

**Breeding and Feeding:**  
A Social History of Mothers and  
Medicine in Australia, 1880-1925.

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## **ABSTRACT**

The late nineteenth and early twentieth centuries saw profound changes in Australian attitudes towards maternity. Imbibed with discourses of pronatalism and eugenics, the production of infants became increasingly important to society and the state. Discourses proliferated on “breeding”, and while it appeared maternity was exalted, the child, not the mother, was of ultimate interest.

This thesis will examine the ways wider discourses of population impacted on childbearing, and very specifically the ways discussions of the nation impacted on medicine. Despite its apparent objectivity, medical science both absorbed and created pronatalism. Within medical ideology, where once the mother had been the point of interest, the primary focus of medical care, increasingly medical science focussed on the life of the infant, who was now all the more precious in the role of new life for the nation.

While all childbirth and child-rearing advice was formed and mediated by such rhetoric, this thesis will examine certain key issues, including the rise of the caesarean section, the development of paediatrics and the turn to antenatal care. These turning points can be read as signifiers of attitudes towards women and the maternal body, and provide critical material for a reading of the complexities of representations of mothers in medical discourse.

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## **INTRODUCTION**

### **Breeding and Feeding.**

Across Europe, the nineteenth century saw a profound change in social and medical understandings of women's bodies. In Britain, this was signified by the development of the new disciplines of obstetrics and gynaecology and the consequent medicalisation of the lives of women and mothers. Doctors became increasingly important in the treatment and control of women's bodies, particularly during childbirth. More importantly, the medical profession became authorities in the construction of the female body: doctors were able to define and articulate the physical and mental capacities of the woman. Through medical discourse and clinical practice, the woman became irretrievably linked to her reproductive organs, in ways that men were not. Based on the intense study of this body, doctors became the chief purveyors of social and medical authority over women and mothers. In Australian medical history, similar themes emerge. The close political, social and intellectual ties between Britain and the colonies pervaded medical thought and Australian clinical care and scientific narratives were bound by English parameters. At the same time, however, there were distinct differences between the British and colonial models. Such differences stemmed from the difficulties of colonising and servicing Australia's vast, seemingly empty spaces.<sup>1</sup>

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<sup>1</sup> Of course, the Australian continent was not "unpeopled", but the land was viewed as "*Terra Nullius*" and Australian Aborigines were generally disregarded. The aim was for white, preferably British population. On the British view of the land and its occupancy, see amongst many others, Henry Reynolds, *The Law of the Land* (Melbourne: 1987), especially Chapter 2, p.31-54.

This thesis will outline the increasing medicalisation of women's bodies in Australia, specifically in regard to maternity. Covering a period of less than fifty years, it will analyse substantial changes in the interactions between doctors and mothers, most specifically the increased medical intervention into childbirth and pregnancy. Midwifery care in Australia was originally very basic. In the early years of convict settlement, naval surgeons treated obstetric cases, but as free settlers began to arrive, there were no adequate health care provisions.<sup>2</sup> For most of the nineteenth century, there were few public or private resources devoted to childbirth, with only the destitute receiving institutionalised medical care.<sup>3</sup> Other women were cared for during their confinement by midwives, friends, family and sometimes the doctor.

By the late-nineteenth century, however, there was a marked change, with the ideal confinement performed under medical control and surveillance. As in England, women's bodies and reproduction came under increased medical and scientific scrutiny, culminating in a proliferation of interventions by doctors. This thesis will consider this crucial change in the Australian context and its impact on both medicine and mothers. It will then suggest a second and equally fundamental shift: the emergence of the infant and foetus as a body for medical interest. In Australia, the peculiar social, political and economic conditions focused attention not only on the body of the mother, but also on her child. In the period from 1880 to 1925, scientific surveillance of the body expanded and became more inclusive: medical authority came to cover firstly childbirth, then breastfeeding and finally the entire antenatal period. While such surveillance intensified, women's bodies

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<sup>2</sup> John Best, *Portraits in Australian Health* (Sydney: 1988), p.20.

<sup>3</sup> For example, see the establishment of the Melbourne Women's Hospital in the 1850s. Janet McCalman, *Sex and Suffering. Women's Health and a Women's Hospital* (Melbourne: 1998), p.6-9.



became paradoxically *less* important. This thesis will suggest that over this period, the medical profession moved its primary focus from the mother to her child.

Underpinning this shift was a profound and pervasive pronatalism. From the 1880s, population was seen as the key to the establishment and maintenance of the colonies, the Empire and the white race. Thus the production of white babies became increasingly important to society and the state. Medical science both absorbed and created pronatalism and this is clearly understood through both public discourse and clinical practice. Medical science came to focus on the life of the white infant, who was now all the more precious in the role of new life for the nation. Signified by the emergence of the new discipline of paediatrics, the period from the 1880s to 1925 saw a profound change. The emphasis moved from a central interest in the maternal body to a new and fundamental concern for the infant and the foetus.

Such a shift in priorities was not marked by new medical advances or technologies, but rather emerged as part of a continuum with the other dominant social and political discourses. Medical care was informed and constructed by wider articulations of race and population. Medical knowledge and authority was not merely scientific but crossed over into the political and the social. Thus debates over maternal mortality, the use of birth control, infant mortality and foetal health were performed against the backdrop of white Australia. The history of medicine and the history of the gendered body must be contextualised within these understandings of race and nation. The profound and continuing links between race, nationhood, women and reproduction had a lasting impact on the bodies of women. As doctors became crucial in the construction of representations

of the mother, they had a keen impact on the construction of both femininity and maternity. Medicine had, for some time, constructed the female body as a reproducing body: maternity was the woman's biological and social destiny. The construction of women as reproducers was in no way unique to this period or to Australia, however the authority of science and medicine legitimised and validated these ideas.

## WRITING THE BODY OF A WOMAN

The mother has always been a central and defining paradigm of womanhood. Only recently, however, has the mother been the subject of historical investigation and even the proliferation of feminist history written during the Women's Liberation movement of the 1970s dealt little with motherhood. In part, this was one aspect of feminism's reluctance to deal with women as biological creatures. As feminist historians have noted, to concentrate on reproduction and bodies as the key aspects of womanhood may merely replicate patriarchal models of femininity.<sup>4</sup> Feminist history was concerned with a wider agenda and it reflected the values of Women's Liberation, exploring quite self-consciously women's role outside of the home and family. Thus the histories written in this period tend to focus on a range of issues, including women's role as worker, her position in politics and the broad injustices she had faced because of her gender. While some historians did consider the junctions between production and reproduction, cutting across the

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<sup>4</sup> Catherine Fouquet, 'The Unavoidable Detour: Must a History of Women Begin with the Histories of their Bodies', in *Writing Women's History*. Michelle Perrot (ed.) (Oxford: 1992), p.51; Ludmilla Jordanova, *Sexual Visions. Images of gender in Science and Medicine between the Eighteenth and Twentieth Centuries* (Wisconsin: 1989), p.15; Mary O'Brien, *The Politics of Reproduction* (London: 1981), p.19.

categories of class and sex to stress the impact of capitalism on women's lives, more widely the mother was a marginalised figure.<sup>5</sup>

The history of medicine and of medical attitudes to the female body, however, was seen as crucial to understanding male power. As part of a wider critique of male power and female submission, historians such as Barbara Ehrenreich and Deidre English, Ann Wood and Carroll Smith-Rosenberg clearly focused feminist interest on the medical domination by male doctors and the control of the patriarchal medical regime over women.<sup>6</sup> As Smith-Rosenberg suggested, medical literature provided another area for analysis on the 'sexual confrontation between women and men.'<sup>7</sup> Early feminist works stressed the connections between doctor's beliefs in female inferiority caused by her reproductive organs, and the more general patriarchal control of women.<sup>8</sup> As Wood noted in 1973, medical treatment of women's minds and bodies 'are particularly sensitive indicators of cultural attitudes.'<sup>9</sup> That is, medical representations of women and the diseases of women were more aligned with a cultural or social analysis of women's bodies than a

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<sup>5</sup> Sheila Rowbotham, *Hidden from History. 300 Years of Women's Oppression and the Fight Against It* (London:1974); Katrina Alford, *Production or Reproduction? An economic history of women in Australia, 1788-1850* (Melbourne: 1984)

<sup>6</sup> Carroll Smith-Rosenberg and Charles Rosenberg, 'The Female Animal: Medical and Biological Views of Woman and Her Role in Nineteenth-Century America', *Journal of American History*, 60, 1973-4, p.332-356; Carroll Smith-Rosenberg, 'The Hysterical Woman: Sex Roles and Role Conflict in 19<sup>th</sup>-century America', *Social Research*, 39(4) 1972, p.652-78; Ann Douglas Wood, "'The Fashionable Diseases': Women's Complaints and Their Treatment in Nineteenth-Century America,' *Journal of Interdisciplinary History*, iv (1), Summer 1973, p.25-52; Elizabeth Fee, 'Psychology, Sexuality, and Social Control in Victorian England', *Social Science Quarterly*, 58 (4), March 1978, p.632-46; Carroll Smith-Rosenberg, 'Puberty to Menopause: The Cycle of Femininity in Nineteenth-Century America', in *Clio's Consciousness Raised: New Perspectives on the History of Women*. Mary S. Hartman and Lois Banner (eds) (New York: 1974), p.23-37.

<sup>7</sup> Carroll Smith-Rosenberg, 'Hearing Women's Words: A Feminist Reconstruction of History', in her *Disorderly Conduct: Visions of Gender in Victorian America* (New York: 1985), p.22.

<sup>8</sup> Barbara Ehrenreich and Deidre English, *Complaints and Disorders. The Sexual Politics of Sickness* (London: 1973), p.32-42; Smith-Rosenberg and Rosenberg, 'The Female Animal', p.354.

<sup>9</sup> Wood, "'The Fashionable Diseases,'" p.25.

strictly scientific endeavor. Within such a framework of medicine, women's bodies were always and inevitably viewed as inferior, sick or open to endless complaints and disorders. This substantiated Victorian cultural ideologies that placed women's role and duty within the home: physically as well as mentally, women were destined only for the private sphere of home and family.

While presenting a strong argument for the bodily subjugation of women through the discipline of medicine in both the past and the present, second wave feminism conceived of medicine as only one site of oppression under the patriarchy. Medicine was but one paradigm amongst many: the law, lack of education, poor employment prospects, inadequate access to birth control and abortion, prostitution and so on.<sup>10</sup> In Australia, a strong Marxist-feminist analysis frequently concentrated on work and in writing women's paid employment into history.<sup>11</sup> Other Australian feminists produced cultural histories detailing the low public standing of women in the colonies.<sup>12</sup> All of these forms of analysis were seen as defining sites of women's oppression: attention was not paid to medicine as a fundamental site of oppression.

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<sup>10</sup> Judith Allen, 'Evidence and Silence: Feminism and the limits of history', in *Feminist Challenges: Social and Political Theory*. Carole Pateman and Elizabeth Gross (eds) (Sydney: 1986), p.173-89. See for example the variety of articles in early feminist anthologies such as Martha Vicinus (ed.) *Suffer and Be Still. Women in the Victorian Age* (Indiana: 1972); Martha Vicinus (ed.) *A Widening Sphere. Changing Roles of Victorian Women* (Indiana: 1977) and Mary S. Hartman and Lois Banner (eds), *Clio's Consciousness Raised: New perspectives on the history of women* (New York: 1974).

<sup>11</sup> Beverley Kingston, *My Wife, My Daughter, and Poor Mary Ann. Women and Work in Australia* (Melbourne: 1975); Margaret Bevege, Margaret James and Carmel Shute, *Worth Her Salt. Women at work in Australia* (Sydney: 1982); Katrina Alford, *Production or Reproduction?*

<sup>12</sup> Miriam Dixson, *The Real Matilda. Women and Identity in Australia 1788 to 1975* (Middlesex: 1976); Anne Summers, *Damned Whores and God's Police: The colonisation of women in Australia* (Ringwood, Victoria: 1975).

In contrast, the international literature of the late 1980s and 1990s saw a variety of medical histories that dealt with women's bodies and acted to reformulate the history of the body and sexuality. Among the most important was Thomas Laqueur, who published an influential article in 1987 and three years later the crucial text, *The Making of the Modern Body*.<sup>13</sup> Laqueur and the other medical historians who followed have indicated just how central biomedical conceptualisations of the female body were to the gendering process. As early as 1949, Simone de Beauvoir had linked women's oppression to her biology and her place in heterosexual reproduction.<sup>14</sup> Laqueur made this link more historically specific, by tracing the relationship between femininity, sexuality and reproduction through medical constructions of the female body.

Laqueur's analysis suggests that in the eighteenth century there was a fundamental change in medical attitudes towards the sexed body. His work detailed the shift in beliefs away from the idea of a "one-body model". This one-body model, defined in Classical medicine, saw the female body constructed as similar, if hierarchically inferior, to the male. This was slowly replaced by the "two-body model", which conceptualised male and female bodies as profoundly different. Mentally, morally and corporeally, women were seen as a 'series of oppositions and contrasts' against the normalcy of the male body.<sup>15</sup> Instead of viewing the differences between male and female bodies as a matter of degree, by the end of the eighteenth century, science and medicine suggested a model of absolute difference: the bodies of men and women were fundamentally divergent.

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<sup>13</sup> Thomas Laqueur, 'Orgasm, Generation and the Politics of Reproductive Biology', *Representations*, 14, Spring 1986, p.1-12; Thomas Laqueur, *Making Sex. Body and Gender from the Greeks to Freud* (Cambridge: 1990).

<sup>14</sup> Simone de Beauvoir, *The Second Sex*. English edition (London: 1953).

<sup>15</sup> Laqueur, *Making Sex*, p.5.

Such a shift had a remarkable impact on the ways women's bodies were conceptualised, particularly in relation to sexuality. Until the eighteenth century, when such views began to be contested, women were viewed as sexually insatiable.<sup>16</sup> Within these discourses on the female body as a sexual body, women were pathologised and viewed as threatening to men through their uncontrolled lust. During the eighteenth century, this changed notably. With the understanding that women's reproduction operated independently from passion and orgasm came the idea that women did not desire sex, need sex or gain pleasure from it.<sup>17</sup> Through these scientific and anatomical debates over the female body and conception, the ideal of the passionless Victorian woman was born.

Instead of a concentration on the organs of pleasure and the importance of orgasm, the late-eighteenth century saw a shift in focus to the uterus. The uterus had become foundational in the understandings of the female body and the definitions of womanhood.<sup>18</sup> The female body was defined as a reproducing body and her biology was constructed within medicine in terms of her capacity for maternity. Within such discourses, the woman's physiological potential to reproduce became the underlying rationale for representations of her entire being. Such a change had long-term effects on social and medical understandings of women's bodies. If the Classical model had defined women's pathology in terms of an uncontrolled and rapacious sexuality, this allowed women some possibility of escape: a woman could overcome her pathology through a determined chastity, even celibacy. Within a model that articulated pathology in terms of reproduction,

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<sup>16</sup> *Ibid.*, p.4.

<sup>17</sup> *Ibid.*, p.3.

<sup>18</sup> *Ibid.*, p.152.

however, women were even more firmly confined. In linking pathology and reproduction, women could not overcome their deviancy by living a virtuous life. To reproduce was to be a “normal” woman, but during pregnancy and birth was also when women were most pathological. In terms of this thesis, Laqueur’s analysis is crucial: the maternal body was imagined as disordered and abnormal and yet paradoxically “normal.”

Laqueur’s writings have greatly influenced debates over how women’s bodies were formed and informed by contemporary social and political practice. In the Victorian era, women were gendered as silent, passive and moral, while men were deemed active, strong and aggressive. Such cultural representations were mediated by medical views that saw sperm as an active force and women’s reproduction as passive and demure, with the egg quietly awaiting the arrival of the moving agent of the sperm.<sup>19</sup> The links between medicine and cultural representations of the body are strong and had a powerful impact on the socio-medical understandings of femininity.<sup>20</sup>

A number of other medical historians have extended Laqueur’s analysis regarding sexual difference and reproductive biology. Such texts are not necessarily concerned with maternity. Nevertheless, the explorations of the medical analysis of the female body provide a framework for the more specific analysis of the reproducing woman. Some histories continued the theme of medicine as a signifier

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<sup>19</sup> Emily Martin, ‘The Egg and the Sperm: How science has constructed a romance based on stereotypical male-female roles’, *Signs*, Spring 1991, 16(3), p.485-501.

<sup>20</sup> See for example Emily Martin, *The Woman in the Body: A Cultural Analysis of the Body* (Boston: 1987); Londa Schiebinger, *Nature’s Body: Gender in the Making of Modern Science* (Boston: 1993); Jordanova, *Sexual Visions*.

of women's more general oppression.<sup>21</sup> In this context, medicine and in particular obstetrics, has been seen as directly undermining the abilities and agency of women. Medical intervention can be read as harmful to women, not only physically but also in terms of inflicting a 'generalised fear' about both childbirth and the female body.<sup>22</sup> Other writers began a more nuanced account of the interactions between medicine and gender. The literary theorist Mary Poovey, for example, has noted the extensive tensions and ambiguities within medical attitudes towards the female body. In her text examining the intersections between ideology and gender, she analyses the ways in which sexual difference is constructed and the tensions and inconsistencies within this construction.<sup>23</sup>

Similarly the historians of science and medicine Regina Morantz-Sanchez, Londa Schiebinger and Ludmilla Jordanova have been concerned with delineating the construction of gender and sex in scientific discourse.<sup>24</sup> Concentrating on discursive and visual images generated within medical discourse, both Jordanova

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<sup>21</sup> Carol Smart, 'Disruptive Bodies and Unruly Sex: The regulation of reproduction and sexuality in the nineteenth century,' in *Regulating Womanhood: Historical essays on marriage, motherhood and sexuality*. C Smart (ed) (London: 1992), p.7-32; Patricia A Vertinsky, *The Eternally Wounded Woman: Woman Doctors and Exercise in the Late Nineteenth-Century* (Manchester: 1994); Jo Murphy-Lawless, *Reading Birth and Death. A History of Obstetric Thinking* (Ireland: 1998); Suellen Murray, "'Being Unwell": Menstruation in early twentieth century Australia,' in *Forging Identities. Bodies, Gender and Feminist History*. Jane Long, Jan Gothard, Helen Brash (eds) (Nedlands: 1997), p.136-160; Julie-Marie Strange, 'Menstrual Fictions: Languages of medicine and menstruation, c.1850-1930', *Women's History Review*, 9 (3), 2000, p.607-628; Paula A Treichler, 'Feminism, Medicine, and the Meaning of Childbirth', in *Body/Politics: Women and the Discourses of Science*. Mary Jacobus, Evelyn Fox Keller and Sally Shuttleworth (eds) (New York: 1990), p.113-138.

<sup>22</sup> Murphy-Lawless, *Reading Birth and Death*, p.16, p.10.

<sup>23</sup> Mary Poovey, *Uneven Developments: The Ideological Work of Gender in Mid-Victorian England* (Chicago: 1995), p.12.

<sup>24</sup> Jordanova, *Sexual Visions*, p. 2; Regina Morantz, 'The Lady and her Physician', in *Clio's Consciousness Raised. New Perspectives on the History of Women*. Mary S Hartman and Lois Banner (eds) (New York: 1974), p.38-53; Regina Morantz-Sanchez, *Conduct Unbecoming a Woman: Medicine on Trial in Turn-of-the-Century Brooklyn* (New York: 1999); Regina Morantz-Sanchez, *Sympathy and Science: Women Physicians in American Medicine* (New York: 1985); Londa



and Schiebinger attempt to define the social and sexual differences constructed by doctors, anatomists and biologists. Following on from the work of Laqueur, Jordanova, Schiebinger and Emily Martin have indicated that the female reproductive system was described in quite negative terms, while the male body was seen in a far more positive and successful light.<sup>25</sup> In particular, the act of menstruation, or failed reproduction as it was defined, came to be seen as disordered: the female reproductive organs were pathologised through their links to motherhood and menstruation.<sup>26</sup>

Maternity is not necessarily the focus of such texts, however examinations of scientific representations of the female body infiltrate wider understandings of the medical construction of the mother. In particular, Ornella Moscucci's text *The Science of Woman. Gynaecology and gender in England, 1800-1929* provides a complex reading of English medical attitudes to the female body. Tracing the development of gynaecology and obstetrics as disciplines from the end of the eighteenth century to the development of the Royal College of Obstetricians and Gynaecologists in 1929, Moscucci concentrates on the notion of specialisation. Through the development of gynaecology and obstetrics as specialities, part of but defined apart from medicine more generally, she is able to show profound changes in doctor's attitudes towards women. *The Science of Woman* traces the change from a more general care of women by a range of health practitioners to the very determined establishment of specialist bodies that controlled childbirth

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Schiebinger, *The Mind Has No Sex? Women in the Origins of Modern Science* (Cambridge: 1989); Londa Schiebinger, *Nature's Body: Gender in the Making of Modern Science* (Boston: 1993).

<sup>25</sup> *Ibid.*, p.78-9; Martin, 'The Egg and the Sperm', p.486-9; Schiebinger, *The Mind Has No Sex?* p.178-80; p.206-210.

<sup>26</sup> Martin, *The Woman in the Body*, p.34-5.

and the diseases of women.<sup>27</sup> Within this period, gynaecology moved from a lesser branch of medicine associated more with female midwives, to an elite science serviced by a professional body that permitted entry only to those who met a fairly rigid criteria.<sup>28</sup>

Deeply concerned with the medical construction of femininity, Moscucci's text foregrounds the centrality of scientific representations of the female body: bio-medicine, and in particular gynaecology, replaced the Church as the authority on both the female body, and the gendered relationship between the sexes.<sup>29</sup> Moscucci makes clear that doctors, as the dominant commentators on the body, defined womanhood in terms of pathology. Extending Laqueur's original commentary on the differences between the sexes, Moscucci has noted that within medicine, 'woman was, by definition, disease or disorder, a deviation from the standard of health represented by the male.'<sup>30</sup> The body (and mind) of the woman was not only irregular but pathological.<sup>31</sup>

The key to the difference between the sexes was, of course, the female reproductive organs. Moscucci, together with a number of other historians including Poovey, Barbara Duden and Jill Matus, have suggested that physicians had long conceived of a fundamental link between women and her womb.<sup>32</sup> Following on from the ancient philosophers, Victorian medical science continued to

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<sup>27</sup> Ornella Moscucci, *The science of woman. Gynaecology and gender in England, 1800-1929* (Cambridge: 1990), especially Chapter 2 and Chapter 6.

<sup>28</sup> *Ibid.*, p.42; p.196-205.

<sup>29</sup> *Ibid.*, p.3.

<sup>30</sup> *Ibid.*, p.102.

<sup>31</sup> *Ibid.*, p.102.

view the uterus as the defining point of womanhood. As Moscucci has suggested, women came to be 'dominated by her sexual functions', while 'the physiology and pathology of her reproductive system provided the key to understanding her physical, mental and moral peculiarities.'<sup>33</sup> The womb and then the ovaries were used to define the woman, and her physical and social difference.<sup>34</sup> In this way, women were defined, formed and pathologised through their maternity: reproduction lay at the core of what it meant to be a woman.

Feminist historians of medicine have particularly noted the ways in which constructions of the female body have widely infiltrated socio-medical models of womanhood. Gynecological or obstetric frameworks were not used only when women were childbearing, but formed more general discourses of femininity. As Alison Bashford has noted, bodies were always sexed by medicine.<sup>35</sup> Different physical characteristics were attributed: the female body was seen as passive, while the male body was viewed as active; the female body was perceived as weak, the male strong. Based on such narratives, the juxtapositions between the female body and the womanly mind were substantial. Gendered ideas regarding sex, femininity and masculinity came into play, intervening with purely scientific observation, and the perceived cultural characteristics of women were imposed directly onto their bodies. Crucially, biological difference was used to justify social difference and to formulate and support the ideology of women's inferior place in

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<sup>32</sup> Poovey, *Uneven Developments*, p. 33-35; Ehrenreich and English, *Complaints and Disorders*, p.33-4, Barbara Duden, *The Woman Beneath the Skin: A Doctor's Patients in Eighteenth-Century Germany* (Cambridge:1991), p.29.

<sup>33</sup> Moscucci, *The science of woman*, p.7. See also Ehrenreich and English, *Complaints and Disorders*, p.31-36.

<sup>34</sup> Jill Matus does note some central tensions in the discourses surrounding the differences between the sexes and the importance of the womb, however, in the late nineteenth century Australian sources, such tensions are marginal, particularly in comparison to the strength of the wider argument. See Jill L Matus, *Unstable Bodies. Victorian representations of sexuality and maternity* (Manchester: 1995), p.29-36.

the private sphere of home and family.<sup>36</sup> As Matus has suggested, medical and biological discourses were actually formed by the wider social and cultural narratives that they were then forced to sustain.<sup>37</sup>

This thesis has been informed and influenced by all of these texts, both in its understandings of the interrelationship between mothers and doctors and also in the broader realisation that medicine crucially affected the wider social and political construction of the bodies of women. In the Australian context, doctors were profoundly involved in the development and maintenance of the socio-medical linkages between women and reproduction and in particular the “need” for the female body to breed. The key point of departure from these texts is, however, the main theme of this thesis: that in Australia there was a distinct shift in medical attention away from the mother in the period from 1900 to 1925. Analysis of nineteenth century women and medicine has indeed focused largely on the female body, whereas a wider analysis of medicine suggests that an interest in the woman was rapidly undermined by a concern for the child. It will be suggested that during this period in Australia, interest in the mother was really a covert interest in the infant: the woman was of importance primarily for her physical bond to her child. Just as Anna Davin has shown in the British context, the demands of the nation and empire placed a new emphasis on the population, on the infant and on the woman breeding for the nation.<sup>38</sup>

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<sup>35</sup> Alison Bashford, *Purity and Pollution. Gender, embodiment and Victorian Medicine* (London: 1998), p.xii.

<sup>36</sup> Moscucci, *The science of woman*, p.3; Schiebinger, *The Mind Has No Sex?* p.1; Martin, *The Woman in the Body*, p.32.

<sup>37</sup> Matus, *Unstable Bodies*, p.7.

<sup>38</sup> Anna Davin, 'Imperialism and Motherhood', *History Workshop Journal*, 5, Spring, 1978, p.9-65.

In the past three decades, there has been some small interest in mothers in Australian history, but maternity has generally been overlooked in large-scale histories of medicine. The disciplines of obstetrics and gynaecology have been rather neglected in mainstream texts which have emphasised the establishment of medical power and hegemony, perhaps with an analysis of challenges from non-medical genres such as quackery and chiropractic care.<sup>39</sup> There have been, however, a number of specific studies on mothers and obstetrics. The first such analysis was Milton Lewis' 1976 Ph.D. thesis, *"Populate or Perish": Aspects of Infant and Maternal Health in Sydney 1870-1939*, which concentrated on the various aspects of infant and maternal care.<sup>40</sup> In particular, he focuses on the decline in mortality rates for both mothers and babies. He also describes the medical and state responses to the problems of mortality and identifies the ways in which contemporary values as well as technologies defined these responses. Lewis, after a detailed analysis, concludes that organised welfare work was the decisive factor in the declining infant mortality.<sup>41</sup> He suggests also that what was needed to lower maternal mortality was "expert care", in terms of improved medical attention.<sup>42</sup> This thesis will, however, question his ideas of medicine as an

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<sup>39</sup> Evan Willis, *Medical Dominance. The Division of Labour in Australian Health Care* (Sydney: 1983); TS Pensabene, *The Rise of the Medical Practitioner in Victoria* (Canberra: 1980). More recently, Philippa Martyr has produced a comprehensive study of medicine and quackery in Australia. Philippa Martyr, *Paradise of Quacks* (Sydney: 2002)

<sup>40</sup> Milton Lewis, "Populate or Perish": Aspects of Infant and Maternal Health in Sydney 1870-1939." Ph.D. Thesis, Australian National University, 1976; Milton Lewis, 'Milk, Mothers and Infant Welfare', *Twentieth Century Sydney. Studies in Urban and Social History*. Jill Roe (ed) (Sydney: 1980), p.193-207; Milton Lewis, 'The problem of infant feeding: the Australian experience', *Journal of the History of Medicine and Allied Sciences*, 1980, 30, p.174-87; Milton Lewis, 'The 'health of the race' and infant health in New South Wales: perspectives on medicine and empire' in *Disease, Medicine and Empire. Perspectives on Western Medicine and the Experience of European Expansion*. Roy Macleod and Milton Lewis (eds) (London: 1988), p.301-15.

<sup>41</sup> Lewis, "Populate or Perish", p.285.

<sup>42</sup> *Ibid.*, p.294.

emancipatory regime and will suggest that doctors were initially less influential in the declining mortality rates than might be expected.

More influential to this thesis has been Kerreen Reiger's 1985 text *The Disenchantment of the Home*. The focus of Reiger's analysis is not necessarily medicine, but rather the professionalisation of all aspects of housewifery and mothering: she is concerned with the sociological shift in power from the woman to the emerging expert. Of particular interest is the chapter on childbirth that outlines the rapid growth of gynaecological intervention as well as the extension of antenatal care in the postwar period.<sup>43</sup> The other main text concerning mothers and medicine in Australian history is Janet McCalman's impressive 1998 text, *Sex and Suffering*. McCalman had access to the archives of the Melbourne Women's Hospital and her history is alive with individual stories and people. It provides a wealth of information on medical practice and the patients that attended the large public hospital.<sup>44</sup> McCalman's work has been extremely useful in the construction of this thesis, but there are numerous differences in terms of theory and analysis. McCalman is writing a detailed analysis of a single hospital, and so does not attempt an overarching framework to explain mothers and medicine in more general terms. McCalman is also writing from the perspective of the doctor and hospital rather than the patient and is somewhat uncritical of the notion of technological advance. Working within the confines of this idea of progress, McCalman's reading of the motivations of doctors is similarly problematic:

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<sup>43</sup> Kerreen Reiger, *The Disenchantment of the Home: Modernising the Australian Home, 1880-1940* (Melbourne: 1985). See also Desley Deacon, 'Taylorism in the home: The medical profession, the infant welfare movement and the deskilling of women', *Australian and New Zealand Journal of Sociology*, 21(2), July 1985, p.161-173. In the later period see Kerreen Reiger, *Our Bodies, Our Babies. The Forgotten Women's Movement* (Melbourne: 2001).

<sup>44</sup> McCalman, *Sex and Suffering*.

conceptualisations of gender make a useful point of difference here, and these will be considered in detail throughout this work.

While the international literature on the history of mothers is vast, there have also been some considerations of maternity within Australian feminist history.<sup>45</sup> Mothers have appeared in such texts in multiple forms. Beverley Kingston has seen maternity as the one common experience between most women in Australia, whatever their class and she sees reproduction as one of the important paradigms

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<sup>45</sup> The international literature on mothers is extensive. It begins with the family histories of Philippe Aries, *Centuries of Childhood. A Social History of Family Life* (New York: 1962); Lawrence Stone, *The family, sex and marriage in England 1500-1800* (London: 1977); Lawrence Stone, 'The Rise of the Nuclear Family in Early Modern England: The Patriarchal Stage', in *The Family in History*. Charles E Rosenberg (ed.) (Pennsylvania: 1975); Jean Louis Flandrin, *Families in former times: Kinship, household and sexuality* (Cambridge: 1979); Edward Shorter, *The Making of the Modern Family* (New York: 1982); Peter Laslett (ed.) *Household and Family in Past Times* (Cambridge: 1972); Jacques Donzelot, *Policing of Families* (New York: 1979). More recently, useful feminist histories include Ellen Ross, *Love and Toil. Motherhood in Outcast London, 1870-1918* (New York: 1993); Mary Dockray-Miller, *Motherhood and Mothering in Anglo-Saxon England* (New York: 2000); Clarissa W Atkinson, *The Oldest Vocation: Christian Motherhood in the Middle Ages* (Ithaca: 1991); Elizabeth Badinter, *The Myth of Motherhood: An Historical View of the Maternal Instinct* (London: 1981); Jane Lewis, *The Politics of Motherhood: Child and Maternal Welfare in England, 1900-1939* (London: 1980); Gisela Bock and Pat Thane, *Maternity and Gender Policies: Women and the Rise of the European Welfare States, 1880s-1950s* (London: 1991); Seth Koven and Sonya Michel, *Mothers of a New World: Maternalist politics and the origins of welfare states* (New York: 1993); Toni Bowers, *The Politics of Motherhood. British writing and culture 1680-1760* (Cambridge: 1996); Felicity A Nussbaum, *Torrid Zones. Maternity, Sexuality and Empire in Eighteenth-Century English Narratives* (Baltimore: 1995); Eileen Yeo, 'The Creation of "Motherhood" and Women's Responses in Britain and France, 1750-1914', *Women's History Review*, 8 (2) 1999, p.193-200; Randi Davenport, 'Thomas Malthus and Maternal Bodies Politic: gender, race and empire', *Women's History Review* 4(4), 1995, p.415-39. Outside history, the mother has also come under focus in disciplines as disparate as sociology, psychology, anthropology, even zoology. The literature on mothers across these genres is too vast to fully document here. Amongst the most important to the development of my own understanding were Adrienne Rich, *Of Woman Born. Motherhood as Experience and Institution* (London: 1977); Betsy Wearing, *The ideology of motherhood: a study of Sydney suburban mothers* (Sydney: 1994); Diane E Eyer, *Mother-infant bonding: a scientific fiction* (New Haven: 1992); Sarah Blaffer Hrdy, *Mother nature. Ruthless, competitive, nurturing and tender: maternal instincts and the shaping of the species* (London: 2000). For a more complete list, see the bibliographic essay by Ellen Ross, 'New Thoughts on "the Oldest Vocation": Mothers and Motherhood in Recent Feminist Scholarship', *Signs*, Winter 1995, 20 (2), p.397-413.

of Australian womanhood.<sup>46</sup> In *Creating A Nation*, the mother is seen as an archetype: the history of white settlement and the formation of the Australian nation is framed through maternity:

Whether in giving birth to babies, or in refusing to do so, in sustaining families and multi-cultural communities, creating wealth, shaping a maternalist welfare state or in inscribing the meanings of our experience in culture, women have clearly been major actors in the colonial and national dramas.<sup>47</sup>

*Creating a Nation* suggests that maternity is central to the colonial and national experience, but other historians have concentrated on particular mothers within Australian society. Marilyn Lake has considered the conjunctions between maternity, feminism and citizenship, while John Bongiorno has considered motherhood amongst the radical elite at the turn of the century.<sup>48</sup> Others including Lake, Fiona Paisley and Alison Holland have considered race and maternity in Australian history, and particularly the attitudes of mid-century feminists towards Aboriginal mothers.<sup>49</sup> Shurlee Swain's consideration of single motherhood in Australia from 1850 to 1975 offers a comprehensive qualitative and quantitative

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<sup>46</sup> Kingston, *My Wife, My Daughter, and Poor Mary-Ann*, p.7.

<sup>47</sup> Patricia Grimshaw, Marilyn Lake, Ann McGrath and Marian Quartly, *Creating a Nation 1788-1990*. (Melbourne: 1994), p.1.

<sup>48</sup> Marilyn Lake, *Getting Equal. The history of Australian feminism* (Sydney: 1999); John Bongiorno, "'Every Woman a Mother': Radical Intellectuals, Sex Reform and the 'Woman Question' in Australia, 1890-1918", *Hecate*, 27, 2001, p.44-64.

<sup>49</sup> Marilyn Lake, 'Childbearers as Rights-bearers: feminist discourse on the rights of Aboriginal and non-Aboriginal mothers in Australia, 1920-1950', *Women's History Review*, 8(2), 1999, p.34-365; Marilyn Lake, 'Feminism and the Gendered Politics of Anti-Racism, Australia 1927-1957: From Maternal Protectionism to Leftist Assimilationism', *Australian Historical Studies*, 110, 1998, p.91-108; Fiona Paisley, *Loving Protection? Australian Feminism and Aboriginal Women's Rights 1919-1939* (Melbourne: 2000); Fiona Paisley, "'Don't tell England!': Women of Empire Campaign to Change Aboriginal Policy in Australia Between the Wars", *Lilith*, 8, Summer 1993, p.139-152; Alison Holland, 'Wives and Mothers Like Ourselves? Exploring White Women's Intervention in the Politics of Race, 1920s-1940s', *Australian Historical Studies*, 117, 2001, p.292-310.



examination of unmarried mothers and the construction of these women as deviant.<sup>50</sup> A recent work by Christina Twomey has also dealt with women and mothers living outside the “protection” of men, deserted wives. In *Deserted and Destitute: Motherhood, Wife Desertion and Colonial Welfare*, Twomey has offered a history of women abandoned by their male partners, but also a wider analysis of the social and cultural meanings of wife desertion. In particular, she has focused on the interactions of poor women and nascent welfare. Her work is framed more by an understanding of women as wives rather than as mothers, but nevertheless provides a useful depiction of women, poverty and charity in Victoria in the colonial period.<sup>51</sup>

If historians have shown some interest in maternity, the rejection of maternity has also incited some historical investigations. Abortion, in particular, has been a site of analysis, including the excellent work by Judith Allen.<sup>52</sup> In *The Classing Gaze*, Lynette Finch has offered an analysis of the pressures on working class mothers and the conflicts between middle class ideologies of maternity and the realities of working class mothers and abortion.<sup>53</sup> Others including Stefania Siedlecky and Diana Wyndham have considered the history of abortion and birth control in Australia, offering the juxtaposition of women who rejected unfettered maternity with the pronatalist views of the state, church and doctors.<sup>54</sup> In terms of “breeding”,

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<sup>50</sup> Shurlee Swain with Renate Howe, *Single Mothers and Their Children. Disposal, Punishment and Survival in Australia* (Cambridge: 1995).

<sup>51</sup> Christina Twomey, *Deserted and Destitute: Motherhood, Wife Desertion and Colonial Welfare* (Melbourne: 2002)

<sup>52</sup> Judith Allen, ‘Octavius Beale reconsidered. Infanticide, babyfarming and abortion in NSW 1880-1939,’ in *What Rough Beast? The State and Social Order in Australian History*. Sydney Labour History Group (Sydney: 1982), p.111-129; Judith Allen, *Sex and Secrets. Crimes involving Australia Women since 1880* (Melbourne: 1990);

<sup>53</sup> Lynette Finch, *The Classing Gaze. Sexuality, Class and Surveillance* (Sydney: 1993), especially Chapter 6.

<sup>54</sup> Stefania Siedlecky and Diana Wyndham, *Populate or Perish. Australian Women's Fight for Birth Control*. (Sydney: 1990)

historians including Ann Curthoys and Carol Bacchi have considered the intersections between eugenics, maternity and contraception.<sup>55</sup>

The Royal Commission into the Decline of the Birth Rate and the Mortality of Infants in New South Wales has also been examined, with Rosemary Pringle, Alison Mackinnon, Judith Allen and Neville Hicks all offering nuanced readings of the Commission and the Commissioners.<sup>56</sup> This thesis has drawn upon these works and utilised their frameworks to provide a more detailed examination of the intersections between pronatalism, birth control, maternity and the discourses and practices of medicine.

There has been some consideration of children, health and medicine within Australian history. Health has featured in more general histories of childhood, and a more sustained study was developed by Bryan Gandevis in *Tears often Shed. Child Health and Welfare in Australia from 1788*.<sup>57</sup> Gandevis offers a comprehensive consideration of infant and child health from the early colony until

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<sup>55</sup> Ann Curthoys, 'Eugenics, Feminism and Birth Control: The Case of Marion Piddington,' *Hecate*, XV (I), 1989, p.73-89; Carol Bacchi, 'The Impact of Scientific Theories on Attitudes towards Women in the Anglo-Saxon Community, with particular reference to Australia 1870-1920', *Women and Labour Conference Papers, Part 3 Australian Feminism*, May 1973, p.1; Carol Bacchi, 'The Nature-Nurture Debate in Australia, 1900-1914,' *Australian Historical Studies*, 19, October 1980, p.199-212.

<sup>56</sup> Neville Hicks, *'This Sin and Scandal'. Australia's population debate 1891-1911* (Canberra: 1978); Alison Mackinnon, *Love and Freedom. Professional Women and the Reshaping of Personal Life* (Cambridge: 1997), Chapters 2 and 3; R Pringle, 'Octavius Beale and the Ideology of the Birth Rate', *Refractory Girl* Winter 1973, p.19-27; Allen, 'Octavius Beale reconsidered', p.111-29; Allen, *Sex and Secrets*, p.67-73.

<sup>57</sup> Jan Kociumbus, *Australian Childhood A History* (Sydney: 1997), especially Chapter 9; J Ramsland, *Children of the Backlanes: Destitute and neglected children in Colonial New South Wales* (Sydney: 1986). The health of children and the rise of the public health movement was also considered in detail in Reiger, *The Disenchantment of the Home*, Chapter Six. The extensive and important work of both Milton Lewis and Philippa Mein Smith will be considered more fully in Chapter 6 of this thesis, within more specific issues of infant feeding.

the 1980s.<sup>58</sup> A more recent study is Bruce Storey's MA thesis, *The emergence of paediatrics in Sydney*, which offers a thorough examination of the professionalisation of the new discipline, concentrating on developments within the Sydney Hospital for Sick Children.<sup>59</sup> Also useful are the numerous histories of individual children's hospitals, which carefully chart the growth of child health services. While these texts offer a sustained study of child health and medicine, this work will extend this analysis, to more fully situate paediatrics within social and medical discourse. It will consider the relationship between mother, child and doctor, and indicate the increasing emphasis of the medical profession on the life of the child. Central to such an analysis was the emergence of the infant as both separate and special, specifically the theoretical disengagement of the child from both the mother and from obstetrics as a discipline. Such a development will be firmly contextualised within Australian history, in particular turn of the century concerns over the declining birth rate and white Australia.

Certainly, in Australia doctors were crucial in the development and production of narratives surrounding mothers. By the 1880s, the medical profession had become a group of some social, political and economic significance. Their dominance as men of science was not yet completely assured but they certainly made up a prominent voice of authority. The construction of mothers and maternity by the medical profession was, however, not a purely scientific endeavor. Medicine was influenced by a range of public and private pressures, most notably the fundamental division of gender. This highlights the need for an analysis that takes

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<sup>58</sup> Bryan Gandevia, *Tears Often Shed. Child Health and Welfare in Australia from 1788* (Sydney: 1978)

<sup>59</sup> GNB Storey, 'The Emergence of Paediatrics as a medical specialty in Sydney, 1870s through 1930s: A Prolonged and Difficult Delivery,' MA Philosophy. Department of History and Philosophy of Science, University of Sydney 1997. For an

into account these influences, particularly the ways in which gender operated as a formative process.<sup>60</sup>

Uncovering power relations within medical history is a complex process: power and authority can be easily obscured by the intersections between science and gender. Michel Foucault has shown that medicine operated as a regime of social control and surveillance over bodies, including women's bodies.<sup>61</sup> Feminist historians have frequently read medicine as a form of patriarchal control that empowered doctors and left the female patient as helpless and controlled.<sup>62</sup> One of the key aims of this thesis is to problematise the classic feminist view that the doctor was simply an arm of the patriarchy. Doctor's motivations need to be contextualised within the belief systems of the day and the ideologies and frameworks of their peers. There is no doubt that some doctors were motivated by

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overview of infant care on the frontier, see also John Thearle, 'Babes in the Bush: Infant care in outback colonial Australia,' in *Health, History and Horizons*. John Pearn (ed) (Brisbane: 1992), p.87-106.

<sup>60</sup> On gender as a category of analysis see Joan Wallach Scott, *Gender and the Politics of History* (New York: 1988).

<sup>61</sup> Michel Foucault, *History of Sexuality, Volume I* (London: 1978); Michel Foucault, *The Birth of the Clinic: An archaeology of medical perception* (London: 1973); Michel Foucault, *Madness and Civilisation: A History of Insanity in the Age of Reason* (New York: 1973). For feminist critiques of Foucault see Irene Bartky and Lee Quinby (eds), *Feminism and Foucault. Reflections on Resistance* (Boston: 1988); Jana Sawicki, 'Feminism and the Power of Foucauldian Discourse', in *After Foucault. Humanistic Knowledge, Postmodern Challenges*. Jonathon Arac (ed.) (New Brunswick: 1991), p.161-178; Caroline Ramazanoglu, *Up Against Foucault. Explorations of some tensions between Foucault and feminism* (London: 1993); Isaac D Balbus, 'Disciplining Women: Michel Foucault and the Power of Feminist Discourse', in *After Foucault. Humanistic Knowledge, Postmodern Challenges*. Jonathon Arac (ed.) (New Brunswick: 1991), p.138-160; Jane Flax, 'Postmodernism and Gender Relations in Feminist Theory' *Feminism/Postmodernism*. Linda J. Nicholson (ed.) (New York: 1990), p.39-62; Nancy Hartsock, 'Foucault on Power: A Theory for Women?', *Feminism/Postmodernism*. Linda J. Nicholson (ed.) (New York: 1990), p. 157-175.

<sup>62</sup> See Ehrenreich and English, *Complaints and Disorders*, p.5-6; Barbara Ehrenreich and Deidre English, *For Her Own Good: 150 Years of The Experts Advice to Women* (London: 1979), p.25-6; Ehrenreich and English, *Witches, Midwives and Nurses: a history of women healers* (London: 1973), p.3-6; GJ Barker Benfield, *The Horrors of the Half-Known Life. Male Attitudes Toward Women and Sexuality in Nineteenth-Century America* (New York: 1976), p.80-132; Wood, 'The Fashionable Diseases,' p.25-52.

a thirst for power, or a lust for money, or perhaps even a desire to dominate. But to suggest medicine was simply a form of oppression to women is simplistic, setting up a rather patronising dichotomy between the “controlling” doctor and the “victim” woman.

As Regina Morantz-Sanchez has shown in her histories of British and American gynaecology, inter-relationships between the practitioner and patient are complex.<sup>63</sup> In many ways, gynaecology was oppressive in both discourse and practice: the treatment of hysteria, and the use of sterilisation (oömphorectomy) and clitoridectomy are the most extreme examples.<sup>64</sup> Gynaecology as a discipline acted to pathologise the female body and mind, and as Morantz-Sanchez notes, frequently the cure was worse than the illness.<sup>65</sup> At the same time, however, it is too simplistic to equate the legitimacy of gynaecology as a specialty and symbol of medicine with the complete disciplinary power of an individual doctor over his patient. Certainly the doctor/patient relationship was always formed and influenced by the significance and authority of wider medicine. Even so, women did make choices regarding their treatment. As Morantz-Sanchez suggests women were ‘actively managing their own medical affairs.’<sup>66</sup> It is important not to over-emphasise this agency: sickness or disease may have undermined women’s

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<sup>63</sup> Morantz, ‘The Lady and her Physician’, p.38-53; Morantz-Sanchez, *Conduct Unbecoming a Woman*; Morantz-Sanchez, *Sympathy and Science*. See also David Armstrong, ‘The Doctor-Patient Relationship: 1930-80’, in *The Problem of Medical Knowledge. Examining the Social Construction of Medicine*. Peter Wright and Andrew Treacher (ed) (Edinburgh: 1982), p.109-122.

<sup>64</sup> On clitoridectomy, see Andrew Scull and Dianne Favreau, ‘The Clitoridectomy Craze’, *Social Research*, 53(2), 1986, p.243-260; Ornella Moscucci, ‘Clitoridectomy, Circumcision and Sexual Pleasure’, in *Sexualities in Victorian Britain*. AH Miller and JE Adams (eds.) (Bloomington: 1996), p.60-78; Ann Dally, *Women Under the Knife: A History of Surgery* (London: 1991), p.162-184. In Australia, see Grant Rodwell, ‘Curing the Precocious Masturbator: Eugenics and Australian Early Childhood Education’, *Journal of Australian Studies*, 59, 1998, p.82-92.

<sup>65</sup> Morantz, ‘The Lady and her Physician,’ p.40.

choices and made them vulnerable to medical suggestion. Agency could be further undermined by issues of class and poverty. At the same time, patients did have some autonomy in the decision making process and on an individual level were not entirely controlled by the regimes of medicine. In this thesis, medicine will be presented certainly as a discourse of power and authority, but also as one with flaws, inconsistencies and tensions within, and subject to negotiation between patient and practitioner.

The history of gynaecology and obstetrics is marked by a series of continuities, advances, junctions and setbacks. That modern medicine continued to have substantial links to Classical and early modern medical care is notable. For instance, many late-nineteenth century medical texts in Australia contained ideas on breastfeeding and wet nursing which were based largely on folklore and traditional midwifery.<sup>67</sup> While a myriad of changes had occurred in the theory and practice of medicine over that two hundred-year period, there were continuities as well. In other ways, progress was equally mediated. Medical discourse frequently promised more than the technology could adequately deliver. In effect, medical advances lagged behind the public perception enjoyed by doctors, with the clinic constructed and viewed as more advanced than was the case.

A prime example explored in this thesis is the inconsistencies surrounding mortality rates, particularly the death rates of babies. When there was a rapid and impressive fall in infant mortality at the beginning of the twentieth century, the medical profession was happy to take the credit. The marked improvements in infant survival helped to consolidate medicine's privileged position in Australian

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<sup>66</sup> Morantz-Sanchez, *Conduct Unbecoming a Woman*, p.139.

society.<sup>68</sup> Medical men became respected members of the community, more so in the Antipodes than in the constrained class system of England.<sup>69</sup> Yet much of this prestige was based on misconceptions of medical expertise. Milton Lewis concluded that the fall in the infant death rate was less a product of medical practice than of an increase in overall public and private hygiene and an increase in rates of breastfeeding. The decline in infant stomach disorders was prefaced by public health measures – cleaner water, sewerage, safer milk. The main factor, however, was an increase in maternal breastfeeding.<sup>70</sup> As such, ‘it was prevention, not specific theory,’ that led to a better survival rate for infants.<sup>71</sup>

Even more importantly for this thesis is the idea that in the late-nineteenth century and in the first decades of the new century, medical intervention did not necessarily help mothers. Despite the substantial shift to a medicalised birth and the increasing surveillance of pregnancy in the form of antenatal care, maternal mortality rates did not fall and indeed in some cases rose. Rising mortality can be directly tied into medical care: initially through puerperal fever, which was spread through increasing medical intervention, and then through the extended use of dangerous surgery such as the caesarean section. The explosion of interest in the maternal body did not necessarily mean that women were better cared for during confinement and this thesis makes clear that medical intervention had quite equivocal results for women. Overall, these cases of maternal and infant mortality suggest that much caution needs to be used in applying models of progress to the

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<sup>67</sup> Jane Sharp, *The Midwives Book* (1671) (New York: 1985), p.362-367.

<sup>68</sup> Beverley Kingston, *The Oxford History of Australia. Vol. 3. 1860-1900. Glad Confident Morning* (Melbourne: 1988), p.122-3.

<sup>69</sup> Stuart Macintyre, *The Oxford History of Australia, Vol 4 The Succeeding Age 1901-1942* (Melbourne: 1986), p.52.

<sup>70</sup> Lewis, “Populate or Perish”, p.25.

<sup>71</sup> *Ibid.*, p.12. See also p.98-99.

history of medicine, for frequently there is more to consider than simple technical advance. The history of medicine or, more precisely in this case, the history of cultural and scientific discourses surrounding medicine, is not of a lineal model, but a history of both continuity and change, of stagnation and advance.<sup>72</sup>

## MOTHERS, MEDICINE AND THE DISCOURSE OF POPULATION

Historians have for some time noted that medicine does not develop in an intellectual vacuum. Medicine is moulded not simply by science, but by social, political and economic factors. In late-nineteenth century Australia developments in science and medicine must be firmly classified within debates over population and race.<sup>73</sup> This will be dealt with more fully in Chapter Four, but it is necessary to now make some observations regarding race and nation for such ideas permeated social and medical thought. Medicine proved to be a point of intersection for converging ideas about maternity, the body, race and nation. Indeed medicine functioned to represent women as reproducers: as breeders and feeders for the race and the nation. By the 1880s in Australia, the discourses of pronatalism were ever present. This was a singular and fundamental response to local realities: from the 1880s, there was a great and continuing decline in the birth rate. Australian women were simply not having as many babies.<sup>74</sup> This was perceived as a crisis and a direct threat to the maintenance of white Australia and the British Empire.

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<sup>72</sup> Jordanova, *Sexual Visions*, p.142.

<sup>73</sup> Warwick Anderson makes a similar point, using different material, in his recent text *The Cultivation of Whiteness. Science, Health and Racial Destiny in Australia* (Melbourne: 2002). These ideas are foundational to his argument, but see especially p.2, p.3.

<sup>74</sup> Pronatalism provides somewhat of a conundrum for the historian. At once, it is roundly approved of by the dominant discourses, including both the state and the medical profession. But at the same time its authority is clearly undermined by the rejection of its message by individual women and men, who continued producing small families. While Pringle has described the pronatalist discourse as overwhelming and persuasive, the very fact that women refused to conform is



Such ideas about whiteness, race and population were central in the construction of the colonial identity and later to the Australian national identity.<sup>75</sup> Australia was formulated on the ideal of the white race. The first act of Parliament in the newly federated nation in 1901 was the Immigration Restriction Act, which used a dictation test to restrict the entry of non-whites into Australia. Known colloquially as the white Australia policy, this legislation was founded on the idea that Europeans, particularly the British, were physically, intellectually and morally superior to other races and ethnicities.<sup>76</sup> Such a belief in the hierarchies of race was combined with ideas of Social Darwinism, which linked biological science with populist notions of the “survival of the fittest”. It was thus believed that the interbreeding of races would lead to physical and moral degeneration.<sup>77</sup> Contemporary intellectual and medical theories suggested that the British race in Australia needed to be kept pure and untainted by foreign blood at all costs.

By the depression of the 1890s, there were intense anxieties over race, in particular over the perceived threat of the Chinese.<sup>78</sup> Radical nationalist journals such as *The Bulletin*, the *Lone Hand* and the *Brisbane Worker* were central in escalating public fears. *The Bulletin*, for example, stressed the world was inevitably progressing to ‘scramble’ for ‘ownership of the earth’, between the

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indicative of a public and private space outside of the hegemony of the pronatalist discourse. Pringle, ‘Octavius Beale and the Ideology of the Birth Rate’, p.26.

<sup>75</sup> Jon Stratton, *Race Days. Australia in Identity Crisis* (Sydney: 1998), p.9; Anderson, *The Cultivation of Whiteness*, p.1-2, p.244.

<sup>76</sup> Douglas Cole, “‘The Crimson Thread of Kinship’: Ethnic Ideas in Australia 1870-1914”, *Historical Studies* 14 (56), April 1971, p.512.

<sup>77</sup> Stephen Alomes, *A Nation at Last? The Changing Character of Australian Nationalism 1880-1988* (Sydney: 1988), p.30.

<sup>78</sup> See David Walker, *Anxious Nation. Australia and the Rise of Asia 1850-1939* (Brisbane: 1999)

Negro and the Chinese.<sup>79</sup> Unions and the labour movement feared that cheap, non-unionised Asian labour would affect the labour market, by increasing competition and lowering both wages and conditions.<sup>80</sup> All classes, however, believed that the Chinese would racially pollute the vision of Australia, that the 'admixture' of the races would lead to degeneration and the loss of civilisation, progress and purity.<sup>81</sup>

So fundamental was such a fear that Alfred Deakin, the Attorney-General and future Prime Minister, was able to claim in 1901 that the threat from Asia was against 'nothing less than the national manhood, the national character, and the national future.'<sup>82</sup> Fears over Asia quickly centered on population and the declining birth rate became symbolic of the perceived dangers of the East. As the quote from Deakin shows, such beliefs were not merely the prerogative of the nationalist, working class press, but formed part of a wider discourse of race. Doctors were crucial in the construction of white Australia: as Warwick Anderson suggests, doctors were quick to offer theories on population, degeneration and whiteness. That their answers were at times doubtful did not stop them. Medicine and science provided an aura of authority over the white body and the white nation.<sup>83</sup> Thus the white mother proved to be a point of intersection of medical ideologies. The

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<sup>79</sup> Editorial, 'The Coming Race', *The Bulletin*, September 27 1890, p.7. See also Editorial, 'Will the Chinese Overrun the World', *The Bulletin*, July 26 1890, p.4.

<sup>80</sup> See Ann Curthoys, 'Conflict and Consensus: The Seamen's Strike of 1878', in *Who Are Our Enemies? Racism and the Australian Working Class*. Ann Curthoys and Andrew Markus (eds) (Sydney: 1978), p.48-65; Ray Markey, 'Populist Policies: Racism and Labor in NSW 1880-1900', *Ibid.*, p.66-79; Kathy Cronin, "'The Yellow Agony': Racial Attitudes and Responses Towards the Chinese in Colonial Queensland' in *Race Relations in Colonial Queensland: Exclusion, Exploitation and Extermination*. Kathy Cronin, Raymond Evans and Kay Saunders (St Lucia: 1988), p.16-31.

<sup>81</sup> NB Nairn 'A Survey of the History of the White Australia Policy in the Nineteenth Century', *Australian Quarterly*, 28, September 1956, p.16-31; Manning Clark, *A Short History of Australia* (Chicago: 1963), p.172.

<sup>82</sup> *Ibid.*, p.172-3.

mother stood at the junction of debate, where ideas about race and gender were formed and mediated by each other.<sup>84</sup> Consideration of race becomes central to this study of medicine and mothers because the themes of race and nation so frequently permeated social and political discussions on women and maternity.

Pronatalism and population were key discourses of the late nineteenth and early twentieth centuries and had a formative impact on the medical construction of mothers. In Australian historiography, both pronatalism and eugenics have been seen as intrinsic and there has been a vast historical interest in eugenics in particular.<sup>85</sup> Rob Watts, for example, has claimed that in Australia eugenicists played a 'central role' in the development of health, education and welfare, concluding that 'without hyperbole we can see the first half of the twentieth century as "the age of eugenics."<sup>86</sup> This study, however, <sup>found</sup> eugenics to be rather less important than a more general pronatalism.<sup>87</sup> In part, this may be due to the difficulties of strictly defining eugenics: Carol Bacchi for instance does not clearly differentiate between the pronatalism of the Royal Commission into the Decline in

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<sup>83</sup> Anderson, *The Cultivation of Whiteness*, p.4.

<sup>84</sup> Anna Davin has noted the ways that race and gender were formed and informed by each other. Anna Davin, 'Imperialism and Motherhood', *History Workshop Journal*, Spring 1978, p.9-65. See also Anne McClintock, *Imperial Leather. Race, Gender and Sexuality in the Colonial Conquest* (New York: 1995), p.5.

<sup>85</sup> Bacchi, 'The Impact of Scientific Theories on Attitudes towards Women,' p.1; Bacchi, 'The Nature-Nurture Debate,' p.199-212; Stephen Garton, 'Sound Minds and Healthy Bodies: Reconsidering Eugenics in Australia, 1900-1914,' *Australian Historical Studies*, 26 October 1994, p.163-81; Rob Watts, 'Beyond Nature and Nurture: Eugenics in Twentieth Century Australian History,' *Australian Journal of Politics and History*, 40 (3), 1994, p.318-334; Stephen Garton, 'Sir Charles Mackellar: Psychiatry, eugenics and child welfare in New South Wales, 1900-1914', *Historical Studies*, 22 (86) April 1986, p.21-34; Mary Cawte, 'Craniotomy and eugenics in Australia: RJA Berry and the Quest for Social Efficiency,' *Historical Studies*, 22 (86) April 1986, p.35-53; Grant Rodwell, 'Professor Harvey Sutton: National hygienist as eugenicist and educator,' *Journal of the Royal Australian Historical Society*, 84 (2) p.164-79; Curthoys, 'Eugenics, Feminism and Birth Control,' p.73-89; Neville Hicks, *"This Sin and Scandal": Australia's Population Debate 1891-1911* (Canberra: 1978).

<sup>86</sup> Watts, 'Beyond Nature and Nurture', p.319.

<sup>87</sup> Bacchi, 'The Impact of Scientific Theories on Attitudes towards Women,' p.19.

the Birth Rate and the eugenic rationale of the fertility of the unfit.<sup>88</sup> In this thesis, the distinction will be drawn more sharply. Eugenics was defined by its founder Francis Galton as 'the science which deals with all influences that improve the inborn qualities of the race; also with those that develop them to the utmost advantage.'<sup>89</sup> From its inception, eugenics was absorbed with improving the quality of the race, rather than just the quantity. Its believers saw eugenics as functioning in various practical forms and the extent to which eugenicists valued environmental factors was varied and negotiable.<sup>90</sup> They were, however, united in the belief of the need for a refined reproduction from solid hereditary sources.

Australia certainly had its share of high profile eugenicists.<sup>91</sup> Before the Great War, eugenics policies also infiltrated public schemes such as the inspection of children in the public school system and the development of "nature studies" and agricultural high schools.<sup>92</sup> At the same time, this thesis will suggest that the

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<sup>88</sup> Bacci, 'The Nature-Nurture Debate in Australia'. See also the critique of this in Stephen Garton, 'Writing Eugenics: A History of Classifying Practices,' in *"A Race for a Place": Eugenics, Darwinism and Social Thought and Practice in Australia. Proceedings of the History & Sociology of Eugenics Conference University of Newcastle 27-28 April 2000*, p.11.

<sup>89</sup> Francis Galton, 'Eugenics: its definition, scope and aims', reprinted in *Eugenics Then and Now*, Carl J Bajena (ed.) (Pennsylvania: 1976), p.40.

<sup>90</sup> On the disparate nature of eugenics, see Watts, 'Beyond Nature and Nurture', especially p.321-4; Rodwell, 'Professor Harvey Sutton', p.164.

<sup>91</sup> Garton, 'Sir Charles Mackellar', p.21-34; Cawte, 'Craniotomy and eugenics in Australia', p.35-53; Rodwell, 'Professor Harvey Sutton', p.164-79; Michael Roe, *Nine Australian Progressives: Vitalism in Bourgeois Social Thought* (St Lucia: 1984); Borgiorno, "'Every Woman a Mother,'" p.44-64. See for example, Guy L'Estrange, 'Eugenics in the light of higher civilisation', *AMG*, January 20 1910, p.1-5; CK Mackellar, *Child-Life in Sydney. Address to the Christian Social Union 19<sup>th</sup> June 1903* (Sydney: 1903), p.5; WA Chapple, 'The Fertility of the Unfit,' *Intercolonial Medical Congress of Australia*, 1899, p.474-82; WA Chapple, *The Fertility of the Unfit* (Melbourne: 1903); P Lalor, 'The Mentally Deficient,' *MJA*, October 12 1918, p.299; EJ Jenkins, 'Presidential Address, NSW Branch BMA', *AMG*, April 1896, p.131; D Pinnock, 'Recent Advances in Medicine and Surgery: Presidential Address, Ballarat District Medical Society', *AMG*, October 1896, p.430; MU O'Sullivan, 'Presidential address, Victorian Branch of the BMA', *AMG*, February 1897, p.59.

<sup>92</sup> David Kirk and Karen Twigg, 'Regulating Australian Bodies: Eugenics, Anthropometrics and School Medical Inspection in Victoria, 1900-1940,' *History of Education Review*, 23 (1),1994, p.19-37; Grant Rodwell, 'Nature Enthusiasm, Social Planning

eugenicists failed to really permeate the culture of pronatalism: in this period at least, the emphasis was on quantity and breeding numbers for the white race. Recent research would support this. Stephen Garton has suggested that eugenics was but one form of a wide range of social reform policies and notes that eugenics was far from a unified political practice.<sup>93</sup> Eugenics, then, was only one convention of a wider discourse on population and needed to be conceptualised within 'a larger history of classifying practices.'<sup>94</sup> Indeed the emphasis on classification is interesting, for as Deborah Cohen has noted in the British context, eugenic rhetoric does not necessarily result in eugenic action.<sup>95</sup>

Even more radically, Warwick Anderson in *The Cultivation of Whiteness*, has actively rejected the term eugenics, seeing whiteness rather than fitness as the crucial category for doctors and scientists.<sup>96</sup> Whiteness, suggests Anderson, covers 'a wide range of physical and cultural signs of European difference.'<sup>97</sup> Whiteness then was not simply a bodily characteristic but a form of acceptable behaviour and normative racial typography.<sup>98</sup> The fluid and changeable category of whiteness acts as a defining category in Australian social and political life. Science and medicine are amongst the most obvious sites for the consideration of race, and within these disciplines race became a most basic category of identity. Ideas of whiteness also permeated the Australian mind in crucial ways: issues

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and Eugenics in Australian State Schools, 1900-1920,' *Journal of Educational Administration and History*, 29 (1), 1997, p.1-19.

<sup>93</sup> Garton, 'Writing Eugenics', p.9; p.11.

<sup>94</sup> *Ibid.*, p.9.

<sup>95</sup> Deborah A Cohen, 'Private Lives in Public Spaces: Marie Stopes, the Mother's Clinics and the Practice of Contraception', *History Workshop Journal*, 35, 1993, p.97.

<sup>96</sup> Anderson, *The Cultivation of Whiteness*, p.3.

<sup>97</sup> *Ibid.*, p.2.

<sup>98</sup> *Ibid.*, p.3.

such as citizenship, education and employment were based on racial categorisation.<sup>99</sup> Underscored by an understanding of race and whiteness, this thesis will suggest that in the late nineteenth and early twentieth centuries, eugenics was a viewpoint that had not yet entered the public consciousness: eugenics was far less important than the more general policies of pronatalism and white Australia.<sup>100</sup>

## STUDYING THE MOTHER

This thesis is predominantly a study of medicine and medical ideas, hence it concentrates on reading medical texts and medical journals as primary sources. Crucial to this analysis are the medical theories that inform clinical practice. This study is necessarily discursive, though wherever possible use has been made of archival sources, including court cases and the records of charities and public institutions. When dealing with medical history, however, such sources tell only a small part of the story. There is also a dearth of hospital records – the destruction of records is one of the tragedies of medical history. In Sydney, for example, few hospital records survive and those that cover obstetrics and gynaecology cover only the period from the 1920s. In this period the home birth was still common, even the norm and a heavy use of hospital records therefore fails to offer the more complete analysis of obstetrics and gynaecology that this thesis will offer. The use of public hospital records allows an examination of only a very small percentage of cases – those cases of very poor women who were institutionalised.

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<sup>99</sup> *Ibid.*, p.245.

<sup>100</sup> In the 1930s and 1940s, however, medical discourses were more firmly impressed with eugenics, and doctors became central in the formation and use of eugenic ideas. See Lisa Featherstone, "The Struggle for (Birth) Control: Women, Contraception and the Medical Profession." BA (Hons) Thesis, Macquarie University, 1998.

The main sources, therefore, are medical texts. Firstly, there are the medical journals, the professional mouthpieces of doctors. The most prominent amongst these were the *Australian Medical Journal* (1856-1895 and 1910-1914), the *Australasian Medical Gazette* (1881-1914) and later the *Medical Journal of Australia* (1914 – present). Such journals serve to indicate the public image desired and formed by the medical profession itself. Medical journals offer an unmediated view of how doctors wanted to be perceived. They also offer a view of what doctors were reading: the journals were not necessarily meant for mass consumption, but were written and produced for their peers. Medical journals did not necessarily represent the views of all doctors. They were elitist, indicating a view of medicine that was formed by the doctors in the upper echelons of practice. They also indicate conflicting ideas among doctors and show that medicine was not an entirely coherent discipline. Altogether, journals offer the best available view of medicine's construction of its own identity, as well as contemporary clinical practice.

Secondly, this thesis draws on the wide variety of medical texts that were written for and consumed by the general public. The market for popular medical texts on domestic medicine expanded enormously in the Victorian era.<sup>101</sup> In Australia, such texts were particularly popular because the vast distances outside the urban areas meant that women could not always access professionalised medical care.<sup>102</sup>

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<sup>101</sup> Christopher Gardner-Thorpe, 'The Land They Left Behind' in *Pioneer Medicine in Australia*. John Pearne (ed) (Brisbane: 1988), p.8.

<sup>102</sup> Anon, *Healthy Mothers and Sturdy Children, A book for every family*. (Melbourne: 1893), p.4; George Fullerton, *The Family Medical Guide* (Sydney: 1884), p.5; AW Gardner, *The First Few Months of Infancy: Being Hints to Mothers* (Melbourne: 1888), p.5; John Martin, *The Diseases of Men and Women. A Medical Handbook for General Use* (Sydney: 1905), p.v. Other manuals include James Jamieson, *How to Feed Infants. A Manual of Diet and Digestion with remarks on infant mortality* (Melbourne: 1871); Philip E Muskett, *The Illustrated Australian Medical Guide*. 2 vols. (Sydney: 1903); Philip

Mothers, therefore, needed to be able to perform basic first aid, as well as deal with more complicated problems if they arose. Even within the cities, domestic texts were popular, because the high cost of medical care meant many illnesses were treated at home. Such texts, therefore, provide an excellent view of the information the medical profession was promoting and the rationales doctors used.

The criteria for inclusion of these sources was initially difficult to establish. As Chapter I indicates, there were close and continuous relations between British and Australian doctors. In numerous ways, Australian doctors were educated and formed by the British model: English sources therefore could quite properly be used. To provide a history of Australian medicine, however, the focus has been on Australian texts and journals, with reference to British texts on the occasions when links were made more explicit. The exception, however, is the inclusion of overseas authors whose work was published within Australia. The rationale for this was simple: texts published locally were presumably read locally, thus framing and influencing local opinions. Their accessibility is the crucial issue here. Overall, the emphasis has been on preparing a peculiarly Australian case-study, though it is possible that some implications and conclusions cross more widely than the Antipodes.

There are certainly problems with the use of medical texts as evidence. Most obviously, medical journals also appear to slant case studies towards the positive, reporting the best case scenarios and the “heroic” breakthroughs, rather than the ordinary and the mundane. There may also be differences between practice and theory – there is no evidence to show that local doctors followed the practice of

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E Muskett, *The Health and Diet of Children in Australia* (Sydney: 1890); JE Usher, *The Perils of A Baby*, (Melbourne:



specialists, for example. Possibly the most serious limitation, however, is the way in which medical texts pose the voice of the medical profession as the “expert”. The mother rapidly becomes merely the object of this professional examination, discussion and conclusion. This leaves the voice of the women absent, silent. There is sometimes a hint of the voice of the mother, for example, in doctor’s discussion of women refusing vaginal examinations or neglecting to breast feed. Through this rejection of the medical model, there is some agency, and some action of the woman, some indication of her opinions and how she feels in relation to her body and her baby. In general, however, such records, are always mediated through the doctor himself and provide a certain bias in terms of class, race and, of course, gender.

In effect, however, this is the point of the thesis: to uncover medical attitudes towards mothers and the medical constructions of maternity. Medical texts constitute an excellent source of the very discourses doctors were formulating and promoting. Further, as the journals and books were largely educational, they represent the latest in knowledge, and provide an overview of just what doctors believed was best practice. Thus a consideration of medical texts allows an analysis of the change from an emphasis on the mother, to one on the child: the rise of gynaecology, and then the rise of paediatrics. This thesis does not try to ascertain how women felt about mothering, or about medical practice - that is another thesis altogether. What it will provide is a commentary on intersections between mothers and medicine, and between the discourses of science and nation. At the same time, it aims to always keep hold of the idea that women did have a body: it is a discursive analysis, but one that is firmly embodied. This is in

contrast to other textual analysis, such as that provided by Bashford, where the body of the woman is somewhat lost in the linguistic considerations.<sup>103</sup>

The key figures in this history are the mothers and their doctors. Infants make a brief appearance, as does the foetus, but the central analysis is a gendered history of women and medicine. Indeed, fathers are notable in their absence. The role of mothers was, of course, dependent on father: reproduction could not take place without some male participation. Further, fathers were crucial in terms of economic support for those women fortunate enough to have breadwinners. Nevertheless, fatherhood as such will not be explicitly examined. In this, the primary sources were followed: in the medical texts and journals, the father is but rarely mentioned and he is quite peripheral to the action. So while assumptions about masculinity and medicine are crucial to this analysis, the father himself remains a shadowy figure.

The other absence is the Aboriginal woman. As has been indicated, race and more specifically whiteness is central to the discourses of maternity. Nevertheless, at other points medical debates render race invisible. The woman who is conceiving, being confined, breastfeeding, being a “mother”, is always a white mother. As such the medical profession deals with race more as a signifier than as a reality. Within medical narratives, white maternity does not seem to be constructed in opposition to the Aboriginal mother/woman.<sup>104</sup> Specifically, within

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<sup>103</sup> Bashford, *Purity and Pollution*.

<sup>104</sup> Nikki Henningham has noted that white femininity in North Queensland in the 1920s and 1930s was constructed in direct opposition to Aboriginal women, with white women ‘required to demonstrate, on a day-to-day basis, their whiteness.’ Such a delineation does not seem to occur so resolutely in the earlier period against Aboriginal women, and particularly not in regards to maternity. Nikki Henningham, “‘Hats off, Gentlemen, to Our Australian Mothers!’ Representations of White Femininity in North Queensland in the Early Twentieth Century”, *Australian Historical Studies*, 117, 2001, p.315.

medical discourse, Aboriginal mothers are rarely defined as the “other”, for they were simply not present in the first place. To be defined against something requires an acknowledgement. There were no Aboriginal mothers present in the medical construction of maternity: in this period, they were invisible to the medical eye.

Perhaps this absence of indigenous mothers stems from the vision of anthropologists, scientists and doctors that the Australian Aborigine was part of a “doomed race”. By the late-nineteenth century, it was believed that the Aborigines would inevitably become extinct. Social Darwinist ideas of the “survival of the fittest” left Aboriginal people viewed as primitive, even fossilised. As Russell McGregor has noted, ‘Aboriginal extinction was a corollary of their primitivity’: being primordial, the Aborigine must necessarily die out in the face of the superior Europeans.<sup>105</sup> Within this context of the dying race, the Aboriginal was hardly a site for medical investigation, particularly with regards to maternity. Racial categories within medicine were instead constructed against alternative others, in particular against Asian nations. Australian motherhood was also constructed both with and against the British. Australian mothers were to breed for the Empire, but at the same time were to produce better “products” than those of the Old World. These complicated and competing connections between race, gender and maternity acted to render Aboriginal mothers largely invisible in medical discourse and hence neglected in this thesis.

Problems of inclusion and exclusion also operate spatially and geographically. This thesis has a very real focus on the east coast, in particular the centres of

Sydney and Melbourne. This emphasis on the major cities replicates the original sources that were formed and published largely in these two centres. In particular, the *Australasian Medical Gazette (AMG)* was edited and published in Melbourne, and later the *Medical Journal of Australia (MJA)* was established in Sydney. The journals took contributions from all over Australia and while sources have been included that cover much of the nation, the majority of contributors did indeed reside in New South Wales, Victoria and Queensland. Details of the point of origin have been included in an attempt to maintain the specificity of the situation: it is not suggested that what is relevant to Sydney is necessarily universal either to the rest of the state or to the continent as a whole.

This thesis is structured both thematically and chronologically, beginning in the 1880s. This was the decade when the birth rate first began to fall – the time when women began to have some control over their fertility and their maternity. The thesis concludes in 1925, with the Royal Commission on Health. Between these years, the changes to obstetrics and paediatrics were myriad and will be examined in detail. While the time period is relatively short, the changes are manifest and the parameters drawn are wide. Section I deals with the medical profession. It defines the spheres of their influence and suggests the ways that this influence came about. The history of gynaecology and obstetrics requires contextualisation, and the first chapter explores the role of doctors in both medicine and the greater society. It also considers medical understandings of the female body and the way that doctors constructed women primarily if not solely as reproducers. Section I will therefore establish the framework through which a more specific analysis can be understood.

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<sup>105</sup> Russell McGregor, 'The Doomed Race: A Scientific Axiom of the Late Nineteenth Century', *The Australian Journal of*

Section II deals more explicitly with the medicalisation of childbirth and what this meant for women. Chapter 2 explores confinement, as both a social and a medical occasion. Underpinned by the idea that childbirth was an event that crosses both biology and culture, it explores the tensions surrounding women's bodies at that most crucial moment and the ways in which the disciplines of obstetrics and gynaecology attempted to manage and "treat" childbirth. Chapter 3 deals with the most specific of cases, the caesarean birth. It examines the ways this new technology reformulated the relationship between mother and child. The initial caesarean sections were dangerous, even deadly operations and were indicative of new ideas around the maternal body and the increasing importance of the life of the child.

Section III contextualises these debates over the life of the child, through an examination of the discourses surrounding population. The birth rate had begun to fall in the 1880s, and by this time had become a point of intense public concern, a crisis. Chapter 4 examines the socio-medical debates over the declining birth rate and the use of contraception, which was deemed not only immoral and medically dangerous, but a direct attack on the state. Chapter 5 deals with the medical and political response to abortion and the ways that abortion revealed dissention amongst doctors. On one hand, abortion was roundly condemned by the profession and on the other hand, doctors routinely performed terminations. Further, while the public discussions were highly critical of abortion, women continued to use abortion to control family size. These two chapters discuss the

debates over nation and race within the terms of medicine, and the declining birth rate is considered in both social and medical terms.

If population is to be a key to turn of the century Australian society, Section IV continues with the theme of the child. Chapter 6 considers the ways that the new concern for the birth rate was transformed into a new specialty: paediatrics. It examines the invention and subsequent rise of medical care for children and the ways this new focus shaped relations between doctors, mothers and infants. Chapter 7 concentrates more intensely on the primary interest of paediatrics in the early twentieth century, infant feeding. It explores the medical conceptualisation of breastfeeding and the discourses surrounding the mother and her breast. Chapter 8 examines the other feeding options open to women and explores the ways wet nursing and bottle feeding were portrayed as dangerous to mother, child and to the nation. The final Section IV charts the emergence of an interest in not just the infant, but the foetus as well. This is a crucial turning point: the extension of surveillance of mothers to the entire period of pregnancy. The discovery of the foetus had a strong impact on the lives of women, and set the stage for the twentieth century pre-occupation with antenatal care.

In the beginning of this thesis, I had planned to find a little “story”, taken perhaps from a journal, or perhaps from a self-help text. This story would outline a normal late-nineteenth century birth and the role of the mother and her physician. It would be a short opener, a teaser even, encapsulating contemporary ideas about childbirth. To find this little story proved far more difficult than one might initially assume. Doubtless such tales exist, perhaps in diaries and in letters. Such a story, however, was hard to find within medical papers. I searched, but nothing was quite

right. In the end, the absence of this tale tells us more about childbearing than might be expected. The medical profession's silence on the topic of the normal birth reveals that few medical sources ever attempted to record this event. Indeed, this is really one of the overarching themes of this thesis: the absence of a normal childbirth is yet another indication of the late-nineteenth century pathologising of confinement and pregnancy that will be considered in detail. There are myriad tales of the complicated birth, of abortion and of the sick child, but the mother who gave birth without incident is missing. I cannot claim to recapture her, but I would like to remember her and to keep her image with us as we now venture into the medicalised world of the late-nineteenth century mother.

