being given.’
Frankenburg from the MSMC, a qualified midwife and Conservative, addressed the conference after the nationally known figure of Mrs Harold Laski. Frankenburg framed the work of the MSMC to show that women wanted to space their families without putting a strain on their marriage. She claimed that the research of the MSMC showed that hospitals in the area were not giving birth control advice, as they were led to believe, and she presented case studies to prove it. Frankenburg recorded in her autobiography that she felt satisfied with her speech and was pleased that her father was there in the audience. At the conclusion of this conference a resolution was passed, with only three dissenters, calling upon the Minister of Health and Public Health Authorities to ‘recognise the desirability of making medical information available on methods of Birth Control to married women who need it.’

A memorandum was accordingly sent to the Minister of Health together with a list of organisations being represented at the conference. The next chapter analyses the repercussions of this conference.

6.6 Conclusion.

Sheila Rowbotham has referred to the lack of upwardly linear progress in political development and this has shown to be the case in the birth control campaign. ‘It is a mistake of course to expect a political process to be smooth unfolding. People in the very act of breaking out of some form of politics protect their behinds tightly with corners of their old covers.’ The period 1918 to 1928 when the full franchise was granted saw enthusiastic political mobilisation and many women felt that at last they would have a voice. However, as the decade progressed it became clear that the newly created political structures did not give the women the necessary power to place their concerns on the political agenda. The Labour Party in 1929 when they took office could have taken decisive action on the birth control issue but for reasons which emerged in their party conferences, the leadership chose not to do so.

Hoggart identified the separation of the leaders from grassroots supporters as presenting difficult choices. This was so for leading Labour women including Wilkinson and Phillips However, the frustration of Labour women and the WCG at the party machinery led them to look for alternative ways of operating. Grassroots members created effective alliances at the local level and combined together to mount an influential national conference which provided an agenda for action.
2 McAdam, Krei, McCarthy, Zald (1996); Snow, Soule, Kreisi (2007).
4 Hunt (2005) p. 79.
6 Interview with Alderman Nellie Beer. Manchester Studies Tape Collection 774.
7 Frankenburg interviewed by Brian Harrison, 8SUF/B/194, Women’s Library.
9 Spring Rice (1939).
12 Mackenzie (1983) p. 26. Webb made it quite clear she regarded herself as coming from a different social class and having the role as their teacher to these working class Labour women.
14 Phillips (1918) p. 9.
18 Blaczak (2000).
23 MacDonald (1920) Preface.
28 Summary of discussion of birth control at Labour Party Conferences
It was believed by Russell, amongst others, that it was because of the gratitude of the miners for their women’s support during their strikes, that they used their bloc vote to secure a birth control victory in 1926.

Labour Women’s Conference Report 1927.

Liberal Women’s News (August 1927): Labour Woman (June 1923).

Labour Woman (May 1924)

Interview with Elsie Plant by Clare Debenham, 10.5.1978.


New Leader (20.8.1925).

New Leader (7.9.1928).

Manchester Archives and Local Studies, Ref:450


Labour Woman (May1924)p.9.; Labour Woman (May 1924)p.34.

Labour Woman (March 1924).

Russell (1977) p.172

ibid.


She came to Britain to read for her doctorate which was broadly concerned with issues of power. Phillips M. (1909) A colonial autocracy in New South Wales under Governor Macquarie, 1810. PhD thesis, London School of Economics. (Copy in John Rylands Manchester University Library, Deansgate.


Labour Woman (March 1926).

Labour Party Women’s Annual Report 1926, p68.

Hannam and Hunt (2002) p.44.
West Yorkshire Archive Service: WYL853/83

Dora Russell Archive IHSS. File 104.


Rowbotham (1977) p.35.


Davies (1915).


Women’s Outlook (July 1922).


WCG Central Committee Minutes. Agenda item 12.11.1923. WCG Archives, University of Hull.

Women’s Co-operative Guild Annual Report 1927. WCG Archives, Univ. of Hull.


Mrs Barton stood unsuccessfully as a candidate at Birmingham Kings Norton in 1922 and 1923 and never again fought a parliamentary seat.

I am indebted to Mervyn Wilson, Principal and Chief Executive of the Co-operative College, for drawing my attention to the importance of Ganley.

Profiles in Women’s Outlook (Oct.1920) p. 218 ; Women’s Outlook (March 1931) pp.289-299.


Liberal Woman’ News (April 1927)

Liberal Woman’s News (May 1927).

Liverpool Daily Courier (17.10.1924).

Time and Tide (30.4.1926).

Liberal Woman (Aug. 1927).
84 *Manchester Liberal Central Committee Minutes, 1926*. Manchester Archives and Local Studies. Ref: 283/8/1/1. (30.10.1926).


86 Birth Control News (May 1927). The Liberal women chosen to move this resolution were senior and experienced politicians in the Manchester and Salford area. Mrs Barclay was to be Mayoress of Manchester in 1929. She was a member of the Executive Committee of the Lancashire, Cheshire and North West Women’s Liberal Federation and was President of the Women’s Liberal Council in the Exchange constituency of Manchester which her husband represented as a Liberal MP. Lady Howarth was on the Executive Committee of the Women’s National Liberal Federation and sat on the powerful Ways and Means sub-committee.

87 A full account of the debate was carried in *Liberal Women’s News*, May 1927. In *Liberal Women’s News* April 1927 there had been an article on ‘Birth Control Information and the State’ which outlined the constraints of giving birth control advice

88 McAdam (1996); Tarrow (1996).


92 *Hunslett Carr Women’s Meeting Minutes* (15.5.1930) LP87.

93 Huddersfield Labour Party Archives. Ref: HELP/22.

94 *Bilston Labour Party Women’s Section Minutes 1921-1931*. Wolverhampton Archives and Local Studies: BD/PP/6/3/3.

95 *Manley Park WCG Minutes* (2.12.1926); *Nelson WCG Minutes* (4.3.1927).

96 *Manchester and Salford Co-operative Herald* (June 1927) reported Stocks as giving a talk to Downing Street, Manchester, WCG on 19.5.1927. *Manchester and Salford Co-operative Herald* (Jan. 1930) reported that Stocks again spoke on birth control to Downing Street WCG on 16.1.1930.

97 *Minutes of Anson Road WCG, 1930*.

98 *Gorton Labour Party Women’s Section, Minutes* (3.3.1931).

99 Maternity and Child Welfare Sub-Committee Minutes, 8.8.1930.

100 Rucht (2007).
101 Hunt, C.J. (2003), unpublished doctorate

102 *Women's Outlook* (27.9. 1924) p.456.

103 Birth Control News (Jan.1929).

104 *Manchester City Council Minutes of the Maternity and Child Welfare Sub - Committee*(1930). No exact date given.

105 *Report of the Conference on the Giving of Birth Control Information by Local Authorities, 4 April 1930.*

106 Frankenburg (1975) p.140.

107 *Report of the Conference on the Giving of Birth Control Information by Local Authorities, 4 April 1930.*

108 Rowbotham (1975) p.35.

Chapter Seven

Lifecycle of a social movement

7.1 Introduction

When discussing individual social movements academics have frequently analysed the factors leading to their start. In Chapter One the various metaphors and theories concerning the demise of social movements were discussed including that of Sidney Tarrow. Chapter Two examined the initiating event which helped activate the birth control movement and form its early development. This chapter examines Tarrow’s comments on the forces which lead to transformation or demise of social movement which he believed to be complex. ‘The ends of protest cycles are never as uniform as their beginnings’.1 He argued that after an initial burst of enthusiasm in a social movement there was a diffusion of political effort and mobilisation and members could leave through exhaustion.2 As movements became better organised they divided into leaders and followers which could result in weariness and disillusionment of the latter. Tarrow concluded that those on the periphery of the movement, lacking strong motivation, were most likely to defect, whilst those at the centre would keep their ideological principles and fight on. This was noted in the 1920s by the birth control pioneer Margaret Sanger in her American Birth Control League ‘The pioneer days of our initial aggressive activity were to be superseded by a more or less doctrinaire programme of social activity’.3 She believed that as the movement developed, her members had ceased to be militant.

However, this research will show the difficulty in defining concepts such as centre and periphery with regard to the birth control movement. It analyses whether this simple division into leaders/followers or activist/non-activists is helpful in describing the life-cycle of the SPBCC which had multiple endings. This chapter approaches the problem of the end of a social movement by examining the consequence of government rulings on birth control on the grassroots birth controllers.

7.2 Was Memorandum 153/ MCW a political victory for the birth controllers?

The SPBCC mobilised around the birth control issue by helping to organise, as described in the last chapter, the influential Conference on the Giving of Information on Birth Control by Local Authorities which took place in April 1930. The socialist
councils, in particular, gave backing to the provision of municipal birth control clinics. Three months later, Arthur Greenwood, Minister for Health in the Labour government presented Memorandum 153/MCW to the Cabinet in July 1930 and their approval was gained. These two events appear to be interrelated, though the response to external pressure cannot be proved.

At first the SPBCC must have believed that they had won the victory for a comprehensive state system of accessible birth control clinics. They could then have wound up their organisation having achieved their objective. The Memorandum was shrouded in secrecy until Marie Stopes triumphantly revealed details of the Memorandum in her publication *Birth Control News* in September 1930, so forcing the hand of the Minister. *Birth Control News* had the banner headline ‘Month of Triumph’.

The restructured National Birth Control Council, to which SPBCC now belonged, was rebuked by civil servants for sending out its own leaflet to local authorities to clarify the situation. It was not until 1931 that Memorandum 153/MCW was printed and generally circulated.

The Memorandum noted in the text ‘the acute division of public opinion on this subject.’ Arthur Greenwood as a Labour minister would have been aware of the acrimony over the birth control issue at the Labour Party conferences which was described in Chapter Six. By issuing advice on birth control clinics as a memorandum Greenwood by-passed Parliament and ensured there was no public debate on this matter. This was a complete volte-face as Greenwood’s predecessors, including the Catholic John Wheatley, had maintained that a change in birth control policy had to be voted on by Parliament. The Memorandum itself was brief, consisting of only four paragraphs, and was framed so that birth control was treated as a medical issue. ‘The Government considers that when there are *medical grounds* for giving advice on contraceptive methods to married women in attendance at the Centres, it may be given, but that such advice should be limited to *cases where further pregnancy would be detrimental to health.*’ The italics are in the original and stressed the necessity of health grounds for birth control advice.

However, importantly the Minister did not compel local authorities to create a network of municipal birth control clinics, which was what the SPBCC had urged.
Many local authorities for reasons of religious principle or finance, chose not to take advantage of this permissive legislation. Indeed, after four years two hundred and fifty local authorities had taken no action whatever on the subject. There were strict rules about how the municipal birth control clinics should be staffed and where they should operate. Birth control advice on the health grounds excluded the cases of economic and social hardship which the SPBCC had identified as being in need of advice. Again the clinics were limited to giving advice to married women who were already mothers. There followed a series of government communications which instead of extending the remit of municipal birth control clinics placed even further restrictions on them. On 14 July 1931 the Minister issued further guidance to local authorities in Circular 1208 where it was emphasised that local authorities must not establish separate birth control clinics, and medical officers of health must not be compelled to run such clinics. Health exemptions were being increasingly utilised by local authority clinics to justify a more liberal policy and so three years later in 1934 Neville Chamberlain, the new Minister of Health in the National Government decided that advice could only be given to married women who were suffering from specific diseases such as diabetes, tuberculosis, and heart disease ‘where pregnancy would be detrimental to the mother’.

A number of historians have attempted to provide explanations for the apparent change of government policy on birth control as exemplified in Memorandum 153/MCW. John Fryer believed that the pressure for a change in birth control regulation had become irresistible and Audrey Leathard felt that with Memorandum 153/MCW ‘the battle had been fought and largely won’ with the help of personal contacts. Richard Soloway suggested that the severe economic crisis brought on by the world depression was a factor in bringing about a change in governmental policy. He believed that the government may have been influenced by the fear of an increase in population which would drain public funds. In her doctoral thesis Linda Ward, while acknowledging the importance of the campaign of Labour women, questioned the role of outside influences in bringing about Memorandum 153/MCW. The weight of evidence appears to substantiate Ward’s explanation that the change in birth control policy was an unintentional consequence of the Local Government Act of 1929 which replaced an individual percentage grant system to local authorities with a block grant. This resulted in a shift in power from the central government to the local authorities which had more discretion over funding.
decisions. The block grant made it administratively complex for government to apply sanctions to local authorities with regard to their spending on individual items. Ellen Wilkinson, by now close to the Labour leadership, was one of those who was quick to realise the implications of the 1929 Act and privately wrote to her friend Dora Russell that:

I have been working very hard on the birth control, and confidentially, I find it doubtful whether the Mond Circular holds good under the New Local Government Act and the position is now that the local authorities can do as they please in this matter. What I want is to get an official statement from the Minister in Parliament, but he is taking some time.¹⁰

No doubt civil servants also appreciated that sanctions against local authorities were now unenforceable.

The SPBCC soon realised that they had to continue fighting, for Memorandum MCW/153, rather than being an enabling measure leading to the expansion of municipal birth control facilities, was on the contrary restrictive. It was intended to restrain the enthusiasm of local authorities in their sponsorship of birth control clinics. Socialist local authorities had become increasingly confident that after the 1929 Local Government Act they would not be prosecuted for allowing birth control advice to be given at municipal clinics. The *de facto* situation was that an increasing number of local authorities were providing information on birth control. For instance, Shoreditch had not only written to the Minister but went ahead and started its own birth control clinic. The Editor of *New Generation* wrote that, ‘all supporters of birth control will offer particularly heartfelt congratulations and appreciation to the Borough of Shoreditch, and to Mr and Mrs Thurtle’.¹¹ By specifying that birth control advice could only be permitted on a narrow definition of health grounds the Minister prevented local authorities from applying a wider interpretation of need.

The concept of locality becomes particularly important in tracing the direction of the birth control movement. The voluntary birth controllers soon realised the shortcomings of the national policy but they continued to make progress at specific localities. Manchester City Council debated the issue when supporters framed the argument in health rather than economic terms. Councillor Mostyn referred to childbearing wrecking women’s lives. Councillor Edwards argued that the immorality was in forcing unfit women to have children. Councillor Mary Kingsmill Jones, the Chair of the Maternity and Child Welfare sub-committee gave her support for birth control on health grounds.¹²
The process of the Manchester City Council’s decision was described in an unpublished exchange of letters from Mary Stocks of the MSMC to Mrs Margery Pyke of the head office of the National Birth Control Council, SPBCC’s national successor. The first letter from Stocks was dated 5 February 1931 and updated Pyke on the situation in Manchester:

You will be glad to hear that yesterday the Birth Control Resolution slid through the Council by a majority of 71 to 18. It is a somewhat limited proposal, the idea being to have municipal Birth Control Clinics under the Health Committee, one for the North and one for the South. These are to be held, not at the Child Welfare Centres, but at the two big hospitals, formerly Poor Law Institutions. But they are to be gynaecological clinics rather than birth control clinics.

There is a clause which we had some heartbreak over i.e. that patients are only to be received on medical recommendations from doctors, welfare centres and midwives… However it was clear that some urgent cases will be lost through this limitation.

Stocks was concerned about the stigma attached to the Poor Law institutions but she was even more worried that, unlike the MSMC, patients would not have the right of self-referral to municipal clinics. This went against her feminist principles that mothers should be able to decide family size. The next day Pyke responded to Stocks and was obviously trying to be encouraging. She paid tribute to Manchester’s achievements. ‘I very much appreciate the idea of you singing the *Nunc Dimittis* on the Cathedral steps with chorus of grateful mothers…The size of the majority was really magnificent. I do not see how it can fail to have a great effect on other places and I think you and Mrs Simon ought to be crowned with bay leaves’.

Shena Simon, wife of the local Liberal MP for Withington had been one of the leading campaigning councillors.

Interestingly in Manchester there was a new collaboration between the voluntary sector and the state sector. The energetic Dr Veitch Clark, Manchester Medical Officer of Health, appointed Dr Olive Gimson to the birth control clinic at Withington Hospital and she was able to combine this appointment with her continuing work at the MSMC. At first there was little information provided by Manchester City Council about the new clinics so it was left to the MSMC to create the publicity. The indefatigable Stocks, when speaking to Gorton Labour Party Women’s Section stressed the need for women to make known the City Council’s decision to give [birth control] information.
However, generally there was no rush by local authorities to provide municipal birth control clinics. Lella Secor Florence described the situation in Birmingham when a resolution for a municipal birth control clinic was passed by the Council in 1932, but not efficiently implemented by reluctant staff. Indeed by 1931 only thirty-six local authorities had decided to take advantage of the provisions of Memorandum 153/MCW. Pat Thane considered that the abating of agitation for birth control in 1930s showed that the new birth control regulations must have been flexibly interpreted. However, this may not have been the case, for there was local dissatisfaction with Memorandum 153/MCW as evidenced by the MSMC situation. What appeared to have happened was that the voluntary associations, while wishing to pursue the arguments for state provision, continued to run their own voluntary clinics. Even after the opening of the two municipal clinics in Manchester the MSMC voluntary clinic still operated. Flora Blumberg explained in 1931 that:

> our private Clinic is still necessary for cases not covered by the narrow interpretation liable to be placed on the phrase ‘medical reasons’- for the unemployed, for example, for the spacing of families, and as a centre for the instruction of doctors and nurses.

Therefore the voluntary birth control movement, far from being redundant, continued to expand its activities in local areas.

### 7.3 The transformation of the SPBCC

After the events of 1930 there was a change of direction when the birth control organisations reassessed their priorities. The national SPBCC changed its identity several times in the 1930s. The first change was in 1930 when the five national birth control organisations, including the SPBCC and Stopes’ Constructive Birth Control Society CBC decided to work together in one organisation, the National Birth Control Council (NBCC) although each body kept its own identity. As the NBCC in its opening report stated, ‘it was to form a connecting link between the various organisations working for the Birth Control Movement’. The next year the organisation changed its name to the National Birth Control Association (NBCA) as it argued this would allow greater flexibility of membership. Significantly the emphasis changed from vigorous national activity to the more limited objective to ‘encourage Local Authorities to take action’. In 1938 the individual societies, including the SPBCC, were dissolved and merged into one body, the Family Planning Association. The name change was politically astute as by then there was
popular concern over a supposedly falling birth rate and ‘planning’ covered the provision of sub-fertility advice. It is difficult to determine the precise end of the SPBCC as there appear to be a number of alternative dates which could provide closure.

There was a pronounced difference in the SPBCC of the 1920s and its later versions in the 1930s. Leathard correctly argued that this amalgamation of these birth control societies led ‘to the views of cautious and conservative prevailing over those of the more progressive’. Leading members of the SPBCC, in particular Eva Hubback, successfully approached Lady Trudie Denman to be Chairman of the NBCC and this resulted in a marked change of direction for the organisation. Denman was approached as she had already supported a SPBCC clinic at Walworth Road and given financial assistance to the organisation. Denman was a consummate organiser and indeed she was also Chairman of the National Federation of Women’s Institutes (WI). Indeed Leathard saw similarities between the NBCA and the WI which also operated in a low key politically. Denman unstintingly gave time as well as money to the birth control movement. However, Denman’s strength lay in strategic thinking, rather than in the ‘hands-on’ experience of founder members. Denman, according to her biographer, personally approached President Sir (later Lord) Horder and many of the thirty four vice-presidents. These included the well-known figures of Professor (later Lord) Julian Huxley, Lady Limerick, John Maynard Keynes, Bertrand Russell and Lady Diana Mosley. Like earlier birth control organisations the NBCA sought acceptance. Denman’s biographer commented that she ‘made the fullest use of her reputation and influence and prestige for a movement which initially had enjoyed so little of either’.

In addition distinguished medical men joined the executive committee and there was a continued emphasis on research into contraception. Ironically, this respectability, which Marie Stopes and the SPBCC had also craved, arguably limited the scope of the new organisation’s campaigning.

The earlier organisations had relied on volunteers for administrative work but now in the NBCA an efficient bureaucracy was created. The SPBCC had been an ad hoc body with no permanent staff or premises. In contrast, the NBCA worked from permanent premises, albeit in Denman’s house. Denman in a drive for efficiency appointed Margery Pyke as salaried General Secretary. Pyke was a dedicated, efficient administrator but had no prior knowledge of the birth control movement. In addition to Pyke, there were also appointed four local area organisers. The organisers
contacted influential people in their locality who might have an influence on birth control provision there. These included local medical officers of health, councillors, doctors, health visitors, members of maternity and child welfare committees. By 1935 the NBCA had a staff of seven and expenditure of £6,000 covering five years work.  

The social composition of the NBCA executive also changed. Although the NBCA did contain a representative from the Workers Birth Control Group and established members such as Mary Stocks and Charis Frankenburg, the NBCA had lost many of those with practical experience. Socialist Mrs Frida Laski, criticised the new organisation as consisting of ‘do-gooders’ with little interest in the working class. This view was unjust, but certainly the leading members of the NBCA were drawn from a much narrower social spectrum than the SPBCC in the 1920s. The alliances of the committee were with fellow professionals rather than with than women’s groups and socialist organisations. There were no overt attempts to influence Labour or Liberal party policy and raise the birth control issue at party conferences.

This new found respectability of the birth control movement resulted in unexpected alliances. There were now personal meetings with senior members of the Ministry of Health and discrete ongoing contacts. Leathard, who had conducted interviews with participants active in this period, argued that the NBCA turned away from confrontation and instead sought cooperation and consultation with government officials. In 1932 Dr Nankivell, Medical Officer of Health for Plymouth loaned local authority premises at one of his Maternity and Child Welfare Centres for a clinic which was run by the NBCA volunteer birth controllers. Dr Nankivell also gave the help of one of his doctors. Importantly the Ministry of Health did not raise any objections to this unusual arrangement. Therefore by 1935 another thirteen clinics had been established in joint local authority partnerships which presumably circumvented local opposition as well as saving costs.

There was a marked disparity in birth control activity at the local and the national level. Locally the activity remained much more radical than at the centre. The national organisation was policy orientated whilst the grassroots activities still focused on practical solutions. Although nationally the SPBCC had eventually been disbanded, their clinics in areas such as Walworth Road, London, Birmingham and Manchester continued as before. The annual reports showed that many of the birth
control clinics retained their original names and ways of operating. Their minutes showed that throughout the 1930s they continued to lobby their local Public Health Authorities to consider establishing birth control clinics.

The voluntary clinics were so successful that in many instances they expanded into larger premises or opened new centres. The MSMC moved from Salford to Manchester and the 1933 Annual Report of the Liverpool Mothers’ Welfare Clinic showed that they too were expanding and opening up another clinic. Dilys Dean, a third student placed with the MSMC in 1940, noted the hard work and enthusiasm of the volunteers. Lay workers still interviewed mothers, sold appliances, dealt with administration, and most importantly raised funds from the local community. The Collective Biography showed that volunteers such as Flora Blumberg in Manchester and Ethel Emanuel in Birmingham continued to serve at least up to the Second World War. Lella Secor Florence painted a dramatic picture of the Birmingham clinic operating in 1940 when birth control workers climbed over bombed out houses to reach their clinic which was without heating or windows. Surprisingly women still came that day to keep their appointments. There was mutual trust that the clinic would be kept open in appalling circumstances.

The American feminist academic Linda Gordon presented a highly critical view of the birth control movement in the inter-war years in the USA and Britain:

The timidity of the prosperous women created a spiral away from these working-class women; the less radical and far-reaching their demands, the less attraction they had for the poor; the fewer poor women participated in birth control groups, the less impetus there was for a militant approach.

Yet the evidence from the SPBCC contradicts this. Indeed the SPBCC had to face the dilemma of many voluntary organisations: how far should they support, for the good of their clients, a system that they were trying to change? In spite of the Head Office policy of persuasion, by 1939 only eighty-four local authorities had taken any action to establish municipal birth control clinics. In fact two thirds of local authorities had taken no action at all. In contrast, by 1939 the number of voluntary clinics had grown to sixty-six. Thus the local voluntary clinics were to some extent making up for the lack of policy progress by the Head Office.

7.4 Conclusion
National events conspired against the birth control movement’s progress but arguably impending war and financial instability on their own were not enough to account for the continued contraction of the birth control movement’s political aims. By the 1930s the SPBCC had effectively split into a movement that operated on two levels: the national level based in London and the local clinics. Even before its final demise in 1938 the SPBCC had lost influence in the new combined organisations of first the NBCC and then the NBCA.

It is difficult to pinpoint a precise date when the SPBCC ceased to exist, but the birth control movement had changed its character in the latter stages of its career. As the organisation expanded it acquired a new level of bureaucracy so whereas previously organisation had been carried out by volunteers the NBCC recruited a salaried member of staff and paid organisers. The situation at the NBCA seems to confirm Tarrow’s argument that as campaigns continued there were often alliances between participants and challengers, in the NBCA’s case ministers and civil servants at the Department of Health. The emphasis on recruiting eminent medical men and other eminent scientific figures drew the movement into the academic mainstream and away from controversy. Certainly by the 1930s the SPBCC had become fragmented. Yet it was the grass roots members, geographically on the periphery of the movement, who retained their enthusiasm and radical ideas. Contrary to Tarrow’s argument the grassroots activists sustained the radicalism of the birth control campaign more tenaciously than their leadership.

3Sanger (1932) p.309.
4Birth Control News (Sept. 1930) Vol. 8,. No.6, p. 72; Birth Control News (Jan. 1931) Vol. 8, No. 9, p.115. Stopes gleefully repeated her scoop in the next edition of her paper.
5Memorandum MCW/153., Ministry of Health.
7Circular 1408 Ministry of Health. Neville Chamberlain’s task was made easier by the final Report in 1932 of the Committee on Maternal Mortality and Morbidity which recommended that women suffering from such diseases as T.B. should not become pregnant and contraceptive methods should be made available to them.


Box 406, Dora Russell Papers, IISH, Amsterdam.

*New Generation* (Aug. 1930). Ernest Thurtle was the local MP and his wife, Dorothy, a local councillor.

*Birth Control News* (March 1931) p.165.

Manchester City Council took the place of Birmingham as the first local authority to open municipal birth control clinics.


Unpublished letter from Mrs Pyke (Secretary of the National Birth Control Council) to Mary Stocks. (6 Feb. 1931). Wellcome Library for the History and Understanding of Medicine. (SA/FPA/A11/26).

*Gorton Labour Party Women’s Section Minutes*, 3.3.1931.


Blumberg (1931) p. 225.


Margaret Sanger papers, Box 60, File 1. Smith College, Ma.

NBCC . *Aims* (no date).


In World War Two Lady Denman was also appointed Director-in-Chief of the Women’s Land Army which reflected her reputation as a safe pair of hands. She was a staunch champion of the Land Army.


Dilys Dean was studying for a Social Science degree at the University of Manchester and undertook a placement at the MSMC. She subsequently joined the MSMC and sat on the executive. Her daughter gave me her unpublished papers including these notes for a talk in 1976.

Florence (1956) p.20. The Mothers’ Clinic had moved from Salford to Manchester and the annual reports showed how in spite of the blackout, it continued to function.

Gordon (1977) p.300.


Chapter Eight

Conclusion.

As this thesis has progressed it has been increasingly apparent that it is about far wider issues than birth control. It has involved the feminist view of society and the right of women to control their bodies, the relationship of women from different classes in a social situation, the relationship and tensions of feminists engaging with emerging movements such as eugenics and socialism. It is a testimony to the ideological commitment and determination of grassroots local groups who continued to serve their communities long after their national organisation had officially ceased to exist.

This thesis has illustrated the advantages of drawing on social movement theory as well as using the more traditional historical research. This has proved particularly pertinent in raising questions about the dynamics of the SPBCC. A common theme of social movement theorists is that movements are the result of social processes and are complex assemblages, for instance the bold assertion ‘feminist’ glosses over important differences in theoretical perspective. Individuals subscribed to conflicting ideologies not only at different times, but also concurrently. Many Labour women experienced difficulties in reconciling their socialist beliefs with the birth control campaign.

Throughout this thesis I have found three concepts of new social movement theory to be particularly fruitful: political opportunities, political mobilisation and framing. Post-1918 the birth controllers tried to take advantage of new political opportunity structures at both national and local levels and sought to participate in organisations such as the Labour Party Women’s Sections, the Women’s Co-operative Guild. Although there were few women MP’s SPBCC members were active on their local councils.

This research examines the enthusiastic way women mobilised round the birth control issue. The Collective Biography has also shown how committed individuals were attracted to the birth control cause and how they mobilised family and friendship networks to promote the cause. The local WCG, in towns such as Birmingham and Salford, involved whole guilds in support of their local clinics.
An important part of this thesis shows how the birth control pioneers, lacking in political power, sought allies who could provide funding and research facilities, hence the attraction of the eugenicists. These informal policy advocacy coalitions proved especially valuable to the birth control campaigners nationally in the birth control conference of socialist local authorities which included Liberal women. In areas such as Manchester where there was cross-party support for birth control on the Council, SPBCC were careful not to alienate the medical profession which they regarded as potential allies. Hence it was important for the SPBCC, unlike the Stopes’ clinics, to appoint doctors to each clinic. They also made discreet overtures to the Anglican Church which, in the 1930s significantly changed its policy on birth control. The SPBCC drew on repertoires of contention which were non-confrontational.

This research shows how SPBCC members were also careful to frame their arguments to their audience. The annual reports were carefully framed to appeal to humanitarian sentiments and win support for birth control clinics from those concerned with bad housing and maternal mortality. All the annual reports included case studies of women who, through no fault of their own were suffering poverty. At the Labour Party Conferences speakers stressed how working class mothers were being denied birth control information that was easily available to middle class women.

The complexities of the SPBCC can be seen in four themes that ran throughout this thesis: feminism, grassroots, locality and modernism.

The SPBCC regarded the issue of birth control as being central to feminism. After the granting of the franchise many feminists realised that legal measures on their own would not give women control over their own bodies. It was important for the SPBCC that that new feminists triumphed in the debate in NUSEC over equality feminists because they set the agenda for the 1920s. This enabled birth control to be seen as a feminist issue and resulted in support for SPBCC. The SPBCC in turn was then able to form alliances with other feminist organisations.

There were obviously many different motives that led women to join the SPBCC but feminist principles appeared to be a common factor. The Collective Biography shows a strong feminist commitment amongst the birth control pioneers not only of public figures such as Eleanor Rathbone but of lesser known activists such as Charis
Frankenburg in Salford and Ella Gordon in Wolverhampton. This feminism was also combined with a recognition of the importance of the common bond of motherhood. All the volunteers were mothers themselves and saw this as a way of overcoming barriers of class or politics. Undoubtedly issues of social class were important but here was a common commitment to feminism by organisations such as the Women’s Co-operative Guilds and working class individuals such as Alice Onions in Wolverhampton and Mary Barbour in Glasgow. Many of the annual reports show a cross section of women who served in the Executive Committees of the SPBCC clinics.

As a result of reading documents such as annual reports it has become clear that there were important differences between the leadership of an organisation and its grassroots members. The leadership of these organisations had very different agendas from women who were aware of the pressing needs of women in their own locality. The grassroots members whether it be of the Labour Party Women’s Sections or the WCG were consistently more radical in their policies than those held by head office. In their annual conferences the grassroots membership of both these organisations voted in support of birth control which was rejected by their leaderships. In the later years of the SPBCC the leadership had very different priorities from the grassroots members who were primarily concerned with practicalities.

This research has shown that locality had an important influence on the development of local SPBCC. It was a very different experience to be a birth control pioneer in Liverpool with its strong socialist and sectarian membership compared to a traditional university town such as Cambridge. Even when localities were broadly similar in politics, class composition and sectional loyalties as evidenced in Stockport, Salford, Liverpool and Glasgow, there were still significant differences. The strength of individual personalities such as Mary Barbour in Glasgow and Bessie Braddock contributed to the successful establishment of the SPBCC clinics. The importance of the Collective Biography is in presenting a nuanced account of the members of the SPBCC by presenting them in a local context.

An important theme running throughout the thesis is that birth control was presented as being in harmony with the modern age and complemented new forms of dress and modern leisure activities. This was not only used to persuade working class women to abandon traditional risky methods of birth control but also used to persuade members
of the medical profession of birth control efficiency and the eugenicists of the efficacy of modern birth control methods.

However, one of the main questions this thesis addresses is how successful the SPBCC was in achieving its main objective of a comprehensive affordable birth control system, administered by the state, which working class women could easily access. The grassroots activists were disappointed that although superficially Memorandum 150/MCW made concessions, crucially it did not make the establishment of municipal birth control clinics compulsory. Not surprisingly comparatively few local authorities took advantage of the new legislation. Thus the SPBCC failed in its main objective. It took another forty years for a comprehensive system of birth control clinics to be established.

Although the SPBCC did not succeed in its main objective of a network of municipal clinics it did succeed in reaching working class women to give birth control advice. The SBCC recognised the inadequacies of Memorandum 153/MCW and chose to continue with establishing their own clinics. Evidence presented to the Birkett Committee in 1937 showed that there were three thousand visits annually to municipal birth control clinics compared to sixteen thousand to the voluntary clinics.¹ The SPBCC, like many other voluntary organisations had the dilemma of how far to support the very system it was trying to change.

A movement that had had failed in its own terms succeeded in empowering many of its members to participate in a wide range of political activity. Sometimes, as in the case of the Labour Party and WCG, the participation led to disappointment as the structures were found to be wanting. However, this was an important learning experience for the newly enfranchised voters. This research shows how the SPBCC members gained in confidence and when thwarted by political parties had the confidence to take direct action in founding clinics and were skilful in forming alliances with other outsider groups.

This thesis contributes to the debates of the historiography of feminist research. Women’s history has been defined by its subject matter whereas feminist history has been as informed by the ideas of feminism and concerned with ideas of gender. It is being increasingly acknowledged that these two enterprises have now moved closer together. This thesis underlines this convergence as it has as subject matter women’s
struggle to control their reproduction but also involve feminist debates concerning the direction of feminism.

Feminist activity in the 1920s and 1930s has not attracted detailed academic attention or been a popular subject for research. Hopefully this is beginning to change as in the last two years there have been studies by, amongst others, Martin Pugh, Pat Thane and Ester Breitenbach, Sheila Rowbotham, featuring this period. There is potential for further research into these feisty women and the inter-war campaigns whether they be housing, maternity mortality or peace issues.\(^2\) As a result of technical developments and a new interest in historical material by the general public, there is an increasing amount of material becoming available. My Collective Biography indicates the wealth of documentation available in local studies archives. It is hoped that both the theoretical insights and original archival material of this thesis will provide a fruitful resource for other academics researching into inter-war Britain.

\(^1\) Quoted by Leathard (1980) p.66.

\(^2\) Pugh (2008); Thane and Breitenbach(2010), Rowbotham (2010)
APPENDIX I

Collective Biography of members of the Society for the Provision of Birth Control Clinics.

The starting point for these biographies was the first annual report of each clinic which was affiliated to Society for the Provision of Birth Control Clinics in the 1920s. They all provided a detailed list of Executive Committee members and donors. Material was supplemented through contemporary newspaper articles and correspondence. Women have been included if they showed support for a specific clinic even though they were not founder members. However, it would have been too unwieldy to include male supporters and their friendship networks. The table below shows the organisations to which the women belonged and their common membership. However, just because there is a blank does not mean there was no membership rather there is not enough data available.

The subsequent Collective Biography goes into much more detail and is able to flesh out the social and political activity of the SPBCC members. Many in an age where it was unusual, benefitted from a university education. Though it applied more to previous generations, a number had been active suffragists. It does appear that like Helen Pease, a member who was heavily committed to birth control, if a member was active in one sphere she would be active in others. This particularly applies to MPs or parliamentary candidates like Eleanor Rathbone and Elizabeth Cadbury. The SPBCC members were active in the main political parties and served as councillors and JPs. Many were also members of the Women’s Co-operative Guild and Women’s Citizenship Associations as well as the Eugenic Society.
## Analysis of political and social allegiances of SPBCC members

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Degrees included honorary degrees. Suffragists included non-militant and militant. WCG- Women's Co-operative Guild WCA- Women's Citizens Assoc. Clinics: N Kens- North Kensington. Bham- Birmingham Women’s Women’s Advisory Centre; L’pool- Women’s Advisory Centre MSMC- Manchester and Salford Mothers’ Clinic
Profiles of Committee members of the Society for the Provision of Birth Control Clinics.

The basic material was drawn from the annual reports of the SPBCC clinics and supplemented by autobiographies and contemporary correspondence. Oral interviews have also been utilised.

Adams, Mrs was on the foundation committee in 1926 of Wolverhampton Birth Control Centre.

Wolverhampton Birth Control Clinic First Annual Report 1926. Russell Archive, Box 405, IISH, Amsterdam.

Agnew, Lady was on the Executive Committee of the Oxford Family Welfare Association at its foundation.


Agnew, Mrs Howard was a founding member in 1926 of the Manchester, Salford and District Mothers’ Clinic and sat on the General Advisory Council.

Manchester, Salford and District First Annual Report 1926-1927.

Baines, Mrs Cuthbert was a founding member of the Executive Committee of North Kensington Women’s Welfare Centre.

North Kensington Women’s Welfare Centre First Annual Report 1925-1926.

Barbour, Mrs Mary, J.P. (1875-1958) was one of the founders in 1925 of the Glasgow Women’s Welfare and Advisory Clinic and was its first Chairman. She was active in fund raising to support the clinic and in promoting it to working class mothers.

Her father was a carpet weaver and she became a thread twister and then a carpet printer. In 1896 she married David Barbour who became an engineer in the shipyards and they settled in Govan. Glasgow. She became an active member of Kinning Park Co-operative Guild and joined the Independent Labour Party.

The Glasgow rent strike of 1915 further politicised Barbour. The First World War brought large increases in rent by landlords and subsequent evictions. She organised committees and physically prevented evictions. On 17 November 1915 there was a massive demonstration when thousands of women marched with shipyard and engineering workers through the streets of Glasgow. They were nicknamed ‘Mrs
Barbour’s army’ by Willie Gallagher. As a result the Rent Restriction Act bought about a change in the housing system of the city of Glasgow.

In 1916 Mary helped found the Women’s Peace Crusade. Later she stood as a councillor and was the first Labour woman to be elected to Glasgow town council. She had a special interest in housing conditions, municipal laundries, children’s playgrounds. ‘When we attain even these few ideals we shall have won emancipation for the working class housewife. Up to now women have been the drudges and slaves of a wicked economic system.’(1921) Between 1924 and 1927 Mary served as Glasgow Corporation’s first woman Baillie and was appointed as one of Glasgow’s first women magistrates.

Mary retired from the Council in 1931 but retained her active interest in women’s issues including the Glasgow Women’s Welfare and Advisory Centre. Glasgow Women’s Welfare Association gave advice and support to the newly founded Aberdeen SPBCC.

‘Profile of Mary Barbour’ Women’s Outlook (Feb. 1921) p.108.

Beale, Mrs E.P. was a Committee member of Birmingham Women’s Welfare Centre in 1927.

Barrett, Mrs was a founder member of the Mothers’ Welfare Clinic, Liverpool and a member of its Council.
Liverpool Mothers’ Welfare Clinic First Annual Report 1926-1927.

Beavan, Miss Jessie was a member of the Liverpool Mothers’ Welfare Clinic in 1926 serving on its Executive Committee. She was also an active member of a number of other women’s voluntary bodies including being Hon. Secretary of the Liverpool Women’s Citizenship Association.
Liverpool Mothers’ Welfare Clinic First Annual Report 1926-1927.

Beavan, Miss Margaret, J.P. was a member of the Women’s Co-operative Guild. She was an advocate for child welfare and tried, with Eleanor Rathbone, to protect the vulnerable against post First World War spending cuts. When elected a city councillor she sat on the infant and child welfare committee. Margaret Beavan
became Mayor in 1926 and stood unsuccessfully as a Conservative MP in 1930. Fellow councillor, Margaret Simey gave a highly critical account of Beavan’s later political career.


Cox (1926) *Liverpool Annual Yearbook*


**Bethune-Baker, Mrs Edith, J.P.** (1863-1949) was in 1925 a founding member of the Cambridge Women’s Welfare Association and member of its Council. Edith studied Science at Mason College which was to become the University of Birmingham. She devoted much of her life to women’s suffrage travelling great distances to speak. She later became an Executive Committee member of the National Union of Societies for Equal Citizenship resigning over the issue of protective legislation for women. She was chairman of the Cambridge Women’s Citizens Association, member of NCW and a welfare campaigner, being a member of the Standing Joint Committee of Industrial Women’s Organisations. She was one of the first women magistrates to be appointed.

Edith was an enthusiastic eugenicist who argued that concerns over the fall in the birth rate among the middle class were ‘prejudiced against the woman’s movement’. Edith was married to Rev. Bethune-Baker, Professor of Divinity at Lady Margaret’s College and a Liberal.


**Binham, Mrs** was on the Executive Committee of the Oxford Family Welfare Association at it foundation.


**Blumberg, Mrs Flora** sat on the Executive Committee of the Manchester Salford and District Mothers’ Clinic at its foundation in 1926. She took over as Chairman from Stocks in 1936 and remained in this position for over forty years. Blumberg made the
journey to Geneva in 1931 to present a paper on the MSMC at a conference organised by the American birth control pioneer Margaret Sanger. However, though extremely conscientious she could be impatient of those women who struggled with the MSMC regime. This is evidenced in her follow up of their patients.

Unusually amongst birth controllers Blumberg was a Conservative party activist and stood unsuccessfully as a Conservative councillor for New Cross, Manchester in 1934.

Her Jewish identity was important to Blumberg and throughout her life she maintained strong links with Jewish organisations serving as President of the Womens’ Lodge of B-nai Brith, the international Jewish organisation.

She was a friend of fellow Jewish Conservative MSMC member Charis Frankenburg. 

Manchester, Salford and District Mothers’ Clinic First Annual Report 1926-1927.

Manchester and District Mothers’ Clinic, ‘Only 8 Failures’ in 1,212 Cases,’1931.Wellcome Library A&M: SA/FPA.

Obituary. Manchester Central Reference Library, Archives and local Studies Section.


Boswell, Mrs R. was a founding member of the Executive Committee of North Kensington Women’s Welfare Centre.

North Kensington Women’s Welfare Centre First Annual Report 1925-1926.

Braddock, Mrs B., J.P. MP (1899-1970) supported the Liverpool Mothers’ Clinic. Her mother, Mary Bamber was an active Socialist campaigner. Bessie was briefly a member of the Communist Party but joined the Labour Party in 1926. She married Jack Braddock who had also joined the Labour Party and was leader of Liverpool City Council in the post-war era. Bessie was elected a councillor for St Ann’s ward in 1930 and in 1945 she was returned as MP for Liverpool Exchange.

Her interests included mental health, prison reform and maternal welfare. She was Chair of the Maternity and Child-Welfare sub-committee from 1934. In April 1936 the local Labour Party split over the municipal grant to Liverpool Mothers’ Welfare Clinic. It was opposed in the Council by, amongst others, David Logan, the local Liverpool MP, and Catholic father of ten. The campaign for the grant’s continuation was successfully led by Bessie Braddock who won by 72 votes to 41. In July 1936 she organised a conference in Liverpool on Maternity and Child Welfare.
Brooks, Lady CBE, JP. was a founding member of the Birmingham Women’s Welfare founding committee but soon resigned.  

Burrows, Lady Doris sat on the Executive Committee of the Manchester, Salford and District Mothers’ Clinic in 1926. She was the Hon. Treasurer and fellow members of the Committee paid tribute to her financial acumen. Doris lived at Bonis Hall, Cheshire and was a personal friend of both Frankenburg and Stocks. Her husband, Robert was wealthy colliery owner.  
*Manchester, Salford and District Mothers’ Clinic First Annual Report 1926-1927.*


Cadbury, Mrs Elizabeth, JP., later Dame Cadbury (1858-1951) was married to the Quaker industrialist George Cadbury and in 1927 was a founding member of Birmingham Women’s Welfare Centre. She donated the considerable amount of £25.00 to help the Centre become established.

She had undertaken social work in the London docklands before her marriage and throughout her life retained a keen interest in the condition of working class families, especially their housing conditions. This was put into practice in the Cadbury family model Bourneville Village.

Elizabeth was Hon. Treasurer and then President of the National Union of Women Workers (forerunner of National Council of Women) in 1906-1907. She was a non-militant suffragist and in 1919 was Vice President of National Union of Societies for Equal Citizenship. She was active in the local National Council of Women from 1896 to her death and served as President. Elizabeth was the first woman President of the Free Church Council.

She was an active Liberal and was a Birmingham City councillor from 1919 to 1924. In 1923 she stood unsuccessfully as their parliamentary candidate and in 1925 was featured on the front page of *Liberal Woman’s News.*

Elizabeth was appointed a magistrate in 1926 and received numerous honours including an honorary MA from the University of Birmingham (although she passed the senior Cambridge examination she never entered higher education).
Her humanitarian work with refugees was also recognised by many foreign governments. She was a committed pacifist and pressed for the inclusion of women’s issues in the Congress of Versailles. Elizabeth was Convenor of the Peace and Arbitration Standing Committee of the International Council of Women.


Profile. *Liberal Women’s News*, (April 1925) p.1-2. Her profile made the front page which was a national honour.


Carter, Mrs W.H. was on the foundation committee in 1926 of Wolverhampton Birth Control Centre.


Chance, Mrs Janet (1885-1953) served on the Executive Committee of the Walworth Women’s Welfare Centre in 1928 and was a socialist and feminist. She and her husband had joined the Malthusian League though they opposed much of its teaching. Janet campaigned for birth control to be freely available. She campaigned for abortion law reform and in 1936 she helped found the Abortion Law Reform Association and became its Chairman. Her husband Clifton, a wealthy Manchester stockbroker, also backed the birth control campaign.


Cole, Mrs served as a founder member on the Council of Liverpool Mothers’ Welfare Clinic.

*Liverpool Mothers’ Welfare Clinic First Annual Report 1926-1927.*

Collier, Mrs W. was one of those who set up the Oxford Family Welfare Association in 1926 and served as its first Chairman. She was married to Dr Collier, a First World War hero, who also served on the Association’s Medical Advisory Committee and was one of the chief instigators of the birth control clinic in Cambridge. When Dr Collier died in 1934 Mrs Collier continued to serve on the Executive Committee.
Mrs Collier appeared to be very much her own person being the only known local councillor on the Executive Committee. As a Liberal she represented South Ward in Oxford from 1925 until well into the 1930s.


Little, Dr I. (3 Nov. 1966) ‘Forty years back’, *Family Planning*.

Cozens-Hardy, Lady served as a founder member on the Council of Liverpool Mothers’ Welfare Clinic.

*Liverpool Mothers’ Welfare Clinic First Annual Report 1926-1927*.

Crombie, Mrs, in 1926 helped her daughter Fenella Paton found the Aberdeen Women’s Welfare Centre. She was married to J.W. Crombie, Liberal MP for Kincardine.


Dale, Mrs was on the foundation committee in 1926 of Wolverhampton Birth Control Centre.


Dalton, Mrs Ruth, M.P, later Lady Dalton (1890-1966). She was involved with the foundation of the SPBCC birth control clinic in 1921. In 1924 she served on the Executive Committee of the newly formed North Kensington Women’s Welfare Centre representing Walworth Road. In this period she also lived part-time in Cambridge where her husband Hugh was a Labour Party prospective parliamentary candidate. She was involved with the founding the Cambridge Women’s Welfare Association and in 1925 sat on the clinic’s General Council. In May 1930 *Birth Control News* reported that she had been to speak to Newcastle Women’s Luncheon Club on the value of the provision of birth control clinics for working class wives.

Ruth was awarded a BSc from the L.S. E. where she met Hugh Dalton, the future Labour Chancellor of the Exchequer. Ruth was always politically active, being elected to the London County Councillor for Peckham. She eventually became an Alderman of the LCC in 1936. Ruth Dalton had a brief parliamentary career in 1929 when she became a Labour MP for Bishop Auckland in a bye-election so her husband could stand in the General Election. She served for four months and was offered a seat of her own but she reportedly replied that she preferred her council
work, ‘There we do things. Here it all seems to be all talk’. Ruth was also a member of Peckham Women’s Co-operative Guild.
She was a close friend of Leah Manning.
Profile, *Women’s Outlook* (1 April 1925) p. 13.

David, Mrs Albert in 1931 officially joined the Council of the Liverpool Mothers’ Welfare Clinic. However, the clinic’s minutes of November 1925 showed that she had supported the clinic from its inception but had not wanted her name made public. She felt that it might compromise her husband who was the Anglican Bishop of Liverpool (1923-1944). Bishop David continued to assist the clinic discreetly but Mrs David was eventually forced to resign because of religious pressure.


Davies, Mrs. J. was on the foundation committee in 1926 of Wolverhampton Birth Control Centre.


Denman, Lady Trudie (Gertrude) (1884 -1954) had supported the suffrage campaign. She then married (unhappily) and had a family of her own. Trudie felt it wrong that working class mothers should not have the same birth control knowledge as middle class women. In the 1920s she made generous private donations to SPBCC clinics such as to Walworth Road and £100 to Newcastle-upon-Tyne, so that they could begin their work. An outstanding committee woman, she agreed in 1930 to become the first Chairman of the National Birth Control Council which was to be the co-ordinating body of the SPBCC and the other existing birth control organisations. Because of its precarious finances she allowed the NBCC to use two rooms in her own home.

Since 1916 Lady Denman had also been head of the newly founded Women’s Institute. However, because of the religious sensitivities of some of the W.I. members she never tried to raise the birth control issue with that organisation.
Dighton Pollock, The Hon. Mrs was a founder member of the North Kensington Women’s Welfare Centre in 1924 and served on its Executive Committee. She was the daughter of Lord Buckmaster who successfully raised the issue of birth control in the 1926 debate in the House of Lords.


Elliot-Nish, Mrs in 1928 served as a founder member and Vice-Chairman of the Liverpool Mothers’ Welfare Clinic.

Liverpool Mothers’ Welfare Clinic First Annual Report 1926-1927.

Elwell, Mrs was on the foundation committee in 1926 of Wolverhampton Birth Control Centre.

Wolverhampton Birth Control Clinic First Annual Report 1926. Russell Archive, Box 405, IIISH, Amsterdam.

Emanuel, Mrs Ethel was a founder member of Birmingham Women’s Welfare Centre, sat on their first Committee and became Chairman from 1932 to 1951. She donated a guinea to the Centre in 1927.

Ethel Emanuel was married to Dr J.G. Emanuel who also supported the Clinic.

Ethel was active in the Jewish community and a founder member in 1908 of the local National Council of Women. She was Secretary, Treasurer and President of that branch. Ethel was an active member of the National Executive Committee in the 1920s frequently reporting on Birmingham’s activities such the campaigns to get women appointed to public office (NCW Executive Committee Minute 15 Feb.1928).


Florence, Mrs Lella Sargent (1887-1966) was an American who was an active peace campaigner after the First World War and was involved in Socialist politics.

In 1925 she was a founder member of Cambridge Women’s Welfare Association, sat on their first Committee and was Hon. Secretary. In 1929 when her husband, Philip, changed university, she joined Birmingham Women’s Welfare Centre and sat on
their Committee. After the Second World War her work became important nationally. In 1960 Lella supported the first clinical trial in Birmingham of the oral contraceptive pill.

Lella, an investigative journalist, wrote two influential books: *Birth Control on Trial*, George Allen and Unwin, 1930 and *Progress Report on Birth Control*, Heinemann, 1956. The former critically questioned methods used at the Cambridge Clinic and the latter evaluated the achievements of the Birmingham birth control clinic.

_Cambridge Women’s Welfare Association First Annual Report 1925-1926._

_Birmingham Women’s Welfare Centre Third Annual Report 1927-1928._


**Frankenburg, Mrs Charis Ursula, J.P. (1892-1985)** was co-founder with Mary Stocks of the Manchester, Salford and District Mothers’ Clinic. Her friendship networks are further analysed in Chapter Four. Charis organised premises, staff and publicity for the Clinic and in 1926 she sat on its Executive Committee and held the key position of Hon. Secretary. She also went on to sit on the Co-ordinating Committee of the Society for the Promotion of Birth Control Clinic and its successor the National Birth Control Council. After establishing the Manchester, Salford and District Mothers’ Clinic she helped in the formation of other clinics – for instance donating 10/- to the Wolverhampton Clinic in its first year and speaking to the Liverpool clinic. Her husband Sydney Frankenburg, a wealthy industrialist, supported her birth control work. He contacted the Chief Constable about the Catholic Bishop Henshaw’s inflammatory remarks about the MSMC.

Charis was an undergraduate at Somerville College, Oxford but of special relevance to her birth control work was her training as a midwife in 1916 and nursing experience in France. This was at Chalons–sur-Marne Maternity Hospital where a number of British women served.

Charis was a member of the Salford Women Citizens Association and joined the National Council of Women in the 1920s. She was an active Conservative and in 1938 appointed to the Salford bench.

*Manchester and Salford Mothers’ Clinic First Annual Report 1927.*
Ursula Kennedy, daughter, interviewed by Clare Debenham, 2.7.2004
R.F., male relative, interviewed by Clare Debenham 1.10.2003.
Charis Frankenburg interviewed by Brian Harrison, 12 April 1977 and 22 July 1981.
Brian Harrison digital recordings, 8SUF/B/144B and 8SUF/B/194. Women’s Library London.


Frankenburg, C.U. (1956) ‘Manchester and Salford Mothers’ Clinic,’ *Family Planning*, p.6


Frankenburg, Mrs Frances Ann sat on the General Advisory Council of the Manchester, Salford and District Mothers’ Clinic in its launch year of 1926. She was three times Lady Mayoress of Salford and mother-in-law of Charis Frankenburg the founder of the MSMC.

*Manchester, Salford and District Mothers’ Clinic First Annual Report 1926-1927.*


Gamon, Mrs served as a founder member and Council member of the Liverpool Mothers’ Welfare Clinic.

*Liverpool Mothers’ Welfare Clinic First Annual Report 1926-1927.*
Gilson, Mrs Marianne Caroline was in 1927 a founding member of Birmingham Women’s Welfare Centre and sat on their first Executive Committee. She held an MA although it not known what university she attended. Marianne was married to Robert Cary Gilson who was headmaster of the Schools of King Edward V1, Birmingham. She donated a guinea in 1927 to the Centre.

_Birmingham Women’s Welfare Centre First Annual Report 1927-1928_.

Cornish’s Year Book (1927) _Who’s Who in Birmingham_.

Gledhill, Mrs Caroline was in 1927 a founding member of Birmingham Women’s Welfare Centre.

_Birmingham Women’s Welfare Centre First Annual Report 1927-1928_.

Gordon, Mrs Ella was the driving force behind the Wolverhampton Women’s Welfare Clinic which opened in 1925 and was the first provincial birth control clinic outside London. Described as comfortably off by Alice Onions, Gordon distributed hand bills and held a public meeting on birth control a local school. Gordon collected birth control literature and loaned Onions a copy of Stopes’ _Married Love_. Gordon then invited Onions to help start a birth control clinic and they rented two rooms in a railwayman’s home. However, because of the demand they moved to Heath Street and formed a small committee. In the First Annual Report Gordon is shown as Hon. Secretary and Superintendent and donated ten pounds to the Centre. Gordon and Onions subsequently carried out outreach work amongst the miners’ wives around Cannock Chase.

Gordon was an active member of the Labour Party and pushed for conference resolutions on birth control. She gave talks on birth control to Bilston Labour Party Women’s Section.

_Wolverhampton Birth Control Clinic First Annual Report 1926_. Russell Archive, Box 405, IISH, Amsterdam.

Wolverhampton Archives and Local Studies. Bilston Labour Party Women’s Section. M.D.-Lab./2/1/.


_The New Generation_ (June1927) p.36.

Hall, Mrs Lawrence served as a founder member and Council member of the Liverpool Mothers’ Welfare Clinic.

*Liverpool Mothers’ Welfare Clinic First Annual Report 1926-1927.*

Harrison, Mrs Herbert served as a founder member and Executive Committee member of the Liverpool Mothers’ Welfare Clinic.

*Liverpool Mothers’ Welfare Clinic First Annual Report 1926-1927.*

Hartree, Mrs Eva, J.P. was in 1925 a founder member of the Cambridge Women’s Welfare Association and was Chairman of their first Committee.

Eva was born in 1873 and attended Girton College, Cambridge University taking her Tripos in 1895. She then married William Hartree. The family moved to Farnham, Surrey where she was Hon. Secretary of the Farnham Suffrage Society and later Hon. Secretary of Guildford Women’s Suffrage Society.

After returning to Cambridge in 1919 she was elected a councillor in 1921 and took a particular interest in Public Health, Maternity and Child Welfare. She served on the Council for a total of twenty years. In 1924 Hartree was the first woman to be elected Mayor of Cambridge. She was sent a letter of congratulations by the Executive Committee of the National Council of Women Executive Committee Minutes (6 Oct. 1924).

Eva encouraged women to stand for public office saying they should not be discouraged because of inexperience or cost. She claimed her election to council had cost £11.00 and other campaigns had been even cheaper (Minutes of joint meeting of NCW with WCA (10 July 1930)).

She was a member of the Cambridge branch of the National Council of Women, and their national President in 1935-1937.


Hescott, Mrs was a founding member in 1926 of the Manchester, Salford and District Mothers’ Clinic and served on the Executive Committee. As Secretary of the Manchester Branch of the Women’s Co-operative Guild she stood in an official capacity rather than as an individual. However, next year when a new Secretary took over she continued to serve on the Committee.

*Manchester, Salford and District First Annual Report 1926-1927.*

*Manchester and Salford Co-operative Herald* (July 1928).
Hicks, Mrs Alice was named in 1927 in a questionnaire returned to Margaret Sanger as the Honorary Superintendent of the Glasgow Women’s Welfare and Advisory Clinic. Hicks was the first Treasurer of the WBCG but she was replaced at her request in 1926 by Mrs Lendon so Hicks could concentrate on propaganda work. Hicks found that when she visited Scotland her research convinced her, contrary to popular opinion, that the miners actively encouraged their wives to seek birth control advice (WBCG Conference, 2 Dec.1926).

She appeared to have been seconded from London to assist the Glasgow clinic and the Executive Committee paid tribute to her dynamism. They reported that Hicks in 1927 has also addressed thirty meetings, mainly women’s meetings but one or two mixed meetings and several men’s meetings. These meetings represented various Trade Unions, the Labour Party, Independent Labour Party, the Women’s Co-operative Guild.

Hicks was a founder member of the Workers’ Birth Control Group. She was middle aged and not in good health but Dora Russell described her as ‘wiry, indefatigable, the best type of working class woman’. The two went campaigning together to Motherwell to the constituency of the Rev. James Barr MP, a leading opponent of birth control in the House of Commons They paid their own fares.


Questionnaire on the Glasgow Women’s Welfare and Advisory Clinic completed on 11 November 1927 and returned to Margaret Sanger. Margaret Sanger Papers, Box 60, Sophia Smith Collection. Smith College Archives, USA.


Hislop, Mrs W.A. was a founding member of the Executive Committee of North Kensington Women’s Welfare Centre.

*North Kensington Women’s Welfare Centre First Annual Report 1925-1926.*

Hobhouse, Catherine was Honorary Secretary and later Chairman of the Liverpool Mothers’ Welfare Clinic from the twenty years from the 1930s. Her connections were most useful as her husband, later Lord Hobhouse, was a partner in the shipping firm Albert Holt and Co. Ltd. He was well known for his charitable work and could approach potential supporters confidentially.

How-Martyn, Mrs Edith (1875-1954) was an early supporter of the Walworth Women’s Welfare Centre and was active in the campaign to give working class mothers birth control information. In 1929 she founded the Birth Control Information Centre and the next year wrote an influential book on the achievements of the birth control campaign. She was also a member of the Malthusian League. Edith was awarded a degree from the University College, Aberystwyth. She was a member of the Women’s Franchise Society and was an early member of the Women’s Social and Political Union being one of the first sent to prison. However, she resented the Pankhurst’s autocratic style and left to join the Women’s Freedom League.

Edith unsuccessfully stood for Parliament in 1918 as an Independent Feminist candidate but she did succeed in becoming Middlesex County Council’s first woman member. She was also a member of the Women’s Co-operative Guild.


Hubback, Mrs Eva (1886-1949) was a close friend of Shena Simon, Mary Stocks and Eleanor Rathbone. She was active in the birth control movement and was involved in the publicising Memorandum 153/MCW. She was also instrumental in persuading Lady Trudie Denman to become Chairman of the SPBCC and its immediate successor.

Hubback attended Newnham College, Cambridge University where she took the economics tripos and was awarded a First Class degree. She became politically active joining the Fabian Society and in 1917, after becoming widowed, became parliamentary secretary to NUSEC, the suffrage organisation. She worked closely with its President, Eleanor Rathbone and Mary Stocks. Eva was elected a Labour member of London County Council in 1945. She had an enduring enthusiasm for adult education and became Principal of Morley College in 1927.


Hudson, Mrs served as a founder member and Council member of the Liverpool Mothers’ Welfare Clinic.

Liverpool Mothers’ Welfare Clinic First Annual Report 1926-1927.

Irwin, Miss Margaret, C.B.E. (1858-1940) was on the Committee in 1934-1935 of the Glasgow Women’s Welfare and Advisory Council. Margaret attended classes at St Andrews and Glasgow universities, as well as Glasgow School of Art but was not able to receive a degree. Margaret became involved in campaigns for working women’s rights including becoming Secretary for the Scottish Council for Women’s Trades and working for the establishment of a separate Scottish TUC. In the 1920s she wrote numerous reports on sweatied trades such as laundry work and tailoring. In her lifetime she was criticised for not being radical enough and being more in sympathy with the Liberal Party than with the newly emerged Labour Party. However, her contribution to the advancement of women workers has now been much more positively re-assessed.


Irvine, Mrs W. Ferguson served as a founder member and Executive Committee member of the Liverpool Mothers’ Welfare Clinic.

Liverpool Mothers’ Welfare Clinic First Annual Report 1926-1927.

Keats-Behrend, Mrs served as a founder member of the Liverpool Mothers’ Welfare Clinic.

Liverpool Mothers’ Welfare Clinic First Annual Report 1926-1927.

Laski, Mrs Eileen (later Mrs Norman Blond) was a founding member of the Manchester, Salford and District Mothers’ Clinic. Eileen was the sister of Simon Marks, of Marks and Spencer fame, and her first marriage was to Norman Laski. When Marks and Spencer became a public company in 1926 she became an extremely wealthy woman. After the break-up of her marriage she moved to London but still continued her support for birth control. In 1933 Eileen served on the
Executive Committee of the Society for the Provision of Birth Control Clinics. She became friendly with Dr Edith Summerskill, later Labour MP for West Fulham, and they organised a Malthusian Ball to raise funds for the birth control movement. Her second marriage, in middle age, was to Norman Blond. Her step-son had a good relationship with Elaine but described how she could be extremely demanding.

*Manchester, Salford and District First Annual Report 1926-1927.*

Margaret Sanger papers. Box 60. File 8. Smith College, Ma.


**Laski, Mrs Frida** was on the Executive Committee of the Walworth Women’s Welfare Centre in 1928. She was a socialist–feminist and believed it wrong that working class mothers should be denied birth control information that had been easily available to middle class women for the last twenty to thirty years. She was an active member of the Abortion Law Reform Society In 1953 she was made a fellow of the Eugenics Society.

Frida was married to Professor Harold Laski who the left-wing political scientist at the London School of Economics.


**Lawder, Mrs Gertrude** was the wife of Labour Councillor J.C. Lawder who in 1926 together with Captain Leigh and Lord Ivor Spencer Churchill founded the East London Women’s Welfare Clinic in Mile End. These two men provided funds for the clinic. Gertrude was anxious for this not to be seen as a male dominated enterprise and wrote to the local paper purporting to put forward the views of the local women to birth control.

*East London Advertiser* (31 July 1926).

**Lawther, Mrs Lottie, later Lady Lawther** There were eleven Lawther children who held radical belief., Lottie married Will Lawther in 1915 who was a miner and later became a prominent member of the Labour Party. He became the MP for Barnard
Castle 1929-1931 and developed a career in the Mineworkers Federation of Great Britain becoming President in 1939 and President of the NUM in 1947.

Lottie was the daughter of a coal miner and married him in 1915, the couple did not have any children which she said allowed her to become involved with Will’s political activities.

Lottie, a member of Blaydon District Labour Party spoke at the 1927 Labour Party Conference in favour of birth control. In an articulate speech she stated that she had worked in industry for fifteen years and was an active Trade Unionist. She appealed to the miners whom the women had supported in their dispute to now support the women.


**Lawther, Mrs Steve** was one of the sisters–in-law of Lottie Lawther and was also a miner’s wife and member of Blaydon District Labour Party. Steve Lawther was described by the local paper as ‘the stormy petrel of the Lawther family’ and was imprisoned during the General Strike.

The couple played host to Dora Russell when she visited Durham to speak on behalf of the Workers Birth Control Party in 1925. ‘Their lodging was very simple. Mrs Lawther, pregnant at the time, had to carry coals up several flights of steps’. She represented Chapwell and Durham on the Workers Birth Control Group in 1926. Mrs Lawther stood at the back of the 1927 Labour Party Conference with a baby in her arms during the birth control debate. Mrs Lawther helped start the Newcastle-upon-Tyne Women’s Welfare Centre in January 1929 when she hosted experienced birth controllers from the Walworth Road Clinic, London who gave her valuable advice. Mrs Claire Tamplin was one of her guests, ‘How she squeezed us all into her little house is a mystery to me.’

Russell Archives, International Institute of Social History, Amsterdam, File 404.


‘Family’s political activities’, *Sunday Sun,* 2 June 1935, pagination unknown.


Lee, Councillor Annie was a Labour councillor for Gorton, Manchester. She never married and was an outspoken feminist. Lee was a member of Beswick WCG and elected a Poor Law Guardian. She first raised the issue of birth control advice being given in Manchester Maternity and Child Welfare clinics and she continued to campaign until the Council reversed its decision
Profile, Woman’s Outlook (27 September 1924).

Lennard, Mrs was a founder member of Birmingham Women’s Welfare Centre. She was also at that time a local councillor.

Longson, Mrs was a founding member in 1926 of the Manchester, Salford and District Mothers’ Clinic.
Manchester, Salford and District First Annual Report 1926-1927.

Lloyd, Mrs Margaret was a founder member of the North Kensington Women’s Welfare Centre. She was a cousin of Bertrand Russell and used her connections to fund the Centre which included Mrs Pethick Lawrence, Lady Balfour of Burleigh and her friend Mrs. Margaret Pollock who was initially Treasurer. Her mother, the Hon. Mrs Rollo Russell, lent money for premises. She wrote that they were ‘moved to anger and pity that few uneducated and poor people had access to advice on birth control’. Dora Russell in The Tamarisk Tree described Margaret as being devoted to left wing and women’s causes.
North Kensington Women’s Welfare Centre First Annual Report 1925-1926.

McNair, Mrs Marjorie was a founding member in 1925 of the Cambridge Women’s Welfare Association and served on its first Committee. After two unsuccessful attempts she was elected a Cambridge borough councillor in 1928 serving on five committees including Maternity and Child Welfare. She was a member of the NCW and WCA.

Marjorie, the daughter of Sir Clement Bailhache, attended Somerville College, Oxford. She then worked for the LCC in East Islington before moving to Cambridge.
Cambridge Independent Press (28 Nov.1930)
Marshall, Mrs Rachel was a founder member in 1925 of the Cambridge Women’s Welfare Association.


Manning, Mrs Leah MP, later Dame (1886-1977) was a founder member in 1925 of the Cambridge Women’s Welfare Association. She trained as a teacher at Homerton College, Cambridge teaching at New Street School in a poor part of Cambridge and later became head teacher of an experimental Open Air School for malnourished children. She campaigned for free school milk through her position on the Trades Council. In 1930 Leah became President of the National Union of Teachers. Manning was appointed a magistrate and was a prominent member of the Women’s Co-operative Guild and National Council of Women.

Whilst at College Leah became friendly with Hugh Dalton and became a lifelong Labour supporter. When he stood as parliamentary candidate for Cambridge his wife, Ruth helped her run the Cambridge Women’s Welfare Clinic ‘at that time thought not to be very respectable.’

Leah Manning joined the ILP becoming its delegate to the Trades Council and eventually Chairman. In 1931 she was elected Labour MP for East Islington. After the Second World War she was re-elected to Parliament and continued to fight for women’s rights, particularly equal pay.

After Leah retired from Parliament she rekindled her enthusiasm for family planning and helped found the FPA clinic in Harlow new town. In 1964 they received permission from Head Office to sell contraceptives to unmarried people and this was later turned into a permissive policy decision for all FPA clinics.


Women’s Outlook (March1931).


Masefield, Mrs Constance was a founder member of the Oxford Family Welfare Association in 1926. She was a graduate of Newnham College and became a senior mistress at Roedean, the prestigious girls’ private school. Unusually she became the proprietor of her own girls’ school in London. She was an enthusiastic suffrage
supporter and influenced the views of her husband, John Masefield, the poet and novelist. He was appointed Poet Laureate in 1930.


Matthews, Mrs A.D. was a local Birmingham resident. Mrs Bacon described Mrs Matthews attitude to the proposed birth control clinic in a letter to Marie Stopes of 1 Nov.1926 as ‘Labour, very enthusiastically for.’ Mrs Matthews was evidently active in the National Council of Women and Mrs Bacon described how Mrs Matthews had done much to promote the Centre at their meetings.

Marie C. Stopes Papers, British Library. Correspondence with Bacon. 4735.

Marquis, Mrs Maud, later Baroness Maud Woolton was a founding member of the Liverpool Mothers’ Welfare Clinic in 1926 and served on the Executive Committee., with her husband as Treasurer. She continued to keep in touch with the Clinic, speaking at the Clinic’s twenty fifth anniversary dinner and writing the Forward to Dr Macaulay’s history of the Clinic.

Her husband, Frederick James Marquis was Treasurer of the Clinic. They married in 1912 when he was Warden of the Liverpool University Settlement but Marquis’ political views changed. In time they moved from Fabian Socialists to Conservative. In the Second World War he became Minister for Food and then Minister for Reconstruction. In 1951 as Lord Wooton he became Conservative Party Chairman. He retired from politics in 1955.

*Liverpool Mothers’ Welfare Clinic First Annual Report 1926-1927.*


*The Liverpudlian* (June1933) ‘Profile of F.J.Marquis’.

Melly, Mrs Albert was a founding member and served on the Council of the Liverpool Mothers’ Welfare Clinic.

*Liverpool Mothers’ Welfare Clinic First Annual Report 1926-1927.*

Mitchison, Mrs Naomi, later Lady Mitchison (1899-1999) with her husband Dick Mitchison were founder members in 1924 of the North Kensington Women’s Welfare Centre. She was passionate about causes such as birth control and abortion.
In 1930 Naomi wrote *Comments on Birth Control* where she argued that without birth control conditions were unbearable ‘deliberate and unskilled abortion, maternal ill health, terrible infant mortality and incredibly difficult economic and housing conditions to strive against’.

Her mother had been an active suffragist. The family lived in Oxford but although she passed the examination for what is now St Ann’s College she never completed the Diploma. In 1916 she married Dick who was later to become a Labour MP and life peer. Naomi also joined the Labour Party, although she was a critical member. She was a prolific novelist whose work explored the themes of sex and sexuality.

*North Kensington Women’s Welfare Centre First Annual Report 1925-1926.*


Mosley, Lady Cynthia, MP, supported the Wolverhampton Birth Control Centre by making a generous donation of £20.00 to support its early work in 1926. In 1931 she was one of the Vice-Presidents of the National Birth Control Council.

Cynthia Mosley was the wealthy daughter of the Conservative peer Lord Curzon and first wife of Sir Oswald Mosley. Cynthia together with her husband changed from Conservative Party to support Labour in 1924. Cynthia was acknowledged as bringing glamour to politics and in 1929 was elected the Labour MP for Stoke-on-Trent. Although Oswald held eugenic views on the value of birth control Cynthia is not recorded as sharing these. She resigned with her husband from the Labour Party and joined his New Party. Cynthia Mosley did not stand again at Stoke because of ill health - her husband stood in her place. She died of peritonitis in 1933. Fellow MP and birth control campaigner Leah Manning painted a sympathetic portrait of her in her autobiography.


*Wolverhampton Birth Control Clinic First Annual Report 1926.*

Russell Archives, International Institute of Social History, Amsterdam, File 405.

National Birth Control Council (1931).

Mott, Mrs Lillian was a founding member of the Liverpool Mother’s Welfare Committee and in 1926 was on its Executive Committee. It was she who persuaded Mrs Marquis to become involved with the Clinic and serve on its committee. Lillian became Deputy Chair in 1935.
Lillian came from a comparatively poor family and was delighted to win a scholarship to Cheltenham College and eventually a further scholarship to Cheltenham Ladies College. In 1897 she took the London University B.Sc. Lillian was an outstanding mathematician. She entered Newnham College, Cambridge in 1898 and as her work in Mathematics was so promising she stayed on with a scholarship for a fourth year to carry out research in the Cavendish Laboratories.

Lillian married her tutor Charles Mott who later became the distinguished Director of Education for Liverpool. When they moved to Settle she was able to do some University Extension School lecturing but resisted her husband’s encouragement to pursue an academic career.

Lillian became involved with the women’s suffrage cause lecturing at the Adult School. She admired the courage of the WSPU but did not approve of their methods. However, she was a great supporter of Eleanor Rathbone. When the couple moved to Stafford they played host to six thousand suffrage pilgrims in their march to London. After the family’s move to Cheshire she continued to be involved with NUSEC and the Liverpool Women’s Citizens Association. In November 1929 Lillian seconded Mary Stocks’ resolution on birth control at the Annual Conference of the National Council of Women in Manchester.

Lillian was brought up as a Conservative but later moved to the Liberal Party as she felt it was more sympathetic to women’s suffrage.

*Liverpool Mothers’ Welfare Clinic First Annual Report 1926-1927.*


*Murray, The Hon. Mrs Evelyn Graham, O.B.E.* was a founding member of the Walworth Women’s Welfare Centre and served first as Treasurer and then as Chairman. One of the clinic’s first patients described hearing Mrs Murray addressing at an open air meeting when she was pelted with fruit. Evelyn was Vice-President of the New Generation League, representing them at the meeting with John Wheatley, Health Minister, in 1924 and participating in the New Generation women’s motorised birth control leaflet drop in 1925.

*New Generation* (June 1924) pp. 63-64.

*New Generation* (Nov. 1925) p. 123.

Newton, Mrs was a founding member in 1926 of the Manchester, Salford and District Mothers’ Clinic.

*Manchester, Salford and District First Annual Report 1926-1927.*

Norburn, Mrs was a founding member in 1926 of the Manchester, Salford and District Mothers’ Clinic (MSMC) and sat on the Executive Committee with a fellow member of the Women’s Co-operative Guild. Mrs Norburn’s branch was the old established Downing Street near the centre of Manchester. The magazine photograph of Mrs Norburn in June 1928 with her fellow Guild members shows a smart, self-assured woman. The Manchester Guilds, such as Downing Street, were enthusiastic supporters of the MSMC.

*Manchester, Salford and District First Annual Report 1926-1927.*

*Manchester and Salford Co-operative Herald* (June 1928).

Onions, Mrs Alice was one of the founders of Wolverhampton Women’s Welfare Centre in 1925. A mother of three, Alice heard Ella Gordon speak at a meeting and asked so many questions that she was invited by Gordon to start the clinic with her. They located a sympathetic doctor, Cornelia Winter. Onions was in charge of the secretarial work and sterilising equipment. She was shown in the First Annual Report as serving on the committee. They moved to Heath Street and started clinics in the surrounding areas such as Bilston. After the Second World War Onions trained as a marriage guidance councillor and started a centre in Wolverhampton.

Onions’ father, a shop owner, was a great influence on her beliefs. He was an active member of the ILP and supported women’s suffrage and was visited amongst others by Keir Hardie and Ramsay MacDonald. As well as being a Labour Party member she was also a member of the Women’s Co-operative Guild. One of a family of six she won a scholarship to train as an Art teacher but she was not allowed to accept it because of lack of finance.

Onions was a friend of Winifred Strange as well as Ella Gordon.

*Wolverhampton Birth Control Clinic First Annual Report 1926.*

Russell Archives, International Institute of Social History, Amsterdam, File 405.

*Women’s Outlook* (12 April 1924) Photograph of Onions with her Guild.


Wolverhampton Chronicle (18 Nov.1955)‘Woman in profile- Alice Onions. A family is a joy that must be planned’.

Osler, Mrs Julian  Local  Birmingham resident Mrs Bacon identified Mrs Osler in her letter to Marie Stopes of 1 November 1926 as supporting the proposed Mothers’ Welfare Centre. Mrs Bacon regarded this as significant as Mrs Osler came from a powerful Quaker family who were well respected in Birmingham.

Marie C. Stopes Papers, British Library Correspondence with Bacon. 4735.

Parkes, Mrs A.I. was a founding member of Birmingham Women’s Welfare Association.


Paget, Mrs was a founding member and served on the Executive Committee of the Liverpool Mothers’ Welfare Clinic.

Liverpool Mothers’ Welfare Clinic First Annual Report 1926-1927.

Palmer, Mrs was on the foundation committee in 1926 of Wolverhampton Birth Control Centre.

Wolverhampton Birth Control Clinic First Annual Report 1926. Russell Archive, Box 405, IISH, Amsterdam.

Paton, Mrs Fenella (1901-1949) was the founder in 1926 of the Aberdeen Women’s Welfare Centre. Paton had become involved with the birth control movement when she was a young woman living in London and working with disadvantaged women in the East End, probably with the Malthusian League. Although she had been only married three years when she moved to Aberdeen she gathered together her mother and some friends to found a birth control clinic. She did not believe in fund raising and committees and preferred to use her own private income to support the centre. However, this later became a strain on her finances.

Paton entered into a long correspondence with Marie Stopes lasting many years and Fenella Paton’s son remembers Marie coming to stay with them. Fenella rejected Marie’s invitation to join her organisation stressing the importance of the SPBCC and maintaining a Scottish identity (6.8.1934). Her position may later have changed with regard to CBCRP.
Fenella was immersed in Liberal politics as she was the grand-daughter of a Liberal Privy Councillor and daughter of a Liberal MP. She herself was President of the Women’s Liberal Association of Central Aberdeen.

David Paton (son) interviewed by Clare Debenham, 22.5.2006.
Marie C. Stopes Papers British Library. Correspondence with Paton. 58617.

Pease, Mrs Helen Bowen, J.P. was a founding member in 1925, with her husband Michael, of the Cambridge Women’s Welfare Association and served on its first Executive Committee. Helen spoke in the debate on birth control at the 1927 Labour Party Conference and reminded members that birth control was linked to female emancipation. She argued that working class families should have the knowledge to plan their families that was available to the middle class. Helen criticised Marie Stopes’ use of statistics in her analysis of the first ten thousand cases of her clinic. and her article was published in the Eugenics Review.

Helen was descended from the Wedgwood manufacturers and was the daughter of Colonel the Rt. Hon. Sir Josiah Wedgwood MP (member of the Labour government) and granddaughter of Lord Justice Bowen. In 1916 Helen took an honours degree in Natural Sciences from Newham College, Cambridge and while a student was Secretary of the Cambridge University Fabian Society. Both she and her husband, a Cambridge University lecturer, were active members of the Labour Party. Before her marriage she became a National Federation of Women Workers organiser in a factory in London’s East End. After her marriage became a councillor in Cambridge. Pease was created a JP in 1924.

Cambridge Chronicle (Jan. 1924).

Perry, Mrs Charles was on the foundation committee in 1926 of Wolverhampton Birth Control Centre.
Wolverhampton Birth Control Clinic First Annual Report 1926. Russell Archive, Box 405, IISH, Amsterdam.
Plant, Mrs Elsie (1890-1982) tried unsuccessfully to start a birth control clinic in Stockport in 1923. Marie Stopes, at her invitation, came to address an audience of over two thousand at the Armoury in that town and encouraged Elsie to start a clinic there. This attempt failed because of opposition from Roman Catholics and lack of support from the local Labour Party. However Plant persevered after the Second World War and joined the Stockport Family Planning Association as Treasurer. Finally Stockport FPA won a victory in council were given the use of municipal premises and eventually a purpose built clinic.

Elsie had been a suffragette. She and her husband William, running a hat block making business, were Labour Party activists organising the Stockport Labour Party Fellowship. Her brother-in-law was the only Labour councillor on Cheshire County. Elsie Plant interviewed by Clare Debenham, 10.5.1978. *Stockport Express* (1Nov.1923; 8 Nov.1923).


Pollock, Hon Mrs Dighton was the daughter of Lord Buckmaster who in 1926 successfully moved a birth control bill in the House of Lords. In 1924 she was a founder member of the North Kensington Women’s Welfare Centre and served on its Committee. She travelled to another SPBCC clinic in Birmingham to give a talk in 1928 at their AGM on birth control in which she drew attention to the fact that the poor who needed it most, were denied birth control knowledge.

Pollock was a friend of Dora Russell and served on the committee of the Workers’ Birth Control Group.


*Birmingham Post* (24 April1928).


Raffle, Mrs was a founding member in 1926 of the Council of the Liverpool Mothers’ Welfare Clinic and served on its committee.

*Liverpool Mothers’ Welfare Clinic First Annual Report 1926-1927.*

Ramsey, Mrs Agnes was a founding member in 1925 of the Cambridge Women’s Welfare Association.

Rathbone, Miss Eleanor, J.P, MP. (1872-1946). Eleanor was never ‘hands on’ member of any of the individual birth control clinics but she assisted financially the Manchester and Salford Mothers’ Clinic, run by her friend Mary Stocks and the Liverpool Mothers’ Welfare Clinic which was in her home town. A single woman she bravely chaired the public meeting of the MSMC in April 1926. ‘The poorest woman should not be debarred by her poverty from getting the information which is open to the well-to-do woman’. (Manchester Guardian, 24 April 1926). Eleanor’s most important contribution was to create a climate of opinion whereby birth control gained respectability.

Eleanor was the daughter of the Quaker ship owner William Rathbone who was a Liberal MP. She took a degree in philosophy at Somerville College and while at college became an active member of the National Union of Women’s Suffrage Societies. She became a member of its Executive, contributing to The Common Cause and in 1919 became its President. In the NUWSS’ successor, the National Union of Societies for Equal Citizenship, she instigated a debate about the direction the organisation. Her preferred option, the doctrine of new feminism, was adopted. This had direct implications for the birth control movement as it emphasised the special qualities and needs of women.

She had worked with her father to investigate the social conditions of dock workers in Liverpool. During World War I she organised assistance to soldiers and sailors dependents. This helped shaped her thinking as she wrote the Disinherited Family in which she proposed a system of family endowment (family allowances) made payable to the wife and which depended on the size of the family.

Eleanor had a distinguished political career. She was the first woman to be elected to Liverpool City Council in 1909 and in 1929 Rathbone was elected as an Independent MP representing the Combined English Universities in which she continued her campaigns which included forced female circumcision in Africa and child marriage in India. Eventually the Labour Government introduced a system of family allowances in 1945. She refused all government honours.


Rea, Mrs Philip was a founding member and Hon. Secretary of the Liverpool Mothers’ Welfare Clinic.

*Liverpool Mothers’ Welfare Clinic First Annual Report 1926-1927.*

Reese, Mrs Miles was on the foundation committee in 1926 of Wolverhampton Birth Control Centre.

*Wolverhampton Birth Control Clinic First Annual Report 1926.* Russell Archive, Box 405, IISH, Amsterdam.

Rice, Mrs Margery Spring (1887-1970) helped pioneer the North Kensington Women’s Welfare Centre in 1925 and served on the Executive Committee as its first Chairman. She oversaw its work for the next thirty four years and argued for its expansion in 1932 when the building was doubled in size offering a more comprehensive service. Such was the demand that satellite clinics were established in Hounslow, Edgware and Hayes.

Margery with others, persuaded, Lady Denman to become Chairman of the National Birth Control Association which aimed to co-ordinate the work of the five existing birth control organisations and eventually became the Family Planning Association. Margery served on the Executive of the co-ordinating birth control body from 1930 to 1958.

Margery came from a radical background, her aunts being Dame Millicent Fawcett and Elizabeth Garrett Anderson. She took a degree at Girton, Cambridge and after the First World War was the first secretary of the League of Nations Union. She was also Honorary Treasurer of the Women’s National Liberal Federation for 1922-1927. In 1933 Margery used material collected by the women’s health enquiry commission to form the basis of her book *Working-Class Wives: their Health and Conditions*. This work which portrayed widespread poverty and the burden of repeated pregnancies attracted much attention and complemented her practical work on birth control.


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Robertson, Mrs Petica was a founder member of the Cambridge Women’s Welfare Association in 1925 and served on its first Committee as Hon. Assistant Treasurer. She was also a Cambridge councillor.


Ross, Mrs J.R. was in 1934 the Acting Hon. Secretary of the Glasgow Women’s Welfare and Advisory Clinic. She was subsequently confirmed as Hon. Secretary. Mrs Ross was the wife of the Deputy Editor of the Glasgow Herald and involved her friends in the running of the Clinic.

Dr Alison Mack interviewed by Clare Debenham, 3 May 2006

Ryland, Mrs T.H. was in 1927 a founder member of Birmingham Women’s Welfare Association and was its first Chairman. Subsequently she became Chairman of the Leamington and South Warwickshire FPA.


Sabin, Mrs was in 1927 a founder member of Birmingham Women’s Welfare Association and served on its first Committee to which she donated a guinea. Her husband was a local Conservative councillor.


Sands, Mrs was a Labour councillor for Smethwick, Birmingham. According to Mrs Bacon, in her correspondence with Marie Stopes, Councillor Sands had already raised the issue of birth control in Birmingham City Council.

Marie C. Stopes Papers, British Library. Correspondence with Bacon. 4735.

Simon, Mrs Shena, later Lady Simon (1883-1972) was a close friend of Mary Stocks of the Manchester and Salford and District Mothers’ Clinic. Her Christian name was Shena not Sheena as cited in Hooper’s biography of Stocks. Simon read Economics at Newnham College, Cambridge and later studied at the London School of Economics. She became an active secretary of a committee of National Union of Women Workers concerned with safeguarding women’s rights under Lloyd George’s insurance bill. She was involved in the women’s suffrage campaign and in the 1920 helped to found Manchester and Salford Women’s Citizens Association. In 1924 she was elected as a Liberal councillor to Manchester City Council and championed feminist causes such as the fight against the marriage bar for women teachers.
In 1930 Simon was able to persuade Manchester City Council to be the first local authority to pioneer municipal birth control clinics. Mrs Pyke wrote from Head Office to congratulate Mary Stocks, ‘The size of the majority was really magnificent. I do not see how it can fail to have a great effect on other places and I think you and Mrs Simon ought to be crowned with bay leaves’. (6.2.1931). The Manchester Chief Medical Officer of Health drew heavily on the experience of MSMC in creating the two new clinics.

Shena was introduced to her husband, the industrialist Ernest Simon MP, by fellow Newnham student Eva Hubback. Mary Stocks was also friendly with the Simons and wrote Ernest’s biography. Sheila, Mary and Eva were also active in the birth control movement. Ernest also took a keen interest in birth control and raised the subject in the House of Commons on a number of occasions. Ernest and Shena also promoted municipal housing and in particular the development of the Wythenshawe estate on the outskirts of Manchester.

Papers of Lady Simon of Wythenshawe held at Women’s Library GB0106 7/SDS.


Smalley, Mrs. was a founding member in 1926 of the Manchester, Salford and District Mothers’ Clinic.

Manchester, Salford and District First Annual Report 1926-1927.

Sprigge, Lady Ethel was a founding member of the North Kensington Women’s Welfare Centre in 1924 and a member in 1928 of the Executive Committee of the Walworth Women’s Welfare Centre. Many in the medical profession were hostile to birth control so it was significant that she was married to Sir Squire Sprigge, a distinguished doctor who edited the Lancet medical journal. In 1931 Ethel joined the Eugenics Society.


Stocks, Mrs Mary J.P., later Baroness Stocks, (1891-1975) was the co-founder of the of the Manchester, Salford and District Mothers’ Clinic and in 1926 was its first Chairman. She retained the post until 1936 when she moved to Liverpool where her husband John Stocks took up the post of Vice-Chancellor of Liverpool University. Mary was a committee member of the Society for the Provision of Birth Control Clinics and its successor the National Council for Birth Control Clinic. She was one of the few people to form an enduring friendship with Marie Stopes.

Mary was a social scientist who had been awarded a first class honours degree from the London School of Economics. As a sixteen year old she joined the National Union of Women’s Suffrage Societies taking an active part in their campaign for the franchise. Mrs Fawcett was eventually god-mother to her first child. She played an influential part in the NUWSS’s successor the National Union of Societies for Equal Citizenship. In the debate over ‘new feminism’ she supported the policies of its Chairman Eleanor Rathbone who had succeeded Mrs Fawcett. Mary was also a member of the National Council of Women and the Women’s Citizens Association. She was the MSWCA representative to Workers’ Educational Association from 1927, and contributed letters and articles to the Woman Citizen. She campaigned for a woman’s right to birth control in all these organisations.

Stocks was made a JP in 1930 and sat on a number of statutory committees. In 1966 was created a Baroness. She had been a Labour Party member supporter but she eventually resigned in 1974 and sat on the cross benches.

Mary was also close friend of Eleanor Rathbone, Charis Frankenburg, Ernest and Shena Simon.

*Manchester, Salford and District Mothers’ Clinic First Annual Report 1926-1927.*
Hon. Ann Patterson (Mary’s daughter) interviewed by Clare Debenham .4. 12.004.
Mary Stocks interviewed by Brian Harrison (21 April1974). Brian Harrison digital recording, 8SUFB/00, Women’s Library London.


Stopes, Dr Marie (1880-1958) was a suffrage supporter and a brilliant academic. After obtaining her PhD from the University of Munich in paleo-botany she became the first woman science lecturer at the University of Manchester.

In 1921 she founded, with her husband Humphrey Roe, the first birth control clinic in Britain at Islington, London. As a result of this clinic’s success she created the Society for Constructive Birth Control and Racial Progress. Marie believed that there was no need for any clinics other than those based on her own model.

However, in practice Marie helped those with whom she disagreed. In 1923 she spoke in Stockport at Elsie Plant’s invitation and continued to keep in touch with her. In 1925 she put Charis Frankenburg in touch with Mary Stocks and as a result they founded the Manchester, Salford and District Mothers’ Clinic. She spoke in Liverpool inspiring the formation of the SPBCC clinic there. Later on she corresponded and visited Fenella Paton in Aberdeen who had founded her own clinic which was at that time affiliated to the SPBCC.

Interview with Harry Stopes-Roe (son of Marie Stopes), Mary Stopes-Roe (daughter-in-law), and Cathy Stopes (grand-daughter) by Clare Debenham on 17.6. 2005.


Strange, Mrs Winifred was one of the founder members of the Wolverhampton Women’s Welfare Centre in 1925. She joined Ella Gordon and Alice Onions in a small committee of wives of business and professional people.

Winifred, A pioneer, was the first woman to drive a car in Wolverhampton and had an active social life before marrying her husband Ernest, a doctor. In the First World War Winifred qualified as a nurse and physiotherapist. Winifred helped set up the clinic in Wolverhampton and the First Annual Report showed her as Chairman.

Winifred went on to found clinics in the surrounding villages. She travelled the Midlands with Onions giving talks on birth control. In 1936 Winifred was shown in the Eugenic Society records as being on its Executive Committee.

After the Second World War Winifred became involved with Alice Onions in the marriage guidance movement. They trained as counsellors and started the first Marriage Guidance Clinic in Wolverhampton. Winifred was also twice President of the local National Council of Women.

Wolverhampton Birth Control Clinic First Annual Report 1926.

Russell Archives, International Institute of Social History, Amsterdam, File 405.


Sutton-Timms, Mrs Annie, was a founder member of the Liverpool Mothers’ Welfare Centre and in 1926-7 served on its Executive Committee. In 1928 she succeeded Mrs R. D. Holt as Chairman.

In 1890 Annie had married Mr Sutton-Timms who was a local businessman and philanthropist. He was Chair of the Council’s School Committee. In 1909 she was Hon. Secretary of the Liverpool Ladies Club in Slater Street which was one of a number of radical clubs for women in pre-suffrage times.

Liverpool Mothers’ Welfare Clinic First Annual Report 1926-1927.


Symonds, Mrs H.H., was a founding member and served on the Executive Committee Council of the Liverpool Mothers’ Welfare Clinic.

Liverpool Mothers’ Welfare Clinic First Annual Report 1926-1927.
Tamplin, Mrs Claire was one of the founder members in 1924 of the North Kensington Women’s Welfare Centre. Her position in the First Annual Report is given as Secretary but she was obviously more like a pioneering Chief Executive ‘Mrs Tamplin has had her hands very full, not only with regular secretarial work, but also with propaganda work with poor women of the neighbourhood. She takes two sessions a week at the Clinic, with some members of the Committee.’ (1925,3). The next Annual Report again commended Mrs Tamplin ‘Much of the success of the Centre has been due to Mrs Tamplin’s keen and energetic work’. By 1927 the Annual Report records that Claire had changed her role to that of Outside Organiser and had successfully addressed a number of meetings on birth control. It was reported in Birth Control News in March 1931 that she addressed the Women’s Liberal Association in Hendon on maternal mortality and its relation to birth control. In 1928 she travelled with a group of committed London birth controllers led by Mrs Laski to Newcastle upon Tyne with the aim of starting a birth control clinic. Claire Tamplin lodged with Mrs Steve Lawther. Claire stayed behind on her own in order to find a sympathetic doctor and nurse, recruit volunteers, locate premises and publicise the clinic. ‘I was told not to be disappointed if only two or three came but thirty four came. It was worth every minute of the hard work put into getting it started.’ Family Planning (1962), p.61.

Unusually for senior birth controllers Mrs Tamplin was an Anglo-Catholic and an active member of the Mothers’ Union. She also spoke on behalf of the Eugenics Society.


Taunton, Mrs R.C. was a founding member in 1927 of Birmingham Women’s Welfare Centre.


Teale, Miss Norah was on the founding committee of the Manchester and Salford Mothers’ Clinic in 1926. She was one of nine children and was born in Manchester in 1877. Her father was a safety lamp maker with sufficient funds to afford paid help in the family. Norah was the Superintendent of a voluntary welfare organisation which
had branches in Collyhurst and Openshaw. Norah joined the Manchester and Salford Women Citizens’ Association in 1917 (MSWCA), because of her deep-seated interest in the welfare of children. Her expertise was valued and she was elected to the Association’s Central Committee in 1924. Norah continued her visits and talking to branches until 1927 when, although still a Central Committee member, she curtailed her branch work. It is likely that she knew several members of the MSWCA through her membership of the Manchester, Salford and District National Council of Women (NCW). She would have known Frankenburg, Stocks and Simon through these organisations through both MSWCA and NCW.

Manchester, Salford and District Mothers’ Clinic First Annual Report 1926-1927.


Thorndike, Miss Sybil (later Dame), married name Mrs Lewis Casson sat on the General Advisory Council of the Manchester Salford and District Mothers’ Clinic in its first year, 1926. Already a well known actor she lent prestige to the Clinic. Sybil was a member of the Women’s Social and Political Union and addressed suffrage meetings in Manchester. However, her theatrical management did not approve of her suffragette activity.

She was an active Socialist and with her husband assisted Labour leaders in the 1926 General Strike. On 25 May 1926 Thorndike issued a letter on behalf of the Women’s Committee for the Relief of Miners’ Wives and Children. Professionally she was one of the most famous actors of her generation.

Brian Harrison Interview with Thorndike 2.12.1975, Women’s Library, 8SUFB/063.


Tompkins, Mrs was on the foundation committee in 1926 of Wolverhampton Birth Control Centre.


Trotman, Mrs was on the Executive Committee of the Oxford Family Welfare Association at it foundation.

Vernon, Mrs was on the Executive Committee of the Oxford Family Welfare Association at its foundation.  

Walton, Mrs was a founding member in 1926 of the Manchester, Salford and District Mothers’ Clinic and sat on the General Advisory Council.  
*Manchester, Salford and District First Annual Report 1926-1927.*

Waterhouse, Mrs was on the Executive Committee of the Oxford Family Welfare Association at its foundation.  

Watkins, Mrs Shilston was a founder member and served on the Council of the Liverpool Mothers’ Welfare Clinic.  
*Liverpool Mothers’ Welfare Clinic First Annual Report 1926-1927.*

Wharton, Mrs Marjorie acted as Hon. Secretary to the Birmingham Women’s Welfare Centre at its start.  

Williamson, Mrs Winifred was a founder member of the Oxford Family Welfare Association in 1926 and held a number of offices. Originally Assistant Secretary, she served as Chairman (1942-1956) and Treasurer (1966-1976). In 1927 she and her husband purchased the property in Jericho so giving the Association stability in its premises. This was convenient for working class mothers and unlike their last location could be advertised.  

Willoughby, Lady Muriel was a member of the Executive Committee of the Walworth Women’s Welfare Centre in 1928. She was described by Dowse and Peel as being one of a number of high profile aristocratic women who served on the voluntary birth control committees in the 1930s.  

Wise, Mrs E.F. was a founding member of the Executive Committee of North Kensington Women’s Welfare Centre.  
*North Kensington Women’s Welfare Centre First Annual Report 1925-1926.*
Wrong, Mrs was on the Executive Committee of the Oxford Family Welfare Association at its foundation.


**Medical personnel of SPBCC clinics**

Bigland, Dr. Phoebe the founding doctor of the Mothers’ Welfare Centre in Liverpool, was a member of the Medical Women’s Federation. In 1922 she sat on its committee to examine the effects of birth control on ‘imperial health and national welfare’. She had heard an inspirational speech by Marie Stopes in Liverpool. However, when appointed as clinic doctor 1926 she did not visit Marie’s Society for Constructive Birth Control and Racial Progress but instead underwent her training at Walworth Road with the SPBCC. She was a member of the Association of Medical Women and in November 1921 attended a committee meeting.

Her successor Dr Macaulay in her account of the clinic commented that Phoebe Bigland found that the hardest part of her up-hill battle was with her own profession. Dr Macaulay described Phoebe as an alarming personality who was very thin and tremendously energetic and spoke in a high rather nasal voice. Phoebe had pronounced views on abortion, prostitution and the number of children a mother should bear. She died after just a few years in post. Dr Macaulay believed Phoebe possessed tremendous intellectual and physical courage.

*Liverpool Mothers’ Welfare Clinic First Annual Report 1926-1927.*

Macaulay, Dr M. (1951) *The Story of the Mothers’ Welfare Clinic, Liverpool* (privately published) p.5.

Gilchrist, Dr Marion was listed in 1934 as being an Executive Committee member of the Glasgow Women’s Welfare and Advisory Clinic – there are no previous records of the clinic. After a brilliant academic career in Arts subjects she enrolled in the medical faculty of the University of Glasgow and in 1894 was the first woman doctor to qualify. She later specialised in ophthalmic medicine.

While at university Marion developed an interest in politics and was convenor of the Queen Margaret College committee of the Glasgow University Liberal Club. She went on to join the Glasgow and West of Scotland Association for Women’s Suffrage but dissatisfied with its progress she left to join the Glasgow branch of the Women’s Social and Political Union. She then became involved in medical politics.
and was one of the first members of the Medical Women’s Federation and first woman Chairman of the Glasgow division of the British Medical Association. Marion used her position to advance women’s progress in the medical profession. Rona Dougall, (2007) ‘Marion Gilchrist’, A Biographical Dictionary of Scottish Women, Edinburgh: Edinburgh University Press.

Gimson, Dr Olive M.B.,Ch.B. was a founding member in 1926 of the Manchester and Salford Mothers’ Clinic. Olive had attended the Victoria University of Manchester and qualified as a doctor in 1919, only six years before the founding of the MSMC. Mary Stocks commented ‘Our own young clinic doctor, Olive Gimson, glowed like a kindly light, in the encircling gloom of professional non-cooperation’. It is not known how her working class mothers regarded her, but certainly patients such as Emily Glencross acknowledged their gratitude. The annual accounts for 1926-1927 show the doctor and nurse were paid £207.00 for their services but Dilys Dean reported that in the early years of the MSMC Olive Gimson generously waived her salary in order to give the voluntary clinic more resources. As the MSMC was in a violent area Olive Gimson, a dog breeder, is remembered for taking her two dogs to guard her car.

When Manchester City Council created two new municipal birth control clinics in 1931 Gimson was appointed to the clinic at Withington Hospital. The doctor was able to combine this appointment with her work at the MSMC and continued in the training of medical staff.


Nurse Alice Farnworth interviewed by Clare Debenham. 27.2.2003.

Dilys Dean Unpublished notes written in the 1950s about the clinic’s early years and donated to Clare Debenham by her daughter in 2003.

Little, Dr Isabelle was one of the doctors who worked for Oxford Family Welfare Association in its founding year of 1926-1927. She waived her fee and the Committee paid tribute to the amount of time she had devoted to treating mothers at the clinic. She also gave talks to local nurses. In her medical officer’s report Isabelle commented on the fact that nearly all the women had unsuccessfully tried some form of
contraceptive previously. She felt the clinic’s method was successful even though some mothers had difficulty learning its use.


**Macirone, Dr. Clara** was a founding member in 1927 of Birmingham Women’s Welfare Centre and served on its first Committee. Clara, as well as providing strategic advice, took birth control sessions herself. She was described in the Centre’s *Annual Report for 1927-1928* as ‘having great sympathy with working women’. She also had the political advantage of being medical officer with one of the municipal Ante-Natal Clinics. She donated a guinea to set up the Centre.

Local Birmingham resident Mrs Bacon in a letter to Marie Stopes of 1 November 1926 described Dr. Macirone as ‘was wavering, now definitely for, and on our voluntary committee for clinic.’ Clara was a member of Handsworth Labour Party and spoke in favour of municipal birth control clinic in the Birth Control debate at the Ninth National Conference of Labour Women in 1928.

She was nominated by Ella Gordon of the Wolverhampton Clinic for the Committee of the Workers’ Birth Control Group


*Stopes Collection*, British Library, Correspondence with Bacon. 4735.

**Malcolm, Dr Flossie** was a founding member in November 1926 of Aberdeen Women’s Welfare Centre. She was general practitioner in Kintore.


**Malleson, Dr Joan** who was married, qualified in 1926 and subsequently worked at the Walworth Road Clinic succeeding Dr Norman Haire. Walworth Road became the headquarters of the SPBCC and specialised in research and training. Joan publicly campaigned for birth control facilities, being a member of the Workers’ Birth Control Group. She secretly trained medical students after hours and subsequently became involved in the campaign for abortion law reform.


**May, Dr Mabel M.B., ChB.** was a member of the Manchester and Salford Mothers Clinic in the interwar years. The General Medical Council’s records showed that she
graduated as a doctor in from the Victoria University of Manchester in 1911. Mabel was a charismatic doctor and Frieda Lightfoot’s later novel, was loosely based on Mabel’s career. As well as being on the Executive Committee May occasionally took birth control sessions at the clinic.

May was the most politically active of the female doctors in the SPBCC being well known in Labour and left wing circles. She was selected by Declan McHugh as being one of the two hundred most active Manchester Labour members in the inter-war years. Mabel was a member of Rusholme District Labour Party and gave talks on birth control to the local Labour parties and women’s co-operative guilds.

According to the *Manchester and Salford Co-operative Herald* she told Hulme WCG in December 1926 ‘Even if she was not a Socialist the environment with which she came into contact in the course of her professional duties would have made her so.’

Her political enthusiasm could sometimes deflect her from professional duties. Mrs Gaddiam described how Mabel was so pleased to meet her husband again, an active Communist, that she proceeded to launch into a political discussion leaving him still in agony with his sprained shoulder.

Mrs Gaddiam interviewed by Clare Debenham, 24.3. 2005.

*Manchester, Salford and District Mothers’ Clinic First Annual Report 1926-1927.*


**Pritchard,** Dr Rosemary was the medical officer for the Cambridge Women’s Welfare Association from its foundation in 1925. Pritchard was married and at first worked on a voluntary basis. She attended a course of training with her nurse at the SPBCC Walworth Road clinic.


**Sandilands,** Dr Dorothy was one of the medical officers at Birmingham Women’s Welfare Centre in 1927. She was married to a doctor and at that time had a young baby. She worked closely with Dr Clara Macirone and Nurse Fowler.


Shufflebotham FRCS, Miss Hilda (later Professor Hilda Lloyd FRCS, later Dame Hilda Lloyd, later Dame Hilda Rose) was in 1927 a founder member of the Birmingham Women’s Welfare Centre and sat on its first Committee. She was apparently the only single woman member of the ten founding birth control committees in the 1920s. Her presence is partly explained by the fact that she was that rarity, a female consultant gynaecologist. Hilda offered to see women presenting at the Centre with unusual gynaecological conditions in her consulting rooms at Birmingham Maternity and Women’s Hospital.

Hilda had been a student at the University of Birmingham and subsequently married a fellow member of staff, Bertram Lloyd in 1930 who in 1932 became Professor of Forensic Medicine in 1932. Hilda carried on being a committee member after her marriage. Her biographer pointed out that she was well aware of the problems of poverty and abortions faced by working class mothers in Birmingham. Unusually for a SPBCC committee, though not for a female doctor, she never had any children herself.

Hilda had a most distinguished career achieving many ‘firsts’ for women doctors. She became one of the first woman consultants in the Birmingham Maternity and Women’s Hospital, the first woman professor in Birmingham Medical School, the first woman president of the Royal College of Surgeons, the first woman president of any of the four Royal Colleges. Many commentators remarked on her remarkable tact in steering these organisations.

Throughout her life Hilda actively supported the Medical Women’s Federation and declared their presentation to her ‘the greatest pleasure of her professional life’. (BMJ 10 Nov.1951). When she died in 1982 she left that women’s organisation the substantial amount in her £820,250 will.

_Birmingham Women’s Welfare First Annual Report 1927-1928._


_Sinton, Dr_ was instrumental in setting up the Newcastle-upon-Tyne Women’s Welfare Centre. Claire Tamplin explained how no other doctor in Newcastle was prepared to commit to this work. Claire said it was impossible to speak too highly of Dr. Sinton’s untiring efforts which she felt made the clinic such a success.

Vickery, Dr Alice Drysdale (1844-1929) sometimes known as Dr Vickery Drysdale. In 1921 she and her husband financially supported the foundation of the Walworth Road Mothers’ Clinic which eventually became the first SPBCC clinic. Vickery came from a skilled working class background. She eventually enrolled at the Ladies Medical College and was encouraged to pursue a career in medicine by Dr Charles Drysdale, the tutor who was to become her partner and father of two children.

It took her eleven years to qualify as a doctor at the London Medical School including two years study in France. In 1880 she was only one of five women in England to hold a medical degree. She jeopardised her chance of qualification by giving evidence as an expert witness at the Bradlaugh-Besant trial. Alice became an active member of the Malthusian League and promoted women’s interest within it by writing literature aimed at a female audience.

Later Alice gave practical advice on birth control to groups of the Women’s Co-operative Guild. She befriended Margaret Sanger on her visit to England.


Wright, Dr Helena (1887-1982) joined the North Kensington Women’s Welfare Centre in 1927 in its third year. On her return from China she renewed her acquaintance with Marie Stopes but found her autocratic and unwilling to take medical advice. In contrast she found the atmosphere at the Walworth Road SPBCC clinic more open and when she visited South Kensington she found a similar atmosphere. She also met Mrs Margery Spring Rice and this was the start of a
productive working relationship. She was offered a position by Mrs Spring Rice and accepted on condition that she could reorganise the clinic. In 1930 Helena addressed the bishops on birth control on the eve of the Lambeth Conference.

She was also a member of the Eugenics Society.


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