



Sex, slavery and the sewing machine

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By Dr John Quintner It has long been known that repetitive and arduous work in industry and commerce can compromise the health of working women. The Australian 'RSI' epidemic of the 1980s merely brought back into focus health issues affecting working women that medicine had long known about but had apparently forgotten.

The Napoleonic war, with its heavy drain on the English male population, increased the demand for women day-labourers toiling in the fields, and their employment in this area was probably at its height between 1807 and 1814.¹ Then a period of severe agricultural depression set in, and the custom of Poor Law allowances became general throughout England. In his poem, *The Bad Squire* (1847), Charles Kingsley described the terrible lot of an English labourer's wife:

'When packed in one reeking chamber,
Man, maid, mother and little ones lay;
While the rain pattered in on the rotting bride-bed
And the wall let in the day.'

The rise of the English manufacturing industries during the 1830s gave women a chance to earn a wage and provide food for their families, and bring up their children to do the same work. Because employers found them more manageable and

cheaper to employ than men, the weavers at the power-loom in the new cotton factories were mostly women.

Dr Benjamin McCready was the first English doctor to draw attention to their dire predicament when he observed:

'[G]irls are put at trades at a time of life when the preservation of their health demands full and active exercise, and they are often compelled to abandon their occupation or their constitutions break down under it.'² It did not take long for doctors to single out needle-sewing as being a particularly hazardous occupation:

'It is fearful to reflect on the miseries of mind and body entailed on the many thousands of young females who obtain their meagre pittance of a livelihood by needlework.'³

Opponents of the factory system thought that it not only caused the health of women to decline but also demoralised them and so broke up family life. They often called upon medical evidence to show that the heat in factories

over-stimulated the sexual development of young people, especially of girls.⁴

Isaac Singer's invention of the first foot-powered sewing machines in 1851 was heralded as not only saving capital and time, but also as beneficial to the health of the female operatives. Dr Andrew Wynter, who was editor of *The Lancet*, welcomed the introduction of this new machine, which would render the needle obsolete:

'At the present moment, among the most deadly occupations of large civilized societies, are those of the tailor, the dressmaker, and the shoemaker. That fatal instrument, the needle, has probably killed greater numbers among the two former occupations throughout the world, than the sword has ever done, and those it does not kill by inducing consumption, it crooks and disfigures; witness the tailor's bandy legs, and the milliner's contracted chest.'⁵

Unfortunately, some 50 years later, Professor Henry Pancoast's apocalyptic denunciation of American clothing manufacturers shows that the hopes of improved health for sewing machine operators had not always been realised:

'There are still yet too many thousand females in servile bondage and shameful degradation ... In Philadelphia, especially, there are a number of palatial Halls and Towers, peering up among the very clouds, devoted to the sale of clothing, whose avaricious proprietors have grown wealthy and insolent and upon the excessive toil, tears and sufferings of the needle-women employed by them ... Surely those who seek to aggrandize themselves on the sufferings and oppressions of women will but sow the wind to reap the whirlwind of popular scorn and engulfment in the final denouement.'⁶

Professor August Forel, a Swiss psychiatrist, observed this same situation but wrote from a moralist perspective:

'In the large English towns, such as Liverpool, and among the population of certain mining districts in Belgium, I have met with even worse degeneration of the human species. Modesty, morality and health are destroyed in this swarming human mass – dirty, anaemia, tuberculosis, rickety, imbecile, or hysterical – and there is no distinction between the factory girl and the prostitute.'⁷

This same theme first appeared in 1840 when Thomas Laycock, Professor of Medicine at the University of Edinburgh, wished that influential personages would offer lower-class women employment that was 'much less injurious to their health and morals'. His concern was that their close confinement for long hours each day in sedentary occupations, particularly in heated factories, made them prone to hysteria and also to 'excite each others' passions.'⁸

Hysteria was quite a useful medical label for the many seemingly obscure pains suffered by women. Dr Thomas Inman aptly described the pitiable plight of working women who fought against their failing health and eventually sought medical assistance, only to be told that their sufferings were just 'hysterical' or 'nervous':

'Many a strong well-fed man will suffer severe abdominal and dorsal pain, if he has to sit or stand for many hours without any rest for his head, his elbows, or his arms; yet we think the poor ill-fed sempstress (*seamstress*), who sits sewing, supporting her head at a great disadvantage, using both shoulders incessantly for 18 hours a day, is guilty of shamming or hysteria, if the labour is ultimately too great for the trapezius or abdominal muscles, and is followed by pain and soreness.'⁹

On the other side of the English Channel, a paper entitled 'Influence of sewing machines upon the health and morality of females using them' appeared in *Review Clinique, Hebdomadaire* (1866). There was said to be a very real risk of 'venereal excitement' developing in operators of treadle sewing machines, with a consequent breakdown in their health (fatigue, lassitude, pains, etc). They would enter this profession in robust and florid health and leave it faded, pale and emaciated.

London obstetrician, Edward John Tilt, recommended that foot-powered instruments should be forbidden to those who have a 'tendency to disease of the sexual organs'. He sympathised with 'the poor women who have to live by working sewing machines with both feet', which made them 'very liable to dysmenorrhoea, ovaritis, and to chronic uterine disease. The strain on the pelvic organs induced by such >>

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instruments is such that the women are obliged to leave off work at the menstrual periods.¹⁰

Sewing machine-derived 'unhealthy excitement' was not confined to the northern hemisphere. In Australian factories and workrooms, many women lived and worked under conditions that were no better than those in England.¹¹

In 1873 the Victorian Parliament had made it illegal to employ any female for more than eight hours in any day in a factory. However, following a strike of Melbourne tailoresses in 1882, it was found that women were still being compelled to work for up to 16 hours a day, and that the conditions for outworkers were most unsatisfactory.

A Select Committee of the NSW Legislative Assembly was appointed in 1876 to enquire into the employment of young persons 'in trades ... unsuited to their years.' Dr Arthur Renwick gave evidence as to how the operation of pedal sewing machines would cause pelvic congestion, which as well as being a 'fruitful source of uterine diseases' and constipation, could lead to 'an unhealthy excitement'.¹²

The various doctors appearing before the *Royal Commission on Female and Juvenile Labour in Factories and Shops*, Sydney, 1912, all agreed that girls and women should be discouraged, if not entirely forbidden, from factory work. The main reason for such medical concern was the declining birth rate in Australia, for which women were largely held responsible.

Dr AE Blue told the Commission of factory workers' inability to have children, and their tendency to procure an

abortion should they become pregnant. Dr R Worrall believed that venereal diseases were common in factory girls. Furthermore, their tendency to general debility and anaemia made them prone to inflammation of the womb and to miscarriages. He recommended that growing girls were better suited to domestic work and advised the Commission that 'no married woman should be allowed into a factory at all'.

From the available evidence, it appears that the belief that all industrial work was deleterious to women's reproductive potential was firmly entrenched both within the medical profession and society at large. But rather than becoming a spur for it to improve working conditions for women, Australian society was debating a range of even broader social issues.

An influential article by Beatrix Tracey entitled 'The Woman in Industry'¹³ opined that such women were devitalising the prosperity of the working classes, being unsuited to industry by virtue of their natural female temperament and their education. They were incapable of embracing unionism, as it was opposed to their instincts. Without proper legislative protection, they willingly accepted a lesser wage than men performing the same job, and had become 'wage slaves'.

The Commonwealth Arbitration Court decisions of 1907 and 1912 reinforced the idea that males were to be the breadwinners, and that the male wage should be a 'family wage', sufficient to support a man, his wife and three children. Women were not entitled to this wage, as their role in supporting families was not recognised. Faced with low wages and little chance of becoming financially independent, it is not surprising that most women did marry.

However, in spite of tacit societal disapproval, Australian women continued to work in factories in the years between the world wars, although their numbers were relatively small and their working conditions remained unsatisfactory.

After the World War II, there was a great demand for their labour, and their numbers steadily increased between 1947 (717,000) and 1966 (1,434,641).¹⁴ Australian society could no longer ignore their presence. However, occupational health issues were mainly responsible for arousing this interest.

When in the early 1980s upper limb pain problems became prevalent among office workers, the old prejudices against working women resurfaced. The modern equivalent of the sewing machine became the computer keyboard and, instead of the factory, it was the office where working conditions were said to be most hazardous.

Much of the commentary that appeared in the mainstream medical literature encompassing what has been termed 'The Australian RSI Debate' is more remarkable for the stereotypes of women than for its scientific merit.¹⁵

Pejorative labels such as 'migrant arm' and 'kangaroo paw' soon emerged when the epidemic nature of upper limb complaints became apparent. Quick to follow were theories of personal vulnerability whereby, for example, RSI was seen as a form of symbolic communication (that is, a modern variant of hysteria) used by 'the powerless and dependent, and those who cannot express their righteous rage at their supervisors, employers and spouses'.¹⁶ Needless to say, these women fared badly in the notoriously combative medico-legal arena; consequently, RSI was driven underground in Australia.

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It will take at least a generation before Australian medicine lives down its shameful behaviour towards those many working women who, during the 1980s, had the misfortune to develop upper limb pain in the context of their occupation. Now that credible neuroscientific explanations for their various symptoms are available, one would hope that these women no longer have to bear the blame for their pain and disability.¹⁷ ■

Notes: **1** IB O'Malley, *Women in Subjection: A Study of the Lives of Englishwomen before 1832*, Duckworth, London, 1933, pp274-301. **2** BW McCready, *On the Influence of Trades, Professions, and Occupations in the United States, in the Production of Disease (1837)*, John Hopkins Press, Baltimore, 1943, p76. **3** GD Moore, *The Use of the Body in Relation to the Mind*, Longman, Brown, Green and Longmans, London, 1846, p398. **4** O'Malley, *Op.Cit.* **5** A Winter, *Our Social Bees or Pictures of the Town and Country Life and Other Papers*, 10th edn, Robert Hardwicke, London, 1869, pp319-20. **6** S Pancoast, *Pancoast's Tokology and Ladies' Medical Guide*, Walter R Hayes and Company, Adelaide, 1903, p304. **7** A Forel, *The Sexual Question*, English adaptation from the second German edition by CF Marshall, William Heinemann, London, 1905, p329. **8** Laycock 1840, cited in P Jalland and J Hooper (eds),

Women from Birth to Death: The Female Life Cycle in Britain 1830-1914, The Harvester Press Ltd, Sussex, 1986, p96. **9** T Inman, 'On So-called Hysterical Pain', *British Medical Journal*, 1858, p25. **10** EJ Tilt, *A Handbook of Uterine Therapeutics and of Diseases of Women*, 4th edn, William Wood & Company, New York, 1881, p48. **11** B Gandevia, *Occupation and Disease in Australia since 1788*, Australian Medical Publishing Company Ltd, Sydney, 1971, p183. **12** *Ibid*, p185. **13** *The Lone Hand*, 1 October 1908, pp705-9. **14** S Encel, N MacKenzie, M Tebbutt, *Women and Society: An Australian Study*, Malaby Press, London, 1975, pp69-85. **15** JL Quintner, 'The Australian RSI Debate: Stereotyping and Medicine', *Disability and Rehabilitation*, Volume 17, 1995, pp256-62. **16** Y Lucire, 'Neurosis in the Workplace', *Medical Journal of Australia*, Volume 145, 1986, pp323-7. **17** ML Cohen, JF Arroyo, GD Champion, CD Browne, 'In Search of the Pathogenesis of Refractory Cervicobrachial Pain Syndrome', *Medical Journal of Australia*, Volume 156, 1992, pp432-6.

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