'To Think Seriously about the Relatives Left Behind'

Charity and Widows' Financial Strategies in the Aftermath of Utrecht's Cholera Epidemic of 1866

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This article studies the ways in which women who were widowed during the cholera epidemic of 1866 in Utrecht tried to cope with the loss of their male breadwinner, as well as the ways in which the wider urban community reacted to their situation. A unique set of 245 questionnaires on the financial situation of these widows and their households allows us to reconstruct the different financial strategies they used to deal with the loss of income, as well as the almost unavoidable result: poverty. The charity initiatives undertaken by Utrecht's citizenry to support these women show an increasing awareness that poverty lay at the root of the recurring epidemics, and that its alleviation was indispensable for the structural improvement of public health. However, it proved very difficult to bring about such change. Recovery from the crisis meant a return to the status quo, leaving the fundamental problems underlying the outbreak untouched. As a consequence, this research nuances the idea of crises such as epidemics as agents of structural change.

Dit artikel bestudeert de manieren waarop vrouwen die weduwe werden tijdens de cholera-epidemie van 1866 in Utrecht omgingen met het verlies van hun man en tevens kostwinner, evenals de manieren waarop de bredere stedelijke gemeenschap reageerde op hun situatie. Een unieke verzameling van 245 enquêtes over de financiële situatie van deze weduwen en hun huishoudens stelt ons in staat om de verschillende financiële strategieën te reconstrueren die zij gebruikten om het inkomensverlies op te vangen, evenals het vrijwel onvermijdelijke gevolg: armoede. De liefdadigheidsinitiatieven die door de Utrechtse burgerij werden

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ondernomen om deze vrouwen te ondersteunen, tonen een groeiend besef dat armoede aan de basis lag van terugkerende epidemieën, en dat de bestrijding van armoede onmisbaar was voor een structurele verbetering van de volksgezondheid. Toch bleek het zeer moeilijk om dergelijke verandering te bewerkstelligen. Herstel na de crisis betekende een terugkeer naar de status quo, waarbij de fundamentele problemen die ten grondslag lagen aan de uitbraak onaangeroerd bleven. Dit onderzoek nuanceert daarmee het idee dat crises zoals epidemieën structurele veranderingen teweegbrengen.

Introduction1

Maria Brouwer and Nicolaas Harderwijk married in Utrecht in 1847, she was 27, he was 25.2 Nicolaas worked as a veterinary assistant, while Maria peddled apples, providing some extra income to supplement the weekly 5 to 6 guilders that her husband earned. Between 1849 and 1862, Maria and Nicolaas had six children, five of which survived their first years.³ Then cholera struck: on 29 April 1866, the first victims were reported in Utrecht. From late May onwards, the disease spread very rapidly throughout the city.⁴ Both Nicolaas and Maria fell ill on 1 July, Nicolaas died the next day. He was buried quickly, as the municipality had ordered, but the funeral was scarcely over when Johannes, Maria's oldest son, also fell ill and after two days died as well. Maria survived with four of her children.⁵ Nicolaas and Johannes were two of the 1726 cholera victims that died in Utrecht during the summer months of 1866. Maria and many other women in her street not only mourned the deaths of their relatives, they were also at a loss how to provide for their families, since they no longer had their husband's salaries. Maria herself was too weak to work, and her children still too young, leaving them with no income whatsoever.7

- The present article is based on my Master's thesis, which I wrote in 2022 for my Research Master's in History at Utrecht University. The original title is An epidemic and its aftermath; Cholera in Utrecht, 1866. All English translations of Dutch quotations are my own.
- 2 Het Utrechts Archief (Utrecht City Archives, hereafter HUA) 481, Burgerlijke Stand van de gemeenten in de provincie Utrecht 1811-1902 (hereafter BS), cat. nr. 957-02.
- 3 HUA 713-5, Commissie tot ondersteuning van nagelaten betrekkingen van choleralijders te Utrecht (Committee for the Support of Relatives of

- Cholera Victims in Utrecht, hereafter CNBC), cat. nr. 12-1.
- 4 Floris Egbertus Vos, Onderzoekingen over de cholera-epidemie van 1866, in de gemeente Utrecht (Utrecht: Cambier van Nooten 1867) 10.
- 5 Herman Snellen, 'Locale uitbreiding der choleraepidemie: Utrecht 1866', in: Verslag van de Vereniging tot Verbetering der Volksgezondheid I (Utrecht: De Industrie 1866) 8.
- 6 Pieter Dirk 't Hart, Utrecht en de cholera, 1832-1910 (Zutphen: Walburg Pers 1990) 302.
- 7 HUA 713-5, CNBC, cat. nr. 12-1.

This article studies the impact of the 1866 cholera epidemic in Utrecht on these widowed women and their families: how did they manage to get by after the loss of their husband, who was in most cases also their breadwinner? And how effective was the urban community in helping them to recover from this blow? These questions can be investigated thanks to the surveys of a citizen's committee, the Commissie ter Ondersteuning van Nagelaten Betrekkingen van Choleralijders (Committee for the Support of Relatives of Cholera Victims, CNBC), that was set up after the epidemic in order to support households whose breadwinner had died. The committee provided aid to a total of 345 households, existing mostly of women who had been widowed during the epidemic, as well as some widowers and orphans. The Committee's aim was to help these households recover from the loss of income, which is why they drew up questionnaires recording the ways in which cholera had affected them financially. These sources enable us to reconstruct in detail the financial impact of the loss of their breadwinner, and the strategies these households employed to deal with this shock.

The financial fragility of widows in the preindustrial Low Countries has been well studied. Like in the case of Maria, the death of a husband generally meant that a substantial and irreplaceable part of the household income was lost. Incomes were generally too low to feed a family; lacking any formal education, widows had to rely on low-paying unschooled work like cleaning or peddling. Moreover, women's opportunities on the labour market only decreased over the course of the nineteenth century. Losing a husband therefore meant a great decline in income. There is extensive literature on the range of choices available to poor households to deal with the decrease of income. In nineteenth-century Amsterdam, for example, the poor used a variety of strategies: relying on their social networks (friends, family, neighbours), pawning goods, buying on credit in local shops and a variety of illegal methods. Furthermore, the help provided by churches and private charities was crucial, even though it did not provide enough to live

- 8 HUA 713-4, Choleracommissie te Utrecht (hereafter cc), cat. nr. 2-2, 12-1.
- 9 Ariadne Schmidt, 'Survival strategies of widows and their families in early modern Holland, c. 1580-1750', The History of the Family 12:4 (2007) 268-281. DOI: https://doi.org/10.1016/j. hisfam.2007.12.003; Anne E.C. McCants, 'The Not-So-Merry Widows of Amsterdam, 1740-1782', Journal of Family History 24:4 (1999) 441-467. DOI: https://doi.org/10.1177/036319909902400403; Daniel R. Curtis, 'The Female Experience of Epidemics in the Early Modern Low Countries',
- Dutch Crossing 45:1 (2021) 3-20. DOI: https://doi.org/10.1080/03096564.2020.1840134.
- 10 Jeanette Dorsman and Monique Stavenuiter, 'Vrijgezelle vrouwen in Amsterdam in de tweede helft van de 19e eeuw', Tijdschrift voor Sociale Geschiedenis 16:1 (1990) 154-181.
- Ariadne Schmidt and Elise van Nederveen Meerkerk, 'Reconsidering the "Firstmale-Breadwinner Economy": Women's Labor Force Participation in the Netherlands, 1600-1900', Feminist Economics 18:4 (2012) 69-96. DOI: https://doi.org/10.1080/13545701.2012.734630.

on and had to be combined with other sources of income. The poor therefore always relied on multiple survival strategies to get by.¹³

While the range of strategies available to poor households is well known, reconstructing the actual decisions people made has proven more challenging. This article offers an integral view of the financial strategies of cholera widows, providing substantial empirical evidence for the specific choices these women made, as well as the reasoning behind them. Although the CNBC produced the questionnaires, they offer us a rare, intimate glimpse into these women's work and income, household expenses, the role of their social networks, and other strategies they used to deal with the loss of income. What also makes these CNBC questionnaires unique, is their completeness: they cover approximately 95% of all women who were widowed in Utrecht during the epidemic, giving us a near full view of the impact of the epidemic on this particular group. While this specific source is unique for Utrecht and this epidemic, the selective vulnerability as well as the mobilisation in support of cholera victims was a widespread urban phenomenon. 14

Apart from the CNBC questionnaires, the wider archive of this committee as well as newspaper coverage of their project allows us to also study the reaction of the wider urban community to their work and the widows' situation. By doing so, this article adds to another dimension of scholarship addressing the question if and how disasters change societies, which has resulted in divergent points of view. Several historians have pointed to the disruptive effects of cholera on the social fabric, arguing that it caused distrust and sometimes extreme violence between social groups, or paved the way for authorities to increase control over citizens. Others have argued that, instead, cholera was a catalyst for changes for the good, prompting governments to structurally improve the urban infrastructure

- 12 Marco van Leeuwen, The Logic of Charity:
 Amsterdam, 1800-1850 (London: Palgrave
 Macmillan 2000); Catharina Lis, Social Change
 and the Labouring Poor: Antwerp, 1770-1860 (New
 Haven: Yale University Press 1986); Schmidt,
 'Survival strategies'; McCants, 'The Not-So-Merry
 Widows'.
- 13 Van Leeuwen, The Logic of Charity, 162-163.
- 14 Lotte Jensen, 'Cultural Resilience during
 Nineteenth-Century Cholera Outbreaks in the
 Netherlands', in: Hanneke van Asperen and Lotte
 Jensen (eds.), Dealing with Disasters from Early
 Modern to Modern Times: Cultural Responses to
 Catastrophes (Amsterdam: AUP 2023) 121-136.
- 15 Bas van Bavel et al., Disasters and History: The Vulnerability and Resilience of Past Societies (Cambridge: CUP 2020) 3. DOI: https://doi. org/10.1017/9781108569743.
- 16 Christopher Hamlin, Cholera: The Biography
 (Oxford: OUP 2009) 1; Samuel K. Cohn, Epidemics:
 Hate and Compassion from the Plague of Athens
 to AIDS (Oxford: OUP 2018); Daniel R. Curtis,
 'Preserving the Ordinary: Social Resistance during
 Second Pandemic Plagues in the Low Countries',
 in: Christopher M. Gerrard et al. (eds.), Waiting
 for the End of the World? New Perspectives on
 Natural Disasters in Medieval Europe (London:
 Routledge 2020) 280-297. DOI: https://doi.
 org/10.4324/9781003023449.

with regard to housing, sewage and the provision of clean drinking water. However, there is also evidence that the basic reflex of both citizenry and elites in times of distress was to conserve existing social and institutional structures. 18

The CNBC sources allow us to address this issue from the perspective of the victims of the 1866 epidemic. The resulting analysis tells a story of continuity. Charity initiatives undertaken by Utrecht's wider citizenry to support cholera victims and their relatives show an increasing awareness that the root of the recurring epidemics was poverty, and that financial support was indispensable for structural improvement of public health. However, it proved very difficult to bring about such change. In fact, recovery from the crisis meant a return to the status quo, leaving the fundamental problems underlying the outbreak untouched. Thus, this research nuances the idea that crises such as epidemics were agents of structural change.

The following analysis is divided into three overlapping storylines. The first section provides a rough sketch of the 1866 epidemic in Utrecht and the initiatives undertaken by Utrecht's citizenry to support the victims. Section two focuses on the CNBC and their attempts to support widows and their households. The last section studies these households and their ways of coping with the consequences of the epidemic in more detail.

Cholera in Utrecht and the mobilisation of the citizenry

When cholera struck in 1866, Utrecht was a traditional preindustrial city like most Dutch cities, functioning as a regional trade centre. A significant part of the working population, including many women, worked in domestic services (31%), while since the arrival of the railway in 1843, the transport sector was also an important source of employment (16%). Others worked as artisans

- 17 Petra van Dam, 'The fight against cholera in Amsterdam in the nineteenth century: Clean drinking water as a new weapon against disease', Codex Historiae 41:2 (2020) 50-54; Sonja van de Vijver, 'De bestrijding van de cholera in Antwerpen tijdens de 19e eeuw', Tijdschrift voor Geschiedenis van Techniek en Industriële Cultuur 2:8 (1984) 31-38. DOI: https://doi.org/10.21825/tgtic.vzi8.7112; Beatrice de Graaf, "Dat een ieder zich beijvert zijn zwakke krachten in te spannen". Veerkracht en cholera in de negentiende eeuw', De Moderne Tijd 6:4 (2022) 272-298. DOI: https://doi.org/10.5117/DMT2022.4.002.GRAA.
- 18 Eveline Walhout and Erik Beekink, 'Just Another Crisis? Individual's Experiences and the Role of the Local Government and Church During the 1866 Cholera Epidemic in a Small Dutch Town', Historical Social Research 33 (2021) 54-782. DOI: https://doi.org/10.12759/hsr.suppl.33.2021.54-78; Tim Soens, 'Resilient Societies, Vulnerable People: Coping with North Sea Floods Before 1800', Past & Present 241:1 (2018) 174-175. DOI: https://doi.org/10.1093/pastj/gty018. For a more extensive discussion of this debate, see Curtis, 'Preserving', 290-291.

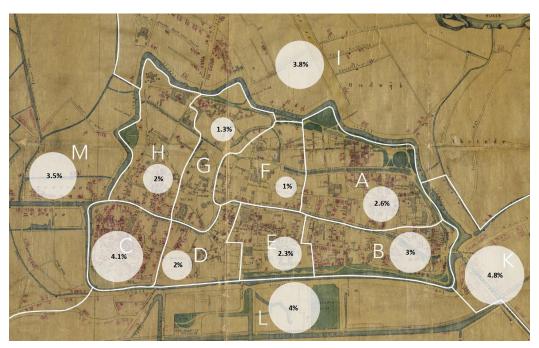
(31%) or in smaller factories such as cigar factories and breweries. ¹⁹ Large-scale industrialisation would start only in the 1890s. ²⁰ While the Dutch economy was growing slowly throughout the nineteenth century, the average worker did not benefit from this: inequality rose until 1880, and the 1860s saw a two-century low in the welfare ratio of the average labourer. ²¹

Four successive cholera epidemics swept through the Netherlands in the course of the nineteenth century, mainly affecting medium to large cities such as Utrecht, Amsterdam, Rotterdam, Delft and Groningen.²² In Utrecht, the 1866 epidemic was the last and second deadliest, killing 1726 people.²³

While the disease did not show extraordinary mortality patterns with regard to age and gender, it did strike very selectively in the poorest parts of Utrecht; the same is true for other Dutch cities.²⁴ An Utrecht city map containing all addresses affected by cholera clearly demonstrates that the poorer suburbs and the distinctly working-class district C had been most heavily affected, while in the more socio-economically mixed parts of the city centre (district A, B, D and E) cholera had spread mostly in the narrow alleys and slums, as it had done in previous epidemics (Figure 1).²⁵

- 19 Onno Boonstra and Kees Mandemakers, De levensloop van de Utrechtse bevolking in de 19e eeuw (Assen: Van Gorcum 1995) 10-15; Renger E. de Bruin et al. (eds.), Een paradijs vol weelde: geschiedenis van de stad Utrecht (Utrecht: Matrijs 2000) 92.
- 20 't Hart, Utrecht, 70-75.
- 21 Michael Wintle, An Economic and Social History of the Netherlands, 1800-1920: Demographic, Economic and Social Transition (Cambridge: CUP 2000) 72; Heidi Deneweth, Oscar Gelderblom and Joost Jonker, 'Microfinance and the Decline of Poverty: Evidence from the Nineteenth-Century Netherlands', Journal of Economic Development 39:1 (2014) 82.
- t Hart, Utrecht, 303; Henk Visscher, 'De
 Rotterdamse zorg om de cholera in 1866 en 1867:
 De Swaans theoretisch model van collectieve
 actie getoetst', *Sociologische gids* 45:4 (1998) 217233; Peter Ekamper and George Buzing, 'Delfts
 blauwe dood: De gevolgen van de cholera in de
 negentiende eeuw', *Demos: Bulletin over bevolking*en samenleving 29:6 (2013) 4-7; Van Dam, 'The
 fight', 50-54; Pim Kooij, 'Cholera in Groningen', *Groniek* 195 (2012) 153-167.

- 23 Verslag betreffende de cholera-epidemie in den zomer van het jaar 1866 door Burgemeester en wethouders van Utrecht aangeboden aan den Gemeente-Raad (Utrecht: Bosch 1866) appendix F.
- 24 Vos, Onderzoekingen, 38, 41; Visscher, 'De Rotterdamse zorg'; Ekamper and Buzing, 'Delfts blauwe dood'; Recent research has observed the same for other nineteenth-century infectious diseases, see Sanne Muurling, Tim Riswick and Katalin Buzasi, 'The Last Nationwide Smallpox Epidemic in the Netherlands: Infectious Disease and Social Inequalities in Amsterdam, 1870-1872', Social Science History 47:2 (2023) 189-216. DOI: https://doi.org/10.1017/ssh.2022.31; Mayra Murkens, Ben Pelzer and Angélique Janssens, 'Transitory Inequalities: How Individual-Level Cause-Specific Death Data Can Unravel Socioeconomic Inequalities in Infant Mortality in Maastricht, the Netherlands, 1864-1955', The History of the Family 28:1 (2023) 95-131. DOI: https:// doi.org/10.1080/1081602X.2022.2084442.
- 25 HUA 713-6, Vereeniging tot verbetering der volksgezondheid te Utrecht (hereafter vvv), cat. nr. 3-1; Vos, Onderzoekingen; H.J. Broers, 'Over het onbewoonbaar verklaren van woningen,



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Figure 1. Map of Utrecht's districts, addressing the cholera mortality percentage per district in 1866. Source: R. Dufour, 'Platte Grond der Stad aanduidend de huizen alwaar de Cholera gevallen zich hebben voorgedaan in 1866' (1866). Public Domain. Cat. no. 29137. Collection Het Utrechts Archief. https://hetutrechtsarchief.nl/beeld/51E5E-1C639295A4E876C37D756018EC8.

Map edited by Marieke Tanis; data based on 't Hart, Utrecht, 304.

Yet, the rich were also at risk, as cholera did not pass by some wealthier households.²⁶

In an attempt to contain the disease, Utrecht's municipality deployed various measures inspired by different medical theories, including disinfecting the air in affected houses and streets, and the provision of clean drinking water. The Utrecht municipal policy during the epidemics is comparable to other Dutch cities. When the epidemic gained momentum in early June, it was clear that emergency help was needed to offer material aid to the often impoverished victims. Although the municipality acknowledged the urgency of providing food and other necessities to the poor, they did no more than 'encourage' religious charities to take on this task and spur Utrecht's citizens to give generously. The local charities held extra collections, temporarily loosened their rigid rules on providing relief and offered free meals. However, their capacity to care for the poor proved too limited to deal with the great need among the affected population.

In response, a group of citizens formed an independent 'cholera committee', a forerunner of the later CNBC. The first committee consisted of 38 men, who were characterised as 'well-disposed citizens, known to the people', indicating that they had already been active among the city's poor.³¹ They all belonged to the richer citizenry of Utrecht with typical upper-middle-class and elite occupations, as the committee included three lawyers, the director of the post office, a goldsmith, an apothecary and a clockmaker.³²

Realising that they would receive neither aid nor money from the municipality, the cholera committee started fundraising among citizens.³³ They provided substantial emergency help to the victims, such as food, clothes and bedding.³⁴ When the epidemic died down towards the end of summer, emergency help became less pressing, and donations also decreased.³⁵ However, many members of the cholera committee were convinced that their task in the aftermath of the epidemic was not yet over.

After all, when visiting cholera victims, the committee had reportedly been 'surprised about everything they have seen and found, about the miserable life led by the poor in slums and alleys.' ³⁶ When the epidemic

- schadelijk voor de gezondheid', Schat der gezondheid 4 (1861) 56-64.
- 26 Vos, Onderzoekingen, 15-16.
- 27 Verslag betreffende de cholera-epidemie, 11-12. For an extensive overview of the municipality's policies in fighting the disease, see De Graaf, "Dat een ieder".
- 28 't Hart, Utrecht, 245.
- 29 Utrechtsch provinciaal en stedelijk dagblad, 09-06-1866, 15-06-1866; 't Hart, Utrecht, 76.
- 30 HUA 713-5, CNBC, cat. nr. 5-1.

- 31 HUA 713-4, CC, cat. nr. 5-1; original: 'welgezinde, bij de bevolking bekende burgers'.
- 32 HUA Beeldarchief, 32189.
- 33 HUA 713-4, CC, cat. nr. 5-1, 21-6-1866.
- 34 Ibidem, 10-6-1866.
- 35 HUA 713-4, CC, introduction.
- 36 Utrechtsch provinciaal en stedelijk dagblad, 16-07-1866; 13-07-1866; Original: '(...) is verbaasd, zegt men, over alles wat ze zag en vond, over dat ellendige leven dat de armen in sloppen en stegen leiden.'



Figure 2. Group portrait of the Committee for the Support of Relatives of Cholera Victims in Utrecht, 1866, by W.C. van Dijk. Public domain. Cat. nr. 32189. Collection Het Utrechts Archief, https://hetutrechtsarchief.nl/beeld/64C-D83A4ADED596FADCD503B75987CA4.

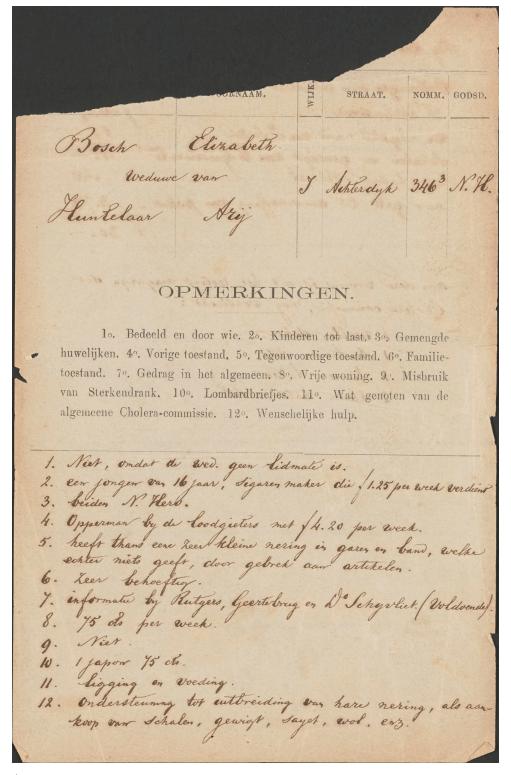
ended, it was time to 'think seriously about the relatives left behind by the victims', not only out of a sense of humanity, but also because of a growing awareness that the persistent poverty was the root cause of the recurring epidemics.³⁷ In the local newspaper, the same sentiment was voiced in several opinion pieces arguing that an improvement of the situation of the poor in the long run was necessary to prevent another such disaster from happening.³⁸

Once the epidemic was over, the cholera committee was dissolved, but 22 of its members started a new project: to take care of those most in need in the aftermath of this disaster. They did so under the new name of the *Commissie ter Ondersteuning van Nagelaten Betrekkingen van Choleralijders* (CNBC, see Figure 2). They did not start their work empty-handed. Already during the height of the epidemic, groups of citizens had started organising fundraising events independently from each other to raise money for the relatives of cholera victims.³⁹ The events included a performance by the chamber of rhetoric De Génestet, a large benefit concert in the Dom Church, several other smaller concerts and a lottery. In total, a sum of almost 15,000 guilders was collected, which equalled 52 yearly salaries for an average worker.⁴⁰

The CNBC: charity in the aftermath of the epidemic

The CNBC started their work on 25 August 1866. Their work process provides an insight in their attitudes to the victims. The committee members had a clear idea of who they were going to help: only those households whose breadwinner had died. They visited every address that cholera had struck, and investigated whether the households qualified for aid. The group that was selected consisted of 245 widows whose husband had been breadwinner, 49 widowers whose wife had been breadwinner, 47 orphans who had been excluded from religious orphanages and 20 elderly people who had lost the children who provided for them. When a household was deemed worthy of aid, the committee members drew up a report of their financial situation. An example of such a questionnaire can be seen in Figure 3. These

- 37 Original: 'en men alsdan aan de nagelaten betrekkingen der lijders ernstig te denken heeft', cited from: Utrechtsch provinciaal en stedelijk dagblad, 22-06-1866; HUA 713-6, VVV, cat. nr. 2; HUA 317-4, CC, cat.nr. 47.
- 38 Utrechtsch provinciaal en stedelijk dagblad, 22-06-1866, 28-06-1866, 16-07-1866; 't Hart, Utrecht, 151-155.
- 39 Utrechtsch provinciaal en stedelijk dagblad, 06-07-
- 40 *Ibidem*, 22-08-1866; HUA 713-5, CNBC, cat. nr. 5-1, 15-09-1866; 't Hart, Utrecht, 75.
- **41** HUA 713-5, CNBC, cat. nr. 5-1.
- **42** HUA 713-5, CNBC, cat. nr. 5.
- 43 HUA 713-5, CNBC, cat. nr. 12-12. These
 questionnaires form the core of the following
 analysis and are referred to very frequently. From



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Figure 3. CNBC-questionnaire of a household in district I. © HUA 713-5 CNBC, cat. nr. 17. Photo by the author.

questionnaires are the primary source in this article for studying the coping strategies of cholera widows. Except for some of the wealthiest widows, the CNBC decided to help nearly all widows: an estimated number of 250 to 270 married men died of cholera in 1866, which means that 90 to 97% of their widows are represented in the CNBC questionnaires. ⁴⁴ The high proportion of widows was not due to differences in mortality but a conscious choice of the CNBC, in line with the traditional idea of widows as 'deserving poor', giving them preferential treatment over men. ⁴⁵ Most widows were provided with substantial support, while widowers in a similar situation were generally dismissed with a small sum of money or a sack of potatoes, if they received anything. ⁴⁶

Most reports were made from late September to early November 1866, so approximately one or two months after the epidemic. The rubrics on the questionnaire overlap with the coping strategies of the poor that have been described in existing literature, including information on support by family members (no. 6) and the use of a pawnshop (no. 10), giving us good reason to believe that those who designed them had some understanding of both the problems and the possibilities that these widows had.

The rubrics 'general behaviour' (no. 7) and 'liquor abuse' (no. 9) clearly reflect the committee's distrust of the moral character of poor households typical for their day. In line with the nineteenth-century attitudes towards the poor, the CNBC wanted to avoid the evil of spoiling and thereby ruining the poor. ⁴⁷ Moreover, they were acutely aware that their aid project was followed carefully, sometimes even sceptically, by Utrecht's citizenry. ⁴⁸ Therefore, precautions were taken: they only visited households in pairs, in neighbourhoods they were personally familiar with. Additionally, they inquired after every household with acquainted third parties: the parish priest, a deacon, the employer, but also people from the same social circle. They interviewed them about the moral reputation and the financial situation of the household. Under 'general behaviour' (question 7), they noted for example: 'a good woman, gifts are well-spent', or 'rather difficult. Has received

this point onward, I will cite only information that is not derived from these files, except when it concerns a specific quotation. All questionnaires were copied into two bundles, which can be found under catalog number 12-12, ordered by neighbourhood and alphabetically by the widows' names. Some original files can be found in HUA 713-5 CNBC cat. nr. 17, but their content is identical to the copy in cat. nr. 12-12.

44 HUA 713-5, CNBC, cat. nr. 12-1; HUA 1007-1, Gemeentebestuur van Utrecht 1813-1969, deel 1:

- stukken van algemene aard (hereafter GU), cat. nr. 1716.
- 45 Ingrid van der Vlis, Leven in armoede: Delftse bedeelden in de zeventiende eeuw (Amsterdam: Bert Bakker 2001) 64-65; Curtis, 'The Female Experience', 8.
- **46** HUA 713-5, CNBC, cat. nr. 5.
- 47 HUA 713-5, CNBC, cat. nr. 2-1, 2-10-1866.
- **48** Utrechtsch provinciaal en stedelijk dagblad, 23-08-1866; 27-08-1866; 10-09-1866.

90 guilders insurance money and has not paid her debts'.⁴⁹ Considering this high level of social control, we may assume the information in the questionnaires to be more or less reliable.

Throughout the fall of 1866, the committee members went out into their districts with their lists of addresses and forms, encountering a variety of widows each with their own problems. The investigation round of an apothecary and a clockmaker in district E, a socio-economically very mixed neighbourhood, is illustrative. One of the first widows they visited was Elizabeth Huinck, a baker's widow who had lived relatively comfortably up until then. She had been busy taking care of her nine children and assisting in the bakery, while gaining some extra income by subletting rooms to university students. Since the death of her husband, Elizabeth had tried to keep the bakery running, together with her nineteen-year-old son Peter. With eight other children to take care of, however, this was an enormous task, and the bakery's profits had drastically decreased. Even though her family was 'rather well-off', she reported to the CNBC that they did not assist her. She had been forced to pawn some of her possessions for the value of 23 guilders, and had difficulties paying her rent of 4 guilders a week.

In the adjacent Strosteeg, cholera had affected at least seven households. The disease had killed the husband of the thirty-year-old Hendrika Arts, who had just given birth to her second son when the committee visited her. Her household had lived on her husband's small salary of 5.50 guilders a week, but since his death she had been without income. She had applied at the Roman Catholic charity for support, but they were so overwhelmed with requests that she had not received anything yet. ⁵¹ Her family was poor and unable to assist her. Using the means she had, she hoped to start earning some money as a wetnurse. Meanwhile, she lived from pawning her jewels and clothes, and her debt at the municipal pawnshop (Bank van Leening) had accumulated to 29.50 guilders – almost six weeks' worth of the household's former income.

Halfway into the Strosteeg, the committee entered a very narrow alley which led into the heart of one of Utrecht's most infamous slums, commonly referred to as *Reet van den muur* ('Crack in the wall'). Here they visited Cecilia Bakker, who lived in one tiny room with her three children. Her husband had earned a very small income of 3.50 guilders as a porter, while she peddled fish. She had been excluded from benefits by the Roman Catholic charity, and her moral reputation, the men noted, was doubtful. She received a small weekly

- 49 HUA 713-5, CNBC, cat. nr. 12-12; original: 'beste vrouw, giften zijn goed besteed', file Cornelia Scheerenburg, district I; 'nog al lastig. Heeft f90 busgeld getrokken en haar schulden niet betaald', file Cornelia Bakker, district A.
- 50 Ibidem; original: 'heeft vrij gegoede familie, doch wordt niet geholpen', file weduwe Ten Berg, district E.
- 51 HUA 713-5, CNBC, cat. nr. 3.

sum of 50 cents from the municipal charity and tried to continue her work as a fishmonger, which did not provide enough income to feed her household. She had pawned the little things of value that she had for 1.50 guilders and was described as 'very poor'.

These three widows, who were almost neighbours, are an illustration of the social and economic variety between households that the committee encountered. There were a few middle-class households like Elizabeth's, who ran the risk of falling into poverty, but had some means to deal with a drop in income. Hendrika represents the largest middle group, who was just able to get by in normal times, but was very vulnerable in the face of adversity. Cecilia belonged to the poorest group, of whom one might wonder how she had managed to survive even before the epidemic. These three cases also give a first impression of the difficulties that different widows faced in trying to get by on their own, prompting the committee to come to their aid. However, the CNBC was only willing to help those it deemed deserving; anyone leading an 'immoral' life was to be excluded. While the committee rarely rejected a household for moral reasons, it did occur.⁵² Agatha van Kuilenborg, for example, who earned her living as a fortune teller, was removed from the CNBC list because of her 'very bad' behaviour. 53 Those who, according to the committee, did deserve help – almost all widows – received considerable sums of money: up to 200 guilders, which was the equivalent of nine monthly wages for an average labourer.54

As demonstrated above, there were considerable differences between the financial starting positions of the widows. Table 1 gives a overview of

Household income before	Nr of	Average weekly	Average aid
the epidemic (guilders)	households	rent (guilders)	sum (guilders)
<4	53	0.77	38.54
5-6	116	0.98	47.10
7-9	42	1.4	61.96
>10	14	1.67	74.52
Income unknown	17	-	30.29
Total ^a	242	1.04	48.21

Table 1. Household income and aid granted to widows by the CNBC, Utrecht 1866.

Data based on: HUA 713-5 CNBC, cat. nr. 12-12.

- 52 Utrechtsch provinciaal en stedelijk dagblad, 15-04-1867.
- 53 HUA 713-5, CNBC, cat. nr. 12-12; original: 'Gedrag in het algemeen: zeer slecht', file Agatha van Kuilenborg, district I.
- 54 't Hart, Utrecht, 75.

^aThe files include 245 widows, but three of them received nothing because of their 'bad conduct'. They have been excluded from this overview.

their household income before the epidemic, as well as their average rent. The picture is clear: most households had an income between 5 and 6 guilders, typical for a working-class household. ⁵⁵ The differences between them did matter, however, when it came to the aid they received. As can be seen in Table 1, those who had been more well-off before the epidemic generally received more aid than those who were already poor. Although we lack any explicit motivation of the CNBC in this respect, it is likely that they might have preferred to give larger sums of money to households that had a chance of keeping up their old standards of living with some help, rather than spending it on temporary provision for households that had always been poor and would most likely remain so.

The CNBC gave widows the opportunity to request specific forms of help, which gives us some insight in the plans they made to cope with the loss of their husband in the longer run. Of all the requests that were noted down, 45% are requests for assistance in their businesses, or help in starting a business. Some widows received a sum of money, others specific goods, such as wringers or irons and ironing boards for those who wished to make a living as washerwomen. ⁵⁶ The committee members knew, however, that the women would remain financially vulnerable, even with their small means of making an income. One CNBC member suggested that goods of some value could be rented to the widows for a very small fee instead of given, 'in order to prevent possible seizure' when they would get into financial difficulties again. ⁵⁷

Meanwhile, seed money was not everyone's first concern. Many households were simply in need of basic necessities, and focused on surviving day by day. Some families were noted to be 'truly breadless'. ⁵⁸ In fact, some of the most frequently occurring requests concerned aid during the winter months (20%) and money for clothes (14%). Maria Brouwer, whose story was mentioned in the introduction, was still too weak to work and was helped with food and other goods during winter.

Widows and their strategies to make ends meet

The section above gave a first insight in the impact of the epidemic on specific households and how the CNBC approached their needs. Considered together, the questionnaires allow us to reconstruct a far more detailed picture of the ways in which cholera had affected these widows, and how they tried to cope with the loss of their husbands. As the examples above illustrate, their coping

⁵⁵ Ibidem, 75.

⁵⁶ HUA 713-5, CNBC, cat. nr. 2-1, 16-10-1866.

⁵⁷ *Ibidem*, 6-10-1866; original: 'ten einde op die wijze eventuele inbeslagname te voorkomen'.

different strategies. Household income before the epidemic (guilders) >10 Total 5-6 60% 45% 65% 53% 6o% 62% 46% 13%

strategies varied depending on their financial situation before the epidemic. Table 2 shows how many widows of different income groups employed

Coping strategies Work Poor relief 39% 43% 38% Pawnshop credit 40% 19% 7% 33% Debt 19% 34% 33% 27% 30% Social network 28% 26% 33% 26% 17% Number of widows 118 229^a 53 43 15

Table 2. Coping strategies of widows aided by the CNBC, Utrecht 1866.

Data based on: HUA 713-5 CNBC, cat. nr. 12-12.

By far the most important strategy for dealing with the loss of income was simply securing one's own source of income by means of work, as can be seen in Table 2. In total, 60% of all women in the group of widows reported to have a job or to be looking for a job. The earned income is often not specified, and we have to make do with sometimes vague indications. However, it is clear that, in line with the literature, their incomes were generally very low – too low to feed a family on.⁵⁹ The largest group of widows worked as cleaners or washerwomen (23%), or as seamstresses or knitters (20%), occupations that brought in no more than 2 to 3 guilders a week. Running a small business (done by 25% of all women) could be a more effective way to earn a higher income. Even though their income is seldomly specified, some of the latter group of widows were reported to earn 'rather much' or were said to be 'quite successful', an indication that was never given for washerwomen or seamstresses.

However, running a small business was also a vulnerable position to be in: the CNBC reported that more than a dozen women received hardly or no income from their business. Of all working women, 12% stated that they combined different jobs: they worked mostly as laundrywomen and had small trades in food or peat on the side. Best off were probably those who took over their husband's business, like Elizabeth Huinck, the baker's widow. However, very few women were able to do this. An easier way of gaining a stable income was keeping lodgers, which could bring in up to 11.25 guilders a week, the

^aFor a small group of 16 widows there is no indication of their former financial situation. I have left these households out of my analysis.

highest registered income in the CNBC questionnaires. It was both a profitable and stable source of income, but, naturally, it required owning some extra space to let, a luxury that the poorest households did not have. It therefore occurs no more than four times in these sources. Some widows were unable to work due to poor health or the demands of caring for young children. This was the case with Helena van den Brink, who had seven children under the age of twelve, and Maria Brouwer, who was recovering from her cholera infection and was too weak to work. They had to use other strategies to get by, but they were not the only ones: hardly any women could live on their own incomes right after the epidemic.

Since the widows were not able to fully replace their late husband's income with their own, they had to tap into other sources. However, the majority of women had no financial buffers: the only form of wealth they owned were some possessions they could sell or pawn. While three widows lived from selling their goods, most of the others chose to pawn their possessions at the municipal pawnshop. As can be seen in Table 3, there is a clear difference between those with a former household income below and above 7 guilders: although a larger percentage of widows in the lower-income households was registered to make use of a pawnshop, their outstanding debts were significantly lower than those of the higher-income groups. Households from higher-income classes made use of a pawnshop far less frequently, but when they did, their outstanding debts were much higher. This is to be expected, as the poorest families would have had little possessions of value to pawn, contrary to the relatively more affluent households. The significantly lower percentage of richer widows who made use of the pawnshop indicates that they probably had some buffers in the form of cash savings that enabled them to get by on a much lower income for a while.

Another important way of dealing with the decrease in income was extending payment and accumulating debts. Table 4 shows that, except for

Household	% of women	Average	Median	Max	Min
income before the	with pawnshop	pawnshop			
epidemic (guilders)	credit	credit (guilders)			
<4	38%	7.17	4	30	0.75
5-6	40%	7.48	5.13	65.25	0.5
7-9	19%	18.2	12	50	1
>10	7%	23.00	23	23	23
Total population	33%	8.87	5	65.25	0.5

Table 3. Widows aided by the CNBC who had a pawnshop credit, and the size of their debt divided by income class, Utrecht 1866.

Data based on: HUA 713-5 CNBC, cat. nr. 12-12.

the very poor, it was quite common to have some form of outstanding debt. Debts could signify very different things, however. For some households, they were a sign of grinding poverty, while for others they were an echo of former wealth: they were outstanding debts for larger expenses done before the death of the male breadwinner.

Unfortunately, the CNBC did not register the nature of most debts in detail, making it difficult to reconstruct their precise role in the widows' financial strategies. Nevertheless, the data we do have, show some clear patterns. In total, 40% of all debts can be identified as outstanding bills for everyday needs, including 4 guilders for peat, 7 guilders at the grocer's or 7.50 guilders outstanding rent. With a few exceptions, this form of debt only occurred in the low-income groups. As can be seen in Table 4, their debts are rather small compared to those among the higher-income groups, but when we express them as equivalents of their household's income before the breadwinners died, these debts amount to significant sums, indicating that these households were in serious financial trouble. For example, Anna van Dijk, who lived in a small room with her children and her mother, had not been able to pay her rent of a weekly 0.60 guilders since the moment her husband had died. At the time of registration by the CNBC she was six weeks behind on rent.

In contrast, the higher-income groups reported no debts on everyday needs except clothing. They would undoubtedly also have had some

Household income before	% of women	Average debt	Median	Max	Min
the epidemic (guilders)	with debts	(guilders)			
<4	19%	12.91	13.25	31.2	1.82
5-6	34%	15.71	10.37	67.71	3
7-9	33%	71.17	26.5	497-5	4
>10	27%	46.29	48.87	50	40
Total population	30%	28.64	13.13	497.5	1.82

Table 4. Widows aided by the CNBC who had debts and the size of their debt, by income class, Utrecht 1866. Source: HUA 713-5, CNBC, cat. nr. 12-12.

outstanding debts at their local grocers', as this was common practice among all layers of society, but the fact that none of them mentioned this indicates that these expenses had not (yet) become problematic for them. Instead, the widows in this group mostly had debts of a commercial nature. Although we lack any more detail about these cases, it is likely that they had been struggling to pay their suppliers during the cholera epidemic.

A small group of widows had taken out personal loans, though it is unclear what they used them for. These loans appear across all income groups. Andrika Kraanenburg had borrowed 10 guilders from a Mr. Brinkman. She told the CNBC visitors that she was 'suffering much' because of this debt

and dearly wished to give the money back. ⁶⁰ However, considering she had pawned everything of value for a meagre sum of 1.50 guilders, there was little hope she would ever be able to repay him without help. Finally, widows among all income groups had debts that predated the epidemic. Petronella van Bentem had a debt of 5 guilders for buying a bed, while Helena van den Biggelaar had a debt of 9.50 guilders for a stove. The differences between the income groups are remarkable here: the old debts of the lower-income groups generally amount to no more than 10 or 20 guilders, while richer widows had made considerable expenses of up to 60 guilders. ⁶¹ Although these specific debts cannot be seen as a way to cope with the crisis, since they preceded the epidemic, it shows that, in general, extending payment to make larger expenses was possible for low-income households.

Accumulating debts and pawning goods were only temporary solutions, and with no or low income, most households could not manage on their own. Many widows first turned to their social network such as family and friends. During the epidemic, social networks had already proven to be vital for providing emergency relief: when cholera struck in a household, relatives often came to take care of the family and the patient, and after the death of a family member, they took relatives into their homes or provided them with food. This was to the dismay of some medical professionals who feared that this would only make the disease spread more effectively. ⁶²

Aid from the social network persisted after the epidemic. Help by family members was mentioned in 26% of the households in our sample, but it is likely that mutual help was strongly underreported. Families might not have reported every small act of kindness by neighbours or family – instead, especially more far-reaching forms of assistance such as providing shelter over a longer period of time or loans were mentioned. Moreover, it might be expected that households withheld information on help by family members from the CNBC in order to receive more money.

Of all widows who were registered to be assisted by family, 58% were provided with shelter and food. Young widows moved back in with their parents or went to live with a sibling. In other cases, help was mutual. For example, Petronella Maas, a widow of 72, had lost her husband and son, leaving her daughter-in-law widowed as well. They moved in together and shared their very low incomes. While this type of resource pooling could be a permanent solution, the widows who moved in with family members could do so only temporarily – as the latter were almost as poor as they were.

- 60 HUA 713-5, CNBC, cat. nr. 12-12; original: 'waarvan zij zeer veel leed heeft en wenscht terug te geven', file Andrika Kraanenburg, district B.
- 61 A large outlier is a debt of 495 guilders, which was not specified but was most likely the mortgage on
- the café owned by the widow and her deceased husband.
- 62 Vos, Onderzoekingen, 79, 86; Snellen, Locale uitbreiding, 75-76; Mulder, De natuurkundige methode, 301.

Other widows were assisted financially (37%). For richer widows, it was usually their family who had something to spare. Maria Mathot, mother of four, had a brother who had promised to give her 25 guilders to start her own business if the CNBC would also lay in some money. There were only few, however, whose family was rich enough to be able, or willing, to contribute in any significant way. Some family members did their best, like Gerarda Jonten's sister, who had no money to spare, but had pawned all of her gold to assist her with the small sum of 4 guilders. Some widows received support from their husband's employer. Susanna Breeman and Theodora Smit, whose husbands had worked at the railway factory Damlust, received assistance from the factory's director. He had given both widows a wringer, and helped Susanna to start a small trade in bread. Three other widows received some money from an insurance fund.

Not every widow could rely on her social network for help, however. 40% of all widows declared that their families did not support them in any way, either because they were too poor or unwilling to help. Nevertheless, for many women, some form of help by relatives or friends was crucial for taking on the first blow of the epidemic, supporting them with the very basic needs of food and shelter. This type of support was limited in scope and duration, as most of the widows' relatives could barely support themselves.

When help from a widow's social network was insufficient, when her income was too low and all goods had been pawned, there was little else to do than to apply to the church for benefits. Some of the poorest households might already have relied on poor relief before the epidemic started, but many widows applied for aid only after their husbands died. The CNBC questionnaires show that two months after the epidemic, nearly half of this group of widows relied on the church or the municipal poor relief organisation. ⁶⁴ Table 5 demonstrates that the higher-income households were less likely to be dependent on church benefits a few months after the loss of their breadwinners. Still, even in the highest income category, two families had to apply for poor relief.

Household income before	% of women receiving	Average benefits per	Max	Min
the epidemic (guilders)	poor relief	month (guilders)		
<4	64%	2.92	5	1
5-6	48%	3.85	8	1.2
7-9	37%	3.64	5	1.6
>10	13%	5.00	5	5
Total population	48%	3.57	8	1

Table 5. Number of widows aided by the CNBC relying on poor relief and the size of benefits divided by income group, Utrecht 1866.

Data based on: HUA 713-5, cat. nr. 12-12.

⁶³ Vos, Onderzoekingen, 46.

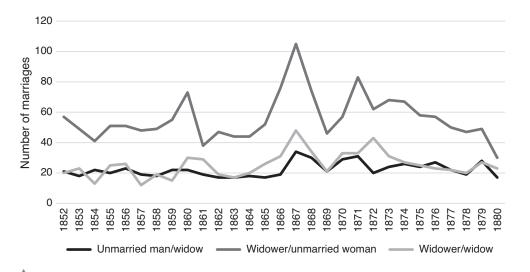


Figure 4. Remarriage among widows and widowers in Utrecht, 1852-1880. Data based on HUA 1007-1 GU, cat. nr. 1702-1730.

While for most women poor relief was an essential source of income, it did have its limitations. Poor relief organisations were overwhelmed with requests just after the epidemic, and several widows had to make ends meet without poor relief for some weeks. Others were rejected from religious charity altogether, like Cecilia Bakker, because of an assumed infamous reputation. She had to rely on the municipal charity, which provided even lower benefits than the bare minimum the churches supplied. ⁶⁵ A second, more significant, limitation of this coping strategy is that the benefits were nowhere near sufficient to live on. Table 5 shows that even the highest sum of benefits amounts to no more than 2 guilders per week.

Considering that no coping strategy seemed adequate to keep these households headed by widows out of poverty, finding a new husband must have been one of the most effective ways to overcome the loss of a breadwinner. Unfortunately, this strategy does not appear in the CNBC questionnaires: no women are reported to have remarried within two or three months after their husbands died, and if they had, they would probably not have received any aid from the committee. An explorative investigation in the civil registers shows, however, that some widows remarried within less than a year after the epidemic. The general marriage statistics show a peak in remarriage among widows and widowers in 1867, a year after the epidemic. However, the chance of remarriage was much higher for widowers than for widows: only a minority of the cholera widows will have found a new husband in the years after 1866 (Figure 4).

It is clear, therefore, that not one particular coping strategy was sufficient, and that most widows had to use a combination of strategies to get by. The strategies they chose differed according to their former wealth and income. Recalling Table 2, it is clear that wealthier widows were more likely to rely on their social network than poorer widows, who instead frequented the pawnshop more often, and were more likely to be dependent on poor relief. Some widows had enough means to try to maintain their former standard of living, but they were the exceptions. In a household with limited financial reserves and headed by a widow, the possibilities for securing a sufficient income were scarce. Many women had to reduce their expenses to a bare minimum – or even less. It is therefore not surprising that the CNBC members found many families in direct need of food. 67

The CNBC aid provided substantial relief for these widows, even if it was only temporary. There are some indications that the committee members managed to get some of the women back on their feet. Johanna Stegers, a widow in her thirties with a son of ten years old, was granted a total sum of 50 guilders, which was handed out in monthly sums between October and April. By that time, she appeared to be able to support herself, as CNBC had opened

an account for her at the local savings bank and deposited the remaining 12 guilders there. Two other widows also deposited some of their benefits in the savings bank. The fact that they were able to save up some money indicates that they had found a sufficient source of income. For those who had been aided with daily necessities, the help only brought temporary relief. Maria Brouwer received 75 guilders' worth of food over the winter, but in April, the CNBC handed out its last help and she was left to her own devices. Even several widows who, with the help of the CNBC, had found a new source of income, continued to rely on poor relief for years. ⁶⁸ It is unlikely that the CNBC help protected them from poverty in the long run. ⁶⁹

Conclusion

Cholera caused a thorough disruption of the lives of many in Utrecht. This article has studied the impact of this 1866 epidemic on the level of the household, providing a detailed reconstruction of the ways in which women dealt with the sudden financial shock of losing their husband and breadwinner. The range of coping mechanisms available to them was similar to what is known from the literature on the coping strategies of the poor in 'normal' times. The story of Utrecht's cholera widows adds to this literature by giving empirical proof for and insight in the actual choices poor households made: it shows how important these different strategies were in times of an acute crisis, and how women's choices varied according to their socioeconomic situation.

Moreover, by looking at the impact of this crisis from a household perspective, this article also provides new empirical evidence on one of the central questions in the literature on historical disasters, namely if and how epidemics changed societies. Even though the circumstances of 1866 were extraordinary, Utrecht citizens dealt with these events in ways that were familiar to them. Numerous initiatives were launched to provide support to the cholera victims, all in line with this society's specific rules. The rich went to concerts and performances, like they always did, and enjoyed their exclusive toasts with important friends, while donating money for the cholera cause.

- 68 HUA 481, BS, cat. nr. 286-02; Idem, cat. nr. 287-01; Idem, cat. nr. 116-02; Idem, cat. nr. 283-02; HUA 816, Nederlandse Hervormde gemeente te Utrecht, diaconie, cat. nr. 693.
- 69 In the twenty-first century, a similar approach (providing poor households with small assets to earn an income) proved to be successful in combating poverty: women in Bangladesh living in extreme poverty were given a cow, which

provided them with opportunities to gain more assets and build a larger income. The authors conclude that this is 'an effective means of getting people out of poverty traps and reducing global poverty'. Clare Balboni et al., 'Why do People Stay Poor?' *The Quarterly Journal of Economics* 137:2 (2022) 785. DOI: https://doi.org/10.1093/qje/qjabo45.

Genteel women embroidered cushions and played the piano, but this time to collect money for cholera victims. The middle groups of well-off citizens were committed to help the poor, but they, too, had already been socially active in all kinds of committees – this was part of their role in the urban community. And the poor struggled on, as they always did, living from hand to mouth, but now with more burdens to bear.

This particular crisis of the 1866 epidemic, then, bears out what disaster studies have shown in other contexts.⁷⁰ The problem of poverty and the insufficiency of existing safety nets were no extraordinary issues specific to this epidemic. Rather, the epidemic condensed these fundamental problems to such a degree that these challenges became more visible – both to those living at the time and to present-day historians.⁷¹ The response to the epidemic was essentially to mobilise the already existing system of support consisting of charity by the elite and the church. This system was relatively successful in providing temporary relief, but after the epidemic, everything went back to the old situation. During the outbreak, there had been plenty of attention and money for the alleviation of poverty, together with a growing awareness that structural solutions had to be found. When the immediate urgency was over, however, former cholera committee members lamented how quickly this interest had waned, even though the danger of new epidemics was looming large, and mortality and poverty levels remained very high.⁷² Citizen's initiatives provided only temporal relief during and right after the epidemic, without any lasting effects. Structural improvement of the situation of the poor came only when the municipality very slowly got involved by implementing a new sewage system and providing clean drinking water, starting from the 1880s.⁷³ The real alleviation of poverty, however, only came with the rise of real wages at the end of the nineteenth century.⁷⁴

Nevertheless, even though the odds were against them, some of the most vulnerable widows showed remarkable resilience. Maria Brouwer is perhaps the most striking example. She eventually regained her strength and became a washerwoman, earning enough to keep the house she had lived in with her husband. When her youngest daughter married in 1888, she was still working on the same job, aged 68.⁷⁵ Maria Brouwer lived to see her greatgrandchildren and died in 1912 at the age of 92.⁷⁶

⁷⁰ Van Bavel, Disasters, 92-93; Soens, 'Resilient Societies', 174-175; Curtis, 'The Female Edxperience', 12; Idem, 'Preserving the ordinary', 291.

⁷¹ Van Bavel, Disasters, 279.

⁷² HUA 713-6, VVV, cat. nr. 3-1; 'Verslagen', vol. 4.

⁷³ De Graaf, "Dat een ieder"; 't Hart, Utrecht, 265.

⁷⁴ Deneweth, 'Microfinance', 101-102.

⁷⁵ HUA 481, BS, cat. nr. 298-01; HUA 463, BS, cat. nr. 535-03.

⁷⁶ HUA 463, Burgerlijke Stand van de gemeenten in de provincie Utrecht 1903-1942, cat. nr. 537-03.

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