

Rethinking How Evacuees Influenced Post-War British Thinking on Health

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Two days before the declaration of war on 3rd September 1939 the evacuation of 1.5 million people from British urban cities to rural towns began. Existing historical research on evacuation has examined, in detail, the lived experiences of the 827,000 schoolchildren evacuated and the vast policy implications of the biggest mass movement of people in British history. This article aims to bridge previous studies by conceptualising the dynamic relationship between evacuee experiences and post-war policy making. As such, it takes inspiration from Charles Webster, an official historian of the National Health Service, who argues that 'questions of ends and means' are 'inextricably interwoven'. Utilising the case study of lice and enuresis, health conditions commonly associated with the 'dirty, lice-ridden and foul-mouthed urchin' evacuees (John Macnicol), this article offers a close analysis of the initial stage of this 'process': considering how the early experiences of evacuation changed public and professional opinions, and were, simultaneously, utilised by professionals to forward pre-existing policy agendas. Overall, it aims to offer a practical demonstration of a new methodology, and produce new observations on the wartime and post-war shifts which continue to underpin British society today.

Intense political debates rage around recent reforms to the National Health Service, the benefits system, and the structure of local government. Analysing the formation of the emerging welfare state can help us better analyse these modern shifts. Specifically, this article considers the policy impact of the biggest mass movement of people

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in British history: the evacuation of approximately three and a half million British citizens from urban areas to rural spaces on the brink of World War Two.¹ In doing so, this article also demonstrates a new methodology with which to understand the relationship between evacuation and post-war thinking, and provides a detailed case study in the specific health issues of enuresis and lice.

The political implications of evacuation have been the subject of continuous academic debate since the publication of historian Richard Titmuss' *Problems of Social Policy* in 1950. A widely held interpretation of Titmuss' argument is that evacuation stimulated public, professional, and government awareness of the problems of the urban working classes, which led to 'inquiry and proposals for reform' and drove the eventual establishment of the National Health Service.² In recent years, historians, including Virginia Berridge and John Welshman, have agreed that there is more evidence for change than continuity in post-war approaches to welfare by doctors, civil servants, politicians, and the public.³ Nonetheless, revisionists have questioned the fundamental basis of the Titmuss thesis. Such discourse became especially prominent in the 1970s, and was influenced by broader academic inquiries into the nature of the welfare state itself. Jose Harris, for example, in her later work claims that there is little evidence that war 'heightened government awareness of social welfare'.⁴

Whilst theorists have repeatedly debated whether evacuation impacted upon post-war policy, their works could often benefit from a closer examination of the complex and dynamic transitional processes through which the experiences of evacuation eventually changed the welfare state. As Charles Webster, official historian of the NHS, has argued, 'it is unrealistic to portray the health debate as proceeding on two isolated planes, one relating to ends, the other concerning means ... questions of ends and means became inextrica-

¹ Richard Titmuss, *Problems of Social Policy* (London: Longmans, Green and Co., 1950), p. 103.

² *Ibid.*, pp. 507-8.

³ John Welshman, 'Evacuation and Social Policy During the Second World War: Myth and Reality', *Twentieth Century British History*, 9 (1998), p. 53; Virginia Berridge, *Health and Society in Britain since 1939* (Cambridge: Cambridge University Press, 1999), p. 13.

⁴ Jose Harris, 'Some Aspects of Social Policy in Britain During the Second World War' cited in Welshman, 'Evacuation and Social Policy During the Second World War', p. 29.

bly interwoven'.⁵ The way in which evacuation influenced policy can be conceptualised as a micro-process, whereupon diverse and numerous experiences facilitated by evacuation changed various public and professional perceptions of evacuees, class, and childhood. Consequently, public and professional healthcare groups called for various social and political changes which altered government thinking. In shifting the Government's debate on health, welfare policy changes were eventually enacted. Whilst this explanation of the stages through which evacuation impacted government policy is simplified, it is clear that studying the interactions and feedback loops occurring throughout this process can illuminate the underlying actors and ideologies driving vast policy changes.

Given limited space, a case study will be utilised to vindicate this methodology. The health issues of enuresis and lice will be focused upon, since these medical conditions were contemporarily associated with evacuees, and have arisen repeatedly in recent literature on evacuee health. The first stage of this microprocess; how experiences of evacuation changed public and professional opinion of evacuees; will be considered in detail. The article will examine whether concerns about evacuee health were hysterical or justified, and how the causes of these health problems were understood by public health professionals, public, and policy-makers. By demonstrating that close examination of this stage of the evacuation micro-process provides insight into post-war policy change, this article calls for debates on evacuation to be founded upon detailed explanations of precisely how, and why, the 'means' of evacuation generated the 'ends' of the post-war state.

Hysteria in public reactions to evacuee health

This first section considers the role of hysteria in public reactions to evacuees. A 'hysterical reaction' is taken as a disproportionate and irrational response to the actual problems of evacuee health. Furthermore, this section will also consider the prevalence of hysteria, and the groups particularly prone to hysterical reactions. Ultimately, these considerations will illuminate the role of hysteria on post-war welfare policy.

⁵ Charles Webster, 'Conflict and Consensus: Explaining the British Health Service', *Twentieth Century British History*, 1 (1990), pp.149-150.

Evacuation scholarship tends to argue that evacuation engendered hysteria in the mass public. John Macnicol labels the ‘evacuee stereotype’ a ‘dirty, lice-ridden and foul-mouthed urchin who wet the bed with monotonous regularity’.⁶ John Welshman notes that this image prevailed in contemporary popular novels.⁷ Enuresis and lice are regularly highlighted as the aspects of evacuee health particularly subject to hysteria. Richard Titmuss claims that ‘no other aspect of evacuation’ lent itself so easily to ‘exaggeration and misunderstanding’ as enuresis.⁸ Ritchie Calder claimed that nothing else was ‘so much exaggerated’ as the ‘lousiness’ and ‘dirty habits’ of the children.⁹ These theorists do not consider the influence of hysteria on the construction of the post-war state. Further, there is little analysis of the extent to which exaggeration and hysteria prevailed amongst professionals, reactions which could have particularly influenced policy.

Hysteria is very difficult to measure, especially retrospectively and during wartime.¹⁰ One way to test the prevalence of public hysteria is through analysis of the number, contents, and tone of letters to *The Times* on enuresis and lice during wartime. *The Times* published 149 letters on evacuation between September 1939 and May 1945.¹¹ An analysis of these letters provides little evidence of public hysteria. None of the authors specifically mentioned enuresis, though one does refer to ‘mattresses and carpets polluted, of wilful despoliation’ in passing.¹² Furthermore, only a mere seven letters mentioned the prevalence of lice in evacuees.

⁶ John Macnicol, ‘The effect of the evacuation of school children on official attitudes to State intervention’, in *War and Social Change*, ed. by Harold Smith (Manchester: Manchester University Press, 1986), p. 15.

⁷ Welshman, ‘Evacuation and Social Policy’, p. 33.

⁸ Titmuss, *Problems of Social Policy*, p. 120.

⁹ Ritchie Calder, ‘The School Child’, in *Evacuation Survey: A Report to the Fabian Society*, ed. by Richard Padley and Margaret Cole (London: G. Routledge & Sons, 1940), p. 148.

¹⁰ My original plan was to compare statistics on the prevalence of lice and enuresis from reliable professional agencies to anecdotal assumptions by the public and professionals. However, findings of professional reports varied widely, and the anecdotal reports did not tend to place a figure upon the assumed prevalence of lice and enuresis. Hence, this methodology did not work.

¹¹ Found by searching The Times Digital Archive for Letters to the Editor over this time period containing the words ‘evacuation’ and ‘children’ or ‘evacuee’, then filtering out the twenty nine irrelevant results. I do not search merely for the word ‘evacuation’ alone as this yields results about military manoeuvres called ‘evacuations’ and other irrelevant letters.

¹² F. Tennyson Jesse, ‘Evacuation’, *The Times*, 22 September 1939, p. 6.

Other issues surrounding evacuation reoccurred significantly more often within the letter pages.¹³ Of the seventy-eight letters written between September 1939 and December 1940, eighteen complained about the gradual return of evacuees to their home towns, and ten debated the financial strains placed upon foster parents by evacuees. In the thirty-eight letters between January 1941 and December 1942, seven referred to the international evacuation of children abroad. In the thirty-three letters between January 1943 and May 1945, five referred to the impact of evacuation on jobs, businesses, and employment. Clearly certain issues surrounding evacuation became matters of public concern at different points during the war. That no letters discussed enuretic evacuees strongly undermines the notion that enuresis was an issue of mass public concern, let alone one of public hysteria. By contrast, that six letters between September 1939 and December 1940 referred to lousy evacuees suggests that lice was a matter of public concern over this period.

Analysing the contents and tones of the letters on lice-ridden evacuees will reveal if such children accrued public concern or public hysteria. Five letters do claim, with overtones of panic, that evacuees were 'verminous', without offering any statistical support.¹⁴ It could be argued that this demonstrates a public overestimation of the prevalence of lice: a hysterical assumption. However, contemporary evidence suggests that lice infestation did affect a high proportion of evacuees: Sir Kenneth Mellanby, a Fellow of the Royal Society, reported in a government-commissioned survey that in some areas, lice infected as many as fifty per cent of evacuees. Richard Titmuss, citing this survey, claimed similar rates of infection were found in many reception areas.¹⁵ Hence, these levels of panic over infestation in evacuees seem justified, not hysterical. Furthermore, the final two letters on lice are clearly not hysterical. One discusses the danger of

¹³ I examined all of the one hundred and forty nine letters on evacuation, noting down the three key themes arising from each letter. I noted that different themes tended to arise in three periods over wartime: September 1939-December 1940, January 1941-December 1942, and January 1943-May 1945. I counted the occurrence of each theme I had highlighted, and the most reoccurring topics here.

¹⁴ E. F. Oakeley, 'Evacuation Problems', *The Times*, 12 September 1939, p. 4, Susanna E. N. Cole, 'Evacuation', *The Times*, 16 September 1939, p. 6, Lily Boys, 'Evacuation of Children', *The Times*, 2 October 1939, p. 6, Dorothea Coke, 'The Welfare of the Children', *The Times*, 29 September 1939, 'Mr H. Morrison's Reply to Criticism', *The Times*, 18 October 1939, p. 10.

¹⁵ Titmuss, *Problems of Social Policy*, p. 126.

a few heavily lousy children mistakenly being seen as representative of all evacuees.¹⁶ The other documents the research of Dr Mellanby.¹⁷ Hence, lice seems to have been an issue of justified public concern, rather than irrational public hysteria.

These findings raise questions about the assertions of the secondary literature. Theorists may have overestimated public hysteria by overly focusing on a few public declarations by prominent figures. Two figures regularly cited are Lily Boys, the Country Organiser of the Women's Voluntary Services, and Lady Sanderson, the Supervisor of the Women's Voluntary Service in Norfolk. Both women made several highly quotable hysterical declarations about the terrible health of evacuee children.¹⁸

Furthermore, comments deemed 'hysterical', when made by prominent members of the public, were echoed by much professional literature. Between September 1939 and May 1945, nineteen articles and letters in the *Lancet* and the *British Medical Journal* mentioned enuretic evacuees, and ten referred to lice-infested evacuees.¹⁹ Some

¹⁶ 'After the Dispersal', *The Times*, 15 September 1939, p. 9.

¹⁷ Violet Markham, 'Slum life in Cities', *The Times*, 8 April 1943, p. 5.

¹⁸ For example: Lily Boys, 'To the Editor of The Times', *The Times*, 2 October 1939, p. 6; Lily Boys, 'WVS for Civil Defence, Preliminary Report on Evacuation of Children and Others to Lindsey', 13 September 1939; PRO HALG 7/74, cited in Macnicol, 'The effect of the evacuation', in *War and Social Change*, ed. by Smith, p. 16.

¹⁹ On enuresis: C. Asher, 'Personal Environment and Enuresis', *British Medical Journal*, 10 August 1940, p. 206; A. L. Banks and L. G. Norman, 'Sick-Bays for Child Evacuees', *Lancet*, 20 September 1941, p. 357; A. G. Bodman, 'Enuresis', *British Medical Journal*, 20 January 1940, p. 109; M. Fordham, 'Diurnal Enuresis', *British Medical Journal*, 13 January 1940, p. 73; S. E. Gill, 'Nocturnal Enuresis: Experiences with Evacuated Children', *British Medical Journal*, 10 August 1940, p. 199; I. Gordon, 'Allergy, Enuresis, and Stammering', *British Medical Journal*, 14 March 1942, p. 357; D. N. Hardcastle, 'Personal Environment and Enuresis', *British Medical Journal*, 10 August 1940, p. 206; J. Malloy, 'Enuresis', *British Medical Journal*, 20 January 1940, pp. 108-9; J. Malloy, 'Enuresis', *British Medical Journal*, 17 February 1940, p. 277; D. M. Odlum, 'Enuresis', *British Medical Journal*, 27 January 1940, p. 151; D. M. Odlum, 'Nocturnal Enuresis', *British Medical Journal*, 6 January 1940, p. 8; F. Pygott, 'Condition of Evacuated School Children', *British Medical Journal*, 6 April 1940, p. 587; W. Sheldon and P. Evans, 'Town Children in the Country', *Lancet*, 13 January 1940, p. 94; R. Y. Stones, 'Medical Problems of a Reception Area', *British Medical Journal*, 8 March 1941, p. 370; 'Evacuation: A Brighter Picture', *British Medical Journal*, 10 July 1943, p. 46; 'The Child's Home Background', *Lancet*, 6 April 1940, p. 651; 'The Town Child: A Critical Survey', *British Medical Journal*, 8 May 1943, p. 571; 'Treatment for Bed-wetting', *Lancet*, 7 October 1939, p. 794; 'War Strain in Children', *British Medical Journal*, 25 January 1941, p. 124.

writings on enuresis showed evidence of hysteria. One article opened with the claim that in some country towns ‘every morning every window is filled with bedding hung out to air in the sunshine’, using exaggerated rhetoric to imply that all evacuees were enuretic.²⁰ Four out of five of the relevant *BMJ* articles discussed bed-wetting. Without statistical support, they referred to the ‘prevalence’, ‘frequency’, and ‘large increase’ in enuresis ‘caused by evacuation’, which made it ‘common at all ages up to fifteen years’.²¹ Given that the Ministry of Health estimated enuresis as affecting only ten to twenty per cent of evacuees, such an overestimation by the professional literature seems somewhat hysterical.²²

The articles discussing lice show less evidence of hysteria. Most do not comment on its prevalence. Two articles rationally discuss the divergent statistics offered in different regions as to the prevalence of lice.²³ Given the evidence from Mellanby, the passing comments of two articles that lice are ‘rife’ and afflict a ‘great number’ of children seem fair.²⁴ The only piece which could potentially be categorised as ‘hysterical’ is a letter claiming that evacuee children in Northallerton were ‘nearly all verminous’.²⁵

Hence, in contrast to the analysis of many historical studies, it seems that evacuation did not lead to mass public hysteria. Nor was there mass professional hysteria, though the wide varieties of beliefs held by professionals highlight this as a fruitful area for further research. It seems that those aiming to forward their own precon-

On lice: Phyllis M. Johnson, ‘Town and Country Nits’, *Lancet*, 30 September 1939, p. 762; Stones, ‘Medical Problems of a Reception Area’, p. 1941; R. J. Willson, ‘Pediculosis in School Population’, *British Medical Journal*, 8 March 1941, p. 718; ‘Epidemiological Notes’, *British Medical Journal*, 14 October 1939, p. 792; ‘Evacuation in Theory and Practice’ *Lancet*, 11 May 1940, p. 888; ‘Examination of Evacuees’, *Lancet*, 23 March 1940, p. 553; ‘Health of London, 1940’, *British Medical Journal*, 24 January 1942, p. 115; ‘Pediculosis in Evacuated Children’, *British Medical Journal*, 12 October 1940, p. 494; ‘The Louse’, *British Medical Journal*, 13 January 1940, p. 54; ‘The Town Child: A Critical Survey’, *British Medical Journal*, 8 May 1943, p. 571.

²⁰ ‘Treatment for Bed-wetting’, *Lancet*, 7 October 1939, p. 794.

²¹ Odlum, ‘Nocturnal Enuresis’, p. 8; Stones, ‘Medical Problems of a Reception Area’, p. 370; Gordon, ‘Allergy, Enuresis, and Stammering’, p. 357; ‘The Town Child: A Critical Survey’, p. 571.

²² Titmuss, *Problems of Social Policy*, p. 120.

²³ ‘The Town Child: A Critical Survey’, p. 571; ‘Pediculosis in Evacuated Children’, p. 494.

²⁴ ‘Epidemiological Notes’, p. 792, Stones, ‘Medical Problems of a Reception Area’, p. 1941.

²⁵ Johnson, ‘Town and Country Nits’, p. 762.

ceived policy agendas exaggerated poor evacuee health, magnified public concern over evacuees, and selectively utilised relevant professional accounts. Due to limited space, this article is unable to fully explore who these actors were, how they pushed their preferred agendas, and what their desired policies were. Further study on this area would usefully identify the influences and interests underpinning the creation of the welfare state, helping us to recognise the influences and interests underpinning the modern British state more generally.

Perceived causes of evacuee ill-health

Next, what the public and healthcare professionals considered to be the causes of poor evacuee health will be considered. Studying the perceived causes of poor evacuee health allows the historian to examine how evacuation changed post-war policy, as calls for policy changes, and policy changes themselves, directly followed from these perceived causes.

Hereditarian versus Structural Models

Another microprocess influencing the construction of the post-war state was the changing social and political conceptualisations of the causes of poverty. To offer a simplistic overview, the early twentieth-century social research movement improved upon the Victorian understanding of poverty as self-inflicted by personal fault. Surveys, notably those of Joseph Rowntree and Charles Booth, attributed poverty to a variety of socioeconomic reasons, such as low and irregular wages, high family size, illness or incapacity, and unemployment.²⁶ The hereditarian understanding of poverty did not entirely or instantly disappear: Karel Williams argues that even Rowntree confused moral judgements with empirical investigation whilst assessing poverty impressionistically.²⁷ Evidently, varying understandings of poverty have always underpinned government policy. As Ian Gazeley argues, there is ‘an obvious empirical relationship’ between the

²⁶ For example, Charles Booth, *Life and Labour of the People in London* (17 vols, London: Macmillan, 1902-3).

²⁷ Karel Williams, *From Pauperism to Poverty*, (London: Routledge & Kegan Paul, 1991), p. 355, cited in Ian Gazeley, *Poverty in Britain, 1900-1965* (Basingstoke: Palgrave, 2003).

investigation of poverty and the development of social policy, particularly during World War Two.²⁸

A similar conception of causes underlies much academic discussion of poor evacuee health. It is worth questioning whether hereditarian or structural models of evacuee poor health underlay professional and public understandings, and how these models affected calls for policy change. Several studies of evacuation examine how the causes of evacuee poor health were conceived without fully recognising the significance of their research to broader debates on the Welfare State. This literature focuses, particularly, on members of the public whose disapproval of the urban working classes tainted their understandings of evacuee poor health. Travis Crosby and John Welshman have both discussed how the 'dirt diseases', including lousiness, were 'somehow joined with faults of character or the imperfections of lower class habits and behaviour'.²⁹ Similarly, Virginia Berridge and Anne Digby have noted that 'bed-wetting and lice-ridden child evacuees gave credence to stereotypes of working class life-styles'.³⁰

Conversely, some theorists have also analysed how the process of housing evacuees fostered an improved recognition of poor health as a consequence of poverty. Rodney Lowe has claimed that whilst evacuation increased class prejudice it also led to demands for the universal provision of public services.³¹ Richard Titmuss notes that few people blamed the children themselves for enuresis.³² Derek Fraser argues that rural foster parents gained awareness of the deprivation of urban working-class life from the 'unkempt, ill-clothed,

²⁸ Gazeley, *Poverty in Britain*, p. 146-7.

²⁹ Travis L. Crosby, *The Impact of Civilian Evacuation in the Second World War* (Dover: Croom Helm, 1986), p. 34, Welshman, 'Evacuation and Social Policy', p. 51.

³⁰ Virginia Berridge, 'Health and medicine', in *The Cambridge social history of Britain 1750-1950, III: Social agencies and institutions*, ed. by F. M. L. Thompson, (Cambridge: Cambridge University Press, 1990), p. 239, cited in John Welshman 'Evacuation, Hygiene and Social Policy: The Our Towns Report of 1943', *The Historical Journal*, 42 (1999), p. 785; Anne Digby, *British welfare policy: workhouse to workforce* (London: Faber & Faber, 1989), p. 55, cited in Welshman 'Evacuation, Hygiene and Social Policy', p. 785.

³¹ Rodney Lowe 'The Second World War, consensus and the foundation of the welfare state', *Twentieth Century British History*, 1 (1990), p. 176, cited in Welshman 'Evacuation, Hygiene and Social Policy', p. 785.

³² Titmuss, *Problems of Social Policy*, p. 131.

undernourished and often incontinent children'.³³ Whilst these theorists offer an alternative view of the conceptualisation of evacuee poor-health, they do not relate these progressive models of health to changing post-war policy.

The primary sources examined here supported the existing secondary literature in displaying various popular opinions on the causes of poor evacuee health. Some members of the public assumed evacuee health problems were related to some intrinsic flaw of lower class status. Padley and Cole claim that the first debate on evacuation in the House of Commons, in which lice and enuresis were seen as results of original sin, 'mirrored the state of public feeling at the time'.³⁴ A letter to *The Times* in April 1943 links cleanliness to morality in referring to the 'conditions of dirt and demoralisation' in the homes of evacuees.³⁵ In connecting ill-health to class status, these sources tend to confuse all issues of 'evacuee ill-health' as they attribute the same causes to diseases as diverse as enuresis and lice.

Other articles recognised that the dirty conditions leading to the spread of lice stemmed from unavoidable socioeconomic deprivation. Most letters in *The Times* on poor evacuee health highlighted the 'background and environment' of evacuees.³⁶ Correspondents wrote of evacuees' previous 'appalling', 'squalid', 'dirty', 'shameful', and 'filthy' living conditions.³⁷ However, at times it is not entirely clear whether the public fully understood that dirty houses were an unavoidable reality for many poor urban families.

Whether socioeconomic conditions or lower-class status was blamed for causing poor evacuee health, it seems that many individuals recognised that the evacuee children themselves did not deserve these ills. The *Fabian Evacuation Survey* suggested that in coming to see their evacuee charges as 'their children', foster parents better understood the causes of evacuee ill-health.³⁸ Foster parents' empathy for their newfound charges could have contributed to increased pub-

³³ Derek Fraser, *The evolution of the British welfare state* (London: Macmillan, 1973), p. 195, cited in Welshman 'Evacuation, Hygiene and Social Policy', p. 783.

³⁴ Richard Padley, 'Six Months' Practice', in *Evacuation Survey*, ed. by Padley and Cole, p. 59.

³⁵ Markham, 'Slum life in Cities', p. 5.

³⁶ Eric Treacy, 'Evacuation of Children', *The Times*, 3 October 1939, p. 6.

³⁷ Cole, 'Evacuation', p. 6; Boys, 'Evacuation of Children', p. 6; Coke, 'The Welfare of the Children', p. 6; Ravensdale, 'Evacuation', *The Times*, 27 September 1939, p. 6; Jesse, 'Evacuation', p. 6.

³⁸ Calder, 'The School Child', p. 147-8.

lic empathy for the plight of the urban working classes, facilitating a general shift towards a progressive understanding of the causes of ill-health. However, it is not entirely clear that such a utopian transition in opinion did occur. Amy St. Loe Strachey, for example, suggested in her popular book *Borrowed Children* that bed-wetting was perceived by foster parents as a habit that ‘the child could control at will’ but rebelliously continued with.³⁹

By contrast, it may be assumed that professionals more accurately recognised the causes of enuresis and lice. Certainly, much contemporary psychological opinion recognised that the upheaval of evacuation was a major cause of child enuresis. John Bowlby, for example, wrote that there was ‘consensus’ that enuresis was a symptom that ‘the child is not standing the separation well’.⁴⁰ Most social surveys offered a similar viewpoint, including the Liverpool University report *Our wartime guests: opportunity or menace?* and the *Fabian Evacuation Survey*.⁴¹

It could be argued that such professionals did not necessarily offer a progressive viewpoint, since they were susceptible to believing that evacuee children were prone to these psychological conditions because of flaws resulting from their lower-class status. *Borrowed Children* certainly recognised the psychological causes of enuresis, but continued to use degrading language in comparing evacuees to poorly house-trained dogs.⁴² William Moodie recognised that enuresis was a reaction to abnormal conditions, but argued that only ‘unstable children’ would suffer.⁴³

Whilst William Moodie’s conclusion is clear, language such as that used by Amy St Loe Strachey does not necessarily demonstrate a class-prejudiced understanding of the psychological causes of enu-

³⁹ Amy Loe Strachey, *Borrowed Children: A Popular Account of Home Evacuation Problems and Their Remedies* (London: J. Murray, 1940), p. 80.

⁴⁰ Wellcome Trust Library, PP/BOW/C.5/4/1, Evacuation 1939-c1942, ‘The Billeting of Unaccompanied School Children’, Draft paper by John Bowlby and C N Fairbairn.

⁴¹ The University of Liverpool, *Our wartime guests: opportunity or menace? A psychological approach to evacuation* (Liverpool: Liverpool University Press, 1940), p. 19, cited in Welshman ‘Evacuation and Social Policy’, p. 51; *Evacuation Survey*, ed. by Padley and Cole, especially Calder, ‘The School Child’ and Lady Sanderson, ‘North Norfolk’, pp. 224-32.

⁴² St Loe Strachey, *Borrowed Children*, p. 4.

⁴³ William Moodie, *The Doctor and the difficult child* (Oxford: Oxford University Press, 1947), cited in R. G. Gordon, ‘The Difficult Child’, *Lancet*, 24 April 1948, p. 789.

resis. Professionals were operating in a context where understandings of enuresis were fraught and contested, and the language utilised today to discuss and describe bed-wetting was not available. Even John Bowlby, a key exponent of child psychology, repeatedly called bed-wetters ‘problem children’.⁴⁴ Despite the usage of language which is derogatory by modern standards, many professionals did progressively conceptualise the role of the psychological upheaval of evacuation in causing enuresis.

Similarly, many professionals recognised that head lice infections were near unavoidable given the housing, sanitary conditions, and crowding of working class families. Sir Kenneth Mellanby blamed mingling, crowded dwellings, and a fashion for unwashed hair.⁴⁵ Articles in medical journals recognised that lice are unavoidable for children living in ‘the poorer and more overcrowded’ areas, and when ‘ordinary care and cleanliness’ are not possible.⁴⁶ However, there was not universal and uniform professional acceptance of enuresis being caused by psychological distress and lice by socioeconomic circumstance. The social survey *Our Towns*, for example, blamed many factors, including inferior maternal care, social strata, and poor housing conditions, for enuresis.⁴⁷ The *Cambridge Evacuation Survey* blamed inadequate training, temporary emotional disturbances, unfamiliar houses, and the cold of winter.⁴⁸ A diverse range of causes of enuresis were also postulated within various medical journals, which blamed bad parenting, abnormal psychological traits, physical causes, and evacuees’ struggles in ‘adjusting themselves to a higher standard of cleanliness’.⁴⁹

⁴⁴ Wellcome Trust Library, PP/BOW/C.5/4/1, Evacuation 1939-c1942, ‘Psychological Problems of Evacuation’, Draft by John Bowlby, pp. 3-4.

⁴⁵ Mellanby to Glover, 16 March 1940, PRO ED 50/196, cited in Macnicol, ‘The effect of evacuation’, p. 16.

⁴⁶ ‘Pediculosis in Evacuated Children’, p. 494.

⁴⁷ Welshman, ‘Evacuation, Hygiene and Social Policy’; John Welshman, ‘In Search of the Problem Family: Public Health and Social Work in England and Wales 1940-1970’, *Social History of Medicine*, 9 (1996), p. 410.

⁴⁸ Susan Isaacs et. al, *The Cambridge Evacuation Survey: A wartime study in social welfare and education* (London: Methuen, 1941), p. 47.

⁴⁹ Highlights bad parenting as a potential cause: Gordon, ‘Allergy, Enuresis, and Stammering’, p. 357; Odlum, ‘Nocturnal Enuresis’, p. 8; ‘The Town Child: A Critical Survey’, p. 571. Highlights mixed causes: Odlum, ‘Nocturnal Enuresis’, p. 8. Blames abnormal psychological traits: Gordon, ‘Allergy, Enuresis, and Stammering’, p. 357. Highlights physical causes: ‘Treatment for Bed-wetting’, p. 794. Highlights cleanliness: ‘Evacuation: A Brighter Picture’, p. 46.

Similarly, the causes of lice were also misunderstood by many professional actors, who confused the manners, morals, and lifestyles of working-class homes with their socioeconomic conditions. The Chief Medical Officer at the Board of Education blamed poor socioeconomic circumstances and bad 'social habits' for causing lice.⁵⁰ Many articles in medical journals displayed a similar attitude, blaming low 'social standards', town people treating lice as 'a lighter matter', and parents with a 'supine attitude'.⁵¹ One medic hoped that foster parents would be able to communicate 'improved health and table manners' to evacuees.⁵² Evidently, professional opinions surrounding the causes of evacuee ill-health were diverse and varied.

However, such diversity in professional opinion may have been productive in triggering a broader debate over the causes and cures of health conditions suffered by evacuees. An article by Doris Odlum in the *BMJ* certainly spawned a debate on enuretic evacuees.⁵³ In response, J. Malloy argued that Odlum did not understand that enuresis could be cured by psychological 'suggestion'.⁵⁴ A. G. Bodman replied that enuresis had physical causes that Odlum had misunderstood.⁵⁵ M. Fordham emphasised the need to consider the deeper meaning of enuresis through consideration of the child's emotional state and family.⁵⁶ Odlum wrote to the journal again, noting that her 'sole object' in writing was to call for a sympathetic understanding of children's psychological difficulties. Odlum also challenged Malloy to describe his technique of 'psychological suggestion', which he did, at length, in a later issue.⁵⁷ Parallel inter-professional and intra-professional debates surely occurred over the causes of other health issues found amongst evacuees, ultimately developing and improving experts' understandings of child health.

Hence, the perceived causes of evacuee ill-health included personal fault, socioeconomic circumstance, and psychological and physical flaws. Calls for a wide range of different policies emerged, as

⁵⁰ MacNalty to Holmes, 16 February 1940, and Holmes to the President of the Board of Education, 16 February 1940, PRO ED 50/196, cited in Macnicol, 'The effect of evacuation', p. 21.

⁵¹ Gill, 'Nocturnal Enuresis: Experiences with Evacuated Children', p. 199, 'The Town Child: A Critical Survey', p. 571; 'Examination of Evacuees', p. 553.

⁵² Johnson, 'Town and Country Nits', p. 762.

⁵³ Odlum, 'Nocturnal Enuresis', p. 8.

⁵⁴ Malloy, 'Enuresis', p. 108-9.

⁵⁵ Bodman, 'Enuresis', p. 109.

⁵⁶ Fordham, 'Diurnal Enuresis', p. 73.

⁵⁷ Odlum, 'Nocturnal Enuresis', p. 8; Malloy, 'Enuresis', p. 277.

those with preconceived policy agendas selectively utilised the diverse reactions to the evacuation experience to forward their cases. For progressives who identified the cause of poor evacuee health to be appalling socioeconomic conditions, the experience of evacuation, whereby millions of rural parents could view for themselves the plight of evacuees, was used to criticise government. The social surveyor Ritchie Calder argued that we must ask ‘who made and tolerated the slums?’⁵⁸ Numerous surveyors and medical professionals criticised the government for failing to fully understand and legislate against socioeconomic causes of poor evacuee health.⁵⁹ Those offering regressive analyses of evacuee poor health also called for policy change. One article in the *British Medical Journal* claimed that the remedy for enuresis lay partly ‘in the provision of better and more sanitary housing’, and partly in improving ‘neglectful and lazy and incompetent’ parents.⁶⁰ As such, the perceived causes of evacuee health must be examined. These varying conceptualisations of evacuee health shaped a diverse range of calls for policy change, which, in turn, shaped post-war welfare and health policy.

The ‘problem family’

Another microprocess contributing to the formation of the post-war state was a change in the perception of the family. To provide a brief outline of the relevant debates; in the 1920s, especially among advocates of eugenics, the concept of a mentally deficient ‘social problem group’ emerged. This concept was raised by Charles Booth when he claimed that there was a ‘submerged tenth’ in society, and it was furthered by the *Wood Committee Report on Mental Deficiency* in 1929.⁶¹ John Welshman has argued that eugenic concerns had little impact on public health policy until they were ‘reborn’ in the 1940s as the ‘problem family’.⁶² Social workers, he argues, took possession of this

⁵⁸ Calder, ‘The School Child’, p. 148.

⁵⁹ Boys, ‘Evacuation of Children’, p. 6; Coke, ‘The Welfare of the Children’, p. 6; Octavia Lewin, ‘Evacuation and Education’, *Lancet*, 11 November 1939, p. 1049; The University of Liverpool, *Our wartime guests*, pp. 21-22, 38, cited in Welshman, ‘Evacuation and Social Policy’, p. 37.

⁶⁰ ‘The Town Child: A Critical Survey’, p. 571.

⁶¹ Welshman, ‘In Search of the Problem Family’, p. 449; Pat Starkey, ‘The feckless mother: women, poverty and social workers in wartime and post-war England’, *Women’s History Review*, 9 (2000), p. 541.

⁶² Welshman, ‘In Search of the Problem Family’, p. 449.

concept, and intervention such as counselling was preferred. Nonetheless, the 'problem family' concept did not achieve sociopolitical hegemony, and an undercurrent of eugenic opinion remained throughout the 1940s.⁶³ It can be debated which conception of the family underpinned the formation of the welfare state, and how.

Such debates over the role and existence of the 'problem family' were echoed in discussions considering evacuees. Many historians have highlighted the regularity with which the evacuee mother was blamed for evacuees' poor health. John Macnicol says the stereotype of the evacuee mother was 'a negligent slut, impossible to live with and having the vocabulary of a Billingsgate fish porter'.⁶⁴ Richard Titmuss says it was complained that 'many mothers were feckless, irresponsible, ungrateful, and deplorably mannered'.⁶⁵ Pat Starkey claims that evacuation drew public attention to 'the failure of their [evacuees'] parents – particularly their mothers – properly to care for them'.⁶⁶ These historians, however, have not fully analysed the significance of these debates to broader arguments surrounding the post-war state.

An examination of contemporary sources supports claims of widespread public concern about the 'problem family'. Between September 1939 and December 1940, for example, nine letters to *The Times* complained about the parents of evacuees. John Bowlby noted that references to the parents of evacuees had been 'almost universally disparaging', with parents blamed for children's enuresis.⁶⁷ Medic Doris Odlum claimed that the evacuee was often treated with 'sarcastic references to his mother and his upbringing'.⁶⁸ Prominent individuals complained too: Lily Boys, County Organiser of the Women's Voluntary Service, wrote that 'the low slum type form the majority of the mothers ... most of them dirty, many of them idle and unwilling to work or pull their weight'.⁶⁹ Historians, therefore, appear correct in noting an especial focus upon the problem mother. Nonetheless, it

⁶³ *Ibid.*, p. 451.

⁶⁴ Macnicol, 'The effect of evacuation', p. 26.

⁶⁵ Titmuss, *Problems of Social Policy*, p. 114.

⁶⁶ Starkey, 'The feckless mother', p. 540.

⁶⁷ Wellcome Trust Library, PP/BOW/C.5/4/1, Evacuation 1939-c1942, 'Psychological Problems of Evacuation', Draft by John Bowlby, p. 7.

⁶⁸ Odlum, 'Nocturnal Enuresis', p. 8.

⁶⁹ Memorandum of Lily Boys, 'Women's Voluntary Services for Civil Defence, Preliminary Report on the Evacuation of Children and Others to Lindsey (Lincs.)', 13 September 1939, PRO HLG 7.74, cited in Macnicol, 'The effect of evacuation', p. 16.

is worth considering whether the mother was the only focus of blame in public discussions surrounding evacuee health, and if health problems were perceived as the sole responsibility of the mother. The unique role of each member of the 'problem family' in making the family problematic, therefore, must be considered.

Many professionals used war as a case study to question the problem family thesis. Psychologists John Bowlby, Anna Freud, and Dorothy Burlingham were steadfast advocates of the importance of parental attachment to child welfare, and focused some of their work on evacuation.⁷⁰ Freud and Burlingham argued that separation was so distressing for young children that deciding whether minors should risk bombing or suffer evacuation was choosing 'between two evils'.⁷¹ As such, these clinicians placed a high value on the importance of family, even a problematic one, to childhood development. Relatedly, some argued against the assumption that most evacuees' parents were inadequate. Highlighting the value of parent-evacuee relationships, a wartime social survey of Oxford found that eighty-seven per cent of 217 unaccompanied evacuee children received at least one letter per week and a quarterly visit from their parents, and commended the value of these relationships.⁷² An article in *The Times* recognised that children separated from their parents suffered from a 'nostalgia' that the host family's kindness could not prevent.⁷³ Unsurprisingly, the idea of the 'problem family' was not universally contested by professionals. *Our Towns*, for example, argued that 'the effect of evacuation was to flood the dark places with light and bring home to the national consciousness that, the "submerged tenth" ... still exists in our cities'.⁷⁴ In claiming that problem

⁷⁰ Evacuation 1939-c1942, 'Psychological Problems of Evacuation', Draft by John Bowlby, p. 7; Anna Freud 'Special experiences of young children, particularly in times of social disturbance', in *Mental Health and Infant Development*, ed. by Kenneth Soddy (London: Routledge, 1955), pp. 141-169; Dorothy Burlingham and Anna Freud, *Young Children in War-time in a Residential War Nursery* (London: Allen & Unwin, 1942); Burlingham and Freud, *The Health of the School Child: Report of the Chief Medical Officer at the Ministry of Education for the Years 1939-45*, cited in Macnicol, 'The effect of evacuation', p. 5.

⁷¹ Anna Freud and Dorothy T. Burlingham, *Infants Without Families* (New York, NY: International Universities Press, 1973), p. 208.

⁷² Macnicol, 'The effect of evacuation', p. 26.

⁷³ 'After the Dispersal', p. 9.

⁷⁴ Women's Group on Public Welfare, *Our towns: a close-up: a study made in 1939-42 with recommendations by the Hygiene Committee of the Women's Group on Public Welfare* (Oxford: Oxford University Press, 1943), p. xiii.

families were part of the 'submerged tenth', this survey implied that only lower-class families suffered from health or social problems.⁷⁵

The concept of the 'problem family', both magnified and reflected in debates surrounding evacuation, influenced post-war health policy. Prominent individuals connected the discourse about evacuation and the 'problem family' to their own pre-existing ideas, in order to further their own agendas.

Calls from professionals such as Bowlby and Freud for the importance of the parent child relationship were sometimes recaptured by advocates of the 'problem family' thesis to argue that these problem families could not provide such a relationship, so the state must do so. There were calls in the medical journals for the setting up of new institutions to provide parental care that problem families could not. Some suggested the creation of such wartime-only institutions.⁷⁶ Others called for the permanent removal of children from 'problem families' and their parents, claiming their arguments were based on lessons from evacuation.⁷⁷ A letter to *The Times* suggested that the government 'complete the good work' evacuation has begun.⁷⁸ This argument may have gained influence; child-care historian Angela Davis has written that 'the family grouping system based around the figure of the Substitute Mother was incorporated into post-war British childcare legislation.'⁷⁹

Conclusions

This article has aimed to demonstrate that the effect of evacuation on post-war policy should be conceptualised as a process. It has illustrated how a detailed study of the first stage of this process, from evacuation experiences to public and professional perceptions of evacuees, can yield important general findings. The first section concluded, contrary to the findings in secondary literature, that the public were generally not hysterical over the issues of enuresis and

⁷⁵ Ibid., p. xiv.

⁷⁶ Stones, 'Medical Problems of a Reception Area', p. 1941; Mary Maxse, 'Evacuation Problems', *The Times*, 2 April 1940, p. 6; 'After the Dispersal', p. 9; Jesse, 'Evacuation', p. 6.

⁷⁷ Jesse, 'Evacuation', p. 6.

⁷⁸ Ravensdale, 'Evacuation', p. 6.

⁷⁹ Angela Davis, 'Gradual separations and substitute mothers: The influence of Anna Freud's Hampstead war nurseries on post-war British childcare provision and practice' (unpublished paper, 2011), p. 10.

lice, and that professional hysteria should be considered too. Further work could improve understandings of the effects of hysteria, and the differing influence of public and professional reactions, on government policy. The second section discussed vastly differing explanations of the causes of poor evacuee health advanced by both the public and professionals. There is considerable scope for further research on how the relationship between the state and the individual changed in light of evacuation experience, and how prominent individual interests guided this change.

Three broader speculative conclusions can be drawn from the discussions outlined in this essay. The first tentative conclusion challenges the caricaturised Titmuss thesis that evacuation, by revealing the deprivation of urban working-class children, was the primary factor in changing post-war policy. By contrast, it seems that evacuation was merely one factor which contributed to a broad re-conceptualisation of childhood as problematic. Other factors included fears about child health, a growing view of children as a precious resource during wartime, and changes in social ideas surrounding the provision and undertaking of education. This follows historian Deborah Thom's argument that 'child society was thrown open to public scrutiny by the detachment of so many children from their family of birth'.⁸⁰ This article found that discussions of enuresis and lice were triggered by evacuation, but then applied to all children. The classification of childhood as a problematic state, requiring monitoring and intervention, led to calls for policy change, supporting the idea of a changed approach to welfare as observed by Welshman and Berridge.⁸¹ This discourse eventually led to government action.

The second speculative conclusion relates to the debate over 'consensus' in the post-war state. Paul Addison influentially argues that the Second World War fostered a consensus among politicians 'which dominated Britain long after the last bomb had fallen'.⁸² Rudolph Klein argues that conflict over post-war health policy was merely 'conflict within consensus' among a techno-bureaucratic

⁸⁰ Deborah Thom, 'The 1944 Education Act: the "art of the possible"?', *War and Social Change*, ed. by Smith, p. 109.

⁸¹ Welshman, 'Evacuation and Social Policy', p. 53; Berridge, *Health and Society*, p. 13.

⁸² Paul Addison, *The Road to 1945: British Politics and the Second World War* (London: Cape, 1975), p. 13.

elite.⁸³ Henry Pelling believes that war pushed the British people towards a mutual faith in their existing institutions.⁸⁴ However, this article found a great diversity of opinion over evacuee health during wartime among both the public and professionals. Reports of the extent of evacuee poor health were met with counter-reports declaring them exaggerated. Demands for a progressive vision of the causes of poor evacuee health were countered by contradictory analyses. A public opinion survey in 1942 demonstrated that the public felt widespread grievances against the current welfare system, but lacked a coherent conception of a replacement.⁸⁵ Similarly it seems likely that public and professional discord contributed to, and was replicated in, disagreement within government. Hence, it is worth questioning theorists who claim that the post-war period saw a political, bureaucratic, or public consensus.

The final conclusion is that many prominent individuals may have utilised evacuation as a tool through which to further their own pre-existing policy agendas. Julie Summers has pinpointed the 'main complaint' of social surveys *War Begins at Home* and the *Cambridge Evacuation Survey*, as being that no-one officials had listened to 'distinguished psychoanalysts and experts in child care' whilst planning evacuation.⁸⁶ The discourse of evacuation was uniquely powerful because millions of people had directly experienced some aspect of evacuation, especially when housing evacuees or sending their children away. Public opinion on the causes of bad evacuee health varied massively depending on whether the person in question had housed an evacuee, how hysterical they were, the behaviour of their evacuees, their opinion of the causes of poverty, their opinion of urban areas and the lower classes, etc. The breadth and depth of evacuation experiences meant that large quantities of 'evidence' could be selectively utilised to forward almost any chosen policy agenda.

The primary aim of this essay was to propose a new methodology for a classic field of research. This methodology aims not to on-

⁸³ Rudolph Klein, *Politics of the National Health Service* (Harlow: Longman, 1995), p. 6, cited in Berridge, *Health and Society*, p. 12.

⁸⁴ Addison, *Road to 1945*, p. 276.

⁸⁵ Jose Harris, 'Did British workers want the welfare state?', in *The Working Class in Modern British History: Essays in Honour of Henry Pelling*, ed. by J. Winter (Cambridge: Cambridge University Press, 1983), pp. 200-14, cited in Berridge, *Health and Society*, p. 12.

⁸⁶ Julie Summers, *When the Children Came Home* (London: Simon & Schuster, 2011), pp. 251-52.

ly consider how evacuation affected public opinion, or how evacuation impacted post-war policy, but to reconstruct the pathways through which these changes occurred. It is important to consider each individual stage of the complex microprocess from evacuation to post-war policy. Focusing on the first stage in the evacuation process has demonstrated the potential of this methodology to bring insights into the development of post-war policy. The continued application of such a methodology could connect existing work on evacuation and improve our understandings of the policies which have shaped, and continue to shape, modern British society.