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History of Children's Services in the Western Region

Regulating Footscray Mothers: The Tweddle Baby Hospital and the Plunket System

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HISTORY OF CHILDREN'S SERVICES IN THE WESTERN REGION.

Regulating Footscray Mothers: The Tweddle Baby Hospital
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INTRODUCTION

From the latter part of the nineteenth century until the 1950' the western world, including Australia, was preoccupied with the size, composition and health of each nation's population. The common problems were a falling birth-rate and an alarmingly high infant mortality rate. In underpopulated Australia there was an additional perceived threat: of being overrun, in the language of the time, by the prolific breeding Asians nearby. From the 1890' to the 1930' this population ideology gave rise to the growth of 'experts' in various fields of public health who sought to exercise a rational control over all aspects of family life, and women's lives in particular. The construction of modern Australian femininity was directly influenced by population ideology and its campaigns: for public health, infant welfare, social purity,[1] education, child welfare and protective labour laws. The focus of population ideology was the family. The focus of reform, and central to the family, 'was woman, defined as the ideal mother' or 'the good mother.' At its height, during the 1920' and 1930', population ideology became part of commonsense, part of everyday know[2] This paper focuses on what occurred in the area of infant welfare and education for motherhood in Victoria and is based on the role played by Tweddle Hospital, (situated on the corner of Gordon St And Barkly St in Footscray), in promulgating the ideal of the 'good mother'.

CONTEXTUAL BACKGROUND

In Australia, and elsewhere, during the first third of the twentieth century there was a shift from an earlier acceptance that 'mother knows best' to a position that held 'mothers are ignorant' and needed to be trained by 'experts' who knew better. Consequently 'doing what comes naturally' was considered inadequate and as contributing towards a decline in the vigour and rates of natural increase of the Australian population.

The infant welfare movement in Victoria began its institutional life in 1917. Two distinct groups emerged: The Victorian Baby Health Centres Association and The Society for the Health of Women and Children (SHWCV). In 1926 the Victorian government appointed Dr Vera Scantlebury as its first Director of Infant Welfare to control the distribution of government subsidies to the centres and to report to the Minister of Health. By 1927 the state subsidized health centres on a pound for pound basis up to one hundred and twenty-five pounds for each 'approved' full-time or part-time nurse employed. Thirty metropolitan councils contributed towards the maintenance of sixty-two centres, and twenty-six country councils assisted thirty-seven centres. The local councils also elected voluntary infant welfare committees to assist the centres.[3]

1.The idea that sexual practices and childbearing belonged within the confines of a heterosexual monogamous marriage - sex was for procreation - not her enjoyment.

2.(Mathews, 1984:p88)

WHY RESEARCH TWEDDLE HOSPITAL?

Tweddle Hospital, run by the SHWCV, was the first school of Mothercraft in Victoria. Therefore it played an important role in the development of infant welfare in Victoria. The decision to explore Tweddle's role in the historical formation of a scientific approach to mothering as a basis for this research project arose out of having lived a few blocks away for thirty-seven years. I remember the old hospital with the cots out on the sun verandah and the nursing trainees who took the babies for walks in wicker prams and strollers in the streets nearby. This hospital has played an important role in my and other women's lives for many years. A mother having difficulties with her baby were taken in by Tweddle along with her baby. The mother had the opportunity to rest and eat well balanced meals. The babies received their required treatment. Both mother and baby were 'educated' into proper feeding techniques. I was a grateful recipient of its services in 1961 and in 1965.[4]

3. Vera Scantlebury Director of Infant Welfare (Vic) report 1927-1928:1 Reiger 1985:Chap 6 also discusses the infant welfare movement at length.

4. The hospital was a new brick building by then. At the opening of the new one the old weatherboard one was described as a "disreputable decrepit dump". Although it was pointed out that the Tweddle hospital itself had a good reputation.

LITERATURE REVIEW

I was further motivated by reading Kerreen Reiger's The Disenchantment of The Home which is an exhaustive study of the scientific modification of all aspects of family life including the areas of home management, childbirth, and infant and child care. All these matters were, according to Reiger, previously passed down and across generations or regarded as instinctively determined. Her Chapter 6 'Producing the Model Modern Baby' is particularly relevant to my study. Reiger's work is well presented and carefully and extensively referenced. Consequently it provided a clear starting point for the methodology and for the theoretical basis of this project.

Valarie Fildes (1986) Breasts, Bottles, and Babies: A History of Infant Feeding Fildes examined changing techniques and concerns about infant feeding in Europe during the seventeenth and eighteenth centuries. This study provided useful material on previous practices that the twentieth century experts were attempting to eliminate.

Barbara Ehrenreich and Deidre English For Her Own Good researched one hundred and fifty years of experts' advice to the women of America. The tone of their work suggests they viewed the changes as 'male intervention into women's domain': an introjection of unwanted, unwarranted, 'scientific' ideas onto a passively receptive female audience.

Jane E Lewis, Politics of Motherhood researched child and maternal welfare in England from 1900 to 1939 and presents the British equivalent to the study by Ehrenreich and English. She says that, in England, the main target of the reformers were the working-class and the poor. She quotes G. S. Moore, a medical officer, as saying in 1904 that it was 'monstrous that the fate of the new generation should be left to the chances of unreasoning custom, impulse and fancy - joined with the suggestions of ignorant nurses and the prejudiced counsel of grandmothers.' [5] The Women's Co-operative Guild doubted if the education of working-class mothers would have much effect on infant mortality rate because they lacked the means of 'practising what they were taught.' But if armed with the knowledge of what was 'best for baby' they might fight for the means to carry out instructions. [6]

Reiger argues that Ehrenreich and English 'too readily assume the effectiveness of the experts' message, neglecting the contradictions it frequently involved and the opposition it engendered'. Her criticism was useful to me as one of my interests was in the reception of expert advice. Reiger also demonstrates that Australian experts targetted not only working-class women (as in Lewis' England) but also middle-class women. She suggests that women of a similar class background to the experts would have experienced the scientific approach as less interventionist and

more familiar and would therefore be more willing modify their practices accordingly.

Jill Julius Matthews Good and Mad Women uses case histories of female psychiatric patients at the Glenside Hospital in South Australia between 1930 and 1975 to explore the historical construction of femininity in twentieth century Australia and the fate of women under population ideology. She argues that the only option for women was to be 'good' or 'mad'. If a mother could not cope with her offspring or her offspring ran foul of the law it was she, the mother, who was perceived as 'abnormal'. The societal pressures impinging upon her, such as economic or social conditions, were not a consideration in assessing her a failure as a mother and an unfit member of society. If she was not already 'mad' she would soon become so. Together Matthews and Reiger are the most sustained studies of these questions in Australia.

Janet McCalman Struggletown: Public and Private Life in Richmond describes everyday life in the working-class suburb of Richmond 1900-1965. Public 'watchdogs' abounded. In the late nineteenth and early twentieth century. These came in the form of charity workers, followed by sanitary inspectors, doctors and nurses. Women living in poverty were regarded with suspicion and divided into two classes by their housekeeping standards 'poor' (dirty, unkempt, not coping) and the 'deserving poor' (clean, tidy, and coping well.) The first group faced the threat of having their children removed

from them or of being denied much needed material aid. To receive material aid a mother had to belong to the 'deserving poor' to be 'respectable'. [7] Increasingly, displaying the attitudes towards mothering recommended by a range of experts - to see motherhood as a job - was part of being 'deserving'. In the view of the experts, proper attitudes were more important than material circumstances in determining maternal fitness. This view was exemplified at the Tweddle Baby Hospital.

Tweddle Baby Hospital is mentioned in Reiger's work but is not dealt with at length. I wanted to see Tweddle's early history written up in this way in order that their contribution to the moulding of our cultural practices into a more scientific approach to mothercraft would be documented and I decided that I would do it. In addition, I was interested in modifying the top down approach that characterises much history, and to add something of the knowledge and experiences of those who were the targets of reform.

I aim to demonstrate through this study that the scientification of mothering and the elevation of the mothering role into that of a 'profession' took place at the level of reshaping everyday practices, and was not just a question of policy documents and 'expert' advice.

7. (Mc Calman Pp108, 158-9, 294-5.)

METHODOLOGY

My methodology was structured by the need to identify the practices that experts regarded as desirable, and to situate these practices more widely. I therefore focused on archival material to produce a qualitative analysis of what constituted Tweddle's model of a good mother/bad mother - what practices were encouraged and what practices were discouraged. Secondly, I carried out a review of the relevant literature in Australia and overseas to investigate advice to mothers, and to explore the problems that led to these shifts in mothering. Much of my work has been in learning how to carry out this kind of research, and so I want to point to some of the processes and problems involved.

PRELIMINARY RESEARCH

I surveyed (at Tweddle) the Annual Reports for every year from Tweddle's inception in 1920-1921 until the late 1950'. This was a broadbased survey without, at that stage, clearly defined questions. My intention was to gain an overview of the work of the institution and a sense of how it may have changed its practices and orientation over time. This was an exhausting task as the reports, especially the early ones, were both informative and intriguing. Later on I gained access to the uncatalogued archival material held at the hospital. There were minute books, and also text books, some with annotations and marginal notes on certain pages indicating material to be studied, or to be set for lectures

or examinations - such as Truby King's Feeding and The Care of Baby. [8] Others texts such as Diseases of Infancy and Childhood by Luther Emmett Holt (6th ED, 1912) [9] a leading American pediatrician, appeared to be well used, and so can be safely assumed to be an important text. There was also a carefully handwritten work-book of a trainee Plunket nurse, Gertrude Johnston. This archival material, plus Footscray Council Annual Reports and newspaper reports, form the empirical base for my study.

DIFFICULTIES OF RESEARCH

Text-based research presented some problems. One difficulty was the intriguing quality of the texts both in medical content and textual style which made them interesting, and distracted from the task at hand! Another problem was that I frequently encountered situations where material, which would have been helpful, had, during changes in staff, been regarded as rubbish and disposed of. Unfortunately in Australia from the 1960' until the late 1980', when the approaching bi-centenary caused a re- evaluation of old things in general, documents and many other historic things were destroyed. Later there was a rush to retrieve and to restore our heritage. Unfortunately dumped archival material, unlike cast-iron-lace and

8.Truby King's Feeding and The Care of Baby

"revised & enlarged ed" 1937. 9.An inscription inside states:
Latest Edition and G.F.Graham

Tweddle Hospital. G.F.Graham was matron 1934 -1948 and was assistant matron for 2yrs prior. It is difficult to say if she used this only in the early years or later.

wood-work, cannot be retrieved or restored. Therefore this project has evoked a respect for historical records and records of everyday life of ordinary people and a resolve to help preserve them for future generations.

I decided to concentrate on the period from 1920 - 1938. I chose this period in order to cover the establishment of Tweddle. Also 1938 brings us to the end of Truby King's lifespan and the end of his direct personal influence over the training of mothercraft nurses. It also marks an approximate point when other contrary influences emerged during the second world war and afterwards. For example, Dr D. W. Winnicott stressed the importance of the mother's early relationship with her child and Dr Benjamin Spock advocated a more permissive and child centred philosophy. Both advised against what they viewed as the harsh disciplinarian regimentation of infant and child care advocated by by Emmett Holt and Truby King. [10]

RESEARCH FINDINGS

10. Dally P83 also Dr Kate Campbell said she "admired truby King's drive, his organizing ability and his enthusiasm, but I was disturbed by his rigidity and the way he denigrated some natural maternal urges. Cuddling, for example, was only allowed at a set time each day, 'the mothering hour.' "A Medical life" in Grimshaw and Strahan 1982:166

ORIGINS OF TWEDDLE HOSPITALa. Truby King and His Theory

It is necessary to clarify the relationship between Tweddle and the other organisations and individuals discussed in this paper. Tweddle Hospital and the Footscray Infant Welfare Centres were run by the Society for the Health of Women and Children - an organisation which was based on Frederick Truby King's Plunket system of infant care, pioneered by him in New Zealand. King was knighted in 1925 for his services to Maternal and Infant Welfare.

Truby King asserted that '[m]otherhood is a woman's exclusive profession'. Yet, he pointed out, it was the only profession for which no training was considered necessary. The 'tradition error' was 'the greatest of all errors' because 'mothers were perfectly willing to go on as their own mothers went; they scouted the idea of reform.' [11] 'Maternal instinct', asserted King, 'needs training as much as artistic, musical or business instinct' [12] and there was just as much need for training among the 'cultured and well to do' as there was among the so called 'poor and ignorant'.

11. Two Lect p6
and Deem P 42 They published a collection of
Truby King's writings.

12. Snowdon

Truby King spelt out at length twenty-four 'Popular Errors'[13] covering what he claimed were common beliefs about pregnancy and breastfeeding. For example, he claimed the belief that pregnancy is a time for 'idleness, illness, depression and semi-invalidism' to be a common one, and sought to replace it with the idea that the pregnant woman should be 'radiantly healthy, happy and uplifted'. It seems unlikely that Footscray mothers had ever been in the circumstances to view pregnancy as a time of idleness and so on, but it is also doubtful whether their material circumstances could allow an 'uplifting' experience of pregnancy. Even more oddly King points to another 'popular error' - that female babies breasts need 'breaking down' by the nurse. Certainly such a practice would seem an 'error', but in my research I have found no evidence that this was ever practised.

On the other hand, some of the other 'errors' did point to the problems with existing practices and beliefs. For example, the view that breastfeeding ought cease when menstruation resumed [14] was a relatively common one, and no doubt endangered some babies by putting them at risk of summer diarrhoea. But, King still advocated that breastfeeding ought cease during menstruation to be resumed later, if it 'disagreed' with the baby.

It is important to note that the Society for the Health of Women

13. Truby King Feeding and the Care of Babies :182-187

and Children (the Tweddle group) were only part of the wider reform movement, including the health movement which had been in progress for some time. An awareness that disease causing germs lived in unsanitary conditions and were produced through everyday practices and faulty home management rather than the atmosphere was shared across the reform movement.

The Plunket System in Footscray

In 1918 Maude Primrose, the general organizing secretary of the Australian Visiting Trained Nurses' Association wrote to Footscray Council 'at the request of a sub-committee formed for the purpose of co-operating with health reforms' suggesting a scheme of 'fees for services of the Visiting Nurse and subscriptions to a benefit - membership roll' which would make the scheme self supporting. They would use the New Zealand scheme. New Zealand had a world record for low infant mortality rate: a reduction from eighty to forty per thousand (achieved in five years). [15] The focus of the reformers' attention on industrialised and working class areas of the city, to demonstrate that domestic - rather than industrial - reform held the key to reducing infant mortality, was exemplified

14.IBID. I have, at some time, heard people say this. See also Fildes'1986:104 discussion of possible historical link between beliefs surrounding intercourse, the return of menstruation making breast-milk "bad" and the widespread practice of wet-nursing in Catholic Italy and France and low incidence in protestant England and Germany.

by the intentional siting of Tweddle in the highly industrialised and polluted area of Footscray.[16]

The Prevailing Environmental Conditions

The environmental conditions at Footscray were particularly poor. The Public Health Act 1867 discouraged the pollution of freshwater streams with the effect that, in 1870-71 one third, and by 1888 almost half, of all Melbourne's offensive trades were located along the Saltwater River (Maribynong River). Trades such as boiling down, bonedust and manure works, glue, tallow, and oil makers, abattoirs and meat preserving works with by-products of blood, offal and 'paunch contents' were all located along the river in Footscray, Flemington and Kensington, and used the river to dispose of waste products.[17] 'Footscray' came to be heavily associated in the public mind with these kinds of industries and the problems they caused. After Footscray council unsuccessfully requested that it be renamed West Melbourne, Footscray Independant suggested the

15. Letter in Footscray Historical Society Archives. I did not persue the result of this letter but it demonstrates the wide range of Maude Primrose's influence. She was one of the foundation members of the Tweddle group. Later she was also the organizing secretary of the Truby King League (Vic) founded in 1931 and met in the eastern suburbs of Melbourne. They did fundraising, run independent Infant welfare centres and contributed financially to Tweddle and attempted to amalgamate with them in 1938. Source: Meeting Records Truby King League in Tweddle Archives.

16. One of Tweddle's reports state that the aim of choosing the present site was to prove it was the quality of care rather than the environment which determined the health of an infant.

name "Worst Smelldom" and Melbourne Punch continued the use of this title.[18] The river was still a problem in 1920' as noted in The Independant when Braybrook councillor Scott said he 'believed the water was stagnant and putrid'. On the same page the Footscray City Inspector reported that an unsewered new school issued 'a stinking festering, seething pool of filth', onto a nearby paddock. [19] Another article said that the noxious trades works were 'still pouring offensive liquids and decomposed matter into the river'.[20] In the late nineteenth century there was a threat of typhoid fever in filthy unsewered Melbourne (in 1896 none of Melbourne's houses had been connected to the sewer system). David Dunstan in his study of the physical environment around the Maribyrnong River in the late nineteenth and early twentieth centuries reports that Dr Dan Astley Gresswell,[21] the chairman of the Board of Public Health in 1894, condemned the unsanitary disposal of nightsoil onto maturing market crops.and the 'apestilential condition' of the open sewer drains. The rubbish depot at West Melbourne swamp was one of the 'sources of gravest offence, nuisance and danger to health'.[22]

There certainly was a considerable amount of evidence that the environment in Footscray posed a threat to health, and in particular a threat to infant health. This situation had not vastly improved by the 1920'. This evidence was not accepted by the proposers of Tweddle Hospital, who had already claimed that it was

the ignorance of mothers rather than the environment itself, which endangered babies.

Truby King on whose philosophy and methods Tweddle was based, believed that it was the domestic rather than the industrial environment, that threatened infant life. He asserted that:

The outside air of our slums is infinitely pure and clean compared with the saturated breath poisoned bedroom air of many persons living in the midst of green fields.....only excessive direct rapid draughts of cold air are harmful.... Pure cold air is invigorating, and prevents 'catching cold'.

Warm stuffy air, for King, was poisonous and devitalizing, and made babies liable to catch cold when taken out into the open. There was no danger, but actual safety, in free flowing night air. The proper conditions were a room 'not too warm' with a 'free flow of pure, cool outside air through it day and night.' [23] Footscray, with its

17. John Lack, "Worst Smelbourne" (1985 :189-190).

18. The [Footscray] Independant (Feb 18 1922)

19. IBID (June 10 1922)

20. IBID (June 10 1922)

21. David Dunstan, (1985) "Dirt and Disease"

22. West Melbourne swamp in Dynon Rd and odours from noxious trades were, from personal experience, still a problem in the late 1940'-1950'

environmental hazards well recognised, was an ideal location for the Tweddle Hospital to make its case that maternal practices, rather than the physical environment, should be the target for reform.

THE HISTORY OF TWEDDLE HOSPITAL FOR BABIES & SCHOOL OF
MOTHERCRAFT.

a. The Society for The Health Of Women and Children.

The Society for the Health of Women and Children of Victoria (SHWCV) was founded in 1920 by Dr J.W.Springthorpe (a well known lung specialist), Sister Maude Primrose (trained in infant welfare in New Zealand under Dr Truby King) and Mr T.Hume Cook. The objects of the SHWCV were :

1. To educate potential mothers and mothers in the essential work of mothercraft.
2. To promote the natural feeding of infants.
3. To see that the baby, where the natural supply has failed, is put on to approximately as nearly as possible to mother's milk.
4. To disseminate knowledge with respect to maternity matters.
5. To place fully qualified Plunket nurses in charge of given districts in order that those requiring attention may receive it. [24]

Together with the Tweddle Hospital their aims and objectives were:

1. To Uphold the sacredness of the Body and the Duty of Health: to inculcate a lofty, view of the responsibilities of...motherhood.
2. To acquire accurate information and knowledge on matters affecting the Health of Women and Children and disseminate such knowledge ...
3. To train specially and to employ qualified Nurses called Plunket Nurses, whose duty it will be to give sound advice , and assistance ,gratis, to any member of the community desiring such services for the health and wellbeing of women, especially during pregnancy and while nursing infants and health and wellbeing of their children; and also to endeavour to educate and help parents and others in

a practical way in domestic hygiene in general - all these things being done with a a view to conserving the health and strength of the rising generation and rendering both the mother offspring hardy, healthy and resistive [sic] to disease.

4. To co-operate with any present or future organizations who are working for any of the the forgoing or cognate objects.

[a footnote followed stating:] The Society was started as a League for mutual helpfulness and mutual education, with a full recognition of the fact that so far as motherhood and babyhood were concerned there was as much need for practical reform and "going to school" on the part of the cultured and well-to-do as there was on the part of the so-called "poor and ignorant." [25]

b. Plunket System of Maternal and Infant Care

The Plunket System originated in New Zealand. Plunket nurses were qualified sisters who had taken extra training at Truby King's Karitine Hospital in New Zealand. Lady Plunket was the wife of the governor of New Zealand when Truby King was pioneering his work there. She had a large family and spoke publicly to assist in forming branches of the Royal New Zealand Society for the Health of Mothers and Children. She asserted that if she was unashamed to admit to having to learn at school, then everyone should avail themselves of the opportunity. [26]

24. The Tweddle through - 50yrs no date, no author.

25. SHWCV Tweddle Hospital for Babies and School of Mothercraft. 5th annual report 1924-1925 Tweddle :inside the front cover. Quoted at length to illustrate the language used

c. The Footscray Infant Welfare Centre - Plunket System

On 28th October 1920, Footscray Council authorised a letter to the Victorian Treasurer stating that in response to the request of the Mayoress (Mrs Johnson), and some Footscray ladies the Council had voted £80 towards the establishment of the Footscray Infant Welfare Centre. The Council had agreed on an annual contribution of £150 conditional on a Government subsidy of an equal amount. [27]

On April 14 1921 a reply via the Secretary of the Public Health Department promised the Council a subsidy of up to £125 per centre. The centre gained Ministerial approval to operate in three rooms at 78 Nicholson St (rental 17/6 per week), and furnished by the council. Sister Tucker, a Plunket nurse, was placed in charge.[28]

d. Community Involvement:

Local support for the development of a centre was strong. At Footscray Town Hall On Thursday May 26 1921 the Mayoress of Footscray, Mrs J. R. Johnson, formed a Committee of ladies to 'forward the objects of the branch of the Baby Welfare Centre (Plunket System) in the city of Footscray' and to co-operate with

26. Truby King Two Lectures 1921:7

27. Footscray City Council Annual Report 1920-1921

28. IBID p 22

the nurse in circulating information regarding the advice available to mothers attending the centre. At the committee's first meeting it was resolved that a Mrs Ebling would interview the local Headmasters, speak to the schoolchildren and give them a leaflet to take home. Pamphlets were printed, gratis, by the Footscray Independant. The centre's activities were well underway: local shopkeepers and chemists were interviewed, and at the second meeting members agreed to cut out a supply of baby layette patterns from the nurse's sample.[29] The Plunket system stressed simple baby clothes with ample freedom of movement and supplied patterns.

On May 30 1921 the centre was unofficially opened by the Mayoress, Mrs Johnson. Matron Moreland gave an address and the Plunket nurse gave a demonstration. Given that the centre was a new concept, attendance was good with fourteen mothers and their babies within the first four days. In the first monthly report a total attendance of seventy-two was recorded: a warm response to a totally new concept of infant care. Although in later months the number of new cases averaged around fifty per month, this number compares favourably with the July to October, 1923 records which show new cases averaging around fifty, with total monthly attendances averaged around three hundred. [30] Early evidence of the value of the centre was apparent as several severe cases of gastro-enteritis had been referred by doctors in this first month. These required

29. Footscray Infant Welfare Centre Records.

daily supervision, by the nurse, in their own home. In addition, artificially fed babies that had been changed from patent foods, a form of feeding frowned on by Truby King Plunket trained nurses, to 'Humanised' milk had made marked progress.[31]

TWEDDLE HOSPITAL ITSELF

Footscray City Council's support was further demonstrated by granting the Society for the Health of Women and Children a fifteen year lease on land at the corner of Gordon and Barkly Streets. The Council levelled the site and set out gardens, and paid for the erection of a fence. It was on this site that the Tweddle Hospital for Babies and School of Mothercraft was erected by means of a donation, from a Melbourne business man, Mr J.T.Tweddle after whom the Hospital was named. He provided three thousand pounds to commence building and was the guarantor of an overdraft up to seven thousand dollars. The hospital used Plunket trained sisters and trained others in this system of infant and maternal care. The

30.Footscray Infant Welfare Centre Records.

31. IBID Attendance must have been good. For, in 1929 in - the foundation stone was laid for the "Footscray Creche and Baby Health Centre" in (Footscray) "Footscray Leads in Infant Welfare" Advertiser January, 24 1929 Criticised in as "a two- story brick building with "elaborate fittings estimated to cost £3,000 "Where the Money Goes" Advertiser February, 2 1929 (demolished for Forges cafeteria and the car park next door) "Humanised" milk was cow's milk modified according to Truby King's 'Scientific' formula. To be used only when all else failed in establishing or continuing breast feeding or to supplant poor supply. See King, (Sir) Truby 1937:94-99 See also section on artificial feeding for graphs and tables. IBID:81-116.

hospital's first matron was one of Truby King's Plunket nursing sisters, Miss L.G. Moreland - she worked for six months without pay. [32]

a. Inside Tweddle Hospital - The Wards.

Research reveals that Tweddle Baby Hospital followed Truby King's recommendations that every baby needs air, water, food, clothing, bathing, muscular exercise and sensory stimulation, warmth, regulation of all habits (such as feeding sleeping and bowels), cleanliness, mothering (about which mothers must learn), management, rest and sleep. [33]

An article in a 1925 periodical describing Tweddle Hospital's function reports that cases in the wards included babies with dietetic problems: especially marasmus, [34] rickets, malnutrition of all kinds and premature infants. There was a cottage nearby where three mothers at a time stayed whilst having treatment and instruction. The design of the hospital ensured 'the maximum of space and air consistent with warmth and the comfort necessary to infant life' and babies who were strong enough slept outdoors on 'the fine spacious verandah.' [35] The babies' beds were made up in 'sleeping-bag' style with an 'ordinary kapok mattress' on the bottom on top of which was placed 'a mattress filled with chaff. The pillow is also chaff filled. The blankets are arranged over and

32. " Tweddle Hospital is Unique." in Footscray's first 100yrs.

33. King 1937:1-3 Feeding and The Care of Babies.

under the child...with a hot water bag between the mattresses.' After a patient was discharged the chaff was emptied out of the mattress and pillow and burned, and the casing boiled.[36]

b. Details of a Mother's Stay.

Further on the article describes the patients' stay in Tweddle. Infants stayed two to three weeks. Mothers were referred by 'one of the three honorary outside medical officers or her own doctor.' Mothers stayed one week to ten days. A mother and baby were charged (in 1925) two pounds two shillings a week but needy mothers paid according to their means. Another source says that in 1929-30 fees varied from free to six pounds six shillings for mothers and babies and from free to three pounds three shillings for babies. Babies were accepted from birth (even premature birth) and up to twelve

34. Marasmus: (according to Holt.) A wasting disease often seen in crowded cities, the premature baby and the illegitimate babies of teenagers. Caused by bad feeding and unhealthy surroundings [(ie lack of pure air) and also "inherited constitutional vice" (a physical defect or infirmity) and overcrowding and lack of handling in institutions. see Holt :228-231.

35. "Tweddle Hospital Has Its First Birthday" by "K.B." in The Baby World, April, 15 1925:22. "sleeping-bag" style-recommended [for home use also is in King's instructions for bedmaking in ten detailed steps over two pages. The use of chaff, (cheap and disposable), makes sense because both King and producers of the said booklet were against the use of waterproof pants of any kind. King Feeding and The Care of Baby 1937:50 & 52.

36. "Tweddle Hospital Has Its First Birthday" by "K.B." in The Baby World, April, 15 1925:22-23

months of age.[37] In 1928-1929 forty mothers and eighty-three babies were admitted. They came from nine country and twenty-one suburban locations.

While in the cottage a mother's day, was well regimented and it consisted of:

6am - Nursing.
 6.30am- Bath (must not be hot; commence tepid, finish cold)
 7am. Brisk walk: regardless of the weather.
 8am Breakfast.
 8.30 Make bed and tidy bedroom.
 9am Rest.
 9.50am.- prepare for Nursing.
 10am Nursing.
 10.10am.- Massage and stimulation. [38]
 11am.- Morning tea.
 11.30 Rest or go for a walk.
 1pm.- Dinner.
 1.50pm.- Prepare for nursing.
 2pm-Nursing.
 2.30pm-Afternoon tea.Rest.(Visitors)
 4pm.- Brisk walk.
 5.15pm- Tea.
 5.50pm.- prepare for Nursing.
 6 pm.-Nursing.
 7pm. Massage and Stimulation.
 8pm. Supper.
 9pm.- Prepare for bed. 9.45pm.- Nursing. Bed. [39]

37."Tweddle Hospital Has Its First Birthday" by "K.B." in The Baby World, April, 15 1925:24 The later fees in Tweddle Annual Reports 1929-1930:11 & 1928-1929

38.Truby King's recommended treatment for restoration/increase of breast- milk included bathing the breasts with alternating hot and cold water. Then massaging them down towards the nipple. Truby King Feeding And the Care of Baby

39. "Tweddle Hospital Has Its First Birthday" by "K.B." in The

This 'model' daily routine would have differed vastly from the reality of a working class mother's daily routine outside of Tweddle. She most likely would have had other children and a husband to care for and meals to prepare. Many would not have been able to afford the recommended 'simple wholesome' diet requiring fresh fruit and vegetables, and in any case problems of transportation and storage of fresh foods had not been overcome in the 1920s. If she was a 'good mother' and boiled her baby's nappies as directed she probably used a kerosene tin on the fire-stove or a 'copper' in a laundry situated outside the main house. In addition she faced the prospect of disturbed sleep as she, according to Tweddle's recommendation, resisted the urge to feed her crying baby during the night in order to train her baby to sleep till morning.

The 'good mother' according to Truby King's ideals was expected to be available 'every hour, day, week, and month after her baby [was] born'. A husband and his needs would therefore be subordinate to the baby and its needs. This dictate was in some tension with the view that the home should be a man's refuge away from the demands of the outside world. Organising domestic life along scientific lines brought the technical rationality of the outside world into the private sphere, and into a territory that had previously followed different organisational requirements.

Potential Mothers

Those women who were mothers or expectant mothers were not the only target of reform for, in order to educate 'potential mothers' Tweddle's Plunket nurses instructed schoolgirls. It was automatically assumed that all girls would later become mothers. The girls learnt theoretical and practical care of babies, such as how make a baby's bed ('sleeping-bag style'), how to bath and feed a baby and how to prepare infant food. They had regular written tests and took a final examinations before Matron. [40]

c. 'The Well to Do'

Nor was Tweddle's influence confined to the working-class. The practices of middle class were also targetted by SHWCV and Tweddle. The means of influencing middle class mothers was less likely to be through direct training at the Hospital itself. In addition to the general impact of the Infant welfare centres' advice literature, many middle class mothers employed a Tweddle trained, Primrose Mothercraft and Baby Nurse to live-in and care for their baby. The mother would still have to feed her baby because a professional obligation of the Primrose nurse was to 'do all in her power to ensure natural feeding.[41] The major part of such nurses work was with more well to do women: it is unlikely that they worked for poorer womens as their fees were two pounds two shillings per week.

40. In 1928-1929 One hundred and seventy-one schoolgirls passed their exams at Tweddle. They were enrolled at Domesic Arts schools, Technical Colleges and Colleges. Tweddle Annual Report 1928-1929. See also note 36 for "Sleeping-bag" style of bedmaking.

CONCLUSION

In this project I have traced the early history of the Tweddle Baby Hospital and School of Mothercraft and the Footscray Infant Welfare Centre run by The Society for the Health of Women and Children (Vic), during the 1920' -1930'. I have located these, through a discussion of relevant literature, within the wider moves for health reform to reduce infant mortality. I have also described the kinds of approaches to mothering and the recommended daily routines of mothers, Footscray mothers in particular. But how attached to their 'unscientific' methods did Footscray residents remain?

To take feeding as an example, it is clear that change did not come overnight. Oral informants suggested some opposition to new methods. Some Footscray residents informed me that they had been reared on 'Buzza's infant food' contrary to Tweddle's or the health centre's advice. One woman said her father had taken her out of Tweddle and given "Buzza's food" because he thought she was being starved. This could perhaps be due to the rigidity of the Plunket schedule of four-hourly feeding. Scanning the local papers revealed Buzza's pharmacy at 129 Nicholson St Footscray advertised that their Teething powders would give baby 'restful sleep free from feverishness and relieve constipation. 1/- a packet'. [42] The use of this kind of patent medicine and infant food is an example of

41. See details of the rules for Primrose nurses in Tweddle Annual Report 1927-1928:13-14

the kind of informal, word-of-mouth approaches to infant care that the Plunket system, and Tweddle opposed.

More extensive research into the availability and usage of patent food formulas, and preparations to soothe and quiet crying babies, would be useful to explore the existence of practices that were in opposition to those advocated by Tweddle, and to explore what inroads 'scientific' methods made into their usage. Oral history interviews, for example, would be useful for understanding the reasons why Footscray mothers had, and in some case continued, to rely on patent foods and sedatives. In the view of Truby King and his followers, such practices were indicative of ignorance, and characterised as irrational 'old wives' tales'. Further research would perhaps give a different picture, or at least access to a different set of rationales that may have guided such practices.

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Footscray Infant Welfare Centre: Meeting Book 1921-)

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Adelaide September, 10, 1937

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Truby King League : Minute Book

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1938
(those from 1927-1928 1928-1929 to 1929-1930 are also held
in Footscray Historical Society archives.)

[Full title on Reports -is The Society for the Health of Women
and Children of Victoria and The Tweddle Hospital and school of
Mothercraft. (PLUNKET SYSTEM).

The Tweddle Baby Hospital (three foolscap pages tracing the
hospital's history.) No name, no date (1979 is last date in
text)

"Tweddle Hospital Has It's First Birthday : Training Mothers.
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(photo copy only no further details)
(State Library (Vic) said they have Vol 1
of a Periodical with this name.)

State Library of Victoria

Pamphlets

Pamphlets produced by the Royal Society for the Welfare of Mothers and Babies NSW. Govt. printer Sydney Source State Library (vic). 1919 (date stamped Public Library of Victoria 1 Nov.1923)

The Errors of Maternity--Don'ts for Babies

(Contains Thirteen "Common Errors" from Truby King's Feeding and The Care Of Babies but it is not credited to anyone).

I don't think those below were connected to Tweddle or Truby King although they would possibly have been in circulation.

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Description:

A collection of extracts from Truby King's writings and speeches, arranged under relevant headings rather than chronological order headings with references to their origin.

Location:

The Mitchell Library
of State Library New South Wales.

FOOTNOTE Entries marked with asterisk are from Tweddle Archives.

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About the Project

The Lance Reichstein Charitable Foundation funded the Crow Collection for a Living Library Project on children's services in the Western Region.

A Project Steering Committee has assisted the project worker (Christine Carolan) who has worked with providers of children's services teachers and students in the Region.

The project resulted in the production of a video which includes information on the history of child care, a kit about the way children's services are funded, a series of booklets describing community movements which resulted in initiating some of the present children's services and a display of photos of some of the people who have helped to establish these services in Melbourne's Western Region

A seminar on May 22nd 1992 marked the end of this project but the video and publications can be used well into the future.

About the Collection

Ruth Crow and her late husband, Maurie were involved in movements on urban issues from the mid 1930s. Over the years they built up an extensive collection of documents :- books, pamphlets, posters, photos and working papers.

In 1990 the Victoria University of Technology (Footscray Campus) invited Ruth to donate the collection to the VUT Library.

The Crow Collection includes documents written and/or used by groups and individuals committed to social change. This store of information from the past is being used to generate ideas about the future.

A Crow Collection Association has been formed and incorporated. One of its aims is to enhance the comprehensiveness and accessibility of the Collection through Living library Projects.



The Crow Collection

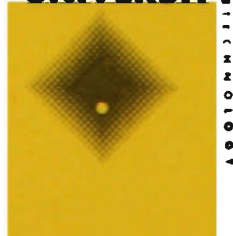
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