From Beveridge Britain to Birds Eye Britain: shaping knowledge about ‘healthy eating’ in the mid-to-late twentieth-century

Katrina-Louise Moseley

Faculty of History, University of Cambridge, Cambridge, UK

ABSTRACT

By the late 1980s, ‘healthy eating’ had largely failed as a public health discourse in Britain. Rather than providing consumers with a clear set of behavioural guidelines, it had fragmented into a confusing and ill-defined set of messages. In direct contrast to the anti-smoking campaign, which had succeeded in convincing large swathes of the British population to quit an unhealthy habit, the injunction to eat healthily failed to counteract rising levels of obesity in the 1990s, 2000s, and beyond. This article explores the emergence of a ‘healthy eating’ discourse in mid-to-late twentieth century Britain. It draws on a wide range of historical sources to consider how knowledge about food was re-fashioned across this period—by the state, by commercial actors, and by consumers themselves. While it is common to assert that the food and drink industry manipulated ‘ordinary people’ in this period, I argue that consumers were complicit in the shift towards unhealthy modes of consumption. They worked processed food products and ‘healthy eating’ messages into their everyday lives in contradictory ways. In turn, this article makes a strong case for histories of the everyday, arguing that ‘small’ histories of consumption can help to illuminate macro-level trends.

KEYWORDS

Public health; convenience foods; diet; obesity; consumption

Introduction

In 1985, the frozen food brand, Findus, introduced a new ‘Lean Cuisine’ range to its UK offerings. Consisting of twelve ‘new and exciting recipe dishes’, each less than three hundred calories, this selection of pre-prepared ready meals had reportedly been ‘years’ in-the-making.

That’s because first of all we worked to create the best-tasting food we possibly could. Then, and only then, did we remove excess calories by cutting out excess fat – without taking away any of the goodness.¹

This print advertisement for the ‘Lean Cuisine’ range neatly captures the discursive changes that were occurring in the British food industry in the early-to-mid 1980s. Findus had perhaps learned from the success of the Weight Watchers food range, produced by Heinz, for the advert featured a smiling woman and her disembodied,
manicured hand, and was clearly aimed at the diet-conscious female. In response to new nutritional guidelines in the 1980s, food manufacturers in Britain began seizing upon the idea of ‘healthy eating’. The emphasis was not simply on calorie reduction, but on enabling consumers to watch their diets in a more rounded sense: on allowing them to enjoy the ‘goodness’ in food, while avoiding harmful nutritional properties such as excess fat. This shift from weight loss to nutrition was especially pronounced in the convenience foods sector. The leading frozen food brand, Birds Eye, brought out a similar ‘healthy options’ range in the same decade, not long after becoming the first major food manufacturer in Britain to display nutritional information on its packaging. Yet not all were content with this discursive shift. Interviewed about her food practices by sociologists Nickie Charles and Marrion Kerr in the early 1980s, a young working-class mother from the North of England complained,

> We didn’t have all this years ago, did we? All this, this is good for you, that’s good for you, don’t eat this, don’t eat that and junk foods. I mean who thought of the word junk foods anyway? No, as I say, if I sat down and really thought about most of the things we ate, what I’d read about or what I’d seen on television, we wouldn’t eat anything at all . . .

This article documents the changing language of dietary health in Britain from the middle of the twentieth century through to the 1990s. Beliefs about food and health changed dramatically in this period. The ‘hearty meal’ of the 1950s gradually faded as an ideal, giving way to the ‘healthy diet’ of the late twentieth century. And what it meant to ‘eat well’ changed accordingly. Where satiation and variety were the cornerstones of a good diet in the 1950s, eating healthily at the century’s end meant regulating one’s calorific intake, eating a balance of macro- and micro- nutrients, and restricting those foods coded as ‘bad’ for you. This period saw key shifts in the language of public health more broadly. A post-war welfare state premised upon the idea of collective responsibility for health was gradually dismantled in the 1970s, paving the way for a new set of neoliberal attitudes. With chronic diseases on the rise in Britain and rates of infectious disease at an all-time low, health authorities re-directed the public’s attention to self-regulation of the body, as opposed to state intervention. Within this context, health became a doing word as well as a noun; it was a reserve of strength to be acquired through the careful lifestyle practices of non-smoking, ‘sensible’ drinking, physical activity, and dietary control.

Although the second half of the twentieth century was not the first historical period to witness concerns over dietary health, it was the first to encounter widespread concerns over excess body weight. The late nineteenth century had seen cheap sugar imports devastate working-class diets: new processed foods such as condensed milk and canned fruit had led to a marked decline in dental health in particular. For the historian Chris Otter, these changes were an integral part of the long-term ‘British nutrition transition’—a gradual shift, beginning in the mid-eighteenth-century, towards ‘a diet rich in refined wheat, sugar, dairy and meat’. By the 1950s, heart disease and obesity were emerging as prominent medical anxieties owing to these shifts. Nutritional disorders were further compounded by developments in food processing, and a sustained period of affluence following the Second World War.

Historians interested in the phenomenon of ‘healthy living’ in the twentieth century have largely turned to public health materials to explore continuity and change. Yet healthy eating advice remains understudied, particularly when compared to the wealth of
research on advice around smoking, recreational drug use, and alcohol consumption.\textsuperscript{9} Recognising the limits of prescriptive advice literature, some scholars have sought out alternative histories, exploring resistance to government and industry from NGOs and scientific professionals. However, these studies often omit to consider non-expert voices.\textsuperscript{10} Though recent efforts have been made to ‘place the public’ in post-war public health, much of this scholarship remains focused on official perspectives, or on the type(s) of public that public health authorities sought to construct.\textsuperscript{11}

One of the pressing questions about public health in this period why, despite growing access to information about nutrition, diets continued to deteriorate into and beyond the 1990s. In direct contrast to the anti-smoking campaign, which had transformed attitudes to tobacco in Britain in the 1960s and 1970s,\textsuperscript{12} the ‘healthy eating’ campaign failed to deliver on one of its key practical aims: to prevent rising levels of obesity. As I argue in this article, understanding why this was the case means integrating the history of everyday life into the history of health education. In their ordinary lives, people often re-worked, misinterpreted, or selectively deployed public health advice. Especially in the case of food, an essential and pleasurable aspect of life, the messages plastered across the news and pinned onto the walls of doctors’ surgeries were easy to pick up and put down again. Placing public health discourse alongside vernacular language, I consider how a modern vocabulary of ‘e-numbers’ and ‘saturated fats’ gradually reshaped everyday understandings of health. Yet I also suggest that changes in discourse were tempered by continuity in everyday practice. Since public health advice was often seen as indecipherable—or intrusive—individuals looked to alternative sources of authority, such as the food industry and lived experience, to determine the contents of a ‘healthy’ and satisfying meal. In all of this, consumers played an active rather than a passive role in the shift towards a culture of food convenience.

**Methodology and sources**

The remainder of this article proceeds chronologically from the late 1940s through to the late 1980s. I begin by surveying attitudes to nutrition under the Welfare State, before moving on to consider the rise of ‘convenience foods’ in the 1960s, a decade in which the pleasures of eating largely eclipsed concerns over dietary health. Subsequent and concluding sections explore the discursive rise of ‘healthy eating’ in the 1970s, and consumer attitudes to convenience foods in the new dietary landscape of the 1980s.

My analysis is pieced together from a range of historical archives and sources. I make particular use of responses to a Mass Observation directive on ‘Food and Drink’—a qualitative questionnaire issued to a panel of research participants in 1982.\textsuperscript{13} Details of this project (and its research limitations) are outlined in the main analysis below. Further materials are sourced from the food and drink industry, from consumer surveys, from advertising and broadcast media outlets, and from sociological studies. The conclusion draws on testimony from a wide-ranging study of British attitudes to ‘healthy eating’, conducted by the anthropologist Pat Caplan in the early 1990s.\textsuperscript{14}

In addition, this article draws on a collection of twenty-four life history interviews undertaken with a sample of British men and women in 2017 and 2018. The nine men and fifteen women interviewed were all born between 1927 and 1955, though most (70%) were born between 1930 and 1950. These twenty-four individuals came forward to share
their ‘food memories’ with the author, as part of a broader study of food attitudes and behaviours in modern Britain. Interviews took place in two geographic locations: the town of Reading in South East England and the villages of Leicestershire in the East Midlands. Two-thirds of the interview sample had lived in different parts of the country before settling in their present location, while one-third had lived in the same, broad geographic area throughout their lives.

Recruitment was achieved through various local channels, including volunteer networks, universities, councils, charities, and libraries. Although the initial project brief specified a minimum age limit of sixty years (date of birth 1957), participants were otherwise self-selecting. Despite this relatively broad research remit, the sample was biased in crucial respects: twenty-two of the participants were white, and the majority were women (this was in spite of further efforts at diversification). On the other hand, those interviewed spanned a wide range of occupational and educational backgrounds. All interviews cited in this paper were semi-structured, one-on-one interviews. They were carried out in participants’ homes or in a neutral location of the participant’s choosing. Interviews varied in length from precisely one hour to a little over three hours, with most averaging two hours in total. Except in the case of Brian Johnson, who wished to be identified, the names of interviewees and their family members, together with any identifying information about these individuals, have been anonymised.

**Food, health, and the welfare state, c. 1944–1960**

The welfare state that emerged in Britain after 1945 had at its core a vision of greater social equality. Writing his blueprint for this reformed society in 1942, in what would later become known as the Beveridge Report, the Liberal politician, William Beveridge, classified ‘want’ as one of the country’s indomitable ‘five giants’: a force in need of ‘abolition’, alongside ‘disease’, ‘ignorance’, ‘squalor’, and ‘idleness’. This influential report on *Social Security and Allied Services* in Britain sought to highlight the issue of poverty in modern society. Yet within it, the issue of food poverty, or malnutrition, was narrowly defined. In the early 1940s, and throughout the remainder of the decade, there was still a broad feeling that nutritional interventions should be aimed at priority groups. The state was there to support the dietary health of the sick and vulnerable, but not the dietary health of society as a whole.

These assumptions around nutrition were enshrined in the early 1940s in the welfare foods service, a series of government measures designed to supplement wartime rationing for infants, expectant mothers, and the elderly. From 1940, legislation ensured the cheap supply of National milk to mothers and babies. And subsequently, families benefitted from the provision of concentrated orange juice, cod liver oil, and vitamin tablets—products that were all heavily subsidised up until a child turned five. This emphasis on child nutrition was neither new nor entirely state directed. Already in the interwar period, the food and pharmaceutical industries had begun seizing upon the new science of nutrition, appealing to responsible mothers to invest in vitaminised products such as Roboleine, Haliborange, and Virol to ensure the health and vitality of their young ones. Yet in other ways, the post-war period marked a departure from the interwar decades. An emphasis on collective responsibility for health was apparent in post-war educational measures such as free school milk, provided universally in schools by Attlee’s Labour
Government from 1946. This policy extended the earlier ‘Milk in Schools’ scheme, which had developed patchily, and with a bias towards urban areas, in the first three decades of the twentieth century.  

More significant still was the Education Act of 1944, which compelled all Local Educational Authorities to supply cooked meals to children, either at a subsidy, or free of charge. A corollary to the 1906 Education Act (also known as the ‘Provision of Meals’ Act) this later act reflected specific wartime anxieties. In particular, officials were concerned that children on wartime rations were receiving ‘far less food than scientists regard as necessary for . . . growth and nourishment’. Although the means test remained in place to ensure that the poorest children ate for free, dinners were otherwise heavily subsidised, with the majority of families in the late 1940s paying 6d for a cooked meal that cost 12d for caterers to produce.  

Historians have acknowledged the limitations of school dinners throughout their early years of implementation. If these meals were designed, in part, to educate working-class children in the art of middle-class conduct, then ideals often diverged from material realities. Significantly, more than ten years on from the Education Act, in 1956, over half of British school pupils were receiving their midday meals at home. The ‘stigma’ of receiving free school meals was a clear contributing factor here: a sign that the New Poor Law of the nineteenth century had echoes and reverberations into the century that followed. But the rising cost of school meals was also an issue for many. In 1951, the Mass Observation diarist, Nella Last, recorded that her cleaner, Mrs Salisbury, had stopped school meals for her children ‘[because] I can feed them cheaper at home—it would have been another 1s 3d with the 1d rise, and I’ve no more money coming in’.  

Violet Brooker, who was born in Leicester in 1945, was deemed eligible for free school meals along with her seven siblings in the 1950s. Yet she also returned home at the request of her parents instead. Of a short period of time when, for some forgotten reason, she did receive school dinners, she recalled thinking, ‘Oh dear, all this food!’ I used to feel podged, you know. And the teacher said, ‘come on Violet, come on’, and I hated it . . . it was too much. As the historian James Vernon has observed, those who designed British school dinners reflected their own ‘lower middle-class’ tastes through their offerings. For working-class children well accustomed to the flavours of bread and dripping but unfamiliar with large quantities of meat, such satiating meals were often difficult to stomach.

For children like Violet Brooker, food was one of the crucial ways in which the early welfare state was experienced and subsequently remembered. Sally Fitzgerald, who was born in Lancashire in 1955, recalled how school milk came warm in third-of-a-pint bottles: ‘and it always had a big thing of cream on the top, which was ghastly’. In Rita Howell’s (1939) memory, bath times on a Sunday night were accompanied by the taste of ‘flamin’ cod liver oil’. This was washed down, over the years, in Lillian’s (1942) memory, by ‘spoonfuls and spoonfuls of Virol’, prompting a groan and shudder in her interview seventy years later. It is noteworthy, though, that Lillian took on board the advice of health visitors when becoming a mother herself in the early 1960s. Clearly, welfare interventions around food could have lasting reverberations: ‘I used to go to the clinic quite regularly, actually. And I always bought the good powdered milk and stuff like that . . . Orange juice, Delrosa, you know, vitamin C things’.
Lillian’s working-class attitudes to child nutrition represent a sharp contrast to the attitudes of Mrs Salisbury, the working-class mother described at length in the diary entries of Nella Last in the early 1950s. Writing in October 1950, Nella proclaimed judgementally that:

Mrs Salisbury has no idea of diet and is an atrocious cook. A lot of her troubles even now are of her own making. As I often tell her, if she made soup and porridge and baked more instead of tinned soups – for six [children] – and didn’t rely on cornflakes always and silly little bought cakes that were stale the next day, she could economise on her Co-op bill.  

Earlier, Nella had taken note of the fact that Mrs Salisbury’s son, Billy, had ‘styes on his eyes’:

Knowing her slapdash meat and potatoes and onion, bread and jam, fried sausage or meat pies menu, I marvel [her children] keep so well. […] Billy has shot up from a fat baby of four to a wiry stringy little boy of five, and just when things would do him good, they cease. Mrs Salisbury never bothered to get orange juice and cod liver oil . . . she has that ‘if it costs nowt, it’s worth nowt’ way of thinking.

This trope of the ‘feckless’ working-class mother, a woman unable (or unwilling) to nourish her family, was a strong feature of the discourse around ‘problem families’ throughout the post-war decades. Understood to be languishing in poverty despite improvements in the national standard of living, ‘problem families’ attracted the attention of a developing social work profession in the late 1940s. In the case files produced for local authorities, food and nutrition often formed central subjects of concern. A mother’s failure to take advantage of welfare foods underlined the need for external intervention, while frequent visits to the fish and chip shop and ‘irregular and uncertain mealtimes’ were regarded as clear signs of maternal neglect. As Michael Lambert has observed, ‘because ‘problem family’ largely meant ‘problem mother’, maternal behaviour formed the core of the ‘problem’ and shaped its ‘solution”. Through guidance at home or referral to a rehabilitation centre, officials envisaged that ‘practical instruction’ in domestic tasks such cookery would result in reform. As a result of such measures, in the period 1943 to 1970, 1,702 women were referred to the Brentwood Recuperative Rehabilitation Centre in the North-West of England, one of many centres to exist in Britain at this time. Mrs KM, of Morecombe, Lancashire, was one of them. Her case file read:

Mrs KM . . . referred by her HV [health visitor] in 1962 . . . thought to be one of a problem family herself and of poor intelligence, has no idea of housekeeping or how to manage finances. Spends money foolishly to the extent that the family suffer from ‘secondary poverty’, [sic] e.g. buying clothes to go to a wedding, leaving insufficient money for food and milk for the baby.

Like recuperative centres, children’s convalescent homes provide insights into mid-century concerns around food and nutrition. Tracing the history of these institutions from the late nineteenth century through to the 1970s, Maria Marven has argued that the concept of malnutrition was ‘redefined’ in the twentieth century, ‘from being an expected and accepted condition of the poor to [being] a deficiency disease that should be actively observed for and treated’. Over time, professionals began to admit infants to convalescent homes on the basis that they were ‘underweight’ or simply looked ‘malnourished’. This shift in medical outlook brought with it a new emphasis on the micro nutritional
properties of food. By the middle of the twentieth century, physicians broadly acknowledged that vitamins and minerals were important components of the diet, alongside the already acknowledged fats, carbohydrates and proteins. As knowledge of vitamins increased, so too did the importance of fruit and vegetables in convalescent dietary supplements such as cod liver oil, understood by the late 1920s to contain Vitamin D to help combat rickets, likewise assumed greater dietary significance.42

Following a series of scientific, commercial, and medico-political developments in the early twentieth century, children in the 1940s were thus educated to understand that certain foods were beneficial to health and development. Where fruit, milk, and vitamin supplements were widely understood to be ‘good for you’, a limited set of dietary behaviours (most notably, the excessive consumption of fish and chips) were thought to have negative moral connotations. For the most part, however, this was a dietary universe built around encouragement behaviours, and not, as would later be the case, restrictive ones. Carl Morris (1945) recalled feeling ‘dimly aware’ that fruit and milk were healthy in his childhood—‘but I think both of my parents carried with them the legacy that the issue about food was trying to get enough’.43 With the exception of sweets—understood to create ‘holes in your teeth’ if eaten in excessive quantities—the phrase ‘bad foods’ jarred with mid-century memories.44 ‘Rubbish food’ was a misnomer, insisted Anne (1948), with Larry (1940) commenting similarly, ‘I don’t remember people saying “don’t eat this” or “don’t eat that” for getting fat or anything’.45 In fact, oral history respondents had difficulty cohering a narrative around ‘healthy eating’ in childhood generally. ‘Eating well’ was important, many insisted, but no-one made a meal of the idea: ‘I think then you didn’t think of health, if you like … you just had what was there’.46

The fallibility of childhood memory deserves comment here. For clearly, adults in the post-war period may have had a keener sense of the relationship between diet and health than children. In Carolyn Steedman’s memoir, Landscape For a Good Woman, the author records her mother’s involvement in Food Reform in the 1950s: ‘when she made a salad of grated vegetables for Christmas dinner in 1955, my father walked out and I wish he’d taken us with him’.47 Although memories of this kind are few and far between, they provide glimpses into developing concerns over organic farming in the 1950s, the roots of which can be traced to the Vegetarian movement of the early nineteenth century.48

The motivations for food lifestyles are nevertheless important to consider. Steedman suspected her mother of using a vegetarian diet for emotional leverage, or money saving, as much as for its health-giving benefits.49 And beyond the realm of food faddism, it is rare to uncover everyday talk about dietary behaviour in post-war sources. As Eva Fletcher (1934) explained of her childhood in 1940s Lancashire, food was an inappropriate topic for polite conversation: ‘at school, there was a girl who was from a slightly higher social level … [and] she said it’s very bad manners to talk about food […] you know … you might say ‘thank you for a lovely meal’ or something, but you certainly don’t go into detail.50 With the exception of school dinners, and occasional visits to the homes of friends and family members, interviewees tended to impress that food was consumed quietly in childhood, in the privacy of the home. This was another reason why ‘bad’ dietary behaviour lacked significance: ‘well you wouldn’t know really, would you, unless you lived with them, you wouldn’t know [what they ate].’51

Despite this culture of privacy around food, we can catch glimpses into eating practices by paying attention to memories of the family meal. Brian Johnson (1947) remembered
occasions when his mother didn’t eat with the family, ‘and thinking back, I possibly suspect that she went hungry to provide for us’.\footnote{52} Working-class mothers in Britain had long restricted their intake of food to stave off family hunger. The Fabian tract, \textit{Round About A Week}, revealed the extent of the problem, even for those living above the poverty line, in London in 1913.\footnote{53} Although Victorian practices of this kind had declined by the middle of the twentieth century, they had not disappeared entirely. Richard Hoggart’s survey of working-class life in Northern England (1957), an account inflected by memories of his childhood in inter-war Leeds, observed that, ‘it is usually the mother who goes short, who pinches herself on food or clothes’ if the family ‘is suddenly hard-up’.\footnote{54} As Ina Zweiniger-Bargielowska has argued, food sacrifices were also a little-known aspect of the female wartime experience, helping to ‘shield’ men and children from the ‘full impact of the reduction in consumption’, and fuelling women’s discontent with austerity in the 1950s.\footnote{55} Tactics of this kind made food central to family cultures and relationships, even if food itself was not an appropriate topic for family conversation.

Among oral history respondents, Anne Souatherland (1948) was somewhat unusual in recounting moral talk about food in childhood. Her mother ‘used to be slightly sort of disparaging about some of the children in the village’. ‘I’d come home from school and say “oh Jean or Pat or somebody’s got D&V again” [diarrhoea and vomiting] . . . and she was convinced that these kids would eat too much tinned fruit and it wasn’t good for them’.\footnote{56} As in other cases of dietary ‘othering’, however, these accusations of malnourishment were based on conjecture rather than knowledge. Larry Carter (1940), who was brought up on a plentiful diet of farm produce in rural Leicestershire, likewise recalled: ‘there were one or two [children at school] and you could tell that they weren’t so well fed . . . But I never knew what they used to eat.’\footnote{57}

In direct contrast to this culture of silence around food, moral judgements around alcohol consumption were common. A discourse around the fecklessness of pub going persisted far into the post-war years, helping to delineate the divide between ‘rough’ and ‘respectable’ neighbours. As Carl Morris, born to two socialist teetotallers, explained: ‘I often saw, when I was a child, children waiting outside the pub . . . And I knew that was wrong, that wasn’t us; we were poor, but we weren’t \textit{that} sort of poor.’\footnote{58} Lillian McDonald’s memories were similar: ‘I wouldn’t remember anybody with a bad diet, all I remember is that some of the kids that I used to play with, their house was dirty and their dad and mum used to go to the pub a lot.’\footnote{59} Equally, in Violet’s memory, working men’s clubs were ambivalent spaces in the post-war years. They only slowly transitioned into ‘sites of family leisure’,\footnote{60} shedding their associations with drink and immorality. ‘[If the neighbours said] oh we’re going down the club Saturday night I used to think, ‘that’s exciting!’ [laughs]. And my mum used to be sitting there saying \textit{[spoken sternly]} ‘No, we don’t’.’\footnote{61}

While memories of excessive alcohol consumption were typically isolated from diet in memory, there was a sense, at least among post-war officials, that drinking habits could contribute to family malnutrition. Ben Rogaly and Becky Taylor highlight the case of a working-class father from Norwich who was accustomed to ‘coming home drunk at night’, according to a health visitor in 1948. Observed the same health visitor of this man’s profligate expenditure on liquor: ‘On some of my visits, there has been no food at all in the house.’\footnote{62}
These moral boundaries around alcohol consumption were clear to post-war children. Yet, as we have seen in this section, oral history respondents lacked a similar vocabulary for talking about their early food lifestyles. Most subscribed to the idea that they had eaten ‘well’ in childhood, but this phrase was applied loosely and imprecisely to lived experience, to cohere a broad set of feelings and ideas.63 ‘Eating well’ meant three ‘square’ meals a day. A ‘good meal’ consisted of proteins, vitamins, and fats, where possible within cost limitations. But it was also about an overall sense of ‘making do’ and economising, of striving towards a sense of decency, in spite of it all. These values around food were, in part, a product of transmitted memories of an earlier time. As parents were apt to tell post-war children, mothers had once starved themselves to put food on the table for the family. Fused together through inter-generational dialogue and lived experience, recycled memories of the hungry 1930s constituted a powerful popular narrative across interviews. Nevertheless, they were not the only layers of meaning present. As the parameters of dietary knowledge went on shifting through the late twentieth century, a new set of moral and medical factors came to determine that the ‘good’ home-cooked meal of the 1940s was an ideal to which later generations should aspire.

The rise of convenience foods: a birds eye view

As rationing receded slowly in Britain in the early 1950s, a mood of optimism washed over the British food industry. The post-war economic boom, characterised by full-employment and rising wages, helped to stimulate an appetite for food on the demand side. On the supply side, too, there were noticeable post-war developments. The end of wartime production marked a return to business as usual for food manufacturers, while food retailers benefitted from a new spirit of competition following the abolition of Resale Price Maintenance in 1964.54 With a boom in consumption underway, modern methods of processing and packaging were soon resulting in new categories of food altogether.

The sense that food was entering into a ‘new era’ in Britain was captured neatly in the 1960s by the director of Unilever, J.P. Van den Bergh. Following his retirement in the spring of 1965, he announced in Progress, the company’s quarterly magazine, that a marked transformation was underway: ‘By reason of scale, complexity and consequence, the changes that have been made in food production and consumption in the United Kingdom in recent years do seem to amount to a genuine and lasting revolution’.55 A shift towards planned production in farming, he noted, meant that crops were now ‘being sold even before they were planted’, while the use of food dehydration, a wartime method of food preservation, had set in motion the scientific development of freeze drying. Food processors, insisted Van den Bergh, were not simply ‘using science’ now, but ‘pushing back the frontiers of science’.66

Commercially pre-prepared snacks and meals (‘convenience foods’, as they quickly became known) were an important part of this revolutionary story.67 Not only did these products stand to improve retailing efficiency, but they also pledged to save time, effort, and space in the post-war kitchen, assisting the growing cohort of women in part-time employment. As Van den Bergh explained, the desire of working women to escape ‘long periods’ in the kitchen had created a new demand for ‘the complete meal that can be
freshly constituted in a few minutes of the housewife’s time. The rationale for such a product had been outlined in a similar way by Unilever’s Chairman, George Cole, in a speech at the annual general meeting of the company a year earlier:

You can make a curry, for example – and if you are a great epicure, you probably do make a curry – by going round the town to buy the various ingredients in different shops and then spending an hour or two in your kitchen preparing them with loving and mystic rituals. [...] But if you are a busy housewife, perhaps with young children to put to bed, perhaps coming home in the evening from your workaday job, you may not have all that time and energy left; and you may feel that, on a balance of advantages, it is worth buying your curry in a light and handy packet, adding hot water, stirring it – and there it is.

Although companies like Unilever had reason to exaggerate the pace of change, it is clear that developments in food culture were afoot. The decade after 1955 witnessed a 700% increase in the sale of frozen food products: items that had been available in just one hundred shops across the UK in 1946. A case study of the market-leader, Birds Eye, can help us to explore these historical trends in closer detail. As later sections of this article will demonstrate, the convenience foods sector played a pivotal role in producing and disseminating knowledge about ‘healthy eating’ in the final decades of the twentieth century. Over time, discourses around ‘healthy’ foods and ‘convenience’ foods became mutually constitutive.

Although the corporate history of Birds Eye dates back to 1920s America, it was in 1943 that the company became a subsidiary of Unilever, with the latter obtaining the rights to produce ‘quick frosted foods’ under the Birds Eye brand name in Britain. Production began on a small scale in Great Yarmouth—just six different products at first. But by 1959, the company’s range of pre-prepared foodstuffs, including fruit, vegetable, meat, and fish products, had expanded to a total of forty. At the heart of Birds Eye’s marketing vision in the 1950s was the appeal to the ‘modern’ housewife. Adverts in print and on television emphasised the time-saving potential of frozen foods: ‘No cleaning. No tiresome kitchen chores’. These texts melded together idealised images of working womanhood with a vision of technological modernity, insisting that, ‘A stop at the Birds Eye shop is an integral part of the modern way of living’.

In addition to promoting the sparkling newness of frozen foods, Birds Eye centred its marketing around the idea of ‘eating well’. Pies and processed meat products were said to be ‘fresh’ and ‘full of goodness’, while the brand’s famous fish fingers, launched in 1955, stressed the value of a ‘quick, nourishing’ fish meal, without the hassle of skin or bones. The ‘richer variety of good food’ was also depicted as a selling-point: ‘sea-fresh fish’, top quality meat products, and ‘fresh’ fruits and vegetables were available all year round in frozen form, offering up a host of ‘new, thrilling’ meal ideas. And because Birds Eye foods were pre-prepared, the housewife had more time ‘to deploy her skills as a conscientious cook’. Like other producers of convenience foods, Birds Eye thus toyed with the idea of timesaving in the 1950s, whilst reinforcing the idea that cooking was (and should remain) an important aspect of a woman’s role and identity.

Though ‘cod sticks’, as fish fingers were initially known, proved an immediate success for Birds Eye, it was clear that a more ambitious growth strategy was needed. Birds Eye sales accounted for three-quarters of frozen food sales in Britain in 1959, yet the sector as a whole remained limited, particularly when compared to the United States. As
efficiency improved and running costs fell within the industry towards the end of the 1950s, Birds Eye was able to cut retail prices, paving the way for a real increase in demand in the 1960s. The company announced key markdowns in a series of television adverts: small packs of fish fingers down 3d to 1'6; large packs down 4d to 2'6; whilst issuing coupons for Birds Eye products in the Radio and TV Times. In 1960, Birds Eye executives launched a seven-million-pound expansion plan in Britain, by which time the company possessed factories in five different UK locations, employing over 7000 individuals in total. And by 1968, the frozen food sector in Britain was worth an estimated 120 million pounds. Two-thirds of this sector was controlled by Birds Eye, with manageable competition from Findus (owned by Nestlé) and Ross Group (Imperial tobacco).

In short, Cole’s predictions from 1964 were proving true. Weighing up Unilever’s investments that year in food products, toiletries, and detergents, he had declared confidently (albeit a touch ominously) that ‘it would take a recession of cataclysmic proportions … to make people stop washing themselves … how much more so to make them stop eating’.

The inflationary context of the early 1970s put a temporary end to the food industry’s optimism. Like other companies, Birds Eye was forced to increase the price of its products to account for the rising cost of raw materials on the world market. During the oil crisis, food security emerged as a key political issue, and as the country came face to face with its reliance on imported food, the food industry heaped support on the YES campaign to keep Britain in the Common Market. Yet affluence had brought with it lasting changes in consumer attitudes to food. With non-perishable goods available throughout the seasons, there was a sense that undernutrition was a thing of the past: that food was plentiful; that hunger and privation were no longer societal concerns.

The core themes of food marketing in the immediate post-war decades thus display remarkable consistency. Never mind health, this was about convincing women that compromises in the kitchen were both acceptable and ‘modern’. Birds Eye pies, with their ‘you-baked-it flavour’, could be served up, without embarrassment, to family and friends. Understandings of the relationship between food and modernity were to change again in the 1970s, as new connections between diet and health were uncovered and made clear to the public. It is to the tensions between ‘good foods’ and convenience foods, and a new language of healthy eating, rooted in the late 1960s, that this article now turns.

From ‘good food’ to ‘healthy eating’: public health, discursive change and memory

For public health professionals in Britain, the 1960s were a decade of creeping anxiety about projected long-term patterns of chronic disease. With rates of diabetes, hypertension, heart disease and obesity on the rise in Britain, post-war preoccupations with fullness and plenty were beginning to feel decidedly outdated. The 1970s and 1980s witnessed key shifts in public health rhetoric and ideology, as documented elsewhere by historian Virginia Berridge. Over time, the public health sector and the commercial sector re-defined health. Rather than simply being the antonym of ‘ill’, health became a doing word: it was something to be carefully cultivated through new methods of consumption and lifestyle control.
Broadcast around the same time that the Health Education Council was established, the short film, *Cruel Kindness* (1967), reflected this shift in emphasis. Produced by the British Medical Association in partnership with the British Life Assurance Trust for Health Education, the film focused on the lifestyle of the fictional Brown family, depicting the overweight schoolchild as a new social problem caused by maternal indulgence. The core message of the film—that ‘fatness runs in families’—was expounded clearly through the example of overweight schoolboy, Jimmy Brown. In the film’s early scenes, Jimmy’s mother can be seen laying out plentiful family meals of bread, pies, and cakes. ‘If only Mrs Brown knew more about food’, notes the female doctor providing the commentary:

There are three types of food: protein, carbohydrate, and fat. You need all three for good health. […] You need also small quantities of those vitamins which we hear so much about today, but you can get all you need from any well-balanced meal which includes fresh fruit and vegetables.87

The themes within *Cruel Kindness* reflect an interesting shift from the ‘problem family’ narrative of the early 1950s, when anxieties about nutrition were typically linked to food scarcity. The film offered another portrait of ‘bad eating’ by introducing eleven-year-old Valerie Smith, ‘a poor, lonely’ girl from a ‘broken home’. The narrator continued:

When [Valerie’s father] left home for good, she began eating chocolate to console herself. Now, she can hardly leave the stuff alone. Without help, she’ll be handicapped for life. Like other fat girls, she’ll have to buy outsize dresses … She’ll be left on her own at dances … She’ll be too embarrassed to undress at the swimming pool and will grow into a fat, breathless woman like Mrs Brown.

In its final scenes, the film circles back to the message that ‘all this should have been tackled earlier’: ‘Prevention is relatively simple’, emphasises the doctor, ‘it’s a cruel kindness to let your children eat too much’.88

The concept of ‘prevention’ was to become a buzz word in the 1970s when, following the re-organisation of the National Health Service in 1974, the Department of Health and Social Security (DHSS) published its influential text, *Prevention and Health: Everybody’s Business* (1976). This document outlined key improvements in population health since the beginning of the twentieth century. But it also stressed the growing problem of chronic disease, noting that the three main causes of death across England and Wales were heart disease, cancer, and stroke.89 Through messaging about interconnected lifestyle issues, the DHSS hoped to convince individuals that a proactive approach to public health was needed.

*Prevention and Health* marked a significant shift in the government’s line on nutrition. In contrast to earlier decades, the response to dietary ill-health was not to intervene with milk and orange juice, but to inform and educate the public, so that they might make appropriate dietary choices. As the DHSS put it:

Much of the responsibility for ensuring his own good health lies with the individual. […] We can all help to influence the communities in which we live and work as much by our example as by our efforts. […] Prevention today is everybody’s business.90

The gradual withdrawal of the welfare foods service compounded this shift towards personal health management. In 1961, the Conservative government introduced new charges on vitamin A and D tablets and cod liver oil supplements, triggering a sharp
decline in consumption. Next came an abrupt rise in the cost of school meals (1968), followed by the abolition of free school milk within junior schools (1971), and the gradual phasing out of welfare orange juice. Although many of these legislative changes were set in motion by the Labour government of 1968, they have remained synonymous, at least in public memory, with the Conservative Education Minister, Margaret Thatcher (1970–4). Lillian (1942), who gave birth to her third child in the 1970s, recalled, ‘[it] was a terrible thing they did, to take school milk away from children … then school dinners diminished … [it] was absolutely scandalous’. Yet she also drew on a discourse around civil responsibility to make sense of this change. Referring to Thatcher, Lillian reflected: ‘I suppose she tried to put the emphasis on parents providing the nutrition for their children … and, er, in a way I suppose that is correct’. As in the 1900s, when critics had worried that the Provision of Meals Act would ‘abrogate parental responsibility’ for child health, the appropriate boundaries between ‘state maintenance’ and parental control remained a live issue throughout the 1970s and 1980s.

If the state was withdrawing from the politics of nutrition in the 1970s, then in the following decade, it was attracting criticism for quite the opposite reason. As Jerrell Whitehead has argued, it was the NACNE report of 1983 that focused public debate around the state’s handling of nutritional matters. Produced by a working party of the government’s National Advisory Committee for Nutrition Education (NACNE), this report attracted criticism in 1983 when it emerged that it had barred from publication due to its negative ‘implications’ for food manufacturers. The Health Education Council and the British Nutrition Corporation (BNC) had formed NACNE in 1979 to advise the government on nutritional matters. Yet, as food activists and journalists were keenly aware, the BNC had strong financial ties to large food corporations. Through the leaking of documents, they revealed that thirteen of NACNE’s draft reports had been rejected. NACNE’s findings recommended strict reductions in the amount of fat, sugar, and salt in a healthy diet.

These revelations in the mid-1980s helped to cement a modern discourse around ‘healthy eating’. Rather than retreating from NACNE’s warnings, the food industry was quick to capitalise upon them: it began turning anxieties around food into a saleable commodity through the introduction of new ‘healthy eating’ ranges. Following a well-publicised report on the links between diet and cardiovascular disease in 1984, Heinz began a 25-year-programme to reduce salt and sugar in its products. Meanwhile, retailers Tesco and Sainsbury turned their attention to nutritional labelling. The National Dairy Council, Safeway, and WM Morrison launched independent health education initiatives in the same period; and even Mars saw fit to produce a pamphlet entitled ‘Confectionary in a Healthy Diet’ in 1986.

As Jane Hand has shown, this move towards ‘corporate social responsibility’ came much earlier in the case of Flora, the margarine brand launched by Unilever in 1964. Flora’s very own public ‘Information Service’ (1971) was re-named the ‘Flora Project for Heart Disease Prevention’ in 1977, and it was tasked specifically, thereafter, with disseminating information about heart health. This was not the first time that the food industry had sought to manufacture the idea of health. By the turn of the twentieth century, there was already a popular belief that products such as Bovril and Cadbury’s Cocoa ‘had the power to transform people into morally, physically and mentally healthier, more useful members of society’. However, the emphasis in health food advertising had always been on the presence of nutritive properties. What was different in the late 1970s was the
emphasis on the absence of non-nutritive properties. Thus, Flora came to signify that it was not butter and did not carry the risks of saturated fat consumption. Evident here was a wider discursive shift away from a positive view of nutrition (food as health-giving) towards a negative one (food as health-threatening).

It is worth returning to the case study of Birds Eye to consider how these changes affected its own brand strategies. In 1986, a Birds Eye advert entitled ‘Healthy Eating’ appeared in The Times, reassuring consumers that the brand’s famous fishfingers contained nothing but ‘bread crumbs, cod and seasoning. No preservatives. No artificial colouring’. Food preservatives were emerging as a key source of public concern in the 1980s, the decade in which the guidebook E for Additives materialised as a UK bestseller. Providing a comprehensive rundown of E numbers—their ‘origins’, ‘functions’ and ‘adverse effects’, as well as the products with which they were associated—this book was to become an valuable customer tool from January 1986, when new legislation required food manufacturers to display all E numbers (or equivalent additive names) on their ingredient lists. Against this backdrop, Birds Eye felt the need to inform its customers that it had just completed a ‘major programme’ to reduce its use of additives, eliminating the yellow synthetic dye tartrazine from its product range. But it was important for the company to emphasise that it had not removed all such additives: ‘Some are essential if we are to bring you the product in the best possible condition. Or to make it taste the way you expect’. Like Flora, the company assumed an educational role, advocating a ‘balanced nutritious diet’ and impressing that, ‘the odd helping of burgers and chips ... need cause you no concern’.

The changing rhetoric of Birds Eye reflects a major shift in consumer attitudes to food in the second half of the twentieth century. Through developments in public health knowledge, in food manufacturing, and in the tone and language of food advertising, consumers were furnished with genuinely new frameworks for thinking about the relationship between food, their bodies, and health. Gradually, talk of ‘good food’ gave way to a discourse of ‘healthy eating’. This new language around dietary health involved the reworking of personal memories. Writing as a sixty-four-year-old woman in 1982, one Mass Observer lingered longingly over the memory of a hunk of bread ‘spread thick with my mother’s home made green plum jam. Now we are all afraid to eat things like that in case we get fat. Isn’t it sad, all the things we most like to eat are very bad for us’.

Likewise, in oral history testimony, narratives of a ‘wholesome’ childhood diet were disturbed by the discourse of ‘healthy eating’. Debra, who grew up in Reading in the 1950s, recalled how her Nan would prepare sausages:

... she would fry them up in a pan with lots of lard ... then she’d tip the lard when it was cooked on top of your sausages [saying] “Do you want some more fat on there, Debra?” [Laughs] You would never think about doing that these days! But that’s what you did.

The language of public health came through clearly in these accounts: ‘we’re much more aware now of what it can do to your bodies, filling up your arteries’. Yet there was a counter-tendency for interviewees to revert to the evidence of lived experience. Claims that ‘Nan lived to a good old age’, or that, ‘it didn’t seem to do us much harm at the time’ spoke to a generational scepticism around preventative health messaging.
The final section of this article considers the rise of consumer scepticism during and after the 1980s. As I demonstrate, discourses around dietary health proliferated in this period, but individuals pieced together discursive fragments in ways that were often contradictory.

**‘Scare stories’ and ‘packet junk’: negotiating food boundaries in the 1980s**

The writings produced for the Mass Observation Project (MOP) in the 1980s shine important light on contemporary social attitudes. MOP’s Winter 1982 directive—an open questionnaire on food and drink that spawned more than three hundred individual responses—is particularly useful to food historians, offering sharp insights into personal food philosophies. These subjective musings on daily life are not without their historical limitations. In theory, MOP was open to any and all who were interested, but in practice it tended to attract a similar demographic of people, appealing strongly to ‘literary’ types such as diarists. In direct contrast to MO’s early phase, the 1980s project was dominated by women. This sample of volunteer writers were also disproportionately white, middle-aged, and middle-class. Often criticised for their ‘lack of representativeness’, MOP texts do not capture the attitudes of a broad cross-section of British society. Yet they do offer us uniquely detailed insights into certain historical topics. As food writings from 1982 demonstrate clearly, public health messages around diet and nutrition were offering people new ways of articulating their position with an imagined social structure in the final decades of the twentieth century.

Invited to reflect on their own ‘personal, health, moral and other reasons’ for not eating certain things, several writers cautioned against the dangers of processed foods. ‘I NEVER buy instant soups, potted noodles, instant whips and other such convenience foods’, remarked one woman. ‘[T]he savoury ones taste too strongly of mono sodium glutamate and the sweet ones taste far too sweet’. The amount of junk food people fill their trolleys with emerged as a talking point in a number of accounts, suggesting the extent to which supermarket shopping had transformed opportunities for social judgment since the 1950s. Smells too could prove problematic, illumining dietary differences between households. This was also a finding within Charles and Kerr’s research study, conducted with families in the North of England in the early 1980s. As one father put it, somewhat hesitantly, ‘I can’t rationalise it […] I’ve always thought—do I dare say it?—it smells like a council house when you come in and it stinks of chips’.

Though middle-class opinion had long been hostile to working-class dietary habits, shifting food vocabularies in the 1980s offered new ways of framing old class problems. One woman shared an ‘amusing story’ with Mass Observation.

A friend of mine grows her own ‘organic blackcurrants’ to supplement her income. She took some of these to a nearby village shop which has a high percentage of upper middle-class customers. On returning a few days later she asked the shop assistant why they were labelled as ‘Free Range Blackcurrants’. To which the assistant replied, ‘I didn’t know how to spell organically grown’.

This jibe at the shop assistant’s lack of education reflects well the new public health culture of the late twentieth century. Words themselves were central to the modern lexicon of healthy eating, and this shift towards a new and sophisticated language of
food—‘organic’, ‘free range’, ‘unsaturated’, ‘low-fat’—lent some consumers a newfound sense of superiority. Several other correspondents took aim at the ‘uneducated’ in their remarks, suggesting the extent to which class and educational boundaries had become wrapped up with the idea of good nutrition.\textsuperscript{117} Others were more restrained in their approach; yet they still made efforts to educate and inform the reader. In the words of one woman:

I always keep some ground coffee and some coffee beans in for visitors, but we made the change from coffee to Ovaltine years ago because we consider it more nutritious and, in any case, caffeine isn't good for you. Similarly, we changed years ago from butter to margarine because of the high cholesterol content of butter. This turned out to be a wise pre-caution because in 1977 my father found out that he had a heart condition for which he has since taken digoxin tablets (from digitalis – foxglove).\textsuperscript{118}

Though many of the Mass Observers echoed public health advice, there are signs that consumer knowledge remained partial and confused. Documenting the history of sex and fertility in Britain, Kate Fisher has observed that ignorance and information co-existed side-by-side for much of the early twentieth century. Since sexual health advice was often presented in coded or technical language, couples found it difficult to put words into practice.\textsuperscript{119} The food industry’s use of jargon was likewise a source of confusion for consumers in the final decades of the twentieth century. Puzzling over the meanings of ‘polyunsaturated margarine’, one Mass Observer remarked, ‘I understand that poly means many and unsaturated means not chock full of something, so what is margarine poly unsaturated with or not with?’ She had asked ‘many a shopper’ but no-one seemed to know.\textsuperscript{120}

The same woman who shared her knowledge of digoxin tablets (‘from digitalis—foxglove’) spoke for many in arguing that the media ought to ‘educate the public’ further:

We are apparently sophisticated about our food but although we talk about polyunsaturates, linoleic, antioxidants, stabilisers, monosodium glutamate and sodium alginate, most of us are, I feel, rather vague about what these items really are.\textsuperscript{121}

A market research study of nearly 1,500 consumers, conducted across England and Wales in 1985, revealed just how muddled public attitudes had become. While 81% of survey respondents agreed with the statement, ‘people are a lot more conscious of health these days’, 43% were uncertain which was better for them: saturated or polyunsaturated fat. Most troubling of all for the Milk Marketing Board, the sponsor of the survey, more than half of respondents agreed with the comment, ‘I don’t think fat is any good for you at all’.\textsuperscript{122} This partial understanding of nutrition helps to explain the precipitous decline in full-fat milk consumption across the final decades of the twentieth century, a trend that was particularly marked following the national roll-out of skimmed milk and semi-skimmed milk in 1984.\textsuperscript{123} Clearly, even where the science of nutrition was not fully understood, some consumers were willing to act on new knowledge.

As researchers were keenly aware, however, not all individuals were as receptive to public health warnings. In a move to re-assess health inequalities in the 1980s, professionals went in search of evidence that would confirm their own suspicions: that knowledge of health diverged along class divides.\textsuperscript{124} Studies emphasised the limited reach of the preventative health model in working-class areas, with one respondent commenting,
'I don’t really think about it. I mean I don’t say I’m going to do this because it’s good for my health or I’m going to eat this . . .' These studies often focused on the views of working-class housewives, who had difficulty cohering a narrative around food behaviour. Although dietary changes were deemed important for the ‘already sick’, observed one study, there was ‘a lack of appreciation of the “healthy diet” as important for individuals who wished to remain healthy’.

Conducted from the point of view of educated, middle-class researchers, these studies were inclined to overstate the significance of the manual/non-manual divide. Age, too, had a clear impact on attitudes, as evidenced by subtle generational differences in Mass Observation writing. For instance, when asked to write about the foods that they avoided ‘for health reasons’, elderly respondents veered towards discussing the foods that they could not digest. By contrast, young and middle-aged correspondents tended to highlight the foods that they avoided or limited in line with contemporary health advice. Older correspondents were also inclined to co-opt convenience foods into an existing schema of ‘ordinariness’. The hypocrisy of this deeply frustrated one woman, aged thirty-eight:

I feel a very strong resentment towards those who inform me [sic] patronisingly that they only eat ‘ordinary’ food: ‘ordinary’ biscuits containing ‘ordinary’ hydrogenated palm oil, ‘ordinary’ lecithin of soya, ‘ordinary’ emulsifier, ‘ordinary’ artificial flavour, ‘ordinary’ monosodium glutamate – and so the list could go on.

As more attentive research studies were to discover, the ‘junk’ foods so despised by middle-class consumers were never wholeheartedly embraced by working-class consumers either. Charles and Kerr’s research study found that working-class mothers were broadly aware of healthy eating advice in the early 1980s. Yet this guidance often came into conflict with the need to provide a satisfying meal for the family:

I’d rather give them something that I know they’ll eat – there is absolutely no point in cooking something to throw it away. I used to think I was giving them a good meal, for a long time even when I’d thrown it away I thought that at least I’d given them a good meal. It really did take a long time to get over this idea of a proper meal.

All this packet junk is . . . I mean, it’s just not true. How can something cook in two minutes that’s supposed to be something that’s fresh and healthy for you? No, I don’t think it’s healthy, but you do have them in . . . I mean if you haven’t much time and it’s ‘Oh well, they can have that tonight, I haven’t much time’ but if I’d all the time in the world just to devote to cooking it would be all proper stuff.

Though it pained middle-class consumers to admit it, their own feelings about processed foods were similarly inconsistent. According to a vote by readers of Women’s Digest in 1985, food additives were among the ‘worst additions to modern life’. The ‘best’ included packet soups, sauces, and cake mixes. MOP remarks about convenience foods were likewise shot through with contradictions. Speaking for herself and her husband, one woman informed the project that ‘neither of us can bear ready-made frozen dinners’. Yet she made ‘an exception for certain things from Marks & Spencer—their frozen cod in parsley sauce is palatable and their cauliflower cheese makes me a quick solo meal if Neil is out for the evening’. This was precisely what Marks & Spencer had in mind in the early 1980s when it trailblazed the ready-meal concept. This pre-packaged meal, aimed at time-poor, white collar workers, only later became associated with ‘lazy’ working-class dietary
habits. As former CEO of Tesco, Carl Leahy, recalled, ‘the sort of yuppie; the busy professional’ was the consumer that most retailers originally had in mind.

To insist that convenience foods were not relied upon was another important theme in MOP writing. A forty-nine-year old woman from the North East of England was typical in asserting that she ‘rarely’ purchased packet foods—‘except puff pastry—but dumpling, short crust biscuit and cake mixes I never use’. ‘Lemon meringue pie filling in a packet is acceptable’, she determined, along with ‘dream topping’. ‘[B]ut sauce mixes I never buy’. Similarly, she felt that packet soups were ‘convenient’, ‘because one can use exactly the amount required so there is no waste’. Pointed observations about flavour helped to underline these culinary distinctions, the suggestion being that an imagined (working-class) other was making use of such ‘cheat’ foods far more frequently. ‘Some packet and condensed soups can be used to bolster the content of dishes … if used sparingly’, wrote one woman, ‘but are pretty tasteless used as they are meant to be used’.

Anthropologists have observed that one of the main ways in which individuals adapt to social change is to ‘stretch’ existing ‘schemas’ to ‘fit new circumstances’. This theoretical contribution provides insights into the way in which food culture changed in the late twentieth century. Consumers became adept at repeating back public health messages, and were often critical of the behaviour patterns of others, yet they rarely confronted inconsistencies in their own behaviours. They ‘stretched’ the schema of ‘proper’ home-cooking to ‘fit’ with an age of convenience, turning the act of convenient consumption into an act of disavowal. As one Mass Observer, aged sixty, explained, ‘(...)he occasional “take-away” is bought in ... Chinese or Indian or Kentucky fried [chicken] but it is not a way of life’ [emphasis added]. At the same time, intuition and instinct remained important tools for assessing the reliability of information. These tools became increasingly important in the 1980s as advice narratives shifted, fragmented, and pluralised. Just as consumers ‘stretched’ definitions of a healthy, home-cooked meal, they also stretched the schema of rational thinking to counter-act public health messaging. For example, a study with working-class housewives, conducted in the north of England in the mid 1980s, uncovered ‘a feeling of over-exposure to “scare stories”’:

If you listen to all these wonderful fads that are in newspapers and magazines, you wouldn’t eat, you wouldn’t drink ... you wouldn’t do anything ... Somebody, somewhere always has a point to sell and they want to make a lot of money out of it.

Part of the issue with the healthy eating campaign was that it often couched advice in malleable language. Ideas of ‘balance’ and ‘moderation’ left themselves open to subjective interpretation: ‘It’s just a case of being sensible. Nothing is bad for you if you don’t overdo it’. As Alex Mold has shown, similar issues of ambiguity plagued campaigns around ‘sensible drinking’ in the 1970s. Both these campaigns, and the ‘Look After Your Heart’ campaign (1987), stood in marked contrast to the anti-smoking campaign, in which the rhetoric of ‘quitting’ was simple for consumers to understand.

As always, the idiosyncrasies of everyday life also had a bearing on health behaviour. A survey on ‘health and lifestyles’ in Britain (1992), the follow-up to a national survey conducted in 1985, found that a significant proportion of participants had made ‘positive’ dietary changes since survey one. Yet the reasons for this were various, ranging from changes in household structure, through to changes in food preference, and the desire to lose weight or ‘improve appearance’. Public health advice was often
held at a distance by individuals, only to be called upon when illness touched personal contexts. As one mother told researcher Gillian Wright, ‘[w]e only have vegetable fat ever since my father had a stroke and the doctor said that animal fats could make it happen again’.143

Interviewing ‘grandmothers’ in Scotland in the late 1970s, Mildred Blaxter and Elizabeth Paterson unearthed similar findings. They found that grandmothers often integrated public health language into their own, contradictory, health strategies:

I mean I should stop smoking [...] [but] I know that if I did stop smoking I’d start eating, and I’d die of a heart attack and overweight. And even if I didn’t, the quality of life would be destroyed by being overweight.144

At other times, public health messages were side-lined for lay rationalisations: ‘I’m gettin’ fat, but that’s middle-aged spread, that [laughs] but I’m nae fat, for a woman o’ my age, I’m nae fat.’145 And in still other cases, information about dietary health was absorbed with little consequence: ‘I’m just generally aware of chemicals being mixed in with food rather than worrying’ [emphasis added].146

With ready meals functioning as an easy way to count calories by the 1980s, the imperative to slim could also come into conflict with ideas of balanced nutrition. Paradoxically, some individuals adopted ‘healthy’ behaviours with aesthetic goals in mind. As one woman wrote in 1983, likely referring to the recently published book, The F Plan Diet, ‘I have been bitten by the “high fibre” craze which I find an effective slimming aid’.147 These findings reveal the extent to which consumers ‘spoke back’ to public health in the final decades of the twentieth century. As Alex Mold and colleagues have argued, ‘This could include reading public health campaign material in the opposite way to that which was intended, or even inverting the meaning of this and deliberately reworking such material to produce a different message’.148 For health enthusiasts and naysayers alike, official information about food didn’t always feel correct. Consumers continued to assert that foods had different effects on different individuals, that one could be overweight whilst leading a healthy lifestyle, and that—in the midst of a dizzying array of (often contradictory) information, self-evaluation was key.

Conclusions

The ongoing tensions between everyday food practices and public health messages were made clear in the 1990s when an extensive research programme on ‘the nation’s diet’ emerged into being. Launched in the wake of the government’s Health of the Nation report (1992), a White Paper that called for a reduction in obesity among adult men and women, this project sought, among many things, to establish ‘the extent to which people are influenced by ideas of “healthy” eating and how this is translated into practice’.149 The results of two lengthy phases of research—interviews and participant observations in Lewisham, South East London, and Newport, Pembrokeshire (1992–6) led by the anthropologist Pat Caplan—survive as a rich archive of qualitative data. They are an invaluable tool for further contextualising the key themes outlined in this article.

As testimony from Caplan’s project suggests, the commitment to using ‘common sense’ remained a key tenet of consumer thinking about food in the early 1990s. The language of moderation proved advantageous to individuals, who expressed a (self-
defined) tendency to ‘mentally balance things out’: ‘some days you just want mashed potatoes and I’m not going to feel bad about that because with the rest of my life . . . it’s balanced’. One striking contrast with the 1980s was a new language around food and feeling. One woman defined healthy eating as ‘eating food that is alive really and nourishing, you know that difference between . . . getting a good feeling from what you eat and getting this sort of not very nice feeling’. ‘Cheese especially’ made another young woman feel ‘so ugh—you know it makes me feel so fat and just weighs me down’. She added that she felt ‘much healthier and brighter’ if she avoided it . . . ‘and milk—I haven’t drunk milk for ages . . . I have soya milk’. The idea that different foods might cause individuals to feel a certain way in their bodies prefigured a major shift towards self-diagnosed food intolerances in the early twenty-first century. As parallel case studies have shown, and as this article likewise suggests, individuals continued to look to instincts, as well as to expertise, to navigate life experiences in modernity.

Consumers have emerged from this article as active participants in the shift towards convenience. Change occurred, at least in part, because successive generations of British men and women succeeded in working ‘convenient’ foodways into their everyday lives. Whilst rejecting the overall idea of a processed food culture, they embraced foods that made their lives easier and their mealtimes tastier, often using the language of ‘moderation’ to justify the consumption of highly processed, time-saving foods.

As a result, healthy eating came to Britain in the late twentieth century in a discursive sense, but not in an epidemiological sense. Although some positive health trends were apparent, these mainly reflected ‘easy supplementary behaviours’ (substituting white bread for brown bread to increase fibre, or swapping whole milk for semi-skimmed milk to reduce fat). One important exception was the decline of Coronary Heart Disease (CHD). CHD mortality rates fell by 54% in Britain in the final two decades of the twentieth century, resulting in 68,230 fewer deaths from the illness in 2000 compared to 1981. However, while this shift marked a long-term decline in saturated fat consumption, dietary changes paled in comparison to smoking cessation, which was alone associated with 42% of these fewer mortalities. With the average intake of sugar and saturated fat still above recommended levels in the 1990s, the prevalence of obesity continued to rise steeply.

If consumers were complicit in these shifts, then by the 1990s a very different narrative was emerging, one that positioned the ‘ordinary’ person as the passive victim of a powerful and manipulative food and drink industry. The view that corporations had ‘latched onto’ individuals was widespread by end of the century, reflecting a wider view that welfarism had declined. As one young woman complained to Caplan’s project on healthy eating, ‘people are still buying [food] thinking that someone’s taking responsibility for them, for their health, and they’re not.’

Evident throughout the Nation’s Diet testimony was a sense that ‘healthy eating’ had been a cynical exercise for the food industry. Nutritional ranges were ‘expensive compared with others’, and advice about healthy eating could easily be cherry-picked to suit commercial interests. One interviewee, who cautioned that ‘all sources of information have to be considered against where they are coming from’, ‘mentioned that research about the benefits of oily fish . . . had been put up on the wall in [her] local fish and chip shop’. Nevertheless, respondents did not always think of the food industry as an independent force. Sometimes, the government, public health experts, and large, multi-
national corporations were held to be synonymous: ‘they’ were a mysterious force, guiding consumer behaviour. Despite the tendency for historians to pit the modern state against corporations in their narratives, in everyday life, individuals often conflated the two. And sometimes, as in the case of Findus calorie-controlled ready meals, it was the food industry that gave people usable, workable public health messages.

That moralising around food continued in gendered ways in the 1990s is also clear from Caplan’s oral testimony. For a new generation of parents, those who had lived through the food changes of the 1970s and 1980s, the cultural discourse of ‘healthy eating’ provided a new framework for the rejection of mothering practices. ‘My Mum’s never really cooked’, remarked one woman, ‘fish fingers, beef burgers, chips, stew occasionally, but generally not really a very good diet’.159 Another woman, who had grown up in poverty in London, explained that her mother had ‘beggared herself to put food on the table [for the family]’. Poignantly, the interviewer noted down the respondent’s thoughts:

She thinks that her mother feels let down by the fact that the advice re [healthy eating] has changed and that the things which she struggled to provide are no longer seen as so important or as valuable as they used to be.160

These persistent themes in the history of food remind us that tensions in the relationship between cooking and mothering were not resolved by the rise of convenience. In the 1990s, cooking was still an arena for women to perform badly or well. Growing talk of a childhood obesity epidemic shone new light on moral attitudes to mothering in the early twenty-first century. As Carl Morris commented in his interview in 2017, ‘I hate to see kids being given sweets […] If I see a mother with a pushchair, just handing down a packet of crisps to her kid … I think she’s just being … lazy … careless … not thinking about the future’.161

The period covered by this article pre-dates the widespread rendering of ‘obesity’ into everyday language. But future research might consider why, in the early 2000s, vernacular understandings of ‘the obesity problem’ diverged so strongly from official perspectives. Research demonstrates that food behaviours are embedded in structural inequalities.162 Yet constraints on ‘healthy’ choices (economic, social, cultural, psychological, and geographic) often lack public visibility. Too often, health education campaigns promote ‘informed’ decision making around food, as if social and economic disparities do not exist.163

As I have argued in this article, consumers did not respond to ‘healthy eating’ messages in the way that health authorities imagined they might. But nor were their behaviours irrational or lacking in judgment. Rather, ‘ordinary people’ subscribed to their own, highly personalised logics when it came to the consumption of food. In recent decades, there has been a growing interest in consumer responses to health education within the health profession itself. Medical researchers have been deeply troubled by public scepticism—and they have drawn on perspectives from communications theory to tease out the various lenses through which consumers interpret the health messages around them.164 Yet much of this work lacks a temporal dimension. This article underlines the need for more historically contextualised accounts of public scepticisms in twentieth-century Britain. Placing histories of trust and cynicism alongside histories of public health can help us to better understand long-term processes of social, cultural, and epidemiological change.
Notes

1. HAT image gallery, ref: HAT62/1/416.
2. On the sale of Weight Watchers to Heinz in the late 1970s, see Weston, *Weight off My Mind*, 135.
3. Birds’ Eye website, https://www.birdseye.co.uk/our-brands/birds-eye-history, accessed 4 September 2018.
4. Charles and Kerr, *Women, Food and Families*, 120.
5. Berridge, *Health and Society*, 88–9.
6. Clayton and Rowbotham, “How the mid-Victorians worked, ate and died,” 1238.
7. Otter, “The British Nutrition Transition”. For long-term studies of the British diet, see also: Oddy, *Plain Fare*; Oddy, Atkins and Amilien (eds.), *The Rise of Obesity* (esp. chapter five and conclusion); and Burnett, *Plenty and Want*.
8. See, for example, Berridge, *Marketing Health* and Berridge, *Demons*. Recent contributions include Mold, “Everybody likes a drink”; Clark, “Problems of today and tomorrow”; and Hand, “Look after yourself”.
9. For two important exceptions, see Hand, “Marketing health education”; and Keane, “Too hard to swallow?”
10. For example: Whitehead, “The UK food movement”; and Lang, “Going public.”
11. Mold et al., *Placing the Public*.
12. Berridge and Loughlin, ‘The New Health Education”; and Eliot, “Everybody did it.”
13. Mass Observation Archive: University of Sussex. Winter 1982 directive titled “Food, including drink.”
14. Caplan, Pat. “Concepts of Healthy Eating Food Research.” UKDS, SN 5801.
15. For an extended discussion of this oral history study, see Moseley, “Food, Body Weight, and Everyday Life.”
16. I made efforts to diversify the sample part-way through the project by appealing to inter-faith organisations and by using snow-ball sampling. The over-representation of women in the sample hints at the intersubjective bias of the interview method, the demographic balance of this age group, and the subtly gendered nature of the subject matter itself. See the census figures for 2011, which show that 55.6% of those aged sixty and above and residing in England were female (http://www.nomisweb.co.uk). As Lynn Abrams notes, women are also sometimes more comfortable with the mode of in-depth or ‘confessional’ interviewing than men (Abrams, “Liberating the female self,” 34–5).
17. Beveridge, *Social Insurance*, 6.
18. Bivins, “Weighing on us all?” 6; and Whitehead, “The UK food movement,” 155.
19. Webster, “Government policy,” 190–213. For a penetrating account of the ‘colonial politics of welfare orange juice’, see Durbach, *Many Mouths*, chapter seven.
20. Horrocks, “Nutrition science.”
21. Atkins, “School milk in Britain.”
22. The 1906 Act ‘enabled (but did not compel) local authorities to supply meals for “those unable by lack of food to take advantage of the education provided them”.’ (Vernon, *Hunger*, 162–4.)
23. Government correspondence, May 1941, cited in Gosden, *Education*, 186.
24. Vernon, *Hunger*, 164.
25. Vernon, “The ethics of hunger.”
26. Ibid., 717.
27. Durbach, *Many Mouths*, chapter five and p. 246. See also Gosden, *Education*, 190–1; Finch, “The provision of school meals”; and Marsden, *Mothers Alone*, 46.
28. Last, Malcolmson and Malcolmson, *Nella Last*, 150.
29. Violet Brooker [pseud.], interview with the author, 09/01/2018.
30. Vernon, “The ethics of hunger,” 720.
31. Sally Fitzgerald [pseud.], interview with the author, 20/11/2017.
32. Rita Howells [pseud.], interview with the author, 08/01/2018; Lillian McDonald [pseud.], interview with the author, 17/08/2017.
33. McDonald, interview.
34. Last, Malcolmson, and Malcolmson, *Nella Last*, 117.
35. Ibid., 54.
36. On ‘problem families’, see Taylor and Rogaly, “Mrs Fairly”; Welshman, “In search of the ‘problem family’”; and Lambert, “Problem families’ in the North West.”
37. I am grateful to Michael Lambert for taking the time to discuss this issue with me.
38. Report by C.O Stallybrass, Medical Officer of Health for Liverpool (1947), cited in Welshman, ‘In search of the “problem family,”’ 451. John Walton offers a perceptive analysis of socio-economic attitudes to fish and chip consumption in his book, *Fish and Chips and the British Working Class*.
39. Lambert, “Problem families,” 84, 145.
40. Ibid., 7, 119.
41. Marven, “Children’s Convalescent Homes,” 79–80, 115.
42. Ibid., 76–80, 82–90.
43. Carl Morris [pseud.], interview with the author, 21/08/2017.
44. Phyllis Clark [pseud.], interview with the author, 28/09/2017.
45. Anne Southerland [pseud.], interview with the author, 27/09/2017; and Larry Carter [pseud.], interview with the author, 09/01/2018.
46. Elizabeth Burton [pseud.], interview with the author, 25/09/2017.
47. Steedman, *Landscape*, 41.
48. See Gregory, *Of Victorians and Vegetarians*.
49. See note 47 above.
50. Eva Fletcher [pseud.], interview with the author, 15/12/2017.
51. See note 33 above.
52. Brian Taylor [pseud.], interview with the author, 19/04/2018. Brian was born in Leicester in 1947. His father was a railwayman and his mother was a stay-at-home housewife.
53. Reeves, *Round About a Pound a Week*. See also: Rowntree and Kendall, *How the Labourer Lives; Boyd Orr, Food, Health and Income*; and Ross, *Love and Toil*, chapter two.
54. Hoggart, *Uses of Literacy*, 44. See also Dennis Marsden’s study of fatherless families, conducted in the mid 1960s (Marsden, *Mothers Alone*, 44).
55. Zweiniger-Bargielowska, *Austerity in Britain*, 149.
56. Southerland, interview. On working-class anxieties about canning (the fear of ‘being poisoned with the tin’), see McCray Beier, *For their own good*, 68.
57. Carter, interview.
58. Morris, interview.
59. Ibid., int062.
60. Hall, “Being a man,” 80.
61. Brooker, interview.
62. Rogaly and Taylor, “Mrs Fairly,” 443–446.
63. See note 58 above.
64. Obelkevich, “Consumption.”
65. Van den Bergh, “Two decades of food revolution,” 208–9. Source: ABMS 5/17.
66. Ibid., 217–19.
67. On the rise of the term ‘convenience foods’ in Britain, see Moran, *Queuing for Beginners*, 153.
68. Van den Bergh, “Two Decades,” 210, 218.
69. George Cole, “Investment in Food,” 5. Source: ABMS 5/17. The ‘exotic’ flavours packaged by Vesta say much about the intertwined histories of food and colonialism. For useful works on this topic, see Panayi, *Spicing Up Britain*, and Rappaport, *A Thirst for Empire*. And for work on the curry (of which there is a great deal), see Collingham, *A Tale of Cooks and Conquerors*; Buettner, ‘Going for an Indian’; and Highmore, ‘The Taj Mahal in the High Street’. These wide-ranging texts reach a similar conclusion: that flavours from afar were often welcomed in post-war Britain, while migrants themselves were met with ‘racism, suspicion, and intolerance’, giving lie to the myth of ‘multiculturalism’ (Buettner, 866).
70. *The Times*, 7 May 1964, 25; Van den Bergh, “Two Decades,” 216.
71. The Economist, 19 September 1959, 956; Gwynn, Back in Time, 46–7.
72. The Economist, 19 September 1959, p. 956.
73. AABE50, REF/30544608.
74. The Times, 9 March 1959, p. iv.
75. AABE50, REF/30547194 and REF/30544608; The Times, 9 March 1959, p. iv.
76. Gwynn, Back in Time, 46–7.
77. The Economist, 19 September 1959, 956.
78. HAT, BBC WWCC, ‘Birds Eye: a valuable offer’ commercial, 1950s. HAT2/1/61/92.
79. The Times, 1 April 1960, p. 19; The Times, 16 September 1967, p. 16.
80. The Times, 18 October 1968, p. 30.
81. Cole, “Investment in Food,” 14.
82. The Times, 5 February 1974, p. X.
83. Saunders, Yes to Europe!, 155–8.
84. HAT, BBC WWCC, “Birds Eye chicken pie commercial,” 1960s. HAT2/1/4/38.
85. Hand, “Look after yourself,” 95–124.
86. For literature on the new public health, see note 8 above.
87. Cruel Kindness. Directed by Winifred Holmes. United Kingdom: Oswalk Skilbeck, 1967.
88. Ibid.
89. DHSS, Prevention and Health, 18–31. On constructions of gender through preventative health policies in this period, see Graham, “Every mother’s business.”
90. DHSS, Prevention and Health, 7, 95.
91. These charges were imposed for ‘all but the poorest families’. Bivins, “Ideology and disease entity,” 4–5.
92. Webster, “Government policy,” 207; Durbach, Many Mouths, 233–243; and Cannadine, Thatcher, 18.
93. The Labour government abolished free milk in secondary schools in the late 1960s, paving the way for the removal of free milk from pupils aged seven to eleven in 1971. Webster, “Government policy,” 207–8.
94. See note 33 above.
95. Vernon, Hunger, 163.
96. Whitehead, “The UK food movement,” 290.
97. Fletcher, “Obesity,” 133.
98. Murcott, “Food and nutrition,” 160.
99. Whitehead, “The UK food movement,” 149–50; and Fletcher, “Obesity,” 44–5.
100. Whitehead, “The UK food movement,” 153–4. See also Bufton, “British expert advice,” 125–148.
101. Wright, “A longitudinal study,” 14, 65, 191.
102. Hand, “Marketing health,” 477–500.
103. Steinitz, “The language of advertising,” 135.
104. The Times, 18 April 1986, p. 10.
105. Hansen and Masden, E for Additives, 9.
106. See note 104 above.
107. MOA: WNTR1982, C115.
108. Ingham, interview.
109. Ibid.
110. Ingham, interview; Joyce Richards [pseud.], interview with the author, 13/10/2017.
111. Sheridan, “Writing to the archive,” 27–40; Sheridan, Street, and Bloome, Writing Ourselves, 55–60.
112. Savage, “Mass Observation and Social Class.”
113. MOA: WNTR1982, A8.
114. MOA: WNTR1982, W625.
115. Charles and Kerr, Women, Food and Families, 192.
116. MOA: WNTR1982, M340.
117. For example: MOA: WNTR1982, D157.
118. MOA: WNTR1982, B73.
119. Fisher, *Birth Control*, 48–9.
120. MOA: WNTR1982, B45.
121. MOA: WNTR1982, B73.
122. Wright, “A longitudinal study,” 111.
123. Burnett, *Liquid Pleasures*, 47.
124. Mounting health inequalities were outlined in ‘The Black Report’: DHSS, *Inequalities in Health*.
125. Cited in Pill and Stott, “Looking after themselves,” 115.
126. Calnan and Johnson, “Health risks and inequalities,” 64.
127. Wright, “A longitudinal study,” 248.
128. MOA: WNTR1982, S513.
129. Cited in Charles and Kerr, *Women, Food and Families*, 93. See also pp. 117, 230.
130. Ibid., 130.
131. Reported in *Home & Freezer Digest* (December 1985), 93.
132. MOA: WNTR1982, J596.
133. Carl Leahy (b. 1956), interviewed by Niamh Dillon (2005/6) for the project, ‘Tesco: An Oral History’. Source: British Library Sound Recording, ref. C1087/13.
134. MOA: WNTR1982, M353.
135. MOA: WNTR1982, A3. See also M650, B58 and A8. Although the term ‘cheat’ was not directly employed here, the idea of ‘cheating’ in the kitchen did have currency in this period. See Delia Smith, *How to Cheat at Cooking* (London: Ebury, 1971).
136. Johnson-Hanks et al., *Understanding Family Change*, 16.
137. MOA: WNTR1982, B58.
138. Cited in Wright, “A longitudinal study,” 202.
139. Ibid.
140. Mold, “Everybody likes a drink”.
141. On education campaigns around coronary heart disease, see Hand, “Look after yourself.”
142. Wichelow, “Changes in dietary habits,” esp. pp. 204–5.
143. Cited in Wright, “A longitudinal study,” 197. Writing in the early 1990s, Frankel, Davison and Davey Smith termed this process ‘lay epidemiology’: ‘a scheme in which individuals interpret health risks through the routine observation and discussion of cases of illness and death in personal networks and the public arena, as well as from formal and informal evidence arising from other sources, such as television and magazines’. (Frankel, Davison and Davey Smith, “Lay epidemiology,” 428).
144. Blaxter, *Mothers and Daughters*, interview with G8. For a recent study of obstacles to smoking cessation in low-income areas, see Thirway, “Explaining the social gradient.”
145. Ibid., interview with G40.
146. Cited in Charles and Kerr, *Women, Food and Families*, 126.
147. MOA: WNTR1982, P433. Eyton, *The F-Plan Diet*.
148. Mold et al., *Placing the Public*, 82–3.
149. Caplan, *Healthy Eating*, phase I user guide. See also: DoH, *Health of the Nation*.
150. Caplan, *Healthy eating*, int011: female living in London, born 1966, interviewed 1993.
151. Ibid., int062: female living in London, born 1965, interviewed 1994.
152. Ibid., int262: female living in Wales, born 1979, interviewed 1995.
153. Cowan, “Modern’ parenting”.
154. Hand, “Marketing health,” 490.
155. Unal, Critchley and Capewell, “Modelling coronary heart disease,” 614–617.
156. SACN, *Report on Carbohydrates*. See also Rennie and Jebb, “Prevalence of obesity,” 11–12.
157. Caplan, *Healthy Eating*, int085: female living in London, born 1966, interviewed 1994.
158. Ibid., int271: male tourist visiting Newport, born 1966, interviewed 1994; and int028: female living in London, born 1995, interviewed 1993.
159. Ibid., int062.
160. Ibid., int029: female living in London, born 1964, interviewed 1993.
161. See note 58 above.
162. See for example: Rennie and Jebb, “Prevalence of Obesity”; and Berlant, “Slow Death”.
163. Green et. al., “Making healthy families?”; and Keane, “Too hard to swallow?”.
164. For example: Frankel, Davison and Davey Smith, “Lay epidemiology”; Verbeke, “Impact of communication”; and Thiede, “Information and access to health care”.

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Notes on contributor

Katrina-Louise Moseley is a social and cultural historian of modern Britain. She received her doctorate from the University of Cambridge in 2020, specialising in the history of food, body weight, and gender in the four decades after the Second World War.

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