

CHAPTER 11

BABIES

KERREEN REIGER

WHERE BABIES CAME FROM, and how they arrived, were matters most young people knew little about. Though contraception was increasingly available, particularly to better-off city families, women still commonly accepted as inevitable that they would bear children. May Holland accepted that 'You took it as they came along'. She and her husband, a tram conductor, had six children by 1938, and it seemed to her that having a large family on a low income made her an object of curiosity, if not pity. So she tried particularly hard to keep the children clean and dress them tidily.

Even women who did know something about birth control accepted that babies were an automatic part of married life. Ruth Davidson, a nurse who married a farmer and lived on Kangaroo Island, had during adolescence read Marie Stopes's book on birth control, but was still influenced by her mother's opinion that 'it'll be completely out of your hands how many children you have'. When pregnant with her first child in 1936 she asked her mother what childbirth was like and was told grimly that it was 'terrible, much worse' than an operation, 'something to be rather ashamed of', something to be 'hidden from public view'. Her mother 'used to make sure I had my walk every evening and we used to wait until it was more or less after dark'. She was anxious to hide Ruth's condition from neighbours and acquaintances.

Because pregnancy was being increasingly regarded as liable to complication and in need of professional supervision, antenatal care was more widely accepted. A falling birth rate gave added point to cries that the health of mothers and babies was essential to the national future. Doctors now attended most births in Australia; monthly checkups for expectant mothers with private doctors were becoming routine, and mothers booked into large city hospitals were encouraged to go to hospital clinics during pregnancy. But women made no specific physical preparations for birth, such as exercises, and there was little information for first-time mothers, who often did not know what to expect until they were actually in labour. Books encouraged adequate rest and nutrition, having left behind

THE RHYTHM of Sterility and Fertility in Women

A Discussion of the Physiological, Practical,
and Ethical Aspects of the Discoveries
of Drs. K. Ogino (Japan) and H.
Knaus (Austria) Regarding
the Periods when Con-
ception Is Impos-
sible and when
Possible

by

Leo. J. Latz, A.B., B.S., M.D., LL.D.

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R.J. Coffey, chemist in the Sydney suburb of Willoughby, bought his copy of The Rhythm from Pellegrini's, the Catholic bookshop. Most Catholic and many Protestant chemists refused to stock contraceptive devices. Those who did usually had them wrapped in brown paper and out of sight. L. Latz, The Rhythm, Chicago 1936.

1938 COLLECTION

nineteenth century emphases on reading good literature and listening to music to provide wholesome thoughts and moral uplift, but said little about birth itself. Preparing baby's layette, bedding and bathing utensils figured more prominently than preparing for labour and delivery.

Women differed in their expectations of pregnancy and birth, some taking it in their stride, others seeking constant medical reassurance. Doctors too were ambivalent, insisting on antenatal care to prevent difficult births and later complications, but fearing that their concern about maternal morbidity and mortality might lower the birth rate. Dr Marshall Allan, a leader in obstetrics, believed that publicity about maternal mortality and campaigns for antenatal care may, by exaggerating these problems, have discouraged women from having children. Other doctors had difficulty even convincing women of the need for medical supervision. But doctors were no longer the only source of opinion. More infant welfare services were giving women independent advice. Although mothers advised daughters on child care, most were reticent about childbirth: powerful taboos limited discussion of sexual matters. Country people had the advantage of seeing animals born, but for those without that experience, birth was a mystery. Men generally regarded it as women's business, although among the middle classes it was also becoming doctors' business.

Fewer babies were being born at home. Doctors were increasingly sending expectant mothers to hospital, most commonly to a small private maternity hospital. Frequently run by a midwife, and still embedded in a community network, these combined a pleasant homely atmosphere with the security of medical assistance. Annie Eden, whose husband Alfred managed a store, quite enjoyed her experience of the small Brisbane maternity hospital where she gave birth to her daughter. 'It was a very intimate sort of atmosphere', she remembers,

more or less like having a baby at home. You didn't actually stay in your room for the birth, they had another room, but it was just like another bedroom. And matron and sister, I suppose they would have had about twelve or fourteen patients in at the same time . . . and they always came into every room at night and went around and had a chat, they like a little gossip too!

The experiences of women in maternity wards in large public hospitals varied considerably. Beatrice Linton had four children, but chose to have the last three at home in Reservoir, in Melbourne, after resenting the way a domineering nursing sister at the Women's Hospital had treated her when her daughter Dorothy was born in 1929. The words, 'Mother you *must*', were heard disagreeably often. But May Holland went to the same hospital for John's birth, and subsequently for other children, and found it 'very good'.

The choice Beatrice Linton made for her last three children was at odds with the continuing drive to make childbirth a medical event. Doctors were arguing for improved obstetrical training, complaining about fellow doctors and parents who did not take the dangers of confinement seriously and publicising reports of incompetent deliveries by midwives. They were supported strongly by the National Council of Women and by such campaigners for maternal and child health as Stella Allan who, as 'Vesta' of the Melbourne *Argus*, led much of the public discussion in Victoria. She expected 1938 to be a significant year in the development of preschool facilities, domestic education in nutrition and mothercraft, and the erection of new departments at the Women's Hospital to 'facilitate both research and remedial work'.

Some women chose to stay at home during childbirth and immediately afterwards, relying on domestic help if they could afford it, because they thought



An expectant mother in the clinical surroundings of Crown Street Women's Hospital in Sydney. Over 3000 children were born at Crown Street every year. Pix, 23 Apr 1938

the home would not run smoothly without them. Rebecca McGrath stayed at home for the birth of the last of her five children because she did not know how the family would manage without the advice she could give from her bed. But staying at home was demanding. During her 1938 confinement Neita Cox stayed home in Red Hill, Brisbane, because in hospital she missed her children. She continued to look after them during her confinement. A local midwife, Sister Richards, had come before and after each delivery, and for the last four Neita had not bothered calling a doctor. They were 'Sister Richards' babies', and Sister Richards also gave general help during Neita's confinement, completing what the older girls had left unfinished before leaving for work. After the midwife left, Neita remembers, 'I had nobody with me all day, only the babies, and I just looked after myself as best I could'. Sister Richards charged only 30s for a delivery. Doctors' fees were around £5. The cost mattered to Neita and her husband, a telephone linesman often out of work. It was a financial as well as a physical effort to manage the thirteen children.

In families more comfortably off, hospital delivery was often considered a worthwhile investment. Frances Shea, who had a son in Fremantle in 1938, thought £5 very reasonable and was amused that a doctor, after arriving too late to deliver one of her older children, had 'knocked a pound off and charged me four pounds!'. She 'thoroughly enjoyed' the fortnight's rest in hospital: 'that was my holiday ... I always had someone nice in the ward ... and we really had good fun'. Many women welcomed the escape from domestic routines and those with difficult living conditions at home enjoyed being well fed and cared for. In a maternity hospital they experienced briefly a life of comparative luxury.

Birth itself was becoming a surgical matter. Doctors were preparing for it as for other surgical events and were using anaesthetics and instruments more readily. Early in the century books and pamphlets prepared for Australian parents described



'The Strength of a Nation ultimately rests in the number of healthy babies born and nurtured in conditions which science now demands ... The first year of a baby's life is a critical period. Maternal and child welfare services must be extended, experts urge.' Pix, 23 Apr 1938.

the stages and processes of labour and the necessary equipment and procedures for coping with a normal delivery without professional help. Such information was now disappearing. No longer were women and their menfolk expected to be able to manage confinement. Ironically, increased antenatal care and reliance on professionals was reducing the knowledge ordinary women had of childbirth.

Many women welcomed this development. It took away some of the risks and terrors their mothers had faced. Frances Shea was glad that medical supervision was available in Perth not only because she got a holiday, but because she haemorrhaged more than once during pregnancy and delivery: 'I don't believe in mothers having children at home, because I was a very healthy person, but I could have quite easily died through haemorrhage'. Other women accepted hospitals even though they made childbirth a hazy, alien experience. The use of 'twilight sleep' dulled the stress of labour but also the sense of exciting achievement. Nevertheless women increasingly took for granted the authority of nursing and medical staff over the process of confinement. Effie Hone, although a doctor, did not ask what drugs were administered to her during the delivery of her four babies in Perth private hospitals. As a patient, she believed, it was 'not my business'. Other women were grateful for anaesthetics during difficult labours. Ruth Davidson, whose daughter Diana was born in a South Australian country hospital in 1936, had five days in labour, and found it 'a terrible experience, just hell ... I'd look at that crib at the end of the bed and think "I'm never going to put a baby in that crib"'. She finally delivered a four-kilogram baby, 'beautiful' and without 'a mark on her', and was grateful to both the doctor and the midwife for their care and concern. She knew that she should have had a caesarean, but it was not available.

A.A. Dunstan, premier of Victoria, opens a mobile baby health centre. P. McGuire, Australian journey, London 1939.



Husbands did not attend births. In spite of her difficult labour, Ruth Davidson believed that her husband would rather 'die than see me like this'. Alexandra Oliver was in labour three days with her first child before finally having a forceps delivery and her husband Charles, an Anglican clergyman, had to wait on a tram seat outside the private hospital in Mosman in Sydney. Even female relatives could do little or nothing during a hospital or nursing home confinement. The professionals, specialists, hospital doctors and nursing staff were firmly in charge.

Once a baby was born, experts urged mothers to adopt regimented ways of caring for it. Clare Parr, of Hurstville in Sydney, gave birth to her second baby in 1938. It was, she realised afterwards,

a very tough time to have a baby, one of the worst times you could have done, because that was when all the new rules came in about not picking them up and only feeding them every four hours, and we thought we had to go along like that ... And it made it very hard.

In hospital, under the 'new rules', babies were taken from mothers, put in cots and wheeled away to be cared for by specialist nurses. They were returned only at routine feeding times. This made breastfeeding difficult and mothers such as Beatrice Linton, whose small baby Dorothy did not want to feed according to the schedule of the Women's Hospital in Melbourne, found that only after going home could they work out an adequate feeding pattern.

Once mother and baby had gone home, babyhood was supervised professionally, mainly by the system of baby health centres and clinics established by the infant welfare movement. By 1938 centres had been set up in capital cities and towns, and travelling infant welfare nurses served many rural areas. The centres were run by a new profession of trained baby health nurses who inspected, weighed and measured babies, and prescribed regular feeding and firm child management. Centres were established first in inner industrial working-class areas, often on the initiative of local women's groups, and depended on a combination of voluntary help and money from state and local governments.

Among professionals and volunteers alike, there was disagreement about how much doctors should control clinics and direct the nurses who ran them, what should be in artificial feeds when breastfeeding failed, what daily routine babies should be subjected to, and so on. Until he died in 1938, the New Zealander, Dr Truby King, was a controversial but influential figure in the development of theories of childcare in Australia. There was much rivalry between those who followed his rules and procedures and those who wanted a more flexible system. Truby King advocates were much stricter than other experts about cuddling babies, limiting it to a 'mothering' hour in the afternoon. Even rival theories shared King's insistence on regular feeding and the need for mothers to be supervised and guided by infant care experts. Few Australian mothers with babies or toddlers remained unaware of 'modern' and 'scientific' ideas about caring for babies.

Even women who did not accept these ideas often adopted a routine of four-hourly feeds, abandoning the habits of most of their own mothers, who had breast-fed on demand. Many depended on clinics almost without question. Clare Parr had friends with young children and her mother lived nearby. She got advice and support from them, but she 'haunted' the Hurstville baby health centre which she had to pass on her trips to the shops. 'I had no confidence', she recalls,

I had had nothing to do with babies or children, cooking or anything else come to that ... They were kind, the sisters, and I would go at least once a week, more if I needed it ... And I'd follow everything they said religiously.



Miss Truby King conducted the Mothercraft Bureau for the Australian Women's Weekly in 1938. Australian Women's Weekly, 22 Jan 1938.

Clare's hungry baby made it difficult for her to last for much more than three hours between feeds but she did not question the need for routine. When her doctor advised adding egg yolk to the baby's milk, she was frightened that the sister would be annoyed with her for seeking advice and so did not tell her. As for her mother's attempts to help, she had mixed feelings. 'Oh yes, poor mum, she helped me from morning to night, she stayed with me and tried to help me but my husband and I felt we had to stick to one authority ... And yet I felt poor mum was often right.'

Many women had the terrible experience of waiting for the clock to reach the appointed hour for feeding, while hungry babies bellowed. Ruth Davidson tried desperately to feed her daughter despite her difficult confinement:

we were told by the powers that be that we were *not* to feed the child under four hours and I had a hungry baby, she *screamed* after three hours till the four hours were up and I *daren't* feed her before the four hours, and I'd be all worked up, and *she'd* be all worked up and therefore I lost what milk I had ...

Ruth's baby reacted badly to cow's milk and soon had such severe eczema that the first six months of her life were a nightmare. She could not be bathed, her legs were in cardboard splints and her head was shaved because scabs had formed. No medical treatment helped, until finally Ruth went against her husband's advice and took the baby to a 'quack', a qualified nurse, Sister Croxford, who specialised in herbal skin treatment. 'What a beautiful baby', she declared, which reduced Ruth to tears. Then she added, 'I'll soon fix that, dear'. The baby was taken home and bathed. She fought and screamed as Ruth painted away with tears streaming down her face, covering her daughter with a 'dark brownish' mixture smelling like Lysol. She then slept all night without a sedative for the first time, and ten days later 'hardly had a mark on her'.

Frances Shea had four children between 1933 and 1938, all 'clinic babies' and 'fed by the clock', but she was more lenient with the last two. Her first baby, Alan, was not doing well on four-hourly feeds and had to be fed three hourly. But although his feeding cycle was shorter than that recommended, 'he was fed by the clock, absolutely by the clock, poor little beggar. I always watched the clock, and every three hours he was fed and brought the wind up and [was] put down—well he was a model baby ...' Like many mothers, Frances copied the test feeds at the clinic and generally accepted the sisters' advice, especially about digestion and nutrition. As a doctor, Effie Hone acknowledged the need for a basic routine but was not impressed when she had heard a lecture by Truby King himself.

A friend of mine once asked me did I go by the rules—Truby King was very much the vogue you know—and I said 'no I didn't', 'cause mine were all pretty lusty ... I went by 'bellowing time' and I didn't tell anybody ... well *mine* wouldn't have waited four hours, and I *knew* what was a hungry cry, and what was a grizzly cry; one learns very quickly, and I just went by the child and they thrived.

Some doctors told mothers to ignore the new advice. Molly Taylor, who lived near Tumut in southern New South Wales, had two boys only fifteen months apart in 1935 and 1936. After her first she asked her doctor about going to a baby clinic, expressing concern that she could not reach one easily. 'Keep away from those places!', the doctor told her emphatically,

'Don't even notice 'em. Your baby wants a drink—give it a drink ... What do you think a cow does', he said, and I said, 'Well I'm afraid that's what I believe



No. _____ N. S. W.
OFFICE OF THE DIRECTOR GENERAL OF PUBLIC HEALTH
MATERNAL AND BABY WELFARE DIVISION

NAME OF BABY Thame, Claude BABY HEALTH CENTRE AT Chatswood
DATE OF BIRTH _____ ADDRESS _____

MOTHER'S CARD

DATE	AGE IN WEEKS	WEIGHT LBS. OZS.	DIET	INSTRUCTIONS
17/10/38	2.6	9-8		
27-10-38	3.1	9-10		
3-11-38	3.8	9-15		
8-11-38	4.1	9-15		Wake & Feed Regularly by the clock
10-11-38	5.1	10-3	P.C.	No night feeds
17-11-38	6.1	10-10	Boasted p. milk	Sleep alone
24-11-38	6.8	10-13		Keep out in fresh air
1-12-38	7.1	11-1		Give boiled water daily
8-12-38	8.1	11-8		Give sun kicks daily
16-12-38	9.1	11-11		Do not give Oils
20-12-38	10.1	12-4		Do not give a Dummy
6-1-39	11.1	12-13		
20-1-39	12.1	13-6		
26-1-39	13.1	13-13		Calo Lotion
2-2-39	14.1	13-12		
16-2-39	15.1	14-3		
23-2-39	16.1	14-13		

Florence Atkins and Claude Thame dancing at the Bank Officers' Ball at the Trocadero in Sydney. They married at St Thomas' Anglican church, Enfield. Claudia Thame was born on 25 September 1938 at Sutton Veny, a private hospital at Artamon. She weighed 7½ pounds. She was taken regularly to the Chatswood Baby Health Centre where brisk instructions were stamped on her 'Mother's Card'.

C. THAME, 1938 COLLECTION

AUSTRALIA'S FIVE-YEAR PLAN.

Australia will spend £40 000 within the next five years on setting up demonstration nursery schools for children between two and six in all State capitals and in Canberra. Each school will hold about 100. State Kindergarten Unions and Day Nursery Associations will co-operate in the plan, but will still continue their annual training of more than 5000 pre-school Australians. Most modern of these schools is at Redfern (NSW) ... Built at a cost of £10 000, it is the gift of Mr. and Mrs. J.P. Johnson, well-known philanthropists ... Nearly all of the children come from homes where the mother and whole family goes out to work. But for the Day Nursery Association and Kindergarten Unions, they would have to spend their days playing in unhealthy streets or in a neighbour's home, where they would probably get little attention. Only 6d a day is paid by mothers who can afford it, while others, if circumstances warrant, get their children looked after without charge. Each child is weighed each week by a trained nursery school teacher. Improvements and falls in weight are noted, assisting the doctor in his general examination of each child.' Pix, 17 Sept 1938.



in, doctor, so I'm the same as you', so that was that and I never had any more bother and I never bothered with ridiculous stupid nonsense ...

Isabel Howat, married to a plumber and living in Reservoir, near Melbourne, also had a doctor who did not believe in clinics. He told her to bring the baby to him if there were any problems. She had none, but took young Dayle to be weighed on the butcher's scales just to confirm his progress.

The experts saw such ideas as hostile to progress. They believed that spaced feeds, whether from breast or bottle, were essential to healthy child development, arguing that children needed time for adequate digestion and routine for proper discipline. They warned against allowing a child to be 'spoilt', and insisted that self-control, regular work habits and a general orderliness could and should be instilled from a very early age. They therefore advised not only on feeding patterns, but also on the appropriate amount of physical contact, the harm done by dummies and the management of teething problems. Mothers could be remarkably obstinate about dummies, trying to keep them hygienic but hiding them from clinic sisters. More confident mothers blended acceptance of the new authority with traditional ideas of baby care. Even so, the infant welfare movement's message was widespread by 1938, and especially influential among women who valued professional knowledge and shared the experts' assumptions about the importance of formal education.

Scientific mothercraft had advice about young children as well as babies. City mothers, especially, were told to pay more attention to the individual needs of infants without abandoning regular routines and self-control. The experts and women's magazines urged mothers to rely more on professionals in raising their children, and less than their own mothers had on family, neighbours or friends. The *Women's weekly* ran regular articles on the famous four-year-old Dionne quintuplets and used them to proclaim the new systems of child care. 'Rearing

Babies on the Dionne Plan, Dr. Dafol tells you how it is done', one issue announced, while another declared that the scientific study of the quins was 'of special significance to all parents and child welfare authorities'. Much was made of their 'individuality', something which advice columns in the *Weekly* and in *New idea's* 'Answers to Wives and Mothers' saw as vital.

Advice about preschool children echoed the message of the infant welfare movement: there should be firm, consistent discipline, regular routines, and good hygiene and nutrition. But as the baby entered childhood, use was to be made of psychology, considered the scientific key to family relationships. It was already a major part of professional training for a variety of child care experts, including teachers and preschool teachers, and its influence was spreading among parents as well. Dorothy McEwen, a 21-year-old shop assistant, attended the new psychology classes at the Workers' Educational Association in Newcastle in 1935. Another woman there became something of a joke amongst the group for asking repeated questions about the possible long-term psychological effects on a son whom she believed had been underfed as an infant. She 'didn't have enough milk' and wanted to know whether that would affect her baby. She had been alarmed by the new psychological approach to bringing up children.

Few children attended preschool, or kindergarten, although for many years kindergartens had been established as charities in some industrial working-class areas. In late 1937 and 1938 the commonwealth government, under pressure from kindergarten associations, accepted a submission by Dr Vera Scantlebury Brown, Victoria's director of maternal and child welfare, and offered to set up model preschools in each capital city, partly as places for research into methods of child care. In 1938 these 'Lady Gowrie Child Centres', named after the wife of the governor-general, were being planned in detail, and building had begun in Melbourne.

Mothers of older children, more experienced as parents, were less tolerant of direction from professional child care experts. Many simply imposed the behaviour and values they had learned as children, particularly in relation to table manners and respect for elders. Their own mothers, grandmothers now, helped impart these traditions. Neither mother nor daughter expected the husband to play a significant role in children's everyday care. Clare Parr thought her husband very good, but child care, she believed,

was my job ... He'd always be willing to help if he could see that I needed it, and he liked playing with them ... but no, we [women] were the housekeepers ... We did it, it was not shared ... Not through any fault of the man ... but you didn't expect them to ... You didn't want them to.

On the father's part in rearing children, the experts had little to say. But they were well on the way to redefining motherhood as a learnt activity which they ought to supervise.



"Would you like to see the little sister the stork bought?"
"No! I'd like to see the stork!"
Man, Jan 1938.



The advertiser assumed that fathers were incompetent at handling babies. Australasian pictorial annual, Melbourne 1938.

BEING BORN IN ADELAIDE

IAN MADDOCKS

One hundred years after it was founded on sound business principles, South Australia still ran like a family firm. Its citizens had the highest average savings bank deposits (£46) in Australia and the lowest rate of convictions for serious crime (21.7 per 1000). South Australia lost only 249 working days through industrial disputes, compared with 43 738 days lost in Western Australia, the next most stable state. Some people explained that this thrifty and moderate daily round owed something to South Australia's high proportion of Methodists (22 per cent), and Adelaide took pride in being known as the 'city of churches'.

Built without convict labour, Adelaide was a society very conscious of class and wealth, and a place where it was safe to enquire about family origins. Everyone knew his or her place and could make a fair guess at the place of everyone else, and this affected the circumstances of schooling, housing, occupation and, for 4707 babies in Adelaide, being born.

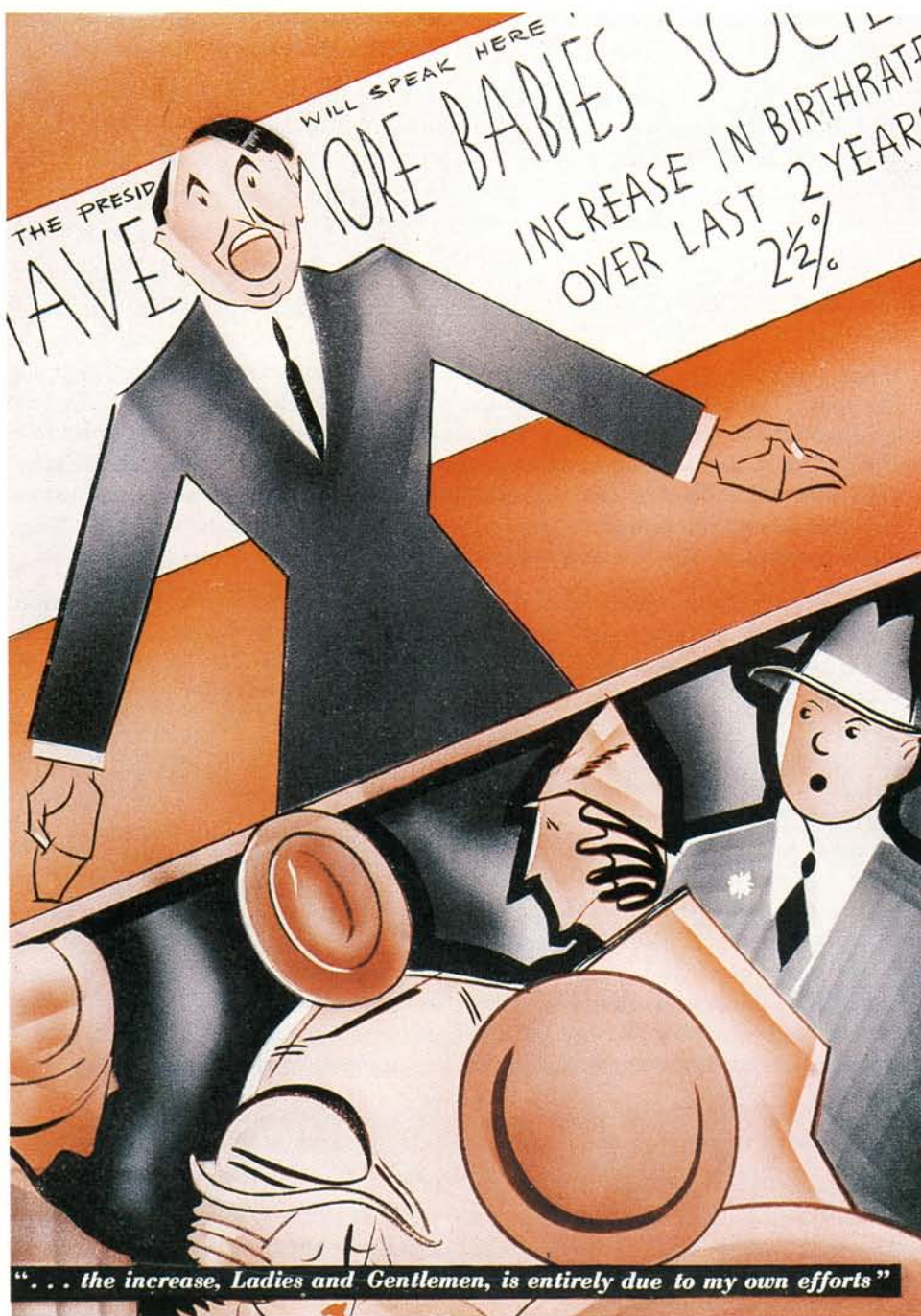
The women of Adelaide's better families had their babies at the larger hospitals such as Memorial or Wakefield Street, attended by one of the city's few specialist obstetricians. In the whole of Australia there were only thirteen fellows of the Royal College of Obstetricians and Gynaecologists [F.R.C.O.G.], and four of them were in South Australia. They were among the elite of the medical profession. T.G. Wilson, doyen of Adelaide's obstetricians, had his own hospital, Rurua, which he shared with the surgeon, Collier Cudmore. The other obstetricians had first call on the beds at Memorial, and they charged high fees. Some were reputed to ask 100 guineas for a normal delivery, and a family that aspired to high social status or sought what was seen as the best care would mortgage themselves for the privilege of paying that fee.

Even so the doctor might be delayed, leaving midwives to conduct the delivery. If he did turn up in time, Dr Wurm, a director of the College of Obstetricians and Gynaecologists, would take the placenta home to bury around his rose bushes. Relatives were not allowed in the labour room, but fathers were called after the delivery and permitted to see the baby and give it a quick cuddle. Mothers stayed in bed for four or five days and in hospital for ten days to two weeks. For the first week a binder of unbleached calico was pinned around her abdomen to support the stomach muscles and maintain a good shape. The baby was also put in a binder until the cord separated. For three days the mother was allowed only a light diet of steamed fish or chicken with mashed potato.

Discipline was strict at Memorial. All the staff were single and lived in. The nurses did the cleaning as well as the nursing, and every four hours they brought the babies from the nursery for feeding, except at night when the infants were offered glucose water, progressing to diluted cow's milk or Carnation milk. For premature babies the nurses made little jackets of cottonwool and gauze, and laid the infants in wire cribs protected by drawsheets pinned inside and out and warmed by three hot-water bottles. A drawsheet covered the top, and oxygen was run in at a rate sufficient to produce an audible hiss.

The great majority of middle-class mothers were confined by their general practitioners in one of the many small hospitals and lying-in homes scattered through the suburbs. Like corner stores, these matched the neighbourliness of suburban life, suiting people like Ivy Excell's parents of North Adelaide who

lived in the same house for 45 years. The neighbours were our main friends. We would all get together for card evenings, put the children to bed together



Men were prominent in a number of organisations that were concerned about the birth rate. Man enjoyed puncturing their pomposity. Man, Nov 1937.

and sit up late playing cards. The butcher, the baker, the milkman and the greengrocer all called, and they were all our friends. One of the men who came for orders couldn't read or write. He made little marks on his white shirt cuff, and he never made a mistake. One day the butcher called and I was ill in bed. He went over to my aunt's and sent her over to look after me.

Most lying-in homes were small family businesses begun in the 1920s, encouraged by a commonwealth grant roughly equivalent to a week's basic wage and paid to every new mother. This 'baby bonus' was intended to encourage procreation at a

time of falling birth rates, and allow all mothers to afford skilled care. General practitioners complained that it paid them little. As one says:

You'd get £5 for a primip [first birth]—for the bloody lot! It didn't really pay you to do antenatal care, but we were trained to it, and if you did the deliveries it kept the children in the practice. We were expected to look like gentry, but we weren't paid for it. The lodges paid 3s 6d a quarter for ten to twelve visits, and some of them were always round at the surgery.

Almost all deliveries were supervised by a doctor, though it was not clear that childbirth was thereby safer for mother and child. 'Whatever indirect benefits the bonus may have brought about', one doctor observed,

it has certainly not been instrumental in reducing maternal mortality. Since it came into force, the medical profession has undoubtedly been more adequately remunerated for its services in connection with child birth, but at the same time the bonus has been instrumental in perpetuating the unsatisfactory 'Sarah Gamp' type of nurse who is assured thereby of a reasonable living. In addition, it has brought into existence a plethora of private maternity hospitals, each scrambling after a portion of the bonus distribution.



The Masters family in 1938. 'My husband had been seriously ill, and doctor sent us to Glenelg for the sea air. While we were there Patricia took her first steps, so I said, "Let's get her picture taken". The dress looks very big, but we always made sure that there was plenty of room for her to grow.'

G. MASTERS,
MADDOCKS COLLECTION

Mrs Gladys Masters of Mitcham, wife of a teacher, had her first baby at Petrone, in King's Park. It had places for six to eight patients in three rooms, and was run by Matron Campbell with another midwife to relieve her. Mrs Masters enjoyed her stay there. It was close to home and she liked the staff. Either the matron or her deputy was always available, a contrast to larger places where shifts changed regularly. Her next doctor, Dr Steele-Scott, did not approve of nurses setting up hospitals on their own, and insisted that she go to a larger institution, Ashford, for her second child.

Medical intervention was unnecessary at most births, and in any case the arbitrary urgency of childbirth meant that midwives often coped on their own. When he came, the doctor was apt to be a little less patient, more likely to snip the edge of the stretched tissues to prevent tearing and relieve the pressure holding back the baby's head. The doctor also had obstetrical forceps, which could shorten the mother's labour and allow the doctor to resume his rounds. Dr L. Llewellyn Davey, a visiting gynaecologist to the Queen's Hospital in 1938, remembers mothers in labour screaming and begging for eighteen or twenty hours:

You would have to use forceps... We didn't approve of caesarians, it was an admission of failure. For one, I had to call the husband in to help. I kept pulling on the forceps but had no help from the midwife who was weak as a rat. But he held her shoulders firm.

Although ether was becoming the popular anaesthetic, for many years chloroform had been favoured for such procedures. Dr Davey would

examine the mother, listen to the child's heart, turn it if necessary, then give a quarter of morphia and they'd have a quiet day and deliver in the evening. You would just have chloroform for the last minutes, watching that the midwife didn't drop it on too fast—about a drop a minute.

Nurse Edith Sloan, who conducted deliveries at home in the city, either on her own or with an attending doctor, used a few drops of ether to control pain towards the end of labour. She would bring a complete kit, with bowls, dressings, ether and olive oil. She was a great believer in olive oil to facilitate a smooth passage for the baby and avoid the risk of tearing. She also used olive oil to bathe the baby. She

did not encourage the presence of husbands or friends, especially Italians, and she required mothers to spend three days strictly at rest, putting not even a foot to the floor, and a few more days getting up only while the bed was made. They were allowed up by the tenth day. Nurse Sloan attended all her mothers night and morning for ten days, stipulating that someone else, a relative or friend, must be in attendance at all times. She charged only £2.

Mrs Winifred Stoddart of Prospect had less help from her midwife. 'Pity of it was', she remembers,

she took the ether, and she lost consciousness on the floor. The doctor came in to help, and he thought we'd lost the baby, but then he noticed a movement and he saved her.

For the next delivery she relied on her granny, 'a well-known midwife':

She had no end of births around the Prospect area. She never trained, she just learned, and she was very hygienic, always wore a spotless white apron. Also we employed a local girl who had just left school, for 7s 6d a week. She would stay early till late for three weeks. I stayed in bed for two weeks, and got up very weak. There were no injections, nothing for pain. The doctor came for the delivery. He gave a lot of encouragement, and stayed a long time. He came every day.

Granny was very particular about cleanliness. For each of her mothers she would go every day early in the morning and make gruel for the mother, wash the mother and the baby, then change the linen and bring the laundry home to wash at her place. In the evening she would take it back. She was always taking them little things, napkins, sheets. She would say, 'Poor girl, she hasn't got this or that'.

We would buy flannelette off the roll and cut it up for napkins. We would have everything ready: six little gowns and singlets, booties and always a bonnet for going out—I think for show mainly. Then there were binders to strengthen the back till the child could sit up. Three or four lengths about six inches wide were wrapped round and tied on the side.

To become pregnant out of wedlock was a social disaster, usually concealed by abortion. Women from wealthier families were quietly admitted to hospital for curettage, described as 'investigation of irregular menses' or some similar euphemism. Many women had an abortion at the hands of 'backyard' abortionists. Women who through fear or ignorance concealed their pregnancy until abortion was out of the question, or who were unable to consider termination, had to hide, and homes run by the churches were almost the only hiding place available. Thirteen single women had babies at St Joseph's Refuge in 1938; 50 were confined at the McBride Salvation Army Hospital in Medindie.

A typical St Joseph's admission book entry read:

Single. Catholic. Frances C., aged 18. Admitted on 5.6.'37 from Adelaide Hospital, arranged by the Women Police. Had her baby 20.11.'37, left on 21.9.'38, taking her baby boy Robert Anthony to situation with her in Edwardstown.

Like many girls who had 'fallen', Frances seems to have had no family support. She came to St Joseph's when she was four months pregnant and stayed until her little boy was ten months old, probably weaned. Then she took him with her to domestic employment.

The distinction between the security of marriage, of paying fees, of having



Registration of midwives had been required since 1920, but the act allowed automatic registration for those who were already practising. Nurse Sloan had 'trained' at Jamestown Hospital but had learnt her skills mainly from her mother and grandmother who practised as midwives before her. The Sloans came to Adelaide from Port Pirie in the 1920s and Nurse Sloan soon set up a lying-in hospital, taking advantage of the new 'baby bonus'. It was the accepted rule that the nurse would receive a smaller fee if a doctor had to be called, so it was more profitable for a midwife to conduct deliveries on her own. By the 1930s, Nurse Sloan had relinquished her hospital and was supervising deliveries at home.

E. SLOAN,
MADDOCKS COLLECTION

family support, and the shame of being a single mother dependent on charity, was usually very clear. At the McBride Hospital, Dawn Williams of Klemzig noticed

It was good girls [married women] upstairs, bad girls downstairs. I remember when I was there having Debbie, I looked down over the stairwell and one of the girls below stuck her tongue out at me.

Downstairs girls stayed for long periods: the average at McBride was four and half months, and one girl was there for the next four years. About half the girls took their babies away with them, and half had the child adopted, either from McBride or from one of the baby homes which were the next stage in the progress of a child without parents. The girls handed over their baby bonus but paid no board, instead doing domestic work for the institution or making cushion covers and aprons which were sold through department stores ('3 dozen aprons to James Marshall at 7s 6d a dozen') or in country towns. St Joseph's ran the first steam laundry in Adelaide, taking in linen from Government House, from hotels and from the houses of rich families like the Barr Smiths and the Haywards. Here too the girls received no salary, and many stayed for years.

McBride was a midwife training school and unmarried mothers were delivered by students, although two local general practitioners gave honorary medical support and conducted weekly antenatal visits. St Joseph's had no resident obstetric expertise. A lay midwife attended deliveries as required, because the Catholic Church did not permit the presence of nuns at childbirth.

Among doctors abortion was a taboo subject, the ultimate medical misdemeanour. Professionals and public alike commonly deplored contraception. 'I never taught my girls anything about sex', a mother recalls:

and nobody told me anything. We never had to decide if we wanted contraception. The doctor never suggested it, and it seemed so private, we didn't talk about it. We didn't refer to pregnancy either. The neighbours would just know about it, and would come in to help. We took a lot for granted.

In the *Medical journal of Australia*, Dr H.S. McLelland presented the 'official' view on contraception:

I think we are all agreed that the newly married woman, if healthy, is not a proper subject for contraception. Your problem, then, is not what kind of contraceptive to prescribe, but how to change the young woman's point of view ... Improper contraception for selfish ends is a destructive evil ... 'Doing the right thing', once meant marriage, now means abortion, ... the finding of a few pounds to buy a shameful service, the cheap and dishonourable escape for the man ... There is nothing safe or fair for women but virtue.

Even to question such opinions was unprofessional. On 26 April *On Dit*, the university's student paper, published an unsigned article entitled 'Stray thoughts on legalised abortion—some aspects of a social problem'. Its author was almost certainly the paper's editor, O.E. Nichterlein, a senior medical student. It presented a well-argued and well-researched case for providing contraceptive advice and abortion under medical supervision, pointing out that half South Australia's families lived on less than the basic wage and could ill afford unwanted pregnancies, that the rate of criminal abortions by unqualified persons was thousands per year, and that 80 per cent of women under twenty years of age had their babies less than eight months after marriage. The article provoked an indignant rejoinder from Dr H.M. Fisher, honorary to the Queen's Home. 'A lamentable sidelight on our apathy towards the abortionists has come to my notice ...', he said:

BIRTH CONTROL

Ask your Chemist for

KAREEN

Proved reliable and recommended by the Medical Profession. Price 6/6.

Free Booklet on application to any Chemist, or U-Tex Mfg. Co., Box 715, G.P.O., Melbourne.

This advertisement for the spermicidal cream, Kareen, emphasised its reliability as a method of birth control.

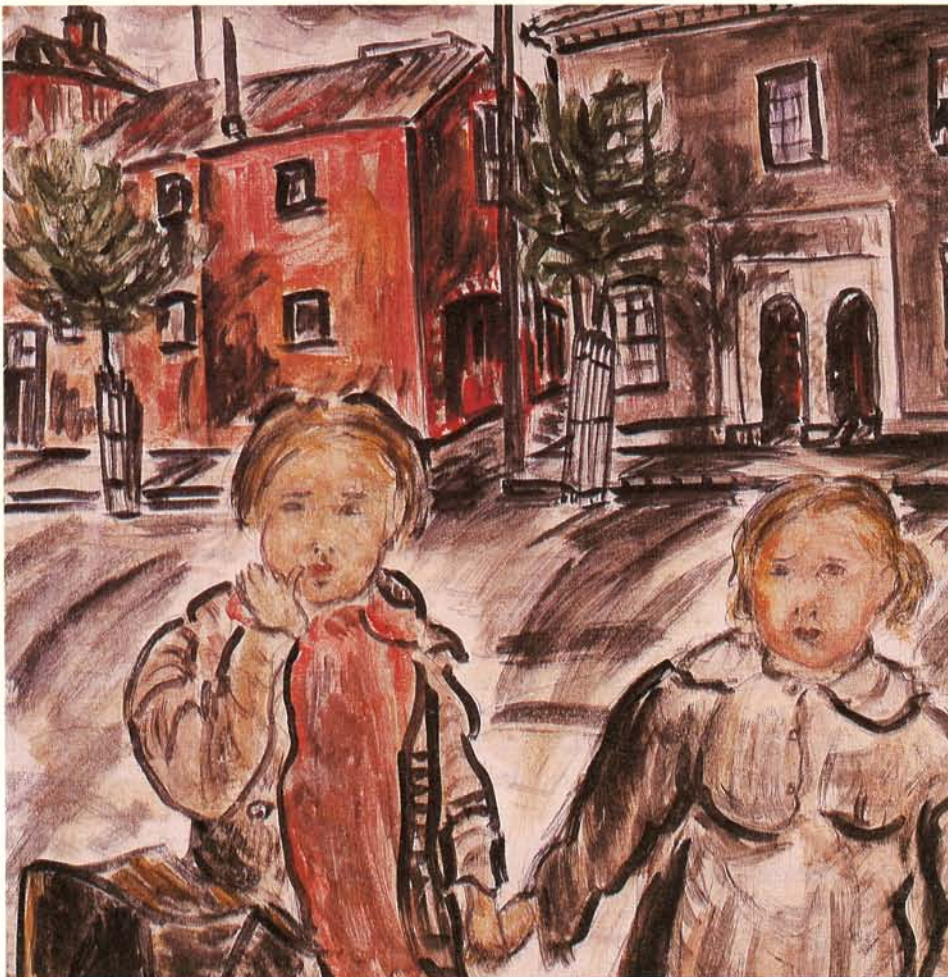
There was little or no control over manufacture; chemical make-up was not required to be stated on the package—and seldom was. Adelaide News, 13 June 1938.

If one remembers that this was issued the day after Anzac Day, what a sad reflection it is that the men of Anzac should find today that civilization (?) can no better perpetuate their memory than by racial suicide.

In December Nichterlein published the article again, this time in the *Review*, the Medical Students' Society journal which he also edited. Outraged, T.G. Wilson refused him permission to enter the Queen's Home for his second obstetric term, and Nichterlein was forced to go to Melbourne to complete that part of his training.

Yet he had some support among doctors. Dr Henry Halloran of Norwood told the *Medical journal of Australia* that

In close on a quarter of a century of suburban general practice, I have formed the opinion that paternal affection survives under circumstances which make it little short of heroic. The fact that 80% of men practise the functional mutilation of 'coitus interruptus' is proof positive of their consideration and restraint. And I find that, when accidentally, an unwanted pregnancy does occur, both husband and wife, in the vast majority of cases, face up to it, and even show a joy when the child arrives which is both noble and pathetic. The people are all right; the system which thwarts their natural instincts and condemns them to poverty and their offspring to insecurity is solely to blame.



Cossack artist Danila Vassilieff painted his *Little sisters*, c1938, against a background of slum streets in Fitzroy in inner Melbourne. Tempera, oil, pencil on canvas, mounted on board. AUSTRALIAN NATIONAL GALLERY

General practitioners like Halloran were more in touch with the desperate plight of many depressed Adelaide families, such as those in the hovels of the southwest of the city, living on relief, having to borrow sheets and pyjamas before they called the doctor.

The Queen's Home, established in 1901 as Adelaide's tribute to the royal jubilee of 1897, provided the city's first public beds for obstetrics. It admitted only women of families with an income of less than £3 a week, though in 1938 the British Medical Association's South Australian branch gave permission to alter the wage limit to the basic wage for the time being. In 1937 and 1938 it delivered 1030 live babies, 67 premature babies and 52 stillborn. It had twelve infant deaths and eight caesarian sections. Patients paid either £5 or the baby bonus amount of £4 10s. Nurses at the home no longer had to pay for their training—indeed defections to New South Wales and Victoria, where trainees were actually being paid by the teaching hospitals, had forced the home to give trainees 10s a week. The student midwives and resident medical students were taught mainly by the matron and her four trained staff. Midwives were required to conduct twelve cases on their own and students supervised twenty cases each, certified by the matron. If a difficult case required a doctor in the middle of the night, all the trainees would be summoned in their nightgowns to watch.

Students were not content with their lot. Letters to the *Review* complained regularly about the food, the lack of real responsibility and the fee of £2 2s 9d a week. One student wrote:

Dear Sir,

It is more than time that the student's view of the Queen's Home was aired in public... A nurse at the Queen's described it as an Institution slightly inferior to the Adelaide Gaol. Cases are allotted (sometimes) at the whim of the Matron; Honoraries' visits are arranged to suit their own convenience or pleasure and are never known in advance to the students; tutorials at 9 p.m. are a bit thick, and the idea that once a month a student might care to walk around the racecourse for exercise merits no consideration at all with the powers that be. It has been authoritatively stated that the Queen's Home could not carry on without the student's fees, so please could we be treated as men, not as undesirables? I am, sir, yours, etc.,

P.B.M.S. [Poor Bloody Medical Student]

Senior members of the profession ignored such complaints. Doctors closed ranks when criticised, and to get on, students needed the patronage of one of the great medical families, the Hones, the Vercos or the Josephs. Dr Sid Dunstone's father changed his church affiliation to Baptist out of respect for the Baptist sympathies of F.S. Hone, and as president of the Queen's Home, T.G. ('Tin-Guts') Wilson exercised similar patronage. 'Tin-Guts' was the leading obstetric personality, delivering his lectures in an inaudible mumble and relating the increasing size of the pregnant uterus to a tangerine, a navel orange and a grapefruit. Four tutors in obstetrics were appointed in 1938. They visited the Queen's Home to teach and to consult on difficult cases, supporting the seven senior honoraries who rarely went near the place.

In the Queen's Home poverty was glossed over by private charity. Only a third of the home's annual budget of £6000 came from government grants, but annual reports carried pages of names of two guinea, one guinea and five shilling subscribers on whom the continued functioning of the home depended, and long lists of gifts in kind:



Mrs Symons
Mrs Bonython
Penneshaw Women's Guild
Patient's friend

1 case grapes, rhubarb
Magazines, baby vests
20 lb jam
Eggs

'SCIENCE AIDS MOTHERHOOD.
This Operating Theatre is part of the scientific equipment of the Women's Hospital, Sydney. It may not be necessary to use this theatre once in thousands of births, but science and humane consideration demands that it shall be at the service of mothers for the slightest emergency. We must have a network of up-to-date maternity hospitals throughout the Commonwealth, say leading doctors who are stressing the urgency of the problem.' Pix, 23 Apr 1938.

A remarkable training in charity was given to members of the Blue Birds, a girls' choir whose program of service included providing a layette for each mother confined in the Queen's Home. John Martin's store provided metres of flannelette at a discount and a Mother Bluebird cut out patterns which were despatched to be sewn up by scores of young women in Bluebird branches throughout the state. When a bundle of baby clothes had accumulated, 'Bird Lady' (Mrs Lindsay Sowton, founder of the choir) and some of her Bluebirds would fill the back seat of a taxi and deliver them to the Queen's Home. 'Matron overwhelmingly delighted with pink frocks and wants 100 000 000 more', 'Bird Lady' wrote after one such visit.

More than any other work, doctors enjoyed their surgical triumphs—the appendical abscess drained on the kitchen table, the lifesaving amputation of an infected limb. Obstetrics, too, had occasional urgency and risk of life, a need for quick judgment and dexterity. But usually it still seemed best to let nature take its course, to stand by, supporting, caring but not intervening. There was room for the lay person and the midwife, and ample room for individual and corporate charity. But being born in 1938 meant coming into a world of medicine in which old traditions and new technologies faced each other with little mutual awareness. Antibiotics were about to make the doctor's prescription more important than the nurse's care and to pave the way for putting patients far more 'under the doctor' than ever before. Increasingly, childbirth was to be the business not of midwives and neighbours, but of professionals and hospitals. The age of scientific obstetrics was being born.



Roland Wakelin, *Circus*, oil on canvas, Sydney 1938. 'I did not know anything about circuses until I went to see this one in 1938', recalls Judith Murray (nee Wakelin). 'My best friend, Diana, told me that her mother took her to Wirth's Circus every Easter. My mother did not want to go, although her childhood ambition had been to be a bareback rider. My father took me and was so interested he went again a few nights later. My father had trouble painting the horse: circus horses have a different gait to ordinary horses and, also in every reference photo the horse was going the wrong way. There were some horses on the vacant land opposite our house and when they were running in the right direction I would call my father to have a look. My brother, Roland, posed for the ringmaster and Diana (red beret) and I (upper left) are in the audience. Also seated there are John Young (left) and Treania Smith (right) of the Macquarie Galleries, Sydney. Otherwise the picture is painted from sketches made on the spot during the performance.'

MURRAY COLLECTION