Beyond the Reproductive Body

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The patients in this study named many environmental, economic, and social factors connected to home that they believed to be central causes of their ill health. Home was not an ideal domestic space for poor women. What passed for homes were dwellings situated in areas with no sanitary regulations and environments fraught with psychological and physical dangers. Although the parliamentary investigators set up home as the healthful alternative for women and nondomestic, non-rural work as the site of physical harm, the perspectives of poor women themselves show that the lines were less clearly drawn. Home was not all good for women’s health, and work was not all bad.

This chapter brings my project full circle by returning to the problem of the working woman and her health I introduced in the first two chapters. I began by exploring the ways women’s paid work away from home was defined as problematic in public debates and governmental policies; now I ask how, in their narratives to their medical practitioners and in their testimony to parliamentary investigators, women themselves conceptualized the problems of their health at work. Women’s perceptions of their health were not linked in any easy way to the reproductive body. Wage labor did affect women’s health, though not usually in the manner that the parliamentary investigations assumed. In many ways, lack of work was more damaging to women’s health than any particular type of employment. Loss of work and loss of health each shifted the ways poor women thought about themselves in reference to their own norms of ablebodiedness.

Using one type of medical evidence, parliamentary and medical texts constructed unhealthy employment for women as any occupation that might injure female reproductive capacity and take women away from the tasks of social reproduction. Yet there were regional and occupational
differences in the construction of the problem of the working woman. Governmental regulation of women’s employment resulted from parliamentary inquiries into factories and mines, which were considered unsuitable venues for women workers. In their investigations into agriculture, commissioners presented more ambivalent conclusions about women’s waged work, domestic duties, and health. In London, investigators focused on the plight of workshop needleworkers—specifically dressmakers and milliners—exposing the horrible conditions under which these young women labored. Parliament, however, neglected to examine the primary employment of women—domestic service—as well as other major female occupations such as laundry, home needlework, and street selling. Moreover, although dressmakers and milliners were investigated by the 1843 Royal Commission, no legislation resulted from the reports detailing their terrible conditions of labor.

To conceptualize an occupation as “women’s work” meant that it had to suit current assumptions about womanhood. In terms of health and medical understandings of the reproductive body, women’s work had to respect the “peculiar constitution of the female” to which medical men alerted parliamentary reformers. Yet in social and political definitions of appropriate work for women, the nature of the employment often overrode concerns about the body and health. Andrew August has rightly pointed out that “the sexual division of labor that restricted women to [certain] jobs did not rest on physical differences between men and women. . . . Women’s jobs required strength and exertion.” If the work was associated with women’s role in social reproduction, however, it was theoretically acceptable whether or not it strained women’s health. According to reformers, the ideology of domesticity was more significant than actual working conditions.

Women’s own perceptions of the relationships between their work and health complicate this story. Working women identified three main aspects of their occupations that created health problems: (1) the stability of their employment patterns; (2) the physical and social conditions under which they worked; and (3) the types of work they performed. This chapter will explore how women workers represented these factors in reference to various occupations, how they understood these factors to affect their bodies, and how they negotiated their employments in relation to their health.

**Patterns of Employment**

Much has been written about the necessary flexibility of poor working women; their wage-earning patterns varied with the financial demands of
the family and the female life cycle. Patient case histories demonstrate how familial contexts influenced women’s occupational choices. Elizabeth Carpenter quit her work in London as a cook when she got married. She indicated that “formerly she lived very well, but latterly she has not had sufficient food, owing to her husband who is a journeyman baker being out of employ.” Like Carpenter, many patients left their paid jobs upon marriage to turn their full attention to domestic responsibilities. We can surmise, however, that Carpenter had begun or would soon begin earning her own wages again, as women were expected to contribute—often in the form of homework—when the family needed extra income. Jane Fife, who had been married for twenty-nine years, stated that “for the first fourteen or fifteen years after her marriage she did nothing but attend to her domestic duties,” but as her case notes identify her as a washerwoman, we can assume that after this period she took in laundry. Fife’s “husband who is a baker has been occasionally out of work, when she says she has been obliged to stint herself a little in order that her children might not suffer for want of anything.” In this case, it was the woman who sacrificed for the survival of her family. Although social ideals represented men as breadwinners and women as domestic caretakers, “the representations belied the extent to which most men were frequently economically dependent on their wives and children and most married women frequently combined their domestic responsibilities with economic contributions to their households,” as Sonya Rose has argued.

Work patterns also related to the female life cycle, as single women and widows were more likely to be gainfully employed than were married women. In the patient records, single women were disproportionately represented as working for wages, while many married women identified their occupations with housewifery. This was especially the case in the West Riding, where of the 506 married women whose asylum cases noted an occupation, only 198 of them were described as gainfully employed. The others were identified as involved in “domestic duties” or having “no particular occupation.” In the 446 single-women’s cases listing an occupation, 367 of the women were working for wages. Of the 111 widows with an occupation noted, eighty-three were employed outside of domestic duties.

Although some women stopped working upon marriage, others simply changed their employment. According to Edward Higgs, “domestic service was predominantly a life-cycle occupation. It was a job for women between leaving home and getting married.” Servants often indicated a switch to needlework when they married, as in the case of Abigail Smith, a London woman married for six years: “Five years before her marriage she had been living in service as a waiting maid and house maid. Since marriage she has
led a sedentary life having been principally employed in needle-work." Needlework could be done at home, while a wife looked after domestic duties and children. Ellen Gibbon, who had been married two years at the time of her admission to UCH, told the clerk that she “has been accustomed to work hard before marriage as servant of all work and since as char-woman.” This woman left her husband on account of an abusive relationship, and “after separation from her husband [worked] again as servant.” Charring was often married women’s work, as it was a type of service that did not necessitate living away from home. Of the thirty-one charwomen in the UCH sample, fifteen indicated they were married and only five single. The examples suggest that married women tended to shy away from general service, supporting our overall picture of domestic service as an occupation of young, single women. Of the total 921 women patients at UCH identifying themselves as noncharing servants, only 5.5 percent stated that they were married. We can compare this to laundry work—considered married women’s work—where of the seventy-nine cases noting marital status, forty-nine women were married, twenty were widowed, and nine were single.

Women’s occupational patterns depended upon the regions in which they worked, the type of labor they performed, and the seasonality of the labor. Testifying to the 1842 Commission on children’s employment, Jane Sym, a married woman from the West Riding, stressed that although she did not like working in a mine, she was forced to do so as she could find no other employment. She told the commissioner, “I used to weave, but trade got so bad that I was obliged to leave it.” She was probably employed on a hand loom, and could not compete with the increasing mechanization of weaving. Women in the West Riding Asylum expressed their concern about lack of work, specifically related to slumps in the textile industries throughout the 1830s and 1840s. When trade was good, employment opportunities for women in textiles were plentiful, but slumps led to major layoffs with few alternatives for female workers. Sarah Sharp, once a weaver in a factory in Northowram near Halifax, was admitted to the asylum in November 1845. Her case notes indicate that she “talks incoherently about not having worked for a long time past,” and one “morning, about six o’clock, she fancied she heard the factory bell, and thought she ought to go to her work.” Harriet Hall, a drawer in a cotton factory, experienced similar anxieties. Her insanity was partially attributed to “fears, that as she cannot earn so much as other young women who are weavers, that she could not earn sufficient” for survival. The mental health of these women evidently depended upon their employment status.
Public discussion of the problems related to women’s work was limited to the way female employment was thought to influence biological and social reproduction. The effects of slumps, seasonality, and unemployment were topics that applied most often to men, as men were assumed to be the able-bodied breadwinners whose occupations determined family survival. The patient narratives, however, reveal that women were very conscious of the impact of fluctuations in employment on their overall well-being. This is especially relevant to the West Riding, where women rarely turned to service as an alternative. Theodore Koditschek has pointed out with reference to the factory-dominated Bradford that “whereas domestics in 1851 constituted 13.8 percent of the national work force, in Bradford they comprised a mere 3.3 percent.”

Although urban laborers were subject to market fluctuations, seasonal cycles and uncertain weather conditions determined the demand for female agricultural labor. James Lansdell, the relieving officer of Tunbridge Union in Kent, told the commission on agriculture that “it depends upon the season how long the woman’s work continues. It requires more labour if the wind is high and the weather cold.” At harvest, women’s work was in high demand, “as the amount of labour required at such critical moments is out of all proportion to that which can be bestowed at other times, the fields necessarily borrow such resources as domestic life can supply.” This comment associates women’s usual role with domestic life; their field work was “borrowed” and temporary. Agricultural laborers were vulnerable to failed harvests, and female workers were especially so, owing to the casual nature of their employment.

Other employments had their own specific patterns. The testimony of London dressmakers and milliners before the Royal Commission of 1843, for example, reveals how the seasonality of their occupations had a significant effect upon their health. During the London social season, needleworkers in the metropolis were overworked to the point of collapse to meet the high demand for dresses and hats for the various events of society. Eliza Sampson, who had been working at dressmaking and millinery for four years, testified that “her health has suffered so much that her friends say they hardly know her again. At the end of the season is always worse. Suffers from pain in the side for which she was formerly bled and was obliged to go home for a month.” Another milliner stressed the fatigue and general weakness that she and other dressmakers experienced when the London social season ended. She indicated that her “health suffers at the end of the season; this is universal. In consequence of this, it is necessary for the young people to go into the country to recruit the health for one or two months. Without this change it would not be possible for the young
women to go through with the work.”

This woman suggested that dressmakers accepted a trade-off between work and health depending on the season. Their employments were debilitating; health could be restored only by “recruiting” it in a rural environment.

Though not necessarily vulnerable to seasonality or markets, domestic service was also an extremely unstable occupation. Patty Seleski has argued that this instability challenges historians’ interpretations that see servants as a bridge between the middle and working classes. Seleski points out that “the irregularity of domestic service... contributed to keeping women servants closely connected to the labouring classes. Servants frequently left one place without immediate prospect of another and in these circumstances took advantage of lodging houses or relatives until they entered service again.”

Most of the servants whose cases are present in the medical histories were servants of all work. These general servants were usually, as their name indicates, the only help a household or establishment would hire and were responsible for all those tasks which in more well-to-do situations would be divided among various servants. Many were employed in the households of artisans or other members of the working classes, explaining the very poor wages these women received.

A notable aspect of the patient narratives from UCH is the frequency with which servants moved from job to job. Catherine Pressman, for example, “has been in service in many different parts of London and does not appear to have staid [sic] long at any—Frederic Place, Greys Inn Road is the last, but she has been at Brixton, Tottenham Court Road and many others.” At twenty-eight, Hannah Gordon had “been a servant of all work for 12 or 14 years—has had 7 situations and left them all on account of ill health.”

Ill health and overwork forced servants to stop working at various times, or to leave their jobs to try other positions. Some servants also expressed anxiety about being out of work. Ann Gregg, a fifty-year-old unmarried servant, “has been out of a situation according to her own account for 3 weeks, but the person she has been living with says she has been out of employ for 7 weeks.... [She] has been distressed in mind from not being in a place.”

This interesting comment suggests that Gregg was either unable to face the fact that she had been unemployed for so long, or that she was embarrassed to admit to the clerk the length of her unemployment. As we saw in chapter 3, unemployed servants made up a good number of the single women applying to the Poor Law for assistance. This was the case with Ann Harrison, who at forty “has been a servant but these last 4 years has been frequently in the workhouse.”

The case histories make clear that women’s health often fluctuated with the availability of waged work. Jane Smith, a servant of all work who came
to UCH suffering from bronchitis, was “out of place for the last twelve-months, living in poverty, badly fed and clad.” Similarly, Sarah Rebecca Killerinham, a sixty-year-old London woman, indicated that she “has lived temperately but well, until within the last twelvemonth during which time from want of regular employment, she has been often in great distress and has lived but badly.” Sally Pickles, a West Riding woman whose occupation was listed as “factory operative” in her asylum case notes, was “low from being without work.” Unemployment prevented these women from obtaining their “necessaries of life,” making them vulnerable to sickness and depression. Unemployment itself could thus deprive a woman of her ablebodiedness.

**Conditions of Employment**

Commissioners and medical witnesses for the parliamentary inquiries into employment identified several occupational conditions that were particularly damaging to female workers. Long hours, high temperatures, and sedentary and active labor were all mentioned as potentially dangerous to the proper management of female health. Women’s narratives show that their health did indeed suffer from their work environments, but the picture workers themselves painted differs from that painted by investigators. Female workers were concerned with the impact of their employment on their overall well-being, which they did not directly connect to their reproductive bodies.

Factory workers complained about a variety of conditions, but high temperatures stand out. Although medical witnesses to the parliamentary investigations worried about high temperatures causing premature puberty and early sexual activity, women workers addressed more immediate consequences of heat. Ann Cunningham, a fourteen-year-old worker in a Newcastle pottery, stated that “the heat gave her fits at first, fainting fits, but is now used to the heat, and does not feel the heat now; got used to it after 2 or 3 months.” This comment implies Cunningham’s lack of employment options; she was essentially compelled to deal with the heat. Interviewing a mother and daughter concerning employment in a cotton factory, Commissioner Austin inquired why the daughter had left her work: “The daughter answered that she was subject to headaches, which the heat of the factory much aggravated, and that her health could not stand the work.” Similarly, Mary Ann Cadogan compared her work as a “draw girl” to her work in a spinning mill in the Kidderminster carpet works: “I liked the mill best; the work was easier, but it did not agree with
me; the heat was too much, and gave me the rheumatics.” These cases illustrate workers’ perceptions that their constitutions were unable to put up with high temperatures. Although the female patients discussed in chapter 5 mentioned excessive heat as a step leading to illness (for example, perspiring women assumed that they would become ill if they drank cold liquids), heat did not feature in the cases to the degree that cold did. Perhaps this can be attributed to the fact that the occupations where heat was an issue are not well represented in the patient case histories, although work in the fields and in kitchens was certainly hot at times.

In contrast to factory workers, women who labored in mines spoke of cold and wet as the conditions endangering their health at work. Margaret Winstanley was a drawer in a coal pit who told the investigating commissioner that she was ill “from my working in the wet so much.” Patience Kershaw, a hurrier at the Booth Town Pit in Halifax, noted that “all my sisters have been hurriers, but three went to the mill. Alice went because her legs swelled from hurrying in cold water when she was hot.” Kershaw indicated that she “would rather work in a mill than in coal-pit,” presumably preferring the heat of factories to the cold of mines. Her narrative was supplemented by the comment of Commissioner Samuel Scriven, who noted that “this girl is an ignorant, filthy, ragged, and deplorable looking object, and such an one as the uncivilized natives of the prairies would be shocked to look upon.” Rather than focusing on the “deplorable” environment in which these young women had to labor, parliamentary investigators emphasized the physical and moral degradation of their subjects, linking them to the “uncivilized” inhabitants of the British empire.

Servants also stressed the problems of exposure to cold and damp. Stone kitchens seem to have been a recurrent difficulty for servants. A house maid suffering from dyspepsia stated to the UCH clerk that “she has in her employments been exposed to damp and cold, her feet have often been wet and almost always cold in winter from the floor of the kitchen being of stone.” Servants and laundresses complained of the damp environments in which they had to do washing. The inaptly named servant Ann Dry attributed her symptoms of scarlatina “to washing in a damp situation on the Friday previous and she took wet feet the same day.” Part of the patients’ preoccupation with wet and cold can obviously be explained by the fact that their occupations constantly exposed them to these elements. Emma Gibbs, who came to UCH suffering from rheumatism, stated that “she has had a great deal to do in her last place when she was obliged to stand about in damp situations and to make use of cold water very frequently.... The present attack she ascribes to standing about in cold and damp situations and to having much to do with cold water.” These narratives make clear the
unhealthy environments in which servants labored. Yet no parliamentary investigation concerned itself with the work of servants, charwomen, or laundresses because of its domestic nature and its supposed suitability for the female body.

Street sellers had similar problems with their work environments. Like Ann Sullivan, a fruit seller in the streets, market women and hawkers were often “accustomed to live upon bad food and exposure to the vicissitudes of the weather.” Street sellers had similar problems with their work environments. Like Ann Sullivan, a fruit seller in the streets, market women and hawkers were often “accustomed to live upon bad food and exposure to the vicissitudes of the weather.” Seventy-five-year-old Sarah Arnold told the UCH clerk that “she has been much exposed to cold and wet in following her occupation as watercress seller.” This woman eventually developed gangrene.

Prostitutes also suffered from being out of doors. Anne Keef, a nineteen-year-old patient of Dr. Thomson’s, stated that “for the last three years [she] has been living ‘On the Town’ exposed to the vicissitudes of the weather and the alternations of temperature at night” while working on the streets. It is telling that this prostitute worried more about her health in reference to her street-walking than her relationships with her clients, which presumably were also dangerous to her physical well-being. These women realized that their occupations were unhealthy and potentially dangerous, yet they had few choices for employment and took what they could get.

Although the general opinion of medical men and the female workers themselves was that agricultural labor was essentially good for women, agricultural workers too had to worry about wet and cold conditions. Interestingly, the public health reformer Edwin Chadwick argued against the idea that field work was essentially healthy. Chadwick insisted that “it should be borne in mind that the agricultural laborer suffers more than any other description of labourer from exposure to the weather. His work is all outdoor work and as three fourths of the year the weather is wet he (it may be said) is never dry.” In Chadwick’s analysis, outdoor labor exposed the worker to the elements, and the reality of wet and cold superseded the imagined healthiness of field workers. For poor laborers with few changes of clothes, this permanent dampness was significant. Female agricultural workers’ testimony, however, was ambivalent about the relationship between work conditions and ill health. The widow Mary Haynes of Wiltshire, for example, told Commissioner Austin, “I always work in my stays which get wet through, and they are still wet when I put them on again in the morning. My other clothes are also often wet when I take them off, and are not dry when I put them on again in the morning.” Yet she concluded that the damp never made her sick. While acknowledging that she labored under uncomfortable conditions, this woman denied or ignored the possibility that these conditions might have caused illness.

The circumstances of women’s employment were complicated by the
fact that for many women workers, the strict separation between home and work constructed by middle-class ideologies of domesticity simply did not exist. Particularly for servants, home and work environments blurred, as servants performed domestic duties and most often resided in the place where they earned wages.45 According to the patients' narrative, kitchens, for example, were sites of both paid labor and residence. A housemaid indicated that "she was accustomed to sleep in the kitchen when she was at service which was very damp and cold."46 Ann Some, a servant of all work, came to UCH with hysteria, which she attributed partially to living "in a very damp kitchen."47 In testimony before the 1844 Royal Commission on Large Towns, a druggist alluded to this collapsing of home and workplace in the case of washerwomen in Portlandtown, London. He indicated that washerwomen did their work in the living rooms of their dwellings, which adversely affected their health and the health of their children.48

The ideal separation of home and work, however, was just as mythical for most poor women who identified themselves as housewives.49 The domestic duties of social reproduction constituted work, and domestic work was included as "occupation" in the UCH and the asylum case notes. This could indicate that either the clerk, the patient, or both perceived domestic work as an occupation. Interestingly, in cases where ill health was attributed to domestic duties, it was always in terms of housework rather than childcare. Housewives and servants alike complained of ailments resulting from cleaning, lifting, and cooking. Although a few servants also indicated they had injured themselves lifting children, this was never the case with housewives. Social and political reformers ignored the ways in which home and work intersected for women. Domestic ideology assumed that "work" was something separate from "home," that the site of social reproduction could not really be a site of wage labor. This is clear in the parliamentary conclusions, which ignore the vast numbers of female homeworkers.50 Their work conditions were as bad as if not worse than those in factories, mines, and workshops, and were completely unregulated in the early Victorian years.

The collapsing of work and home environments also appears in patient narratives discussing the impact of their social conditions of employment on women's physical and emotional well-being. In close quarters, servants' relationships with their employers were particularly relevant. Emma Phillips informed the clerk of a terrible experience in service where "about twelve months ago her mistress turned her out into the garden and kept her there all thro' the night during which time there was a good deal of rain and she got very wet and the next day she suffered much from cold shivering pain in the head and she believes it was on the same day that she had a fit."51
By contrast, when Catherine Pressman became ill, “her mistress got her a draught at a chemists which did her no good—put her feet into hot water and wrapped them in flannel and put her to bed. Gave her some gruel with brandy in it.” In a case of hysteria, “simulating inflammation in the head,” a servant attributed her ailment to “the death of her master 2 months ago,” since which time “she has been very nervous, has been constantly dreaming of him.” This case implies closeness between the servant and her master, but also suggests the possible economic concerns of losing her position.

The prospect of violence and sexual abuse also colored poor women’s experiences of work. Patients’ narratives suggest that, in general, relationships with employers and coworkers could be significant to a woman’s physical and emotional well-being. In one case, Jane Taylor, a twenty-three-year-old factory laborer in Todmorden, had her insanity partially attributed to “harsh treatment by a male spinner for and with whom she worked in the factory.” Parliamentary investigators were concerned with mixed-sex employment in terms of the potential sexual activity of young men and women; yet they did not explore the issue of sexual harassment or sexual abuse at work. Parliamentary investigations provide ample evidence of beatings suffered by many young factory workers at the hands of overseers. In 1833, Elizabeth Dickenson, a married Nottingham woman, told the investigating commissioner why she had left a job in a factory: “The overlooker spoke to me and pushed me. I said I should push him again. This was Robert Smith. He is gone now. He struck me then. I took up a rubber off the drawing-frame, and said I’d hurl it at him if he struck me again. He did, and I did hurl it at him. . . . He hurled me out of the room, and would not let me in again.” She was sent to the House of Correction for a short stay, and the overlooker was dismissed. Few studies have documented cases of workplace violence or sexual abuse in the nineteenth century, but in her work on “Sexual Harassment in the Nineteenth Century English Cotton Industry,” which looks at the latter part of the century, Jan Lambertz argues that even well-organized women whose trade unions were willing to take up harassment issues remained subject to abuse. Women were afraid to come forward with complaints, fearing loss of employment, accusations of complicity, and further harassment.

Working women clearly perceived that the conditions under which they labored affected their physical and mental health. Whether they were fighting heat, cold, or dampness, or crowded, confining, or unpleasant places of employment, workers struggled simultaneously to maintain their health and their livelihoods. Their concerns, however, did not revolve around protecting the reproductive body.
Types of Employment

Cognizant of the importance of working conditions, poor women also discussed how different types of employment could affect their health. Parliamentary investigators questioned women workers in reference to the relative health of various occupations, particularly comparing factory work to other occupational settings. Elizabeth Toplis, a lace worker in Derbyshire, testified to the Royal Commission of 1843 that she had done domestic work prior to working in the lace manufactory under investigation. She noted that “she does not find she more frequently takes cold or has the headache than when she worked at home.” Also confronting the assumption that factory work was worse for health than women’s other employment situations, Mary Murphy, a nineteen-year-old Lancashire factory operative, commented that “the work agrees very well with me; I have never had bad health; we have colds, and such like; but I suppose we should have them anywhere.” These two examples reveal the workers’ expectations that they would experience simple colds and headaches; yet they made no mention of any expected disruptions to their reproductive processes resulting from their employment.

Some of the women’s testimony explicitly challenged the working assumption of the investigators that certain occupations were unhealthy for women. Giving evidence to Dr. Loudon in 1833, Anne Kennett addressed two ideas understood as medical common sense: she denied that factory work stunted growth but accepted that agricultural work was healthier than mill work. She swore that she “has never noticed or heard it remarked that the health of any one was injured by working in the mill. . . . Has never observed particularly that the stature or size has been lessened by working in the mill,” but she went on to state that “generally speaking, those who work in mills are not so healthy-like as agricultural labourers who work twelve hours a day.” Grace Bowden’s testimony reversed official assumptions about work and health, as she declared that “she has been in good health at the mine. . . . She was previously employed at straw-bonnet making for two years; she gave up this in consequence of her health failing. Finds that her employment at the mine agrees with her very well.” Rather than favoring the more feminine straw bonnet trade, Bowden preferred active mine work, perhaps because it paid better.

Other female industrial laborers represented their work as unproblematic in relation to health. In his report on the mines of South Staffordshire, Dr. Mitchell concluded favorably as to the work of girls on the pit banks,
going against the tide in basing his assessment on the opinions of the female workers themselves: “As to the laboriousness of their occupations, the young women are best able to judge for themselves, and they are able to show that they possess a physical vigour far surpassing that of the young women brought up on the close air of great towns.”62 It appears these women compared their situations to city dwellers and, most likely, factory workers. Eliza Fletcher, a seventeen-year-old winder in the Kidderminster carpet works, explained that “the work is fatiguing; although I sit all the day, I have never looked upon it as unhealthy; 18 of us work in the same room—we are all very healthy.”63 Fletcher challenged the medical premise that sedentary labor—though feminine—was inherently unhealthy for the reproductive body. Hannah Hawkins, a sixteen-year-old Leicester mill-worker, related that her health improved upon changing employments from glove-sewing at home to factory work:

Before I came here [the factory], I have been employed in seaming gloves at home with my mother. . . . Used to begin at seven, and work until nine at night. Two hours at meals. Used to do that regularly; mother did it too. I liked that sort of work very well; but my health was not very good. This work agrees with me much better than the sitting work. That did not agree with me. . . . I have very good health since I came. I am more tired at this than at the gloves, but I like it a great deal better. 64

Hawkins seems to question the official notion that homework was better for women’s health than active factory work.

As we have seen both in the parliamentary inquiries and in the medical case histories, commissioners, medical men, and working women alike assumed an intimate connection between physical appearance and bodily health. Some women, however, challenged this link. Isabella Openshaw, a worker in a paper mill, commented that “I look delicate, but I have much better health than I used to have.”65 Mary Day, a hurrier in a Yorkshire coal-pit, also subverted this connection, stating “I look pale, but I am very hearty,”66 indicating that appearance should not be taken for a necessary sign of ill health. This type of evidence existed alongside that which political and medical investigators chose to emphasize, but the narrative of suffering female workers was rhetorically more powerful for a variety of purposes. Emphasizing the struggles of women at work, investigators supported assumptions that employment outside the home was bad for women, that female bodies were naturally weak, and that protective legislation was justified.

Female workers did not hesitate to represent their labor in positive
terms when they were content with their occupations. These positive representations might also be read as strategic efforts to protect themselves from gendered limitations on hours or exclusions from particular employments that might result from negative depictions of female work experiences. Yet many women commented that their health did indeed suffer from their employment, remarking upon smells, fumes, and dust as particularly noxious and contributing to health hazards at work. Elizabeth Lee, a worker in the Staffordshire potteries, indicated that “we find it very laborious work, not very healthy; it affects the stomach by the pressure, and by the smells. The oils are strong and disagreeable.”

Thirty-year-old Sarah Henderson, who had been working in the scouring room of a pottery for eighteen years, complained “of being stuffed up in my chest; I cannot lie down at night; my throat is always sore; and I have a constant cough with difficulty of breathing. Have never had medical advice; ‘tis no use while I am at work here. The flint dust is very bad.” Employment in paper mills also produced health problems; Judith Kirsop, a rag cutter in Newcastle, told the commissioner that “sometimes the dust from the foreign rags hurts the girls, and has hurt witness. . . . When she first came, it made her sometimes retch up her victuals, but not often.”

In 1832, Joshua Drake, a woollen weaver from Leeds, was deposed concerning the effects of flax milling on his daughter, claiming that the “dust choked her; . . . it was not above three or four days before it was very visible that this dust had an effect upon her, and she fell sick.” Eliza Marshall, a seventeen-year-old factory operative from Leeds, told Sadler’s Select Committee that “I should not have lived long if I had not left” flax milling, as “it was so dusty, it stuffed me so that I could scarcely speak.”

Mill workers were always in danger from machinery. Parliamentary investigators were concerned with the safety of factory machines, and throughout the century Parliament passed legislation regulating the cleaning, placement, and operation of machinery in factories. Sarah Price, who worked in a flax mill in Leeds, told the 1833 Commission that “I was lamed in this mill. A wheel took my finger off, three years ago.” In the one case from UCH where a woman was engaged in factory work, the patient’s hand had gotten caught in the machinery with which she was working. Additionally, the bodily positions required by some machinery produced deformities of the spine and limbs. Young men and women with these injuries were paraded before Sadler’s Committee, testifying as to the dangers of factory work. Eliza Marshall’s tale was particularly powerful. When asked if her work in a flax mill affected her limbs, she responded:

Yes; when we worked over-hours I was worse by a great deal . . .
Were you straight before that?—Yes, I was straight before that; my master
knows that well enough; and when I have asked for my wages, he said that I could not run about as I had been used to do. . . .

Are you crooked now?—Yes, I have an iron on my right leg; my knee is contracted. . . .

Do you think you should have been lame if you had never worked any but the regular hours?—I do not think I should; I am sure I should not; but working the late hours [5 A.M. to 9 P.M.] and standing all the day, and stopping the spindle with my knee, it would ruin the strongest girl in England.74

Two other young women in their teens and twenties testified before this committee, and each of them also claimed to have suffered from deformities of their limbs resulting from long hours running machinery. Many young men as well gave evidence of similar injuries.

Working women’s health narratives reveal that fatigue and strain from hard work were also common problems resulting from their occupations. Testifying to Dr. Loudon in 1833, the factory operative Elizabeth Beeson recounted that

Her feet used to swell in the evening, and she had great aching pains at night after leaving off her employment. These feelings were experienced by many others besides herself in the factory. Her appetite was gone in the evening, and so excessively tired was she from fatigue, that she could scarcely walk across the room. . . . she was obliged to abandon the employment from the excessive fatigue.75

Similar experiences were expressed by some collier workers, who linked their bodily exhaustion to the hard work. Martha Buckingham testified that her health was hurt by her work in the mines:

“Carrying” is the hardest work; this gives her sometimes a pain in the back. Now and then she does this for a whole day. She gets wet sometimes in the winter, the wind and rain driving under the shed. Catches cold sometimes; most of the girls do. Has been kept at home a fortnight together by cold, caught chiefly by getting her feet wet in coming and going. . . . She also “overheated her blood” by carrying and working hard, and has had a breaking out since.76

This passage is full of the imagery of neo-Hippocratic medicine, illustrating the close connection this woman drew between her environment, her work, and the state of her constitution. The “overheating” of blood resulting in a
“breaking out” reveals a perceived imbalance of something resembling humors caused by hard work.

Most of the evidence from female pit workers indicates that they found the work exhausting and difficult for women. Yet several young women reported that they really had little choice in their occupation. Fourteen-year-old Mary Barrett asserted, “I do not like working in pit, but I am obliged to get a living.” Ann Stevenson, a twenty-three-year-old drawer, stressed the financial pressures that diminished her employment choices. She reported, “I should like to work on the top better than in the pit if I could get enough to live on, but I should have to work such long hours at weaving to make the same wages, that I would rather work in the pit.”

One worker lamented that her father told her that “it was both a shame and a disgrace for girls to work as we do, but there was nought else for us to do.” Not only coal workers wished for broader options. Elizabeth Beeson, for example, a factory worker who left her job on account of exhaustion, told Dr. Loudon in 1833 that “most heartily did she wish that her lot had been otherwise cast than in a mill.”

In their testimony to the parliamentary investigators, working women often used comparisons to discuss the relationships between their health and work. Service comes up often in factory and mine workers’ evidence; some women indicated that service was easier work, while others stated that they preferred their current employment. Elizabeth Davey, a seventeen-year-old pit worker in Cornwall, testified that “she was in service before she came to the mine. Finds this employment agrees with her better than service; but is liable to take cold.” Elizabeth Curnow alternated between service and mine work, feeling that there was not “much difference as to her health between these two occupations; the work at the mine is harder for the time, but when one leaves work, there is nothing more to do.” Here Curnow reflects the fact that a servant was always on call, at the whim of her employer; unlike her work at the mine, in service there was no separation between home and work spaces. Commissioner Jelinger Symons asked female workers in Yorkshire coal mines about the relative healthfulness of pit work and service. Hannah Clarkson, a hurrier, responded, “I like going to the pit; but I would rather go to service. I don’t like the confinement, but it does not tire me much. . . . If I had a girl of my own I would rather send her to the pit than [starve] but if I had the choice I would rather send her to some other work.” Fourteen-year-old Ann Fern was more fatalistic, testifying, “I like being in the pit, but I would rather go to service, but I never tried. It’s hard work going to pit. I care nothing about where I am. I should be worked hard anywhere, I dare say.”

Lace mill workers in Tiverton also compared their occupation to service.
Anne Burgess, at fourteen, “has been nearly five years at the factory work, and ‘has had her health very well,’ but ‘fancies she had rather be at service.’”85 A pottery worker, Ann Ramsey, “wishes she was away from the works to a place of service.”86

This evidence reveals that although many of these girls and young women had not been servants, they imagined service to be more appealing. Their testimony challenges the common notion that working-class girls necessarily preferred factory work because it granted them independence in contrast to service, which forced them to live and work under the constant eye of employers. For these workers, service probably conjured up images of warm homes and cleanliness. There was, however, also evidence that service could take as much a toll on the body as factory work. Betsy Nagle, for example, a twenty-nine-year-old lace worker, “used to be in ‘service,’ until she ‘had an illness,’ which made her incapable of service. She has since been able to work in a factory.”87

Some women expressed a gendered understanding of employment based upon their bodies’ capabilities. This was clearest with regard to work that was not considered proper for women: work that was heavy and dirty. Rosa Lucas, a drawer in a Lancashire coal pit, noted that her employment was “very hard work for a woman.”88 Jane Inscoe, who worked in a toy factory in Wolverhampton, stated that she “does not like her work—it is too dirty—properly boy’s work.”89 The twenty-three-year-old Hannah Harrison, who had been working in a china factory for fifteen years, recalled that “we used the first thing to get the fires in . . . and heavy tubs of water before the men come. This was heavy work, and more fitting for men than women; as it is now, their work is not half so hard as women’s.”90 Even though their comments suggest that these women saw themselves as weaker than their male coworkers, they do not indicate that they imagined themselves as necessarily weak by nature of their reproductive processes. They do reveal, however, an assumption about the boundaries defining what the female body could endure. Many of these tasks—such as carrying “heavy tubs of water”—were also associated with service; most likely, however, servants would have identified these tasks as women’s work regardless of their difficulty because they were part of cooking or domestic responsibilities gendered feminine.

Although many of the women testifying to the parliamentary investigators indicated their preference for service, servants’ narratives from the medical case histories suggest that service was often difficult and unhealthy, as a result of what women defined as overwork or hard work. The UCH patient Martha Tarrent’s health declined, as she explained, because her situation in service “was too hard for her, in consequence of
which her strength is reduced somewhat.” Similarly, Sarah Appleyard’s insanity was attributed to “over fatigue in her situation as a servant.” Mary Garwood believed her gastric dyspepsia was related to overwork: “She thinks her illness may have been to a great measure induced by too hard work as she had to wait upon three families.” The London cook Sarah Pearce, who was suffering from ovarian dropsy, “attributes the collection of the fluid this time to her having taken a very heavy place and to her having for the last four Months worked harder than usual.” The predominant illnesses assigned to servants’ hard work were gastrointestinal disorders, menstrual disorders, and especially anemia and rheumatism.

“Housemaid’s knee”—a condition in which the knee swelled or produced a sore—was a recurrent diagnosis, revealing the intimate association between a specific type of work and ill health. Eliza Anhel suffered from housemaid’s knee; since “she commenced the work of house maid [she] has been continually employed kneeling, cleaning floors, stairs, &c.” In the surgeons’ casebooks from UCH and the Chichester Infirmary, housemaid’s knee appears with regularity, although it is not always named as such. Jane Rogers of North Walls in West Sussex “has been a housemaid and a good deal accustomed to scrubbing. Has a housemaid’s knee. Not very large.” Similarly, Mary Biles “has a regular housemaid’s knee from kneeling and scrubbing. The swelling is as large as duck’s egg. Not tender.”

Service was not the only “appropriate” employment that female workers perceived to be damaging to their health. Patients commented that the sedentary labor of needlework and other trades posed health problems of its own. Women described the needle trades as particularly hard for their bodies to bear. Alice Scholfield had her insanity blamed on “close application to fancy needlework.” Sophia Mulhausen, at twenty-four, began work as a dressmaker “to aid her in the supply of her family want—in this situation she was very much confined—and had to maintain assiduously the sitting posture for a long time,” which supposedly led to her gastroenteric peritonitis. The journalist Henry Mayhew’s investigations of needleworkers in London reveal similar problems. One waistcoat-maker connected her illness directly to her occupation, in terms of both its confining nature and its low pay and arbitrariness. She told Mayhew, “I think my illness at present is from over-exertion. I want more air than I can get. . . . Several times I have had my work thrown back upon my hands, and that has perhaps made me ill, so that I’ve not been able to do anything.” Another waistcoat-maker explained,

The business has materially injured my health; yes, that it has. My eyesight and health have both suffered from it. It has produced general debility; the
doctor says it’s sitting so long in the house . . . I’ve known many people that
have had strong constitutions, and after they’ve worked at it many years,
they’ve gone like I have.101

The employment itself broke down the health of these workers, even when
they perceived themselves to be of “strong constitutions.”

Many women working at home or in crowded workshops commented
on their lack of air. Agricultural laborers, by contrast, worked out of doors.
As the parliamentary reports on agriculture reveal, women’s work in agri-
culture was diverse, depending upon local customs and the types of crops
grown in the specific region. In his report on the southeastern counties, for
example, Commissioner Vaughan described women’s work as generally
“the lightest known to agriculture. . . . The labor commonly assigned to her
is suited to her character as having more discretion, greater strength and
pliancy of hand, with a worse footing on the soil, owing to her shape and
costume.”102 According to Vaughan, women’s agricultural labor was thor-
oughly based on gender assumptions about character, capabilities, and
appearance.

Women’s descriptions of their field work often challenged the “light-
ness” that Vaughan emphasized. However, their evidence to the commis-
sion indicates that although female agricultural workers found their labor
difficult, they took pleasure in it and perceived it to be healthy. This con-
trasts sharply with the experiences expressed by many of the women
employed in factories, mines, and service. As Mr. Austin concluded from
his investigations, women field workers represented the most difficult
occupations to be

hay-making, hoeing turnips, and digging potatoes; and when women reap,
the work in the harvest field must be classed amongst their most laborious
occupations. Of these four kinds of work, hay-making would appear to be
the most fatiguing, owing to the extent of ground walked over in the course
of the day in addition to the work done with the arms. Nevertheless, it
appears to be the favourite employment of women. It is a time of enjoyment
though one of hard labour. . . . Not one of the many women accustomed to
work in the fields with whom I conversed on the subject of their labour, con-
sidered it as generally too severe; they spoke of working out of doors, even
of the more fatiguing occupations, when they had become accustomed to it,
as desirable for their health and spirits.103

Similarly, in reference to Somersetshire, Austin wrote,
I did not meet with an instance of a woman complaining of the effects of working in the fields upon her health. Sometimes such work . . . was represented by women who performed it as being laborious, as making them stiff at first, or even as straining them; but I did not find that any woman, from her own statement, had become subject to any permanent disease or infirmity from the employment in question.104

Austin clearly listened to the testimony of the women he was investigating. Women spoke positively of agricultural labor in terms of both its emotional and its physical benefits, in languages very different from those of service and industrial workers.

In their testimony, in fact, female field workers claimed that they were healthier when engaged in agricultural work than when they worked at home or in the mills. Mrs. Britton of Wiltshire deposed that “working in the fields is not such hard work as working in the factory. I am always better when I can get out in the fields.”105 Similarly, Mary Hunt explained, “I was always better when out at work in the fields; and as for hard work I never was hurt by it.”106 Jane Long, also an agricultural laborer, stated that she “was always better when working out in the fields than when I was staying at home.”107 From this evidence, field laborers did not necessarily associate hard work and fatigue with ill health. Dairy employment, however, according to the former dairy worker Mrs. Sumbler, took a toll on a woman’s health, for “the work is very hard in a dairy; when the cheeses are made twice a-day the work is never done; the work lasts all day, from three in the morning till nine at night . . . Milking is also hard work; an hour and a half in the morning, and the same in the evening. The fatigue sometimes is quite too much.”108

Few patients in the medical records connect agricultural labor to poor health. The notes on Sarah Lipscomb, a West Sussex field worker, give us a rare glimpse from the case histories as to the impact of agricultural labor on the patients’ bodies. Her case notes indicate that “catamenia have not appeared for 4 months. During their last appearance she went to work in the fields and thinks she caught cold.”109 Lipscomb identified interrelationships between her agricultural labor, catching cold, and the suppression of her menstruation. In another example, Elizabeth Wild, from Boxgrove, stated “that she enjoyed pretty good health till after having slept for some time in the harvest field exposed to the [sun].”110 Clearly, field workers were subject to the effects of cold, wet, and heat. Rather than the ruddy, healthy complexions imagined by the parliamentary investigators to be the products of agricultural work, women who worked outdoors, like
the asylum patient Martha Maywood, could be “dried, and of a very dark complexion from exposure to the weather.”

Interestingly, the parliamentary reports on agriculture reveal an ideal female agricultural worker who was “a woman who is strong and active,” matching the patients’ conceptualizations of their natural healthy state. This model field woman was “a good work-woman, [and] is paid higher than one of inferior strength, or one who is slow at her work.” Income thus depended upon physical condition, emphasizing the centrality of good health in female agricultural laborers’ lives. These women and their employers constructed an ideal of womanhood based upon ablebodiedness. Their identities as women were associated with health, strength, and work, in sharp contrast to the middle-class ideal of femininity, which stressed fragility, delicacy, and domesticity.

**Negotiating Bodily and Economic Survival**

Poor women’s health affected their ability to work, just as their work affected their health. Women managed the relationships between their employment and their health in a variety of ways, but generally they chose to work until they were no longer capable of doing so, revealing a tension between financial stability, physical well-being, and middle-class gender norms. In his study of poor women in late-nineteenth-century London, Andrew August “challenges the idea that working-class women accepted a notion of a female sphere that did not include paid work…. Such employment did not violate principles of domesticity or working-class gender roles, because it was consistent with the general expectations of women’s behavior—that they would work hard throughout their lives.” My inquiry into early Victorian women’s lives reveals similar findings. Poor women’s identities were bound up with the ability to work and the durability needed for that work. Ablebodiedness for these workers was a concrete experience. Because poor women identified so strongly with their ability to work, health in relationship to work was central to their conceptualizations of self. James Riley has argued that for nineteenth-century male-friendly societies, “sickness was any health condition that rendered a person unable to work. Wellness, therefore, was the ability to work.” My analysis suggests that this definition was not confined to male-friendly societies but rather was the operating definition for most members of the working classes. Additionally, Riley concludes that, at least in the later nineteenth century, “workingmen took time off from work to recuperate from ailments which, by their diagnoses, seem to have been minor.” As we will
see, this differs significantly from the choices made by women in the early Victorian years.

The centrality of work in poor women’s lives is clear in the records. The notes on Henrietta Keating, a twenty-two-year-old patient at UCH, indicate that she “has never been able to undertake any of the employments customary to young women on account of disease of the ankle joint.”116 This comment underscores the assumption of both patient and clerk that a young woman of Keating’s class would most often be employed. In several asylum cases, patients’ narratives revealed mental anxiety about lack of work. Ellen Gledhill, a thirty-three-year-old laborer’s wife, “wishes to be working, as then she feels better.”117 Ann Beckett similarly “raves and talks about wishing to be engaged in some bodily labour.”118 Eleanor Battie, who had been deserted by her husband, “is excited and distressed, and wants to go to her Father & Husband, at Barwick, and especially to help her Father in his fields.”119 These three patients associated active labor with well-being, suggesting—as did the agricultural laborers discussed earlier—that their health would improve should they be allowed to work. Nothing in the records indicates that their medical attendants countered this interpretation, which attests to a class analysis of female health. For middle-class women, work was not considered a constitutive element of health, but historical analyses have argued that middle-class women’s illnesses sometimes derived from the domestic, confined lifestyle they were supposed to maintain.120 Thus working- and middle-class women had parallel though not intersecting yearnings connected to their health: on one hand, work was construed as a healthier alternative to nonwork, and on the other, activity was seen as a remedy for the ills brought on by domesticity.

Many women believed that the ability to do their work was a sign of their health, as in the case of the West Riding farm servant Eliza Grindall who “has been in service for 15 years, and never had to leave her situation from sickness.”121 When employment became difficult, it marked a decline in physical well-being. One housemaid stated that “she always had very excellent health before this attack [of enteritis] and was very strong, able to do her work without being fatigued.”122 Mary Fogden equated ill health with being forced to quit her job; she related that her health was “tolerably good till last winter when she was obliged to leave service on account of weak legs.”123 The medical attendants also associated patients’ healthiness with their employments. Dr. Forbes wrote of his outpatient Mary Dawtrey that she “says she suffered from a pain under the right short ribs for two years—worse during last two months—She seems to give little other cause for incapacity to work.”124 Behind these comments is an assumption that women should work.
The evidence also reveals that women were unwilling to give up their employment when ill, suggesting the fear of losing wages or the job altogether. This dilemma is especially clear in the case of Caroline Kaulhman, a twenty-year-old cook. Her case history indicates that “for the last 2 months, her master (Mr. Norman) has noticed, that she has had a bad cough and has been very unwell, and unfit to do her work, although she will not allow it and says that her health has been as good or better during this time.” Kaulhman’s denial suggests that she was worried about losing her position. Ruth Martin, a single young woman from Westbourne, “has been an invalid for some years yet still does her work as a servant.” Jane Richardson’s narrative hints that her anemia resulted from her labor; yet she was loath to stop working even when not feeling well. She stated that her “present attack commenced about 6 months since, very shortly after she went into her situation; notwithstanding which she continued at her work, it was very laborious, frequently having to walk about . . . and when in the house had a good deal of going up and down stairs.” Ablebodiedness, in the lives of these women, meant being able to work; this was not always compatible with health, as the above examples suggest, but the inability to work itself defined a state of illness.

In several cases, giving up work was taken as the sign that the illness had become more serious. Harriet Studely, a patient of Dr. Tyacke’s at the Chichester Infirmary, indicated that she “caught cold 12 mos. ago and had Rheumatic pains in the ankles and knees. Did not give up work until eight weeks ago, when the pains seized her in the shoulders and elbows.” Eliza Howard, suffering from a chronic cough, “did not give up work or take medicine” until it became so bad that she coughed up blood. The Chichester cook Sarah Halsted fell down the stairs and sprained her ankle, but she continued to work until “the pain was so great that she was unable to walk.” These health narratives demonstrate that financial survival often conflicted with physical well-being.

This tension between economic and physical well-being is also evident in testimony given by London dressmakers and milliners to the Royal Commission of 1843. These women explicitly articulated a choice between health and paid employment. Miss H. Baker, a milliner, noted that young workers who “become sick ... must either go on with their work, or leave [the establishment]. "They often sit at work when they are so ill as to be scarcely able to stick to their needle." Baker favored protective legislation that shortened hours and prohibited work at night. Margaret Foulken O’Neil, a dressmaker and milliner, claimed that women had to continue work even when ill or else lose their jobs: “Witness can only account for these young persons submitting to such labour from the fact of their bread...
depending on their having employment. . . . A restriction on the hours of labour would be a blessing to thousands of girls and young women, who are now utterly taxed beyond their health and strength.”

Henry Mayhew found that sweated workers in the needle trades faced similar conflicts. One waistcoat-maker recounted that “I am obliged to work long, and always—sick or well—I must do it for my living, to make any appearance at all. . . . If I were taken ill I don’t know what I should do. But I should be obliged to do as I’ve often done before,” either work through the illness or be forced to enter the workhouse.

In becoming an inpatient at a hospital, working women made an economic as well as a medical choice. Women who were admitted to hospitals could not earn their wages, and the time spent in medical institutions was often counted in weeks and months as opposed to days. Some patients opted to leave a hospital “unrelieved” for economic reasons, choosing employment over continued medical treatment. Inpatients sometimes requested to be treated as outpatients to facilitate wage earning. Jemima Clark, for example, a thirty-eight-year-old cook who came to UCH in July 1836 with a tumor, expressed her desire five months later “to return to her situation as her general health is much improved, and at the same time to continue under treatment and present herself at the Hospital from time to time.”

Clark’s request demonstrates the tension between finances and health: she considered herself well enough to return to work but acknowledged that she was still infirm enough to require further medical attention. Two weeks after her admission to UCH, Elizabeth Delany was discharged and made an outpatient, as she was “wishing to go to a situation” in service.

Rebecca Fitzgerald “obtained a situation as a cook and wished to be discharged and be an outpatient.” Some inpatient servants indicated that they were between jobs, which suggests that they had to give up their positions in order to get well. It is possible that hospitals, like workhouses, could have functioned as stopping places for unemployed women, especially servants. If a woman could obtain a ticket of recommendation, this certainly could have been possible. Esther Bentley, for example, continued to work as long as possible but "applied [to the Hospital] as she was unable to continue at her employment.”

Women’s testimony to the parliamentary inquiries also reveals this unwillingness to put health before earnings. Margaret Winstanley, a mine worker in Lancashire, noted that “colliers don’t make any account of being hurt, unless their bones are broken.” An illness, however, had recently forced her to bed, “from . . . working in the wet so much.” Parliamentary investigators were particularly shocked by the speed at which female colliery workers returned to work after giving birth. The evidence from the
women suggests that childbirth, like illness, should not interfere with wage earning. Mary Hardman, a thirty-eight-year-old former pit worker, informed the commissioner, “I have had eight children, and they were all born while I worked in the coal-pits, I have had either three or four children born the same day that I have been at work and I have gone back to my work nine or ten days after I lay down almost always.” Although her language hints at pride or fatalism at being able to accomplish this feat, she concluded that she did not like working in the coal-pits for “a coal-pit is not a fit place for a woman to work.” Betty Harris, a drawer in a coal pit, recalled, “I know a woman who has gone home and washed herself, taken to her bed, been delivered of a child, and gone to work again under the week.” Parliamentary debates show that this type of evidence had a great impact on the legislative decision to ban women’s work underground in mines; the women themselves, however, spoke rather matter-of-factly about these realities of their reproductive lives. They certainly did not allow their reproductive bodies to interfere with their employments.

Parliamentary investigators, using the evidence of medical men, framed their arguments against women’s wage labor in terms of reproductive health and generally ignored the testimony of female laborers altogether. Additionally, they chose one narrative—that of physical and moral suffering—over other competing narratives. Female workers indicated both to their doctors and to the parliamentary investigators that their health was indeed affected by their employment, but their complaints had little if anything to do with their reproductive health. Usually their concerns about their bodies were gender neutral, having to do with the instability of regular employment or unhealthy work conditions. Dust affected the respiratory systems of men and women; the manipulation of machinery distorted the young bodies of boys and girls alike; the effects of working in heat and damp did not discriminate based on gender. Most of the ailments—such as rheumatism, colds, dust-filled throats, or overheated bodies—reported by the women were not specific to female bodies.

Women working at service and needlework, and in mines and factories, expressed common views about the relationships between their work and health. Primarily, they perceived work that was hard, uncomfortable, or unpleasant as having adverse effects on their bodies. Mine and factory workers connected this to a belief that certain jobs—heavy and dirty jobs—were not really women’s work. Servants were occupied with domestic work, and no matter how hard or dirty, would not have challenged this
work as appropriate for women. Agricultural workers, by contrast, did not necessarily view unpleasant conditions, such as wet and cold, or hard work as contributing to ill health. Even with these differences across occupations, these laboring women shared an understanding that work was both central to the maintenance of their health and a potential cause of illness.

Because of the centrality of wage earning in poor women’s lives, it is logical that they would view their bodies as capable of sustained labor. The women’s testimony to parliamentary investigators and to their medical practitioners reveals the limits to their imagined strength, however. They circumscribed what was considered proper women’s work—within an industrial context—and perceived their bodies to be vulnerable to ill health. Taking this ambivalence into account, these women were still unwilling to allow concerns about the susceptibility of their bodies to illness to take precedence over their wage earning; health was often sacrificed to economic necessity. Single women had to work when ill in order to survive; married women’s work—whether unpaid or paid—made a vital contribution to the family economy. Ailments were often put on hold until they became severe enough to preclude work. Ablebodiedness for these women meant being able to continue working, even if this conflicted with their physical well-being.